

# Marmottes / Marmots Sassièrè

Date: 28/06/2019 Time: 19h 39 N° fiche / sheet: 342 Opérateur / Handling: SP N° individu: 1935 capture id: 11592

Si marmotton: date émergence: 23/06/2019 nbr: 5

Si implant: # \_\_\_\_\_

Territoire: <u>Chalet</u> Territory	Recapture	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Statut social	Dominant <input type="checkbox"/>	Sub <input checked="" type="checkbox"/>	unknown <input type="checkbox"/>

## Measures

Masse corporelle / Body mass (g) 450

L. mandibule / Jaw (mm) 44,8

L. Patte ant. / Forefoot (mm) 41,6

L. Cubitus / Ulna (mm) 44,8


L. Patte post. / Hindfoot (mm) 57,9

tibia  
L. TC / Body length (cm) 54,9  
22

Larg. Tête zygomatique / Zygomatic width (mm) 42

Larg. Bassin / Basin width (mm) 29,9

Dist. Ano-Génitale (cm) (marmotton/pup only) 9,3

Marking	Transpondeur n°		Paint
	Metal n° <u>0619</u>	Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/>	color _____
	Plastic n° _____	Oreille ear G/Left <input type="checkbox"/> D/Right <input type="checkbox"/>	

Age	0 Marmotton <input checked="" type="checkbox"/> Pup	2 ans <input type="checkbox"/> 2 years old
	1 an <input type="checkbox"/> Yearling	≥ 3 ans <input type="checkbox"/> ≥ 3 y

Statut Repro	Male <input type="checkbox"/>	Scrotal yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>
	Female <input checked="" type="checkbox"/>	Allaitante Lactating yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
		Gestante Pregnant yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>

## Nombre Echantillons / Number of Samples

Feces parasito <input type="checkbox"/>	TV / Green tube <input checked="" type="checkbox"/>
Poils / Hair <input type="checkbox"/>	TR / Red tube <input type="checkbox"/>
Biopsy <input checked="" type="checkbox"/>	TV extract <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	TR extract <input type="checkbox"/>

Comments:

Action: \_\_\_\_\_ Implantation id: \_\_\_\_\_ Position: \_\_\_\_\_ Implant id: \_\_\_\_\_ Type implant: \_\_\_\_\_