

Marmottes / Marmots Sassièrè

Date: 29/06/2019 Time: 9 h 40 N° fiche / sheet: 343 Opérateur / Handling: SP N° individu: 1936 capture id: 11598

Si marmotton: date émergence: 26/06/2019 nbr: 5

Si implant: # _____

Territoire: <u>G</u> <small>Territory</small>	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"/>
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Measures

Masse corporelle / Body mass (g) 325

L. mandibule / Jaw (mm) 61.8

L. Patte ant. / Forefoot (mm) 61.0

L. Cubitus / Ulna (mm) 42.3

L. Patte post. / Hindfoot (mm) 54.1

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L. TC / Body length (cm) 52.6
21.5

Larg. Tête zygomatique / Zygomatic width (mm) 39.4

Larg. Bassin / Basin width (mm) 25.6

Dist. Ano-Génitale (cm) (marmotton/pup only) 16.1

Marking	Transpondeur n°  956000006372130	Paint
	Metal n° <u>0620</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/>	Plastic n° <u>/</u> Oreille ear G/Left <input type="checkbox"/> D/Right <input type="checkbox"/> color _____

Age	0 Marmotton <input checked="" type="checkbox"/> Pup 1 an <input type="checkbox"/> Yearling	2 ans <input type="checkbox"/> 2 years old ≥ 3 ans <input type="checkbox"/> ≥ 3 y
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Statut Repro	Male <input checked="" type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>	
	Female <input 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 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 checked="" type="checkbox"/>	TR / Red tube <input type="checkbox"/>
Biopsy <input checked="" type="checkbox"/>	TV exrtact <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	TR exrtact <input type="checkbox"/>

Comments: _____

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