


# Marmottes / Marmots Sassièrè

Date: 29/06/2019 Time: 10h 00 N° fiche / sheet: 344 Opérateur / Handling: SP N° Individu: 1937 capture id: 11593

Si marmotton: date émergence: 29/06/2019 nbr: 5 Si implant: # \_\_\_\_\_

Territoire: <u>CE</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)	<u>200g.</u>
L. mandibule / Jaw (mm)	<u>38,5</u>
L. Patte ant. / Forefoot (mm)	<u>35,9</u>
L. Cubitus / Ulna (mm)	<u>36,3</u>
L. Patte post. / Hindfoot (mm)	<u>45,8</u>
	<del>44,8</del> <u>44,4</u>
L. TC / Body length (cm)	<u>18</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>35,5</u>
Larg. Bassin / Basin width (mm)	<u>22,5</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>8,0</u>

Marking	Transpondeur n°  <u>956000006372004</u>	Paint
	Metal n° <u>0621</u> Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/>	
	Plastic n° _____ 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 type="checkbox"/> Scrotal yes <input checked="" 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"/>

Comments: \_\_\_\_\_

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 extract <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	TR extract <input type="checkbox"/>

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