


Marmottes / Marmots Sassièrè

Date: 23/06/2019 Time: 10h00 N° fiche / sheet: 346 Opérateur / Handling: SP N° individu: 1939 capture id: 11601

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

Territoire: <u>CE</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"/>
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Measures	
Masse corporelle / Body mass (g)	<u>200</u>
L. mandibule / Jaw (mm)	<u>38,9</u>
L. Patte ant. / Forefoot (mm)	<u>34,8</u>
L. Cubitus / Ulna (mm)	<u>35,6</u>
L. Patte post. / Hindfoot (mm)	<u>46,3</u>
<u>Tibia</u>	<u>43,2</u>
L. TC / Body length (cm)	<u>48</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>35,7</u>
Larg. Bassin / Basin width (mm)	<u>21,3</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>8,5</u>

Marking	Transpondeur n°  956000006373534	Paint
	Metal n° <u>0623</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	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 checked="" 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 checked="" type="checkbox"/> <u>peu!</u>	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"/>

Comments: _____

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