

# Marmottes / Marmots Sassièrè

Date: 29/06/2019 Time: 10h00 N° fiche / sheet: 347 Opérateur / Handling: SP N° individu: 1940 capture id: 11602

Si marmotton: date émergence: 23/06/2019 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"/>	<b>Measures</b>	
			Masse corporelle / Body mass (g)	<u>200g</u>
			L. mandibule / Jaw (mm)	<u>39,2</u>
			L. Patte ant. / Forefoot (mm)	<u>34,2</u>
			L. Cubitus / Ulna (mm)	<u>37,6</u>
			L. Patte post. / Hindfoot (mm)	<u>46,3</u>
			<u>tibia</u>	<u>45,1</u>
			L. TC / Body length (cm)	<u>18,5</u>
			Larg. Tête zygomatique / Zygomatic width (mm)	<u>36,0</u>
			Larg. Bassin / Basin width (mm)	<u>22,2</u>
			Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>7,9</u>
<b>Marking</b>			<b>Nombre Echantillons / Number of Samples</b>	
Transpondeur n°  956000006369065		Paint	Feces parasito <input type="checkbox"/>	TV / Green tube <input checked="" type="checkbox"/>
Metal n° <u>0624</u>	Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/>		Poils / Hair <input checked="" type="checkbox"/>	TR / Red tube <input type="checkbox"/>
Plastic n° _____	Oreille ear G/Left <input type="checkbox"/> D/Right <input type="checkbox"/> color _____		Biopsy <input checked="" type="checkbox"/>	TV extract <input checked="" type="checkbox"/>
<b>Age</b>			Frotti / Blood smear <input checked="" type="checkbox"/>	
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		
<b>Statut Repro</b>				
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"/>		
<b>Comments:</b>				
Action	Implantation id:	Position:	Implant id:	Type implant: