

Marmottes / Marmots Sassièrè

Date: 25/06/2019 Time: 10h30 N° fiche / sheet: 348 Opérateur / Handling: SP N° individu: 1941 capture id: 11603

Si marmotton: date émergence: 27/06/2019 nbr: 4 Si implant: # _____

Territoire: <u>Eadeet</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>420</u>
L. mandibule / Jaw (mm)	<u>44,4</u>
L. Patte ant. / Forefoot (mm)	<u>42,7</u>
L. Cubitus / Ulna (mm)	<u>43,8</u>
L. Patte post. / Hindfoot (mm)	<u>57,0</u>
<u>Tibia</u>	<u>52,6</u>
L. TC / Body length (cm)	<u>21,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>41,7</u>
Larg. Bassin / Basin width (mm)	<u>30,7</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>9,9</u>

Marking	Transpondeur n° <u>956000006371463</u>	Paint
Metal n° <u>0625</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"/> <small>Pup</small>	2 ans <input type="checkbox"/> <small>2 years old</small>
1 an <input type="checkbox"/> <small>Yearling</small>	≥ 3 ans <input type="checkbox"/> <small>≥ 3 y</small>	

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"/>

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

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