

# Marmottes / Marmots Sassièrè

Date: 30/06/2028 Time: 16 h55 N° fiche / sheet: 350 Opérateur / Handling: SP N° individu: 1943 capture id: 11605

Si marmotton: date émergence: \_\_\_/\_\_\_/20\_\_\_ nbr:

Si implant: # \_\_\_\_\_

Territoire: <u>S'</u> <small>Territory</small>	Recapture yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Statut social Dominant <input checked="" type="checkbox"/> Sub <input type="checkbox"/> unknown <input type="checkbox"/>
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### Measures

Masse corporelle / Body mass (g)	<u>3750</u>
L. mandibule / Jaw (mm)	<u>69,7</u>
L. Patte ant. / Forefoot (mm)	<u>61,6</u>
L. Cubitus / Ulna (mm)	<u>80,2</u>
L. Patte post. / Hindfoot (mm)	<u>86,9</u>
<u>Tibia</u>	<del>102,0</del> <u>102,0</u>
L. TC / Body length (cm)	<u>47,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>64,0</u>
Larg. Bassin / Basin width (mm)	<u>69,8</u>
Dist. Ano-Genitale (cm) (marmotton/pup only)	<u>/</u>

Marking	Transpondeur n°  956000006368301	Paint
	Metal n° <u>627</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 type="checkbox"/> Pup 1 an <input type="checkbox"/> Yearling	2 ans <input type="checkbox"/> 2 years old ≥ 3 ans <input checked="" type="checkbox"/> ≥ 3 y <u>AD</u>
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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 checked="" type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/> Gestante Pregnant yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>

Comments: Hors zone suivie!

### 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 checked="" type="checkbox"/>
Biopsy <input checked="" type="checkbox"/>	TV extact <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	TR extact <input checked="" type="checkbox"/>

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