


Marmottes / Marmots Sassièrè

Date: 02/07/2019 Time: 10 h00 N° fiche / sheet: 354 Opérateur / Handling: SP N° individu: 2947 capture id: 13609

Si marmotton: date émergence: 29/06/2019 nbr: 4

Si implant: # _____

| | | | |
|---|---|---|--|
| Territoire: <u>Etalus</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"/> | Measures Masse corporelle / Body mass (g) <u>345</u> L. mandibule / Jaw (mm) <u>40,3</u> L. Patte ant. / Forefoot (mm) <u>40,3</u> L. Cubitus / Ulna (mm) <u>43,3</u> L. Patte post. / Hindfoot (mm) <u>53,4</u> <u>Tibia</u> L. TC / Body length (cm) <u>21,0</u> Larg. Tête zygomatique / Zygomatic width (mm) <u>40,1</u> Larg. Bassin / Basin width (mm) <u>27,7</u> Dist. Ano-Génitale (cm) (marmotton/pup only) <u>13,7</u> |
| Marking | Transpondeur n°  956000006368592 Metal n° <u>0632</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/> Plastic n° <u>/</u> Oreille ear G/Left <input type="checkbox"/> D/Right <input type="checkbox"/> color _____ | | Paint |
| | 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 | | |
| Statut Repro | Male <input checked="" type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/> | | 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 extact <input checked="" type="checkbox"/> Frotti / Blood smear <input checked="" type="checkbox"/> TR extact <input type="checkbox"/> |
| | Female <input type="checkbox"/> Allaitante Lactating yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/> Gestante Pregnant yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/> | | |
| Comments: | | | |

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