

# Marmottes / Marmots Sassièrè

Date: 01/07/2019 Time: 12 h 10 N° fiche / sheet: 355 Opérateur / Handling: SP N° individu: 1099 capture id: M610

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

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

Territoire: <u>N</u> Territory	Recapture yes <input checked="" type="checkbox"/> no <input 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) 4525

L. mandibule / Jaw (mm) 72,00

L. Patte ant. / Forefoot (mm) 62,1

L. Cubitus / Ulna (mm) 91,2

L. Patte post. / Hindfoot (mm)  
*tibia* 85,2  
104,7

L. TC / Body length (cm) 49

Larg. Tête zygomatique / Zygomatic width (mm) 69,8

Larg. Bassin / Basin width (mm) 65,3

Dist. Ano-Génitale (cm) (marmotton/pup only) \_\_\_\_\_

Marking	Transpondeur n° <u>3φ4497φ</u>	Paint
	Metal n° <u>φ378</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/>	
	Plastic n° <u>406</u> Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/> color <u>New</u>	

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
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Statut Repro	Male <input checked="" type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <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"/>	

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

Comments: New postique

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