


Marmottes / Marmots Sassièrè

11611

Date: 02/07/2019 Time: 9 h 30 N° fiche / sheet: 356 Opérateur / Handling: SP N° individu: 1948 capture id: ~~11611~~

Si marmotton: date émergence: 01/07/2019 nbr: 4

Si implant: # _____

Territoire: <u>N3</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>445</u>	
			L. mandibule / Jaw (mm) _____ <u>41.5</u>	
			L. Patte ant. / Forefoot (mm) _____ <u>40.4</u>	
			L. Cubitus / Ulna (mm) _____ <u>41.5</u>	
			L. Patte post. / Hindfoot (mm) _____ <u>58.1</u>	
			<u>tibia</u> L. TC / Body length (cm) _____ <u>22.5</u>	
			Larg. Tête zygomatique / Zygomatic width (mm) _____ <u>41.2</u>	
			Larg. Bassin / Basin width (mm) _____ <u>29.9</u>	
			Dist. Ano-Génitale (cm) (marmotton/pup only) _____ <u>3.5</u>	
Marking			Nombre Echantillons / Number of Samples	
Transpondeur n°  956000006373232 Metal n° <u>Ø632</u> Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/> Plastic n° <u>/</u> Oreille ear G/Left <input type="checkbox"/> D/Right <input type="checkbox"/> color <u>/</u>			Feces parasito <input checked="" 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"/>	
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 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:				

Action _____ Implantation Id: _____ Position: _____ Implant Id: _____ Type implant: _____