

Marmottes / Marmots Sassièrè

Date: ⁰² ~~01~~ / 07 / 20 19 Time: 9 h 30 N° fiche / sheet: 358 Opérateur / Handling: SP N° individu: 1950 capture id: 11613

Si marmotton: date émergence: 01 / 07 / 20 19 nbr: 4 Si implant: # _____

Territoire: <u>NS</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) 475

L. mandibule / Jaw (mm) 44.8

L. Patte ant. / Forefoot (mm) 42.3

L. Cubitus / Ulna (mm) 45.6


L. Patte post. / Hindfoot (mm) 60.6
tibia

L. TC / Body length (cm) 27.5

Larg. Tête zygomatique / Zygomatic width (mm) 43.4

Larg. Bassin / Basin width (mm) 28.6

Dist. Ano-Génitale (cm) (marmotton/pup only) 9.7

Marking	Transpondeur n°  956000006369452	Paint
	Metal n° <u>06334</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 checked="" type="checkbox"/> Pup	2 ans <input type="checkbox"/> 2 years old
	1 an <input type="checkbox"/> Yearling	≥ 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"/>

Nombre Echantillons / Number of Samples

Feces parasito <input checked="" 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 checked="" type="checkbox"/>

Comments:

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