

Marmottes / Marmots Sassièrè

Date: 02/07/2019 Time: 9 h 30 N° fiche / sheet: 359 Opérateur / Handling: SP N° Individu: 1951 capture id: 11614

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) 475

L. mandibule / Jaw (mm) 46,8

L. Patte ant. / Forefoot (mm) 43,4

L. Cubitus / Ulna (mm) 45,9


L. Patte post. / Hindfoot (mm) 59,6 *Tibia: 57,6*

L. TC / Body length (cm) 22,5

Larg. Tête zygomatique / Zygomatic width (mm) 43,2

Larg. Bassin / Basin width (mm) 32,0

Dist. Ano-Génitale (cm) (marmotton/pup only) 11,4

Marking	Transpondeur n°  <u>956000006367865</u>	Paint
	Metal n° <u>φ635</u> Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/>	color _____
	Plastic n° _____ Oreille ear G/Left <input type="checkbox"/> D/Right <input 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"/>

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 type="checkbox"/>

Comments: _____

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