

Marmottes / Marmots Sassièrè

Date: 02/07/2019 Time: 12 h 45 N° fiche / sheet: 360 Opérateur / Handling: SP N° individu: 1952 capture id: 33615

Si marmotton: date émergence: 29/08/2019 nbr: 4 Si implant: # _____

Territoire: <u>Etalès</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)	<u>375</u>
L. mandibule / Jaw (mm)	<u>43,2</u>
L. Patte ant. / Forefoot (mm)	<u>43,9</u>
L. Cubitus / Ulna (mm)	<u>44,2</u>
L. Patte post. / Hindfoot (mm)	<u>53,9</u>
<i>fibria</i>	<u>53,5</u>
L. TC / Body length (cm)	<u>22,0</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>40,5</u>
Larg. Bassin / Basin width (mm)	<u>29,2</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>17,1</u>

Marking	Transpondeur n° 956000006373425	Paint
	Metal n° <u>φ636</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input 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 1 an <input type="checkbox"/> Yearling	2 ans <input type="checkbox"/> 2 years old ≥ 3 ans <input 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"/>

Comments: Δ bague à l'oreille!

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"/>

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