

Marmottes / Marmots Sassièrè

Date: 03/07/2019 Time: 8 h 00 N° fiche / sheet: 361 Opérateur / Handling: SP N° individu: 1953 capture id: 11616

Si marmotton: date émergence: 02/07/2019 nbr: 5

Si implant: # _____

Territoire: <u>L2</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

	CR	SP
Masse corporelle / Body mass (g)	325	
L. mandibule / Jaw (mm)	44,5	43,3
L. Patte ant. / Forefoot (mm)	40,2	42,4
L. Cubitus / Ulna (mm)	44,5	42,7
L. Patte post. / Hindfoot (mm)	52,6	54,1
<i>tibia</i>	51,4	52,1
L. TC / Body length (cm)	21,5	21
Larg. Tête zygomatique / Zygomatic width (mm)	35	40,3
Larg. Bassin / Basin width (mm)	25,6	25,1
Dist. Ano-Génitale (cm) (marmotton/pup only)	10,2	11,4

Marking	Transpondeur n° 956000006372331	Paint
	Metal n° <u>Ø645</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input 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
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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 yes <input type="checkbox"/> Lactating no <input type="checkbox"/> unknown <input type="checkbox"/> Gestante yes <input type="checkbox"/> Pregnant 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 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:
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