

Marmottes / Marmots Sassièr

Date: 07/07/2019 Time: 9 h 30 N° fiche / sheet: 365 Opérateur / Handling: SP N° individu: 1957 capture id: 11620

Si marmotton: date émergence: 01/07/2019 nbr: 3

Si implant: # _____

Territoire: <u>C</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>430</u>
L. mandibule / Jaw (mm)	<u>45,3</u>
L. Patte ant. / Forefoot (mm)	<u>43,0</u>
L. Cubitus / Ulna (mm)	<u>44,7</u>
L. Patte post. / Hindfoot (mm)	<u>58,9</u>
L. TC / ^{fibia} Body length (cm)	<u>54,6</u> <u>21,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>41,8</u>
Larg. Bassin / Basin width (mm)	<u>28,9</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>18,3</u>

Marking	Transpondeur n° 956000006369005	Paint
	Metal n° <u>φ649</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"/>

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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