


Marmottes / Marmots Sassièrè

Date: 03/07/2019 Time: 10h30 N° fiche / sheet: 367 Opérateur / Handling: SP N° Individu: 1959 capture id: 11622

Si marmotton: date émergence: 03/02/2019 nbr: 4

Si implant: # _____

Territoire: <u>Y</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) _____ <u>305</u> L. mandibule / Jaw (mm) _____ <u>48 42,2</u> L. Patte ant. / Forefoot (mm) _____ <u>38,9</u> L. Cubitus / Ulna (mm) _____ <u>44,6</u> L. Patte post. / Hindfoot (mm) _____ <u>53,6</u> <u>tibia</u> _____ <u>51,3</u> L. TC / Body length (cm) _____ <u>21,0</u> Larg. Tête zygomatique / Zygomatic width (mm) _____ <u>38,5</u> Larg. Bassin / Basin width (mm) _____ <u>27,8</u> Dist. Ano-Génitale (cm) (marmotton/pup only) _____ <u>8,9</u>
Marking	Transpondeur n°  <u>956000006368997</u> Metal n° <u>φ638</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 _____		Paint _____ color _____
Age	0 Marmotton <input checked="" type="checkbox"/> <i>Pup</i> 1 an <input type="checkbox"/> <i>Yearling</i> 2 ans <input type="checkbox"/> <i>2 years old</i> ≥ 3 ans <input type="checkbox"/> <i>≥ 3 y</i>		
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"/>		
Comments:	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: _____