

Marmottes / Marmots Sassièrè

Date: 03/07/2019 Time: 10h30 N° fiche / sheet: 368 Opérateur / Handling: SP N° individu: 1960 capture id: 11623

Si marmotton: date émergence: 03/07/2019 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"/>
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Measures

Masse corporelle / Body mass (g) 310g

L. mandibule / Jaw (mm) 41,9

L. Patte ant. / Forefoot (mm) 38,6

L. Cubitus / Ulna (mm) 42,9

L. Patte post. / Hindfoot (mm) 54,6

tibia
L. TC / Body length (cm) 52,1
20,5

Larg. Tête zygomatique / Zygomatic width (mm) 39,1

Larg. Bassin / Basin width (mm) 27,0

Dist. Ano-Génitale (cm) (marmotton/pup only) 9,0

Marking	Transpondeur n° <u>956000006372921</u>	Paint
	Metal n° <u>9639</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 _____	

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 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:
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