

# Marmottes / Marmots Sassièrè

Date: 03/07/2019 Time: 10h30 N° fiche / sheet: 369 Opérateur / Handling: SP N° Individu: 1561 capture id: 11624

Si marmotton: date émergence: 03/07/2019 nbr: 4

Si implant: # \_\_\_\_\_

<b>Territoire:</b> <u>Y</u> <small>Territory</small>	<b>Recapture</b> yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	<b>Statut social</b> Dominant <input type="checkbox"/> Sub <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
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**Measures**

Masse corporelle / Body mass (g) 320g

L. mandibule / Jaw (mm) 42,5

L. Patte ant. / Forefoot (mm) 41,4

L. Cubitus / Ulna (mm) 43,1

L. Patte post. / Hindfoot (mm) 55,9

tibia 53,1

L. TC / Body length (cm) 21

Larg. Tête zygomatique / Zygomatic width (mm) 38,8

Larg. Bassin / Basin width (mm) 25,6

Dist. Ano-Génitale (cm) (marmotton/pup only) 14,8

<b>Marking</b>	Transpondeur n°  <u>956000006368678</u>	Paint
	Metal n° <u>0640</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 _____

<b>Age</b>	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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<b>Statut Repro</b>	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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