

Marmottes / Marmots Sassièrè

Date: 03/07/2019 Time: 9 h 50 N° fiche / sheet: 371 Opérateur / Handling: SP N° Individu: 1963 capture id: 11626

Si marmotton: date émergence: 02/07/2019 nbr: 4

Si implant: # _____

| | | |
|---|---|---|
| Territoire: <u>P3</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) 480

L. mandibule / Jaw (mm) 45,6

L. Patte ant. / Forefoot (mm) 44,4

L. Cubitus / Ulna (mm) 46,1

L. Patte post. / Hindfoot (mm)
tibia 58,7
57,0

L. TC / Body length (cm) 23,0

Larg. Tête zygomatique / Zygomatic width (mm) 43,0

Larg. Bassin / Basin width (mm) 28,2

Dist. Ano-Génitale (cm) (marmotton/pup only) 19,5

| | | |
|---------|--|---|
| Marking | Transpondeur n° <u>956000006368240</u> | Paint |
| | Metal n° <u>0642</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 |
|-----|---|--|

| | | |
|--------------|---|---|
| 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: |
|--------|------------------|-----------|-------------|---------------|