

# Marmottes / Marmots Sassièrè

Date: 03/07/2019 Time: 17h01 N° fiche / sheet: 372 Opérateur / Handling: SP N° individu: 1964 capture id: 11627

Si marmotton: date émergence: 30.06.2019 nbr: 4 Si implant: # \_\_\_\_\_

Territoire: <u>F</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>300g</u>
L. mandibule / Jaw (mm)	<u>42,8</u>
L. Patte ant. / Forefoot (mm)	<u>39,5</u>
L. Cubitus / Ulna (mm)	<u>42,2</u>
L. Patte post. / Hindfoot (mm)	<u>53,0</u>
<i>tibia</i>	<u>51,4</u>
L. TC / Body length (cm)	<u>21,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>39,0</u>
Larg. Bassin / Basin width (mm)	<u>25,3</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>12,0</u>

Marking	Transpondeur n° <u>956000006700011</u>	Paint
	Metal n° <u>0643</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	2 ans <input type="checkbox"/> 2 years old
	1 an <input type="checkbox"/> Yearling	≥ 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"/>

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 extract <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	TR extract <input type="checkbox"/>

Action	Implantation id:	Position:	Implant id:	Type implant:
--------	------------------	-----------	-------------	---------------