

Marmottes / Marmots Sassièrè

Date: 03/07/2019 Time: 18 h 10 N° fiche / sheet: 373 Opérateur / Handling: SP N° individu: 1965 capture id: 11628

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"/>
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Measures

Masse corporelle / Body mass (g)	<u>300g</u>
L. mandibule / Jaw (mm)	<u>42,4</u>
L. Patte ant. / Forefoot (mm)	<u>37,9</u>
L. Cubitus / Ulna (mm)	<u>40,6</u>
L. Patte post. / Hindfoot (mm)	<u>52,7</u>
<u>tibia</u>	<u>50,9</u>
L. TC / Body length (cm)	<u>20</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>38,5</u>
Larg. Bassin / Basin width (mm)	<u>25,2</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>9,9</u>

Marking	Transpondeur n° <u>956000006368109</u>	Paint
	Metal n° <u>0644</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"/>

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 checked="" type="checkbox"/>
Biopsy <input checked="" type="checkbox"/>	TV exrtact <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	TR exrtact <input type="checkbox"/>

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