

# Marmottes / Marmots Sassièrè

Date: 03/07/2019 Time: 18 h38 N° fiche / sheet: 374 Opérateur / Handling: SP N° individu: 1966 capture id: 11629

SI marmotton: date émergence: 03/07/2019 nbr: 4 Si implant: # \_\_\_\_\_

Territoire: <u>Btalus</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	SD	SP
Masse corporelle / Body mass (g)	<u>450g</u>	
L. mandibule / Jaw (mm)	<u>44,9</u>	<u>45,4</u>
L. Patte ant. / Forefoot (mm)	<u>42,8</u>	<u>42,8</u>
L. Cubitus / Ulna (mm)	<u>44,5</u>	<u>45,3</u>
L. Patte post. / Hindfoot (mm)	<u>58,9</u>	<u>58,8</u>
<i>tibia</i>	<u>53,6</u>	<u>53,9</u>
L. TC / Body length (cm)	<u>23,0</u>	<u>23,0</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>42,6</u>	<u>42,9</u>
Larg. Bassin / Basin width (mm)	<u>31,3</u>	<u>31,3</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>10,0</u>	<u>10,0</u>

Marking	Transpondeur n° <u>956000006368813</u>	Paint
	Metal n° <u>0657</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 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 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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