

Marmottes / Marmots Sassièrè

Date: 04/07/2019 Time: 16 h 30 N° fiche / sheet: 386 Opérateur / Handling: SP N° individu: 1978 capture id: 11622

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

Si implant: # _____

Territoire: <u>A</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

	CR	SP
Masse corporelle / Body mass (g)	<u>295</u>	
L. mandibule / Jaw (mm)	<u>43,4</u>	<u>42,4</u>
L. Patte ant. / Forefoot (mm)	<u>40,4</u>	<u>38,4</u>
L. Cubitus / Ulna (mm)	<u>41,0</u>	<u>40,8</u>
L. Patte post. / Hindfoot (mm)	<u>50,6</u>	<u>51,5</u>
L. TC / Body length (cm)	<u>48,6</u>	<u>50,2</u>
L. TC / Body length (cm)	<u>10,0</u>	<u>20,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>39,0</u>	<u>39,3</u>
Larg. Bassin / Basin width (mm)	<u>26</u>	<u>25,9</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>11,0</u>	<u>10,2</u>

Marking	Transpondeur n° <u>956000006371462</u>	Paint
	Metal n° <u>φ663</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	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 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 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:
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