

Marmottes / Marmots Sassièrè


Date: 04/07/2019 Time: 18h30 N° fiche / sheet: 387 Opérateur / Handling: SP N° individu: 1979 capture id: 23673

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

Si implant: # _____

Territoire: <u>Stralus</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)	470
L. mandibule / Jaw (mm)	CR SP 45,4
L. Patte ant. / Forefoot (mm)	43,5
L. Cubitus / Ulna (mm)	45,4
L. Patte post. / Hindfoot (mm)	58,3
<u>Tibia</u>	55,5
L. TC / Body length (cm)	22,5
Larg. Tête zygomatique / Zygomatic width (mm)	43,0
Larg. Bassin / Basin width (mm)	38,2
Dist. Ano-Génitale (cm) (marmotton/pup only)	10,8

Marking	Transpondeur n°  956000006368938	Paint
	Metal n° <u>0664</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"/>
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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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