

Marmottes / Marmots Sassièr

Date: 05/07/2019 Time: 19 h 40 N° fiche / sheet: 396 Opérateur / Handling: SP N° individu: 1988 capture id: 13682

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

SI Implant: # _____

Territoire: <u>Fachan</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>395</u>
L. mandibule / Jaw (mm)	<u>43,1</u>
L. Patte ant. / Forefoot (mm)	<u>42,6</u>
L. Cubitus / Ulna (mm)	<u>45,5</u>
L. Patte post. / Hindfoot (mm)	<u>57,7</u>
<u>tibia</u>	<u>54,9</u>
L. TC / Body length (cm)	<u>21,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>42,7</u>
Larg. Bassin / Basin width (mm)	<u>28,8</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>19,2</u>

Marking	Transpondeur n° <u>956000006367738</u>	Paint
	Metal n° <u>0673</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 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 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"/>

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"/>

Comments:

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