

Marmottes / Marmots Sassièrè

Date: 08/07/2023 Time: 8 h 40 N° fiche / sheet: 388 Opérateur / Handling: SP N° individu: 1990 capture id: 19684

Si marmotton: date émergence: 07/07/2023 nbr: 4

SI Implant: # _____

Territoire: <u>J</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) 375

L. mandibule / Jaw (mm) 44,3

L. Patte ant. / Forefoot (mm) 40,3

L. Cubitus / Ulna (mm) 42,7

L. Patte post. / Hindfoot (mm) 56,6

tibia
L. TC / Body length (cm) 53,7

L. TC / Body length (cm) 22,0

Larg. Tête zygomatique / Zygomatic width (mm) 42,0

Larg. Bassin / Basin width (mm) 28,4

Dist. Ano-Génitale (cm) (marmotton/pup only) 17,0

Marking	Transpondeur n°  956000006373011	Paint
	Metal n° <u>0675</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"/>
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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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