


# Marmottes / Marmots Sassièrè

Date: 08/07/2019 Time: 8 h 40 N° fiche / sheet: 399 Opérateur / Handling: SP N° individu: 1991 capture id: 58685

Si marmotton: date émergence: 07/07/2019 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"/>	<b>Measures</b>	
			Masse corporelle / Body mass (g)	<u>320</u>
			L. mandibule / Jaw (mm)	<u>42,8</u>
			L. Patte ant. / Forefoot (mm)	<u>38,5</u>
			L. Cubitus / Ulna (mm)	<u>42,2</u>
			L. Patte post. / Hindfoot (mm)	<u>52,9</u>
			<u>Tibia</u>	<u>50,6</u>
			L. TC / Body length (cm)	<u>20,0</u>
			Larg. Tête zygomatique / Zygomatic width (mm)	<u>39,4</u>
			Larg. Bassin / Basin width (mm)	<u>27,0</u>
			Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>2,7</u>
Marking Transpondeur n°  <u>956000006368319</u> Metal n° <u>0676</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 _____		Paint	<b>Nombre Echantillons / Number of Samples</b>  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 extact <input checked="" type="checkbox"/> Frotti / Blood smear <input checked="" type="checkbox"/> TR extact <input type="checkbox"/>	
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				
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:				

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