

Marmottes / Marmots Sassièrè

Date: 08/09/2019 Time: 9 h 30 N° fiche / sheet: 403 Opérateur / Handling: SP N° individu: 1995 capture id: 11689


Si marmotton: date émergence: 04/07/2019 nbr: 6

Si implant: # _____

Territoire: <u>B</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>260</u>
L. mandibule / Jaw (mm)	<u>40,7</u>
L. Patte ant. / Forefoot (mm)	<u>39,0</u>
L. Cubitus / Ulna (mm)	<u>39,2</u>
L. Patte post. / Hindfoot (mm)	<u>50,1</u>
<i>tibia</i>	<u>47,7</u>
L. TC / Body length (cm)	<u>19,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>37,2</u>
Larg. Bassin / Basin width (mm)	<u>25,1</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>9,1</u>

Marking	Transpondeur n°  <u>956000006369070</u>	Paint
	Metal n° <u>4680</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 extact <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	TR extact <input type="checkbox"/>

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