


Marmottes / Marmots Sassièrè

Date: 08/07/2019 Time: 9 h 30 N° fiche / sheet: 404 Opérateur / Handling: SP N° individu: 1996 capture id: 11690

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"/>	Measures	
			Masse corporelle / Body mass (g)	<u>265</u>
			L. mandibule / Jaw (mm)	<u>41,3</u>
			L. Patte ant. / Forefoot (mm)	<u>38,1</u>
			L. Cubitus / Ulna (mm)	<u>39,6</u>
			L. Patte post. / Hindfoot (mm)	<u>52,3</u>
			L. TC / Body length (cm)	<u>49,6</u> <u>18,5</u>
			Larg. Tête zygomatique / Zygomatic width (mm)	<u>37,1</u>
			Larg. Bassin / Basin width (mm)	<u>28,7</u>
			Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>13,9</u>
Marking Transpondeur n°  <u>956000006368324</u> Metal n° <u>0681</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 _____			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 checked="" type="checkbox"/> Biopsy <input checked="" type="checkbox"/> TV extact <input checked="" type="checkbox"/> Frotti / Blood smear <input checked="" type="checkbox"/> TR extact <input checked="" 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 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"/>				
Comments:				
Action	Implantation id:	Position:	Implant id:	Type implant: