

Marmottes / Marmots Sassière

Date: 16/06/2020 Time: M 15 N° fiche / sheet: 1 Opérateur / Handling: SP N° individu: 1973 capture id: 11707

Si marmotton: date émergence: ___/___/20___ nb: implant: _____

Territoire: <u>Btalus</u> <small>Territory</small>	Connu <small>known</small>	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Statut social	Dominant <input type="checkbox"/> Sub <input checked="" type="checkbox"/> unknown <input type="checkbox"/>

Marking	Transpondeur n° <u>956 - 6367762</u>		Paint <u>vert</u>
	Metal n° <u>0658</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 type="checkbox"/> <small>Pup</small>	2 ans <input type="checkbox"/> <small>2 years old</small>
	1 an <input checked="" type="checkbox"/> <small>Yearling</small>	≥ 3 ans <input type="checkbox"/> <small>≥ 3 y</small>

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: _____

Measures	
Masse corporelle / Body mass (g)	<u>2250</u>
L. mandibule / Jaw (mm)	<u>60,3</u>
L. Patte ant. / Forefoot (mm)	<u>54,8</u>
L. Cubitus / Ulna (mm)	<u>95,5</u>
L. Patte post. / Hindfoot (mm)	<u>82</u>
L. Tibia (mm)	<u>93,2</u>
L. TC / Body length (cm)	<u>42</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>56,8</u>
Larg. Bassin / Basin width (mm)	<u>55,5</u>
Dist. Ano-Génitale (mm) (marmotton/pup only)	<u> </u>

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"/>