


Marmottes / Marmots Sassièrè

Date: 16/06/20 Time: 19 h 50 N° fiche / sheet: 3 Opérateur / Handling: SP N° individu: 1915 capture id: 11709

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

Territoire: <u>Chalet</u> <i>Territory</i>	Connu known	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>956000006699639</u>	Paint
	Metal n° <u>0498</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/>	<u>— rouge</u>
	Plastic n° _____ Oreille ear G/Left <input type="checkbox"/> D/Right <input type="checkbox"/>	color _____

Age	0 Marmotton <input type="checkbox"/> Pup	2 ans <input type="checkbox"/> 2 years old
	1 an <input checked="" type="checkbox"/> Yearling	≥ 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: New transpondeur

Measures	
Masse corporelle / Body mass (g)	<u>3250</u>
L. mandibule / Jaw (mm)	<u>64,4</u>
L. Patte ant. / Forefoot (mm)	<u>56,8</u>
L. Cubitus / Ulna (mm)	<u>79,0</u>
L. Patte post. / Hindfoot (mm)	<u>83,9</u>
L. Tibia (mm)	<u>95,1</u>
L. TC / Body length (cm)	<u>44</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>59,0</u>
Larg. Bassin / Basin width (mm)	<u>60,2</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 exrtact <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	TR exrtact <input checked="" type="checkbox"/>