

Marmottes / Marmots Sassièrè

Date: 18/06/2020 Time: 8 h58 N° fiche / sheet: 7 Opérateur / Handling: SP N° individu: 7939 capture id: 11713

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

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

Marking	Transpondeur n° <u>956 6373534</u>		Paint <u>bleu</u>		
	Metal n° <u>0623</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"/>

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 type="checkbox"/>	Scrotal	yes <input type="checkbox"/>	no <input type="checkbox"/>	unknown <input type="checkbox"/>
	Female <input checked="" type="checkbox"/>	Allaitante <small>Lactating</small>	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	unknown <input type="checkbox"/>
		Gestante <small>Pregnant</small>	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	unknown <input type="checkbox"/>

Comments: _____

Measures	
Masse corporelle / <i>Body mass</i> (g)	<u>1900</u>
L. mandibule / <i>Jaw</i> (mm)	<u>55,4</u>
L. Patte ant. / <i>Forefoot</i> (mm)	<u>55,0</u>
L. Cubitus / <i>Ulna</i> (mm)	<u>70,4</u>
L. Patte post. / <i>Hindfoot</i> (mm)	<u>76,1</u>
L. Tibia (mm)	<u>87,9</u>
L. TC / <i>Body length</i> (cm)	<u>39,0</u>
Larg. Tête zygomatique / <i>Zygomatic width</i> (mm)	<u>53,5</u>
Larg. Bassin / <i>Basin width</i> (mm)	<u>54,1</u>
Dist. Ano-Génitale (mm) (marmotton/pup only)	<u> </u>

Nombre Echantillons / <i>Number of Samples</i>	
Feces parasito <input checked="" type="checkbox"/>	TV / <i>Green tube</i> <input checked="" type="checkbox"/>
Poils / <i>Hair</i> <input checked="" type="checkbox"/>	TR / <i>Red tube</i> <input checked="" type="checkbox"/>
Biopsy <input checked="" type="checkbox"/>	TV exrtact <input checked="" type="checkbox"/>
Frotti / <i>Blood smear</i> <input checked="" type="checkbox"/>	TR exrtact <input checked="" type="checkbox"/>