


Marmottes / Marmots Sassièrè

Date: 19/06/2020 Time: 10h 50 N° fiche / sheet: 11 Opérateur / Handling: SP N° individu: 2011 capture id: 11717

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

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

Marking	Transpondeur n°  956000006371485	Paint
	Metal n° <u>0697</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/>	<u>milieu</u>
	Plastic n° _____ Oreille ear G/Left <input type="checkbox"/> D/Right <input type="checkbox"/> color _____	<u>bleu</u>

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"/>

Statut Repro	Female <input type="checkbox"/>	Allaitante Lactating yes <input type="checkbox"/>	Gestante Pregnant yes <input type="checkbox"/>
		no <input type="checkbox"/>	no <input type="checkbox"/>
		unknown <input type="checkbox"/>	unknown <input type="checkbox"/>

Comments: _____

Measures	
Masse corporelle / Body mass (g)	<u>2000</u>
L. mandibule / Jaw (mm)	<u>58,2</u>
L. Patte ant. / Forefoot (mm)	<u>55,6</u>
L. Cubitus / Ulna (mm)	<u>70,6</u>
L. Patte post. / Hindfoot (mm)	<u>79,1</u>
L. Tibia (mm)	<u>87,6</u>
L. TC / Body length (cm)	<u>40,0</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>54,0</u>
Larg. Bassin / Basin width (mm)	<u>51,5</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 exrtact <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	TR exrtact <input checked="" type="checkbox"/>