

# Marmottes / Marmots Sassièrè

Date: 10 / 06 / 2020 Time: 10 h 00 N° fiche / sheet: 13 Opérateur / Handling: SP N° individu: 1896 capture id: 11719

Si marmotton: date émergence: \_\_\_ / \_\_\_ / 20 nb:  implant: \_\_\_\_\_

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

## Measures

Masse corporelle / Body mass (g) 3350

L. mandibule / Jaw (mm) 69,8

L. Patte ant. / Forefoot (mm) 61,1

L. Cubitus / Ulna (mm) 87,8

L. Patte post. / Hindfoot (mm) 85,2


L. Tibia (mm) 100,9

L. TC / Body length (cm) 48,0

Larg. Tête zygomatique / Zygomatic width (mm) 62,6

Larg. Bassin / Basin width (mm) 65,8

Dist. Ano-Génitale (mm) (marmotton/pup only)     

|         |                      |   |  |
|---------|----------------------|---|--|
| Marking | Transpondeur n°      |  | Paint  |
|         |                      | <u>956000006372277</u>  | <u>vert</u>  |
|         | Metal n° <u>0461</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"/> color _____ |

|     |  |   |
|-----|--|---|
| Age | 0 Marmotton <input type="checkbox"/> Pup | 2 ans <input checked="" type="checkbox"/> 2 years old |
|     | 1 an <input type="checkbox"/> Yearling   | ≥ 3 ans <input type="checkbox"/> ≥ 3 y                |

|              |  |                      |                              |  |                                  |
|--------------|--|----------------------|------------------------------|--|----------------------------------|
| 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 Lactating | yes <input type="checkbox"/> | no <input checked="" type="checkbox"/> | unknown <input type="checkbox"/> |
|              |  | Gestante Pregnant    | yes <input type="checkbox"/> | no <input checked="" type="checkbox"/> | unknown <input type="checkbox"/> |

## 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"/>       |

Comments: New pit