


Marmottes / Marmots Sassièrè

Date: ~~25~~ 06 /20 20 Time: 11 h 00 N° fiche / sheet: 21 Opérateur / Handling: SP N° individu: 2014 capture id: 11758

Si marmotton: date émergence: 23/06 /20 20 nb: implant: _____

Territoire: <u>N</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°		Paint
	956000006369408		
	Metal n° <u>0278</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 checked="" type="checkbox"/> <small>Pup</small>	2 ans <input type="checkbox"/> <small>2 years old</small>
	1 an <input 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"/>

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

Comments: _____

Measures	
Masse corporelle / Body mass (g)	<u>185</u>
L. mandibule / Jaw (mm)	<u>40,1</u>
L. Patte ant. / Forefoot (mm)	<u>33,9</u>
L. Cubitus / Ulna (mm)	<u>36,1</u>
L. Patte post. / Hindfoot (mm)	<u>43,1</u>
L. Tibia (mm)	<u>41,8</u>
L. TC / Body length (cm)	<u>17,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>35,0</u>
Larg. Bassin / Basin width (mm)	<u>21,0</u>
Dist. Ano-Génitale (mm) (marmotton/pup only)	<u>10,3</u>

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