


Marmottes / Marmots Sassièrè

Date: 26/06/2020 Time: 11h30 N° fiche / sheet: 27 Opérateur / Handling: SP N° individu: 2020 capture id: 11764

Si marmotton: date émergence: 26/06/2020 nb: 6 implant: _____

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

Marking	Transpondeur n°  <u>956000006368263</u>	Paint
	Metal n° <u>0284</u> <small>ear</small>	Oreille G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/>
	Plastic n° _____ <small>ear</small>	Oreille 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"/>
	Female <input checked="" type="checkbox"/>	Allaitante yes <input type="checkbox"/>	Lactating no <input checked="" type="checkbox"/>	unknown <input type="checkbox"/>
		Gestante yes <input type="checkbox"/>	Pregnant no <input checked="" type="checkbox"/>	unknown <input type="checkbox"/>

Comments: _____

Measures	
Masse corporelle / <i>Body mass</i> (g)	<u>260</u>
L. mandibule / <i>Jaw</i> (mm)	<u>40,0</u>
L. Patte ant. / <i>Forefoot</i> (mm)	<u>36,3</u>
L. Cubitus / <i>Ulna</i> (mm)	<u>39,5</u>
L. Patte post. / <i>Hindfoot</i> (mm)	<u>49,4</u>
L. Tibia (mm)	<u>46,5</u>
L. TC / <i>Body length</i> (cm)	<u>20,5</u>
Larg. Tête zygomatique / <i>Zygomatic width</i> (mm)	<u>36,5</u>
Larg. Bassin / <i>Basin width</i> (mm)	<u>26,8</u>
Dist. Ano-Génitale (mm) (marmotton/pup only)	<u>10,0</u>

Nombre Echantillons / <i>Number of Samples</i>	
Feces parasito <input 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 type="checkbox"/>
Biopsy <input checked="" type="checkbox"/>	TV extact <input checked="" type="checkbox"/>
Frotti / <i>Blood smear</i> <input checked="" type="checkbox"/>	TR extact <input type="checkbox"/>