


Marmottes / Marmots Sassièrè

Date: 30/06/2020 Time: 10h00 N° fiche / sheet: 40² Opérateur / Handling: SP N° individu: 2035 capture id: 11811

Si marmotton: date émergence: 29/06/2020 nb: 5 implant: _____

Territoire: <u>N3</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°  <u>956000006368879</u>	Paint
	Metal n° <u>Ø 296</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"/>
	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"/>

Comments: _____

Measures	
Masse corporelle / Body mass (g)	<u>275</u>
L. mandibule / Jaw (mm)	<u>40.8</u>
L. Patte ant. / Forefoot (mm)	<u>38.2</u>
L. Cubitus / Ulna (mm)	<u>41</u>
L. Patte post. / Hindfoot (mm)	<u>51.8</u>
L. Tibia (mm)	<u>49</u>
L. TC / Body length (cm)	<u>20.5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>38.3</u>
Larg. Bassin / Basin width (mm)	<u>26.8</u>
Dist. Ano-Génitale (mm) (marmotton/pup only)	<u>9.6</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"/>