


Marmottes / Marmots Sassièrè

Date: 01/07/2020 Time: 16 h 00 N° fiche / sheet: 47 Opérateur / Handling: SP N° individu: 2040 capture id: 11847

Si marmotton: date émergence: 01/07/2020 nb: implant: _____

Territoire: <u>Y</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>956000006373536</u>	Paint
	Metal n° <u>0235</u>	Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input 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 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>245g</u>
L. mandibule / Jaw (mm)	<u>41,3</u>
L. Patte ant. / Forefoot (mm)	<u>38,4</u>
L. Cubitus / Ulna (mm)	<u>41,3</u>
L. Patte post. / Hindfoot (mm)	<u>50,6</u>
L. Tibia (mm)	<u>47,0</u>
L. TC / Body length (cm)	<u>20,0</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>36,6</u>
Larg. Bassin / Basin width (mm)	<u>25,0</u>
Dist. Ano-Génitale (mm) (marmotton/pup only)	<u>16,1</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"/>