


# Marmottes / Marmots Sassièrè

Date: 01/07/2020 Time: 16 h 00 N° fiche / sheet: 49 Opérateur / Handling: SP N° individu: 2042 capture id: 11 849

Si marmotton: date émergence: 01/07/2020 nb:  5  implant: \_\_\_\_\_

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

Marking	Transpondeur n°		956000006368305	Paint	
	Metal n° <u>0237</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"/> Pup	2 ans <input 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"/>

Comments: 1 ongle du 3<sup>ème</sup> doigt patte G en mearnes (pourme à l'int)

Measures	
Masse corporelle / Body mass (g)	<u>250</u> <u>SD</u>
L. mandibule / Jaw (mm)	<u>40,5</u>
L. Patte ant. / Forefoot (mm)	<u>38,4</u>   <u>38,6</u>
L. Cubitus / Ulna (mm)	<u>40,9</u>   <u>41,1</u>
L. Patte post. / Hindfoot (mm)	<u>51,1</u>   <u>51,3</u>
L. Tibia (mm)	<u>47,7</u>   <u>47,3</u>
L. TC / Body length (cm)	<u>19,0</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>37,3</u>   <u>38,5</u>
Larg. Bassin / Basin width (mm)	<u>24,3</u>   <u>24,4</u>
Dist. Ano-Génitale (mm) (marmotton/pup only)	<u>10,2</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"/>