


# Marmottes / Marmots Sassièrè

Date: 01/07/2020 Time: 17h00 N° fiche / sheet: S1 Opérateur / Handling: JD N° individu: 2044 capture id: 11851

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

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

Marking	Transpondeur n°		Paint
	Metal n°	<u>0239</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"/> <i>Pup</i>	2 ans <input type="checkbox"/> <i>2 years old</i>
	1 an <input type="checkbox"/> <i>Yearling</i>	≥ 3 ans <input type="checkbox"/> <i>≥ 3 y</i>

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

Comments: \_\_\_\_\_

Measures	
Masse corporelle / <i>Body mass</i> (g)	<u>265</u>   <u>(SP)</u>
L. mandibule / <i>Jaw</i> (mm)	<u>41,8</u>   <u>41,3</u>
L. Patte ant. / <i>Forefoot</i> (mm)	<u>38,3</u>   <u>37,4</u>
L. Cubitus / <i>Ulna</i> (mm)	<u>40,6</u>   <u>39,1</u>
L. Patte post. / <i>Hindfoot</i> (mm)	<del><u>46,8</u></del>   <u>50,2</u>
L. Tibia (mm)	<u>47,5</u>   <u>47,3</u>
L. TC / <i>Body length</i> (cm)	<u>20,0</u>
Larg. Tête zygomatique / <i>Zygomatic width</i> (mm)	<u>36,6</u>   <u>38,2</u>
Larg. Bassin / <i>Basin width</i> (mm)	<u>24,3</u>   <u>24,6</u>
Dist. Ano-Génitale (mm) ( <i>marmotton/pup only</i> )	<u>14,4</u>   <u>14,7</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"/>