


Marmottes / Marmots Sassièrè

Date: 02/07/2020 Time: 9 h 20 N° fiche / sheet: 52 Opérateur / Handling: ~~70~~ 70 N° individu: 2065 capture id: 11852

Si marmotton: date émergence: 28/05/2020 nb: 4 implant: _____

Territoire: <u>Factan</u> <small>Territory</small>	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°  956000006700068	Paint	
	Metal n° <u>6285</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"/> <u>Pup</u>	2 ans <input type="checkbox"/> <u>2 years old</u>
	1 an <input type="checkbox"/> <u>Yearling</u>	≥ 3 ans <input type="checkbox"/> <u>≥ 3 y</u>

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>375</u>
L. mandibule / Jaw (mm)	44,4 <u>44,4</u>
L. Patte ant. / Forefoot (mm)	<u>41,1</u>
L. Cubitus / Ulna (mm)	<u>43,6</u>
L. Patte post. / Hindfoot (mm)	<u>53,6</u>
L. Tibia (mm)	<u>51,3</u>
L. TC / Body length (cm)	<u>21,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>41,2</u>
Larg. Bassin / Basin width (mm)	<u>26,0</u>
Dist. Ano-Génitale (mm) (marmotton/pup only)	<u>11,9</u>
Nombre Echantillons / Number of Samples	
Feces parasito <input type="checkbox"/> <u>0</u>	TV / Green tube <input checked="" type="checkbox"/>
Poils / Hair <input checked="" type="checkbox"/> <u>7</u>	TR / Red tube <input type="checkbox"/> <u>0</u>
Biopsy <input checked="" type="checkbox"/> <u>7</u>	TV extact <input checked="" type="checkbox"/> <u>7</u>
Frotti / Blood smear <input checked="" type="checkbox"/> <u>7</u>	TR extact <input type="checkbox"/> <u>0</u>