

Marmottes / Marmots Sassièrè

Date: 05/07/2020 Time: 11h00 N° fiche / sheet: 55 Opérateur / Handling: SP N° individu: 2048 capture id: 11855

Si marmotton: date émergence: 04/07/2020 nb: implant: _____

| | | | | |
|---|-----------------------|--|-------------------------|---|
| Territoire: <input checked="" type="checkbox"/> <i>Territory</i> | 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"/> |

Measures

Masse corporelle / *Body mass* (g) 225

L. mandibule / *Jaw* (mm) 40,0

L. Patte ant. / *Forefoot* (mm) 35,1

L. Cubitus / *Ulna* (mm) 38,7

L. Patte post. / *Hindfoot* (mm) 48,6


L. Tibia (mm) 45,1

L. TC / *Body length* (cm) 19,5

Larg. Tête zygomatique / *Zygomatic width* (mm) 36,2

Larg. Bassin / *Basin width* (mm) 21,4

Dist. Ano-Génitale (mm) (*marmotton/pup only*) 7,4

| | | | | |
|---------|---|-------------|---------------------------------|---|
| Marking | Transpondeur n°  956000006372190 | Paint | | |
| | Metal n° <u>0291</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"/> |

| | | |
|-----|--|---|
| 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 type="checkbox"/> | Scrotal | yes <input type="checkbox"/> | no <input type="checkbox"/> | unknown <input type="checkbox"/> | | | |
| | Female <input checked="" type="checkbox"/> | Allaitante <i>Lactating</i> | yes <input type="checkbox"/> | no <input checked="" type="checkbox"/> | unknown <input type="checkbox"/> | Gestante <i>Pregnant</i> | yes <input type="checkbox"/> | no <input checked="" type="checkbox"/> |

Nombre Echantillons / *Number of Samples*

| | |
|---|--|
| 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 checked="" type="checkbox"/> |

Comments: _____