


Marmottes / Marmots Sassièrè

Date: 05/07/2020 Time: 11h00 N° fiche / sheet: 56 Opérateur / Handling: SP N° individu: 2049 capture id: M856

Si marmotton: date émergence: 04/07/2020 nb: 5 implant: _____

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

Marking	Transpondeur n°  956000006367771	Paint
	Metal n° <u>Ø292</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"/> <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 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 / <i>Body mass</i> (g)	<u>212</u>
L. mandibule / <i>Jaw</i> (mm)	<u>38,1</u>
L. Patte ant. / <i>Forefoot</i> (mm)	<u>33,4</u>
L. Cubitus / <i>Ulna</i> (mm)	<u>37,3</u>
L. Patte post. / <i>Hindfoot</i> (mm)	<u>47,2</u>
L. Tibia (mm)	<u>45,2</u>
L. TC / <i>Body length</i> (cm)	<u>18,5</u>
Larg. Tête zygomatique / <i>Zygomatic width</i> (mm)	<u>36,6</u>
Larg. Bassin / <i>Basin width</i> (mm)	<u>22,3</u>
Dist. Ano-Génitale (mm) (<i>marmotton/pup only</i>)	<u>8,5</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"/>