


Marmottes / Marmots Sassièrè

Date: 05/07/2020 Time: 9 h 30 N° fiche / sheet: 69 Opérateur / Handling: JD N° individu: 2054 capture id: 11861

Si marmotton: date émergence: 09/07/2020 nb: 5 implant: _____

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

Marking	Transpondeur n°  <u>956000006367519</u>	Paint <input type="checkbox"/>	
	Metal n° <u>0299</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"/> <small>Pup</small>	2 ans <input type="checkbox"/> <small>2 years old</small>
	1 an <input type="checkbox"/> <small>Yearling</small>	≥ 3 ans <input type="checkbox"/> <small>≥ 3 y</small>

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 / Body mass (g)	<u>255</u>
L. mandibule / Jaw (mm)	<u>40,8</u>
L. Patte ant. / Forefoot (mm)	<u>38,5</u>
L. Cubitus / Ulna (mm)	<u>41,1</u>
L. Patte post. / Hindfoot (mm)	<u>50,4</u>
L. Tibia (mm)	<u>47,8</u>
L. TC / Body length (cm)	<u>20,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>37,5</u>
Larg. Bassin / Basin width (mm)	<u>24</u>
Dist. Ano-Génitale (mm) (marmotton/pup only)	<u>13,7</u>

Nombre Echantillons / Number of Samples	
Feces parasito <input type="checkbox"/>	TV / Green tube <input checked="" type="checkbox"/>
Poils / Hair <input type="checkbox"/>	TR / Red tube <input type="checkbox"/>
Biopsy <input checked="" type="checkbox"/>	TV exrtact <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	TR exrtact <input type="checkbox"/>