

Marmottes / Marmots Sassièrè

11862


Date: 05/07/2020 Time: 9 h 30 N° fiche / sheet: 62 Opérateur / Handling: JD N° individu: 2055 capture id: 11

Si marmotton: date émergence: 04/02/2020 nb: 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"/>

Measures

Masse corporelle / <i>Body mass</i> (g)	<u>255</u>
L. mandibule / <i>Jaw</i> (mm)	<u>40,2 38,9</u>
L. Patte ant. / <i>Forefoot</i> (mm)	<u>36,7</u>
L. Cubitus / <i>Ulna</i> (mm)	<u>40,9</u>
L. Patte post. / <i>Hindfoot</i> (mm)	<u>49,7</u>
L. Tibia (mm)	<u>47,9</u>
L. TC / <i>Body length</i> (cm)	<u>19,5</u>
Larg. Tête zygomatique / <i>Zygomatic width</i> (mm)	<u>37,1</u>
Larg. Bassin / <i>Basin width</i> (mm)	<u>24,6</u>
Dist. Ano-Génitale (mm) (marmotton/pup only)	<u>9,1</u>

Marking	Transpondeur n°  <u>956000006368195</u>	Paint	
	Metal n° <u>0298</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"/>

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 type="checkbox"/>

Comments: _____