

## Marmottes / Marmots Sassièrè

Date: 18/05/2022 Time: 10 h 25 N° fiche / sheet : 12 Opérateur / Handling: SP N° individu: 2109 capture id: 12314

Si marmotton: date émergence: \_\_\_/\_\_\_/20\_\_\_ nb:  implant: \_\_\_\_\_

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

<b>Marking</b>	Transpondeur n° <u>956 - 6369171</u>		Paint <div style="border: 1px dashed black; padding: 5px; display: inline-block;"> <input checked="" type="checkbox"/> <i>orange</i> </div>
	Metal n° <u>0814</u> Oreille <i>ear</i> G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/>		
	Plastic n° _____ Oreille <i>ear</i> G/Left <input type="checkbox"/> D/Right <input type="checkbox"/> color _____		

<b>Age</b>	0 Marmotton <input type="checkbox"/> <i>Pup</i>	2 ans <input type="checkbox"/> <i>2 years old</i>
	1 an <input checked="" type="checkbox"/> <i>Yearling</i>	≥ 3 ans <input type="checkbox"/> <i>≥ 3 y</i>

<b>Statut Repro</b>	Male <input type="checkbox"/>	Scrotal yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>
	Female <input checked="" type="checkbox"/>	Allaitante yes <input type="checkbox"/> <i>Lactating</i> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
		Gestante yes <input type="checkbox"/> <i>Pregnant</i> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>

<b>Measures</b>	
Masse corporelle / <i>Body mass (g)</i>	<u>1375</u>
L. mandibule / <i>Jaw (mm)</i>	<u>54,1</u>
L. Cubitus / <i>Ulna (mm)</i>	<u>62,9</u>
L. Tibia (mm)	<u>80,7</u>
L. TC / <i>Body length (cm)</i>	<u>35</u>
Larg. Tête zygomatique / <i>Zygomatic width (mm)</i>	<u>50,2</u>
Larg. Bassin / <i>Basin width (mm)</i>	<u>46,8</u>
Dist. Ano-Génitale (mm) (marmotton/pup only)	<u>  /  </u>

<b>Nombre Echantillons / <i>Number of Samples</i></b>	
Feces parasito <input checked="" 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 checked="" type="checkbox"/>
Biopsy <input type="checkbox"/>	TV extact <input checked="" type="checkbox"/>
Frotti / <i>Blood smear</i> <input checked="" type="checkbox"/>	TR extact <input checked="" type="checkbox"/>

**Comments:**