

Date of Registration _____ Reference

Release Permanent Captive Ring No

DoA Died Euthanased APHA

BAT RESCUE REGISTER

Use in conjunction with BCT's Good Practice Guidelines. Use continuation sheet BRR2



THE BAT

Reason for Captivity

- Injured
- Adult - No apparent injury but flightless
- Baby - development stage
- Juvenile - Not yet flying
- Other _____

Details of Bat

Species _____
 Male Female Lactating Juvenile
 Distinguishing marks (other than injuries) _____

THE FINDER

Found by _____ Date _____ Approximate time _____

Address _____

Post code _____ Phone number _____

Collected/delivered by (if different from above) _____

Address _____

Post code _____ Phone number _____

Bat found at _____ Grid reference or post code _____

Details _____

Roost Known Grid ref _____

Water given by finder _____ Any feeding by finder _____

Any other information _____

Passed on for care by (signature) _____	Has anyone been bitten? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If 'Yes' refer to BCT guidelines</i>
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Right Forearm length _____ mm

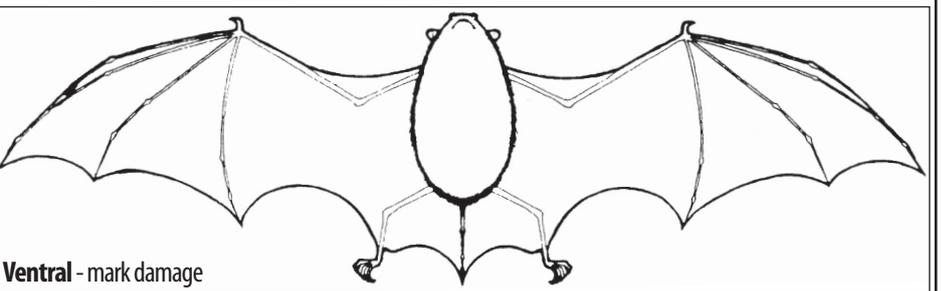
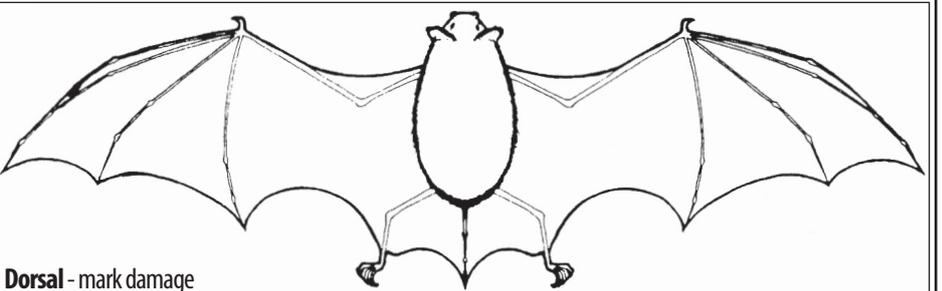
Weight on admission _____ gms

Check List

- A Urine (staining / blood)
- B Droppings (presence / consistency / blood)
- C Bones
- D Membranes (inc. tail & pre elbow)
- E Flesh wounds (blow through fur)
- F Head / eyes / ears / jaw
- G Ectoparasites (rec. brief details)
- H Poison / pollutants / adhesives
- I Temperament
- Cat involved

Brief description of injuries and cause (if known) _____

Injuries please mark on chart

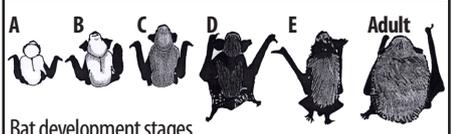


Initial examination. Date _____ Time _____ Who by _____

Action taken _____

RETURN OF BABY/JUVENILE TO ROOST

Date	Time	Result
1		
2		



TREATMENT

Full examination. Date _____ Time _____ Who by _____

Details _____

- Vet required
- Antibiotics required
- Surgery required

Copies of this form can be obtained from: BCT, 5th floor, Quadrant House, 250 Kennington Lane, London, SE11 5RD

Follow up care on continuation sheet BRR2