

WEST YORKSHIRE BAT GROUP

Reason for captivity

- Injured
- Adult - No apparent injury - but flightless
- Juvenile - not yet flying
- Other

Passed on for care by

(signature of finder/person handing the bat over)

- Has anyone been bitten? If yes, see BCT Good Practice Guide.

Details of bat

Species _____

- Male Female Juvenile
- Lactating

Distinguishing marks (other than injuries) _____

Right forearm length _____

Weight _____

Check List

- Urine (staining/blood)
- Droppings (presence/consistency/blood)
- Bones (arms, fingers, legs, tail and body)
- Membranes (inc. tail & in front of elbow)
- Flesh wounds (blow through fur)
- Head / eyes / ears / jaw intact
- Ectoparasites (record brief details)
- Poison / pollutants
- Temperament

Brief description of injuries & cause

(if known) _____

Attempt to reunite baby/juvenile with mother

Date	Time	Result
1		
2		

Reference

Released Dead on arrival

Permanent captive Died

Corpse sent to Veterinary Laboratories Agency

BAT RESCUE REGISTER

Please use in conjunction with BCT's Good Practice Guides

Found by _____ Date found _____

Address _____

Phone _____ Where found/Grid ref _____

Time found _____

Details _____

Brought in by _____ Date brought in _____

Address _____

Phone _____

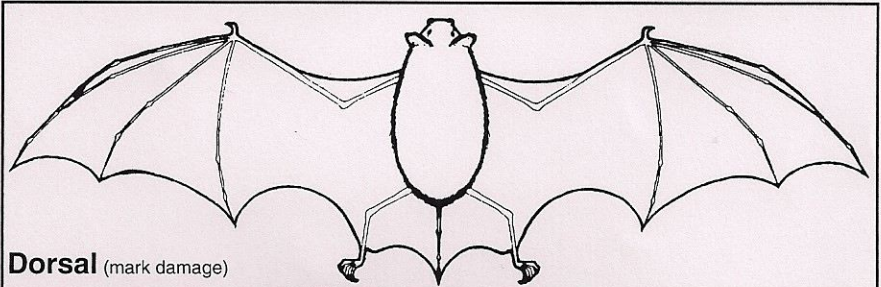
Roost known _____ Grid ref _____

Feeding by finder _____

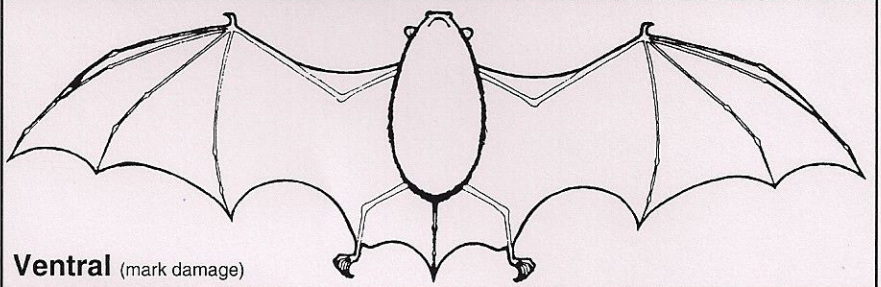
Other information _____

Initial examination - Date _____ Time _____ Who by _____

Action taken _____



Dorsal (mark damage)



Ventral (mark damage)

Treatment

Full examination _____ Who by _____

Details _____

Antibiotics required _____

Surgery required _____ Who by _____

Date _____ Details _____

Follow up care on Continuation Sheet