



Bat Conservation Trust

Date of Registration _____ Reference

Release Permanent Captive Ring No

Dead on Arrival Died Euthanased APHA

BAT RESCUE REGISTER

Finders' details will not be shared with anyone except if a bat dies and is sent to the Animal Plant and Health Agency for rabies testing

THE FINDER		
Found by _____	Date _____	Approximate time _____
Address _____		
Phone number _____		
Collected/delivered by (if different from above) _____		
Address _____		
Phone number _____		
Bat found at _____		
Grid reference or post code _____		
Details _____		
Roost <input type="checkbox"/> Known <input type="checkbox"/> Grid ref _____		
Water given by finder _____		
Any feeding by finder _____		
Any other information _____		
Passed for care to _____		Signature of the finder _____
		Has anyone been bitten? Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' refer to BCT guidelines		

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

Distinguishing marks (other than injuries) _____

On Admission: Weight _____ gms
Right Forearm length _____ mm

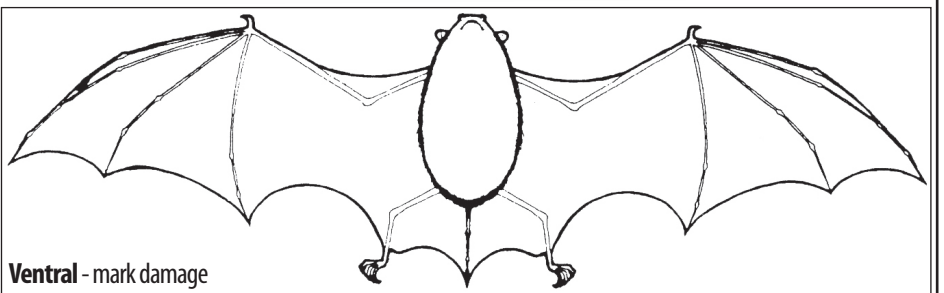
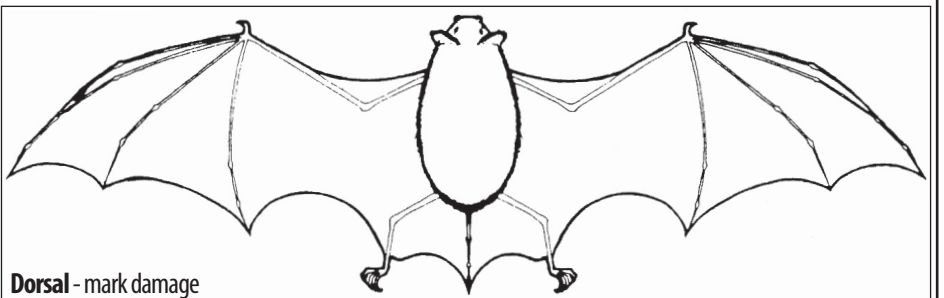
On Release: Weight _____ gms
Right Forearm length _____ mm

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		
3		



TREATMENT

Full examination. Date _____ Time _____ Who by _____

Details _____

- Vet required
- Antibiotics required
- Surgery required