

Avian Wildlife Final Casualty Veterinary Examination Certificate

Veterinary Surgeons Name & Qualifications:

Address:

Tel.:

Bird keepers name:

Keepers Address:

Tel.:

Species:

Sex:

Age:

Identichip number (cable tie identification is not acceptable):

Date into care: / /

History (including where found, the circumstances, finder and all intermediate carers):

Further to my

Avian Wildlife Initial Casualty Veterinary Examination Certificate of: / /

I have:

Re-examined the above bird Yes / No *

Re-x-rayed the above bird Yes / No *

I now believe that this bird is now fit for rehabilitation to the wild Yes / No *

I believe the bird should be made ready for release: *

immediately / ASAP / next spring / other (please state a date) / /

I recommend the following method of release:

* Traditional falconry training to assess ability to hunt prior to release

* Hack aviary

* Hack box

To be released in the *
morning / at dusk / at a time of normal climatic conditions

I recommend the following special precautions:

Or

* I believe this bird should be reassessed by myself to evaluate
further progress on / /

Or

* I now believe that this bird will never be fit for release to the wild my advice is that the
bird should be:

- * Euthanased
- * Used for captive breeding
- * Used for educational purposes
- * Other use please specify

...../...../.....

Signature and date (in a colour other than black)

** Delete as applicable*

Copies for Veterinary Surgeon / Keeper / DEFRA

The cost of certification is a private matter between the keeper and the veterinary surgeon