

Avian Wildlife Initial 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):

What treatment was initially given (and by whom) to bird?

Initial Veterinary treatment administered by:

Name of vet who first treated bird:

Tel.:

Date when first examined by a vet: / /

Summary of injuries or handicaps that the bird is currently suffering from:

Do you believe that further treatment or investigation including x-ray and surgery would aid the bird's chances of full recovery and release? Yes / No *

Has the bird been x-rayed? Yes / No *

Are these disabilities of a permanent nature? Yes / No *

If not, what is the expected period of incapacity?

What date should this bird be reassessed by a veterinary surgeon with a view to release?

/ /

I, the above named Veterinary Surgeon, having examined this bird and made due enquiries, and being duly qualified and experienced to make this assessment, believe that this bird is currently / permanently* fit / unfit* for return to the wild.

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

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