Bat Conservation Trust

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 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 ☐ No ☐

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 ☐ Juvenile

Distinguishing marks (other than injuries)

_____

_____

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)

_____

_____

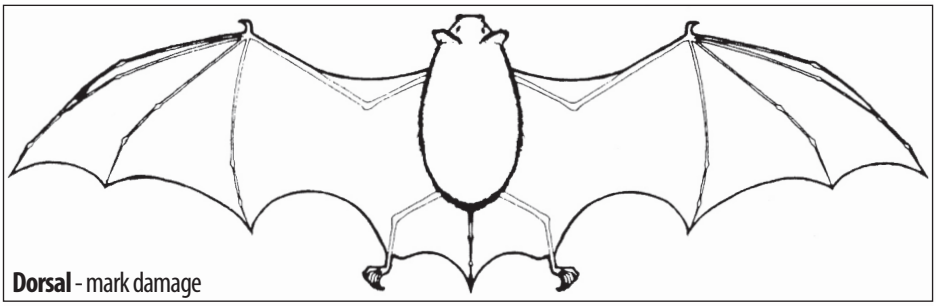
_____

_____

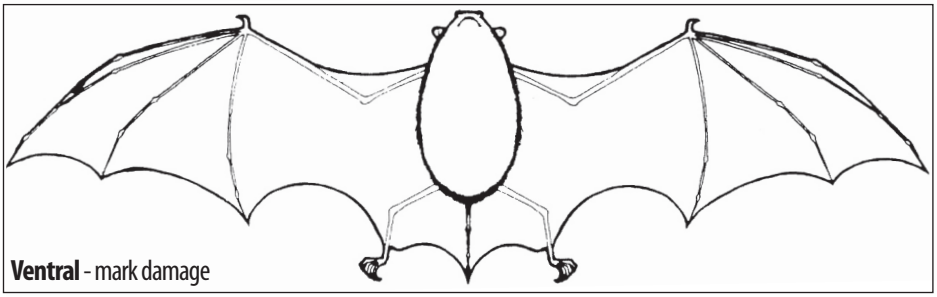
_____

_____

Injuries please mark on chart



Dorsal - mark damage



Ventral - mark damage

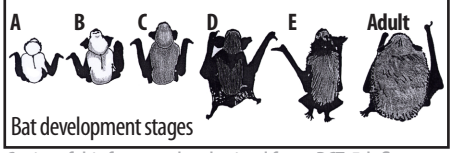
Initial examination. Date _____ Time _____ Who by _____

Action taken _____

_____

RETURN OF BABY/JUVENILE TO ROOST

	Date	Time	Result
1			
2			



Bat development stages

TREATMENT

Full examination. Date _____ Time _____ Who by _____

Details _____

_____

_____

- ☐ Vet required _____
- ☐ Antibiotics required _____
- ☐ Surgery required _____

_____

_____

Follow up care on continuation sheet BRR2

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

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