

FORMS

This section contains the forms that **Raptor Rescue** has made available to rehabilitators:

- Accredited Rehabilitator Application
- Admission Record
- Animal Transport Certificate
- Annual declaration for Accreditation
- Annual Survey - multiple entry
- Record of a disabled wild bred annex A bird
- Re-home application - part 1
- Re-home transfer- part 2
- Treatment Record

These forms may be photocopied or downloaded from our web site and used as required.

Website: raptorrescue.org.uk



ACCREDITED REHABILITATOR APPLICATION

Name: _____

Address: _____

_____ Post Code: _____

Telephone: _____

E-mail: _____

Please complete all parts of the form giving as much detail as possible or indicate with a ✓ in the appropriate box.

1. STATUS *Please tick all that apply*

I am a: Member of Raptor Rescue , Member of the Public , Veterinary Surgeon ,
A Veterinary Nurse ,

Wildlife/Rescue Centre , Novice Falconer , Experienced Falconer , Other *Please specify:-*

2. EXPERIENCE

How many years experience do you have with birds of prey and owls? 0-5yrs , 5-10yrs ,
10-15yrs , 15+

Have you undertaken a course at a falconry/owl centre? Yes No

Have you undertaken the Lantra Course? Yes No

If yes, please give details of what course you did, where and when!

Do you keep/fly your own birds of prey/owls? Yes No

What type of birds do you keep/fly? *Please specify:*

Please give details of any other experience you have with birds of prey/owls?

Do you have any bird of prey/owl rescue/rehabilitation experience? No Yes *Please give details:*

Have you done any bird of prey/owl related first aid training or courses? No Yes *Please give details:*

Please complete the attached survey for birds handled during the last calendar year.

3. Facilities

Examination/Treatment Area – *Please provide photos to back your application*

Do you have an examination/treatment area/room? Yes No

Is it free from draughts and damp? Yes No

Does it have ventilation, i.e. opening windows? Yes No

Are all the windows screened or fitted with vertical bars? Yes No N/A

Does it have an electrical power supply? Yes No

Does it have lighting? Yes No

Does it have a running or water supply? Yes No

Does it have a source of hot water, i.e. kettle? Yes No

Do you have separate food storage facilities? Yes No

Any other comments or information?

Intensive Care Unit (Hospital Cage) – *Please provide photos to back your application*

Do you have an Intensive Care Unit (Hospital Cage)? Yes No

Is it constructed from easily cleaned materials? Yes No

Can it be made dark if necessary? Yes No

Does it have any type of controlled heating? Yes No

Seclusion Aviary(s) – *Please provide photos to back your application*

How many seclusion aviaries do you have?

What size are your aviaries?

What are they constructed of?

What type of frontage do they have? Chicken wire Weld mesh Other *please specify:*

Please state the size and gauge of the wire used?

Do they have a double door entrance system? Yes No

Do they have cleanable food ledges or platforms? Yes No

Do they sufficient observation points to monitor casualties? Yes No

4. General Equipment

Do you have a catch net? Yes No

Do you have transportation boxes? No Yes *Please describe:-*

Are they constructed of easily cleaned materials? Yes No - or are they a disposable type?
Yes No

5. First Aid Equipment

Do you have a drugs/medicine cupboard/cabinet? Yes No

Is it out of the reach of children? Yes No

Is it secure? Yes No

Do you have fluid replacement equipment? Yes No

Do you have various size syringes? Yes No

Do you have various size crop tubing? Yes No

Do you have a supply of glucose lectade or similar? Yes No

Do you have a supply of disposable gloves? Yes No

Do you have suitable disinfectants? Yes No

6. Records

Do you keep accurate records of all casualties? No Yes

Please include examples of records and forms used.

Please remember you will be asked to complete an annual survey form which should include the following:

- *Date you received the bird.*
- *Any identification, ring numbers*
- *Who passed the bird on to you i.e. Vet, Police, Member of Public, RSPB, RSPCA etc.*
- *Species, male or female, adult or immature.*
- *Injuries.*
- *Does it require stabilization, minor or major treatment etc.*
- *Any Final outcome, i.e. released, died, euthanised, retained, passed to other rehabber.*

Please give details of the Vet(s) you use (names & addresses):

Please indicate any supporting references (names & addresses):

Any other information or comments you feel may be relevant to your application:

Applicant declaration: I (print name) _____ declare that the above application is a true representation of my experience and facilities at the said address and I would like to apply to be a **Raptor Rescue Accredited Rehabilitator**. I agree to be visited by a trustee of the charity at any reasonable time in order to inspect my facilities and ensure I am suitable to receive raptors.

I also agree to maintain my membership to Raptor Rescue and to participate in the annual survey when requested and I understand that to continue as an **Accredited Rehabilitator** I need to return the survey form(s) each year along with an **Annual Accredited Declaration Form**.

I agree to disclose to the trustees of the charity details of any convictions or investigations related to animals and/or wildlife that may have been carried out by the police or an animal welfare organisation. I also give my permission for the police to pass any relevant information to the charity's trustees, including information of previous convictions or investigations they have carried out in relation to me and for them to disclose current or future enquiries, which may have a bearing on my continued suitability in Raptor Rescue.

Signed: _____ Date: _____

Print Name: _____

Please send completed Application with supporting photographs and documents to the Secretary (see web site for name & address)

Raptor Rescue Board of Trustees:

This application has been accepted at a meeting of the Board of Trustees on: _____

Signed: _____ Chairman

Signed: _____ Secretary

Letter and certificate sent: _____

Rehabilitators Handbook sent: _____

Helpline Notified: _____



Annual Accredited Rehabilitator Declaration

Name: _____

Address: _____

_____ Post Code: _____

Telephone: _____

E-mail: _____

Annual declaration: I (print name) _____
herewith declare that since my last declaration as a **Raptor Rescue Accredited Rehabilitator:**

I have not had any changes in my experience or facilities.

I have had the following changes in: *(please give details) continue on a separate page if necessary*

Experience:

Facilities: (include photographs)

I wish to continue as a **Raptor Rescue Accredited Rehabilitator** and herewith return my completed annual survey form for the past calendar year.

I do not wish to continue as a **Raptor Rescue Accredited Rehabilitator** but include my completed annual survey form for the past calendar year.

Signed: _____ Date: _____

Print Name: _____

Please return the completed form to the Survey Co-ordinator (see Appendix E):

(A new Accredited Rehabilitator Certificate will be sent to you on receipt of your survey form)

Raptor Rescue Board of Trustees:

Approved to continue as a **Raptor Rescue Accredited Rehabilitator**

Signed: _____ Date: _____

Certificate sent

RECORD OF A DISABLED WILD BRED ANNEX A BIRD

AN ARTICLE 10 CERTIFICATE IS REQUIRED FOR THE SALE OR COMMERCIAL DISPLAY OF THIS BIRD.

| SPECIES | AGE | SEX | RING OR ID CHIP NUMBER |
|---------|-----|-----|------------------------|
| | | | |

WHEN AND WHERE WAS IT FOUND?

| |
|--|
| |
|--|

NAME AND ADDRESS OF FINDER

| |
|--|
| |
|--|

WHAT DATE DID THE BIRD COME INTO YOUR POSSESSION?

| |
|--|
| |
|--|

DESCRIBE THE NATURE OF THE INJURIES TO THE BIRD

| |
|--|
| |
|--|

WAS A VET CONSULTED?

| YES | NO | IF YES WHEN |
|-----|----|-------------|
| | | |

IS THE CASUALTY A SCHEDULE 4 SPECIES

| YES | NO | IF YES. DATE WHEN SHOULD BE REGISTERED |
|-----|----|--|
| | | |

IF REGISTERED, GIVE DATE AND RING NUMBER

| |
|--|
| |
|--|

FINAL OUTCOME

| DIED | EUTHANASIA | RETAINED | RELEASED | DATE |
|------|------------|----------|----------|------|
| | | | | |

WAS A BTO RING FITTED?

| YES | NO | IF YES GIVE NUMBER |
|-----|----|--------------------|
| | | |

HAS THE BIRD BEEN PASSED ON TO SOMEONE ELSE?

| YES | NO | IF YES GIVE DATE |
|-----|----|------------------|
| | | |

IF TRANSFERRED, GIVE THE NAME AND ADDRESS OF THE NEW KEEPER

| |
|--|
| |
|--|

| SIGNED | DATE |
|--------|------|
| | |

| NAME | REF NUMBER |
|------|------------|
| | |

RECORD OF A RAPTOR ADMISSION

Species: _____ **Date:** _____

Age Adult / Immature **Sex** Male / Female / Unknown

Ring / identification Number: _____

FINDER

Name: _____

Address: _____

Post code: _____ **Telephone:** _____

Signature: _____ **e-mail:** _____

DETAILS

When and where found

.....

.....

Observations on first inspection and initial treatment: _____

Has a vet been consulted: yes / no

If yes who & when: _____

| | | |
|--------------|---------------------------|-------|
| Injury code: | Outcome: Passed on to: | Date: |
|--------------|---------------------------|-------|

If a Schedule 4 bird, Defra advised on: _____

**Application to Re-Home a Bird of Prey/Owl
Part 1 – Application Form**

Name: _____

Address: _____

_____ Post Code: _____

Telephone No: _____

E-mail: _____

Please provide as much detail as possible.

Are you: *(Please tick)*

A member of the public____, A Wildlife/Rescue Centre____, An Experienced Falconer____,

A Novice Falconer____, A Member of Raptor Rescue____, Other____ ***please detail:***

What experience do you have with Birds of Prey/Owls?

i.e. number of years experience, experience with captive bred, wild or wild/imprint, species of bird owned/handled/flown. Have you completed a recognised Falconry Course?

If yes, please give details and provided a copy of any certificates gained.

What facilities do you have?

i.e. number of aviaries, aviary sizes, aviary construction, equipment (perches, gloves, baths etc). *Please provide pictures of your aviaries.*

Do you have access to a Veterinary Practice with experience of Birds of Prey/Owls in case the bird requires any treatment?

Yes / No

If yes, name and address of vet!

Do you have any preference of species you would like to re-home?

NB. I agree to pay for the micro-chipping and all transport costs for any bird given to me.

Signed: _____

Print Name: _____

Date: _____

This application will go before the Board of Trustees at the next quarterly meeting for approval. If approved your details will then be added to our list of re-homers and we will contact you if a suitable bird becomes available.



Application to Re-Home a Bird of Prey/Owl Part 2 - Transfer Form

Raptor Rescue hereby signs over the following Bird of Prey/Owl:

Species: _____

Sex: Male / Female / Juvenile Ring No.: _____

To: (New Keeper)

Name: _____

Address: _____

_____ Post Code: _____

Telephone No.: _____ E- Mail: _____

This bird is handed over as far as can be ascertained in good health and any obvious disability has been fully indicated.

I understand that Raptor Rescue will not be responsible for any future treatment, and any future costs are incurred at my own expense, and is not to be held responsible for this bird's behaviour once it leaves Raptor Rescue. This bird will be kept in proper quarters and, if it appears ill or injured in any way, I will seek qualified veterinary advice and treatment.

This bird has an / no Article 10 Certificate. *I agree not to sell the bird or use it for commercial or financial gain i.e. from public display or breeding (which is illegal without an Article 10 Certificate) without the prior written permission of Raptor Rescue.*

I agree to ensure that this bird is at all times registered with the appropriate registration service e.g. Independent Bird Register. If at any time in the future I am no longer able for whatever reason to keep or look after this bird, I will return it to Raptor Rescue.

Raptor Rescue reserve the right to contact anyone who re-homes a bird of prey/owl at any time to enquire how the bird is progressing. Raptor Rescue has incurred some costs in relation to the re-homing of this bird, if you wish to make a donation to the Charity it will be thankfully received.

I understand and accept the above conditions.

Signature: _____

Print Name: _____

Date: _____

Signed on behalf of Raptor Rescue:

Signature: _____ (Trustee)

Print Name: _____

Date: _____

ANIMAL TRANSPORT CERTIFICATE

The completion of the information in this document is a legal requirement under Article 8 of the Welfare of Animals during Transport Order 1994.

During the journey the consignment **MUST** be accompanied by an Animal Transport Certificate.

| | | | |
|---|--|---------|--------|
| Owner of the animals full name & address | <p style="text-align: center;">Animals to be carried</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Species</td> <td style="width: 30%; border: none;">Number</td> </tr> </table> | Species | Number |
| Species | Number | | |
| Place of departure where first animals are loaded | Date & time of loading of first animal | | |
| | Date & time of departure | | |
| Final destination, including postcode | Transporter (name, address, business name) | | |
| Date & time of arrival at final destination (i.e. when last animals unloaded, to be provided AFTER the journey) | Registration number of vehicle (and trailer if different) | | |
| Name of person in charge during the journey | Signature of person in charge of the transport undertaking | | |
| | Name in BLOCK LETTERS | | |
| | Status | | |

