# MARC Stranded Cetacean Report

## Initial report

**Date:**

**Report written by:**

**Name:**

**Address:**

**Tel. no.:**

**Email:**

**Attending vet:**

**Name:**

**Address:**

**Tel. no.:**

**Email:**

## LOCATION OF STRANDING

**Name of beach/cove:**

**OS map reference:**

**Nearest town or village and county:**

**Access to beach:**

## INITIAL ASSESSMENT

**Number of animals stranded:** Total: □ □ Alive: □ □ Dead: □ □ Time assessment made: □ □

**How long stranded:** □ □ □ Estimated / Actual

**Weather conditions:**

**Tide status:**

**Sea state:**

**Number of MARC members present at initial assessment:**

**Note:** A MARC Stranded Cetacean Report is needed for each individual animal

## INITIAL INDIVIDUAL STRANDED CETACEAN REPORT

**Species:**

**Body Length:** □ cm  □ cm  □ cm

**Girth:**

**Age:** □ Neonate  □ Juv  □ Adult

**Sex:** □ Male  □ Female  □ Unknown

**If species unknown:** Description of beak/snout: □ Absent □ Short □ Long

**Skin colour and identifying markings:**

**Photographs taken:** Right □ Cranial □ Left □ Caudal □ Dorsal fin □ Fluke □ Location on beach □

**Name / ID:**

**Microchip number:**

**If present tag number, colour and contact details:**

## POSITION OF CETACEAN WHEN FOUND

**Sun:** □ in direct sunlight □ in shade

**Sea:** □ in the surf □ above the surf

**Beach:** □ on sand □ on shingle □ on rocks

## TRIAGE

**Status:** □ alive □ dead (move on to another animal and record details later)

**Require vet attention:** □ immediate □ medium priority □ euthanasia (vet required)

## Additional MARC Stranded Cetacean Reports:

- MARC Stranded Cetacean Clinical Assessment Form
- MARC Stranded Cetacean Action Record
- MARC Euthanasia Form
- MARC Mass Stranding Overview Form

Please ensure all of the relevant documents are completed: these are essential for auditing and improving the successful management of stranded cetaceans.

Thank you for your help today.
MARC Stranded Cetacean Clinical Assessment Form

Species: 
ID/Name: 
Microchip number: 
Report written by: 
Attending vet: 
Date: 
Time: 
Sheet no.: 
Number of animals currently stranded: Total: Alive: Dead: 
Time since stranded (hrs/min): Est / Actual 
Time since rescue started (hrs/min): 

MARC Clinical Assessment forms should be filled out as part of the initial assessment and triage and at any times where a full assessment or veterinary health check is undertaken. Accurate data collection is essential to ensuring improved outcomes in cetacean stranding management and promoting best practices in animal welfare.

INITIAL CLINICAL ASSESSMENT

Behavioural signs / observations e.g. if seen in the water before the stranding: 
Lying position: Dorsal Ventral Lateral L / R 
Demeanour: Depressed / Struggling / Alert / Apprehensive / Calm

Trauma, lesions or skin damage:

Skin condition: Smooth Wrinkled Peeling 
Skin tone: Firm Spongy Very spongy 
Body condition: Poor Moderate Good 

Any discharges present? From mouth, blowhole, anus, genital slit or wounds, indicate if it is blood, mucus, pus or other.

Any refloat attempt(s) already made? Yes No 
If yes, how was it carried out and how long was taken over it?

Clinical assessment

Respiratory: Respiratory rate bpm 
Normal: Dolphins/porpoises 2-5 bpm, pilot whales approx 1 bpm, some longer

Respiratory quality: shallow / weak /explosive 
Respiratory noise: absent / harsh / bubbling / coughing 
Capillary refill time sec 
Macous membrane colour 

Cardiovascular: Heart rate bpm 

Auscultation: 

Body Temperature: °C / °F

Eyes: Left Right Open Closed Cloudy Other

Reflexes/muscle tone: Palpebral reflex: Normal Sluggish Absent 
Blowhole tone: Normal Sluggish Absent 
Jaw tone: Normal Sluggish Absent 

Should close eye when gently touched at corner of the eyelid 
Should normally be held closed and tighten on touching its edge

Additional notes:

Clinical plan: Medical and rescue plan should be documented here, including drugs, doses and rehabilitation consideration

Signed: 
Time of next review: 

MARC Stranded Cetacean Euthanasia Document

Species: 
ID/Name: 
Microchip number: 
Report written by: Attending vet: 
Species: 
Time: 
ID/Name: 
Microchip number: 
Number of animals currently stranded: Alive: Dead: Total: 

Method of euthanasia

Premedication / Anaesthesia:

Body Length: m

Time Drug Dose Route Area of admin Delivery success

Dose rate (mg/kg) Total dose (mg) Conc (mg/ml) Total volume (ml)

Euthanasia agent (chemical):

Time Drug Dose Route Area of admin Delivery success

Dose rate (mg/kg) Total dose (mg) Conc (mg/ml) Total volume (ml)

Euthanasia method (firearm):

Type: Calibre: Ammunition:

Area targetted: No. shots:

Additional notes:

Justification for euthanasia

Efficacy of euthanasia

If euthanasia is required on welfare grounds please document all aspects of the euthanasia event including behaviour from the time of administration to time the animal is

Vet signature: 

Signed: MRCVS

For known species estimated weights can be extrapolated from body length, details are found in the BDMLR Handbook, Cetacean Veterinary Section.
**MARC Stranded Cetacean Euthanasia Document**

Species: 
ID/Name: 
Microchip number: 
Report written by: 
Attending vet: 

Number of animals currently stranded: Total: 
Alive: 
Dead: 
If vet not present please put N/A

Time since stranded (hrs/min): 
Time since rescue started (hrs/min): 

**Justification for euthanasia**

Signed: 

**Method of euthanasia**

Body Length: m

Euthanasia only to be undertaken following veterinary assessment and under veterinary guidance

Note: For known species estimated weights can be extrapolated from body length, details are found in the BDMLR Handbook, Cetacean Veterinary Section.

**Premedication / Anaesthesia:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Area of admin</th>
<th>Delivery success</th>
<th>Effect</th>
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**Euthanasia agent (chemical):**

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<tr>
<th>Time</th>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Area of admin</th>
<th>Delivery success</th>
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**Euthanasia method (firearm):**

Type: 
Calibre: 
Ammunition: 

Area targeted: 
No. shots: 

**Efficacy of euthanasia**

Confirmed successful euthanasia: Yes [ ] No [ ] Unsure [ ] How: 
Time confirmed: 
Vet signature: 

**Additional notes:**

If euthanasia is required on welfare grounds please document all aspects of the euthanasia event including behaviour from the time of administration to time the animal is confirmed dead; this information is essential in reviewing methodology and application of euthanasia techniques consistent with best animal welfare practices.
MARC Stranded Cetacean Action Record

<table>
<thead>
<tr>
<th>Species:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>ID/Name:</td>
<td>Time:</td>
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<td>Microchip number:</td>
<td>Sheet no.:</td>
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</table>

Summary

Accurate data collection is essential to ensuring improved outcomes in cetacean stranding management and promoting best practices in animal welfare.

<table>
<thead>
<tr>
<th>Time</th>
<th>Notes and observations</th>
<th>Initial</th>
<th>Plan and treatments</th>
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Please initial all notes when entering information. Continue notes overleaf.
Please initial all notes when entering information.
### MARC Mass Stranding Overview Form

**Date:**

**Report written by**

**Name:**

**Address:**

**Tel. no:**

**Email:**

**Attending vet:**

**Name:**

**Address:**

**Tel. no:**

**Email:**

### INITIAL ASSESSMENT

- **Number of animals stranded:**
  - Total: [ ]
  - Alive: [ ]
  - Dead: [ ]

- **Time assessment made:**

- **Time stranded:**
  - Est / Actual

- **Weather conditions:**

- **Sea state:**

- **Tide status:**

- **Additional notes or useful information:**

### LOCATION OF STRANDING

- **Name of beach/cove:**

- **OS map reference:**

- **Nearest town or village and county:**

- **Access to beach:**

- **Species:**

- **Mass stranding manager:**

### INITIAL ASSESSMENT

<table>
<thead>
<tr>
<th>ID/Name</th>
<th>Sex</th>
<th>Age</th>
<th>Initial assessment</th>
<th>Initial vet check</th>
<th>Next vet check</th>
<th>Done</th>
<th>Next vet check</th>
<th>Done</th>
<th>Prognosis</th>
<th>Refloat</th>
<th>Euthanasia</th>
<th>Notes</th>
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