



LIVE SEAL ASSESSMENT / FIRST AID SHEET

- Report and Location details -

Once completed please return this form to BDMLR HQ.

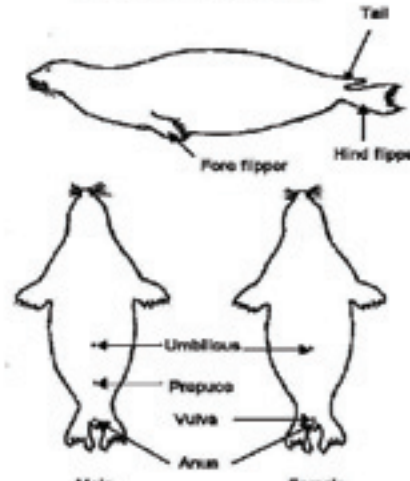
First Reported by: <input style="width: 90%;" type="text"/>	Contact Phone of Informant: <input style="width: 90%;" type="text"/>
Date & Time First Seen: <input style="width: 90%;" type="text"/>	Location of Rescue:
Pre-Rescue History: How long observed for & how seal was reacting.	

Beach Conditions: e.g. sea state, weather, beach substrate, public/canine disturbance

- INITIAL ASSESSMENT -

Date & Time Examined: <input style="width: 90%;" type="text"/>	Assessed by: <input style="width: 90%;" type="text"/>	Contact Phone: <input style="width: 90%;" type="text"/>
Capture Authorised by: <input style="width: 100%;" type="text"/>	Species: <input style="width: 100%;" type="text"/>	If grey seal, is coat type...
Lying Position: <input type="checkbox"/> Back <input type="checkbox"/> Side <input type="checkbox"/> Stomach	Aprx Length : (cm) <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Pre-moult (long & white coat)
Breathing: Breathing Rate (take over 2 minutes): <input style="width: 50px;" type="text"/> per min.	<input type="checkbox"/> Sneezing: <input type="checkbox"/> Obvious <input type="checkbox"/> Audible (Wheezing) <input type="checkbox"/> Coughing	<input type="checkbox"/> Mid-moult.
Breathing Pattern: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	Body Condition:	<input type="checkbox"/> Post-moult (short & grey/black)
<input type="checkbox"/> Good - Well rounded, bones not visible.	Temperature: (°C) <input style="width: 50px;" type="text"/>	Eyes: <input type="checkbox"/> Cloudy
<input type="checkbox"/> Fair - Pelvis and neck just visible.	Faeces: Runny / Firm etc <input style="width: 50px;" type="text"/>	Discharges: <input type="checkbox"/> Watery <input type="checkbox"/> Clear
<input type="checkbox"/> Poor - Pelvis, neck and ribs visible.	Behaviour:	<input type="checkbox"/> Thick <input type="checkbox"/> One eye Closed
	Nose: <input type="checkbox"/> Dry Discharge: <input type="checkbox"/> Watery <input type="checkbox"/> Thick	<input type="checkbox"/> Active or <input type="checkbox"/> Alert or
	Skin: <input type="checkbox"/> Dry or <input type="checkbox"/> Wet <input type="checkbox"/> Oiled	<input type="checkbox"/> Quiet/Still <input type="checkbox"/> Unresponsive
	Other skin condions: <input style="width: 150px;" type="text"/>	

- FIRST AID, TREATMENT & MONITORING-

<p>Please mark on injuries and other observations:</p> 	<p>Wounds, Injuries and other observations:</p> <p>Please list details of wounds, injuries and other observations about the health of the seal.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Initial time & procedure Log : Please list all procedures, e.g. oral fluids, drugs, wound care, flushing of eyes, hosing with water etc plus details if a vet centre used. Please continue on an additional sheet of paper if necessary.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Continued Assessment: Please record details of continued assessment overleaf.</p>
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- Observation Record -

Please list all observational details including changes in breathing rate/pattern, temperature, change in behaviour, faeces as well as times and locations of handovers and to whom etc.

Date & Time:	Assessed by / location	Observation/incident:

- Transportation & Vet Centre Notes -

Location Seal Taken:		Transported by: list medics involved in transport.		Veterinary Ctr Used: for rescue/during transport:	
Condition on arrival:	<input type="checkbox"/> Alive <input type="checkbox"/> Dead			Vet Ctr Phone No.	