

MARC Stranded Cetacean Report

Initial report

Date:

Report written by: **Attending vet:**

Name: Name:

Address: Address:

Tel. no: Tel. no:

Email: Email:

LOCATION OF STRANDING

Name of beach/cove: Nearest town or village and county:

OS map reference:

Access to beach:

INITIAL ASSESSMENT

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

How long stranded: Estimated / Actual

Weather conditions: Additional notes or useful information:

Sea state:

Tide status:

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

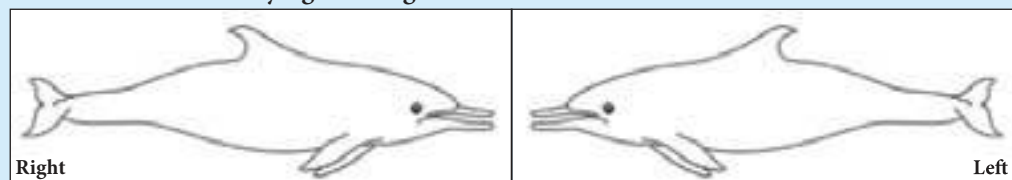
Species:

Body Length: cm Girth: cm

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: Date:
 ID/Name: Time:
 Microchip number: Sheet no.: of
 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): 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

Status: alive dead

Visual 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 If yes to either wrinkled or peeling please indicate on the above diagram (or write whole body)

Skin tone: Firm Spongy Very spongy A sponginess when hands are pressed against the flanks may be consistent with dehydration

Body condition: Poor Moderate Good Poor (Muscles concave/dipping) / Moderate (muscles slightly rounded/flat) / Good (muscles convex)

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

Cardiovascular: Heart rate bpm Capillary refill time sec Mucous membrane colour

Auscultation: Body Temperature: °C / °F

Eyes: Left Open Closed Cloudy Other

Right Open Closed Cloudy Other

Reflexes/muscle tone: Palpebral reflex: Normal Sluggish Absent

Blowhole tone: Normal Sluggish Absent Should close eye when gently touched at corner of the eyelid

Jaw tone: Normal Sluggish Absent 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: Date:
 ID/Name: Time:
 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: MRCVS

Method of euthanasia

Body Length: m
 Est Weight:

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:

Time	Drug	Dose				Route	Area of admin	Delivery success	Effect
		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	Effect
		Dose rate (mg/kg)	Total dose (mg)	Conc (mg/ml)	Total volume (ml)				

Euthanasia method (firearm):

Type: Calibre: Ammunition:
 Area targetted: 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

Side B

Species:

Date:

ID/Name:

Microchip number:

Sheet no.: of

Time	Notes and observations	Initial	Plan and treatments

Please initial all notes when entering information.

