



## LIVE SEAL ASSESSMENT / FIRST AID SHEET

- Report and Location details -

Once completed please return this form to BDMLR HQ.

<b>First Reported by:</b>		<b>Contact Phone of Informant:</b>	
<b>Date &amp; Time First Seen:</b>		<b>Location of Rescue:</b>	
<b>Pre-Rescue History:</b> How long observed for & how seal was reacting.			

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

### - INITIAL ASSESSMENT -

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

### - FIRST AID, TREATMENT & MONITORING-

<p><b>Please mark on injuries and other observations:</b></p>	<p><b>Wounds, Injuries and other observations:</b></p> <p>Please list details of wounds, injuries and other observations about the health of the seal.</p> <hr/> <p><b>Initial time &amp; procedure Log :</b></p> <p>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>
<p><b>Continued Assessment:</b> Please record details of continued assessment overleaf.</p>	



**- 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.

<b>Date &amp; Time:</b>	<b>Assessed by / location</b>	<b>Observation/incident:</b>

**- Transportation & Vet Centre Notes -**

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