



# WCB Vet Checklist

Requirement	Reference For Comments	Evidence Provided	Evidence Not Provided	Comments
<b>Animal Welfare &amp; Management (AW)</b>				
No contact with domestic animals	AW01			
Adequate animal security	AW02			
Capture and handling equipment for the species cared for	AW03			
Transportation boxes for the species cared for	AW04			
Segregation of predator and prey species	AW05			
Housing appropriate for the species cared for	AW06			
Provision of appropriate environmental conditions (lighting, temperature and humidity) for the species cared for	AW07			
Provision of appropriate seclusion, enrichment and social groupings	AW08			
Provision of rehabilitation facilities to ensure pre-release fitness	AW09			
Provision of appropriate diets and drinking water for the species kept	AW10			
Provision of clean water for swimming for aquatic species	AW11			

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<b>Biosecurity (B)</b>				
Appropriate PPE for the species cared for	B01			
Evidence of appropriate biosecurity and disinfection	B02			
Isolation facilities	B03			
Appropriate avian influenza precautions if birds are cared for	B04			
<b>Training &amp; Competency (TC)</b>				
Evidence of staff training and CPD	TC01			
Available reference books and papers	TC02			
<b>Record Keeping (RK)</b>				
Admission records for all cases	RK01			
Case notes for individual cases	RK02			
Copies of relevant required licences (e.g. Natural England (or devolved equivalent licences for badger marking, schedule 4 birds, schedule 9 species release)	RK03			

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<b>Health and Safety (HS)</b>				
Safe and secure drug storage	HS01			
Written veterinary SOPs if drugs are left on site	HS02			
Written H&S policy if >5 staff/volunteers	HS03			
Evidence of insurance appropriate to the facility (e.g. public liability, employers insurance)	HS04			
Provision of human first aid boxes and designated first aider(s)	HS05			

**ADDITIONAL COMMENTS INCLUDING AREAS FOR IMPROVEMENT (PLEASE INCLUDE REFERENCE CODE, USE BACK OF SHEET AS REQUIRED)**

DECLARATION: As the responsible veterinary surgeon/practice for {insert wildlife centre name\_\_\_\_\_} I confirm that I have attended the facility at {insert address here\_\_\_\_\_} on {insert date\_\_\_\_\_} and carried out an advisory visit including checking the items detailed above.

SIGNED .....

NAME OF ATTENDING VETERINARY SURGEON AND QUALIFICATIONS .....

VETERINARY PRACTICE NAME AND ADDRESS .....

CONTACT TELEPHONE ..... CONTACT EMAIL .....