



## Wildlife care pledge

*As veterinary professionals, practice owners and organisations, we commit to the care and welfare of injured and displaced wildlife by undertaking and supporting the following principles:*

### **1. Professional responsibilities: duty of care**

*Provide species-appropriate emergency care for all wild animals, including timely clinical assessment, triage, first aid, appropriate analgesia, and where necessary, euthanasia.*

Regardless of species, all patients must be treated humanely with welfare as the priority. Wild animals must be assessed promptly, and all practices must take steps to ensure the provision of 24-hour emergency first aid and pain relief for these animals. During times of national disease risk, such as avian influenza, this care should be provided with appropriate biosecurity measures in place, as would be the case for infectious diseases in domestic species. Treatment of wildlife must operate within current legislation, including the *Wildlife and Countryside Act 1981* and the *Invasive Species (Enforcement and Permitting) Order 2019*.

### **2. Communication with the public: advice, education, compassion**

*Communicate openly and compassionately with the public, providing help, advice, and education regarding the care of injured and displaced wildlife.*

Engage in open and compassionate dialogue with the public, including sharing educational information as appropriate. Telephone triage and educational materials such as leaflets or links to websites can help to limit the collection of healthy wildlife (for example healthy fledglings), and suitably manage public expectations around outcomes and euthanasia decisions from a welfare perspective.

### **3. Admission: history, location, further details**

*Take and record a history from the finder of the animal, including the exact location where the animal was found.*

As full a history as possible should be obtained at admission including exact location where the animal was found (use *What3Words* or an alternative location finder), when and under what circumstances the animal was found, and the suggested reason for admission. Full contact details of the person finding the animal should be obtained, following appropriate data protection regulations. Clinical decisions regarding wildlife lie with the veterinary surgeon and this should be clearly communicated to the public on admission of the animal.

### **4. Primary assessment, triage and first aid**

*Carry out a veterinary clinical examination, using chemical restraint as necessary, to determine a 'triage' decision to appropriately treat or euthanase the animal.*

*Provide first aid, including appropriate fluids, analgesia, and supportive care in cases where the animal is likely to recover to the point that release back into the wild, with a similar chance of survival as a healthy wild counterpart, can be achieved.*

All wild animal casualties should be triaged as soon as possible and undergo a full clinical exam. Animal welfare should be prioritised at every stage and a decision should be made on whether the animal is fit for treatment and future release into the wild or whether euthanasia is most appropriate. Recognition of euthanasia as a welfare tool for wildlife unfit for release is integral to wildlife triage, and written protocols can be helpful when making these decisions. Emergency first aid and, where needed, analgesia should be provided immediately. It is important to be aware of the significant stress wild animals can experience during handling, restraint, examination, and treatment. These animals often mask signs of pain, fear and distress, therefore unnecessary handling should be minimised and analgesia should be appropriately provided using the same prescribing criteria as for domestic species. The risks and benefits of adjunctive anaesthesia should be considered during triage and subsequent treatment and may be necessary for both safety (e.g. animals that bite and scratch) and/or for complete examination of some species.

### **5. Facilities: appropriate housing and husbandry**

*Provide 'wildlife friendly' facilities as far as possible, including spaces for examination and hospitalisation away from domestic predator species, with relevant handling equipment and appropriate food selections.*

Close proximity to people and predator species causes stress to wild animals. Efforts should be made to house wildlife away from other animals in a quiet area of the practice, with appropriate housing (e.g. perches for birds, hiding places for hedgehogs etc.). Basic biosecurity measures, such as the use of personal protective equipment (PPE) when handling patients, should be in place to minimise the risk of zoonotic and other disease spread. Basic handling equipment, such as thick gloves, should be available for handling wild animals. Emergency support diets should be available, such as critical care formulas, as well as appropriate diets for common species seen. Where appropriate housing or nutrition cannot be provided, or if there is insufficient expertise within the practice to care for the species, the animal should either be transferred to a suitable rehabilitation facility, or if this is not possible, euthanased.

### **6. Responsible antimicrobial use**

*Use antimicrobials (antibiotics and antiparasitic drugs) responsibly, only in situations where they are clinically required, making appropriate drug choices.*

The principles of responsible antimicrobial use should be adhered to when treating wildlife, with the use of antibiotic and antiparasitic drugs being minimised and reserved for use only when clinically appropriate. This responsibility extends to veterinary surgeons who have clinical responsibility for rehabilitation facilities. The Veterinary Medicines Regulations (VMRs) and prescribing cascade must both be adhered to. Prescription of medication via SOPs must be appropriate (BVZS Good Practice Guidelines for Wildlife Rehabilitation Centres, 2016) and used with full compliance.

### **7. Records and patient referral**

*Keep professional clinical records for all wildlife cases. When referring wildlife to another veterinary practice or rehabilitation centre, phone ahead, provide a full history, and ensure clinical details are transferred, as for other referrals.*

Clinical records for wildlife patients should be kept. Other veterinary practices and wildlife rehabilitation centres should be contacted prior to sending them animals. When a patient is transferred, copies of the clinical records, including the details of admission, treatments given and details of diagnostic tests and results, should be sent to the centre receiving the animal; where possible transfers should be vet-to-vet.

## **8. Knowledge: training, availability of resources, seeking advice**

*Ensure that up-to-date wildlife-related educational resources are available to staff. Seek advice from veterinary and multidisciplinary wildlife specialists where necessary.*

CPD and training regarding wildlife care for all practice staff should be encouraged. It is also essential to acknowledge when expert advice is needed, and know how to access this. Both BVZS and RCVS 'Find a vet' have lists of relevant Advanced Practitioners and Specialists. Established wildlife centres with in-house vets will be able to provide case-specific advice, as will other wildlife rehabilitators, ecologists, and other natural scientists. Up-to-date, evidence-based resources should be available for use in every veterinary practice (e.g., BSAVA Wildlife Manual of Wildlife Casualties 2016) and staff should be aware of relevant legislation regarding wildlife.

## **9. Team: capacity-building, preparedness**

*Include the whole veterinary team in wildlife-related training and education, including formulating SOPs and health and safety protocols.*

All members of the practice team have important roles in the provision of wildlife care and therefore require sufficient training. Managers should support teams in developing best practice protocols and training for wildlife care, and leadership should recognise that working well with wildlife aids both staff retention and client bonding - through improved job satisfaction and animal welfare. Managers should recognise the challenges and time-constraints of busy veterinary practices and work with their teams to ensure efficient and welfare-focussed approaches across species. Training should ensure telephone advice and triage is appropriate; reception staff are key in providing this advice and practice management staff are key in developing wildlife policies. Registered veterinary nurses provide essential clinical care alongside veterinary surgeons. CPD related to biosecurity and wildlife triage and care should be encouraged. Risk assessments related to wildlife handling and care should be conducted and reasonable measures taken to mitigate such risks, including the use of PPE, to ensure the health and welfare of the team, domestic patients, and wild animals.

## **10. Wildlife rehabilitation: networks and collaboration**

*Establish good professional working relationships with local wildlife rehabilitation centres to provide ongoing care for patients. Those providing veterinary care to rehabilitation centres must undertake regular visits to the centre and, where appropriate, have carefully written SOPs for drug prescribing.*

It is usually necessary to pass wildlife casualties onto wildlife rehabilitation centres for ongoing rehabilitation and release. A veterinary duty of care exists to ensure that wildlife patients are passed to centres operating in an ethical manner with good animal welfare, including veterinary care. Veterinary practices should be aware of and visit local options for rehabilitation and foster collaborative relationships with these individuals and organisations. This can include centres helping with the collection of these animals. Where high welfare ongoing care and future release is not possible, wildlife should be euthanased.

Where veterinary surgeons are providing services to wildlife rehabilitation organisations, these animals must be 'under their care' as defined by the RCVS. The clinical examination of wildlife

patients and/or regular visits to the wildlife rehabilitation centres, alongside carefully worded SOPs, are necessary for the prescribing of POM-Vs (BVZS Good Practice Guidelines for Wildlife Rehabilitation Centres 2016). Collaboration and sharing of information with research and conservation groups, as well as government bodies, is encouraged.

**Links:**

*British Wildlife Rehabilitation Council (BWRC):* <https://www.bwrc.org.uk>

*BSAVA Manual of Wildlife Casualties* (2<sup>nd</sup> Ed.) Eds. Mullineaux E. and Keeble E. (2016):

<https://www.bsavalibrary.com/content/book/10.22233/9781910443316>

*British Veterinary Zoological Society (BVZS):* <https://bvzs.co.uk>

*BVZS Good Practice Guidelines for Wildlife Rehabilitation Centres 2016:*

<https://bvzs.co.uk/position-statements/wildlife-centre-guidelines-october-2016/>

*Invasive Species (Enforcement and Permitting) Order 2019:*

<https://www.legislation.gov.uk/uksi/2019/527/contents/made>

*RCVS 'Find a vet':* <https://findavet.rcvs.org.uk/home/>

*RCVS Code of Professional Conduct 3 24-hour emergency first aid and pain relief:*

<https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/24-hour-emergency-first-aid-and-pain-relief/>

*RCVS (2020) Standards and advice update: euthanasia, wildlife, indemnity insurance, certification, and social media:*

<https://www.rcvs.org.uk/news-and-views/features/standards-and-advice-update/>

*Veterinary Medicines Regulations:* <https://www.gov.uk/guidance/veterinary-medicines-regulations>

*What3words:* [what3words.com](https://www.what3words.com)

*Wildlife and Countryside Act 1981:* <https://www.legislation.gov.uk/ukpga/1981/69>