WELFARE AND LEGAL IMPLICATIONS OF INJURED WILDLIFE CASUALTIES

Author : Monica Guerrero-Mendez

Categories : Vets

Date : March 28, 2011

Monica Guerrero-Mendez provides an overview on zoonotic risks and release techniques in the final part of her article on casualties encountered in a wildlife hospital

FOLLOWING the points discussed in part one (*VT*41.09), many welfare and legal implications, as well as zoonotic risks, are linked to the rehabilitation of wildlife casualties encountered in wildlife hospitals in the United Kingdom. An overview on relevant legislation, welfare, zoonoses, and rehabilitation practices are described here.

The legislation regarding wildlife species is of paramount importance in both the rehabilitation stage and in the release stage. Welfare is emphasised in all the stages.

The rehabilitation process covers the following acts: Animal Welfare Act 2007; Wildlife and Countryside Act 1981; Wild Mammals (Protection) Act 1996; Control of Trade in Endangered Species (Enforcement) Regulations 1997; Protection of Badgers Act 1992; Deer Act 1991; Conservation of Seals Act 1970; Salmon and Freshwater Fisheries Act 1975; various game acts; Dangerous Wild Animals Act 1976 (as amended by The Dangerous Wild Animals Act 1976 (Modification) Order 1984.

The release process covers the Abandonment of Animals Act 1960 and the Destructive Imported Animals Act 1932.

The Wildlife and Countryside Act 1981

The Wildlife and Countryside Act 1981 (WCA) provides that it is permissible to take from the wild a sick or injured wild bird or other protected creature for the purpose of providing adequate treatment and supportive care until it is fit to be released.

Legislation regarding deer, badgers and seals has similar provisions. The WCA also states that the right to keep a disabled protected species lasts only until it is no longer disabled and that the individual should not be kept in a manner that would inhibit its capacity to return to the wild, for example by deliberate imprinting (excessive handling of young animals and birds). An imprinted animal will never be suitable for release since it would not be able to interact naturally with its own species.

Under the WCA, all wild birds are protected, but it excludes poultry or gamebirds. Schedule 4 birds that have been taken for rehabilitation must be ringed and registered in accordance with general licences issued for England, Wales and Scotland unless they are held as follows.

• RSPCA inspectors and experienced keepers of registered Schedule 4 disabled wild birds may keep disabled wild-bred Schedule 4 birds for up to 15 days for rehabilitation, provided that DEFRA is notified within four days of receipt and specified records are kept.

• A veterinarian may keep, without registration, any Schedule 4 bird that is receiving professional veterinary treatment for up to six weeks.

Mammals, reptiles, amphibians and invertebrates that are listed in Schedule 5 of the WCA are also protected. Badgers are covered by the Protection of Badgers Act 1992, which gives them protection comparable to that for Schedule 5 species.

The WCA states that it is an offence to take, injure, kill or sell a protected species; disturb a protected species in its nest or place of shelter; possess a protected species and release a barn owl to the wild without the authorisation of a licence from DEFRA; and deliberately release into the wild a non-indigenous species (already established in the wild) that is listed on Schedule 9 such as the grey squirrel, African clawed toad and muntjac deer.

Species not protected under the WCA include hedgehogs, foxes, weasels and several invertebrates.

The Animal Welfare Act

The welfare of a wildlife casualty is of paramount importance and each case is, therefore, considered individually.

For instance, a hedgehog amputee that is otherwise healthy should not be considered for euthanasia if a suitable home can be found in a large secure garden or a sanctuary where it can

live with others of its own kind.

Candidates for euthanasia in clear-cut cases and on welfare grounds are:

• a severed and displaced vertebral column;

• the loss of two or more limbs;

• a bird that is blind;

• a swan, goose or duck that loses a leg;

• most male deer that cannot be released; and

• disabled wood pigeons (wood pigeons never settle to captivity).

In April 2007, the Animal Welfare Act came into force in England and Wales. This new legislation was designed to replace the protection of Animals Act 1911, which did not apply to free-living wildlife. The Animal Welfare Act legally enforces any person who has responsibility for an animal to adhere to the “five freedoms” and provide:

• freedom from hunger and thirst;

• freedom from discomfort;

• freedom from pain, injury or disease;

• freedom from fear and distress; and

• freedom to express normal behaviour.

The Animal Welfare Act 2007 also increased the powers of bodies such as the RSPCA to seize animals kept in conditions where they are likely to be caused suffering. Under the old legislation, an animal had to “be” suffering before it could be seized.

Failure to provide duty of care – the “welfare offence” – has a maximum penalty of six months imprisonment and/or £5,000 fine per offence (animal).

The Abandonment of Animals Act 1960 and the Destructive Imported Animals Act 1932

Under the Abandonment of Animals Act 1960, no animals should be deliberately abandoned in

circumstances likely to cause them unnecessary suffering.

The Destructive Imported Animals Act 1932 provides that it is illegal to keep or release mink, grey squirrels and rabbits (other than the European rabbit) without a licence.

Non-indigenous species listed in Schedule 6 may not be deliberately released to the wild.

Zoonotic risks

Public awareness about wildlife has become a broader topic since the last avian influenza outbreak and it is important to take into consideration that zoonotic risks may involve the operators who handle wildlife on a daily basis. However, with the right precautions and standards of practice and hygiene, these should not be a problem.

The following diseases are considered zoonotic:

• leptospirosis;

• Lyme disease;

• ringworm;

• tuberculosis;

• ornithosis;

• mange;

• *Salmonella*;

• *Escherichia coli*; and

• yersinia.

However, the most commonly reported diseases in operators handling wildlife frequently are listed as follows.

• Ringworm. This can be contracted from many companion animals and usually fluoresces under a Wood's lamp. However, the form of ringworm found on hedgehogs does not fluoresce and is therefore often misdiagnosed. The organism involved is *Trichophyton erinacei*. Infection will spread rapidly and cases should be referred to a general practitioner.

• Ornithosis. This is caused by various strains of chlamydia, which are *Rickettsia*-like organisms. In wildlife rescue, care should be taken around any of the pigeon family showing ocular or nasal discharge. Pigeon fanciers apply the term “one-eye cold” to birds showing symptoms of the disease.

Rehabilitation and release

The aim of rehabilitating any wild animal is to provide first aid and the necessary treatment to enable it to return to the wild successfully. The method chosen for release will depend on:

• the species concerned;

• the type of injury presented;

• the age of the animal being released (this includes juveniles, sub-adults and adults);

• the length of time the animal has been in captivity – short-term casualties that only require superficial aid should be released as soon as they recover; and

• the location and time chosen for release – casualties should be released as near as possible to where they were found. The time of the day for the release will depend on the species (if it is diurnal or nocturnal).

The summer months are ideal to release medium-term to longterm casualties since there is less territoriality and food abundance is at its highest. This enables the individual to gain fitness, thus increasing the chances of its survival over the winter.

Migrating species should be released before migration starts to allow the individuals to gain fitness and build up reserves before embarking on a long trip.

The rehabilitation can be divided in two categories.

The first is soft release, a technique used with mid-term and long-term casualties. In this case, the casualty is gradually introduced into the wild and food is made available until the individual gains independence.

This type of release should be done in the summer. Released animals using this method need to be re-programmed to recognise naturally occurring prey items, as opposed to the food they were fed during captivity.

The timing of the release must allow the casualty to become familiar with the geography of the surrounding area and establish visual references for relocation of the food resource during re-

introduction.

The second category is hard release. This technique is practised with short-term casualties with minor injuries where the animal is released into the wild soon after been treated.

The release should be carried out as close as possible to the capture site, because the animal will still be familiar with the habitat and foraging areas and the territory previously occupied might still be vacant, reducing conflict with competitors.

Nevertheless, overcrowding releasing sites must be avoided because this could cause predator/ prey oscillations by overexploiting local food resources and could also lead to conflict with members of the same species, affecting the survival of the released casualty.

When rehabilitating wildlife, the assessment of the balance between welfare costs and benefits is often difficult. In addition to the problem of the unpredictability of responses of individual cases to treatment, there are few robust yardsticks for use in judging, for example, whether any stress or pain may be associated with captivity and whether treatment outweighs the potential welfare benefits to the animal.

This task is not made easier by the lack of funds directed to wildlife hospitals and rehabilitation centres in the United Kingdom. These are usually registered charities funded by donations from the public and small organisations and run with volunteer cooperation.

Due to lack of funds and limited resources, not all these small wildlife hospitals are fully equipped and have all the facilities required for fully working up challenging cases. This may also prevent sufficient data being collected on some clinical cases.

At present, not much information is available on the outcomes of wildlife rehabilitation cases. Nevertheless, it is hoped that, in time, this issue can be resolved by increasing the numbers of studies being undertaken on post-released animals.

Public awareness with regards to wildlife has steadily increased over the past few years, but the immense change to which wildlife habitats have been and are still subjected due to industrial and residential development, road and rail building, along with changes in agriculture, continues to make survival increasingly difficult. In many cases the effect of habitat destruction is still devastating. Climate change is another factor that increases the vulnerability of wildlife as its effects adversely change the environment of our indigenous animal population.

I would like to thank Sue Schwar, founder of South Essex Wildlife Hospital, for her kind contribution to this article.

• The author has asked us to point out that she wrongly referred to a woodpecker instead of a

kingfisher in the caption for **Figure 1** in her previous article.

Further reading

- Cooper M E (2003). The law affecting British wildlife casualties. In Mullineaux E, Best D and Cooper J (eds) *BSAVA Manual of Wildlife Casualties,* BSAVA, (5): 42-48.
- Stocker L (2000). *Practical Wildlife Care*, Blackwell Science Ltd.
- DEFRA, www.defra.gov.uk/wildlifepets/pets/travel/index.htm