**FORM FOR REPORTING ORAL FISTULAS IN BIRDS**

**(NOTE: Please complete a separate form for each bird observed with condition)**

|  |  |
| --- | --- |
| Record # (for use by SJR) (please ignore) |  |
| Date |  |
| Time  |  |
| Species’ name (common, scientific or both) |  |
| Was the bird alive (**A**) or dead (**D**)?  |  |
| Age of bird ([**A**] adult or [**C**] chick) |  |
| Location (GPS coordinates, county or region, country etc.) |  |
| Where was the bird seen (e.g. woodland, farmland, urban, landfill, harbour, river, lake, canal, on the coast, at-sea etc.)? |  |
| Behaviour of bird (e.g. feeding, resting, incubating or brooding, fighting with another etc.)  |  |
| Was the bird ringed? (**Y**/**N**) (If ‘**Y**’ please also supply the ring number if you have it) |  |
| Is this the only time that you have seen this bird? (**Y**/**N**) (If ‘**N**’ please provide further details including how many times in total you have seen it and at which sighting you first noted the oral fistula)  |  |
| Was the protruding tongue extended and coloured OR constricted, dry and discoloured?  |  |
| Did you photograph the bird? (**Y**/**N**) (If ‘**Y**’ please send me the photograph(s) via e-mail. You will retain copyright and I will seek permission from you if I would like to use for an output)  |  |
| Were you ringing/banding, birdwatching, on a walk, photographing birds or something else when you made the observation? |  |
| Your name and contact details  |  |
| **Any other relevant information?** |

**NOTE**: Please return to Dr Jim Reynolds via e-mail: J.Reynolds.2@bham.ac.uk