

Working with the Scottish SPCA

Information pack for Veterinary practices

How we work, what we do, and what it means for your practice

A practical guide for veterinary surgeons and practice teams across Scotland

Scottish SPCA Veterinary Services

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SECTION 1

Welcome

Thank you for taking the time to read this pack.

We are grateful for the role the veterinary profession plays in animal welfare in Scotland. We could not do our work without you, and we want that working relationship to be clear, fair and built on mutual respect.

Whether you are a first-opinion practice, an out-of-hours provider or one of our partner practices, the care you give to animals matters enormously to us, and to the animals we exist to protect.

We know that the way the Scottish SPCA works is not always clear from the outside. Practices tell us they are sometimes unsure what we do, how a Scottish SPCA case differs from an ordinary client presentation, who is responsible for an animal at each stage, and who is responsible for the cost of treatment. That uncertainty is understandable, and it is ours to fix.

This pack sets out, in plain terms, how we operate and what it means for your practice. Our aim is simple: when a Scottish SPCA animal, or an animal connected to our work, comes through your door, you should know exactly where you stand and who to call.



SECTION 2

Who we are and what we do

Key principle

When we ask you to treat an animal, we will say so clearly and take responsibility for it. When an animal is brought to you by a member of the public, it remains a normal clinical case for your practice until and unless we formally agree to take it on.

The Scottish Society for the Prevention of Cruelty to Animals (Scottish SPCA) is Scotland's animal welfare charity. We work to improve the lives of domestic animals, farmed animals and wildlife. Our ambition is to make Scotland the best place in the world for an animal to call home. We receive no government funding and are funded entirely by generous donations.

Rescue and protection

Our Inspectors and Animal Rescue Officers (AROs) are on the road every day, responding to reports of animals in distress, neglect and cruelty, as well as stray and wildlife emergencies. In 2025 our Animal Helpline handled 104,635 calls and supported thousands of other individuals by signposting them to the most relevant advice for their specific enquiry.

We are also the only animal welfare charity in the UK recognised as a **reporting agency to the Crown Office**, and our Inspectors enforce the Animal Health and Welfare (Scotland) Act 2006. This means a Scottish SPCA case may require a witness statement or a prosecution, and the veterinary contribution to these cases is very important (see Section 10).

An important distinction

The Scottish SPCA is a separate charity from the RSPCA, which operates in England and Wales. We work to Scottish legislation, including the Animal Health and Welfare (Scotland) Act 2006.

Rehabilitation and rehoming

Animals taken into our care are looked after at our Animal Rescue and Rehoming Centres (ARRCs) until they are ready for a new home. Our centres are located in Aberdeenshire, Edinburgh and Lothians, Glasgow, Lanarkshire, and Inverness. ARRCs are rehoming environments, not veterinary hospitals: they do not have a veterinary surgeon on site seven days a week, and they rely on partner practices for clinical care.

Our veterinary clinic

We run our own veterinary clinic, the **Scottish SPCA Glasgow (Cardonald) Veterinary Clinic**. It provides veterinary care for animals at our facilities, particularly those requiring more complex treatment as well as reviewing and accepting transfers in defined circumstances (see Section 8).



Wildlife

Our National Wildlife Rescue Centre (NWRC) at Fishcross is Scotland's only dedicated national wildlife rescue centre. In 2025, it saw 4,514 arrivals. It rehabilitates native wild casualties with a realistic prospect of recovery and release (see Section 9). Where the NWRC is not the nearest suitable option, casualties may also be directed to other reputable rehabilitators, including British Wildlife Rehabilitation Council (BWRC) members operating out with the central belt.

What we are not

- We are not a funder of veterinary treatment for the general public. Advising a member of the public to take an animal to a vet does not commit us to pay for that care.
- We are not the local authority. Responsibility for stray dogs sits with the local authority.
- Our ARRCs are not veterinary hospitals, and our clinic is not open to the public.



SECTION 3

A note on our recent changes

As you may be aware, the Scottish SPCA has recently revised how we operate. This helps us deploy our limited resources to the animals most at risk while ensuring we can continue to provide effective animal welfare services across Scotland. We understand this has raised questions, and we want to be clear with our veterinary colleagues about what it does and does not mean for you, so we can continue working together in the best interest of Scotland's animals.

What hasn't changed

- Our veterinary pathways are unchanged. The way you request treatment authorisation, transfer an animal, or refer a wildlife casualty works exactly as set out in this pack.
- Our key contact points are unchanged. The **Animal Helpline (03000 999 999)** continues to operate as normal from 9am – 5pm every day.
- Our clinical standards and our commitment to animal welfare are unchanged. Decisions about animals in our care remain welfare-led and vet-led.
- Our support for vets involved in welfare casework continues, including the Veterinary Casework Pack (see Section 10).

These changes do not change our commitment to animal welfare, or the standards of care we expect. If you have any questions about the changes, please get in touch via our **Animal Helpline** at **03000 999 999**.

For any media or corporate enquiries about organisational change, please contact the Scottish SPCA press office via scottishspca.org/press-media-enquiries. For anything clinical or operational, use the contacts in Section 12.



SECTION 4

How we work with private practices: the essentials

Almost every question we are asked by practices comes down to one thing: who is responsible for this animal and, who pays for its care? The answer depends on how the animal arrived with you. There are two distinct routes, and it is worth being clear about which one you are in. The description of veterinary obligations in this pack reflects the Scottish SPCA's understanding of the RCVS Code of Professional Conduct; the authoritative source is the Code and its supporting guidance, published by the RCVS at rcvs.org.uk/setting-standards.

Route A: an animal presented to you by a Scottish SPCA Inspector or Animal Rescue Officer (ARO)

This is an animal already in our care or being taken into our care. One of our officers brings it to you, or asks you to attend, because it needs immediate veterinary attention. In this situation we are asking for your services, and we take financial responsibility for the care we authorise.

- Our officer will identify themselves and explain what is needed. They can authorise immediate stabilisation, pain relief, essential diagnostics and, where indicated, euthanasia.
- We ask that further, non-urgent work is discussed before it proceeds, so that care stays proportionate and costs stay controlled. Cost control must never compromise welfare. In line with the RCVS Code, please provide a written estimate for any non-urgent or higher-value work before it proceeds, and we will confirm authorisation against it.
- Spend above £250 at an initial visit is escalated by our officer to their line manager or our clinic for confirmation, so please do not be surprised if an officer needs to make a call before agreeing higher-value work.



Route B: an animal brought to you by a member of the public or owner

This is the route that causes the most confusion. When a member of the public or an owner brings an animal to your practice, whether it is owned, stray or wild, that animal becomes a clinical case for your practice under the RCVS Code of Professional Conduct. The Code requires you to provide emergency first aid and pain relief to relieve the suffering of any animal presented to you that is injured, sick or in distress. Beyond that immediate duty there is no obligation to provide further treatment, and where recovery or rehoming is not realistic, euthanasia may be the appropriate course. This is a first-aid-and-emergency-care duty, not a duty to take the animal on.

In this situation the Scottish SPCA is not automatically involved and is not automatically responsible, financially or clinically. **Advising a member of the public to “call the SSPCA”, or even being given a job number, does not transfer the animal to us or commits us to pay.**

The single most important principle

Responsibility for an animal transfers to the Scottish SPCA only when the animal is physically collected from your practice by us. Until that point, the animal remains the responsibility of the practice (or its owner). We will not pay for treatment provided before we agree to take a case on, and a job or case number is not consent to pay.

There are specific exceptions in which we may agree to take on a stray or wild animal brought in by the public. These are covered in Sections 6, 7 and 9. The key point for now is that those arrangements are agreed with us case by case; they are not automatic.





SECTION 5

How our intake process works

Like many charities, demand for our services and the cost of care continue to increase. To make sure the animals most at risk are prioritised, we triage every request for help using a clear, consistent framework. This safeguards our resources while giving our partners clarity and consistency about what to expect.

Triage and categorisation

When a welfare concern, or a request to relinquish an animal, comes to us, it is assessed against three categories:

Category	What it means	Typical response
Category 1 RED <i>Immediate welfare compromise</i>	Animals at imminent risk of serious harm, suffering or death if not removed immediately, for example severe injury, collapse, critical illness, abandonment, or an owner suddenly unable to provide care.	Same-day urgent intervention and emergency veterinary appointment.
Category 2 AMBER <i>Potential welfare compromise (not immediate)</i>	Welfare that is, or could become, compromised if not addressed, but with no immediate risk to life, for example deteriorating conditions not under veterinary care, or persistent neglect linked to owner circumstances.	Advice and support to keep the animal at home where possible; signposting to partners; controlled or staggered intake where appropriate.
Category 3 GREEN <i>Voluntary relinquishment (no immediate risk)</i>	No immediate welfare concern, but the owner is unable to continue caring for the animal, for example a housing or lifestyle change, affordability, or an injured or unwell stray presented to a vet by a member of the public.	Managed at home with advice and guidance; signposting to other reputable organisations; contextual care options discussed with the vet, including euthanasia where indicated.

All of these categories of animals require the timely advice and care of a veterinary surgeon to both protect immediate welfare and prevent further deterioration. The above table does not reflect clinical or welfare need; they define where responsibility sits and help us use our limited capacity where it can have the greatest welfare impact.

What this means for your practice

- Animals presented to a vet by a member of the public are Category 3. They have already had their immediate welfare protected by you, and we must focus on those animals still actively suffering.



SECTION 6

Responsibilities at a glance

The table below summarises the most common situations you may encounter. “Clinical responsibility” means who is professionally responsible for the animal’s immediate care; “Financial responsibility” means who pays for it.

How the animal arrived	Clinical responsibility	Who pays
Brought to you by a Scottish SPCA Inspector or ARO	Your practice provides the exam and emergency care; we authorise the plan.	Scottish SPCA, for care we authorise (spend over £250 escalated internally for manager sign off).
Owned animal, brought in by its owner	Your practice	The owner
Stray dog, brought in by a member of the public	Your practice provides necessary emergency care.	The local authority, provided they have been notified about and involved in the case.
Stray cat or wildlife casualty, brought in by the public	Your practice, under the RCVS Code (including emergency treatment or euthanasia).	Your practice, unless and until we agree to take the case and collect the animal.
A case we have agreed to take on, awaiting collection	Your practice until the moment of collection.	Your practice for care already given; Scottish SPCA from collection onward.

In practice, this means:

- We will not reimburse treatment carried out before we agreed to take a case on. If you’re unsure whether we have agreed, assume we have not, and treat it as your own clinical case.
- Please document conversations about financial responsibility, including who you spoke to and what was agreed. This protects both of us.
- Our officers and internal veterinary teams cannot make euthanasia decisions for animals that are not in our care. Where euthanasia is clinically and legally indicated that remains your professional decision under the RCVS Code.
- Collections of animals we have agreed to take on may not happen the same day and will not be prioritised over animals actively suffering in the field.
- There are limited exceptions where we may take on a stray animal handed in by the public. These, and our wider approach to strays, are set out in full in Section 7.



Who is responsible for what

Being clear about respective roles helps animals get the right care from the right provider, at the right time. The table below summarises where responsibility sits across the organisations practices most commonly deal with.

Organisation	Responsible for	Notes
Private veterinary practices	Animals already under their care, including owned animals and stray or wild animals presented by members of the public.	Under the RCVS Code, practices provide contextual care, including emergency first aid and euthanasia where indicated. We cannot accept transfer of unwell animals with immediate treatment needs.
Local authorities	Stray dogs, and dogs out of control under the Control of Dogs (Scotland) Act 2010.	Stray dogs should be directed to the relevant council. Local authorities can issue Dog Control Notices for any dog not under proper control, regardless of breed.
Police Scotland	Dangerous dogs under the Dangerous Dogs Act 1991.	Any dog that attacks, or makes a person fear an attack, in a public or private place. The member of the public should call 999.
Scottish SPCA	Animals we have rescued through our own processes, and animals we have agreed to take into our care.	A job number is not a commitment to pay. Our responsibility begins only when, and if, we collect an animal (see Section 7).
Owners	Owned animals throughout.	Owned animals remain the owner’s responsibility. Where owners cannot afford care, vets can discuss contextual options directly with them.

Professional obligations we recognise

We recognise that veterinary practices have professional obligations under the RCVS Code of Professional Conduct, including the provision of emergency first aid and pain relief to wildlife and stray domestic animals. In setting out the boundaries in this pack, our aim is not to shift that responsibility, but to be transparent about what the Scottish SPCA is and is not able to take on, so that animals receive timely care from the right provider. Equally, where we ask you to treat an animal, or agree to take a case on, we will be clear about it and stand behind the responsibility that follows - the boundaries in this pack cut both ways.



SECTION 7

Domestic stray animals

The Scottish SPCA is not the default destination for every welfare-compromised animal in Scotland. When a member of the public or owner takes an animal into a veterinary practice, that animal becomes a clinical case for the practice under the RCVS Code of Professional Conduct. Where the animal is injured, sick or suffering, the Code requires the practice to provide emergency first aid and pain relief; a healthy stray does not trigger an emergency treatment duty. Advising a member of the public to take an injured animal to a vet, even where that advice came from our helpline, does not commit us to pay for any resulting care.

This position is consistent with how animal welfare responsibilities are shared across the wider sector. In England and Wales, the RSPCA takes a similar approach, and organisations such as Cats Protection and the Dogs Trust focus their resources on defined pathways rather than acting as a default destination for every animal presented to a practice. Being clear and consistent about this protects finite charitable capacity for the animals at greatest risk and gives practices a predictable framework to work within.

Stray dogs: the statutory position

Responsibility for stray dogs sits with the local authority by statute, not with the Scottish SPCA. Under section 149 of the Environmental Protection Act 1990, every local authority must appoint an officer to deal with stray dogs found in its area, with power to seize and detain them. Under section 150, a member of the public who takes possession of a stray dog must either return it to its owner or deliver it to the local authority officer (or the nearest police station) and report where it was found. The practical route for a stray dog is therefore the relevant council’s dog warden service.

Microchipping is compulsory for all dogs over eight weeks old in Scotland under the Microchipping of Dogs (Scotland) Regulations 2016, so scanning is an important first step in reuniting a stray dog with its keeper. Where a dog is injured, the practice’s professional obligation to provide emergency first aid and pain relief still applies; the statutory responsibility for the stray itself remains with the local authority.

Stray cats: the free-living position

There is no statutory body responsible for stray cats. Most cats found outdoors are not lost but are owned cats with outdoor access or healthy free-living cats. The established sector approach, shared across the sector, is to identify an owner where possible and, if none is found, leave healthy free-living cats in their territory rather than admitting to a shelter. Cats taken into kennels are far less likely to be reunited with an owner than those that remain where they are known and are more likely to find the change in environment distressing.

Reasonable steps to identify an owner before treating a healthy cat as a stray include:

- scanning for a microchip and checking the registered keeper details;
- using a paper collar to ask any owner to make contact, and advertising on local social media and lost-and-found networks; and
- talking to neighbours or local residents who may know the cat and whether it is being fed or cared for.



Truly feral or unsocialised cats are not suited to a domestic home and are best managed through trap-neuter-return (TNR): healthy cats are neutered, ear-tipped and returned to their site. The Scottish SPCA does not routinely take healthy free-living cats into its centres. Where a cat is unwell or injured, the practice's professional obligations apply in the same way as for any other animal in its care. Kittens found without a queen, and very young or sick cats, will not usually be suitable for return and should be discussed with us or another rehoming organisation through the appropriate intake route.

Exceptions: when we may take a stray

In limited circumstances, we may agree to take responsibility for a stray animal handed in by a member of the public. These may include:

- healthy domestic rabbits, small furies or birds, where no other agency has responsibility and releasing the animal would amount to abandonment of a domestic animal not reasonably expected to survive in the wild; or
- stray cats with minor injuries, where emergency treatment has been provided, there is no known owner, and the animal is not fit to be returned to its found location but is fit to transfer to an ARRC.

In these cases, we may agree to take responsibility, arrange collection and transfer to the nearest ARRC, provided the animal meets the criteria in the 'Suitable to Transfer' form.

If we agree to take a stray, what we will make clear

- We will not pay for treatment already provided.
- Responsibility transfers only when the animal is collected from the practice.
- Collection may not happen on the same day.
- These collections will not be prioritised over animals currently suffering in the field.
- If on assessment, the animal is unsuitable for ARRC admission and needs significant ongoing veterinary care, we will not accept the transfer. Responsibility remains with the practice to decide whether to treat, euthanise, or contact another agency. Scottish SPCA veterinary surgeons will not make euthanasia decisions for animals not under their care.

Owned animals

For owned animals, responsibility rests with the owner throughout. Where an owner is unable to afford a recommended course of treatment, this does not transfer responsibility to the Scottish SPCA, and practices should not sign animals over to themselves in the expectation that the Scottish SPCA will step in. Under the RCVS Code, treatment decisions are made on animal health and welfare grounds first.

Practices should exercise their professional judgement while taking the owner's circumstances, including any financial constraints, into account. Contextual options should include euthanasia where appropriate, and we encourage these conversations to take place directly between the practice and the owner at the earliest opportunity.



Other agencies who can help

- **Stray dogs:** the relevant local council dog warden (the statutory route under the Environmental Protection Act 1990).
- **Stray and feral cats:** Cats Protection (neutering, TNR support and rehoming) and local independent cat rescues.
- **Owners facing financial hardship:** PDSA and local animal welfare funds may be able to help eligible clients with the cost of treatment.
- **Farm animals and livestock welfare, and animals in transport:** the Animal and Plant Health Agency (APHA) and the local authority, which lead on farmed-animal welfare and welfare-in-transport matters.
- **Horses and other equids:** World Horse Welfare and the British Horse Society can assist, alongside the local authority; they are not statutorily responsible but can support cases.
- **Wider rehoming and welfare support:** Cats Protection, Dogs Trust and other reputable charities focus on defined pathways and are not obliged to take every animal but may be able to help.
- **Dangerous or out-of-control dogs:** Police Scotland (999 in an emergency) and the local authority for Dog Control Notices.





SECTION 8

Domestic animals: the treatment and transfer pathway

When one of our officers brings you a domestic animal, the goal of that first visit is to protect the animal's welfare and reach a clear plan. The following outlines how we approach these cases and why we may ask you to take certain steps.

1. Stabilise and examine

We ask for a thorough clinical examination and, where it helps, objective measurements (temperature, heart rate, weight) and an assessment of the major body systems. Good notes matter: these animals often have no history, and your findings may later form part of a welfare case.

2. Authorise what is needed now

Our officers can authorise immediate stabilisation, analgesia, essential diagnostics and euthanasia where indicated. We particularly value early diagnostics and imaging when they will change the outcome, for example confirming a condition that rules out rehoming, or demonstrating a catastrophic, non-recoverable injury, so the right decision can be made early rather than after avoidable suffering or cost.

3. Decide the destination

Once the animal is stable, there are three possible routes, and the right one depends on the animal's needs:

- **Transfer to a local ARRC** if the animal is stable, fit to transfer and any remaining care can be managed there. As ARRCs have no vet on site daily and cannot arrange remote prescribing on arrival, please dispense enough medication for up to seven days, and bear in mind that medication needed three or four times daily usually cannot be given within centre hours.
- **Transfer to the Glasgow (Cardonald) Veterinary Clinic** if the animal needs significant ongoing veterinary care that an ARRC cannot provide. Transfers must be agreed clinic-to-clinic before the animal is moved.
- **Remain with your practice, or euthanasia**, where transfer is not in the animal's interest. If an animal cannot reasonably recover or be rehomed, early euthanasia may be the kindest and most appropriate outcome.

The 'Suitable to Transfer' form and veterinary handover

- On discharge to an ARRC, we ask the discharging veterinary surgeon to complete our 'Suitable to Transfer' form, confirming the animal is fit to travel and suitable for a kennel or cattery environment.
- Transfers to the Cardonald clinic must be approved by the clinic first, through a vet-to-vet handover. If no vet is available at the clinic (for example at weekends), a transfer cannot be authorised and the animal stays with you with a clear plan for the interim.
- Decisions of the receiving ARRC or clinic are final. Occasionally this means a practice is asked to euthanise an animal it feels could be treatable. Decisions surrounding euthanasia may also be made early where transporting a welfare-compromised animal across the country would lead to the same outcome.





SECTION 9

Wildlife casualties and the National Wildlife Rescue Centre (NWRC)

Wild animals are presented to practices every day, usually by well-meaning members of the public. A wild animal has no owner, so when it is brought to you it becomes a clinical case for your practice under the RCVS Code. Where it is injured, sick or suffering, the Code requires you to provide emergency first aid and pain relief, and euthanasia where that is the kindest course; a healthy wild animal needs no treatment and is often best left in situ. The Scottish SPCA's role is to accept, where appropriate, casualties that are suitable for rehabilitation at the NWRC.

Three outcomes for any wildlife casualty

Every wildlife casualty has one of three outcomes: **leave in situ or release; humane euthanasia; or stabilise and transfer to the NWRC** where there is a realistic prospect of recovery and release as a fully functioning wild animal. An accurate, early decision is itself an act of welfare: it spares animals with no prospect of release the stress of transport and captivity. It is an offence under the Animal Health and Welfare (Scotland) Act 2006 to release a wild animal that is not fit to survive, so where rehabilitation to full function is not realistic, humane euthanasia is the correct welfare and legal outcome.

When to euthanise

We euthanise a wildlife casualty on four broad grounds: where injuries are so severe that immediate euthanasia is warranted; where injuries preclude return to the wild as a fully functioning animal; where the stress of transport or captivity would worsen suffering; or where illness consistent with a notifiable disease would threaten the animals already in our care.

Avian influenza (HPAI): a critical biosecurity point

To protect the birds already in our care, we cannot accept any bird showing neurological signs (head tilt, tremor, circling, abnormal behaviour, bilateral blindness), respiratory signs (noisy breathing, nasal discharge, coughing) or emaciation. Birds meeting these criteria, and any animal with signs of a notifiable or highly contagious disease, should be euthanised rather than transferred. Suspicion of HPAI is not a reason to deny emergency care, and practices should establish biosecure processes to see these birds and should never turn a presented animal away. Suspected avian influenza should be reported to APHA on 03000 200 301, and members of the public advised not to pick up or transport sick or dead wild birds showing signs consistent with HPAI. For public and staff health questions, liaise with Public Health Scotland.



What the veterinary surgeon confirms on the Wildlife 'Veterinary Referral' form

At the point an animal is collected, the attending veterinary surgeon completes our Wildlife 'Veterinary Referral' form. By signing, the vet confirms that:

- the animal is clinically stable and fit to travel, and any analgesia or medication needed for the journey has been administered or provided;
- the animal has a realistic prospect of recovery and release as a fully functioning wild animal, and does not meet any euthanasia criterion in the decision guidance below;
- the animal shows no signs consistent with HPAI (in birds: no neurological signs, no respiratory signs, no emaciation) or any other notifiable or highly contagious disease;
- the finder information has been captured, including the precise location found (essential for release); and
- the animal is a native species suitable for rehabilitation: not an owned bird and not a non-native or invasive species prohibited from release.

Decision guidance: birds

The table below covers the scenarios most commonly seen.

Situation	What to do
When a bird can be left in situ or released	
Nestling, healthy, nest nearby	Try to return it to the nest. If that is not possible, or the bird is injured, euthanise or take to the NWRC.
Fledgling, healthy, no imminent danger	Best left in situ and monitored; move only a short distance from immediate danger. If parents have not returned to feed within two hours, or it is injured, euthanise or take to the NWRC.
Displaced by weather, healthy	Return to suitable habitat nearby. If ill or injured, euthanise or take to the NWRC depending on the problem.
Trapped in a building, healthy on exam	Release, taking steps to prevent it becoming re-trapped.
When euthanasia is the kindest course	
Evisceration	Very poor prognosis; euthanise.
Blind, or missing one or both eyes	Birds rely heavily on vision; euthanise. Loss of an eye is especially significant in species reliant on binocular vision, such as raptors and owls.
Open fractures	Poor prognosis; euthanise.
Articular fractures (on or within 1 cm of a joint)	Poor prognosis; euthanise.
Trichomonosis (white or yellow cheese-like lesions in mouth/crop)	Once advanced, prognosis is very poor; euthanise. Common in pigeons, doves, finches and birds of prey.



Situation	What to do
Neurological signs, no recent head trauma (circling, seizures, head tilt or tremor, star-gazing, falling to one side)	Euthanise.
Severe respiratory disease (dyspnoea, wheezing, open-mouth breathing, coughing)	Poor prognosis and increased HPAI risk; euthanise.
High suspicion of HPAI	Euthanise. Poor prognosis and a real risk of introducing HPAI to birds in our care, particularly in high-risk species.
Very poor feather condition affecting flight	Consider euthanasia, for example woodpigeons missing many flight feathers, or corvids with very poor or discoloured plumage.
Emaciation (prominent keel, concave pectoral muscle)	Euthanise.
Beak deformities (elongation or malalignment)	Prevent normal feeding and preening; poor prognosis; euthanise.
Non-native or invasive species (e.g. Canada goose, ring-necked parakeet)	Illegal to release once handled. If a healthy bird can be released without handling, do so; otherwise euthanise.
When a bird is suitable for the NWRC	
Most fractures (closed, non-articular)	Generally favourable; often heal with minimal intervention.



Decision guidance: small mammals

Situation	What to do
When a small mammal can be left in situ or released	
Leveret (juvenile hare), uninjured, no imminent danger	Leverets shelter alone in grass ‘forms’ and may be left up to 24 hours; this is normal. Leave and monitor, moving only short distances from danger. If a parent has not returned within 24 hours, or it is injured, euthanise or take to the NWRC.
Hedgehog out during the day in summer	Normal for a nursing female to leave the nest in daylight. Leave and monitor. If unsteady, very young or lethargic, bring to the NWRC.
Entangled, confident no tight strictures	If all material is removed and nothing was tightly wrapped, release. If anything was tightly wrapped around the body, take to the NWRC.
Trapped in a building, healthy on exam (e.g. hedgehog down a drain)	Release, taking steps to prevent it becoming re-trapped.
When euthanasia is the kindest course	
Missing limb(s)	Inspect all four limbs (challenging in hedgehogs but essential). Cannot be rehabilitated; euthanise as soon as practicable.
Missing eye(s)	Euthanise, except a hedgehog missing one eye, which can survive after release and may go to the NWRC depending on other findings.
Open fractures	Poor prognosis; euthanise.
Severe head trauma (e.g. skull fracture, proptosis after an RTA)	High suffering and poor prognosis; euthanise.
Skin wounds entering a body cavity (visible hole or viscera)	Grave prognosis (e.g. septic peritonitis); euthanise.
Paralysis or paraplegia	Suggests spinal/neurological dysfunction; euthanise.
Advanced myiasis (flystrike)	Mature maggots (rice-grain size) or very large numbers of larvae warrant euthanasia, especially if lethargic. Unhatched eggs or a few small larvae do not in themselves require it.
Emaciation	Hedgehogs should look rounded like a rugby ball; a visible ‘waist’ suggests emaciation. In other species, visible individual ribs indicate it. Euthanise.
Myxomatosis (rabbits)	Swollen eyelids, lips and genitalia, crusting around nose and eyes, lethargy. Grave prognosis; euthanise.
Squirrel pox (red squirrels)	Lethargy, facial swelling, dermatitis, ocular discharge. Grave prognosis and highly contagious; euthanise.



Situation	What to do
Severe patagial tearing (bats)	Tears extending to the edge of the patagium typically will not heal and prevent flight; euthanise. Examine forelimbs and hindlimbs fully.
Hairless neonates (rodents and small insectivores, under ~2 weeks)	Rehabilitation is very rarely successful and likely stressful; euthanise.
Non-native or invasive species (e.g. grey squirrel, American mink, brown or black rat)	Illegal to release once handled. If a healthy animal can be released without handling, do so; otherwise euthanise.
When a bird is suitable for the NWRC	
Entangled, any suspicion of tight constriction	Constriction wounds may not be apparent for days. If not fully confident nothing was tightly wrapped, bring to the NWRC. A constriction too dangerous to remove may be left in place for brief transport.

Animals we cannot take

- **Owned wild animals** (for example racing pigeons or falconry birds) must not be brought to the NWRC; they are handled as any other owned animal while the owner is sought.
- **Non-native and invasive species** that it is illegal to release (for example grey squirrel, American mink, Canada goose, ring-necked parakeet). Once an animal has been handled it is illegal to release it; where a healthy animal cannot be released without handling, it should be euthanised rather than transferred.

How to request a wildlife transfer

- **Capture the finder’s details, and above all the precise location found.** Most wildlife must be released at or near where it was found, so an animal with no reliable location may not be suitable for rehabilitation.
- **Stabilise the animal for travel** and place it somewhere secure, dark and quiet.
- **Call the Animal Helpline on 03000 999 999** and ask for a wildlife transfer to the NWRC. The helpline confirms suitability, logs the case and arranges collection. Collection may not be immediate and will not be prioritised over animals suffering in the field.
- **Complete our Wildlife ‘Veterinary Referral’ form and provide a written clinical history** for the collecting officer, so the NWRC has a full record.



SECTION 10

Animal welfare casework and the Veterinary Casework Pack

Some of the animals you see for us form part of an animal welfare investigation as part of our role as a reporting agency to the Crown Office and Procurator Fiscal Service, with Inspectors enforcing the Animal Health and Welfare (Scotland) Act 2006. Your examination, your clinical records and, sometimes, your witness statement can be central to whether a case succeeds. We know this is unfamiliar territory for many practices, and we have resources to support you.

The Veterinary Casework Pack

We have produced a Veterinary Casework Pack specifically for Scotland, because the legislation and processes here differ from the rest of the UK. It brings together everything a practice needs when involved in one of our general welfare cases, from the first request for an examination, through to relevant legislation, and common questions and guidance on preparing an effective witness statement. It is made up of ten documents grouped into four sections, with fictional case examples to illustrate the process.

The pack is available online at scottishspca.org/veterinary-casework. To request access to this resource, please e-mail feedback@scottishspca.org from your practice e-mail account.

A few principles worth knowing in advance: examine and record objectively, as if your notes may be read in court; keep clear, contemporaneous records; and raise any concerns early. You do not have to navigate a welfare case alone, asking for support early makes for a stronger case and makes the process smoother for everyone involved.





SECTION 11

What we ask of you, and what you can expect from us

A good working relationship relies on both of us understanding our respective roles. Here is a short summary of what you can expect from us, and what we ask of you in return.

We will make sure to	We ask you to
- Clearly confirm when an animal is, or is not, a Scottish SPCA case. - Identify our officers and clearly explain the care being requested and what we are authorising. - Take financial responsibility for the care we authorise, within agreed limits. - Respond promptly to transfer requests and provide clear clinical guidance. - Support you in welfare casework, including through the Veterinary Casework Pack. - Keep our pathways and contact routes consistent, and tell you directly if they change	- Provide contextual care under the RCVS Code for animals presented to you by the public. - Examine thoroughly and keep clear, objective clinical records. - Check which route an animal arrived by before assuming we are responsible. - Discuss non-urgent or higher-value work with us before it proceeds. - Complete the ‘relevant transfer paperwork’ form and share clinical histories on transfer. - Document all conversations about financial responsibility. Unless we have explicitly agreed to take responsibility, assume we have not.



SECTION 12

Key contacts and quick reference

Who does what

A summary for front-of-house and clinical teams. When in doubt, contact us to discuss before acting.

Situation	Whose responsibility	Action
Stray dog brought in by a member of the public	Local authority	Direct to the relevant local council. Provide emergency first aid as professionally required.
Dangerous or out-of-control dog	Police Scotland (dangerous); local authority (out of control)	Member of the public to call 999 for a dangerous dog.
Owned animal, owner cannot afford care	Owner / practice	Discuss contextual care options directly with the owner, including euthanasia where indicated.
Stray cat with minor injuries, no owner, not releasable	Practice, then possibly Scottish SPCA	Provide emergency care; contact us, we may take it if fit to transfer to an ARRC.
Healthy domestic rabbit, small furry or stray bird	Possibly Scottish SPCA	Contact us, we may take it where release would amount to abandonment.
Wildlife casualty, non-survivable or not releasable	Practice	Provide first aid; humane euthanasia is the welfare-led choice.
Wildlife casualty, stabilised, realistic release prospect	Practice, then Scottish SPCA	Stabilise; contact the Helpline to confirm suitability for the NWRC before transfer.
Animal rescued by our Inspector or ARO needing ongoing care	Scottish SPCA	Initial stabilisation; discuss ARRC or Cardonald transfer (see Section 8).



Key contacts

Purpose	Contact
Animal Helpline Report a concern, rescues, wildlife transfers	03000 999 999
Veterinary Clinical Histories (Glasgow)	Vet.ClinicGDCH@scottishspca.org
Veterinary Clinical Histories (Wildlife)	Fishcross.Vet@scottishspca.org
Veterinary Casework Pack	scottishspca.org/veterinary-casework
Press and media / corporate enquiries	scottishspca.org/press-media-enquiries
Find your local council (stray dogs)	mygov.scot/contact-local-council

Useful resources and signposting

The contacts above cover day-to-day operational routes. The resources below signpost the wider professional guidance and standards referenced throughout this pack, including the RCVS Code, which is the authoritative source on your professional obligations.

Resource	What it is for / link
RCVS Code of Professional Conduct	The authoritative source on veterinary professional obligations, including the 24-hour emergency first aid and pain relief duty: rcvs.org.uk/setting-standards . Supporting guidance on treating animals in emergencies and on stray and wild animals sits within the same online Code.
RCVS Knowledge	Evidence resources and clinical guidance relevant to emergency and first-opinion care: rcvsknowledge.org
Scottish SPCA advice & care guidance	Owner-facing advice on pets, wildlife and farm animals you can signpost the public to: scottishspca.org/advice
RSPCA Wildlife Toolkit for vets	Practical triage and first-aid guidance for wildlife casualties: science.rspca.org.uk/vets
Wildlife rehabilitation standards (BWRC)	British Wildlife Rehabilitation Council standards, and a route to member rehabilitators outwith the central belt: bwrc.org.uk
Wildlife veterinary good practice (BVZS)	British Veterinary Zoological Society guidance on wildlife casualty management: bvzs.org

Thank you for everything you do for Scotland’s animals.



