

AN OWL RECOVERS: Care of an injured bird of prey.  
By Mrs. Hannah B. Suthers

A red phase Screech Owl (*Otus asio*) recovered in both senses of the word. It wore a band; and it recovered from impact with a moving car, a process which took a month and presented some particular problems and improvised solutions on the care and feeding of an injured bird of prey. These notes on the owl, and subsequently on a Kestrel (*Falco sparverius*), can be a useful addenda to Koenig, 1968., Care and feeding of birds in captivity, Inland Bird Banding News 40: 33-35.

Friday, April 4, 1969, after dark, the owl flew out from roadside woods against a car on State Highway 31, near Pennington, N.J. In the morning the slitty-eyed patient was brought to me in a box where it had been kept all night. It was droopy and off-balance with sagging right wing and leg, and a closed right claw. Closer examination revealed symptoms suggesting a concussion from the impact, on the right side: bleeding from the right nostril, a split on the right side of the maxilla and a dilated left pupil that did not contrast in bright light as did the right. The bird was in good flesh, well filled out on the breastbone. At first the owl was kept in a cardboard box lined with paper towels on the bottom for easy cleaning and closed flaps to keep the patient quiet in darkness.

A hand raised screech owl in Brazil had eaten by bracing meat strips or mouse under both feet while tearing off pieces, or, by holding up pieces of food in one claw for nibbling. The injured owl now at hand had to be force fed. With the owl on my lap, facing out, I opened its beak by pressing up on the hook of the maxilla with my index finger, prying its beak with my thumbnail and pressing down against the point of the mandible with my middle finger to hold it open. The thumb could then slip around the back of the head. While the mouth was thus held open with one hand, the other hand was free to give food or vitamins. The beak was released to permit swallowing. The process was easily repeated until the owl refused to swallow more. The owl was force fed morning and night with lean ground beef, raw chicken, chicken liver or heart and a drop of vitamins once a day.

A bird nursed over a period of time, or a hand-raised fledgeling can develop a vitamin deficiency which may show as gradual loss of balance and closed feet. Multiple vitamin drops for babies seem to relieve or prevent the symptoms. I start with a drop a day for the injured, then one a week as for the healthy. The dropper must be down the throat below the glottis, the air passage in the roof of the mouth.

As the owl's condition improved, it wouldn't be fed so docilely.

On April 8, four mornings after the accident, it twisted its bill out of my fingerhold and struck me with its talons. After a few times of this, I wrapped its shoulders snugly with the sleeve of a flannel shirt, then bundled the shirt around the owl with just the head out. This improvised papoose was manageable again and could be placed on the lap, freeing both hands for feeding. At each feeding the owl was offered food before bundling, in case the bundling was not necessary.

Along with its reluctance to sit for feeding, the owl showed improvement by becoming restless in the box at sundown. From April 7 to 11 it was released briefly in a room for exercise. It progressed from gliding to a crash landing, to flying at a wall and sliding down, to flying across from chair to chair with controlled landings. It was unable to gain altitude. It walked about with a slight limp, now with the right claw open. It did not try to hide and stepped up onto a gloved hand when its legs were stroked. It looked around with quick, sure head movements and darted the head up and down or from side to side to scrutinize its surroundings in a typical fixed eyeball owl fashion. The left pupil contracted and expanded almost normally, although when the bird was at ease the left eyelid drooped.

On April 12, it was loose in my bedroom all night. There was much flying between 2:30 and 4:30 A.M., noiseless, with noisy landings on the ceiling light fixture, pictures and bedstead. From then on it was loose day and night in our large bathroom where it could be placed on the shower curtain rod or towel racks, and hazards could be reduced to a minimum. During daytime it hid in a shallow box on the floor under the cabinet because it could not fly up from the floor.

Three days later the owl felt thin, with prominent breastbone, presumably a weight loss from the increased activity. The feeding was stepped up to three times a day: 8:00 A.M., 6:00 P.M., and 11:00 P.M. On April 16 it demonstrated new motor control by taking meat from my fingers and swallowing it. At the night feeding when offered food before being bundled, it took meat from my fingers and held it in the left talon to tear off bits and eat. This ended the necessity for routine bundling and force feeding. The owl was then offered food every time someone entered the room as well as at the three regular feeding times.

April 25 - 30 saw a rapid gain in weight and recovery. The alert owl clacked its bill when anyone entered the room. It now flew up to the top of a cabinet to spend its days. It tore up thin slices of meat and fed itself, so a constant supply was kept on top of the cabinet. It consumed 8 slices a day, approx. 1 1/4" wide, 2" long and 1/8" thick.

On April 28 it flew about the room, wild, complete with startle-squack and bill clacking. The pupils dilated and contracted quickly and

together. The left ear however did not stand up with the right until April 30. By then it also would not let anyone approach except when it was out of reach on top of the cabinet.

May 1, sundown, about 7:45 P.M., the owl was released, having eaten four of the five slices of meat put out in the morning. It was taken to a semi-wild preserve on the Pennington-Harbourton Road, to get it away from the hazard of State Highway 31. It sat on my hand for a few moments, looked about, both ears erect, then suddenly took off across the clearing, swooped into an old cherry tree, and disappeared into the woods.

Subsequently word came from the Bird Banding Laboratory that the owl, No. 665-83533 was banded by Dr. Kenneth W. Prescott on April 8, 1968. I wrote Dr. Prescott and learned from him that the owl was netted at night at his home in Pennington, in the same wooded area west of the highway where the owl had been hit. A check with the car mileage meter showed the recovery location to be about 0.8 miles from the banding location.

Late afternoon, June 22, 1970, a female Kestrel was found flopping along the roadside and brought to me. She may have been stunned by a car. Though she lay listlessly with eyes closed on the bottom of a recovery box, she responded to the opening of the box by flipping onto her back, drawing her feet up aggressively in strike position and opening her beak threateningly. Too much handling would be involved to get her wrapped in a cloth for feeding. My pigskin gloves and 6-inch tweezers solved the problem. She accepted and swallowed the ground beef put into her open mouth. Then she caught the tweezers with a claw and nibbled off the ground beef herself. It was easy to get the vitamin dropper into her open mouth. On the second day she progressed to the shower bar, and took food from fingers. Shortly she flew at will to the cabinet top where meat balls were kept, held pieces down with both feet and fed herself.

During the next three days she was given flight practice in rooms with curtains closed to protect her from flying into the windowglass. She walked about exploring as well, with the head bobbing, circling and rotating, typical of birds with fixed eyeballs and front vision. On the fifth day she was banded and released where found. She winged up to a utility pole where we often see a kestrel sit. She checked out at 131.3 grams, having weighed in at 140.6 grams.

The two techniques described above can help the bander with the inevitable task of caring for an injured bird of prey. The bird that has to be force fed can be handled without danger of clawing if the bird is first wrapped in an old shirt or the like. Then both hands are free for prying open the beak and feeding. The aggressive bird that greets one with a threatening open mouth can be fed with a long pair of tweezers or kitchen

forceps. Water can be offered by holding a spoon or cup up to the beak.

(For further reference, see Koenig, 1968, mentioned in the text and Terres, 1949, Care and feeding of wild birds, Audubon Magazine, May-June 1949).



Author holding bundled owl, opening beak for force feeding. (Photo by: Walter P. Protzman)



Sparrow Hawk, (Kestrel). This is not the one Mrs. Suthers had but one found under similar conditions. (Photo by the editor).

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