

Table S1

Pick-up form

SITUATION A: Someone calls the Tahonilla centre?

CRFS Call Questionnaire	
Date of call:	Time of call:
Staff who answer the call:	
Who is calling?	
Does he give a reference to the location of the stranding? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes: From where is the person calling?	
Does he/she give references to the size of the animal? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does he/she facilitate photographs of the animal? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the sea turtle in an entanglement? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did he/she detail if it was entanglement with fishing gear? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did he/she detail if it was entanglement with plastics? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did he/she detail if he/she remove it? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did he/she bring the animal to land? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did he/she guard it? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did he/she call 112? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, where did he/she call?	
Other comments provided by the 'RESCUER' or the person responsible for answering the call:	

Table S1

Pick-up form

SITUATION B: The Tahonilla staff go to get a turtle that is moved to the centre.

Questionnaire on reception of turtle at CRFS moved by Tahonilla's own staff	
Date of reception/arrival:	Time of reception/arrival:
Staff attending the turtle's arrival or reception:	
Is the transfer due to an previous call to the CRFS? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, was the call received through 112? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, how did the information arrive?	
In both cases, who transmits the information?	
Is there any reference to the location of the stranding? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any references of the size of the animal? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any previous photographs of the animal? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the sea turtle in an entanglement? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes: did he/she detail if it was entanglement with fishing gear? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes: did he/she detail if it was entanglement with plastics? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the sea turtle free of entanglement because it was removed before arriving to CRFS? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is it known for certain that it was entanglement with fishing gear? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is it known for certain that it was entanglement with plastic? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the stranding at sea? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes: who took the animal out of the sea?	
Was the stranding on a beach? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the animal guarded between stranding and the arrival of CRFS staff? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Who guarded the animal until the CRFS staff arrived?	
Other comments:	
Regarding the transport to the CRFS:	
How has the transport been carried out by the centre?	
If it has been done in a box:	
Is it suitable for the size of the sea turtle? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does it allow the turtle to move its head and flippers? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does it block their movement within it? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there water in the box? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is a wet towel placed on the turtle's shell? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is soft material placed under the turtle? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If it has not been carried out by a box, how has it been carried out?	

New arrival observation form

General exploration	Body condition (length/weight) Yes <input type="checkbox"/> No <input type="checkbox"/>	Cloacal reflex Yes <input type="checkbox"/> No <input type="checkbox"/>
Nasal orifices Yes <input type="checkbox"/> No <input type="checkbox"/>	State of hydration Yes <input type="checkbox"/> No <input type="checkbox"/>	Retreat reflex Yes <input type="checkbox"/> No <input type="checkbox"/>
Cavidad bucal Yes <input type="checkbox"/> No <input type="checkbox"/>		Pupillary reflex Yes <input type="checkbox"/> No <input type="checkbox"/>
Eyes Yes <input type="checkbox"/> No <input type="checkbox"/>	Neurological examination	Nociception Yes <input type="checkbox"/> No <input type="checkbox"/>
Neck Yes <input type="checkbox"/> No <input type="checkbox"/>	In water:	Diagnostic tests
Pectoral fins Yes <input type="checkbox"/> No <input type="checkbox"/>	Value position Yes <input type="checkbox"/> No <input type="checkbox"/>	Blood collection Yes <input type="checkbox"/> No <input type="checkbox"/>
Pelvic fins Yes <input type="checkbox"/> No <input type="checkbox"/>	Coordinated swimming Yes <input type="checkbox"/> No <input type="checkbox"/>	Radiological study Yes <input type="checkbox"/> No <input type="checkbox"/>
Shell Yes <input type="checkbox"/> No <input type="checkbox"/>	Feed capture capacity Yes <input type="checkbox"/> No <input type="checkbox"/>	Ultrasound Yes <input type="checkbox"/> No <input type="checkbox"/>
Plastron Yes <input type="checkbox"/> No <input type="checkbox"/>	In dry:	Doppler Yes <input type="checkbox"/> No <input type="checkbox"/>
Tale Yes <input type="checkbox"/> No <input type="checkbox"/>	Head position Yes <input type="checkbox"/> No <input type="checkbox"/>	Endoscopy Yes <input type="checkbox"/> No <input type="checkbox"/>
Sewer Yes <input type="checkbox"/> No <input type="checkbox"/>	Palpebral reflex Yes <input type="checkbox"/> No <input type="checkbox"/>	Celioscopy Yes <input type="checkbox"/> No <input type="checkbox"/>

The following data have been filled in (correctly) in the individual record:
Location Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Yes <input type="checkbox"/> No <input type="checkbox"/>
BIOMETRIC DATA COLLECTION:
Minimum (LCCmin/ LRCmin) Yes <input type="checkbox"/> No <input type="checkbox"/>
Standard (LCCst/LRCst) Yes <input type="checkbox"/> No <input type="checkbox"/>
Maximum (LCCmax/ LRCmax) Yes <input type="checkbox"/> No <input type="checkbox"/>
Wide (ACC/ ARC) Yes <input type="checkbox"/> No <input type="checkbox"/>
Cause of admission/ stranding (presumptive diagnosis) Yes <input type="checkbox"/> No <input type="checkbox"/>
Are photos taken for photo-identification of the animal? Yes <input type="checkbox"/> No <input type="checkbox"/>

Observations

Table S3

Attention observation form

Day	Arrival time	Departure time
ZONE 1	Observation time	No. of tanks
Cleaning T1:	Cleaning T2:	Cleaning T3:
Cleaning T4:	Cleaning T5:	Cleaning T6:
Cleaning T7:	Cleaning T8:	Water change T1:
Water change T2:	Water change T3:	Water change T4:
Water change T5:	Water change T6:	Water change T7:
Water change T8:	Water height T1:	Water height T2:
Water height T3:	Water height T4:	Water height T5:
Water height T6:	Water height T7:	Water height T8:
Salinity level T1:	Salinity level T2:	Salinity level T3:
Salinity level T4:	Salinity level T5:	Salinity level T6:
Salinity level T7:	Salinity level T8:	
Observations on the condition and maintenance of the tanks:		
Feeding T1:	Feeding T2:	Feeding T3:
Feeding T4:	Feeding T5:	Feeding T6:
Feeding T7:	Feeding T8:	
Observations on feeding: Worker in charge of feeding? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the protocol (grams of food according to the weight of the animal) followed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other observations (with time indication):		

Day	Arrival time	Departure time	Observation time
ZONE 2	Cleaning T1:	Cleaning T2:	Cleaning T3:
Cleaning T4:	Cleaning T5:	Cleaning SP:	Water height T1:
Water height T2:	Water height T3:	Water height T4:	Water height T5:
Water height SP:	Chlorine level T1:	Chlorine level T2:	Chlorine level T3:
Chlorine level T4:	Chlorine level T5:	Chlorine level SP:	Checking filters T1:
Checking filters T2:	Checking filters T3:	Checking filters T4:	Checking filters T5:
Checking filters SP:	Observations on the condition and maintenance of the tanks:		
Feeding T1:	Feeding T2:	Feeding T3:	Feeding T4:
Feeding T5:	Observations on feeding:		
Worker in charge of feeding? ? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is the protocol (grams of food according to the weight of the animal) followed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other observations (with time indication):			

Table S3

Attention observation form

Day	Arrival time	Departure time
AUXILIARY ZONE	Observation time	
Cleaning:	Water change:	Water height:
Salinity level:		
Observations on the condition and maintenance of the tanks:		
Feeding:		
Observations on feeding: Worker in charge of feeding? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the protocol (grams of food according to the weight of the animal) followed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other observations (with time indication):		

Day	Arrival time	Departure time	Observation time
General observations:			

Table S4

Release observation form

ID turtle	Date and time	
	Is the animal marked before release? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Type of mark:	
	Duration of process	
Type of release		
Verification of animal requirements:	On the beach Yes <input type="checkbox"/> No <input type="checkbox"/>	In open sea Yes <input type="checkbox"/> No <input type="checkbox"/> There is collaboration with another organization for the realization of the release Yes <input type="checkbox"/> No <input type="checkbox"/> With administrations Yes <input type="checkbox"/> No <input type="checkbox"/> With which one? Non-profit-making organisations Yes <input type="checkbox"/> No <input type="checkbox"/> With which? Businesses Yes <input type="checkbox"/> No <input type="checkbox"/> With which?
Absence of pathologies causing admission Yes <input type="checkbox"/> No <input type="checkbox"/>	Sandy beaches Yes <input type="checkbox"/> No <input type="checkbox"/>	Medium or low wave strength Yes <input type="checkbox"/> No <input type="checkbox"/>
Remission of alterations that caused the admission Yes <input type="checkbox"/> No <input type="checkbox"/>	Medium or high slope Yes <input type="checkbox"/> No <input type="checkbox"/>	Areas without strong coastal currents Yes <input type="checkbox"/> No <input type="checkbox"/>
No medication required Yes <input type="checkbox"/> No <input type="checkbox"/>	Medium or low swell strength Yes <input type="checkbox"/> No <input type="checkbox"/>	High or low tide Yes <input type="checkbox"/> No <input type="checkbox"/>
No treatment required Yes <input type="checkbox"/> No <input type="checkbox"/>	Areas with no strong coastal currents Yes <input type="checkbox"/> No <input type="checkbox"/>	Little or no maritime traffic Yes <input type="checkbox"/> No <input type="checkbox"/>
Capable of feeding itself Yes <input type="checkbox"/> No <input type="checkbox"/>	High or low tide Yes <input type="checkbox"/> No <input type="checkbox"/>	Obstacle free zone Yes <input type="checkbox"/> No <input type="checkbox"/>
Good corporate condition Yes <input type="checkbox"/> No <input type="checkbox"/>	Little or no maritime traffic Yes <input type="checkbox"/> No <input type="checkbox"/>	From: ship, in a dock or harbour Yes <input type="checkbox"/> No <input type="checkbox"/>
Defecates regularly Yes <input type="checkbox"/> No <input type="checkbox"/>	Handled exclusively by "La Tahonilla" staff Yes <input type="checkbox"/> No <input type="checkbox"/>	Carefully deposited on the water surface Yes <input type="checkbox"/> No <input type="checkbox"/>
Active status Yes <input type="checkbox"/> No <input type="checkbox"/>	The turtle is transported in a box Yes <input type="checkbox"/> No <input type="checkbox"/>	The turtle is transported in a box Yes <input type="checkbox"/> No <input type="checkbox"/>
Good swimming ability Yes <input type="checkbox"/> No <input type="checkbox"/>	It is placed in the centre of the release area Yes <input type="checkbox"/> No <input type="checkbox"/>	With the head facing the sea Yes <input type="checkbox"/> No <input type="checkbox"/>
Good diving ability Yes <input type="checkbox"/> No <input type="checkbox"/>	Obstacle free zone Yes <input type="checkbox"/> No <input type="checkbox"/>	Handled exclusively by "La Tahonilla" staff Yes <input type="checkbox"/> No <input type="checkbox"/>
Normal buoyancy (able to rest on the bottom of the tank) Yes <input type="checkbox"/> No <input type="checkbox"/>	It is carefully placed on the sand Yes <input type="checkbox"/> No <input type="checkbox"/>	Water area in front of the release area completely cleared Yes <input type="checkbox"/> No <input type="checkbox"/>
Blood parameters within normal ranges Yes <input type="checkbox"/> No <input type="checkbox"/>	Area between the turtle and the water is cleared Yes <input type="checkbox"/> No <input type="checkbox"/>	No people allowed in the water until the turtle has moved away Yes <input type="checkbox"/> No <input type="checkbox"/>
Observations:	Maximum 5 m from the shore Yes <input type="checkbox"/> No <input type="checkbox"/>	Turtle oriented to move away from the ship or towards the exit of the harbour Yes <input type="checkbox"/> No <input type="checkbox"/>
	Con la cabeza orientada hacia el mar Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Is the beach release public? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are there photographers at the open sea release? Yes <input type="checkbox"/> No <input type="checkbox"/>
	The release is quick Yes <input type="checkbox"/> No <input type="checkbox"/>	Are there max. 2 photographers in the water? Yes <input type="checkbox"/> No <input type="checkbox"/>
	At the beginning or end of the activity Yes <input type="checkbox"/> No <input type="checkbox"/>	Do they touch the animal? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Minimum area 10m x 10m Yes <input type="checkbox"/> No <input type="checkbox"/>	Are they placed in the trajectory of the turtle? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Only those responsible for the release may enter Yes <input type="checkbox"/> No <input type="checkbox"/>	Do photographers keep a minimum distance of 1.5m from the turtle? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Correctly marked area Yes <input type="checkbox"/> No <input type="checkbox"/>	Observations:
	Specific area for the press on one of the sides Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Support from organisations or authorities to help monitor visitors Yes <input type="checkbox"/> No <input type="checkbox"/>	
Release support staff are properly identified Yes <input type="checkbox"/> No <input type="checkbox"/>		

Table S5

Turtle ID:				Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
		Day and time							
		Tank (zone and no.)							
		Ambient temperature							
		Water temperature							
		Weight (kg)							
		Environmental Characteristics							
	0	1	2						
Behaviour	Focused, orientation	Quiet, responds to stimuli	Ignores the stimulus						
Patterned swimming	Not present	Occasionally	Constant						
Swimming ability	Strong, vertical	Weak, vertical	In circles						
Skin appearance	Healthy	Some lesions	Generalised desquamation						
Epibiontic skin charge	less than 10%	10- 50%	greater than 50%						
Fibropapillomatosis	None	Less than 5 lesions	More than 5 lesions						
Epibiontic charge on the carapace	less than 10%	10- 50%	greater than 50%						
Carapace	Firm	Soft at the margins	Weak generally						
Plastron	Convex	0< concave< 3 cm	3 cm< concave						
Plastron appearance	Clean	Moderate damage	Heavily damaged						
Muscle tone	Strong	Poor	Absent						
Buoyancy	Neutral	Abnormal, but with cap Diving	Abnormal, no ability to dive						

Behaviour (for 20 min):	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Rest						
Patterned swimming						
Random swimming						
Focused behaviour						
Orientation						
Not categorised						