

Table S1

Pick-up form

SITUATION A: Someone calls the Tahonilla centre?

|  |                      |
|--|----------------------|
| <b>CRFS Call Questionnaire</b>   |                      |
| <b>Date of call:</b>   | <b>Time of call:</b> |
| <b>Staff who answer the call:</b>  |                      |
| <b>Who is calling?</b>   |                      |
| 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.

|   |                                   |
|---|-----------------------------------|
| <b>Questionnaire on reception of turtle at CRFS moved by Tahonilla's own staff</b>  |                                   |
| <b>Date of reception/arrival:</b>   | <b>Time of reception/arrival:</b> |
| <b>Staff attending the turtle's arrival or reception:</b>   |                                   |
| 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:   |                                   |
| <b>Regarding the transport to the CRFS:</b>   |                                   |
| <b>How has the transport been carried out by the centre?</b>  |                                   |
| <b>If it has been done in a box:</b>  |                                   |
| 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?   |                                   |

Table S1

Pick-up form

SITUATION C: Non CRFS staff bring a sea turtle into the centre

[illegible]

## New arrival observation form

|   |   |   |
|---|---|---|
| <b>General exploration</b>  | 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"/>           | <b>Neurological examination</b>   | Nociception Yes <input type="checkbox"/> No <input type="checkbox"/>        |
| Neck Yes <input type="checkbox"/> No <input type="checkbox"/>           | <b>In water:</b>  | <b>Diagnostic tests</b>   |
| 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"/>       | <b>In dry:</b>  | 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 ☐ No ☐

Date Yes ☐ No ☐

BIOMETRIC DATA COLLECTION:

Minimum (LCCmin/ LRCmin) Yes ☐ No ☐

Standard (LCCst/LRCst) Yes ☐ No ☐

Maximum (LCCmax/ LRCmax) Yes ☐ No ☐

Wide (ACC/ ARC) Yes ☐ No ☐

Cause of admission/ stranding (presumptive diagnosis) Yes ☐ No ☐

Are photos taken for photo-identification of the animal? Yes ☐ No ☐

**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:<br>Worker in charge of feeding? Yes <input type="checkbox"/> No <input type="checkbox"/><br>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:<br>Worker in charge of feeding? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Is the protocol (grams of food according to the weight of the animal) followed?<br>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"/><br>There is collaboration with another organization for the realization of the release<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>With administrations Yes <input type="checkbox"/> No <input type="checkbox"/><br>With which one?<br>Non-profit-making organisations Yes <input type="checkbox"/> No <input type="checkbox"/><br>With which?<br>Businesses Yes <input type="checkbox"/> No <input type="checkbox"/><br>With which? |
| Absence of pathologies causing admission<br>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<br>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<br>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<br>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<br>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<br>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<br>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         |       |       |       |       |       |       |