

6.4 FEEDING PROTOCOLS

Observations:

MDPASU did have SOPs for feeding that was not being followed based on discussions with staff. The HSUS team did not witness feeding or see animals eating because it was done at 5 a.m. and 7 p.m. The exception was dogs with automatic feeders, which gave them access to dry food at all times.

According to staff the animals are fed the following:

- Kittens are fed wet food only
- Cats get wet and dry food, but they are not free fed
- Dogs and puppies get canned and dry food
- Any animal that isn't eating is given canned food

The feed room contained both donated and purchased canned and dry food including Iams, Whiskas, Pedigree, Buccaneer, and Eukanuba.

The daily feeding record addressed in the SOPs was not observed being used during the site visit. If an animal was observed not to be eating staff were to tell a supervisor. The use of the automatic feeders in kennels with multiple dogs would make it very difficult to monitor food intake or ensure that submissive dogs were being adequately fed.

Recommendations:

- ✓ Review and update the SOPs for the feeding of dog and cats. The updated SOPs should be strictly adhered to.
- ✓ Train animal care specialists to observe and document the appetite and food intake of sheltered animals and to adjust diets accordingly. Animals who consistently consume the entire amount of food offered to them in a short period of time should be offered a greater volume of food per feeding; and animals without an appetite should be examined by the veterinarian. The body condition and weight of animals should also be documented and monitored, in order to detect nutritional problems.
- ✓ Closely monitor the eating habits of animals that are in groups or litters. Malnutrition or dehydration can occur quickly in young or weak animals.
- ✓ Food and water bowls must be positioned for easy and safe access by all animals. Observe during feeding time to make sure that dogs are not guarding the food of the others that may share their kennel. Remove food possessive dogs and house them separately or reevaluate their adoptability.
- ✓ Discontinue free feeding the dogs. Feed them enough food to meet their nutritional needs based on the animal's individual habits, age, size and weight.
- ✓ Begin free feeding the adult cats. They should have dry food (formulated for their ages) available to them at all times as cats tend to eat approximately 14 small meals a day.

They may be given canned food in addition if needed.

- ✓ Feed nursing mothers a high protein diet that includes canned kitten or puppy food.
- ✓ Feed geriatric animals, and those with dental problems, soft food.
- ✓ Feed puppies and kittens food formulated for their age. They should never be fed adult food.
- ✓ Puppies and kittens that are having trouble eating dry food should be given canned food.
- ✓ Feed puppies and kittens that are six to twelve weeks of age three times a day. Feed puppies and kittens who are twelve weeks to twelve months of age twice a day, and continue feeding adults twice a day.
- ✓ Use only products that are made by major national pet food companies and are 100 percent nutritionally complete. Generic pet foods are not recommended. Often, the nutrients in generic pet foods are not readily available for digestion and absorption by an animal. Tests have shown that puppies and kittens that were fed generic pet foods had a greater incidence of illness, improper growth, and other physical abnormalities and required one-and-one-third times as much food per pound of weight gained.
- ✓ If MDPASU continues to use donated food, establish a system to manage the donated food sources in order to feed the animals a consistent diet during their stay at the shelter. In other words, if an animal is fed one type of food one day and another type the next day, there is a potential for gastrointestinal upset. Attempt to keep food changes to a minimum, but document when they occur to give some insight as to why diarrhea occurs at certain times.
- ✓ Consider taking advantage of the Hill's Science Diet Shelter Nutrition Partnership offered through The HSUS's Shelter Partners program. Through this program, MDPASU could feed all of its animals a consistent premium-quality diet.⁵⁵

Discussion:

Establishing a system to oversee dietary habits is of the utmost importance, and staff should be trained to monitor and adjust an animal's diet accordingly. Procedures should include a system that allows staff to monitor food intake, special needs, feeding behaviors, and eliminations of animals.

The stress of a kennel environment, combined with his/her health and age at entry, can dramatically impact an animal's appetite and nutritional needs. Observations relating to appetite can provide important feedback that relates to each animal's general health and continued adjustment to the shelter environment. If necessary, nutritional protocols may need modification to allow for extra (or less) food and special diets.

When housing multiple dogs in a kennel, consideration must be given to “food aggression.” Some dogs that show no signs of aggression will display dominance when food is presented. If not monitored closely, some dogs and puppies will overeat while others are denied access. In addition, serious fights over food can occur at a time when shelter staff are not in the area and cannot intervene.

6.5 INCOMING ANIMAL EXAMINATIONS AND ASSESSMENTS

Observations:

MDPASU did have SOPs for veterinary procedures but failed to follow them. Section 4-II stated that a veterinary technician or veterinarian will immediately give all incoming animals a preliminary screening and that all animals brought into the facility will have their medical and physical condition assessed by the veterinary staff. In Section 4-IV, the SOPs stated that all animals housed for adoption or for return to owner shall be vaccinated within 24 hours of impoundment and that all animals will be checked and treated for fleas and ticks before housing.

There was a walk-through flea bath area that was not in use because staff stated that it was too difficult to maneuver dogs around the corners. There were pressure sprayers located in the intake area that were labeled “Vircon” and “Flea Spray”. Staff stated that the sprayers were filled with flea spray once a week and used only on dogs. There was no other method of flea or tick control for dogs or cats in use. The HSUS team observed several dogs in kennels with visible ticks.

Upon intake, which was performed by field staff or animal care specialists, animals were moved from the temporary intake area and placed immediately into general housing without an examination unless an injury or illness was visible. In those cases, the employee performing intake went to get a veterinarian, who then appeared to quickly look over the animal, rather than conducting a thorough exam. The HSUS team was told that full exams are done on adopted animals prior to surgery. Potentially sick animals were then placed into B Ward, the N Ward sick kennels, or the carrier was placed outside of A Ward where euthanasia is performed. If the latter was done, a request for euthanasia was placed in the mail slot outside the door to A Ward.

Recommendations:

- ✓ The SOPs must be reviewed and updated to assess, provide for, and monitor the needs of all animals. The SOPs should take into consideration the individual needs of each animal, as well as the overall need to maintain an optimum level of health and well being for all animals in the shelter, and to protect the staff and visiting public. SOPs must be followed consistently.
- ✓ All incoming animals, once admitted, should be placed in temporary intake holding (retrofitted dip tank area) or taken directly to the medical examination room (retrofitted storage room across from dip tank area). The assessment of incoming animals should include:
 - Scanning for a microchip
 - Routine vaccination protocols (See section 6.6, Vaccination Protocols)

- General temperament assessment (not a full temperament evaluation. See section 8.1 Selection Criteria/ Behavioral Assessments)
- A picture taken for Chameleon
- Identification (collar)
- Temperature and vital signs
- General physical examinations
- External parasites and treatments
- Internal parasites, fecal examinations, and de-worming medications
- Routine diagnostic testing (See section 8.1, Selection Criteria/ Behavioral Assessments)
- Basic grooming needs/concerns

This should take place the day the animal arrives. Animals would not leave this area until all medical work had been completed and all health data properly documented.

Depending on the health and temperament of the animal, some of these would not take place. For example, a sick cat that is going to be immediately euthanized does not need diagnostic testing, grooming, parasite treatments, etc.

- ✓ Two well-trained staff persons working together should evaluate each animal. This helps to eliminate subjectivity and stress on the part of examiners, and makes the process faster, easier and safer.
- ✓ Once this process is complete, animals should be moved to the appropriate housing area based on their overall condition and classification (See section 6.3, Isolation and Separation).
- ✓ Consider staggering staff schedules so incoming examinations can continue to take place after the shelter closes its doors to the public.
- ✓ Develop and implement a form to record initial health exam information.⁵⁶ The *Adoption List* form currently used by MDPASU would work, but must be modified to include space to document both normal and abnormal findings, and to indicate that all body systems have been examined, as well as space for behavior comments and microchip scan and/or tag information. “Check off” forms make this process easy and time-efficient. All health information must then be entered into the treatment field of the Chameleon program. Copies of such documentation should be provided to adopters or owners if the animal is reclaimed.
- ✓ Animals must be treated for fleas and ticks at intake. Ensure that the products used are safe for dogs and cats.
- ✓ Dogs six months of age and older should be tested for heartworm disease during intake.

56 Initial health exam form examples

Given the prevalence of this disease in Southern states, this is a logical test to include in any health screening process. Cats and kittens should be tested for feline leukemia virus (FeLV) and feline immunodeficiency virus (FIV). A combination test will screen for both diseases using one blood sample.

Discussion:

Internal parasites (such as roundworms and hookworms) and external parasites (such as ringworm, fleas, and ticks) have profound implications for the health of individual animals in a shelter, as well as for the overall health of the shelter population. Parasites, if untreated, can result in serious consequences that will inevitably become more severe: a strain on an animal's well being, an inability to ward off other illnesses, and the further spread of disease. In addition many common parasites of dogs and cats present a health risk to staff members and to the general public who visit or adopt from an animal shelter. The Centers for Disease Control and Prevention has published guidelines for prevention of transmission of roundworms from pets to people. These guidelines should be considered when developing SOPs for examination and assessment of the health status of animals selected for adoption.⁵⁷

For flea and tick products, the ingredients to be wary of are organophosphate insecticides (OPs) and carbamates. A product contains an OP if the ingredient list contains chlorpyrifos, dichlorvos, phosmet, naled, tetrachlorvinphos, diazinon, or malathion. If the ingredient list includes carbaryl or propoxur, the product contains a carbamate. According to the Natural Resources Defense Council (NRDC), the potential dangers posed by these products are greatest for children and pets. There is reason to be concerned about long-term, cumulative exposures as well as combined exposures from the use of other products containing OPs and carbamates.

The NRDC's report lists flea- and tick-control products marketed under the following major brand names that have been found to contain OPs: Alco, Americare, Beaphar, Double Duty, Ford's Freedom Five, Happy Jack, Hartz, Hopkins, Kill-Ko, Protection, Rabon, Riverdale, Sergeant's, Unicorn, Vet-Kem, Victory, and Zema.

6.6 VACCINATION PROTOCOLS

Observations:

Although the SOPs required vaccination within 24 hours of impoundment, animals at MDPASU were not vaccinated until they had been selected for adoption and had passed the pre-surgery health examination.

When asked why animals were not vaccinated upon impound, management told The HSUS team that it was because of a paper presented a few years ago at The North American Veterinary Medicine Conference stating that vaccinating animals in a shelter increases the incidence and spread of disease. One of the shelter veterinarians had attended this conference. When asked for a copy of the article, no one was able to locate it. Management was asked when the SOPs were

57 The Centers for Disease Control's "Recommendations for Veterinarians: How to Prevent Transmission of Intestinal Roundworms from Pets to People"

developed and The HSUS team was told that it had been less than a year ago. Adopted animals were vaccinated with DHLPP (listed as DA2PL/Parvo) and Bordatella. Cats were vaccinated with FVRC (listed as FELC) and leukemia. Animals with worms were treated with Ivermectin or Strongid. All animals over 4 months of age were given a rabies vaccine.

Recommendations:

- ✓ All healthy, potentially adoptable animals should be vaccinated the day of intake. An animal's state of general health would be determined during the incoming examination. If the animal is obviously sick, injured, a pregnant stray, less than six-weeks of age, or otherwise unadoptable, the animal should not be vaccinated and these animals should be kept in an appropriate area for the stray period if relevant (See section 6.3, Isolation and Separation).
- ✓ The vaccination protocol should be developed with a veterinarian and should include:
 - DHLPP (or similar variation) vaccinations for dogs and puppies
 - FVRCP (or similar variation) vaccinations for cats and kittens
- ✓ Explore the use of Heska 7 FVRCP for vaccinating cats.
- ✓ All vaccination procedures for each animal should be recorded. Records should include the date and time of administration, the specific agents contained in the vaccine, the form of such agents (i.e., modified live virus, killed virus, bacteria, etc.), the manufacturer of the vaccine, the serial number and expiration date of the vaccine, the site of vaccination (i.e., "right shoulder"), and the route of vaccination (i.e., subcutaneous, intramuscular, or intranasal injection).

Discussion:

It is very important to realize that vaccinating is only one strategy in preventing infectious diseases and it is just one tool in a disease prevention program. Many animals, in the stress of a shelter environment, will not mount effective immunity despite being vaccinated with the best vaccines. Many vaccines do not actually prevent initial infection; they just prevent significant symptoms from developing. Some animals may spread infectious viruses despite showing no symptoms themselves. Some vaccine immunities can be overwhelmed by a high enough "challenge dose" of the infectious organism. It is too convenient to blame the vaccine when there is a disease problem. It is critical to also consider animal husbandry practices, disinfecting procedures, quarantine and isolation protocols, and animal handling practices.

Upper respiratory infections will always exist where cats are concentrated together under stressful conditions. Still, many shelter veterinarians have found that incidence rates, as well as the severity of clinical signs, can be minimized by the use of intranasal/ intraocular vaccines that provide local antibody protection within 2-3 days (such as Heska7 FVRCP). The injectable vaccines require 7-10 days for an antibody response, which is why intranasal vaccines are increasingly used for all cats entering a shelter.⁵⁸

Some canine vaccine manufacturers have gone to the effort and expense to improve the

effectiveness of their parvovirus vaccines (the most difficult disease to vaccinate against and also the most lethal). Specifically, Fort Dodge and Intervet companies have done extensive research to make sure that their vaccines are effective against the worst strains of the disease and that their vaccines are effective in very young puppies.

The Maddie's Shelter Medicine Program through UC Davis School of Veterinary Medicine discusses the issues of shelter vaccines, core vaccines and recommends immediate vaccination.⁵⁹

When Should the Vaccine Be Given? Immediately upon intake, if not sooner! In almost all cases, shelter animals should be vaccinated immediately upon intake. A delay of even a day or two will significantly compromise the vaccine's ability to provide protection. In a cost saving effort, some shelters delay vaccination until the animal is made available for adoption, or even until it is adopted. While this does provide a service to adopters, the protective effect of the vaccine within the shelter is greatly reduced or eliminated. (In some cases, the chance of the vaccine preventing disease may be 90% or better if given the day before exposure, but will drop to less than 1% if given the day after exposure.) When possible, vaccination prior to intake is ideal (e.g. for owner surrendered animals or those returning from foster care).

6.7 STERILIZATION SERVICES

Observations:

Although The HSUS team has recommendations for MDPASU's sterilization programs, MDPASU should be highly praised for taking a proactive approach to reducing the animal population in Miami-Dade County. According to records provided MDPASU sterilized 9,342 animals through its spay/neuter program in 2003.

MDPASU did not have an SOP for sterilization services. Two sterilization programs offered were sterilization of animals adopted from the shelter and free sterilization for Miami-Dade County residents regardless of their financial situation. The free surgery included cats and dogs less than 50 pounds and 5 years of age; however, the Web site did not mention these limitations.

The free surgeries required three full time veterinarians (seven days at North shelter clinic, five days at South Dade facility clinic and two days per week on MAC). Since the organization only employed four staff veterinarians and one contract veterinarian, the two remaining veterinarians performed the adoption surgeries, approximately 12-15 per day. The veterinarians also gave rabies shots to privately owned animals throughout the day.

An *Adoption Contract* was printed out at the time of adoption. If the animal was not sterilized at adoption the contract stated the adopter must sterilize the animal within 30 days; however, no deposit must be left in these cases. MDPASU did not have a system to follow-up and make sure sterilization was completed (See section 8.3, Adoption Follow-up/ Compliance).

According to the contract all animals will be sterilized prior to adoption unless they have a

59 <http://www.vetmed.ucdavis.edu/CCAH/Prog-ShelterMed/vaccination.htm>

medical condition that won't allow it; however, animals that were less than four months of age or those that were sick and fostered through a placement partner were not sterilized before they left. In these cases the foster person had to sign a contract to stating they would bring the animal back for sterilization and adoption when healthy.

The HSUS team got different answers from different people about pre-pubescent sterilization. The HSUS team was told by one staff member that it is up to the veterinarian performing the surgery and another said that animals under four months of age aren't sterilized because they get sick. Staff also told The HSUS team that they do not spay pregnant animals; however, on 6/16/04, three of the cats spayed for the public were pregnant.

Shelter animals were examined by veterinary technicians before surgery and the public's animals were not examined. Spay and neuter surgeries for adopted animals were done in the surgery room of the North shelter clinic. Public animals were sterilized in the North shelter clinic, on the MAC unit, and at the South Dade facility clinic. Staff advised that public animals were sterilized before shelter animals at the North shelter clinic.

One veterinary technician worked in the North shelter surgery clinic. This person administered pre-anesthetic drugs, which were appropriate and then placed the animal on a rusty sink rack for surgery preparation. At this time some adopted animals (see section 8.2, Adoption Process and Policies) and some public animals received a microchip if it was requested, and all animals received an injection of penicillin, which was appropriate in the less-than-sterile conditions. The animal's abdomen was shaved, washed with betadine, sprayed with alcohol, wiped with gauze and then sprayed with betadine, which was appropriate to prevent infection. The animal was then placed on a cart to go into the surgery room.

The surgery room was small and had two operating tables and two surgeons operating each day. The HSUS team did not find the conditions adequately sterile for surgery. The cart, surgery tables, and anesthesia masks were not cleaned or disinfected between animals and the surgical drape and gloves were not changed between animals. The HSUS team observed one veterinarian preparing for surgery. He washed his hands at the sink in the surgery room using a disposable surgical scrub sponge; however, this sponge was already sitting open on the side of the sink and looked as if it had been used before. He left it on the edge of the sink when he finished.

Instruments were soaked in a solution for 30 seconds, and then surgery packs were prepared and sterilized in an autoclave, which was an appropriate instrument cleaning procedure.

The HSUS team visited the South Dade facility clinic, but arrived after the veterinarian had already finished surgeries for the day. The clinic was located in a large trailer and was very clean with new fixtures and equipment. The surgery room was at least twice as large as the one in the North shelter clinic with only one veterinarian working five days a week. On the date The HSUS team visited, there were four cats and three dogs sterilized although more were scheduled for surgery but did not show up because appointments were not confirmed.

Staff schedules 20 to 25 public surgeries per day at the North shelter clinic; however, on 6/14 there were seven public surgeries, eight on 6/15 and 16 on 6/16. Ten to 15 surgeries are

