



# Veterinary Care in a Shelter Setting Best Practice



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# About Best Practices

“

**A procedure that has been shown by research and experience to produce optimal results and that is established or proposed as a standard suitable for widespread adoption**  
– Merriam-Webster Dictionary

”

About Best  
Practices

# Best Practice Vs. Minimum Standards

## Introduction to Shelter Medicine

### Five Freedoms

- Freedom from hunger and thirst
- Freedom from discomfort
- Freedom from pain, injury or disease
- Freedom to express normal behavior
- Freedom from fear and distress





**Introduction to  
Shelter Medicine**

Shelter Medicine

Vs

Private Practice

## Key Considerations

### Veterinary Relationships

- Community Veterinarians
- On site surgical and community health
- Community health and individual animals



## Key Considerations



## Roles and Responsibilities

- Formalizing relationships
- Formalizing decision making

## Key Considerations



### Veterinary Team Focus

- Staffing Levels and authority for decision making
- Population Health
- Creation of Protocols
- Training and staff education



# Key Considerations



## Legal Compliance

- State
- Local
- Federal

A photograph of a woman with long dark hair, wearing a light-colored top, gently holding the face of a dark-colored dog. The dog is sitting on a wooden table. The image has a warm, golden-brown tint.

## Goals and Impacts

### For animals

- Improved standard of care and efficiencies
- Reduction in illness
- Improved health of the population and individuals.
- Improved disease recognition and response.
- Improved population management and reduction in disease outbreaks.
- Increase in live outcomes.

A photograph of a woman with long dark hair, wearing a light-colored top, petting a dark-colored dog. The dog is sitting on a wooden table. The image has a warm, golden-brown overlay. The text "Goals and Impacts" is overlaid in white on the left side of the image.

## Goals and Impacts

## Anticipated Impacts

- Rise in expectations
- Financial Impact
- Professionalization
- Community Relationships

A photograph of a woman with long dark hair, wearing a light-colored top, gently holding the face of a dark-colored dog. The dog is sitting on a wooden table. The image has a warm, golden-brown tint. The text "Goals and Impacts" is overlaid in white on the upper left portion of the image.

## Goals and Impacts

### Anticipated Impacts

- Including Veterinarians in budgeting improves efficiency
- Improved decision making criteria
- Better informational resources available to animal welfare staff



## General Components and Requirements

- Admissions – the Individual
  - Free from pain, injury and disease
- Now the herd
  - Population Medicine
  - Preventative Care
- Include Shelter Standards
  - Capacity for Care
  - Triage
  - Nutrition
  - Behavioral Health
  - Neonatal Care
  - Outbreak Management
- Partnerships with Local DVMs



**General  
Components and  
Requirements**

**Triage**

**Triage—immediately upon intake**

- Urgent medical issues addressed
- Housed based on disease risk
  - Age (Immunity)
  - Species
  - Exposure



## General Components and Requirements

### Intake

- History— Often unknown
  - Medical Records, Travel, ID,
  - Includes Behavioral History
  - Complies with State Veterinary Practice Act
- Prophylactic Care
  - Vaccination – ASV, AAHA and AAFP guidelines
  - Deworming – hooks and rounds at a minimum
  - Flea/Tick (Heartworm?)



## General Components and Requirements

### Intake

## Initial Examination at Intake

- Veterinarian or Trained Staff
  - Process for vet examination if needed
  - Regardless, must have isolation authority
  - Vets should examine high risk animals (very young, very old, pre-existing conditions, etc.)
- Document:
  - Age, Weight, and Gender
  - Photo
  - Conditions requiring urgent care
  - Isolation conditions
  - Initiate treatment to address common vet needs





## General Components and Requirements

### Diagnostics

- Access to Diagnostics (based on most commonly seen diseases/pathogens)
- Test results can be complicated and should be reviewed by veterinarian
- Heartworm—must be done on dogs >6 months in endemic regions
- FeLV/FIV—depends on incidence and relative risk
- Protocols for positive results



## General Components and Requirements

### Diagnostics

Available through diagnostics lab or in-house:

- CBC
- Blood chemistries
- Specific further testing as needed



**General  
Components and  
Requirements**

**Diagnostics**

***Point of Care Tests:***

- Fecal/parasite screening
- Parvo antigen tests
- Ringworm cultures
- Urinalysis
- PCV/TS
- Blood glucose
- Parvo and panleukopenia titer testing
- Tick-borne disease testing



## General Components and Requirements

### Treatment

## Treatment

- Dependent on Staff and Volume (unlike private practice)
- Overall needs of the population must be considered
- Surgical Options
  - Postop realities – Capacity for Care
  - In shelter, foster
  - Rehab medicine options



## General Components and Requirements

### Treatment

## Treatment


- Veterinarian's Orders
- Protocols
  - Should be developed by vets but administered by AC staff
  - State laws prevail



## General Components and Requirements

### Treatment

## Medical Treatment Decision Making

- Veterinarians create treatment plans
- Process in place to decide which treatments can be done (resources, population, mission)
- *Quality of Life* is primary consideration
- Treatments must be carried out per veterinarian's plan
- Cardinal Rule: We must relieve suffering sawa 



## General Components and Requirements

### Treatment

- **Five Freedoms**
  - Animals must remain comfortable
  - Keep population healthy
- Medication but also environmental management (e.g. URI in cats – ventilation, manage stress, etc.)
- Capacity of AC staff, hospital staff, volunteers to administer treatments (*Capacity for Care*)
- Use of foster homes
- Prescription meds—under a veterinarian’s direct care, or protocol developed by a veterinarian
- Transfers to other organizations



## General Components and Requirements

### Ongoing Care

## Maintenance

- *Capacity for Care* again
- Scheduling animal care to minimize *Length of Stay*
- Minimize disease transmission
- Daily Shelter Rounds
  - Cross functional groups - vets, RVTs, AC staff, behavior staff, managers, etc.
  - Document rounds
  - Monitor
    - Eating, drinking, U/D
    - Health conditions
    - Behavior needs



## General Components and Requirements

### Nutrition

## Maintenance


- Feeding and nutrition
  - Selection of proper diets
  - Use of prescription diets - under vet supervision
  - Monitoring appetite
  - Monitoring group housing



**General  
Components and  
Requirements  
Disease Outbreaks**

## **Disease Control**

- Daily Monitoring for signs of disease
- Isolation from other animals
  - Capacity for Care
    - Facility
    - Staffing— medical staff in particular
    - Protocols for dealing with contagion
    - Response time for staff to recognizing risk and disease
    - Continuing education and training in isolation and treatment protocols
- If unable to provide appropriate care...transfer, foster, or euthanize
- Balancing individual and population health management



**General  
Components and  
Requirements**


**Infectious Disease  
Control**

**Infectious Disease Protocols**

- Parvovirus (Canine)
- Distemper (Canine)
- Panleukopenia (Feline)
- Ringworm (Canine and Feline)
- Mange (Canine)
- Canine Infectious Respiratory Disease (Kennel Cough/Influenza)
- Feline Upper Respiratory Infection including Calicivirus (Feline)
- Rabies

**Data Collection System**





## General Components and Requirements

### Spay/Neuter

#### Spay/Neuter

- Must occur prior to release
- Sx's on site or partner with local vets
- Considerations for transfers—written agreement if not s/n before transfer
- In shelter surgery should adhere to ASV Guidelines
- Early age surgery –min. 6 weeks
- Animals too young for surgery – don't adopt—foster an option
- Exemptions – per veterinarian and documented



## General Components and Requirements

## Care Flowchart

### Intake

DVM/Staff under DVM guidance

### Prophylaxis

DHPP, Bord, FVRCP, RV, Dewormers

### Exam

DVM/Staff under DVM guidance

### Diagnostic

Fecal, FeLV/FIV, *Point of Care* tests  
further testing as needed\*

### Isolation

Evaluate for health of population

### Treatment

S/N, Other depending on  
\*Capacity for Care

### Maintenance

Treatment (include behavior support)

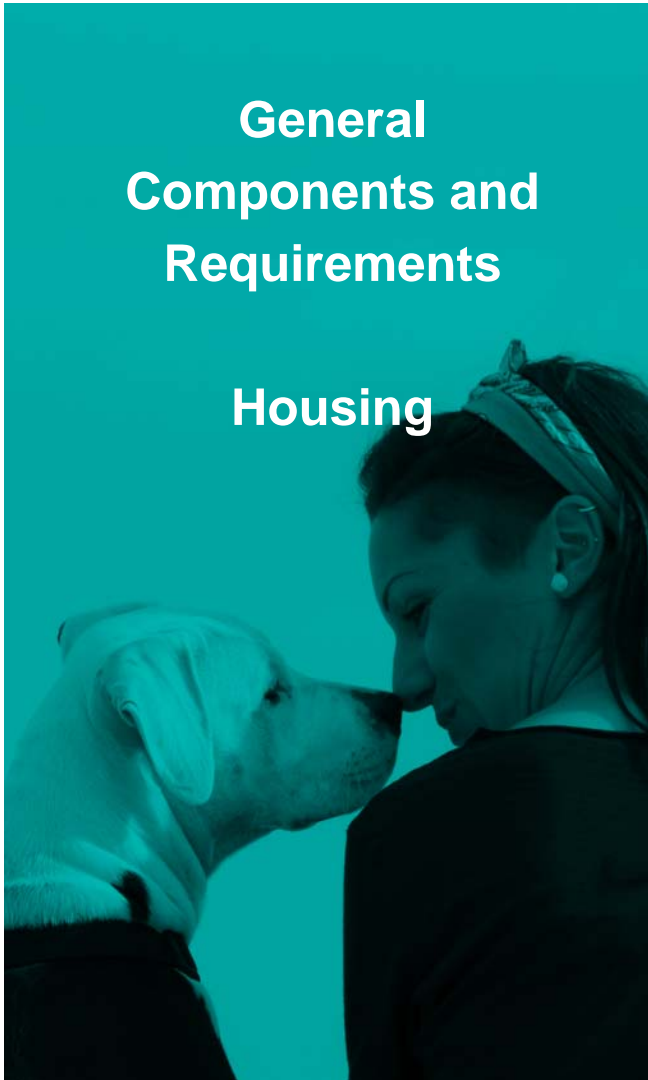
### Outcome

- Adoption
- Transfer
- Euthanasia

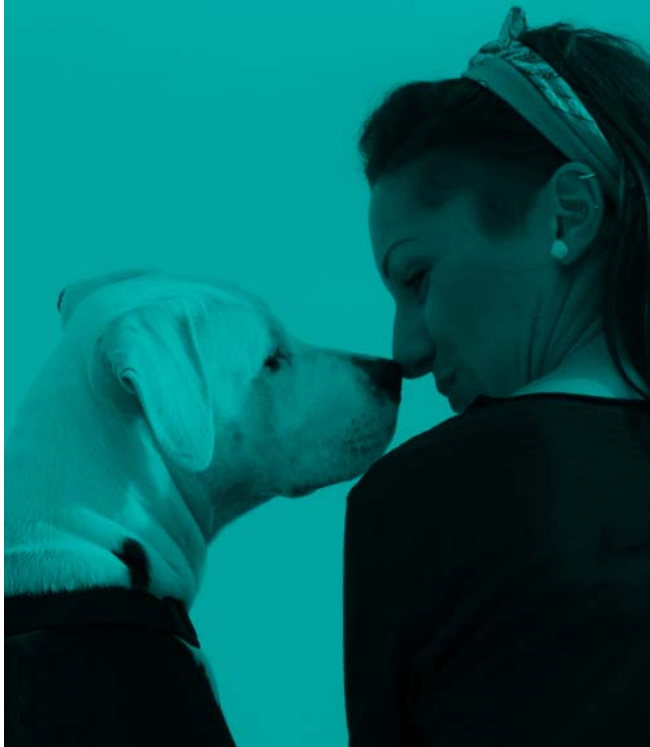
## General Components and Requirements

### Housing

- Minimize disease transmission
- Group Housing – size, behavior, repro status
- Quarantine/Isolation
- Legal Considerations—Rabies, Dangerous, HLE investigations
- Behavior Enrichment Program – Relieve stress (Five Freedoms)



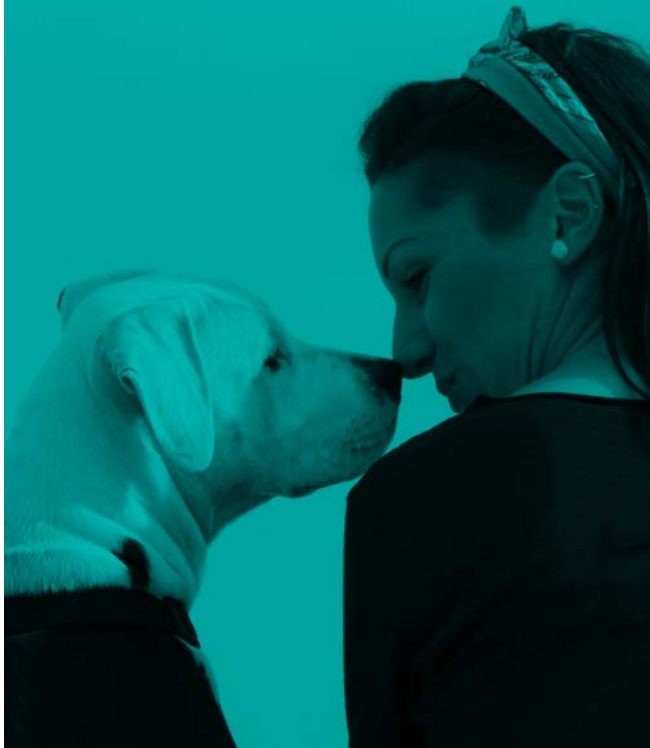
## General Components and Requirements



## Outcomes

- Tracking system
- Adoption
  - Condition at time of adoption
  - Medical Disclosure
  - Continuum of Care


## General Components and Requirements



## Outcomes


- Foster
- Transfers
- Euthanasia





## Above and Beyond


- Additional surgical procedures
- Forensics training
- Releasing animals with chronic conditions
- Incoming transfers
- Outside assessment of veterinary practices



## Above and Beyond

### • **Evaluation**

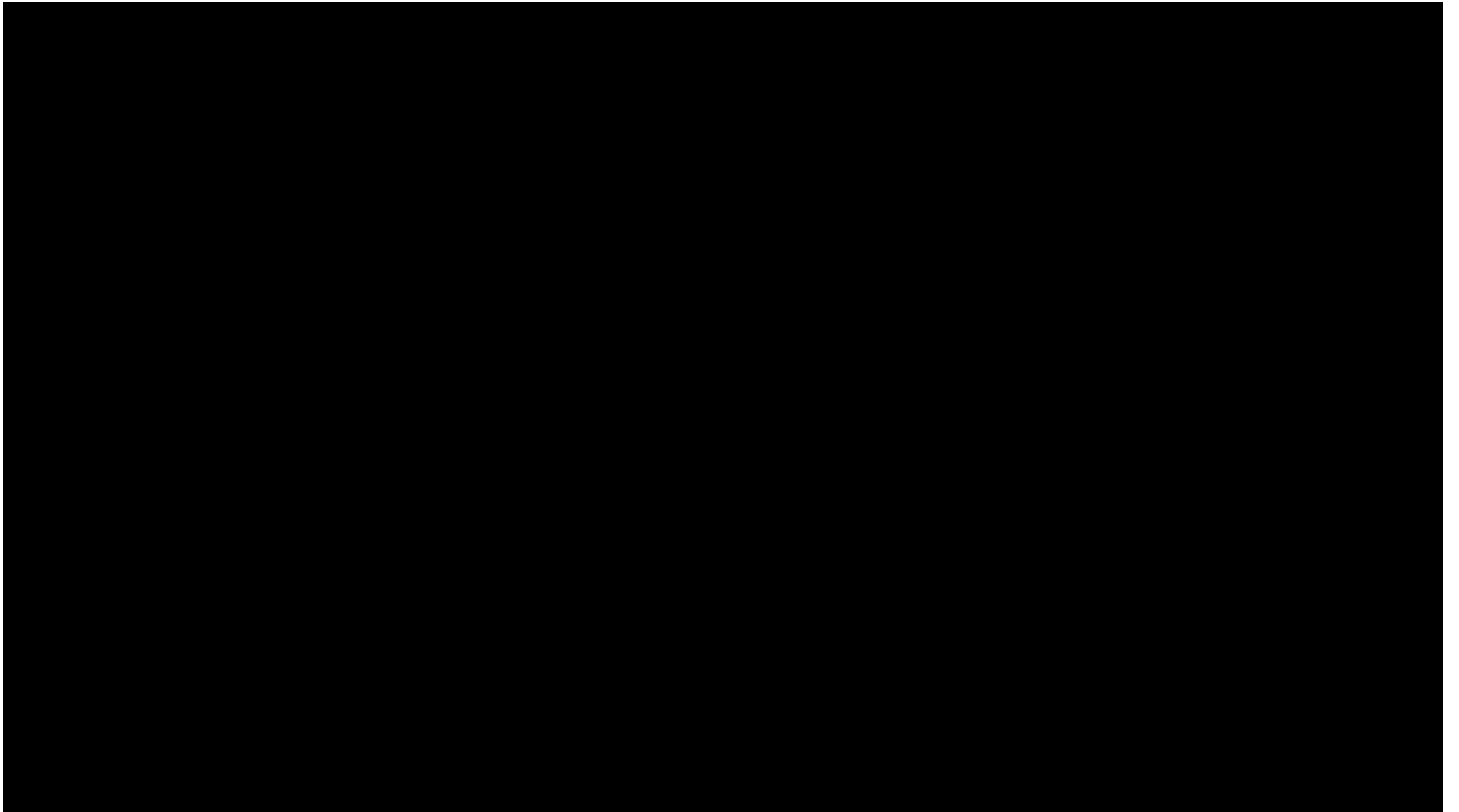
- Medical evaluation
- Behavioral evaluation
- Routine diagnostic testing as appropriate for shelter (HWT, FeLV/FIV, fecal)
- Determine disposition



## Above and Beyond

- **Continued Care**
  - Spay/Neuter
  - Rabies vaccination
  - Follow up medical care as needed
  - Daily animal monitoring – Rounds
  - Foster care if needed
  - Regularly scheduled revaccination and deworming
  - Plan for expected longer term residents
  - Communication board or a system to report medical concerns
  - Regularly scheduled weights for group housed cats and weight management

# Video



# Questions?

Download the full document:

<https://www.sawanetwork.org/page/Bestpractice>

