

Shelter MEDICINE 101 2009
Lecture One Comments/Questions

Q: I was very intrigued by the differences in the "no kill" policy adopted by many shelters. I was wondering if it is standard to have a protocol that specifies how much money/medical care an animal will receive before the shelter will consider euthanasia? For example, it is common for them to spend more money on a young animal as opposed to an older animal, or do they treat all equal and not necessarily based on adoption potential? Also, if a condition is acute as opposed to chronic - I was wondering if they addressed this as well.

A: Most shelters don't have a set policy for how much care/resources will be spent on a particular animal. It depends on several factors: how much it will cost to treat the problem (and how much money/other resources the shelter has), the prognosis for complete recovery, whether the animal can be treated without undue risk to others (e.g. for something like parvo), and most importantly, the chances that a home can be found for the animal when all is said and done. This depends both on the animal and the condition – an animal with a condition that can be resolved, such as an injury, illness or something like cherry eye or dental calculus, may be easier to find a home for than a chronic condition such as diabetes, renal failure or even bad skin allergies. It also may depend on time of year...during the height of kitten season shelters may be too overwhelmed to do something like a limb amputation on an injured kitty but that may be possible during winter when cat population is lower. Even if the shelter doesn't have resources, or only has some necessary resources, they may partner with a rescue group especially if the animal is small or a less common breed. For instance, small dogs will almost always find homes in many communities, so an older small dog that needs a fracture repair might get care, whereas a lively pit bull with heartworm disease may not – not because the shelter doesn't care as much about the pit bull, but if there are more friendly, healthy pit bulls than adopters already in that particular community, treating one and making it ready for adoption may not save an added life if there is another healthy one for whom no home can be found. You can never assume, though – one community may not have much money but may have more opportunities for adoption for a particular breed. Here's a cute campaign from the Butte Humane Society, a shelter without much money at all working to get a couple of sweet pit bulls treated for heartworm by selling these wonderfully disgusting heartworm cookies 😊 Clearly they are confident that they can find homes if they can get them through treatment.



I will say that when I was a shelter vet, I never had to euthanize an animal that I really wanted to treat, even though we only had modest resources. That's one of the things that makes shelter medicine (and surgery) so fun. Between a combination of our good Samaritan fund and working with local specialists and practitioners to get some services and supplies donated, we always seemed to find a way to treat animals that otherwise were good candidates for adoption. Baking brownies for local specialists that helped us out was a common activity.

Q: I've done some work with animal shelters in the past and am currently involved with OKP, but I had no idea there were so many divisions and classifications for types of shelters. I learned that there are private vs. public shelters and what the difference is between the two. I also learned what it means when shelters call themselves "no kill." Different laws pertaining to shelters were discussed and the wording of the laws were scrutinized. The legal system has made the laws vague, and whether or not that was intentional, it gives the shelters a lot of room to get away with things they shouldn't be able to. When laws aren't specific, it leaves them open to interpretation. I would like to know what, if any involvement the veterinarian has in making laws like the ones discussed in class, and how we can take part to make a positive impact and address all the little details that the legal system leaves out.

A: Good question. In the past, veterinarians may have had a limited voice in these kinds of laws in part from our own doing – shelter medicine as a specialty is less than ten years old, so we haven't always been perceived as experts in this area. If this is an area of interest, a good way to start would be developing your knowledge of shelters (or any area you're interested in) during school and when you're out in practice through CE, and consider serving in a leadership role e.g. as a member of a board of directors. You also can look into playing a role within organized vet med, e.g. through veterinary medical association legislative committees. As we develop and document our training in shelter medicine and get involved at a local level, we are increasing the extent to which vets are seen as a necessary and authoritative source of information. The Association of Shelter Veterinarians is working on developing a set of "shelter standards": comprehensive guidelines defining minimum standards for care of shelter animals (including behavioral wellness as well as preventive care and medical services). We plan to have these completed by 2010. Our goal

is to publish them so that they can serve as guidelines for legislative and policy development in individual communities.

Q: Lingering question: I adopted a cat many years ago, pre-Hayden bill, in Kern County. At that time, they had an agreement with a local vet hospital to spay and neuter their adoptees. Their policy was to have me take the cat, who was not spayed, and leave a deposit at the shelter. If I returned with proof that she had been spayed within a certain period of time, the deposit was returned to me. Is this practice allowed under the current Hayden Bill?

A: No, this is no longer allowed. (It is actually the “Vincent Bill” , SB 430, that requires spay/neuter prior to adoption.) If the shelter does not have on-site surgery services, they will have to transport the animal to the vet and have the adopter pick the pet up after surgery is completed. Because this can be quite tricky with scheduling, many shelters have retained their own on-site surgery – for instance, Sacramento County and City shelters, Yolo County, and Solano County shelters have all built on site surgeries and hired veterinarians since that bill was passed 😊

Q: Question: Do veterinarians at individual shelters/fosters/rescues get to decide for themselves what is considered "adoptable" or is there some guidelines that they are supposed to follow?

A: This is similar to the question of who gets treated for what...no matter what we decide or hope, what animal is “adoptable” ultimately depends not only on our efforts and decisions, but what community members will accept. Many shelters have some guidelines to help make these decisions based on experience within that community and the constraints of the shelter. For instance in a rural community where outdoor/barn cats are common, shy cats or those who have litter box issues might be easier to place than in an urban environment. (SF SPCA sometimes swaps cats with our local shelter for this reason – SF SPCA takes a bunch of friendly ones that will do well indoors, and in exchange our local shelter takes a few shy ones that SF SPCA would have trouble placing.) In an urban community where many people have AIDS or HIV, FIV cats might get more sympathy. My own dog was not considered adoptable in the shelter he wound up in because he had been seen killing livestock, but I was confident (and they agreed) that I could keep him away from loose goats. Ultimately, almost any single animal is adoptable, or could be made so, with enough resources. Shelters need to balance serving the most animals with the available resources, and giving each individual its best chance.

Q: I also didn't consciously realize that shelters are not connected or in communication with one and other across the country, and I am curious to know whether there is ever an initiative among members of that community to work on systematizing things. Thanks!

A: There have been efforts in the past by organizations such as HSUS to develop something like AAHA has for certification of animal hospitals. None of these efforts has taken off as yet. One area I feel very hopeful about is the shelter standards guidelines I mentioned above. Shelters as well as animal advocates are increasingly eager to see some type of standards put in place. In a survey one of our recently graduated shelter medicine residents did as her research project, over 75% of shelters surveyed were already engaged in the most important preventive practices shelters can perform (physical exam and vaccination on intake, parasite control, and spay/neuter before release). So a set of standards seems achievable before too long.

Q: Do shelter medicine veterinarians tend to devote their entire career to shelter medicine? Or do you have a significant number of veterinarians that work part time in shelters and part time in clinics/at institutes? Also, do a significant number of veterinarians tend to start in private practice and then switch to shelter medicine (or visa versa)?

A: Yes to both. Many shelters employ part time veterinarians and there are also opportunities to offer per diem and/or consulting services. Additionally, it's fairly common that a local animal hospital provides service to the local shelter and sends someone there once or twice a week (this is especially true for smaller shelters for whom a full time staff vet does not make sense). Also, some shelters have full service clinics or low-income clinics, so you can work part time at a clinic while working as a shelter vet. Many shelter veterinarians started out in private practice – some because they wanted to get experience in an environment where there was more mentorship and an opportunity to do more diagnostics, some because they started practice before shelter medicine was really a recognized option, some because they burned out on private practice or were suddenly inspired by shelter work and vice versa.

Q: I don't know if you're going to answer this question later on, but do you find a lot of opportunities for part time Veterinary work in shelters? I want to primarily focus in private practice, but would be very interested in part time shelter work (on weekends, evenings, etc). Is that possible? The experience I've had is primarily in shelters with a full time veterinarian on staff, with no contract/part time veterinary work.

A: Absolutely – see above. In a survey of shelter directors, as many employed part time as full time veterinarians. Our local county shelter employs two part time veterinarians for example.

Q: I was also particularly interested that some of the shelters consider themselves sanctuaries only and do not have an adoption policy. I was wondering at the reason behind that as most people would think that animals would be happier in homes with people than in an enclosure at a shelter, even one that considers itself a sanctuary. Do they have a particular reason for having this policy? Maybe some benefit that I am overlooking?

A: Some sanctuaries care for animals that wouldn't be safe to place or are very hard to place for one reason or another (e.g. aggressive dogs, cats with FeLV or FIV, feral cats). Best Friends in Utah is an example of a shelter that provides sanctuary for a limited number of un-adoptable (or very hard to adopt) animals. Other sanctuaries are simply mandated that way by the person who established them, such as the old lady who left her house and fortune to "the kitties". Some shelters have part of the population that is adoptable and part that they consider permanent sanctuary residents. This is pretty common in a strict no-kill shelter that tends to take in hard luck cases...after a while, the least easily adopted animals just tend to build up. That's fine as long as the shelter has the ability to provide adequate care and has made a decision to use their resources in that way. For some people, the only way they can get involved in sheltering is through a place where they know for sure that all the animals they see will receive care for life. My best shelter-vet friend and partner in crime Dr. Newbury started her career in a shelter along those lines. As you say though, maintaining welfare equivalent to what we would expect for a pet in a home can be challenging and it's important for sanctuaries to keep an eye on *how* the animals live, not just whether they live.

In some countries where neither adoption nor euthanasia is widely practiced, almost all animal shelters are essentially sanctuaries.

Q: I found the lecture today to be very informational and interesting. I have never worked in a shelter before and was not familiar with some of the laws that have recently been passed. I also really loved the idea of a veterinarian having an attached adoption center. Would you be able to tell me what/where that hospital you mentioned in class, with the attached adoption center and interns providing care, is located?

A: Sorry folks, I can not find where I stashed that information. The clinic was in San Diego, and I've emailed a friend of mine down there to see if he is familiar with this clinic. If I find out, I'll let you know. More examples of clinics with non-profit programs will be given in the final lecture of this class on the role of the private practitioner.

Q: The MSPCA in Western Massachusetts recently closed. This was a government funded open admission shelter that took in between 6-7 thousand small animals a year. There are 2 more shelters in that part of the state, an open admission/animal control facility and a limited admission privately funded shelter that can handle 1-2 thousand animal a year. Does this type of situation happen frequently? If so, what usually results--is it likely that the remaining open admission facility will end up euthanizing several thousand more animals every year? Do you have any recommendations for the other shelters in the area as far as raising community awareness to help prevent that outcome?

A: The MSPCA in Western Mass was actually a private (non-profit) open admission shelter. I'm not sure what the story was on the closure of that facility - 1 of 7 of their shelters - but I did put in an email to a colleague who works at another MSPCA shelter to see why that decision was made. I'll let you know if I learn more. In my experience it's fairly uncommon for shelters to close down completely...much more commonly they change form, for instance going from open intake with an animal control contract to limited intake. Ideally in those cases - if a private shelter is going to drop an animal control contract - there is plenty

of notice given so the county/city can build its own facility. I've seen it go both ways – cases where plenty of time was given and the county responded by building a good facility and creating a good program and the end result was more resources for animals overall, and not enough notice or a lethargic response from the county, in which case homeless animals ended up with no place, or a woefully inadequate place, to go. In Santa Cruz where I used to work, the private shelter did close rather suddenly after contract negotiations with the county broke down. For a few hellish months there was no central place at all for homeless animals and they were sprinkled all over at various vet clinics. You can imagine it was a nightmare for people trying to find or adopt pets. Eventually a warehouse was refurbished and a decent organization was created and run by the county. Recently I heard the private shelter is working on getting back up and running, and now the animals have two organizations to help them, so it worked out in the long run.

As far as what will happen in Springfield, I'm not sure because I don't know the dynamics of that community or what the other shelters are like. At minimum, if the Springfield shelter was already euthanizing thousands of animals (and I think they were) then that sad task will likely be passed on to another shelter. If the other shelters are already stretched to capacity, there may be overcrowding which could lead to disease and welfare problems and in turn compromise adoptions...so not only may euthanasia get shifted to other shelters, it may increase. Hopefully some plans were made before the Springfield shelter closed to increase their staffing and holding capacity in order to prevent or minimize such problems. If the other shelters can take advantage of rapid transfer to rescue groups or off-site adoptions, that will help them continue to take advantage of all the possible adopters in the community. Likewise if rescue groups or transfer shelters (from outside that community) can take animals out as soon as possible after required holding periods, that will help alleviate crowding.