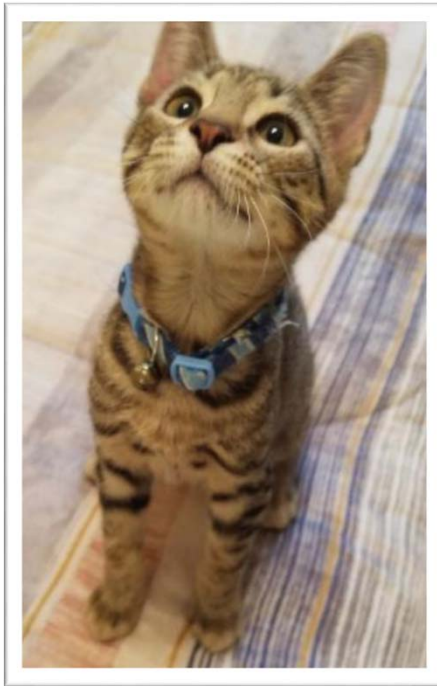


# Shelter Intake Best Practices: Part 2



# Your Presenter



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**ASPCA**pro

# Shelter Intake: Part 1



Intake Planning	<ul style="list-style-type: none"><li>• Protocols</li><li>• Staffing</li><li>• Documentation</li></ul>
Pathway Planning	<ul style="list-style-type: none"><li>• Microchip Scanning</li></ul>
Setting up for Success	<ul style="list-style-type: none"><li>• Identification</li><li>• Housing</li><li>• Traffic Flow</li></ul>
Behavioral Health	<ul style="list-style-type: none"><li>• Examination</li><li>• Prevention</li></ul>

# Outline



## Medical Health

- Physical examination
- Vaccination
- Parasite control
- Diagnostic testing

# Physical Examination

## History

- Written vs. verbal

## Description

- Color
- Distinguishing features

## Signalment

- Age
- Sex & neuter status
- Breed-type
- Species

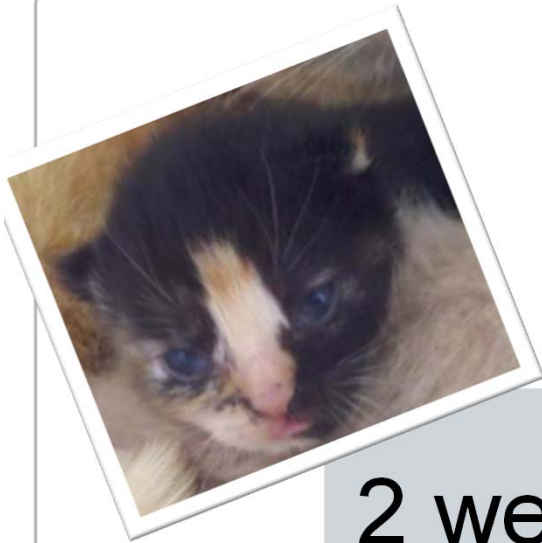
## Clinical Findings

- Hydration
- Body weight & body condition score
- Pain assessment
- Signs of disease



# Age

## Developmental Milestones



2 weeks

Eyes  
open

Crawling

3 weeks

First  
teeth

First  
steps

4 weeks

Walk  
steadily

Playing

# Age

Pound-per-month

*Cats only!*



Permanent Incisors

*12-20 weeks*



Permanent Canines

*5 ½ to 6 months*

# Age

Jowls

*Intact males, 1 ½ -2 years*



Dental Tartar

*>2 years*



Grey Muzzle

*~5 years*



Nuclear Sclerosis

*7-10 years*



# Sex

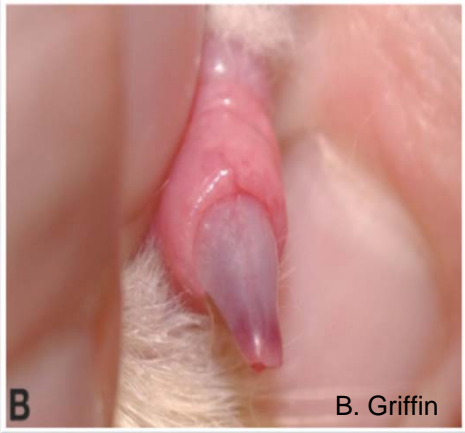


*Male*



*Female*

# Neuter Status



# Hydration



<b>% Dehydration</b>	<b>Clinical Findings</b>
<b>&lt;5</b>	<b>History/evidence of vomiting or diarrhea</b>
<b>6-8</b>	<b>Dry/tacky mucous membranes</b>
<b>8-10</b>	<b>As above plus decreased skin turgor</b>
<b>10-12</b>	<b>As above plus mental depression, sunken eyes, weak and/or rapid pulse</b>

# Body Condition

Corresponds to % body weight

Crude QOL assessment















**Five Freedoms**



- 1. Freedom from hunger and thirst**  
by ready access to fresh water and diet to maintain health and vigor
- 2. Freedom from discomfort**  
by providing an appropriate environment including shelter and a comfortable resting area
- 3. Freedom from pain, injury or disease**  
by prevention or rapid diagnosis and treatment
- 4. Freedom to express normal behavior**  
by providing sufficient space, proper facilities and company of the animal's own kind
- 5. Freedom from fear and distress**  
by ensuring conditions and treatment which avoid mental suffering

Reprinted under the name of Abbate Lorenz, U.K. from Animal Welfare Council

**Nestlé PURINA**  
**BODY CONDITION SYSTEM**

<b>UNDERFED</b>	<b>1</b>	Ribs, lumbar vertebrae, pelvic bones and all bony prominences evident from a distance. No discernible body fat. Obvious loss of muscle mass.	 
	<b>2</b>	Ribs, lumbar vertebrae and pelvic bones easily visible. No palpable fat. Some evidence of other bony prominence. Minimal loss of muscle mass.	
	<b>3</b>	Ribs easily palpated and may be visible with no palpable fat. Tops of lumbar vertebrae visible. Pelvic bones becoming prominent. Obvious waist and abdominal tuck.	 
<b>IDEAL</b>	<b>4</b>	Ribs easily palpable, with minimal fat covering. Waist easily noted, viewed from above. Abdominal tuck evident.	
	<b>5</b>	Ribs palpable without excess fat covering. Waist observed behind ribs when viewed from above. Abdomen tucked up when viewed from side.	 
<b>OVERFED</b>	<b>6</b>	Ribs palpable with slight excess fat covering. Waist is discernible viewed from above but is not prominent. Abdominal tuck apparent.	
	<b>7</b>	Ribs palpable with difficulty; heavy fat cover. Noticeable fat deposits over lumbar area and base of tail. Waist absent or barely visible. Abdominal tuck may be present.	 
	<b>8</b>	Ribs not palpable under very heavy fat cover, or palpable only with significant pressure. Heavy fat deposits over lumbar area and base of tail. Waist absent. No abdominal tuck. Obvious abdominal distention may be present.	
	<b>9</b>	Massive fat deposits over thorax, spine and base of tail. Waist and abdominal tuck absent. Fat deposits on neck and limbs. Obvious abdominal distention.	 

The BODY CONDITION SYSTEM was developed at the Nestlé Purina Pet Care Center and has been validated as documented in the following publications:  
 Morley D, Sargent JW, Meyers T, et al. Comparison of body fat estimates by dual-energy x-ray absorptiometry and deuterium stable dilution in obese mixed dogs. *Compendium* 2001; 23 (9A): 70  
 LaRocca DP. Development and Validation of a Body Condition Score System for Dogs. *Canine Practice* July/August 1997; 22:10-15  
 Kirby et al. Effects of Diet Restriction on Life Span and Age-Related Changes in Dogs. *MSMA* 2002; 205:1315-1320

**Call 1-800-223-VETS (6387), weekdays, 9:00 a.m. to 4:30 p.m. CT**






**Nestlé PURINA**

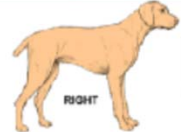
# Pain Assessment

**Colorado State University**  
 Date \_\_\_\_\_  
 Time \_\_\_\_\_

Colorado State University  
 Veterinary Medical Center  
 Canine Acute Pain Scale

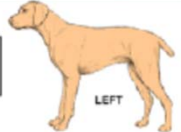
Rescore when awake  
 Animal is sleeping, but can be aroused - Not evaluated for pain  
 Animal can't be aroused, check vital signs, assess therapy

Pain Score	Example	Psychological & Behavioral	Response to Palpation	Body Tension
0		<input type="checkbox"/> Comfortable when resting <input type="checkbox"/> Happy, content <input type="checkbox"/> Not bothering wound or surgery site <input type="checkbox"/> Interested in or curious about surroundings	<input type="checkbox"/> Nontender to palpation of wound or surgery site, or to palpation elsewhere	Minimal
1		<input type="checkbox"/> Content to slightly unsettled or restless <input type="checkbox"/> Distracted easily by surroundings	<input type="checkbox"/> Reacts to palpation of wound, surgery site, or other body part by looking around, flinching, or whimpering	Mild
2		<input type="checkbox"/> Looks uncomfortable when awake <input type="checkbox"/> May whimper or cry and may lick or rub wound or surgery site when unattended <input type="checkbox"/> Droopy ears, worried facial expression (arched eye brows, darting eyes) <input type="checkbox"/> Reluctant to respond when beckoned <input type="checkbox"/> Not eager to interact with people or surroundings but will look around to see what is going on	<input type="checkbox"/> Flinches, whimpers cries, or guards/pulls away	Mild to Moderate Reassess analgesic plan
3		<input type="checkbox"/> Unsettled, crying, growling, biting or chewing wound when unattended <input type="checkbox"/> Guards or protects wound or surgery site by altering weight distribution (i.e., limping, shifting body position) <input type="checkbox"/> May be unwilling to move all or part of body	<input type="checkbox"/> May be subtle (shifting eyes or increased respiratory rate) if dog is too painful to move or is stoic <input type="checkbox"/> May be dramatic, such as a sharp cry, growl, bite or bite threat, and/or pulling away	Moderate Reassess analgesic plan
4		<input type="checkbox"/> Constantly groaning or screaming when unattended <input type="checkbox"/> May bite or chew at wound, but unlikely to move <input type="checkbox"/> Potentially unresponsive to surroundings <input type="checkbox"/> Difficult to distract from pain	<input type="checkbox"/> Cries at non-painful palpation (may be experiencing allodynia, wind-up, or fearful that pain could be made worse) <input type="checkbox"/> May react aggressively to palpation	Moderate to Severe May be rigid to avoid painful movement Reassess analgesic plan



RIGHT

Tender to palpation  
 Warm  
 Tense



LEFT

Comments \_\_\_\_\_

© 2006/PW Hellyar, SR Uhrig, NG Robinson      Supported by an Unrestricted Educational Grant from Pfizer Animal Health



# Disease Status

## *INFECTIOUS*



## *NON-INFECTIOUS*



# Do we need to vaccinate?



Shelter Under Quarantine After Fatal Cat Virus Outbreak

• *June 2017*

Animal Shelter Battles Deadly Canine Distemper Outbreak

• *February 2017*

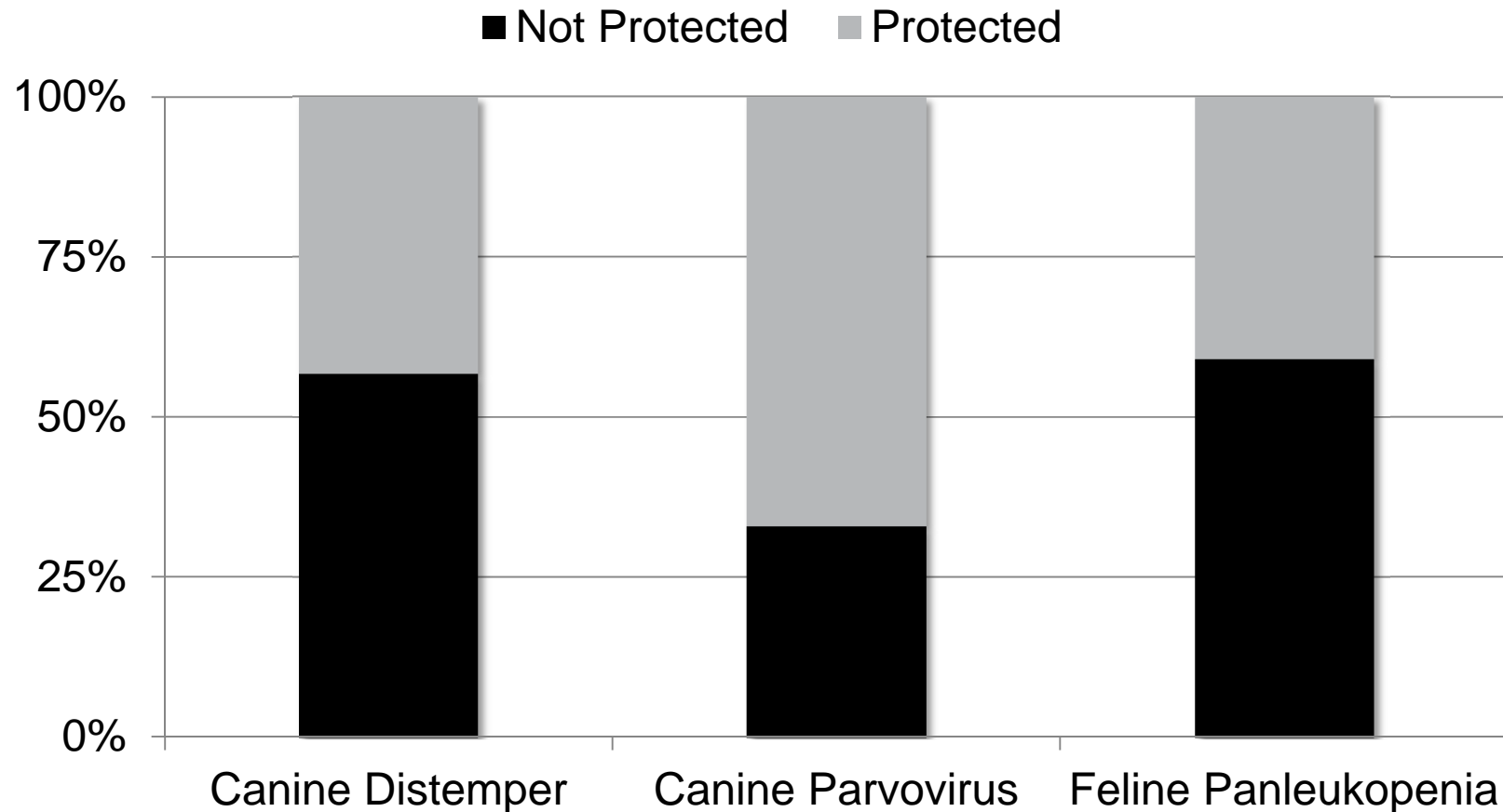
Distemper Outbreak at Dog Shelter Raising Questions

• *September 2016*

1,000 Dogs and Cats Killed After Outbreak at Shelter

• *February 2007*

# Do we need to vaccinate?

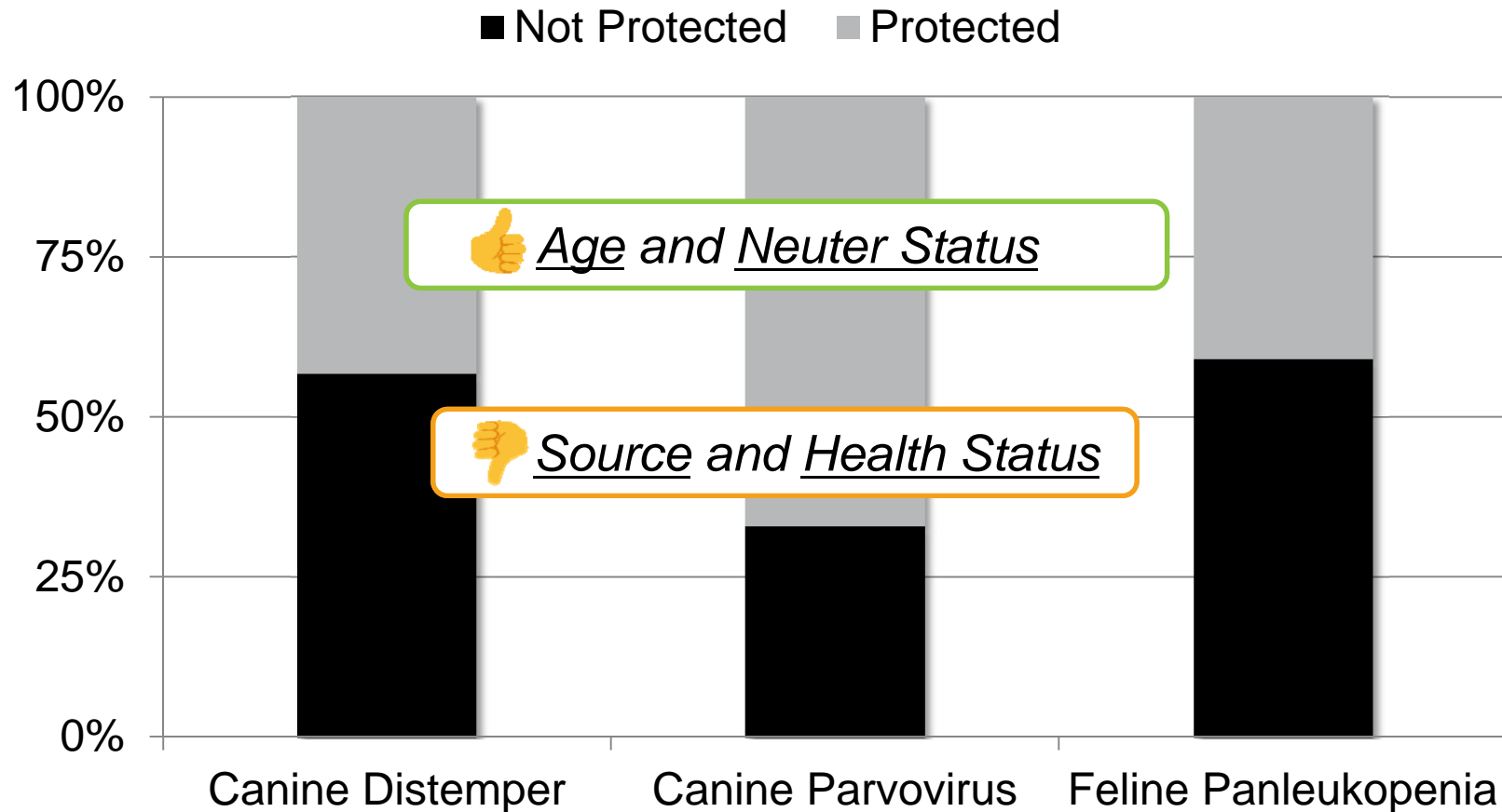


*Lechner ES, Crawford PC, Levy JK, et al. Prevalence of protective antibody titers for canine distemper virus and canine parvovirus in dogs entering a Florida animal shelter. JAVMA 236 (12), 2010.*

*DiGangi BA, Levy JK, Griffin B, et al. Prevalence of protective antibody titers for feline panleukopenia virus, feline herpesvirus-1, and feline calicivirus in cats entering Florida animal shelters. JAVMA 241(10), 2012.*



# Do we need to vaccinate?

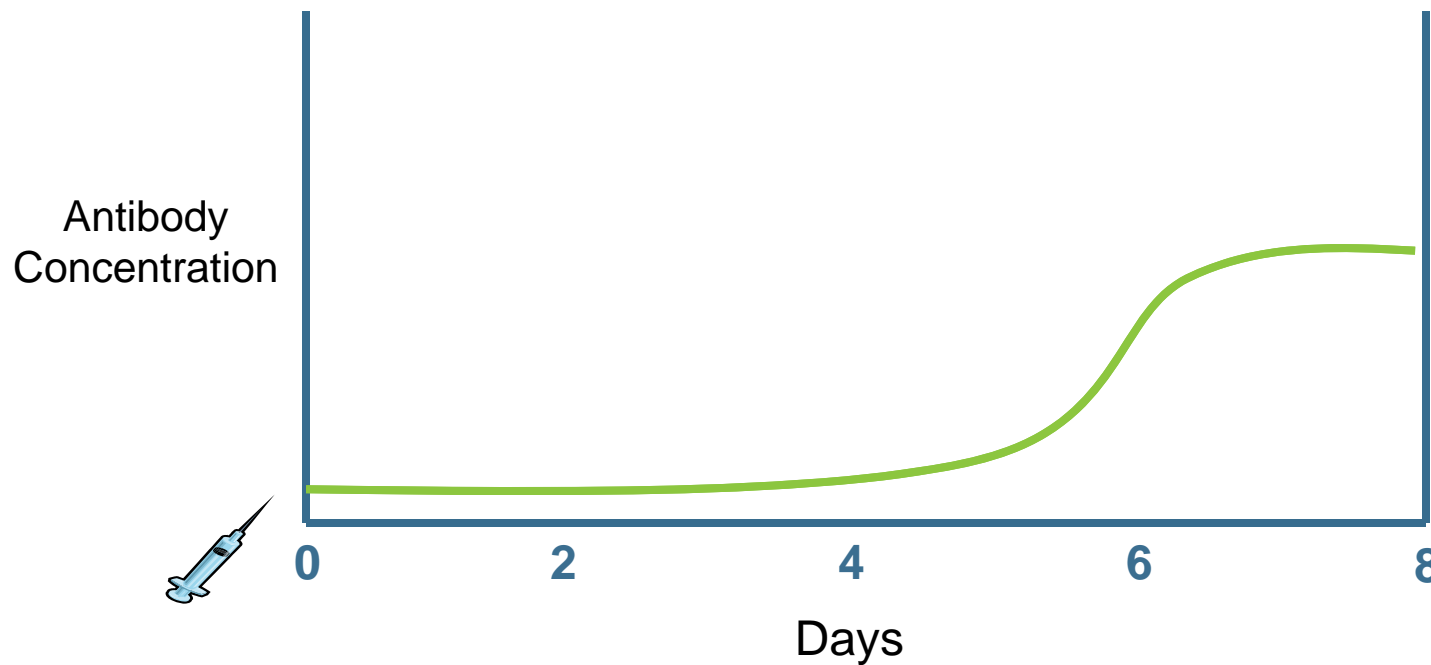


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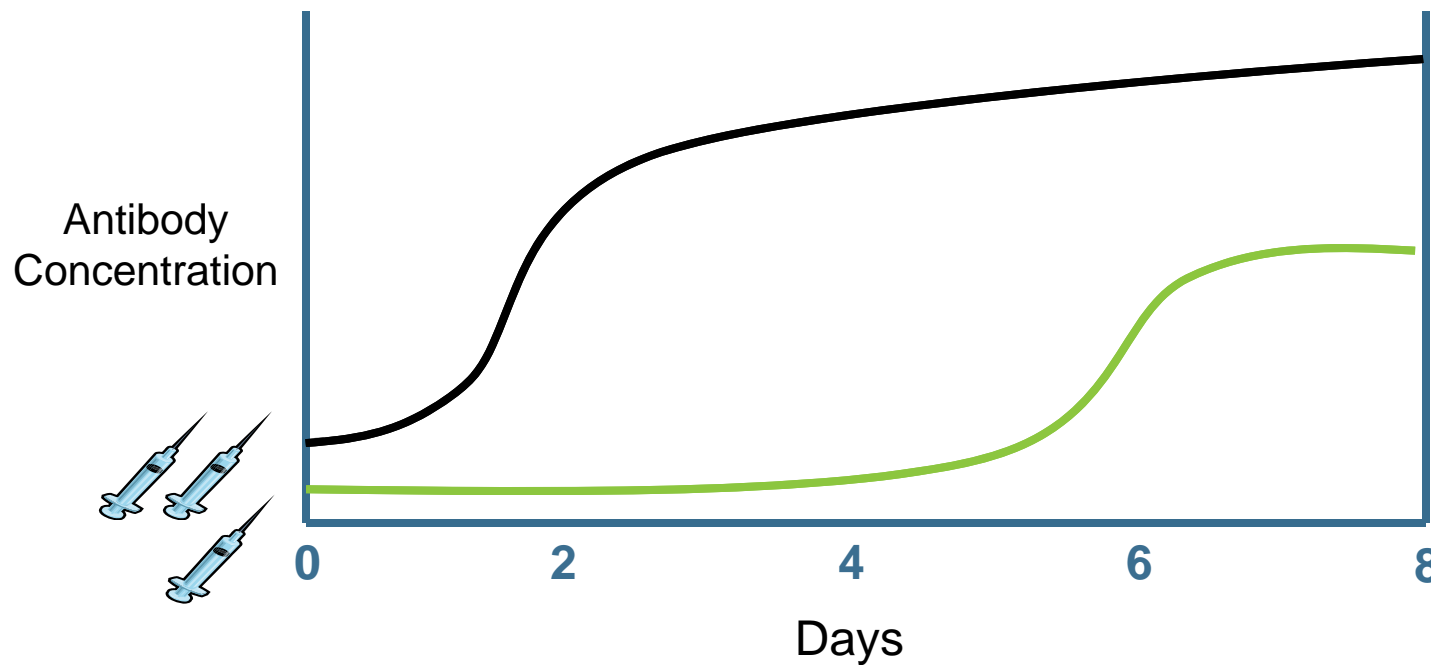
# Does it matter when vaccination occurs?

*How long does it take an adult to respond to a vaccine?*



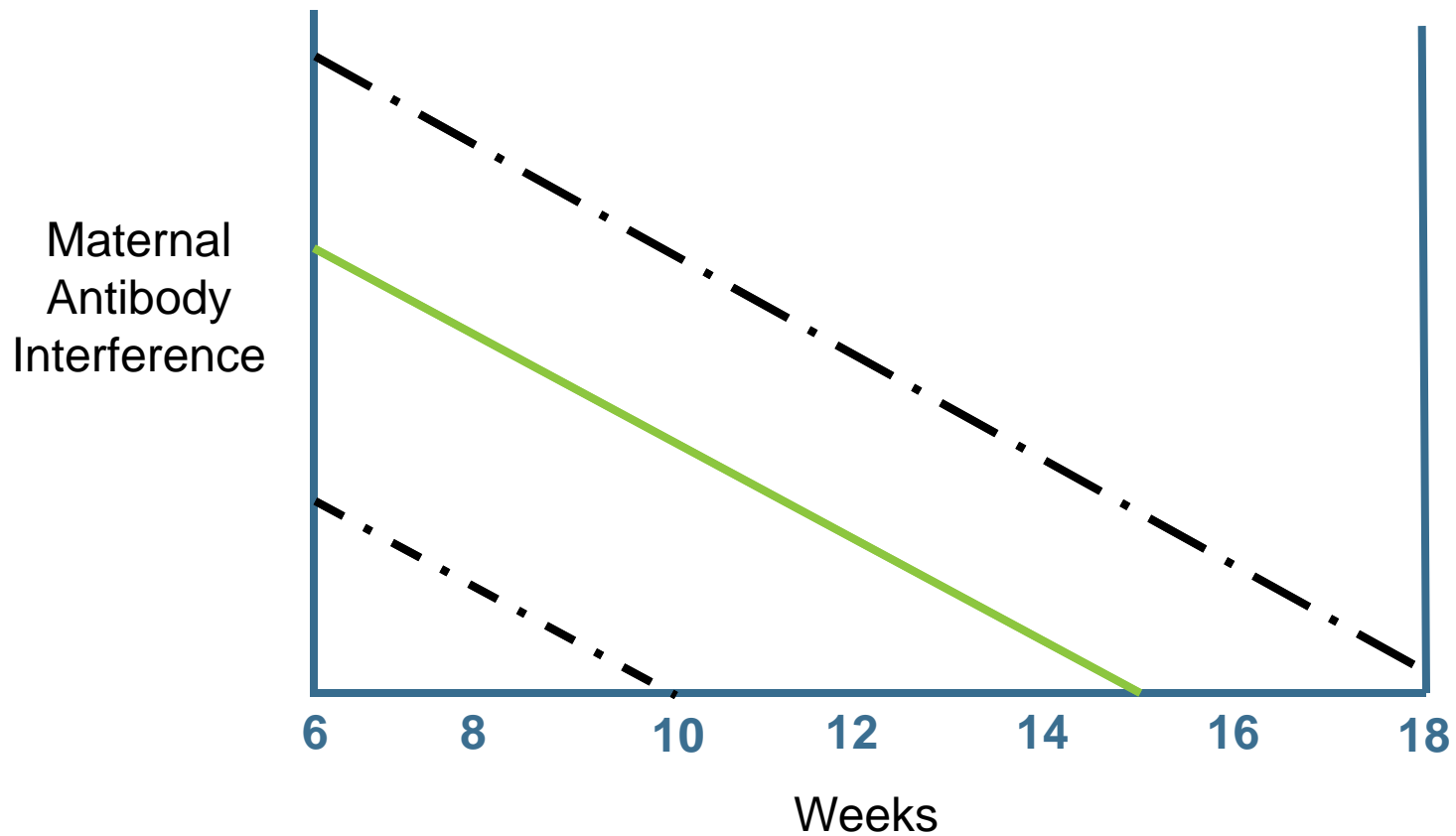
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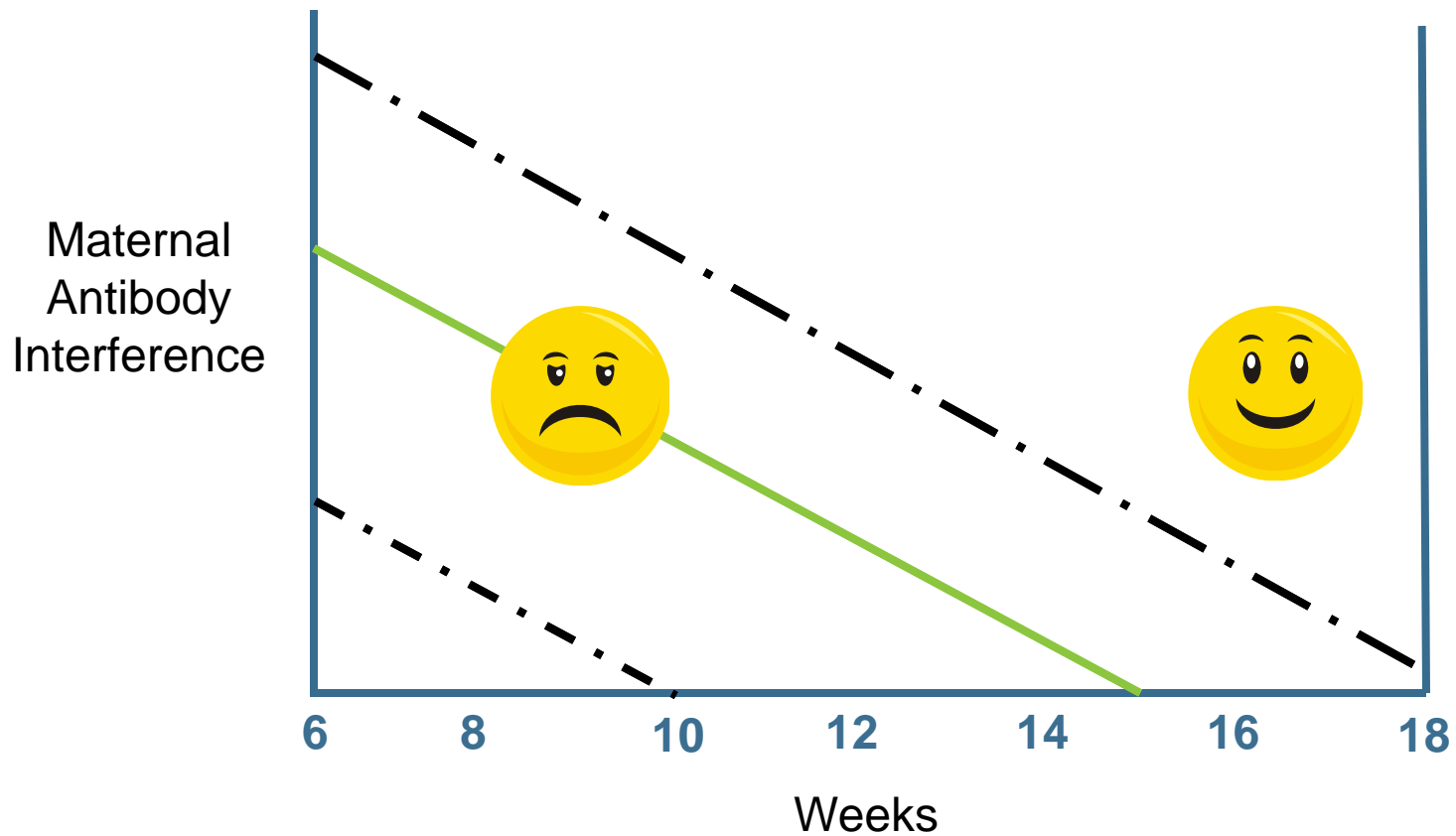
# Does it matter when vaccination occurs?

*How long does it take puppies or kittens to respond?*



# Does it matter when vaccination occurs?

*How long does it take puppies or kittens to respond?*



# Does the type of vaccine matter?

Infectious (MLV)		Non-infectious (Killed)	
<u>Pros</u>	<u>Cons</u>	<u>Pros</u>	<u>Cons</u>
More rapid onset of immunity	May cause disease in developing fetuses	No risk to developing fetuses	Less able to overcome maternal antibody
Better able to overcome maternal antibody	May cause signs of disease	Not capable of causing signs of illness	Require adjuvant which may increase reactions
Induction of immunity after single administration	Less stable in storage	Stable in storage	Requires multiple administrations

# Does the type of vaccine matter?

Infectious (MLV)		Non-infectious (Killed)	
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# Canine Vaccination Protocols

## **Distemper-Adenovirus 2-Parainfluenza-Parvovirus (DA<sub>2</sub>PP)**

- Administer 1 dose on admission
- Begin at 4-6 weeks of age
- Repeat at 2 week intervals until 20 weeks of age
- In adults, repeat in 1 year

## ***Bordetella bronchiseptica* + CPiV ± Adeno. (Intranasal)**

- Administer 1 dose on admission
- Begin at 3 weeks of age (IN)
- Repeat in 2 weeks if <6 weeks of age
- In adults, repeat every 6-12 months

## **Rabies**

- Prior to live release





# Feline Vaccination Protocols

## Feline Viral Rhinotracheitis – Calicivirus – Panleukopenia

- Administer 1 dose on admission
- Begin at 4-6 weeks of age
- Repeat at 2 week intervals until 16-20 weeks of age
- In adults, repeat once in 2 weeks

## Rabies

- Prior to live release



# Vaccine Storage & Handling

## DO

- Unpack within 1 hour of delivery
- Place in refrigerator
- Monitor temperature fluctuations



## DON'T

- Use expired products
- Use if ice packs melted
- Transport outside of cooler

# Vaccine Administration

## DO

- Administer within 30 minutes
- Protect from temperature extremes
- Use correct route



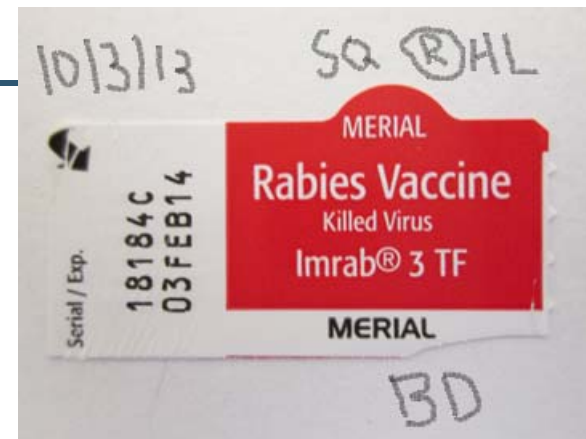
## DON'T

- Mix multiple products
- Split doses
- Interchange diluents

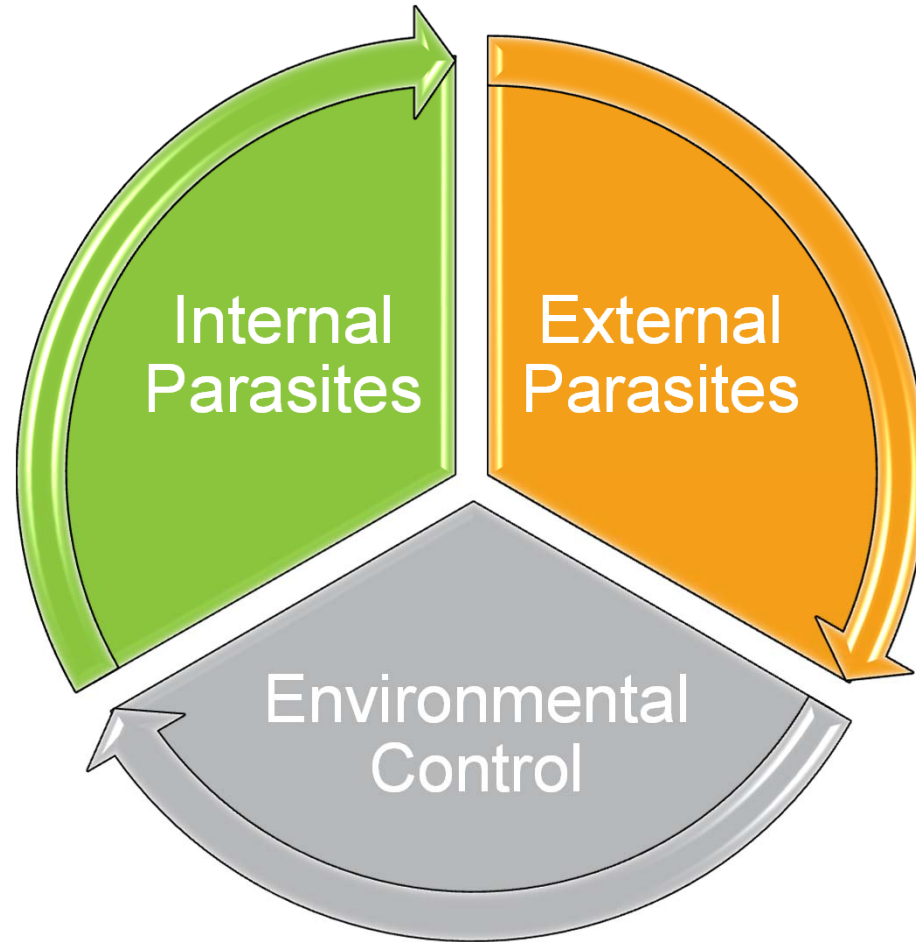
# Documentation

## Why?

- Legal record
- Monitor reactions
- Inform adopters
- Determine protocols
- Audit protocols during outbreak



# Parasite Control



# Parasite Control

## Internal Parasites

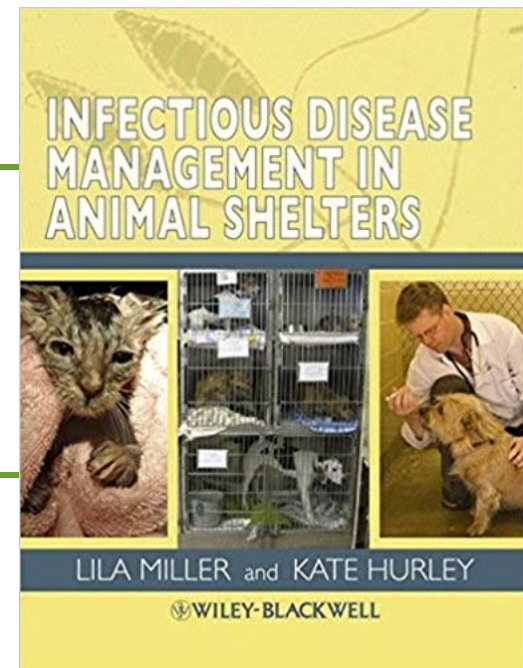
- Treat on admission
- Repeat in 2 weeks, then monthly

## Puppies & Kittens

- Begin at 2 weeks of age
- Treat every 2 weeks until 4 months

## Treatment Choices

- Pyrantel pamoate
- Fenbendazole
- Ivermectin
- ± ponazuril for puppies and kittens



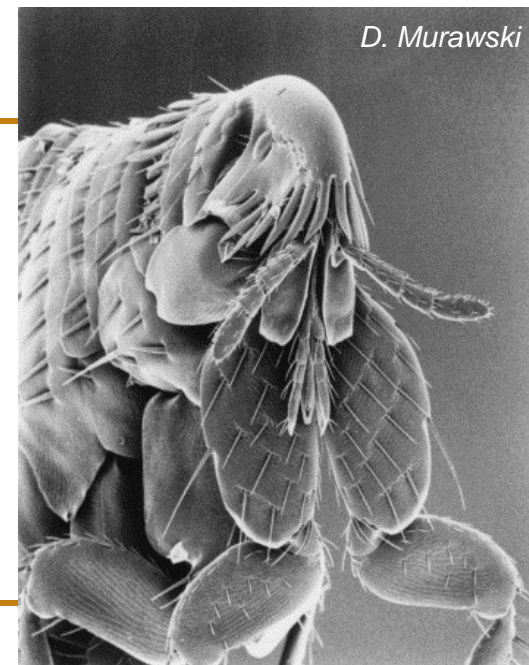
# Parasite Control

## External Parasites

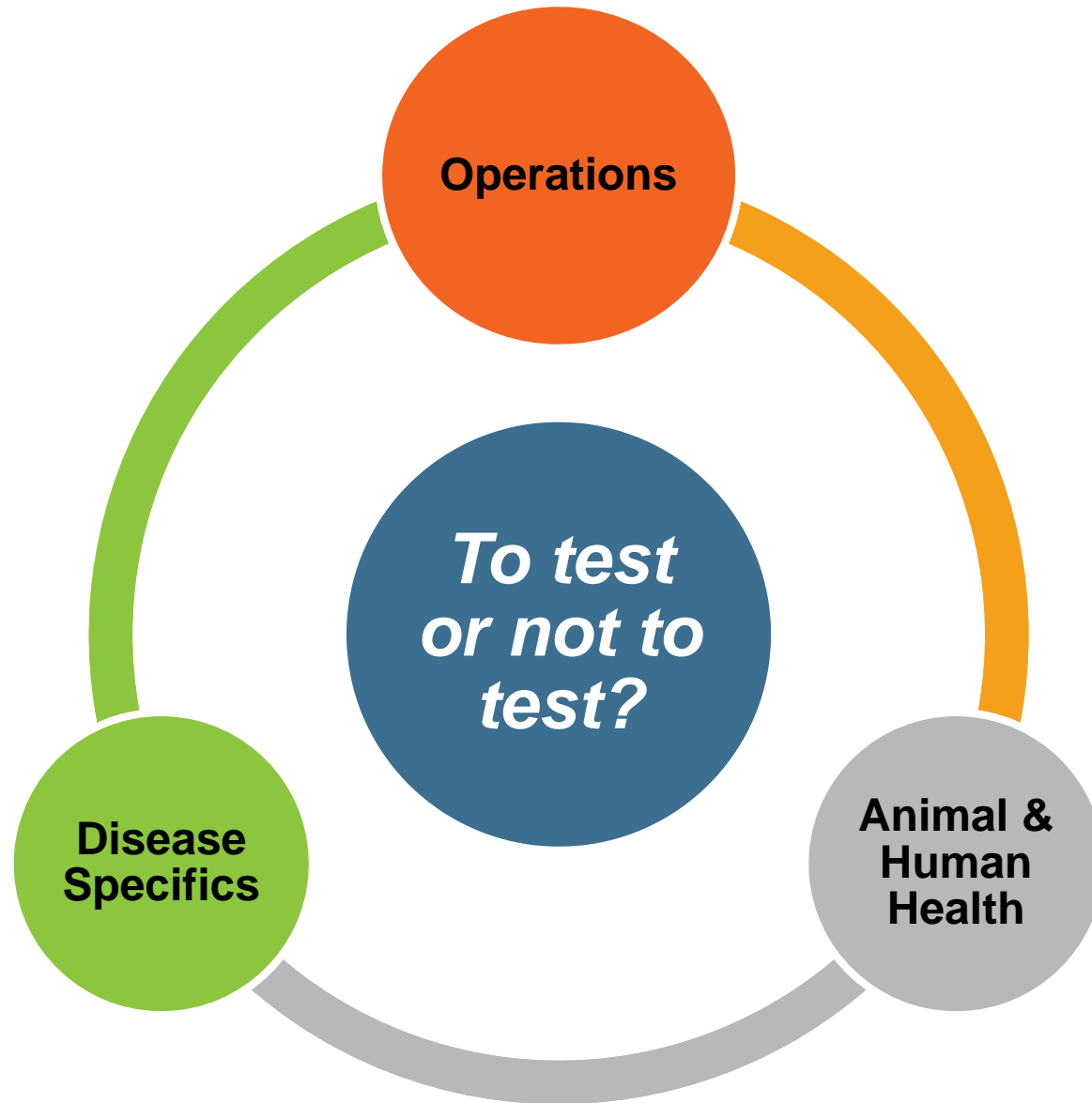
- Treat on admission
- Repeat monthly

## Consider Topicals

- Broad spectrum
- Ease of administration
- Bulk purchasing
- Dose by volume/concentration



# Diagnostic Testing





# Diagnostic Testing



Does testing fall within operational mission?

Are there enough resources for diagnostics?

Will results alter current or future operations?

Does cost impact other services?

# Diagnostic Testing

Animal  
&  
Human  
Health

What tests are available?

Does disease prevalence justify testing?

Will results alter management plan?

Will results impact human health?

# Diagnostic Testing



Disease  
Specifics

Is the disease  
common?

Is infection or  
transmission likely?

Is immediate  
treatment required?

Is the disease is life-  
threatening?

Is there is a zoonotic  
risk?

# Conclusions

*Animal intake is an **opportunity** to protect animal health and welfare...*



*...and it is our **responsibility** to do so.*