A growing body of scientific knowledge indicates that the way a shelter handles animals at intake has a profound impact on their behavior, health, and well-being. In many instances, it will impact an individual animal’s ultimate outcome, and in some cases, it could affect the health of an entire shelter population.

In 2010, the Association of Shelter Veterinarians (ASV) released a document several years in the making: *Guidelines for Standards of Care in Animal Shelters*. Developed by a roster of veterinary experts, the standards are designed to “balance animal welfare science with practical and realistic recommendations for shelters,” and to provide a vision based on the needs of animals, which, the authors noted, remain the same regardless of how individual organizations’ missions and resources may differ. Here, we feature the third in a series of stories using real-life shelter examples to demonstrate how the ASV guidelines can be applied within the sheltering and rescue field to create better and more humane outcomes for the creatures we care for.

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Shelters can be very stressful environments for incoming animals, filled with an assortment of novel stimuli, including strange noises, odors, sights, and other upsetting elements. In addition, the risk of exposure to infectious agents is often high. And when animals are simultaneously stressed and exposed to disease, they are more likely to become ill since stress compromises the immune response.

The ASV Guidelines emphasize that intake is a critical time for animals in shelters, enumerating the practices that are crucial to ensuring their health and welfare as they enter. Here, we explore some of these intake care standards and take a look at how various sheltering organizations have put them into action to improve outcomes.

By Brenda Griffin, D.V.M.
Background Checks: Obtaining an Animal’s History

“A medical [and behavioral] history, if available, should be obtained from the owner at the time of surrender. Any available information should be solicited when stray animals are impounded as well. Ideally, this information should be obtained by interview, although written questionnaires are acceptable.”

“History should be used to alert staff to potential problems … so that proper care can be provided for the animals.”

“When available, a good history is extremely valuable, but it can be difficult to conduct a personal interview with every owner who is relinquishing a pet,” says Jennifer Broadhurst, D.V.M., of the Jacksonville Humane Society in Florida. “We have forms available, but whenever possible, our goal is to get as much information about each animal as we can by speaking with the owner in person. For this reason, we let the public know that they can relinquish pets ‘by appointment only.’ This allows us to schedule time to be sure we get this valuable information as well as getting the animal assessed and preventive care completed right as they enter our facility. Of course, we do take walk-ins, but we don’t advertise it. Our ‘appointment only’ policy helps us provide better care for the animals!”

Regardless of whether your shelter uses an appointment system for relinquishments, staff should be available to speak with owners who are surrendering animals; studies suggest that personal interviews may be the optimal way to get the best information. In some cases, offering support or counseling during the interview may even prevent relinquishment (see this issue’s “101” on p. 39 for a program that does just that!). In other instances, the information gleaned will be crucial in guiding the care and placement of the animal. Even people bringing in found stray animals may be able to provide useful information to helpful, interested staff.

Looking Them Over: The Intake Exam

“Each animal’s individual health [and behavior] status should be evaluated and monitored beginning at intake. ... Each animal should receive a health evaluation at intake to check for signs of infectious disease and/or problems [or behaviors] that require immediate attention.”

At Rochester Animal Services in New York, Alissa Kulow, D.V.M., and her staff work together to ensure that all animals are examined as close to their time of arrival as possible. According to Kulow, “Officers impounding animals are responsible for a ‘first look’ assessment, and any obvious concerns are reported to me. Each day, a shelter staff member is assigned to ‘Initial Health Exams’ and is responsible for examining all newly admitted animals. Medical/behavioral issues are noted on the vet checklist, and I examine these animals as soon as possible.”

In settings in which a veterinarian is not available to examine incoming animals, staff can be trained to perform basic evaluations including sexing, aging, body condition scoring, and looking for evidence of fleas, ear mites, dental disease, overgrown claws, advanced pregnancy, or other obvious physical conditions. But a formal relationship with one or more veterinarians is crucial and will help to ensure that staff receives the necessary training, supervision, and guidance to perform these exams.

Who Are You? Checking ID

“Every attempt should be made to locate an animal’s owner, including careful screening for identification and microchips at the time of intake. Intake health evaluation should therefore include scanning multiple times for a microchip using a universal scanner. Research has shown that the likelihood of detecting microchips increases with repeating the scan procedure multiple times.”

“Our animal control officers or the animal care staff impounding an animal carefully and immediately scan with two different scanners, including a universal scanner,” Kulow says. “If an ID tag or microchip is found on intake, the receptionist begins calling contact numbers, and a letter is sent to any previously known owner immediately. We scan all animals (strays and ‘owner releases’) multiple times during their shelter stay—including at intake and always prior to any disposition. Sometimes we find microchips and owners when we least expect it! Nothing is better than that!”

At the City of Arlington Animal Services in Texas, the staff of veterinarian Nancy Carter scans scans all incoming animals and also takes a digital photograph of each one. The photograph is entered into the computer and posted on the shelter’s website immediately, so people can look for their lost pet online without ever coming to the shelter.

Vaccination Collaboration: Making Shots a Priority

“Because risk of disease exposure is often high in shelters, animals must be vaccinated at or prior to intake with core vaccines. Pregnancy and mild illness are not contraindications to administering core vaccines in most shelter settings because the risk from virulent pathogens in an unvaccinated animal would be far greater than the relatively low risk of problems posed by vaccination. Core vaccines for shelters currently include feline viral rhinotracheitis, calicivirus, panleukopenia (FVRCP) for cats and distemper, hepatic-
intake procedures

tis, parainfluenza, and canine parvovirus (DHPP)/distemper, adenovirus 2, parvovirus, and parainfluenza virus (DA2PP) and Bordetella bronchiseptica for dogs. The use of modified live virus vaccines (MLV) is strongly recommended over killed products for core shelter vaccines in cats and dogs, including those that are pregnant, because they provide a faster immune response.”

Scientific studies have demonstrated that dogs and cats respond to vaccines very rapidly, and many diseases can be prevented when vaccines are administered immediately at the time of intake.

Recognizing that even a brief delay of several hours can make the difference for some animals, Broadhurst and her staff make vaccination at the moment of entry a top priority. “A staff member performs all initial intake assessments and treatments, including vaccination in the shelter’s intake exam rooms before an animal is even admitted to the shelter,” Broadhurst says. “The staff is absolutely not allowed to put any animal in any housing ward unless it has had its intake done. Any late drop-offs absolutely must have their vaccines given before the staff can go home, even if they need to finish the rest of the intake and computer entry the next morning.”

At the City of Arlington Animal Services, officers vaccinate all incoming animals before they place them in holding areas. According to Carter, dogs receive a Bordetella vaccine through the nose and are injected with a DA2PP vaccine, while cats get FVRCP. “The expense of the vaccine is offset by the reduction in disease that we see when all incoming animals are vaccinated,” Carter notes. “We know that immediate vaccination is the right thing to do. Housing this many animals without a good intake vaccination protocol to help keep them healthy is simply not something our community would accept.”

Be Separation Smart

“Beginning at intake, animals should be separated by species and age as well as by their physical and behavioral health status.

“Young animals (puppies and kittens under 20 weeks [5 months] of age) are more susceptible to disease and so should be provided with greater protection from possible exposure, which can be more easily accomplished when they are separated from the general population.

“Starting from the time of intake and continuing throughout their stay, healthy animals should not be housed or handled with animals who have signs of illness.

“Beginning at the time of admission, separation of animals by species is essential to provide for their behavioral needs as well as proper health and welfare. … Any animal that is showing signs of stress should be housed in separate, calm, quiet areas beginning at intake.”

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