The First 60 Minutes: Animal Sheltering's Critical Hour
Live Webcast Audience Questions and Answers

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Microchip Scanning

1) Q: How often should an animal be scanned for a microchip?

A: Animals should be scanned at least 3-4 times during their stay in the shelter, more if possible. Convenient times to scan animals include: at intake, during veterinary examination, prior to spay-neuter surgery (or any medical/surgical procedure), prior to transfer to a different sheltering agency, prior to adoption, and prior to euthanasia.

2) Q: Which brand of microchip scanner should we use?

A: A variety of microchip scanners should be used on every animal, but at least one of them must be a global microchip scanner. Global scanners include the following: AKC CAR ProScan 700, AVID 1034 MiniTracker 3, Bayer iMAX Black Label, and HomeAgain® Universal Worldscan.

3) Q: Our shelter can't afford to buy more than one scanner. What should we do?

A: The shelter should invest in one global scanner and ensure that every employee practices meticulous scanning technique. Consider having a fundraiser or making a plea for donations to purchase additional scanners. The costs in negative publicity and poor reputation of not reuniting a lost pet with its owner or mistakenly euthanizing a microchipped pet are much higher than the cost of a piece of scanning equipment.

4) Q: How do we scan animals that are extremely nervous or fractious?

A: In these instances, it may be appropriate to allow the animal to acclimate to the shelter environment before trying to scan him/her. If the animal is selected for euthanasia, he/she should be sedated and scanned prior to euthanasia. If a microchip is found, the animal is allowed to recover from sedation while the microchip is traced.

5) Q: What environmental factors can influence detection of microchips? For example, we have learned that we miss chips when animals are wearing tags.

A: Metal objects such as dog tags and stainless steel tables can interfere with scanner function. Objects that emit radio waves such as computers, cell phones, walkie-talkies, etc., may also interfere. It is best to scan animals in such a way as to avoid these possibilities.

6) Q: With so many microchip registries, what is the best way to track down an owner's information?

A: The American Animal Hospital Association has created an online universal microchip lookup tool. You can also determine the source of many microchips based on the numeric code. For more information see I found a microchip! Now what?

7) Q: A research study indicated that there was an increased chance of not detecting a microchip with increasing body weight. Was this effect due to increases in weight, surface area, fat tissue, or some combination?

A: This particular effect was not evaluated in the study, but it may be due to a combination of those factors. Larger animals have a greater surface area to scan and the microchips may have been further from the scanner due to excess fat tissue. Be sure to scan thoroughly, slowly, and close to the animal's body to increase the odds of detecting a chip.

Physical Examination

8) Q: How can we determine if a female dog has been spayed?

A: There are a number of findings that suggest a female dog has been spayed including: the presence of a scar on the ventral midline (shave the fur and check), the presence of a tattoo, or having an elevated body condition score. While these clues are helpful, there are only two ways to know for sure if a female dog has been spayed: (1) ask your veterinarian to perform a luteinizing hormone (LH) blood test, and (2) take the dog into surgery and look to see if any reproductive organs are present.

Animal Identification

9) Q: What type(s) of identification should be on my cat and dog?

A: All cats and dogs, regardless of whether or not they live indoors or outdoors, should wear a collar with a tag and should have a microchip (Yes, cats can safely wear collars). Microchips provide a form of permanent identification in case collars and tags get lost. Be sure to register your microchip and keep your contact information up to date.

10) Q: What is the best angle for a high quality picture of an animal? Should humans be included in the picture?

11) A: Usually the best photos of animals are taken at or below the level of their head (rather than from above). In most cases, the picture should be of the animal alone so as not to distract the viewer (especially for pictures of stray animals posted on the shelter's website). Including humans in pictures intended for advertising an animal for adoption may be an effective strategy as long as the animal remains the focus of the image.

Vaccination & Parasite Control

12) Q: What is the vaccination protocol for puppies and kittens?

A: Published vaccination protocols for puppies and kittens are as follows:

a. Puppies: DA2PP (Distemper/Adenovirus/Parvovirus/Parainfluenza) - Begin at 4-6 weeks of age, repeat at 2 week intervals until 16 weeks of age.

    1. Bordetella bronchiseptica (intranasal "Kennel Cough") – Begin at 3 weeks of age, repeat in 2-4 weeks.

b. Cats: FVRCP (Herpesvirus/Calicivirus/Panleukopenia) – Begin at 4-6 weeks of age, repeat at 2 week intervals until 16 weeks of age.

13) Q: We can't afford to vaccinate puppies and kittens every 2 weeks. Can we just wait until 16 weeks of age when the maternal antibodies are most likely to be gone?

A: No. Frequent vaccination of young kittens is essential to meeting their medical needs in the shelter environment where the risk of exposure to infectious diseases is high. If vaccination every 2 weeks is absolutely not feasible, vaccination should be given on intake and repeated every 3-4 weeks until 16 weeks of age, recognizing that this protocol places kittens at a higher risk of acquiring and spreading disease in the shelter environment. The costs of managing an infectious disease outbreak (financial costs, emotional costs, reputational damage, lives lost) far outweigh the costs of repeated vaccination.

14) Q: How long does it take for maternal antibodies to leave a kitten? What influences how long maternal antibody interference will last?

A: It can take as long as 16-18 weeks for maternal antibodies to leave a kitten's system. How long it takes depends on many factors including whether or not the kittens nursed during the first 24 hours after they were born, how much they nursed during that period of time, and how strong the mother's immune system was when the kittens were nursing. There is no easy way to determine how long maternal antibody interference will last for individual kittens, so we must vaccinate them frequently (every 2 weeks) and until they are at least 16 weeks of age.

15) Q: Do we need to vaccinate kittens every 2 weeks if they are living in a foster home?

A: Cats in foster homes are generally at a lower risk of being exposed to infectious diseases than those living in the shelter. Therefore, in most cases, it would be acceptable for kittens in foster homes to be vaccinated every 3 or 4 weeks instead of every 2 weeks. Vaccination still must continue until they are at least 16 weeks of age.

16) Q: Should we vaccinate an animal if it has health records?

A: Unless you have medical records from a licensed veterinarian that clearly indicate the appropriate vaccinations were administered within a short period of time prior to entering the

shelter (i.e., within a few weeks) then the animal should be re-vaccinated when it enters the shelter.

17) Q: Animals only stay at our facility for a couple of days. Do we still need to vaccinate them?

A: Yes! There is strong scientific evidence that vaccinations begin to take effect within a few hours of being administered. Even if the animal is not in your facility long enough to develop clinical signs related to infectious diseases, they are at risk for *acquiring* and *spreading* infectious diseases from the moment they step into your facility.

18) Q: Isn't there a risk in "over-vaccinating" animals? Can't some vaccines cause cancer?

A: Vaccination is a medical procedure that has risks just like any other medical procedure. In the case of shelters, the risk posed by administering a vaccination that may not actually be needed is far outweighed by the risk of acquiring a deadly infectious disease in the shelter environment. Some vaccinations (most commonly adjuvanted rabies vaccinations for cats) have been associated with the development of cancerous growths.

19) Q: Vaccines are expensive, what should we do if we cannot afford to vaccinate every animal that comes in to the shelter?

A: Vaccinating each animal that enters the shelter is an accepted minimum care standard and is essential to protecting the health of the animals that we bring in to our facilities. The costs of managing an infectious disease outbreak (financial costs, emotional costs, reputational damage, lives lost) far outweigh the costs of vaccination. While multiple vaccinations are ideal, a single vaccination at intake may still provide sufficient protection in many cases. If you cannot provide adequate care for the animals in your facility take steps to reduce intake (such as discontinue accepting owner-relinquished animals and partnering with other local organizations to divert intake), petition local government and/or donors for funds to enable you to meet minimum care standards, and work with local veterinary practitioners and vaccine manufacturers to obtain products and services at discounted rates.

20) Q: Should we vaccinate sick or pregnant animals? Will it be effective?

A: Yes, every animal should be vaccinated immediately upon intake to the shelter (if not before intake) regardless of whether or not he/she is showing signs of illness or normal conditions such as pregnancy and lactation. If an animal is so debilitated that a vaccination may cause him/her harm, then that animal must be evaluated by a veterinarian immediately or humanely euthanized. There is a chance that a vaccination will not be as effective in a sick animal as in a healthy animal, but the benefits of vaccinating in these circumstances outweigh the risks.

21) Q: Does vaccinating an animal at the same time it is exposed to an infectious disease make the vaccine ineffective?

A: No. The vaccine will still work as expected; however, it may not be able to protect the animal from an infection that it already has acquired.

22) Q: Is the intranasal FVRCP (herpesvirus/calicivirus/panleukopenia) vaccine as effective as the injectable form?

A: The intranasal FVRCP vaccine is highly effective at reducing the severity and duration of clinical signs related to herpesvirus and calicivirus infections in cats. In the case of pet cats, it is also an effective vaccination against panleukopenia. However, the protection against panleukopenia is not strong enough or rapid enough to protect cats in the high risk environment of an animal shelter. *If intranasal vaccines are used, then an injectable vaccine MUST also be administered at the same time to ensure adequate protection against panleukopenia*. It is not sufficient to administer an intranasal vaccine on admission and an injectable vaccine at a later time (or vice versa).

23) Q: Is an intranasal Bordetella vaccine effective in dogs? Should we administer an intranasal vaccine in addition to the subcutaneous vaccine?

A: Yes, the intranasal vaccine against Bordetella is effective at reducing the severity and duration of illness in dogs (it is not designed to prevent infection altogether). Vaccinating dogs with both the intranasal vaccine and the subcutaneous vaccine may provide even greater protection; however, the subcutaneous vaccine is a killed product. In general, killed products require 2 injections and take longer to take effect than modified-live virus products (like the intranasal vaccine).

24) Q: Should we check rabies titers on animals?

A: Rabies titers can be checked just like titers against other diseases, however, the specific titer at which protection against rabies can be assumed is unknown, so this is generally not a good use of limited resources. Animals should be vaccinated against rabies in accordance with local regulations.

25) Q: What is the appropriate intake deworming protocol?

A: The deworming protocol recommend by the Companion Animal Parasite Council is as follows:

a. Administer a broad-spectrum de-wormer on admission, repeat in 2 weeks, then monthly.
b. In puppies and kittens, begin de-worming at 2 weeks of age, repeat every 2 weeks until 4 months of age.

The specific product and protocol should be determined in cooperation with your veterinarian. For most shelters, administration of pyrantel pamoate at a dose of 10mg/kg is the most cost-effective and appropriate for killing hookworms and roundworms (two of the most common parasite infestations in dogs and cats and those that can also affect humans).

Diagnostic Testing

26) Q: Should all cats be tested for FeLV and FIV or can we test only at-risk animals (i.e., kittens for FeLV and outdoor, intact cats for FIV)?

A: Testing of all cats is ideal because we can never be 100% sure that a particular animal has not been exposed to a virus. If group housing units are utilized in your shelter, cats placed in these units must be individually tested for both FeLV and FIV to prevent inadvertent disease spread. Selective testing of at-risk animals may be appropriate for cats housed singly as long as transfer agencies and adopters are aware of which cats have been tested and which have not.

27) Q: If we don't test kittens <6 months of age for FIV, is it safe to group house kittens in this age group?

A: Kittens who will be group housed should be individually tested for FeLV and FIV (particularly if they are not littermates). Even though positive FIV tests are not very reliable in kittens <6 months of age, negative test results are, so it is probably safe to house kittens that test negative for FIV together. Kittens that test positive should be segregated from negative kittens and re-tested in 60 days.

Behavioral Health

28) Q: Where can I get more information about behavior evaluations?

A: The following websites are good places to learn about some of the most common formal behavior evaluations used in shelters today:

a. The Center for Shelter Dogs, Match-Up II
b. ASPCA Professional, SAFER™

29) Q: Where can I find information about environmental enrichment for cats?

A: The following resources may prove useful:

a. Simple Shelter Enrichment for Cats
b. ASV Standards
c. Feline Good

30) Q: Should we use sanitizable feeding devices for environmental enrichment?

A: Yes. Environmental enrichment is a key method of reducing stress and ensuring mental health in any environment. Feeding animals their meals in foraging toys (such as Kong® and Tug-a-Jug) make great components to a comprehensive health care plan. For more simple enrichment ideas, see:

a. Simple Shelter Enrichment for Cats
b. Simple Shelter Enrichment for Dogs

31) Q: Can dogs that have been in the shelter long-term and have developed behavior problems (e.g., spinning, barking, jumping) be helped?

A: Yes, in many cases simply removing the dog from the shelter environment is enough to resolve the problem. In other cases, the behavior may only resolve with intensive behavioral therapy or may only be diminished and never fully resolve. Dogs that are not coping well in the shelter environment should be removed from the shelter as soon as possible. This may be accomplished by moving the dog to a foster home, transferring the dog to another organization that is better equipped to deal with his/her needs, or in severe cases, euthanasia. Just as it would be inappropriate to leave an animal with a severe medical condition untreated, it is equally inappropriate not to address an animal's behavioral needs.

Intake Housing

32) Q: Do we need to have a separate holding area and isolation area for dogs coming into the shelter (i.e., separate from our main holding and isolation areas)?

A: If animals are processed immediately upon intake to the shelter, they can be placed directly into their holding kennels (or isolation kennels if appropriate). In most cases, animals will need to be housed in a temporary holding area (at least for a few minutes) prior to intake processing. In these cases accommodations for appropriate segregation of species and sick/healthy animals should be made.

33) Q: Is it better to house cats that came in together in the same cage, or split them up so they each have more space?

A: The answer to this question depends on the individual cats. For cats that are highly bonded to one another, they may be less stressed by being housed in a small space together, than being separated from one another. Figuring out what is best for an individual cat depends on careful daily observation.

Biosecurity

34) Q: Do traffic flow patterns apply to animals or people?

A: Traffic flow patterns apply to people, animals, and inanimate objects that move through the shelter. Anything that moves from place to place is capable of transmitting infectious diseases along with it.

35) Q: Should members of the public wear gowns and gloves when handling shelter animals?

A: Everyone who enters the shelter should be educated about the risks of infectious disease transmission (from animal to animal, as well as from animal to human). Wearing gloves and gowns is one way of accomplishing this, although it is usually not feasible to expect members of the public to follow these guidelines. Ensuring that members of the public follow an established traffic flow pattern and wash or sanitize hands between contacting animals is usually sufficient.

36) Q: Where can I get information about cleaning and disinfection protocols?

A: The following resources are good places to start:

a. Cleaning and Disinfection
b. Sanitation in Animal Shelters
c. Saving Lives through Sanitation

Infectious Disease Management

37) Q: What should we do if an animal contracts an upper respiratory infection in the shelter?

A: Information about dealing with infectious disease in animal shelters can be found here:

a. Controlling Infectious Diseases in Shelters

38) Q: How are upper respiratory infections transmitted in dogs and cats?

A: Upper respiratory infections in cats are most commonly transmitted by fomites (inanimate objects that move germs from place to place – such as clothes, hands, pens, clipboards, etc.). Cats do not have a large enough lung capacity to transmit infectious diseases through the air for more than 3 or 4 feet. In contrast, while respiratory infections are also transmitted via fomites in dogs, they are more commonly transmitted through the air. Dogs can easily transmit infectious diseases for 20-25 feet throughout a kennel.

39) Q: Should we pre-treat cats for ringworm on admission to the shelter?

A: If your facility is at risk for a ringworm outbreak (history of ringworm outbreaks; high intake of cats, especially purebred and long haired cats; wooden or carpeted cat housing areas; poor fomite control; poor sanitation protocols), it may be a good idea to scan cats with a Wood's lamp on intake and/or treat cats with lime sulfur dip as part of their intake protocol. For more information on screening for ringworm click here.

40) Q: I volunteer at the shelter. Should I be worried about bringing home infectious diseases to my own pets?

A: By their nature, animal shelters are full of infectious diseases that can readily be transmitted to other animals, and sometimes, people. Shelter staff and volunteers should follow good hygiene practices (frequent hand washing, change clothes before contacting your pets, etc.) to limit disease transfer to their own pets. In most cases, if your personal pets are healthy and well-vaccinated, they are probably at a relatively low risk for disease. If your pets have specific medical conditions, particularly those that may affect their immune system, they may be at increased risk of acquiring infectious disease. Such cases should be discussed with your veterinarian on a case-by-case basis.

Shelter Management

41) Q: How do you get staff members to adhere to proper intake protocols?

A: Staff members must be adequately trained to perform all intake procedures and training must be ongoing. In addition, it is important that staff members understand why a given protocol exists and the potential impact on the life-saving capacity of the shelter when it is not followed. Staff members must be held accountable for not adhering to established protocols and should be rewarded when they do so.

42) Q: When should an animal's Asilomar status be recorded? Can it change throughout its shelter stay?

A: The Asilomar Accords states that an animal's status be recorded "at or subsequent to" the time of admission. For the purposes of reporting Asilomar statistics, the Asilomar status is only expected to be reported at a single time – the time of euthanasia. Although it is reported only once, in actuality, an animal's status is constantly changing. A "best practice" would be to record the Asilomar status at both intake and disposition (no matter the disposition type) in order to track an animal's progress while in the care of the shelter. Doing so takes the Asilomar status from merely a reporting mechanism to a useful tool to monitor shelter animal health.