



Report received from Dr. Dykstra - University of Tennessee College of Veterinary Medicine

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The care of cats at the ECCAS requires immediate attention. During our visit on 8/1/16 we found many deficiencies that are of great concern. The health and welfare of these cats is not what would be considered humane care.

The problems we encountered included the following:

1. Many of the cats had signs of illness or infection. These signs included signs of upper respiratory infection, diarrhea, abdominal effusion, dehydration, lethargy, head tilt, poor body condition, hair loss, and general unkempt appearance. We also noticed several cats with apparent ear mites and live fleas.
2. Cleaning protocols were posted on the wall but not followed. Kennels were cleaned with a disinfectant that was not parvocidal (does not kill panleukopenia or calicivirus). Spray bottles were used but there were no directions for how these solutions were mixed or how the solution was to be used in the kennels. The spray bottles were not labeled, and none of the staff present were able to say exactly what was in them. (The only disinfectant we could find in the shelter was DMQ so we assume this is what was in the bottles.) No contact times were followed. The resting hammocks in the kennels were very dirty and did not appear to be cleaned on a regular basis. Kennels were not spot cleaned, and sprayers were used in the kennels with cats in the rooms. Also, during cleaning, cats were allowed to roam freely on the floor and to interact with other cats. The floor was very dirty and had dirty towels, dishes, and litter boxes from the other kennels where the roaming cat could freely access them.
3. Although the shelter had been closed to intakes for almost a week, had allowed adoptions, and had multiple cats die during that week, the shelter was still overcrowded. At the time of our visit, there were 74 cats housed at the shelter with multiple in foster. We found cats in the laundry room, euthanasia/exam room, lobby and offices.
4. Medical records were lacking. The shelter was not able to share intake, adoption, or euthanasia data. When we asked for the records of the 7 cats that were euthanized, only 4 records were available. Of these 4 records, none were complete.
5. Basic care of animals was lacking. A gecko was in the director's office with no water source. The bowl was very dry as though it had not been filled in a long time. There was also no means to control the temperature or humidity in the cage.
6. Cleaning of litterboxes and food bowls between cats is inadequate. Food bowls are cleaned in a grooming tub with dish soap and an unknown amount of bleach. When asked how bleach was mixed for cleaning litter boxes and bowls, there was no accountability from staff as to how this is done. Litterboxes are cleaned outside with a disinfectant that is not parvocidal and also a mixture of bleach and water at an unknown concentration.
7. General cleanliness of the shelter was lacking. The offices, laundry room, hallways, and all other areas were very dirty and unkempt despite the building being relatively new. This suggests a general lack of sanitation.
8. General nutrition was also a concern. Animals were fed an unknown amount of food daily mixed with powdered lysine. There was no way to know if cats were eating or not, and many appeared to be overfed. There was no indication that any animals had been weighed at any point.
9. Vaccine efficacy is a serious concern. The vet assistant in charge of administering vaccinations was untrained. Re-vaccination was not occurring according to records that were available. It

was unknown which animals received vaccinations at intake and which did not. There was no protocol for vaccine administration. Vaccines were kept in a refrigerator which was reported to not work well and didn't seal. This same refrigerator also held human food, which is a safety concern.

10. Feral cat housing was not adequate. Feral cats were kept in a room with other cats in standard stainless steel kennels. The kennel was not covered, and the cat was displaying signs of stress.
11. Cat housing was not adequate. Some cats were in standard stainless steel kennels, while others were in shared dog kennels. Many food and water bowls were sized for large dogs and not appropriately sized for cats. Many had litter boxes that were too small. Few had hiding areas. Kennels were too small with no separation of eating, elimination, and resting areas. Some cats did have elevated resting areas which most used.
12. Medical care was difficult to discern. One member of the staff reported that a few of the cats were on antibiotics that had been started recently but she was not sure which were on medications and which were not. The director reported cats were treated for ear mites and fleas but had no records of which had been treated. I did not ask to view the controlled drugs or controlled drug logs; but I was informed the DEA had been contacted about disposing of controlled drugs that had been left at the shelter. I was told there was a medical log for animals that didn't receive vaccinations on intake so the staff knew which animals to vaccinate later. This log could not be found so I was not able to view it. There was no apparent means to ensure proper communication with medication administration, and it wasn't clear to anyone we asked which cats were on antibiotics and which were not. Note: We did not ask every staff member so it is possible someone knew, but the lack of obvious communication is still a concern.

#### Plan for Improvement:

##### 1. Medical records

- a. **Either use computerized records or make a standard medical and intake record and use it for every animal.**

This is a legal concern from both an animal control and medical standpoint that should be addressed immediately. These forms must include some sort of identification. The four records we viewed did not note the animal's color or any description, and we were told no pictures were taken. Animals could be easily misidentified in this shelter, which could lead to animals being euthanized before a stray hold is up or other serious mistakes. Medical records are also legally required when caring for animals.

It is also very difficult to discern what exactly is going on in this shelter without any data. Monitoring deaths in shelter is vital in this case as is monitoring intake data and live release rates.

##### 2. Intake protocols

- a. **Institute a standardized protocol for every animal that enters the shelter.**
- b. **Include vaccination protocols.**

Generally speaking, every animal that enters the shelter should, at a minimum, be treated for internal and external parasites, checked for identification (microchip, tattoo, collar and tags), identified via picture and description as well as an ID band placed, vaccinated appropriately (DHPP/Bordatella for dogs

over 4 weeks old, FVRCP for cats over 4 weeks old), examined for signs of medical and behavioral needs, and have a permanent record filled out. Puppies and kittens should be re-vaccinated for DHPP and FVRCP, respectively, at 2 week intervals while in the shelter or until 20 weeks old, and adults should be re-vaccinated 2 weeks after the initial vaccine. Vaccinations should be kept in a working refrigerator where only biologics are stored, and all staff should be trained on proper vaccine administration.

During the exam, the animal should be weighed and an age determination should be made to ensure the animal is receiving proper nutrition.

Animals with any signs of infectious disease found at intake should be housed separately from other animals.

Because this shelter also has a problem with coccidiosis, ponazuril should be administered at intake.

While these are general recommendations, the veterinarian should work with the director to write an intake protocol that is specific for this shelter.

UC Davis Koret Shelter Medicine Program. Vaccination in Animal Shelters. Available online: <http://www.sheltermedicine.com/library/vaccination-in-animal-shelters>

UC Davis Koret Shelter Medicine Program. Use of Ponazuril for Treatment of Coccidia in Kittens and Puppies. Available online: <http://www.sheltermedicine.com/library/use-of-ponazuril-for-treatment-of-coccidia-in-kittens-and-puppies>

Mostl, K.; Egberink, H.; Addie, D.; et al. Prevention of infectious diseases in cat shelters: ABCD guidelines. *Journal of Feline Medicine and Surgery* 2013; 15.7: 546-554.

Slater, M. R.; Miller, K. A.; Weiss, E.; et al. A survey of the methods used in shelter and rescue programs to identify feral and frightened pet cats. *Journal of Feline Medicine and Surgery* 2010; 12.8: 592-600

University of Wisconsin School of Medicine and Public Health Video Library; Shelter Medicine Series. Available online: <http://videos.med.wisc.edu/uwvetmedsheltermedicine>

ASPCA Professional Available online: <http://aspcapro.org/>

### **3. Cleaning protocols**

- a. Implement spot cleaning for cats**
- b. Ensure all disinfectants are parvocidal and used at the proper dilution and for the proper contact time.**

Cleaning and disinfection is a great concern in this shelter. The current methods of cleaning provide no protection from disease spread. Satisfactory cleaning protocols were posted on the wall but not followed. Protocols need to be re-written for the disinfectant the shelter chooses to use and staff need significant re-training with supervision. The shelter needs to choose a disinfectant that is parvocidal.

Spot cleaning needs to be implemented for cat kennels. Note: Kennels do need fully disinfected between cats.

UC Davis Koret Shelter Medicine Program. Sanitation in animal shelters. Available online: <http://www.sheltermedicine.com/library/sanitation-in-animal-shelters>

UC Davis Koret Shelter Medicine Program. Sample spot cleaning protocol. Available online: [http://s3.amazonaws.com/sheltermedicine/library\\_files/data/78/original/Instructions\\_for\\_Spot\\_Cleaning\\_Cat\\_Cages\\_2015\\_ck.pdf?1435333372](http://s3.amazonaws.com/sheltermedicine/library_files/data/78/original/Instructions_for_Spot_Cleaning_Cat_Cages_2015_ck.pdf?1435333372)

UC Davis Koret Shelter Medicine Program. Disinfectant Product Table. Available online: <http://www.sheltermedicine.com/library/disinfectant-product-table>

ASPCA Profession. Webinar: Shelter Guidelines: Sanitation. Available online: <http://aspcapro.org/webinar/2011-05-26-000000/shelter-guidelines-sanitation>

#### 4. Feeding

- a. Feeding protocols based on age and weight of animal. Monitor eating habits and weight.
- b. Do not supplement with lysine.

Lysine has been found to not be helpful in preventing URI in shelter cats. Its use is not recommended. It is generally recommended that cats be weighed once weekly while in the shelter to ensure they are not losing weight. Weight loss is a sign of illness or stress in shelter cats and may help identify those cats that are not doing well in the shelter.

Rees, T.; Lubinski, J.; Oral supplementation with L-lysine did not prevent upper respiratory infection in a shelter population of cats. *Journal of Feline Medicine and Surgery* 2008; 10.5: 510-513.

Drazenovich, T.; Fascetti, A.; Westermeyer, H. et al.; Effects of dietary lysine supplementation on upper respiratory and ocular disease and detection of infectious organisms in cats within an animal shelter. *American Journal of Veterinary Research* 2009; 70.11: 1391-1400.

Tanaka, A.; Wagner, D. C.; Kass, P. H.; et al.; Associations among weight loss, stress, and upper respiratory tract infection in shelter cats. *JAVMA* 2012; 240.5: 570-576.

#### 5. Medical

- a. No animal should receive antibiotics, steroids, or any other prescription medications without the prior authorization of the veterinarian. No one on staff is trained in the use of medications, and no one other than the veterinarian is legally authorized to prescribe them.
- b. A standard protocol needs to be written for URI treatment.

UC Davis Koret Shelter Medicine Program. Feline Infectious Respiratory disease aka URI. Available online: <http://www.sheltermedicine.com/library/feline-infectious-respiratory-disease-aka-uri>

UC Davis Koret Shelter Medicine Program. URI sample Treatment Protocol. Available online: <http://www.sheltermedicine.com/library/uri-sample-treatment-protocol>.

#### 6. Basic care of animals

- a. **It is absolutely unacceptable for any being living in a shelter to be without the basic necessities of food and water. If the shelter is not equipped to care for this species, they should send them to a rescue or another shelter that is equipped to provide adequate care. Shelters should never take in animals that they do not have the means to care for adequately.**

**7. Feline housing**

- a. **Providing appropriately sized food and water bowls and litter boxes as well as providing a place to hide will help lower the cat's stress level.**
- b. **Avoid re-housing and implement spot cleaning to lower stress level.**

Stress is the primary cause of upper respiratory infections in shelter cats. This stress can be related to many things including overcrowding, strong odors (like spraying disinfectants), loud noises (such as dogs barking), inappropriate housing options, lack of human interaction in social cats, increased length of stay, lack of proper enrichment, poor air quality, poor nutrition, and many other aspects of the day-to-day operations. Housing in this shelter is likely a great source of stress that contributes to the level of infectious disease the shelter sees in their cats.

Kry, K.; Casey, R.; The effect of hiding enrichment on stress levels and behaviour of domestic cats (*Felis sylvestris catus*) in a shelter setting and the implications for adoption potential. *Animal Welfare* 2007; 16.3: 375-383.

Gourkow, N.; Phillips, C. J. C.; Effect of interactions with humans on behaviour, mucosal immunity and upper respiratory disease of shelter cats rated as contented on arrival. *Preventive Veterinary Medicine* 2015; 121.3/4: 288-296.

Dinnage, J. D.; Scarlett, J. M.; Richards, J. R.; Descriptive epidemiology of feline upper respiratory tract disease in an animal shelter. *Journal of Feline Medicine and Surgery* 2009; 11.10: 816-825.

ASPCA Professional. Webinar: Shelter Guidelines: Housing for Health and Wellness. Available online: <http://aspcapro.org/webinar/2011-06-30-000000/shelter-guidelines-housing-health-and-wellness>

UC Davis Koret Shelter Medicine Program. Feline housing considerations in a shelter/rescue, veterinary hospital or boarding facility. Available online: <http://www.sheltermedicine.com/library/feline-housing-considerations-in-a-shelter-rescue-veterinary-hospital-or-boarding-facility>

**Longer term improvement**

1. Population management and capacity for care (both cats and dogs)
2. Feline Housing
3. Canine Housing

In my opinion, the most important aspect of this will be training. There appears to be a general lack of accountability and supervision among the staff. I would recommend the veterinarian work to write new protocols and that the county support her in implementing them and re-training the staff. Until habits can be changed, constant supervision will likely be required. Generally, small changes work better than sweeping changes, but immediate intervention with major changes in protocol will be necessary in this case.

I would allot your veterinarian the time to study these materials and to attend shelter medicine focused continuing education so she feels confident in her decisions. She is also welcome to contact me any time for assistance and advice.