

# Middleburg Humane Foundation Standard Operating Procedures Manual

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# POLICIES

## Animal Care Policies

### Middleburg Humane Foundation Policies Regarding Animal Care

**This is the Middleburg Humane Foundation (MHF) policy governing animal care. This policy was initially approved by the MHF Board of Directors on XXX 00, 2020. The policy will be reviewed and updated by shelter management and approved by the Board annually.**

#### **Policy 001: Adoption**

No animal will be made available for adoption until a behavioral and medical evaluation has been completed by the Animal Care Manager (ACM), Medical Director (MD), and Senior Animal Care staff. MHF must be able to safely place the animal into the community without risk to humans or other animals. No animal over the age of 12 weeks will leave the premises without a rabies vaccine unless there is a medical reason to not vaccinate.

Dogs with a bite history will be made available for adoption on a case-by-case basis. The bite will be assigned a level on the Ian Dunbar Dog Bite Scale (Appendix A). The ACM and Senior Animal Care staff will review the dog's shelter history and the circumstances surrounding the bite to decide whether MHF will move forward with placing the dog available for adoption. MHF will then share all information on the dog and the bite incident to the advising veterinarian (either MD or assisting DVM/VMD) and an approved behaviorist for an outside opinion on whether the dog can be safely placed in a home.

In the cases where MHF adopts out a dog with a history of biting a human, killing a companion animal, or killing livestock, MHF will fully disclose the dog's history to the adopter. The adoption contract will have an addendum that details the dog's history that the adopter must sign. Additionally, the adopter will receive a copy of all relevant county animal control paperwork associated with the bite/killing incident.

The Code of Virginia Section 3.2-6546.D states: "No shelter shall release more than two animals or a family of animals during any 30-day period to any one person (...)" In the situation where three or more cats can go into one barn or suitable home, MHF requires that two or more adults from the family sign individual adoption contracts to ensure compliance with the law. No kittens under six months of age will be placed into a barn home setting.

MHF will consider outside homes for dogs that may be happier in that environment. These homes must contain adequate shelter, feed, water access and other guidelines as defined in the Code of Virginia Section **3.2-6500. Definitions**. MHF management must conduct a site visit prior to making a final decision on the placement, and the placement will only be made with the approval of **two** members of MHF management. Under no circumstances shall a dog adopted from MHF be tethered.

#### **Policy 002: Animal Intake: Found/Stray Animals**

MHF Management are the only employees authorized to make intake decisions: either the Executive Director (ED) or the ACM will decide whether MHF takes in found/stray animals brought to the shelter. If a found/stray animal is brought in when shelter management are not on-site, attempt to reach them by phone for a decision. If management cannot be reached and:

- **the animal is not already at the shelter (i.e., someone is calling about the animal) NO INTAKE:** Tell the caller to contact the shelter in the county where the animal was found.
- **the animal is already at the shelter**

**INTAKE:** Perform intake and contact the county animal control in the county where the animal was found. Refer to the “Animal Intake” section of the Standard Operating Procedure (SOP) manual for intake protocol.

There are two instances where MHF will not take in found/stray animals: if the animal has a bite or injury of unknown origin (rabies risk), or if the animal has severe medical issues or a poor body condition (in case the county wants to pursue cruelty charges). In both these situations the found/stray animal must go to the county where it was found.

**Policy 003: Animal Intake: Non-Stray Animals**

MHF takes custody of animals through our outside medical program, owner relinquish, requests from animal control agencies for assistance, and transfer from other organizations. Intake decisions are made by our Intake Committee, comprised of the ED, MD, ACM, the Adoptions Counselor, Community Cat Coordinator, and Equine Coordinator. Intake decisions are made based on a collective discussion and vote: the ED has the authority to make a final decision when the staff is equally split on a decision. Refer to the “Animal Intake” section of the SOP manual for intake protocol.

Emergency intakes that need to be decided upon outside the intake meeting (to include cats taken in through our Trap-Neuter-Return [TNR] program) must be approved by the ED, MD, and BM prior to intake.

**Policy 004: Euthanasia**

MHF will euthanize an animal if its behavior is such that the animal cannot be safely placed in a home. In the case of an animal presenting aggression after a seven-day decompression period, the ACM, MD, and Senior Animal Care staff will evaluate the animal’s behavior against the Behavior Matrix (Appendix B). MHF management will decide whether euthanasia or rehabilitation is the appropriate way to move forward. In cases where management believes euthanasia is the better option, MHF will share all information on the animal’s history and where its behavior falls on the Behavior Matrix to the advising veterinarian and an approved behaviorist for an outside opinion.

MHF management will follow the above procedure in the case of animals that do not immediately present adverse behavior but develop behavioral problems over time.

MHF will also euthanize an animal whose medical condition is terminal or leads to a significant deterioration in quality of life. The ACM, MD and medical team is responsible for continually monitoring the health status of all companion animals, whether in the shelter or foster care, and bringing severe medical issues to the attention of other members of MHF management. MHF management will consult with the advising veterinarian on severe medical cases and the ED will use this advice to decide when medical euthanasia is the most humane course of action.

**Policy 005: Quarantine Hold**

Per the Code of Virginia Section 3.2-6546.C, stray animals with no identification must be held for five days and stray animals with identification for ten days. (A collar, even without a tag, is considered identification.) The law also states the shelter “may vaccinate the animal to prevent the risk of communicable diseases” if the vaccines are administered by a licensed veterinarian or licensed veterinary technician under the immediate direction of a veterinarian.

Intakes from all other sources, to include owner relinquish, TNR, and transfer, will be placed on medical hold and are not available for adoption for three days. The MD or ACM will determine where animals are kept during their quarantine hold for communicable disease transfer considerations.

**Policy 006: Rabies Protocol**

All employees that handle animals are required to have a current rabies vaccine. Refer to the “Rabies Protocol” section of the Standard Operating Procedures manual for protocols on how to handle a suspected case of rabies in the shelter.

## **Policy 007: Spaying and Neutering**

MHF ensures that all animals that enter the shelter and are available for adoption are spayed or neutered in compliance with Code of Virginia Section 3.1-796.126:1, which states: “A dog or cat shall not be released for adoption from a releasing agency unless the animal has already been sterilized or the individual adopting the animal signs an agreement to have the animal sterilized by a licensed veterinarian within thirty days of the adoption or within thirty days after the animal reaches six months of age.” (paraphrased)

As a welfare organization, MHF is firmly committed to controlling the population of animals in the care of the shelter system via sterilization. MHF’s current policy is that kittens should be sterilized as young as 8 weeks of age and/or over 2 pounds in bodyweight. Any intact kitten that is adopted from MHF intact must be sterilized no later than 5 months of age and must be completed within 30 days of adoption. Sterilization will be performed on all other companion mammal species (dogs, rabbits, guinea pigs) at an age appropriate for that specific species.

## **Policy 008: Volunteers**

Volunteers may not handle “orange” and “red” animals unless they are directly authorized to do so by the ED. Volunteers must complete training specific towards the handling of these animals prior to authorization.

# Animal Control Partnership Policies

## **Middleburg Humane Foundation Policies Regarding Animal Control Partnerships**

**This is the Middleburg Humane Foundation (MHF) policy governing the cooperation of its employees and volunteers with county animal control agencies. This policy was initially approved by the MHF Board of Directors on XXX 00, 2020. The policy will be reviewed and updated by shelter management and approved by the Board annually.**

**Policy 001:** It is the mission of MHF to assist in providing for the welfare of domestic animals that are at risk, abused, or neglected.

**Policy 002:** MHF’s Executive Director (ED) is authorized to waive any of the provisions of this policy to address a *bona fide* emergency.

**Policy 003:** The Board authorizes MHF to provide assistance in the form of boarding and routine/preventative medical care for animals seized by local government in connection with animal cruelty prosecutions, provided the government is located within a 50-mile radius of Marshall, Virginia.

**Policy 004:** In order for MHF to provide housing to animals seized in connection with a cruelty case for the duration of the trial, MHF must be designated as the housing provider in a written document from the court or the judge presiding over the case. The ED is the only MHF employee authorized to enter MHF into such an agreement. The written request must be made on the court’s letterhead and have an original signature of the judge.

**Policy 005:** MHF employees shall not participate in an animal seizure unless the court or the presiding judge makes a written request for MHF participation and the ED approves the request.

**Policy 006:** Regular MHF intake procedures must be adhered to: a custody form must be filled out and the animal(s) must be entered into the Animal Shelter Management (ASM) database. Additionally, a formal contract between the county and MHF must be signed at the time of intake that specifies length of stay, remuneration due to MHF, feeding procedures, and what (if any) routine veterinary care is required. The agreement must also detail emergency medical protocols to include financial responsibility, preferred veterinary partners, etc.

**Policy 007:** Animals shall be quarantined in the shelter's isolation wing separate from the general animal population for a minimum of seven days. These animals can only be handled by staff while in isolation. During this time MHF staff will conduct behavioral and medical examinations of each animal and will record their findings in ASM.

**Policy 008:** MHF shall ensure that in the case of a mass seizure, males and females are housed separately to ensure breeding does not take place. MHF shall further ensure that any seized animals are housed so that risk to the animals is minimized. Any animals that are incompatible with other animals must be housed singly.

**Policy 009:** MHF staff shall follow all county and state rules and regulations, as well as special requirements laid out in the signed intake contract, when housing and caring for the seized animals.

**Policy 010:** If the length of the boarding period needs to be extended due to trial delay or continuance, the county must submit a written request for an extension. This request must include a new release date.

## EMERGENCIES

### Fire

If the entire building is engulfed in flames, open as many doors as possible to let the animals out. The staff will gather as many animals as possible once the emergency is over.

If the fire is localized in one section of the shelter, all staff members will be split into three teams (Team A, Team B, and Team C) and given duty cards. In general terms, Team A will be responsible for the cats, Team B for the dogs, and Team C for the Small Mammal, Cat of the Day, and Dog of the Day rooms.

Team A will pull as many carriers immediately accessible and load one cat into each carrier. If there are no carriers or not enough carriers put the cats into pillowcases, one cat per pillowcase. Put the carriers and/or pillowcases into a vehicle.

Team B will first get all of the dogs into the outside run and close the guillotine door behind them. Once the dogs are all outside the building, each team member will take a leash and transfer the dogs to enclosed outside areas (the alley behind the runs, the two side entrances, and/or the play yard). From there leash up the dogs and bring them out of the enclosed areas.

Team C will pull as many carriers immediately accessible and load the animals in the Cat of the Day, Dog of the Day, and Small Mammal room (in that order) into the carriers, one animal per carrier. If there are no carriers or not enough carriers, put the animals into pillowcases, one animal per pillowcase. Put the carriers and/or pillowcases into a vehicle.

In the case of a barn fire, get as many animals as possible out of the barn. Lead the horses and livestock out of the barn and lock them into a paddock so they will not try to get back into the barn. Shoo out the chickens and close the barn door behind them. The staff will collect as many chickens as possible once the emergency is over. Check the residences above the barn to ensure the animals living there are not alone and trapped in the residence.

## Medical

When there is a medical emergency with a companion animal, notify a member of the medical team (MD, LVT or other DVM) during regular business hours where a medical staff member is present and available. Medical emergencies include, but are not limited to, severe bleeding, difficulty breathing, neurologic signs (seizures, stupor), severe vomiting, severe diarrhea, severe dehydration, dystocia, obvious wounds or choking. If the medical team is unable to provide care, call the nearest emergency veterinarian: call MedVet Northern Virginia emergency clinic (703-361-8287, located at 8614 Centerville Road, Manassas) or the Valley Animal Emergency clinic (540-662-7811, located at 210 Costello Drive, Winchester). If these clinics are unable to provide services, please contact local clinics for support starting with Small Animal Clinic at Piedmont Equine (540 364-4954), located at 4122 Zulla Road, The Plains. The next nearest veterinarian is Dominion Valley Animal Hospital (703-753-4444), located at 5371 Merchants View Square, Haymarket. Call the practice before leaving to confirm they are open and able to see the animal; directions to both are on a laminated sheet in the office.

If a medical emergency happens outside regular business hours or on the weekend, call/go to the veterinarian first and then contact the Medical Director (MD) or Chief Operation Officer (COO).

### **After Hours Numbers:**

MD (Dr. Galati 516-551-5645), COO (Kim, 540-660-9931 or 540-631-9205), ACM (Catie Napper 540-604-7588)

Notify the Equine Coordinator (EC) or ACM when there is an equine or livestock medical emergency. If both are off-site and cannot be reached, call (in order of priority) Dr. Andrea Russell (cell 540-454-3356, office 540-687-6359), followed by Piedmont Equine (540-364-4950), then call Rose Hill Vet (540-987-1200, located at 21 Christmas Tree Lane, Washington). Listen to what they say carefully and follow the directions to get the vet here as soon as possible.

If an equine or livestock medical emergency happens outside regular business hours or on a weekend, call/go to the veterinarian first and then contact the EC or ACM.

### **After Hours Numbers:**

EC (Virginia Jackson 540-270-0608)

ACM (Catie Napper 540-604-7588)

## Natural Disaster

After an earthquake, the ED or BM will call the fire department to request a site visit to check for propane leaks. The ACM and Animal Care staff will check all the animals in the shelter to ensure they are physically and mentally alright. ACM will direct Animal Care staff how to respond when an animal is in distress; see above [Medical Emergency protocols](#) for how to respond to medical issues.

Staff will not remain onsite during a hurricane. To prepare, the cats will be removed from the indoor/outdoor cat rooms and the doors to those rooms will be shut and locked. If a cat's temperament would not allow for it to stay in the main cat room, he or she will be placed in a wall unit or one of the interior rooms. All the dogs will be brought to the inside of the runs and the

guillotine doors will be shut. If space permits, the dogs on the right half of the General Population room will be moved to the dog visitation room, puppy playroom, and/or the runs on the Senior side of the room. Animals in Isolation will be moved into wall units or runs away from the window to the extent possible.

After the hurricane passes the ED or BM will call the fire department to request a site visit to check for propane leaks. The office staff will check the shelter, the garages, and the barn for flooding, and the ACM and Animal Care staff will check the animals to ensure their wellbeing.

## Weather

The average warning time for a tornado is 10-15 minutes. The number one priority in the case of a tornado is staff protection. Staff should familiarize themselves with areas in the building that are safe to go if a tornado strikes: an interior room away from windows is the safest place to take shelter.

If there is time to safely do so, staff will be split into three teams as outlined in the [Fire Emergency section](#). Team A will remove the cats from the indoor/outdoor cat rooms and shut and lock the doors to these rooms. If a cat's temperament would not allow for it to stay in the main cat room, he or she will be placed in a wall unit or one of the interior rooms.

Team B will bring all the dogs to the inside of the runs and shut the guillotine doors. If there is enough time, the dogs on the right half of the General Population room will be moved to the dog visitation room, puppy playroom, and/or the runs on the Senior side of the room.

Team C will move the animals from the Small Mammal Room to an empty interior room or put them in a carrier and bring them to the staff safety point(s). Animals in Isolation will be moved into wall units or runs away from the window to the extent possible.

## ANIMAL INTAKE

### Intake Request Process

MHF staff cannot make intake decisions on the spot regarding intake requests: non-emergency intake decisions are made by the intake committee and emergency intake decisions are made by the ED, ACM, PC and MD. When an intake request comes in, ask the caller for the following information: caller's name, contact number, county where they reside, age of the animal, animal's medical status (whether it is spayed/neutered, up to date on vaccines, and its general health), and reasons for the relinquish. Enter this information on the Intake Request spreadsheet (if you have access to it) **and** email the request details to the members of the intake committee: ED, ACM, PC, MD, Equine Coordinator, and Community Cat Coordinator.

### Intake Considerations

The General Population area of the shelter has the following space available for housing dogs:

	KENNEL SIZE	USES/FUNCTIONS
1	Puppy Suite #1 – indoor only	Can house mother + litter or 2 small breed
2	Puppy Suite #2 – indoor only	Can house mother + litter or 2 small breed
3	Senior Suite – indoor only	Can house 2 medium; or 2 small breed
4	Double Kennel #1– indoor/outdoor	Can house 1 large/giant; or 2 medium; or 4 small breed

5	Double Kennel #2 – indoor/outdoor	Can house 1 large/giant; or 2 medium; or 4 small breed
6	Double Kennel #3– indoor/outdoor	Can house 1 large/giant; or 2 medium; or 4 small breed
7	Regular Kennel #1– indoor/outdoor	Can house 1 large; or 1 medium; or 2 small breed
8	Regular Kennel #2– indoor/outdoor	Can house 1 large; or 1 medium; or 2 small breed
9	Regular Kennel #3 – indoor/outdoor	Can house 1 large; or 1 medium; or 2 small breed
10	Regular Kennel #4 – indoor/outdoor	Can house 1 large; or 1 medium; or 2 small breed
11	Regular Kennel #5– indoor/outdoor	Can house 1 large; or 1 medium; or 2 small breed
12	Regular Kennel #6– indoor/outdoor	Can house 1 large; or 1 medium; or 2 small breed
13	Regular Kennel #7 – indoor/outdoor	Can house 1 large; or 1 medium; or 2 small breed
14	Small Kennel #1 – indoor/outdoor	Can house 1 medium; or 2 small breed
15	Small Kennel #2 – indoor/outdoor	Can house 1 medium; or 2 small breed
16	Long Term Kennel #1- indoor/outdoor	Can house 1 large; or 1 medium; or 2 small breed
17	Long Term Kennel #2- indoor/outdoor	Can house 1 large; or 1 medium; or 2 small breed
18	Long Term Kennel #3- indoor/outdoor	Can house 1 large; or 1 medium; or 2 small breed

The intake committee will make decisions on the intake requests based on the current shelter population, which will dictate the number and sizes of dogs MHF is able to take. MHF will conform to the Fauquier County zoning document that states MHF may provide care for an annual daily average of 30 dogs. This number may be increased to accommodate emergency situations and the Zoning Administrator must be notified if the number of animals exceeds 120 animals at any one time.

Behavioral cases are considered based on the nature of their behavior. Factors such as whether the animal has bitten anyone, has injured another animal, has separation anxiety, and resource guards will be considered. *At the present, we need to establish a behavior program, which will help with the decision on with which behavioral cases we can assist.*

MHF’s preference is to help local shelters throughout Virginia and West Virginia with occasional transfers from shelters in southern states. We will require the following of our shelter partners:

1. Partners agree to release all ownership rights of the animals to MHF. The transfer partner will accept the return of animals deemed unadoptable by MHF. Animals under a state-mandated stray holding period will not be accepted.
2. Partners agree to complete a bite disclosure report for every dog or cat with a bite history before or upon transferring custody to MHF.

3. All animals must have basic health screening and be fit for travel/transport. Animals do not need to be spayed/neutered.
  - a. Animals should be in good general health, unless otherwise disclosed and agreed upon prior to transport. Animals with suspicious hair loss or symptoms of contagious disease may not be accepted. Special needs animals will be considered on a case-by-case basis.
  - b. All animals four months of age or older must have a rabies vaccination by a licensed veterinarian accompanied with documentation if crossing state lines.
  - c. Dogs at least one year of age must have a heartworm test 7- 10 days prior to the transfer. MHF will not accept a dog who tests positive for heartworm unless MHF has agreed upon a special arrangement.
  - d. All cats/kittens are required to have tested negative for FELV within two weeks of transfer unless otherwise agreed upon by MHF.
  - e. At MHF's discretion, dogs under six months of age coming from shelters at which the parvovirus or panleukopenia has occurred in the past three months must have a Parvo snap and/or titer test within three days of transfer to detect viral shedding or determine immunity. If the shelter lacks resources to test, MHF may provide tests or testing.
  - f. Shelter partner will be asked to disclose and test for disease and other health concerns (i.e., parasitic) specific to the local and geographic region prior to transfer.
  - g. Transfers from outside the state of Virginia require a Certificate of Veterinary Inspection per the requirements laid out by the Virginia Department of Agriculture and Consumer Services, signed by a veterinarian.
  - h. The legal ownership of transferred animals will not be in effect until the point at which the animals are in the physical custody of MHF (i.e., MHF building, vehicle, representative). Should a medical or other emergency arise en route to MHF, full responsibility for the animal will fall on the partner organization. If at any point the status of an animal's medical, behavioral, or incidental concern changes prior to the final relinquishment of the animal, the partner organization agrees to provide full disclosure to MHF and prepare to potentially terminate an individual animal from the transfer.
4. Animals with known, serious behavioral concerns such as aggression towards animals or humans, severe separation anxiety, or excessive fearful behavior are not candidates for our program. All known behavior concerns should be disclosed prior to transfer. Animals with specific behavior challenges can be discussed on a case-by-case basis.

## Intake Procedures

### Owner Relinquish

A member of MHF management will contact pet owners whose relinquish request has been approved to schedule a time for them to bring their pet to the shelter. The pet owners will be instructed to bring their pets to the "New Intake" entrance to the shelter. Once the intake is scheduled with the owner, enter the appointment on Cozi (if you have access) or ask office staff to enter the appointment. Confirm that animal care knows the animal(s) is(are) arriving so they can have a place set up for the animal(s). When the owner comes to surrender their pet, they must complete [Owner Relinquish](#) and [Willfully Released Animal](#) forms.

## Stray/Found Animals

People that bring in a stray animal must complete a [Found Animal](#) form before they leave. The staff member who interacted with the finder must complete an [Animal Custody Record](#) form and give it to ACM to enter into Animal Shelter Manager (ASM).

Staff that are not vaccinated for rabies are not authorized to handle stray animals, including carriers for a cat. Staff that are vaccinated for rabies must wear gloves when handling a stray animal: **do not handle any stray animal with bare hands.** First, scan the animal for a chip. If the animal has a chip (or tag on their collar) contact the owner for pick up. The owner must do the following to obtain custody of their animal:

1. Provide proof that this is their animal. **A photo on their phone does not constitute proof:** the person must produce something physical such as a vet record.
2. Provide their driver's license so we can make a photocopy.

Fill out a [Returned to Owner](#) form before the owner leaves with their pet (to ensure you have all the details for the form) and attach the photocopy of the driver's license to the form. Then attach the Returned to Owner form to the original intake form to verify disposition.

If the animal does not have a chip or collar, staff must contact either ED or ACM to decide whether MHF should take in the animal or if the animal should be taken to Fauquier SPCA. Take a picture of the animal and send the picture to ACM via email to be included in the animal's ASM record. If MHF management decides MHF will keep the animal:

1. Call Fauquier SPCA to advise that we took in the animal. If the animal was found in a county other than Fauquier, call the animal control office in that county to report the animal is here.
2. The animal must be kept on stray hold for five days. MHF cannot microchip or perform non-emergency veterinary care on the animal until the stray hold is over.
3. If the animal needs medical treatment and medical staff are not available (i.e. holidays, nights), it must be taken to a veterinarian's office for treatment. MHF staff cannot treat the animal as we do not have ownership, but a licensed veterinarian is able to make a legal decision about what treatment the animal needs and provide the appropriate treatment.

## Transfer

Animals transferred to MHF from another rescue must have a transfer form: each animal must have its own individual transfer form. Animals being transported across state lines must also have a current health certificate. If the rescue partner brings in an animal without a transfer form, [MHF's transfer form](#) may be used for the animals: again, each animal must have its own individual form. A [State Custody Record](#) must be completed for each animal transferred in and that animal's transfer form must be attached to the Custody Record to support the disposition of the animal.

## Trap-Neuter-Return Program

The Trap-Neuter-Vaccinate-Return (TNVR) program has two scenarios: 1. An adult cat is trapped, sterilized, vaccinated, and returned. 2. A mother cat and her kittens are taken in for medical care (spay and vaccines for mother, vaccines for kittens), socialization, and adoption. Each scenario has its own procedure.

When an adult cat is trapped, sterilized, and returned, the colony caretaker (or the person that made the request for TNR) must sign a [Surgery Release form](#). Once the form is signed the Community Cat Coordinator and/or a volunteer will go to the colony site to trap the cat(s) and bring them to the shelter. Each trap must be labeled with the name of the colony the cat

came from and a number. (For example, if five cats are trapped at the Parker site they will be labeled Parker #1, Parker #2, etc.) The cat(s) will be housed in a wall unit in the Community Cat Room before and after their surgery.

When MHF takes in a mother cat and her kittens, or orphaned kittens, the colony caretaker (or the person that contacted MHF about the cats) must sign an Owner Relinquish form for the cats. Once MHF has “ownership” of the cats, staff must complete one State Custody record for each cat.

## Required Forms

### Owner Relinquish

**Middleburg Humane Foundation  
P. O. Box 1238  
Middleburg, Virginia 20118**

I hereby relinquish to the Middleburg Humane Foundation all ownership and claim to the animal(s) described below and request that the Middleburg Humane Foundation take and make disposition of said animal(s) according to their discretion and requirements.

Has the animal bitten anyone in the last ten days? YES NO

Animal Name \_\_\_\_\_ Species \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Description/Characteristics \_\_\_\_\_  
\_\_\_\_\_

Veterinarian \_\_\_\_\_

Vaccinations \_\_\_\_\_

Reason for Relinquish \_\_\_\_\_

I certify that I am the legal owner of the animal described above.

Name (print) \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

# Willfully Released Animal Form



## Middleburg Humane Foundation Willfully Released or Returned Adopted Animal Questionnaire

Animal Name: \_\_\_\_\_

Description: Type \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Phone Number (H.): \_\_\_\_\_ (W.): \_\_\_\_\_ (C.): \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the animal current on all vaccinations?

\_\_\_\_\_  
*(Please attach any medical records.)*

Do we have permission to contact your veterinarian to obtain medical records? Yes  No

Date of last veterinary visit: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_  
***Please help us find a new home for your returned or willfully released animal by filling out this questionnaire. The more information we have about the animal, the better the chance we can find another home for him or her.***

**We appreciate your honesty.**

1. Why are you returning/willfully releasing this animal? \_\_\_\_\_

\_\_\_\_\_

2. Has the animal been around or lived with cats? \_\_\_\_\_ If yes, please explain the situation:

\_\_\_\_\_

\_\_\_\_\_

3. Has the animal been around or lived with dogs? \_\_\_\_\_ If yes, please explain the situation:

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---

4. Has the animal been around or lived with any other animals? \_\_\_\_ If yes, please explain the situation:

---

---

5. Has the animal been around children? (# of children and ages): \_\_\_\_\_

6. Describe any negative experiences with cats, dogs, children, adults, etc. (like fighting or biting):

---

---

7. Did the animal attend obedience classes? If yes, give dates and explain: \_\_\_\_\_

---

---

8. Is the animal housebroken? \_\_\_\_\_

9. How long is the animal left alone each day? \_\_\_\_\_

10. Describe the animal's environment and daily routine:

Feeding times & type of food being fed: \_\_\_\_\_

Bathroom habits: \_\_\_\_\_

Inside/outside or loose in house, any restrictions, etc.: \_\_\_\_\_

---

---

11. Does this animal travel comfortably in a car? \_\_\_\_\_

12. Has the animal been in a fenced yard? Does the animal stay around or roam?

---

---

13. Has the animal bitten a person or other animal within its lifetime? Yes(\_\_\_\_) No (\_\_\_\_) If yes, please list date and circumstance of such bite(s) in accordance with Virginia code 3.2-6509.

\_\_\_\_\_  
\_\_\_\_\_

Any history of aggression, explain: \_\_\_\_\_

\_\_\_\_\_

14. What are the animal's good qualities? \_\_\_\_\_

\_\_\_\_\_

15. If there was one thing you could change about this animal, what would you change?

\_\_\_\_\_

16. What type of home do you feel would be best for the animal? \_\_\_\_\_

\_\_\_\_\_

**I agree that I am the rightful owner of the animal(s) described below and hereby relinquish to the Middleburg Humane Foundation all ownership and claim to the animal(s) by surrendering all property rights in such animal(s). I affirm that no other person has a right of property in the said animal(s). I request that the Middleburg Humane Foundation take and make disposition of said animal(s) according to their discretion and requirements. I acknowledge that the animal(s) may be immediately disposed of in accordance with subdivisions that may include adoption, transfer to another shelter, or euthanasia in cases of severe medical or behavioral conditions.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Middleburg Humane Foundation  
P.O. Box 1238  
Middleburg, VA 20118  
Phone: (540) 364-3272  
Fax: (540) 364-3405

# Found Animal

## FOUND ANIMAL FORM

Date: \_\_\_\_\_

Finder's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (home #): \_\_\_\_\_ (work #): \_\_\_\_\_

(cell #): \_\_\_\_\_

Description of animal (including collar, tags, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where was the animal found? \_\_\_\_\_  
\_\_\_\_\_

When was the animal found? \_\_\_\_\_

Why did you pick up the animal? \_\_\_\_\_  
\_\_\_\_\_

### Disposition:

\_\_\_\_\_ Staying with the "Finder"

\_\_\_\_\_ taken to the SPCA by the Finder

\_\_\_\_\_ temporarily held by MHF. Finder intends to take the animal back or MHF to call Animal Control to pick up.

\_\_\_\_\_  
(signature of Finder)

\_\_\_\_\_ being taken by MHF. Release of Finder.

\_\_\_\_\_  
(signature of Finder)

MHF STAFF-Scanned for Microchip: \_\_\_\_\_ (sign & date)

Fauquier called: \_\_\_\_\_ (sign, date & time)

Loudoun called: \_\_\_\_\_ (sign, date & time)

# Animal Custody Record

AGENCY NAME:				<b>ANIMAL CUSTODY RECORD</b> <i>This form includes all mandated information as required by §3.2-6557.B of the Code of Virginia.</i>			
ANIMAL ID		CUSTODY DATE	___ / ___ / 20__		TIME	AM / PM	
<b>REASON FOR CUSTODY (mark appropriate box)</b>					<b>LOCATION WHERE CUSTODY WAS TAKEN</b>		
Stray/ At Large/ Unowned	Owner Surrender	Seized	Bite Case Quarantine	Transfer from Another Releasing Agency	Other		
				<input type="checkbox"/> Virginia			
				<input type="checkbox"/> Out of State			
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>				<b>ADDITIONAL INFORMATION</b>			
<b>ANIMAL DESCRIPTION</b>							
Species	Breed	Color/markings	Sex	Approx. Age	Approx. Weight	Other	
<b>ANIMAL IDENTIFICATION (check for all forms and complete all boxes. If not found, write NONE)</b>							
City/county License number	Rabies tag Number	Tattoo	Collar (color, type, etc.)		Other identification (microchip, ID tag, etc.)		
<b>CUSTODY RECORD PREPARED BY:</b>				<b>DATE:</b> ___ / ___ / 20__			
Signature & title							
<b>DISPOSITION OF ANIMAL</b>				<b>DATE:</b> ___ / ___ / 20__			
Return to owner	Adopted	Euthanized	Died in custody	Transferred to another Virginia releasing agency (name of agency)	Transferred to Out-of-state releasing agency (name of agency)	Other	

*This form may be used by animal control officers, custodians of any public or private animal shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.2-6557.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of Animal Care and Emergency Response, (804) 692-4001, P.O. Box 1163, Richmond, Virginia 23218.*

Effective 7/2015

# Returned to Owner

Date: \_\_\_\_\_



## Return to Owner Form

Owner's Name: \_\_\_\_\_

Owner's Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner's Phone Number: (H.): \_\_\_\_\_ (C.): \_\_\_\_\_

Owner's Email: \_\_\_\_\_

Animal's Name: \_\_\_\_\_

Description of Animal: \_\_\_\_\_

\_\_\_\_\_

Location the animal went missing: \_\_\_\_\_

\_\_\_\_\_

Length of time animal has been missing: \_\_\_\_\_

# Transfer Agreement



## Companion Animal Transfer Form

Today's Date: \_\_\_\_\_

Animal's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_ (Relinquishing Agency [name of rescue]) hereby transfers ownership of the above named animal to Middleburg Humane Foundation (MHF), represented by the authorized signing agent below.

MHF hereby acknowledges receipt from Relinquishing Agency of the above named animal for adoption by MHF; and in accepting full legal responsibility for this animal, and in consideration for being entrusted with the care, custody, and possession of the animal agrees that the animal will be provided for in a responsible, humane manner.

I hereby release Relinquishing Agency and its agents from any liability for injuries to any person or damages to property that may be caused by this animal. I understand Relinquishing Agency has limited knowledge of this animal. I further understand Relinquishing Agency has no knowledge of this animal biting a person or animal except as listed on a separate Bite History Disclosure form.

I hereby declare that the organization I represent is a legal animal rescue in its home state. Upon signing this agreement I hereby swear that no agent of the organization I represent has been convicted of animal cruelty, neglect, or abandonment.

Relinquishing Agency Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of MHF Representative

\_\_\_\_\_  
Signature of Relinquishing Agency Representative



**Treatment Consent Form**

Owner's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Microchip: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Procedure(s) to be performed: \_\_\_\_\_

• I authorize the Middleburg Humane Foundation Clinic veterinary staff to perform medical procedure(s) and/or treatment(s) on my pet. I acknowledge and understand that there are significant risks and possible complications associated with surgery and anesthesia, which could result in injury to my pet, including the possibility of death. I indicate with my signature, my consent to the procedures, medications and anesthesia deemed necessary by the veterinarian. Furthermore, I indicate with my signature that I understand the risks, and that results and outcomes of surgery cannot be guaranteed, and that my questions about the procedure(s) have been answered to my satisfaction. I am aware MHF Spay-Neuter clinic does not have the ability to run blood work before anesthetic procedures or in house.

• I am aware that the MHF Spay-Neuter Clinic is not staffed overnight or weekends. Animals needing extra care following surgery should be transported to the nearest Emergency Vet's office, at the owner's expense.

• I certify that my pet has not had access to food of any kind, beginning at 12pm the evening before surgery. Failure to disclose food intake may result in significant complications during surgery.

• I release the MHF Spay-Neuter Clinic from any and all claims arising from or connected with the performance of veterinary procedures on my animal. I agree that I have not or will not claim any right of compensation from the MHF Spay-Neuter Clinic, or file action due to such procedures, the use of anesthesia or any consequences related thereto. The MHF Spay-Neuter Clinic shall not be liable for any injury or damage to any animal for any disease, accident, injury, illness or death from any cause whatsoever. I release the MHF Spay-Neuter Clinic from any claims arising from or connected with giving vaccines. I understand that my animal will be exposed to other animals while visiting the clinic, and I will not hold MHF Spay-Neuter Clinic responsible for exposure to any viruses, bacteria, fungus, or other illnesses or diseases to which they may be exposed while inside the clinic.

• I understand that my pet will be given a flea treatment should there be live fleas at the time of surgery and I agree to pay an additional \$20 at the time of pickup for that flea treatment.

• Pregnant animals will incur an additional fee. I agree to pay these additional charges if my animal is pregnant at the time of surgery.

**Additional Requested Services (Please Check):**

- Rabies Vaccine (\$15)
- DAPP/FVRCP Vaccine (\$15)
- Bordetella Vaccine (dogs) (\$15)
- Microchip (\$20)
- Heartworm Test (\$15)
- FeLV/FIV Test (\$20)
- Heartworm/Lyme/Ehrlichia/Anaplasma Test (\$30)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CPR CODE (Please Check one):**  Closed Chest  Do Not Resuscitate (DNR)

## Evaluation

A member of the animal care team will examine each animal within 24 hours of intake to evaluate them for signs of illness. If the animal presents any sign of illness, the MD (and in cases of extreme illness or injury the MD and ED) will decide whether the animal will decide on the best course of treatment moving forward, meaning treating at the shelter versus referral for advanced care. The MD or VT will then either start the course of medication or arrange for the animal to be seen by an outside veterinarian. An animal showing signs of illness will be moved to their species-specific room in the isolation wing until they have completed their course of medication.

Companion animals that come to the shelter from a private home and exhibit no signs of illness may be housed in the general population area once they have started any vaccination series (if needed).

All companion animal intakes transferred from another facility or rescue must be housed in their species-specific room in the Isolation wing for 3 days (72 hours). A member of the animal care team must start all intake medical paperwork and vaccination series (if needed) within 24 hours of intake.

All equine and livestock intakes must be initially housed in the quarantine paddock. All equine over the age of one year will receive a Coggins test within two weeks of arrival, and the test will be repeated annually thereafter. Additionally, all horses over the age of one year (excluding pregnant mares) will receive EWT/Rhi/Flu, WNV, and RV vaccines and be dewormed with a five-day course of fenbendazole upon arrival. The equine and livestock will be moved to another paddock once they have had a complete physical exam, and the EC has determined the animal is healthy enough to be moved.

All animals will be monitored daily for attitude, appetite, urination, defecation, and any signs of illness or abnormality. Any animal presenting signs of infectious/contagious disease will be immediately moved to Isolation. All animals in the Isolation room will be housed individually for the entire duration of their confinement (except for nursing neonates with mother).

# Intake Health Check Form

**Health Check form: Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_ Veterinarian Initials *AG*

**ANIMAL NAME:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **COLOR:** \_\_\_\_\_ **SPECIES** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Special Traits:** \_\_\_\_\_

**CRT:** \_\_\_\_\_ **MM:** \_\_\_\_\_ **HR:** \_\_\_\_\_ **RR:** \_\_\_\_\_ **Temp:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**1. Overall appearance:** Bright, alert, responsive  Other: \_\_\_\_\_

**2. Initial behavior assessment:** Social, friendly  Other: \_\_\_\_\_

**3. Hydration:** No sign of dehydration:  Other: \_\_\_\_\_

**4. Musculoskeletal:** Lameness or asymmetry? No  Yes/other: \_\_\_\_\_  
Worn toenails, declawed, extra toes? No  Yes/other: \_\_\_\_\_

**5. Skin:**

Fleas/ticks?	No <input type="checkbox"/>	Yes: _____
Hair loss/itching?	No <input type="checkbox"/>	Yes: _____
Masses or sores?	No <input type="checkbox"/>	Yes: _____
Microchipped?	No <input type="checkbox"/>	Yes: # _____

**6. Body Condition Score:** \_\_\_\_\_ /9

**7. Heart and lungs:** Heart murmur heard? No  Yes: \_\_\_\_\_  
Lungs clear? Yes  No: \_\_\_\_\_

**8. Ears:** Clean and free of inflammation or discharge:  Other: \_\_\_\_\_

**9. Eyes:** Clear, no discharge, white sclera:  Other: \_\_\_\_\_

**10. Nose:** Clear, no discharge:  Other: \_\_\_\_\_

**11. Mouth:** Clean teeth  Moderate dental disease  Severe dental disease   
Broken, missing or very worn teeth? \_\_\_\_\_  
Gums: Pink and healthy  Other: \_\_\_\_\_  
Oral pain, ulcers or masses? \_\_\_\_\_

**12. Lymph nodes:** Within normal limits  Could not feel  Enlarged \_\_\_\_\_

**13. Trachea:** Cough present with mild tracheal stimulation? No  Yes   
Thyroid gland palpable? No  Yes

**14. Abdomen:** Pain, masses, pregnancy felt on palpation? No  Yes: \_\_\_\_\_

**15. Spay scar present?** \_\_\_\_\_ **Neutered?** \_\_\_\_\_

**16. Urogenital:** Double check sex/presence of both testicles/feel for spay scar:  
No significant findings  Comment: \_\_\_\_\_

**Initial treatment needed/Notes:** \_\_\_\_\_  
\_\_\_\_\_

Physical exam form updated 3/8/2017

## ANIMAL CARE -- CLEANING

The shelter is zoned to care for on an annual daily average: 30 dogs, 40 cats, 15 equine, 10 poultry, 10 bunnies, 5 pocket pets (defined as small mammals commonly kept as household pets), and 10 various other species of animals that may come into its care. During emergency situations such as an animal seizure or a seasonal intake influx such as kitten season, the shelter might utilize areas for reasons other than their intended purpose to temporarily house animals.

All areas of the shelter open to the public must be presentable by 10:00: this includes the small companion room, cat cabin, and dog general population. "Presentable" entails stripping cages and runs, taking trash with feces and other foul-smelling items out to the dumpster, and urine- or feces-soaked linens brought to the laundry room. The counter tops must be straightened and cleaned, and large pieces of debris swept from the floor.

Newly hired animal care staff will not be scheduled until they have completed one training shift in each of the main rooms (Cat Cabin, Dog General Population, Isolation) where they shadow an experienced member of animal care staff. Newly hired staff (administrative and animal care) are also required to complete Fear Free Shelter training within the first month of hire.

## Isolation

The Isolation Ward is used to house the following types of animals: new intakes, animals who have not yet started their vaccination series, or animals presenting signs of infectious disease.

Staff must put on an isolation smock or gown before entering any room in the isolation ward that has sick animals in it. For Canine Isolation, bring the dogs out and then give them fresh food, water, and bedding. In Feline Isolation, give them fresh food and water. The VT or designated Animal Care staff will administer medication.

Start with the least sick animal (or the animal that has completed its course of medication and is responding well) when cleaning the animals housed in isolation. Put on a fresh pair of gloves and remove the first animal(s) from its cage: place cats in a carrier (use the same carrier for the same cat and do not put any other cat into this carrier) and either move dogs into a different wall unit or let them out into the outside run.

For cats, dump the litter into the trash can and wipe out all organic matter using a paper towel. Spray the litter pan with 10% bleach solution, wipe down, line with fresh newspaper, and put in enough litter to cover the bottom of the pan.

(Instructions from this point forward apply to both cats and dogs.) Fill a bucket with soapy bleach water. Dump any food left in the food bowl (unless it's dry food that appears fresh) into the trash, wipe out food debris with a paper towel, then soak the food bowl in a bucket with soapy bleach water.

Take the cage door off, scrub it with soapy bleach water, and then spray it with bleach water. If the metal cage door supports come off, clean them as well. Shake the laundry out into the cage and put it in the laundry basket for dirty linens. Strip the cage of all newspaper and debris and put this into the trash. Wipe out any additional debris with a paper towel. All heavily soiled laundry items **and all laundry items exposed to ringworm** must be thrown away.

Spray down the entire wall unit (bottom, sides, and ceiling) with pre-mixed Parvocide/KennelSol solution and clean thoroughly. Then spray the cleaned surfaces with a 10% bleach solution and allow the solution to remain on the cage surface for a full 10 minutes. While letting this sit, wash the animal's food bowl, toys, and water dish. Rinse well and set on towel by sink to dry.

Wipe down the cage with a paper towel until it is completely dry. Line the cage with fresh newspaper and towels. Completely dry the food and water bowls and toys and place them back into the cage (with the fresh litter pan for cats). Completely dry the cage door and put it back onto the wall unit, then put the animal back into the wall unit.

Wash the carrier the cat was in with soapy bleach water. Rinse it out and stand it on end to dry. Wipe down the countertop using Kennel-Sol/Parvocide solution. Dry the carrier and return it to its storage place.

Change your gloves and repeat this entire process for each remaining wall unit until every occupied wall unit in every room has been cleaned (changing gloves after cleaning each wall unit). Once this is complete, repeat the entire process with each wall unit that was used to house an animal while its primary wall unit was being cleaned.

After all animals have been fed and medicated and all wall units have been cleaned, wipe down all surfaces in each room with Kennel-Sol/Parvocide solution: countertops, doors, doorknobs, windowsills, overhead vents, etc. Sweep the floors and then mop with the Kennel-Sol/Parvocide solution or a 10% bleach solution. All items that can be moved must be moved to thoroughly sweep and mop the floor.

Only use the broom and mop labeled "Isolation" in the isolation area and use only the washer and dryer in the isolation area for isolation laundry (i.e., do not bring laundry into the general population laundry room). Isolation laundry must be handled with gloved hands. Bring trash to the dumpster using the "New Intake" door in the isolation ward; do not bring it through the general population areas to use any other door.

Double check the medical board to see whether mid-day medication is required. Leash walk any dog well enough with their own leash.

## Cat Cabin

The cat cabin is only to be used to house healthy felines that are available for adoption and not exhibiting symptoms of infectious disease.

MHF has established a Kitten College to place orphaned kittens under the age of eight weeks directly into foster care. The Kitten College should be utilized whenever possible to keep young kittens with underdeveloped immune systems out of the shelter. When this is not possible, kittens should be placed in the Cat of the Day room, Dog of the Day room or until they are old enough to start their vaccination series.

When MHF takes in a mother cat with newborn kittens, the ideal scenario is to transfer the mom and kittens to a rescue partner that specializes in neonatal kittens such as the Animal Welfare League of Arlington. If this is not possible then they should be placed in foster care.

The indoor/outdoor cat playrooms may only be used for healthy and vaccinated cats. There may be no more than six adult cats or 12 kittens per playroom. The playrooms must be thoroughly cleaned and disinfected between groups of cats residing in them.

The cat cabin is to be thoroughly cleaned every morning and freshened every evening. The cats should be fed first thing every morning. Administer all prescribed medications, changing gloves in between each animal. Once an animal completes a course of medication, the animal's name is removed from the bin. Clean the bin and return the empty vials to the clinic for re-use.

Clean one room at a time, changing gloves when moving from one room to another. If a cat is being kept in a room by itself, the cat should be placed into a clean carrier labeled with its name prior to the room being cleaned. The cat should go into the same carrier each time their room is cleaned. Once the cat is adopted its name should be removed from the carrier and the carrier is thoroughly cleaned.

Dump the litter into the trash can and wipe out all organic matter using a paper towel. Spray the litter pan with a 1:32 Rescue solution (1/2 a cup per gallon of water) solution, wipe down, line with fresh newspaper, and put in enough litter to cover the bottom of the pan. Fill a bucket with soapy bleach water. Dump any food left in the food bowl into the trash, wipe out food debris with a paper towel, then soak the food bowl in the bucket with soapy bleach water.

Shake out all linens and take away soiled linens to be washed (heavily soiled linens should be thrown away). Remove and dispose of all newspaper. Spray each surface with 1:32 Rescue solution (or Rescue wipes) then wipe it down. Reline with

newspapers and replace any linens that were taken away. Clean the wall unit containing the litter boxes the same way, ensuring that all sides, the top, and the bottom are all sprayed and wiped down.

The floors in the cat cabin are swept daily and mopped with a 1:32 Rescue solution every other day, unless soiled (vomit, feces, urine or other organic material). Empty rooms in the cat cabin are cleaned as described above once a week (Mondays). Trash is to be emptied on a regular basis to eliminate odor.

## Dog General Population

The Dog General Population room is only to be used to house healthy canines that have started their vaccination series and are showing no signs of infectious disease.

The general population areas are to be thoroughly cleaned every morning and freshened every evening. The dogs should be walked and then fed first thing every morning. Administer all prescribed medications as indicated on the label. As an animal completes a course of medication, the animal's name is removed from the bin. Clean the bin and return them to the clinic for reuse.

Each run is then stripped of soiled laundry and feces. Soiled laundry is brought to the laundry room (heavily soiled items are to be thrown away), and feces is flushed down the toilet in the dog room. The inside run is sprayed with water, mopped with warm soapy water, sprayed with water again, and then squeegeed. The same process is repeated for the outside runs.

The floors in Dog General Population areas are swept daily and sprayed down with a 1:32 Rescue solution (1/2 cup of Rescue concentrate per gallon) every other day, or as needed based on soil level. Empty dog runs are cleaned as described above once a week (Mondays).

Dog bowls and water buckets are to be cleaned in the Dog Work Room sink with dish soap, then thoroughly rinsed and completely dried before they are put away. Soiled bowls and buckets will be disinfected with a 1:32 Rescue solution for 10 minutes, thoroughly rinsed and then completely dried before being put away. On Mondays, all bowls and buckets will be disinfected with a 1:32 Rescue dilution. Dishes must be washed every morning and evening.

## Small Companion Room

The exact cleaning procedure will depend on which type of animal is being housed in the Small Companion room at the time. In general: pick up all food and water bowls, wash them, and leave them to air dry while cleaning the rest of the room. Remove any bedding (straw, wood chips, and/or newspaper) from the floor and throw it away. Thoroughly sweep all debris off the floor and mop the floor with a 1:32 Rescue solution. Put down fresh bedding and clean food and water bowls. Spray and wipe down all toys, enclosures (such as a carrier or bunny hutch), and/or baby gates with a dilute Rescue solution.

## Community Cat Room

The Community Cat Room will be used solely to hold community cats brought in through the TNR program before and after spay/neuter surgeries. The wall units are primarily for community cats that are being held for medical care (beyond sterilization surgery).

The cats will be kept in covered traps until they leave for surgery unless they come in more than three days before their surgery: in this case, they will be transferred to a wall unit. Each trap must be of adequate size for the cat to sit in a sternal position without touching the top of the trap and can move from one end of the trap to another by taking several steps. Cats brought in smaller traps should be transferred to a larger trap. All traps must be labeled with the name of the colony the cat came from and their colony number.

The traps must be cleaned daily. The cats can remain inside the trap during cleaning if this is the least stressful approach for the cat. If the trap is soiled with feces, the cat must be transferred to another trap so the soiled trap can be cleaned. Use the traps labeled “transfer traps” for housing only. The transfer traps should be labeled with the cat’s name.

The wall units must be cleaned every day. Dump the litter into the trash can and wipe all organic matter out of the litter pan using a paper towel. Spray the litter pan with 10% bleach solution, wipe down, line with fresh newspaper, and put in enough litter to cover the bottom of the pan. Shake out all linens and take away soiled linens to be washed (heavily soiled linens should be thrown away). Remove and dispose of all newspaper lining the bottom of the wall unit. Spray each surface with 10% bleach solution then wipe it down. Reline with newspapers and replace any linens that were taken away.

The floors are swept and mopped with soapy bleach water every day. Empty wall units are cleaned as described above once a week. Trash is to be emptied on a regular basis to eliminate odor.

Food and water bowls are to be cleaned in the sink with a combination of dish soap and 10% bleach water, then thoroughly rinsed and completely dried before they are put away. Dishes must be washed every morning and evening. When a cat comes back from its surgery, offer the cat food and water the same evening they return from surgery (unless their discharge instructions state otherwise.)

If a community cat were to get loose **do not open the door to the Community Cat Room**. Protect your face and stay quiet and still until the cat has found a corner or another spot it has deemed safe. Use your cell phone to call ACM or Animal Care staff for help. If you feel comfortable you can quietly offer the cat a carrier or box to go into. **Never try to grab a cat: let them calm down before attempting to coax them into a carrier or box.**

## Livestock

Staff, volunteers, and other guests such as potential adopters may not smoke in the barn or around the paddocks. Guests who are smoking must be instructed to deposit their cigarettes in a proper disposal container and may be asked to leave the facility grounds if they do not comply. Staff and guests may not park vehicles in front of any major entrance to the barn or in front of any field.

Staff and guests must act in a manner that is not disruptive to the equine and livestock: no horseplay. Dogs are not permitted in the barn, around the barn and field gates, or in the fields.

The maximum safe speed limit for the Gator is 5 mph. Excessive speeds or other unsafe driving practices will result in the offender losing privilege to use the Gator and other farm equipment.

Horses are not to be put in the barn except for medical need, grooming/tacking, or for use of stalling as approved by the Equine Coordinator or ACM.

An appropriate halter and lead line for each horse must be kept on the main gate to the paddock in which they reside. All occupied fields and the turnout sheds in each occupied field must be cleaned a minimum of once a week. Stalls must be cleaned a minimum of twice daily.

When taking a horse from a field, the other horses in the field should not be left alone unless they share a direct fence line with other horses in a neighboring field. Special exceptions can be made for horses with medical or behavioral issues. Close all gates upon entry and exit. Always lead horses at a walk unless deemed necessary.

## Tack and Feed Rooms

The tack and feed rooms are for the storage of horse feed, supplies, and horse-related equipment only. Flammable materials such as paint and gasoline may not be stored in the tack and feed rooms, or anywhere an animal is being housed.

Return livestock equipment such as wheelbarrows and pitchforks to their proper place in a clean and serviceable condition when done with them. The wheelbarrows must be returned to their designated areas, which are out of the way of other equipment and livestock. Do not leave hoses lying across pathways: coil hoses when done with them. During the winter, detach hoses from faucets and store them in a warm room. Set aside any broken or damaged items and notify the Equine Coordinator or ACM about the need to replace the broken equipment.

Hay and other debris will be swept and/or raked up by the person moving the hay or other items inside the barns and immediately outside the entrance.

All equine and livestock must be fed as specified on the white board in the barn. Do not give medication to equine or livestock unless specified on the feeding board, or during a medical emergency under the supervision of a trained staff member. Feed and medications must be fully closed and stored properly to avoid contamination and exposure to the elements.

## Turnouts

Remove a horse's halter prior to turnout, unless under special circumstances: be aware of which animals must keep a halter on. Ensure that horses have access to fresh water at all times (for stalled horses, a minimum of two buckets of water must be available). Turned out livestock must always have access to hay unless the hay is taken away for medical reasons. Do not give excessive amounts of hay.

Turnouts can accommodate multiple animals, but fields should not house more livestock animals than are able to comfortably fit in the turnout sheds. Animal Care must remove manure from the turnout sheds on a daily basis and fill in the shed dug by the horses whenever they are observed.

Refer to the map by the feeding whiteboard to check where animals are turned out. If a horse needs a blanket, follow the blanketing guide in the barn. **It is strictly prohibited to ride horses in any turnout field that houses non-equine livestock.**

## Chicken Coop

In the morning check the coop and the area around the coop for signs of a predator attempting to get into the coop and, if evidence of an entry attempt is found, report it to the Equine Coordinator. Before the chickens are let out into the run conduct a head count to make sure everyone is still there, feed the chickens according to current feeding instructions, and dump out and refresh water. Administer any medications as needed. Once the chickens are in the run, collect the eggs and clean the coop as needed. Confirm the coop and run are tightly sealed and predator proof.

Repeat the cleaning, feeding, refreshing the water, and medicating at night before the chickens are put back in the coop. When the temperatures are low ensure the heat lap is on and safely positioned and when the temperatures are high, ensure the fans are on and safely positioned.

The full coop needs to be stripped and cleaned on a weekly basis. Staff should regularly pick up and handle the chickens and ensure they have enrichment toys and treats.

## Pig Pen

Feed the pigs according to current feeding instructions; dump out and refresh their water. Administer any medications as needed. Once the pigs are fed, open the door to the fenced-in yard so they can go in and out throughout the day. Clean large concentrations of feces and decomposing vegetables out of the stall, replacing the bedding as necessary.

Repeat the cleaning, feeding, refreshing the water, and medicating at night before the pig(s) are brought back into the pen. When the temperatures are low, ensure the heat lap is on and safely positioned and when the temperatures are high, ensure the fans are on and safely positioned.

The full pen needs to be stripped and cleaned on a weekly basis. Staff should regularly interact with the pig and ensure they have enrichment toys and treats.

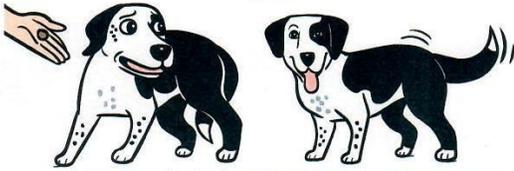
## ANIMAL CARE – BEHAVIOR

### General Forms



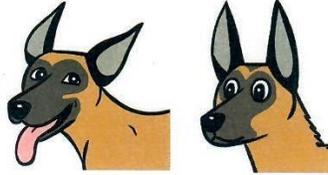
# 8 Key Points of Observation

## 1. Overall body posture



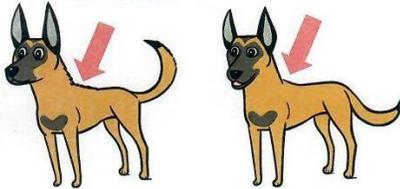
Loose and wiggly or tense and stiff? Upright or crouched? Leaning toward or away?

## 5. Mouth



Open or closed? Loose or tense? Teeth showing? Panting? Lip licking?

## 2. Hair coat



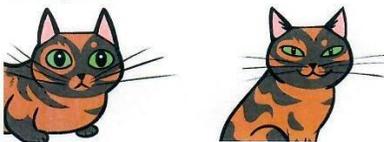
Standing on end or lying normally the against body?

## 6. Tail



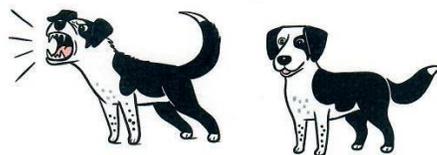
Tightly tucked or held away? If wagging, stiffly or loosely—high/low?

## 3. Eyes



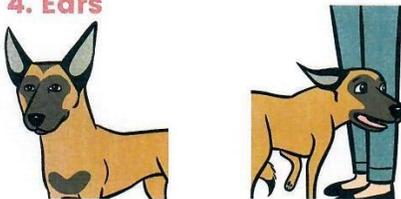
Looking at or away? Pupil size? Eyes wide or squinty? Hard stare or soft gaze?

## 7. Vocalizing?



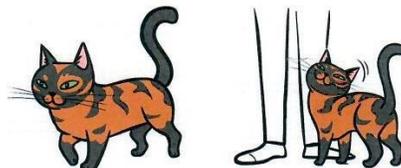
High- or low-pitched bark? Whine? Growl? Hiss, yowl, meow, purr?

## 4. Ears



Flattened down or held naturally? Forward, sideways, or neutral position?

## 8. Animal in Context



What's the situation? Seeking or avoiding contact? Specific stressors?

# Incident Report

## Middleburg Humane Foundation Incident Report

Animal Name: \_\_\_\_\_ Date Recorded: \_\_\_\_\_ Recorded by: \_\_\_\_\_

Animal Location: \_\_\_\_\_

Species (Circle) : DOG CAT PIG SHEEP GOAT RABBIT HORSE OTHER: \_\_\_\_\_

Location of incident on MHF Property: \_\_\_\_\_

Where there other people present? If yes describe:

\_\_\_\_\_

Date of Bite or Incident: \_\_\_\_\_ Time of Bite or Incident: \_\_\_\_\_

Any known stressors/negative interactions/corrections made to the animal? Example also may be vet appointment prior to incident, shown to adopters, scared by lawn mower etc.:

\_\_\_\_\_

Description of incident:

\_\_\_\_\_

Animal current location:

**Severity Mild:** skin abrasion or significant bruising      **Moderate:** puncture(s)

**Serious:** Multiple bites/Significant tissue damage.

**Did the animal:** Bite and let go quickly  OR Bite down and take time to let go

**Did the animal:** Bite once and move away  OR Return to bite more than one time

**Was the animal:**

Moving towards you when the bite occurred  OR Were you moving towards the animal

Describe the Animals body language when the incident occurred:

\_\_\_\_\_

Describe body part(s) injured:

\_\_\_\_\_

Did this person require or seek help of a medical professional?    Yes    No

If yes, please list the facility in which the persons received care: \_\_\_\_\_

# Cat Frustration Scale

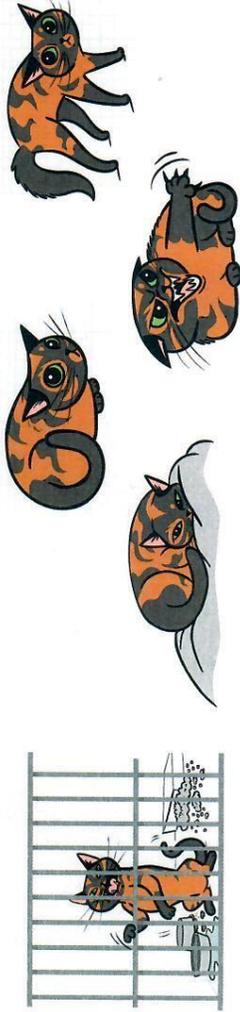


## Cat FAS & Frustration Scale for Shelters

Signs of FAS and frustration can be caused by medical issues. Behavioral concerns should be brought to the attention of the appropriate medical staff.

### High

- Severe signs of stress indicate emotional suffering
- Urgent action is required
- Immediate environmental management is imperative along with increased daily enrichment
- Medication and behavior modification should be strongly considered (imperative if signs persist)
- If behavior continues to deteriorate, alternatives to shelter housing are required

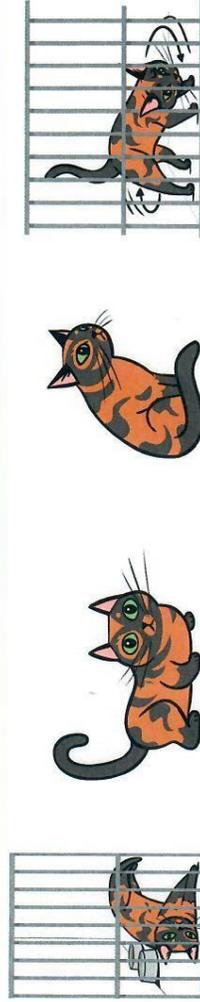


**May display active signs:** high arousal, hissing, and aggression; repetitive meowing and/or pacing, pawing, pushing, or hanging on the cage door; escape behavior, disruption of cage contents.

**May display passive signs:** constant hiding; feigning sleep, not moving, hypervigilance, avoiding social interactions, decreased play or exploratory behavior, decreased grooming, poor appetite or refusal to eat.

### Moderate

- Moderate signs of stress
- Environmental management is imperative along with increased daily enrichment
- +/- Behavior modification and medications and/or complementary/alternative therapies



May be hesitant but not actively avoiding social interactions, occasional hiding, occasional meowing and/or pawing at the cage door or other frustration related behaviors. May display a slight decrease in appetite or grooming.

### Low

- Relaxed or mild signs of stress
- Prevent increase through environmental management, enrichment and daily routine



Normal behavior patterns including friendly behavior with people, eating, grooming, resting, playing, exercising, and sleeping. Relaxed body language. Good appetite. Appropriate social interactions.

# Observation Sheet

CANINE/FELINE ASSESSMENT Date: \_\_\_\_\_ Performed by: \_\_\_\_\_

Initial Behavior Observation/ Assessment Sheet – Circle all points that describe the animal

**1.) Overall Body posture:**

Loose and wiggly    Tense and Stiff    Upright    Crouched    Leaning Toward    Moving Away

**2.) Hair Coat:**

Standing on end/hackles up    Lying normally against the body

**3.) Eyes:**

Looking at you OR away - Pupil size : LRG /normal/SML - Eyes wide/Eyes squinty – Hard or Soft gaze

**4.) Ears:**

Flat to head    – Held naturally    - Forward    - sideways    - neutral position

**5.) Mouth**

Open vs Closed    Loose vs Tense    Teeth Showing    Panting    Lip Licking

**6.) Tail**

Tightly Tucked vs Held Away    - If Wagging > stiffly or loosely high/low

**7.) Vocalizing**

High or low pitched bark    Growl    Whine    Hissing    Yowling    Meowing    Purring

**8.) Animal In context**

Seeking vs Avoiding Contact

**Specific Stressors Noted:**

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**Animal HX or known entry reason:**

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**Other Notes Comments or Important Findings:**

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Canine

# Dog Frustration Scale

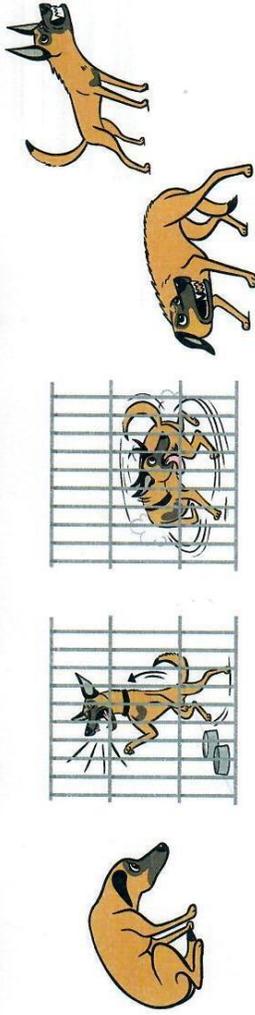


## Dog FAS & Frustration Scale for Shelters

Signs of FAS and frustration can be caused by medical issues. Behavioral concerns should be brought to the attention of the appropriate medical staff.

### High

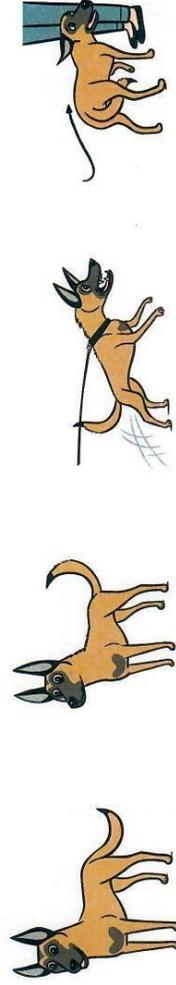
- Severe signs of stress indicate emotional suffering
- Urgent action is required
- Immediate environmental management is imperative along with increased daily enrichment
- Medication and behavior modification should be strongly considered (imperative if signs persist)
- If behavior continues to deteriorate, alternatives to shelter housing are required



**May display active signs:** aggression and reactivity; repetitive barking, jumping/pacing/spinning; wall rebounding, tail chasing, fence biting/licking; excessive panting, escape behavior, destructive behavior, or jumpy-mouthy interactions. **May display passive signs:** constant hiding, feigning sleep, not moving, avoiding social interactions, decreased play or exploratory behavior, poor appetite or refusal to eat.

### Moderate

- Moderate signs of stress
- Environmental management is imperative along with increased daily enrichment
- +/- Behavior modification and medications and/or complementary/alternative therapies



May be hesitant but not actively avoiding social interactions with people, occasional hiding, occasional barking and jumping, occasional frustration related behaviors. May display a slight decrease in appetite.

### Low

- Relaxed or mild signs of stress
- Prevent increase through environmental management, enrichment and daily routine



Normal behavior patterns including friendly behavior with people, eating, grooming, resting, playing, exercising, and sleeping. Relaxed body language. Good appetite. Appropriate social interactions.

**Middleburg Humane Foundation**

**Report Card**

Name: \_\_\_\_\_

Updated On : \_\_\_\_\_

**Academics** *So far, I know:*

Sit      Stay      Come      Other:  
Shake   Drop it      Down \_\_\_\_\_

**Recess** *I seem to enjoy:*

Walking with a \_\_\_\_\_  
(Equipment)  
Playgroups      Swimming      Car Rides  
                         or playing in water  
Agility      Fetch      Toys/Puzzles

**Qualities** *Staff & Volunteers say I'm:*

Goofy      Cuddly      Outgoing  
Adventurous      Sweet      Independent  
Calm/Gentle      Shy      Playful

# Observation Sheet

CANINE/FELINE ASSESSMENT Date: \_\_\_\_\_ Performed by: \_\_\_\_\_

Initial Behavior Observation/ Assessment Sheet – Circle all points that describe the animal

**1.) Overall Body posture:**

Loose and wiggly    Tense and Stiff    Upright    Crouched    Leaning Toward    Moving Away

**2.) Hair Coat:**

Standing on end/hackles up    Lying normally against the body

**3.) Eyes:**

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Open vs Closed    Loose vs Tense    Teeth Showing    Panting    Lip Licking

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Tightly Tucked vs Held Away    - If Wagging > stiffly or loosely high/low

**7.) Vocalizing**

High or low pitched bark    Growl    Whine    Hissing    Yowling    Meowing    Purring

**8.) Animal In context**

Seeking vs Avoiding Contact

**Specific Stressors Noted:**

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---

**Animal HX or known entry reason:**

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**Other Notes Comments or Important Findings:**

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## Middleburg Humane Staff/Volunteer Dog Report

Volunteer Name: \_\_\_\_\_

Date: \_\_\_\_\_

Dog Name: \_\_\_\_\_

\_\_\_\_\_ Walk  
\_\_\_\_\_ Quiet Time  
\_\_\_\_\_ Grooming  
\_\_\_\_\_ Training



Please circle all that apply and add comments below.

Good on leash (leads easily, doesn't pull)    Okay on leash    Not-so-good on leash (pulls a lot, hard to manage)

Easy to get in & out of kennel or room    Hard to get in & out of kennel or room

Very social (friendly)    Mostly social (distracted, nervous)    Not-so-social (shy, shutdown, aloof)

Behavior was inappropriate or unexpected (please explain) around:

Other Dogs    Cats    New people (specify details)  
New places (specify details)    Children    Other

Anything else we should know? \_\_\_\_\_

\_\_\_\_\_

## Dog Fight Response

Every effort should be made to prevent dogs from fighting in the first place. For example, dogs that have fought with each other previously should be kept separate from each other, dogs that are dog-reactive should be thoroughly evaluated before participating in a play group, etc. Animal Care staff should be trained in canine behavior so they can correctly interpret canine body language and recognize when a fight might occur.

1. List dog fight equipment 2. State where equipment is located

Should a dog fight occur, **do not attempt to break up the fight alone.** Either sound the air horn or spray the citronella spray: this might stop the fight by either startling the dogs or redirecting their attention. Toss a large blanket over the dogs if one is available as this might interrupt the fight by blunting the dogs' vision. (This technique works best and is safest when separating two small dogs.) If a fight is severe spray the dogs with a hose, aiming at their faces if necessary so that they will release a bite to come up for air.

Do not do the following things when breaking up a dog fight:

- Do not try to get between the dogs involved
- Do not scream (this might intensify the aggression between the dogs)
- Do not hit or kick the dogs

Once the fight is stopped, physically separate the dogs as soon as possible. Separate the dogs into areas away from each other, preferably where they cannot see each other.

## Dog Bite Instructions

Seek medical attention immediately if the bite is severe: the nearest hospital is in Warrenton (500 Hospital Drive; (540) 316-5000). The hospital will likely report the bite incident to the county animal control office. If the bite is not severe, notify shelter management and fill out an [Incident Report form](#). Be as detailed as possible when filling out the form, to include:

- What was the dog doing leading up to the bite (i.e., was the dog playing)?
- Did the dog give a warning before it bit (i.e., growl or snapped at the air)? - Did the dog release its bite immediately?

Staff handling animals should have a current rabies vaccine: notify MHF management immediately if this is not the case.

## Equine

### Handling Protocols

Staff members must use methods of training approved by the ED and Equine Coordinator (EC). Only staff members who have been previously approved by the ED or ACM will be allowed to train equine and livestock residing at the shelter. Training must take place in safe, appropriate areas clear of dangerous obstacles. Proper equipment that has undergone a safety check prior to the training session will be used in training a livestock animal.

The only non-staff member authorized to work with resident equine and livestock are certified trainers approved by the ED and Board of Directors. Non-staff trainers must act in compliance with MHF's Insurance and Liability rules when offering their services. These rules state:

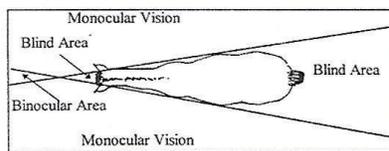
- a) Guests must sign a Non-Member Release of Liability form and submit it to the ED prior to engaging in a livestock activity.
- b) All required MHF forms must be filled out completely and signed before any livestock activity takes place. Only official MHF forms are valid and accepted.
- c) Guests must be accompanied by a staff member and shall not engage in a livestock activity without staff supervision.
- d) All trainers must provide proof of insurance for a minimum amount of \$-----(**enter relevant amount**) one week prior to any lessons given. It is the responsibility of the trainer to keep all insurance policies current and provide MHF with notification of policy updates.
- e) Organizers of any events must have prior approval from the Board and provide proof of insurance, as listed in "c" above, one week prior to event or the event will be cancelled.

## **Basic horse handling – DO's and DON'T's**

Horses are beautiful and friendly animals, but they can also be dangerous. A 1000-pound horse doesn't act or think in the same way as a dog or cat, and understanding a little bit about how horses think can help you to work with horses in a way that is safe and effective for both you and the horse. First, remember that horses are prey animals. They startle ("spook") easily and move quickly. If you make a sudden movement or loud noise around a horse, he may think you are a predator and run away or try to defend himself by biting or kicking.



*Figure 1. Horses are beautiful and strong, and it's important to know a little about them to handle them safely.*

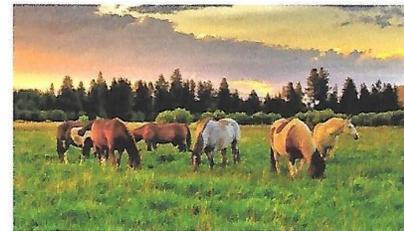


*Figure 2. Horses have a blind spot immediately in front of and behind them.*

him. When you are moving around a horse, it is a good idea to talk to him and place a gentle hand on him so he knows where you are. Also, try to stay out of kicking range when you are near the back end of a horse. You want to stay far enough away that he can't reach you or close enough that a kick won't be full power.

If you are on the left side of a horse, he can see you with his left eye only (called monocular vision). The opposite is true on the right side. If you are out in front of the horse, he can see you with both eyes (binocular vision). But when you are close in front of the horse or directly behind him, he can't see you. Try to approach from the side, not in the blind spot, to avoid startling him.

Horses are herd animals. They like to be with other horses. If you are trying to take a single horse away from the herd, he may resist and try to stay with his buddies. When you are leading or riding a horse and he sees a group ahead, he may try to hurry and catch up! Be prepared to gently but firmly guide the horse. Being a herd animal also means a horse likes to follow the leader – if you are a good leader, the horse will be more likely to follow you. Be confident and firm but gentle. If the horse thinks you are not a good leader, he may try to take over leadership from you!



*Figure 3. Horses are herd animals and prefer to stay in groups.*

### **DO**

- Move slowly
- Talk to the horse in a low, gentle voice
- Be gentle but firm
- Stay where the horse can see you
- Watch where you put your feet – horses' hooves are heavy!

### **DON'T**

- Make quick movements or loud noises
- Try to "out-pull" the horse – you won't win!
- Move in and out of the horse's blind spot
- Wear open-toed shoes – getting stepped on hurts!

# Haltering and Leading

## **How to halter and lead a horse**

1. Get the halter and lead rope and hold them neatly in your left hand. Position the halter so it is ready to put on – that means the strap that will go behind the ears should be on top, with the buckle close to your hand. The lead rope should already be attached. **DO NOT** wrap the lead rope around your wrist at any point – if the horse pulls away from you while you are leading, you could be seriously injured if you are unable to let go of the rope.

2. Quietly approach the horse on his left side, not in the horse's blind spot. Close the gate behind you as you enter the stall or paddock.

3. If you have a horse that doesn't stand quietly to be haltered or you just want some extra control in case he moves away as you are haltering, pass the lead rope around the horse's neck and back to your hand before you put on the halter.



*Figure 2. Use your right hand to pass the head strap over the horse's neck.*

8. Now you are ready to lead the horse. Face the direction you want to go and walk forward. Use gentle but firm tugs on the lead rope if needed to get the horse moving. Don't turn around and face the horse as you try to move him forward. A horse will usually move the direction you are facing, so if you turn towards him and try to make him walk he may stop or even back up.

9. Stay on the left side of the horse and keep the lead rope short to maintain good control. Never stick your fingers through the rings of the halter as you lead – this can cause serious injury.



*Figure 1. Carry the halter and lead rope neatly and ready to put on the horse.*

The lead rope then gives you some control over the horse as you put the halter on.

4. Pass the halter in your left hand under the horse's neck and use your right hand to reach over and pick up the head strap.

5. After you have the head strap in your hand, pull the nose band up and over the nose.

6. Buckle the head strap.

7. Hold the lead rope in your right hand close to the halter and keep the rest of the lead rope neatly in your left hand. Be careful not to wrap the rope around your hand or let it drag on the ground where the horse could step on it.



*Figure 3. Once the nose band is in place, buckle the head strap to secure the halter.*



Figure 4. Lead from the horse's left side and hold the lead rope short, near the halter.

12. When you are ready to release the horse back into the field, go ahead of him through the gate as before and close the gate securely. Be careful not to let the gate bang against the horse's body as you go through.

13. Turn the horse to face the gate and pause for a moment before you release him. You don't want a horse to get into the habit of charging away into the field the instant you enter it, as this would increase the chance of getting kicked as the horse runs away.

14. Remove the halter and back away from the horse. Don't turn your back on the horse as you go away – if the horse wheels to run off into the field, you want to be ready to move away and not get kicked.

15. Close the gate securely as you leave.

Images Courtesy of Dr. R. Scott Pleasant, Virginia-Maryland College of Veterinary Medicine

10. As you leave the field or stall, walk ahead of the horse through the gate and then turn him around to face the gate as you close it. Keep the lead rope short (stay near the horse's head). You never want to end up behind the horse where you could easily be kicked. Also, maintain control of the gate as you open and close it – you don't want the gate to swing wide open or to hit the horse.

11. When you want to stop, turn toward the horse and say "whoa" as you pull back on the rope. If he doesn't stop, use repeated short tugs instead of a steady pull on the lead. You will never win "tug-of-war" with a horse!



Figure 5. Turn the horse around to face the gate and keep the lead rope short as you close the gate – you don't want to end up standing behind the horse where you could get kicked.

# Grooming

## **Grooming a horse**

To groom a horse, you will need a curry comb, stiff-bristle brush, soft brush, and hoof pick. A sweat scraper and shedding blade may also be useful in some horses. If you are getting the horse ready to ride, pay special attention to the area where the saddle and girth will go. Mud and debris left underneath the saddle can rub the horse and cause sores. Be gentle on the legs and under the belly – horses tend to be more sensitive in these areas.



Figure 1. Grooming brushes. From left to right, a rubber curry comb, stiff brush, and soft brush.

When you are ready to groom a horse:



Figure 2. From left to right, a shedding blade, sweat scraper, and hoof pick.

1. If the horse has a thick furry coat or is covered in thick mud, begin grooming with the shedding blade. You can use the shedding blade to remove excess fur or clumps of mud before you go on to the rubber curry comb.
2. Use the rubber curry comb in a circular motion to remove dirt and loose hair.
3. Next use the stiff-bristle brush, also known as a dandy brush, with firm strokes in the direction the hair grows. This brush should remove most surface dirt.
4. Brush with the soft brush in the direction the hair grows to remove any last surface dirt and give the horse a final polish.
5. The sweat scraper is used whenever needed to remove moisture from the horse's coat if the horse is wet with sweat or has just had a bath.

## **To pick up and clean out a hoof**

1. Slowly approach the horse from the side, talking to him so he knows you are there.
2. Place your hand on the horse's shoulder or hindquarters, then run your hand slowly down the back of the leg to the fetlock area.
3. Grasp the fetlock area (the tuft of hair at the back of the leg just above the hoof) and pull – most horses will lift their foot for you at this point. If he won't lift his foot, push him over a little to help him shift his weight off the foot and make it easier for you to pick it up.
4. Rest the hoof on your leg as you clean the hoof.
5. Use the metal hook on the hoof pick to clean out dirt and rocks from the horse's hoof. Be gentle around the frog, as this is a more sensitive part of the hoof.



Figure 3. Picking out a horse's hoof. The frog is the darker V-shaped area above the hoof pick in this image.

6. If the pick is the type with a brush on one side, use it to brush away any small dirt on the hoof after you have removed dirt and rocks with the metal pick.
7. When you are finished, hold the hoof with your hand and lower it back to the ground – try not to just drop it.
8. Repeat for all four hooves. Regular hoof cleaning is a critical part of grooming and important for hoof health. If rocks and dirt are left in the hoof, they can cause bruising and injuries that can allow an abscess to develop. Hoof cleaning also allows you to identify any cracks or other problems so they can be addressed with the farrier and/or veterinarian.

**Image References**

Figures 1 and 2. Amanda Házy.

Figure 3. "Are You Making One of the Most Common Hoof Care Mistakes?" <  
<https://www.farnam.com/stable-talk/are-you-making-one-of-the-most-common-hoof-care-mistakes>>

# Behavior and Body Language

## **Equine Behavior and Body Language**

Understanding normal horse behavior and body language can help you handle a horse in the most safe and enjoyable way for both you and the horse. Knowing what is normal for a horse can also help you identify abnormal behaviors that may indicate when the horse is not feeling well.

While every horse is an individual, certain breeds of horses tend to have characteristic behavior patterns. A "hot-blooded" horse like a Thoroughbred or an Arabian will usually be more excitable and nervous, while a "cold-blooded" draft horse like a Clydesdale or a Percheron will usually be more calm and quiet. If a young Thoroughbred hangs his head low and doesn't react very much when approached by other horses or you, this may be a sign that he doesn't feel well. However, this could be normal behavior for a big, calm Clydesdale. Knowing what is normal helps you know when a horse is just "being a horse" vs when he has a health problem. When you are around a horse, notice his body language to see how he is feeling. Pay special attention to his ears, head, eyes, and tail.



*Figure 1. A Percheron will (usually) have a more calm and quiet disposition.*

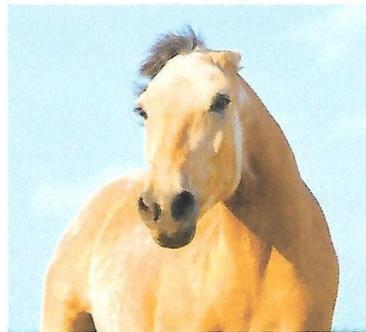


*Figure 2. Ears up and eyes open wide means the horse is alert to his surroundings.*

Notice where the horse's head is when you are handling a horse – if he is angry or scared, he may move his head quickly to nip or bite at you, and you want to be out of the way. The horse's head and eyes can also show you how the horse is feeling. When a horse is startled, he may throw his head up high and his eyes will be wide open. A relaxed horse will usually have his head dropped down and his eyes may be half-closed.

A horse's tail can also give you information about what the horse is feeling and what he may do next. An irritated horse may clamp his tail down tight as he prepares to kick. A tail swishing quickly back and forth may also be a sign of irritation or pain.

The position of a horse's ears can tell you a lot about his attitude. A horse points his ears in the direction of whatever he is listening to. If the ears are pointing forward, he is alert to what is in front of him. If you are riding and the ears are turned around toward you, he is probably listening and paying attention to you (this is a good thing!). If the ears are swiveling back and forth, he is curious about his environment and paying attention to his surroundings. If the ears go flat back against the horse's head, this is a red flag! Ears laid back mean the horse is about to bite, kick, or respond strongly to something. If you see this, be careful!



*Figure 3. Ears pinned back mean "look out!"*

# ANIMAL CARE – MEDICAL

## General Veterinary Policies

All shelter animals will be inoculated in accordance with the MHF Vaccination Protocol and given parasite prevention as outlined in the MHF Parasite Control Protocol. All shelter animals will receive the best possible veterinary care that MHF has the capacity to provide.

Once a day medications (SID) must be administered in the morning rounds (8:00-9:00) unless otherwise directed by the VT. Twice a day medications (BID) must be administered between 8:00 and 9:00 a.m. and again around 5:00 p.m. Three times a day medications (TID) must be administered between 8:00 and 9:00 a.m., midday (12:00-1:00) and around 5:00 p.m.

## Control of Infectious and Contagious Disease

Animal Care staff will report to the medical team whenever a shelter animal shows any of the following signs of infectious disease (even if the animal appears bright and alert):

- coughing and/or sneezing
- diarrhea (more than 2x in a 12-hour period)
- hair loss
- lethargy
- purulent nasal discharge
- ocular discharge (muroid), particularly with red mucus membranes
- skin disease
  - noticeable/marked hair loss
  - papules/pustules
  - crusting lesions
- vomiting
- anorexia of 48 hours duration

This report should include a written observation sheet that includes a temperature and the time the observation was made. If the animal is six months old or younger, a new weight must be taken and recorded on the observation sheet. If a member of the medical team is not available, the animal(s) presenting signs of illness should be moved to Isolation.

Staff should take all necessary precautions to help reduce the chance of spread of disease: wash hands in between working with animals, change any clothing that was in contact with a sick/possibly sick animal, moving the sick animal(s) away from other animals, and stripping and cleaning the area where the sick animal(s) was(were) housed. Doorknobs, medication bottles, and any other potential fomite should also be cleaned.

Stress can lead to illness in cats. Cats are not herd animals and need to be kept happy and mentally stimulated to help maintain their physical health. Maintaining an appropriate population of shelter cats, according to MHF's capacity for care, is crucial to reducing stress levels and disease in cats.

## Medically Managed Animals

Medically managed animals will be housed separately from the general population and individually to allow for monitoring of disease progression and overall condition. These animals will be kept in an enclosure consistent with the direction of a veterinarian and in consideration of the animal's age, species, condition, and size. Animal care attendants will have training or

instruction from the veterinarian as to appropriate care of the medically managed animals. Topics of training will include how to administer medications, properly maintenance of a bandage, and aid mobility.

The animal care staff, under the medical team's supervision, will be responsible for continuously monitoring the animals' health. The animal care staff will immediately inform the medical team if any animals exhibit any of the following indications for emergency veterinary care:

- Known or suspected burn, chemical or thermal
- Grossly visible wounds (punctures, gashes, lacerations) and/or bleeding that does not slow or stop within 20 minutes
- Blood in vomit, vomit concurrent with diarrhea, more than two times in an eight-hour period, or any animal under 12 months of age
- Blood in diarrhea, diarrhea concurrent with vomiting, more than two times in an eight hour period, or any animal under 12 months of age
- Lack of urination in 24 hours
- Neurologic signs such as seizures, circling in one direction, stumbling, head tilt
- Emaciation (excess prominence of the ribs, vertebrae, or pelvis)
- Difficulty breathing or signs of labored breathing
- Abnormal gum color (anything other than pink, moist gums)
- Known or suspected eye injury: discharge, squinting, holding eye shut, rubbing eye, grey or dark color over eye
- Choking (veterinary care is required even if the object has been dislodged)
- Neonates who fail to thrive: inadequate growth, lack of suckle reflex, signs of hypothermia, hypoglycemia, or hypovolemia

## Neonatal Care

Neonates that are taken into custody with their dam/queen shall remain with the dam/queen until a minimum of seven weeks of age. Neonates born to the dam/queen after she is taken into custody will remain with her until a minimum of seven weeks of age. If the dam/queen becomes ill, inadequately lactates, or jeopardizes the safety of the neonates and/or animal care staff, neonates may be removed for surrogate care or hand rearing prior to seven weeks.

The dam/queen and neonates will be placed with a foster provider who is properly equipped and trained to care for them. Dams/queens and neonates for which a foster care provider is not available must be housed in the Isolation section of the shelter, separate from the general population areas. The dam will be monitored for adequate lactation and the neonates for growth appropriate to their age and species. Neonates should gain weight daily: puppies should gain 5-10% of their body weight and kittens should gain 10-15 grams each day. Both should double their body weight in 10 days, and kittens should gain about 1 pound per month for the first four months.

Orphaned neonates require 24-hour care and must be fed according to the following formula feeding protocol:

0-1 week: ½ tablespoon formula every 2-3 hours

1-2 weeks: formula every 2-3 hours until belly full

2-3 weeks: formula every 3-4 hours until belly full

3-4 weeks: formula every 4 hours until belly full (may begin lapping formula from bowl) 4-5 weeks: feed formula as needed to prevent hunger and weight changes (most neonates at this age can feed from a saucer; begin offering warmed canned food gruel)

5-6 weeks: feed gruel 4 times a day, gradually thickening the gruel. Offer dry food and water. Over 6 weeks: feed 3 times a day (most neonates at this age should also be eating dry food).

## Parasite Control and Treatment

**Protocol:** Sarcoptic Mange/Lice

**Species:** Feline and Canine

**Symptoms/Qualifiers:** Dermatitis, intense scratching, skin rash, crust formation in the affected area, hair loss (alopecia). Mites will transfer to other animals that are exposed to infected animal. Positive pinnal-pedal reflex positive skin scrape.

### Drug/Dosage:

Isoxazoline prevention (Nexgard, Bravecto, Credelio, Simparica, Revolution Plus) – as indicated for a minimum of 3 months

+/- Cephalexin (canine) - 20-30mg/kg BID x 14 days

+/- Cefovecin (Convenia, cats) – 8 mg/kg SC x 14 days (max 2 injections)

+/- Prednisone 0.5 mg/kg PO SID x 7d for itch, if pruritus is severe

+/- Chlorhexidine shampoo, +/- itch relief such as topical steroid - 1times/week x 2 weeks

**Method of Administration:** PO (oral); SC (subcutaneous); Topical

**Dosing frequency, duration of administration, expected response:** Daily oral medications as well as weekly dips and medicated shampoos.

**Cautions and Contraindications:** Staff exposure. Sensitivity to antibiotics. Acute cephalosporin overdose will likely present with GI distress - contact veterinarian if diarrhea presents with patient. Medicated shampoo may cause drying of skin - consult with veterinarian if there are concerns with skin condition within two days of bath if symptoms of skin condition are a concern.

**Instructions for when to contact Veterinarian for additional direction (side effects, allergic responses, ineffective responses):** Contact veterinarian if lesions worsen. Symptoms should improve within the first 7-14 days of treatment. Depending on severity of case, this time may lengthen before significant improvements to skin are observed. If redness or swelling worsens in any way, contact the vet as an allergic response is possible. Staff should take caution with exposure as to avoid zoonotic exposure and possible infection of staff. While it is possible to contract, humans are not the intended host, and it will not survive on humans. Staff should seek outside medical advice if there are concerns with possible zoonotic infection from a patient.

## Rabies Protocol

The advising veterinarian or a veterinarian partner will administer a rabies vaccine to all animals over the age of 12 weeks. Rabies vaccines should be boosted at one year and three years after the original vaccination date.

Section 3.2-6522 of the Code of Virginia details the handling of rabid animals (see the [Reporting Requirements](#) section). If the Animal Care staff believes an animal might be rabid, they must notify ACM who will then report the animal to the health department. The report must include the following information: what symptoms the animal exhibited, where the animal is located, and whose animal it is. An animal suspected to have rabies must be placed in rabies quarantine for ten days: if the

animal develops symptoms of rabies during this time, it must be euthanized. If MHF takes in a dog or cat with a bite wound of unknown origin and does not have proof of a current rabies vaccine, the animal will receive a rabies vaccine and put in quarantine for six months. See [Appendix D](#) for the Virginia Department of Health Guidelines for Rabies Prevention and Control. (A hard copy of these guidelines are included in the printed SOP manual.)

## Ringworm Identification and Treatment

**Protocol:** Ringworm

**Species:** Feline and Canine

**Symptoms/Qualifiers:** Dandruff (scales) and/or crusting; focal to generalized hair loss with irritated and reddened skin (erythema), darkened skin (hyperpigmentation), which may be patchy or circular, raised, rounded, knotty (nodular) lesions known as granulomatous lesions. Inflammation of the folds of skin bordering the nail and other skin and nail folds. Fungal infection that is contagious to other animals. Needs to confirmation with either PCR testing or DTM fungal culture.

### Drug/Dosage:

- Lime sulfur dips - once per week during treatment for a minimum of 3 weeks; allow to air dry
- Itraconazole:
  - Feline - 5 mg/kg PO SID x week 1, off week 2, SID week 3, off week 4, SID week 5
  - Canine – 5-10 mg/kg PO SID x 21 days
- Terbinafine - 30mg/kg PO SID x 21 days (minimum) oral

**Method of Administration:** Topical application and oral

**Dosing frequency, duration of administration, expected response:** Lime sulfur dips will be performed weekly when started. Itraconazole will be dosed out according to label instructions (one week on, one week off for cats). Terbinafine will be given daily. Expecting to resolve disease within 4-6 weeks, re-evaluate if process takes longer than 8 weeks.

**Cautions and Contraindications:** Staff exposure. Highly contagious, zoonotic.

**Instructions for when to contact Veterinarian for additional direction (side effects, allergic responses, ineffective responses):** Contact veterinarian if worsening skin lesion(s). Lesions should begin to resolve within one week of treatment start date. If any skin bleeding, cracking of skin, vomiting, or no improvement is seen within two weeks of treatment, contact veterinarian. Monitor for irritation to eyes from possible exposure to sulfur dip. Perform the sulfur dip in a well-ventilated area as the fumes are potent and offensive and can cause ocular and respiratory irritation to the patient and the staff performing the lime dip. Treatment with oral antifungals is not recommended in patients with liver disease or renal disease and extreme caution and monitoring is required if this is to be performed. If any patient undergoing this treatment protocol presents with vomiting, loss of appetite, lethargy, dehydration, ocular swelling or redness, etc., the veterinarian must be contacted.

## Treatment of Intestinal Parasites

**Protocol:** Coccidiosis

**Species:** Feline, Canine, and Leporidae

**Symptoms/Qualifiers:** Watery, mucus-like diarrhea (frequently yellow in color), bloody diarrhea, inability to control defecation, weakness, fever, vomiting, weight loss, tremors, confusion, positive fecal (direct and/or floatation), contagious to other animals exposed.

**Drug/Dosage:** Albon (sulfadimethoxine), Ponazuril

**Method of Administration:** PO - oral liquid or tablets

**Dosing frequency, duration of administration, \*expected response:**

**Albon:**

- Feline - 50mg/kg PO SID x 5 days, can extend up to 14 days based on response
- Canine - 55mg/kg PO SID for 5 days to start, can treat up to 14 days as needed days
- Leporidae - 25 mg/kg PO SID x 10-14 days \*improved stool appearance & consistency

**Ponazuril:** 50 mg/kg PO SID x 3 days, repeat if needed.

**Cautions and Contraindications:** hypersensitivity to sulfas (rashes/dermatitis), renal or hepatic impairment, bone marrow depression.

**Instructions for when to contact Veterinarian for additional direction (side effects, allergic responses, ineffective responses):** Contact veterinarian if stools have not improved at end of prescription and/or if there is still a positive fecal test. Repeat fecal exam should be performed when the prescription is complete. If a positive result persists, contact the veterinarian for repeat treatment instructions. Monitor and contact veterinarian if any of these symptoms are seen after treatment starts: blisters on nose and mouth, rash/hives or any ocular redness/swelling or squinting.

**Protocol:** Giardia

**Species:** Feline and Canine

**Symptoms/Qualifiers:** Watery, mucus-like diarrhea, bloody diarrhea, inability to control defecation, weakness, fever, vomiting, weight loss, tremors, confusion, positive fecal (direct and/or floatation), contagious to other animals exposed.

**Drug/Dosage:** Metronidazole, Fenbendazole (Panacur)

**Method of Administration:** PO

**Dosing frequency, duration of administration, \*expected response:**

Metronidazole - 10mg/kg PO SID-BID x 5-7 days

Fenbendazole (Panacur) – 50 mg/kg SID x 5 days

**Cautions and Contraindications:** Neuro symptoms due to overdose

**Instructions for when to contact Veterinarian for additional direction (side effects, allergic responses, ineffective responses):** Contact veterinarian if stools have not improved at end of prescription and/or if there is still a positive fecal test.. Most common reactions in dogs with overdose are generalized ataxia with very rapid positional nystagmus. Most often dogs with neurologic deficits localized to the central vestibular system and/or cerebellum.. If stools do not improve within 3-5 days

of treatment, or lethargy and dehydration are observed at any point, take the animal to a hospital for treatment. If a feline patient presents with vomiting, loss of appetite, hepatotoxicity, and rarely with nervous toxicity seek medical attention at an animal hospital.

**Protocol:** Tapeworm

**Species:** Feline and Canine

**Symptoms/Qualifiers:** Frequently asymptomatic, diagnosis typically made by observing proglottid segments in the stool

**Drug/Dosage:** Praziquantel – based on weight, see package insert

Method of Administration: PO

**Dosing frequency, duration of administration, expected response:** By weight according to directions on bottle.

**Cautions and Contraindications:** The manufacturer recommends not using Praziquantel in puppies less than four weeks old or kittens less than six weeks old. However, a combination of products containing Praziquantel and Febantel from the same manufacturer is FDA approved for use in puppies and kittens of all ages. When used orally, Praziquantel can cause anorexia, vomiting, lethargy, or diarrhea in dogs, but the incidence in these effects is less than 5%.

**Instructions for when to contact Veterinarian for additional direction (side effects, allergic responses, ineffective responses):** If above symptoms/qualifiers continue. Praziquantel has a wide margin of safety. If vomiting is observed contact the veterinarian for guidance and treatment plan. The animal is likely to pass parasites in stools for 24-48 hours after receiving treatment. If there are parasites observed in stools or a positive fecal exam is observed, contact the veterinarian for further treatment. Once the initial treatment is performed, plan to repeat a fecal exam in two weeks to ensure there is not residual infection. Positive results should be reported for additional treatment.

## Treatment of Upper Respiratory Infections

**Protocol:** Conjunctivitis

**Species:** Feline & Canine

**Symptoms/Qualifiers:** Persistent squinting, regular and excessive blinking, redness of the eye tissue/conjunctiva, eye discharge, bacterial or viral upper respiratory infection

**Drug/Dosage:**

**Feline:**

Erythromycin eye ointment - apply small strip 2-3 x per day x 7 days

Terramycin eye ointment - apply small strip 2-3 x per day x 7 days

Tobramycin or Ofloxacin ophthalmic solution – apply one drop every 6-8 hours x 7 days

**Canine:**

Neo-Poly-Bac eye ointment - apply small strip 2-3 x per day x 7 days

Tobramycin or Ofloxacin ophthalmic solution – apply one drop every 6-8 hours x 7 days

**Method of Administration:** Apply to infected eyes.

**Dosing frequency, duration of administration, \*expected response:** Apply to affected eyes 2-3 x per day for 7-14 days.

**Cautions and Contraindications:** Some eye discomfort with Terramycin.

**Instructions for when to contact Veterinarian for additional direction (side effects, allergic responses, ineffective responses):** Contact veterinarian if eye/conjunctiva is still red, swollen, or there is a discharge. Contact the veterinarian if eye(s) are not improving/responding to medication within 3-5 days.

**Protocol:** Canine Infectious Respiratory Disease Complex (CIRDC), aka Upper Respiratory Infection

**Species:** Canine

**Symptoms/Qualifiers:** Sneezing, congestion, runny nose, cough, clear to colored nasal discharge, gagging, drooling, fever, loss of or decreased appetite, nasal and oral ulcers, squinting or rubbing eyes, depression. Airborne disease is contagious to other animals.

**Drug/Dosage:** Doxycycline, Azithromycin, Enrofloxacin, Clindamycin, Subcutaneous Fluids

**Method of Administration:** PO/oral liquid or tablets

**Dosing frequency, duration of administration, \*expected response:**

Doxycycline: 5-10mg/kg BID x 7 days

Azithromycin: 5-10 mg/kg SID x 5 days, then EOD x 5 doses

Enrofloxacin (secondary treatment): 5-10 mg/kg SID x 7 days

Clindamycin (secondary treatment): 8-10mg/kg BID x 14 days

SubQ Fluids: SQ LRS: 100ml/10#

**Cautions and Contraindications:** Doxycycline, Azithromycin: GI upset. Baytril: GI upset, kidney/renal, cartilage abnormalities in younger animals, blindness in cats if high dose (>5mg/kg).

**Instructions for when to contact Veterinarian for additional direction (side effects, allergic responses, ineffective responses):** Contact veterinarian if symptoms persist/do not improve/do not respond to treatment. Once treatment has started, there should be a positive response and improvement of symptoms between 3-5 days of start date. If symptoms have not improved at all at this point, contact the veterinarian. If the temperature of the patient exceeds 103, consult with the vet as the animal may need to be taken to the hospital to administer fluid therapy. If there is no overall improvement by day 7 of symptoms contact the veterinarian as additional medication may be required.

**Protocol:** Upper Respiratory Infection, Feline

Prevention is the cornerstone to reducing shelter acquired upper respiratory infection. Feline URI is a stress-related disease, and primary interventions should center around stress reduction, providing high quality housing (compartmentalized units for single cats/kittens or small rooms) and minimizing the movement of cats within the shelter. When respiratory illness does occur, recovery is often quickest in a home where stress can be reduced, housing is improved and exposure to other cats can be minimized. Middleburg Humane Foundation will seek opportunities for cats with URI to leave the shelter to a foster or adopter's home and not wait for clinical resolution.

**Overall appearance:** bright, quiet, or depressed

Very depressed ☒ Suspect more severe disease, take temperature. Veterinarian check immediately.

**Hydration:**

- check skin turgor between shoulder blades and feel gums to see how tacky they are
- Decreased turgor (skin returns, but slowly) ☒ mild-moderate dehydration. Requires fluids to correct, will need to divide up and give over 12-24 hours. See above table for more information.
- Skin stands in a fold ☒ severe dehydration. Possible secondary or systemic illness. IV fluids recommended to restore

adequate hydration. Veterinarian check immediately.

**Eyes, including cornea and conjunctiva:**

- Assess presence of discharge, conjunctival swelling, corneal irritation or ulceration, cloudiness in front chamber of eye (between iris and cornea), color of iris.
- Detectable ulcer or extremely sore eye → perform full ophthalmic exam plus diagnostics. Vet check. Address pain in treatment plan.
- Cloudiness in front chamber of eye or discoloration of iris → possible systemic illness, perform full ophthalmic exam plus diagnostics. Vet check.

**Nose:**

- Discharge: assess color, severity
- Degree of congestion
- Scabs or bleeding or ulceration

**Mouth:**

- Ulcers or sores on tongue → must address pain in treatment plan (see above)
- Gingivitis or other oral inflammation may cause pain and should be addressed

**Lungs:**

- Note respiratory effort and character. If increasing respiratory effort note if on inspiration or exhalation.
- Signs of respiratory distress → Veterinarian exam immediately.
- Listen to lungs to check for lower respiratory problems. Upper respiratory sounds caused by congestion can also be heard in the lungs but are usually louder when the stethoscope is placed directly over the nose or throat. When in doubt, have the veterinarian double check.
- Abnormal lung sounds → perform radiographs to determine possible pneumonia or other serious disease. Vet exam indicated.

**Temperature:**

Temperature need not be taken in every case, but should be taken if the cat is:

- Depressed
- Not eating
- Dehydrated
- Has oral ulcers
- Has any clinical signs besides nasal or ocular discharge and sneezing (such as vomiting, diarrhea, coughing)

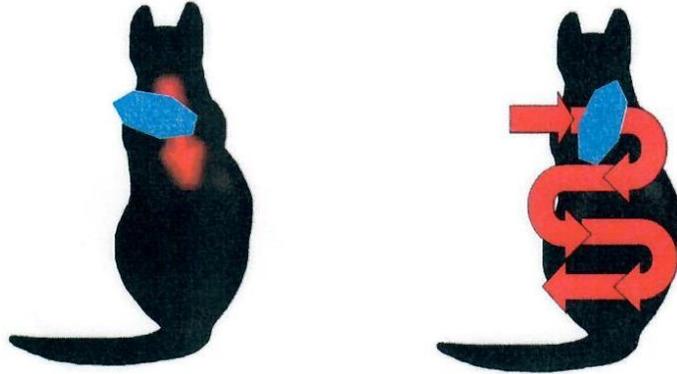


### Microchip Scanning Technique

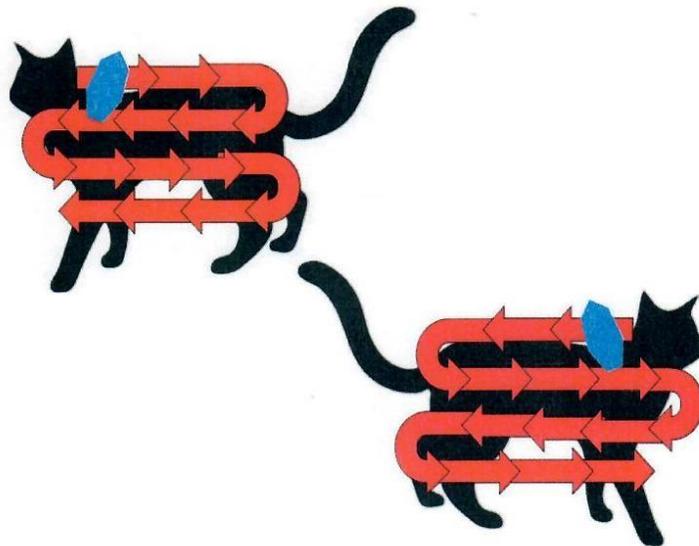
<p><b>GENERAL INSTRUCTIONS:</b></p> <p>Scanners and batteries: Use a UNIVERSAL (global) scanner (i.e., one that will read all microchip frequencies that are currently in use in the United States). Always ensure that the scanner batteries are well charged because weak batteries are a leading cause of scanner failure. If the scanner freezes, remove and replace the batteries before proceeding. Although microchip migration is rare, it does occur making careful, systematic scanning of the entire animal essential. Finally, because it is possible to miss a microchip on an initial scan, repeat scanning is always recommended.</p> <p>Preventing scanner interference: Do not scan animals in carriers, cages or traps because of the high likelihood of scanner interference and the difficulty in performing a thorough scan under these conditions. Position the animal on the floor or an exam table for scanning. If present, remove collars or anything covering the animal prior to scanning. Towels or newspapers should be placed under the animal if scanning on a stainless steel surface. Extra care should be taken with very obese animals.</p>	
<p><b>BEFORE PROCEEDING:</b>  <b>PASS THE SCANNER OVER A TEST CHIP TO VERIFY PROPER FUNCTIONING.</b></p>	
1.	Scanner orientation –the scanner should be held parallel to the animal. Rocking the scanner slightly from side to side will maximize the potential for optimal chip orientation and successful detection. The button on the scanner should be depressed continuously during the entire scanning procedure. Scanning multiple times in slightly different orientations each time will maximize the scanner’s potential to detect a microchip.
2.	Scanning distance – the scanner should be held in contact with the animal during scanning such that it is lightly touching the hair coat.
3.	Scanner speed – the scanner should not be advanced any faster than 0.15 m (0.5 feet) per second. Scanning slowly is crucial because universal scanners must cycle through various modes in order to read all possible chip frequencies.
4.	Areas of animal to scan – the standard implant site is midway between the shoulder blades and scanning should begin over this area. If a microchip is not detected here, scanning should proceed systematically down the back, on the sides, neck and shoulders all the way down to the elbows in the front and the hindquarters in the rear. <b>[scanning diagram 1]</b>
5.	Scanning pattern – the scanner should be moved over the scanning areas in an “S” shaped pattern in a transverse direction (from side to side). If no microchip is detected, the scanner should be rotated 90 degrees and then the “S” shaped pattern should be repeated in a longitudinal direction (e.g. long ways) <b>ON BOTH SIDES</b> of the animal. This pattern of scanning will maximize the ability of the scanner to detect the microchip, regardless of its orientation. Always scan the entire animal. <b>[scanning diagram 2]</b>



Scanning Diagram 1



Scanning Diagram 2



## Medical Transportation of Animals

Staff and volunteers using the MHF van or truck for official duties must provide the Business Manager with a copy of their driver's license and proof of current vehicle insurance policy. Animals must be properly secured in a cage or carrier in the van. Staff must ensure there is a first aid kit, at least one gallon of potable water, and additional containment equipment (i.e., net or empty carrier).

Staff and volunteers using their personal vehicle for transporting animals must provide proof of a current vehicle insurance policy to the Business Manager. Animals must be secured during transport: cats must be in carriers and dogs must be in crates if the size of the car permits it. If the car being used for transport is small and the dog has not exhibited behavioral problems, the dog can ride loose provided it has a collar and harness on and two leashes at the ready.

## Feline

### Neonatal Kitten Care

#### Kitten Feeding Chart



# Fast Facts

## Kitten Feeding Chart

#### General feeding guidelines:

- Kittens are individuals, and feedings should be tailored to each specific situation.
- "Daily" means feedings evenly spaced over a 24-hour period.
- Avoid "homemade" formulas (only use in an emergency, over a very short term until a quality kitten milk replacer can be obtained).
- Do **not** use cow's milk or confuse 'Cat Milk' with kitten milk replacement formula. 'Cat Milk' is meant as a treat for older cats and does not contain the nutrients necessary to support kittens.



Age in weeks	Weight	mL per day	Daily feedings
1	4 oz.	32 mL	6 - 8
2	7 oz.	56 mL	4 - 6
3	10 oz.	80 mL	3 - 4
4	13 oz.	104 mL	3
5	1 pound	128 mL	3
6+	Solids, may still nurse	Variable	3

*FY: 15 mL = approximately 3 teaspoons or ½ ounce*



# Fast Facts

## Fading Kittens and Sepsis

From Julie Levy, DVM, Diplomate ACVIM; Maddie's® Professor of Shelter Medicine;  
Director, Maddie's® Shelter Medicine Program at University of Florida

"I have worked with several vet student groups who raised hundreds of orphaned kittens. We had the luxury of a vet school environment so we could provide intensive support and we necropsied all the animals that died.

What we found in kittens was that the most common cause of death in the 2-5 week age range was sepsis. This frequently affected entire litters who faded and died within hours of each other or over several days. Once they started to fade, intensive care did not help. Therefore, we started using prophylactic antibiotics on remaining littermates when the first one died. I use injectable only to assure good absorption, Baytril 5 mg/kg SC once daily and ampicillin 22 mg/kg SC TID. We also support with SC fluids, feeding tubes (NG tubes are easy in newborn kittens), and passive blood products as needed. We also have documented inadequate passive transfer of immunity in many of these kittens, which may be the underlying cause of the sepsis (just like in food animals).

This experience led to a series of studies on antibiotic pharmacokinetics in kittens and correction of FPT [\*] by using serum from immune adult cats. We now know that you can provide kittens with a normal level of passive immunity by giving them 15 ml of cat serum (5 ml SC BID x 3 doses), and we use this a lot. It is also very important for the foster families to weigh kittens daily to catch the earliest signs of problems when intervention is more likely to be successful. Kittens should gain weight each day. We have a 90% survival rate with this approach, which is admittedly pretty intensive and won't be practical for a lot of facilities. My bottom line recommendations are: weigh daily, assure adequate nutrition, give serum if there is any concern about FPT (or just give it to all young orphans), and use antibiotics when litters start to fade. Also, do everything possible to keep them out of the shelter. Even if they are there for just a few hours they are likely to be exposed to URI."



\* Failure of Passive Transfer



# Fast Facts

## Hypothermia in Neonatal Kittens

Hypothermia is a major cause of neonatal kitten death. Because kittens cannot self regulate their body temperature until about four weeks of age, ambient temperature can significantly affect their survival. Without mom to keep them warm, body functions may begin to shut down as their core temperature decreases. Kittens should feel extremely warm when you pick them up. With a cold kitten, warming is the absolute first priority as cold kittens cannot metabolize food or medications. Do NOT feed a cold kitten as this is dangerous and may even lead to death. Begin warming immediately with consistent moderate, not extreme, heat. Holding kittens against your body is only a partially helpful emergency measure as our body temperature is lower than the 100-102 degrees F that a kitten's body temperature should be. Get the kitten to a veterinarian as quickly as possible even if responding to the warming techniques.

Orphaned Kittens Temperature Chart <sup>1</sup>			
Age of Kitten	Rectal Temperature	Ambient Nest Temperature	Room Humidity
0–1 weeks	95–99 °F	85–90 °F	55–60%
2–3 weeks	97–100 °F	79–84 °F	55–60%
4 weeks	99–101 °F	73.5–79 °F	55–60%



### Tips for Warming Kittens

- ◆ Use a warm (not hot) SnuggleSafe, heating pad on low, warm water bottle, heated rice bag, etc.
- ◆ All heat sources should be covered with a towel so as to moderate the heat and prevent direct contact with the kitten. Be sure warming devices cover only a portion of the kitten's environment so they can crawl away if they become too warm.
- ◆ Constantly monitor the kitten's temperature, and adjust the little one's position to warm all areas of the body.
- ◆ Never leave a debilitated kitten alone with a heat source as overheating and burns may occur.
- ◆ Get the kitten to a veterinarian ASAP – even if the kitten seems to be responding to the warming techniques. A thorough exam will be needed to help determine if the kitten suffered any short-term or permanent injury to its organ systems and if additional treatment is needed.

<sup>1</sup>Temperature chart from Maddie's Fund ([www.maddiesfund.org](http://www.maddiesfund.org))



## Fast Facts

### Neonatal Kittens and Fleas

It is critically important to perform a thorough intake exam on all kittens, including using a flea comb. No jumping fleas were noted on the kitten at the top right; however, upon combing, a lot of flea dirt became visible. Upon bathing, many live fleas were revealed.

Fleas can be deadly to a neonatal kitten. As long as there are no open wounds, it is important to bathe the kitten when fleas and/or flea dirt are seen since over-the-counter and prescribed flea treatments are not made for use on neonatal kittens. Bathing neonatal kittens is an important skill to learn and to become confident in performing — it can save a kitten's life.

We recommend using a very small amount of Dawn dish soap with warm water. Part of the bath will require that fleas be removed if they don't wash away. Do not be surprised if the fleas move toward the head and face during the bathing process. Be ready with your flea comb and tweezers to get them as they move up!

Once the kitten is free of fleas, be sure to dry gently and thoroughly with a towel. You can also use a hair dryer on the lowest setting, and be sure that it is not too close. It's a good idea to gently buff the kitten dry keeping your hand moving between the kitten and the dryer to ensure the heat is not too hot or too direct for the kitten. You may not get all of the fleas, especially due to the lifecycle of a flea, so you may need to repeat the bath in a few days.

Be careful and check that the kitten is not chilled after the bath by including a SnuggleSafe or other safe warming device (placed under only half of the housing area). Remember, neonatal kittens cannot regulate their own body temperatures. It's also a good idea to wash bedding in hot water and to dry it thoroughly to kill fleas and their eggs — do this daily. Make sure other adult animals in the household are on a flea preventative (a good practice if you are fostering), and be sure to read the label. Many products for dogs are not safe for kittens or cats. Keep all felines away from recently treated canines or be sure the product used on the dog is also safe for cats and kittens.

Pictured at the bottom right is the same kitten after a thorough drying and a good meal!



## Kitten Stool Chart



# Fast Facts

## Kitten Stool Chart

Stool Color	Notes	Action
Brown	Normal	No additional action needed.
Mucous	Clear (poss. slight yellow or white) slimy substance. Bowel irritation. Possible	Needs attention.
Bloody - red	Red blood seen in stool or irritation at rectum or anus. Bowel irritation. Viral or bacterial infection.	See vet ASAP – immediately if lots of blood.
Black	Tarry; possibly with large gelatinous clots. Bleeding in upper GI tract. Exception is meconium which is very dark – possibly with greenish tinge.	See vet immediately if not meconium. Meconium is seen at 1st defecation at 1 or 2 days old.
Orange	May indicate liver or gallbladder issue.	See vet.
Yellow	With a very foul smell may indicate coccidia. Can be bacterial overgrowth/imbalance.	See vet.
Greenish	Severe bacterial infection.	Needs treatment.
Gray	Overfeeding; lack of probiotics or bile.	Reduce food intake and/or frequency; add probiotics.
White	Severe bacterial imbalance or lack of flora. Life-threatening!	Give probiotics and seek veterinary care immediately.

### Consistency Notes:

- Any stool softer than toothpaste consistency is cause for concern. Kittens with liquid diarrhea are at risk of dehydration and death. Seek treatment immediately.
- Kittens straining to defecate or who have not defecated for more than two days may be constipated and need to be seen by a veterinarian.



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## Deworming

### Deworming for cats and kittens

All felines will receive the following deworming:

**Kittens Newborn to 2 weeks old:** No oral or topical medications to be applied. If fleas are present, the kittens will be given one or multiple baths with Dawn dish soap. Ticks will be manually removed with hemostats.

**Kittens 2 weeks to 8 weeks old:** Kittens will receive oral Pyrantel Pamoate every two weeks until 8 weeks old. They will also receive a course of Ponazuril 50 mg/kg SID x 3d OR Albon 55 mg/kg SID x 5 days. If fleas are present, they will be given a bath with warm water and Dawn and treated with an appropriate insecticide medication. This includes, but is not limited to, Capstar, Selamectin (6 mg/kg), imidcloprid. Ticks will be manually removed with hemostats.

**Kittens older than 8 weeks – 6 months:** Kittens older 8 weeks and younger than 6 months will receive a broad-spectrum topical parasiticide, such as Revolution Plus or Nexgard Combo. Kittens will also receive a course of Ponazuril 50 mg/kg SID x 3d OR Albon 55 mg/kg SID x 5 days. Specific therapy for additional parasites may be pursued after a positive diagnosis. Ticks will be manually removed with hemostats.

**Cats over 6 months old:** All cats over 6 months of age will receive a broad-spectrum topical parasiticide, such as Revolution Plus or Nexgard Combo. Specific therapy for additional parasites may be pursued after a positive diagnosis. Ticks will be manually removed with hemostats.

**Nursing or Pregnant Queens:** These cats will receive Pyrantel Pamoate every two weeks until their kittens are weaned, at which time the queen will follow the deworming protocol for adult cats listed above. Queens may also be given a topical parasiticide such as selamectin.

Positive fecal results will be addressed using the provided protocol per the specific infection. This will be determined by either the advising veterinarian or VT, or other persons approved by the advising veterinarian.

## Testing for FeLV/FIV

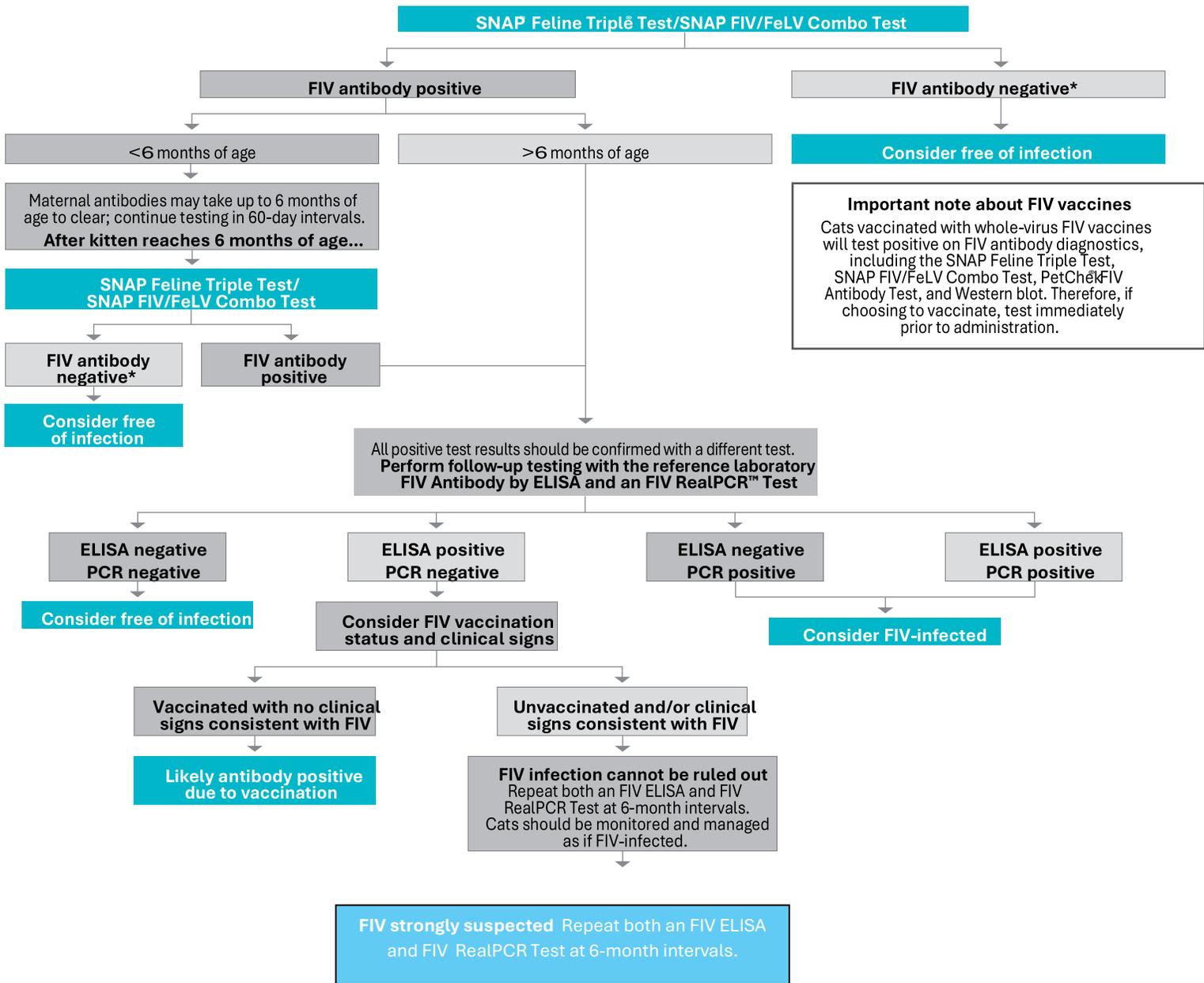
Feline Leukemia Virus (FeLV) and Feline Immunodeficiency Virus (FIV) are infectious diseases of concern that are routinely tested for after acquiring a cat in normal practice. However, screening all cats for FIV and FeLV, which have a low prevalence in healthy cats, results in a high rate of false positive test results. In turn, this complicates decision-making based on positive tests. For this reason, testing will be limited to felines over 6 months of age and/or who have consistent clinical signs or significant risk factors for infection. Selective testing of only ill or higher-risk cats increases the likelihood that any positive results obtained are accurate and correlate with true infection.

Exceptions to testing include cats that have an elevated disease transmission risk in the shelter due to co-housing with unfamiliar cats (i.e. cats being placed in the Cat Cabin for group housing); or for cats that require testing as part of a legal case; or who require advanced or extended care such that a broader minimum diagnostic database is valuable.

## FeLV Screening Recommended

*From [www.aspcapro.org](http://www.aspcapro.org)*

Increased risk of infection	Known or suspected exposure	<ul style="list-style-type: none"> <li>• Positive housemate</li> <li>• Evidence of bite wounds (fresh or scarring) from another cat</li> <li>• Positive queen or littermate</li> </ul>
	Consistent clinical signs	<ul style="list-style-type: none"> <li>• Lethargy</li> <li>• Pale mucous membranes</li> <li>• Enlarged lymph nodes</li> <li>• Severe gingivitis</li> <li>• URI in an adult free-roaming cat</li> <li>• Persistent or recurrent disease</li> </ul>
	Coming from a high-risk environment	<ul style="list-style-type: none"> <li>• Hoarding situation (as defined by the personnel engaging with the client)</li> <li>• Other overcrowding situations in which cats were co-mingled</li> </ul>
Necessary minimum medical database	Legal case	
	Enhanced medical resources required	<ul style="list-style-type: none"> <li>• Specialty referral (in-house or external)</li> <li>• Prolonged duration of treatment (i.e., ringworm)</li> </ul>
Elevated risk of in-shelter transmission	Introduced to unfamiliar cats	<ul style="list-style-type: none"> <li>• Pairing singleton kittens</li> <li>• Surrogate queens</li> <li>• Communal habitats</li> </ul>
Preparation for transfer	Negative test results required by the destination organization or state	



## FIV Positive Handling and Care

Elisa FeLV/FIV is conducted in-house as part of the routine intake exam. Kittens should be SNAP tested on intake regardless of age, and the test should be repeated at 12-14 weeks and again at six months old. If the kitten is adopted before it reaches 12 weeks of age, advise the adopter of this suggested testing schedule. If the FIV test is positive, send out a second test to an outside lab for confirmation.

FIV positive cats may be housed in the Cat Cabin but must be kept separate from the other cats: one of the indoor/outdoor rooms will be assigned to FIV positive cats and the cats are to be kept in this room at all times. The door to the room will have a sign advising the cats inside are FIV positive and the door will remain closed at all times (to include during cleaning). All other animal care protocols are the same as the other cats in the Cat Cabin: refer to the Cat Cabin section of this manual for specifics.

## Care for FeLV Positive Cats (regardless of confirmatory testing results)

From [www.aspcapro.org](http://www.aspcapro.org)

Infection control	<ul style="list-style-type: none"> <li>• Use the normal sanitation protocol and PPE level for a healthy cat or as per any comorbidities</li> <li>• Handle prior to all other cats in care (except for healthy neonatal kittens) whenever possible</li> </ul>
In-shelter housing	<ul style="list-style-type: none"> <li>• House in the same ward as non-contagious cats</li> <li>• If an infectious comorbidity is present, isolate separately from other infected cats</li> <li>• Do not co-house with unfamiliar cats</li> <li>• Okay to co-house with other cats from the same home with the same FeLV testing status if otherwise compatible</li> <li>• Separate litters by FeLV testing status when possible</li> <li>• If one kitten is an outlier in their testing status, assess the benefits of transmission risk vs. the behavioral impact on a case-by-case basis - default to placement as a singleton in an enriched foster home when possible</li> </ul>
Foster placement	<ul style="list-style-type: none"> <li>• Encourage foster placement when possible</li> <li>• If fosters have resident cats, inform them of the transmission risk and advise that foster cats should always be separated</li> </ul>
Adoption process	<ul style="list-style-type: none"> <li>• Provide adopters with an FeLV disclosure specific to their testing status or infection type (progressive vs. regressive/discordant)</li> <li>• If adopters have resident cats, counsel them on the transmission risk and encourage them to consult with their regular veterinarian. The risk to resident cats is reduced if the cats share the same FeLV status, if resident cats are fully vaccinated against FeLV, or if the adopted cat has a regressive infection. However, the adopter's veterinarian is best suited to gauge the level of risk.</li> </ul>

**Nursing Queens with kittens:** ELISA FeLV/FIV IDEXX testing is performed in-house. If the FeLV test is positive, send the ELISA, IFA, and a sample for quantitative PCR to an outside lab for confirmation within 24 hours of the positive SNAP test. The mother and kittens must be housed in isolation and/or foster for three months until the kittens are weaned and will not be available for adoption during this time. Their handling and medical protocols are the same as other animals in isolation; refer to the Isolation section of this manual for specifics. Following weaning, the kittens will be retested for FeLV via in-house ELISA testing and additional conformation testing will be submitted if positive. The queen may be adopted out permitted there are no other major medical or behavioral concerns and the adopter signs a waiver discussing care and expectations for a cat with an FeLV infection. Their handling and medical protocols are the same as other animals in Isolation; refer to the Isolation section of this manual for specifics.

A second ELISA, IFA, and PCR test will be performed after three months of isolation, weaning and/or 6 weeks following the first positive test. If the second round of tests are negative, the mother and kittens can be recorded as negative. The people that adopt the kittens will be advised to test their kittens at six months of age for a final confirmation. If one or all of the second round of tests is positive, humane euthanasia may be necessary if significant medical or behavioral concerns are also noted. Consult the advising veterinarian at this point.

**Cats and Kittens:** Cats and kittens meeting the above listed criteria (i.e. high risk scenario, being placed in a high volume housing scenario, morbidity suggestive of retroviral infection) will be tested on intake for FeLV. Cats that have a positive ELISA test will have a quantitative PCR submitted for confirmation. If the results are consistent with an abortive or regressive FeLV infection, those cats can be made available for adoption with a waiver explaining their condition. They must not be co-housed with FeLV negative or progressively infected cats. Adult cats with a quantitative PCR result consistent with progressive infection will require a minimum database (CBC/Chem/T4/UA) and to have no other major medical or behavioral concerns before being made adoptable with a medical waiver explaining their status. Kittens under 1 year of age with a quantitative PCR result consistent with progressive FeLV infection will be evaluate on a case-by-case basis. Those who meet the criteria laid out for adult cats will be made available with a waiver, however, prognosis for these kittens progressing to leukemia and having a shortened lifespan must be communicated with the adopter. Elisa FeLV/FIV is conducted in-house as part of the routine intake exam.

Kittens should be SNAP tested on intake regardless of age, and the test should be repeated at 12-14 weeks and again at six months old. If the kitten is adopted before the kitten reaches 12 weeks of age, advise the kitten's adopter of this suggested testing schedule. If the SNAP test is positive, follow the same protocol as Nursing Queens.

## Care for FeLV Positive Cats (regardless of confirmatory testing results)

From [www.aspcapro.org](http://www.aspcapro.org)

Infection control	<ul style="list-style-type: none"> <li>• Use the normal sanitation protocol and PPE level for a healthy cat or as per any comorbidities</li> <li>• Handle prior to all other cats in care (except for healthy neonatal kittens) whenever possible</li> </ul>
In-shelter housing	<ul style="list-style-type: none"> <li>• House in the same ward as non-contagious cats</li> <li>• If an infectious comorbidity is present, isolate separately from other infected cats</li> <li>• Do not co-house with unfamiliar cats</li> <li>• Okay to co-house with other cats from the same home with the same FeLV testing status if otherwise compatible</li> <li>• Separate litters by FeLV testing status when possible</li> <li>• If one kitten is an outlier in their testing status, assess the benefits of transmission risk vs. the behavioral impact on a case-by-case basis - default to placement as a singleton in an enriched foster home when possible</li> </ul>
Foster placement	<ul style="list-style-type: none"> <li>• Encourage foster placement when possible</li> <li>• If fosters have resident cats, inform them of the transmission risk and advise that foster cats should always be separated</li> </ul>
Adoption process	<ul style="list-style-type: none"> <li>• Provide adopters with an FeLV disclosure specific to their testing status or infection type (progressive vs. regressive/discordant)</li> <li>• If adopters have resident cats, counsel them on the transmission risk and encourage them to consult with their regular veterinarian. The risk to resident cats is reduced if the cats share the same FeLV status, if resident cats are fully vaccinated against FeLV, or if the adopted cat has a regressive infection. However, the adopter's veterinarian is best suited to gauge the level of risk.</li> </ul>

# Vaccination

## FVRCP

**Felines 4-16 weeks of age:** Any kitten between the ages of 4 and 16 weeks will be given an initial FVRCP vaccine and will receive booster vaccinations every 2 to 4 weeks until they are at least 16 weeks of age. Kittens remaining in the shelter after 16 weeks of age may continue to receive booster vaccines up until 20 weeks of age. Injectable vaccination will be preferred to prevent panleukopenia.

**Unvaccinated felines 16 weeks and older:** Felines over 16 weeks of age will receive a series of two FVRCP vaccines administered as an initial vaccine on intake followed by a booster vaccine 2-4 weeks after the initial.. This vaccine will require a booster at 1 year, followed by every 3 years after that time. Cats over 1 year of age may be vaccinated with either an injectable or an intranasal product.

**Nursing Queens:** The advising veterinarian will determine if FVRCP vaccination is appropriate. In general, unless obvious morbidity in the queen or kittens is noted, vaccination will be encouraged to reduce disease prevention among the population.

## DAPP

**Canines 4-16 weeks of age:** Any puppy between the ages of 4 and 16 weeks will be given an initial DAPP vaccine and will receive booster vaccinations every 2 to 4 weeks until they are at least 16 weeks of age. Puppies remaining in the shelter after 16 weeks of age may continue to receive booster vaccines up until 20 weeks of age.

**Unvaccinated canines 16 weeks and older:** Canines over 16 weeks of age will receive a series of two DAPP vaccines administered as an initial vaccine on intake followed by a booster vaccine 2-4 weeks after the initial. This vaccine will require a booster at 1 year, followed by every 3 years after that time.

**Nursing Dams:** The advising veterinarian will determine if DAPP vaccination is appropriate. In general, unless obvious morbidity in the dam or puppies is noted, vaccination will be encouraged to reduce disease prevention among the population.

## Bordetella

**All Canines:** Given intranasally or orally to all dogs over 3 weeks of age. Revaccinate annually.

## Rabies

**Canines and Felines >12 weeks of age:** All canines and felines over 12 week of age will be vaccinated against Rabies. In general, this will be a killed product administered in the right hind limb. Any canine or feline over 1 year of age with proof of prior Rabies vaccination will be given a 3-year vaccine. Canines will be provided with a rabies tag per county ordinance.

**Nursing Queens/Dams:** The advising veterinarian will determine if Rabies vaccination is appropriate. In general, unless obvious morbidity in the dam or puppies is noted, vaccination will be encouraged to reduce disease prevention among the population.

## Parasite Control

All incoming dogs and cats will be dewormed according to the following protocol. Fecal flotation tests will only be performed if diarrhea is present and not responsive to standard dietary and antiparasitic intervention. All adopted dogs and puppies will receive at least one flea/tick preventative and one dose of heartworm prevention (macrocytic lactone + anthelmintic) prior to leaving MHF. All adopted cats will receive at least one dose of a broad-spectrum topical dewormer that covers for fleas, ear mites and roundworms.

All ticks will be removed manually with hemostats.

Heartworm tests will be performed in-house on all dogs and puppies over the age of seven months. Tick-borne disease testing will take place when appropriate clinical signs are observed (i.e. lameness, anemia, fever of unknown origin, etc). All dogs with a negative heartworm test will be started on monthly prophylaxis.

**Puppies 0-2 weeks old:** Puppies under the age of 2 weeks will not receive oral or topical dewormer medications.

**Puppies 2-6 weeks old:** Pyrantel Pamoate PO every two weeks until puppies reach 6 weeks.

**Canines 6 weeks and older:** Heartworm prevention and flea/tick prevention. Drontal or another appropriate anthelmintic may be administered. If a fecal flotation is performed with positive results, see the specific parasite treatment protocol.

If a test is positive for heartworm, see the following Heartworm Treatment protocol and consult the advising veterinarian.

**Kittens 0-2 weeks old:** Puppies under the age of 2 weeks will not receive oral or topical dewormer medications.

**Kittens 2-8 weeks old:** Pyrantel Pamoate PO every two weeks until kittens reach 6 weeks. Ponazuril once daily for a 3-day course, repeated as necessary for coccidia.

**Kittens 8 weeks – 6 months old:** Broad-spectrum topical antiparasitic (i.e. selamectin) monthly. Ponazuril once daily for a 3-day course, repeated as necessary for coccidia.

**Cats over 6 months old:** Broad-spectrum topical antiparasitic (i.e. selamectin) monthly.

FelV/FIV testing will be conducted based on the criteria outlined in the previous section

## Heartworm Treatment

**Protocol:** Heartworm

**Species:** Feline, Canine

**Symptoms/Qualifiers:** Positive SNAP test, confirmatory blood work sent to the lab, chest radiographs

**Drug/Dosage:** Heartworm preventatives - see package insert

- As a preventative for heartworm: 6-12 micrograms per kg PO once monthly
- Doxycycline at a dose of 10 mg/kg PO twice daily for 30 days
- Veterinarian to determine if prednisone needed based on clinical signs
- Melarsomine injections to begin at day 60 of protocol under the supervision of a veterinarian (canine only)

**Method of Administration:** oral, injectable after 2 months (per veterinarian)

**Cautions and Contraindications:** Ivermectin is not recommended for use in puppies less than six weeks old. Dogs may exhibit a shock like reaction when ivermectin is used as a microfilaricide, presumably due to a reaction associated with the dying microfilaria. Other adverse effects when used as microfilaricide include depression, hypothermia & vomiting.

Doxycycline may cause vomiting, diarrhea and decreased appetite at high dosages for a prolonged period of time. Should be given with a full meal.

**Instructions for when to contact Veterinarian for additional direction (side effects, allergic responses, ineffective responses):** If shock-like symptoms are seen. Also call the veterinarian if there is swelling, lethargy, hypersensitivity reaction, vomiting, or depression.

Day	Treatment
Day 0	<p>Dog diagnosed and verified as heartworm positive:</p> <ul style="list-style-type: none"> <li>• Positive antigen (Ag) test verified with 2nd Ag or microfilaria (MF) test</li> <li>• If no microfilariae are detected, confirm with 2nd Ag test from a different manufacturer</li> </ul> <p>Begin exercise restriction.</p> <ul style="list-style-type: none"> <li>• The more pronounced the signs, the stricter the exercise restriction</li> </ul> <p>If the dog is symptomatic:</p> <ul style="list-style-type: none"> <li>• Stabilize with appropriate therapy and nursing care</li> <li>• Prednisone prescribed at 0.5 mg/kg BID 1st week, 0.5 mg/kg SID 2nd week, 0.5 mg/kg EOD 3rd and 4th weeks</li> </ul>
Day 1	<p>Administer heartworm preventive.</p> <ul style="list-style-type: none"> <li>• If microfilariae are detected, pretreat with antihistamine and glucocorticosteroid, if not already on prednisone, to reduce risk of anaphylaxis</li> <li>• Observe for at least 8 hours for signs of reaction</li> </ul>
Days 1-28	<p>Administer doxycycline 10 mg/kg BID for 4 weeks.</p> <ul style="list-style-type: none"> <li>• Reduces pathology associated with dead heartworms</li> <li>• Disrupts heartworm transmission</li> </ul>
Day 30	Administer heartworm preventive.
Day 60	<p>Administer heartworm preventive.  First melarsomine injection 2.5 mg/kg intramuscularly (IM)  Prescribe prednisone 0.5 mg/kg BID 1st week, 0.5 mg/kg SID 2nd week, 0.5 mg/kg EOD 3rd and 4th weeks.</p> <p>Decrease activity level even further.</p> <ul style="list-style-type: none"> <li>• Cage restriction/on leash when using yard</li> </ul>
Day 90	<p>Administer heartworm preventive.  Second melarsomine injection 2.5 mg/kg IM</p>
Day 91	<p>Third melarsomine injection 2.5 mg/kg IM  Prescribe prednisone 0.5 mg/kg BID 1st week, 0.5 mg/kg SID 2nd week, 0.5 mg/kg EOD 3rd and 4th weeks.  Continue exercise restriction for 6 to 8 weeks following melarsomine injections.</p>
Day 120	<p>Test for presence of microfilariae.</p> <ul style="list-style-type: none"> <li>• If positive, treat with a microfilaricide and retest in 4 weeks.  Establish year-round heartworm prevention.</li> </ul>
Day 271	Antigen test 6 months after completion; screen for microfilariae.

## Parvovirus

**Protocol:** Parvovirus

**Species:** Canine

**Symptoms/Qualifiers:** severe, bloody diarrhea, lethargy, anorexia, fever, vomiting, and severe weight loss, dehydration, weakness, elevated heart rate, bounding or poor quality pulse, abdominal pain or discomfort low body temperature, highly contagious/airborne, positive SNAP test. The index of suspicion is much higher in dogs less than one year of age and in dogs with an unknown or inadequate vaccination history.

**Drug/Dosage: MAB for parvovirus (Elanco);** Metronidazole, Cefoveci (Convenia) Cerenia, SQ fluids, IV fluids

**Monoclonal Parvovirus Antibody (Elanco)**

**To be given IV at a dose of 1 ml per 11 pounds (0.2 ml per 2.2 pounds) at the time of diagnosis.**

**Metronidazole:** 10mg/kg BID x 7 days

**Convenia:** 8 mg/kg SC once at the start of treatment, repeat q 14 days as necessary.

**Cerenia:** 1mg/kg SC or PO every 24 hours x 3-5 days

**SQ fluids:** 3x per day @30-50 ml/kg as tolerated; if fluids are not absorbed by time of next treatment, skip that treatment.

**IV fluids:** 5-10 ml/kg/hr with re-evaluation every 2-4 hours to confirm appropriate rate

**Method of Administration:** Oral, SQ, IV and IM injections

**Dosing frequency, duration of administration, expected response:** See above dosing/duration.

Improvements in condition should be seen within 3 days, otherwise contact the veterinarian. Dogs that have intractable vomiting or anorexia lasting longer than 36 hours will require referral for hospitalization and intensive care. Please refer all questions to the Medical Director regarding therapy, progress and isolation. Capacity for care determinations will be made on a case-by-case basis to determine in-house vs referral for therapy.

**Cautions and Contraindications:** Monitor animal for no response to therapy as in lethargy, anorexia, loss of appetite, dehydration, vomiting, diarrhea, etc. With a positive diagnosis the animal will need to be hospitalized for treatment so that fluid therapy and injectable medications can be administered.

# Physical Exam Form

Health Check form:      Evaluator: \_\_\_\_\_      Date: \_\_\_\_\_

ANIMAL NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ COLOR: \_\_\_\_\_

Breed: \_\_\_\_\_ Special Traits: \_\_\_\_\_

CRT: \_\_\_\_\_ MM: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_ Temp: \_\_\_\_\_ Weight: \_\_\_\_\_

1. Overall appearance: Bright, alert, responsive  Other: \_\_\_\_\_

2. Initial behavior assessment: Social, friendly  Other: \_\_\_\_\_

3. Hydration: No sign of dehydration:  Other: \_\_\_\_\_

4. Musculoskeletal: Lameness or asymmetry? No  Yes/other: \_\_\_\_\_  
Worn toenails, declawed, extra toes? No  Yes/other: \_\_\_\_\_

5. Skin: Fleas/ticks? No  Yes: \_\_\_\_\_  
Hair loss/itching? No  Yes: \_\_\_\_\_  
Masses or sores? No  Yes: \_\_\_\_\_  
Microchipped? No  Yes: # \_\_\_\_\_

6. Body Condition Score: \_\_\_\_\_/9

7. Heart and lungs: Heart murmur heard? No  Yes: \_\_\_\_\_  
Lungs clear? Yes  No: \_\_\_\_\_

8. Ears: Clean and free of inflammation or discharge:  Other: \_\_\_\_\_

9. Eyes: Clear, no discharge, white sclera:  Other: \_\_\_\_\_

10. Nose: Clear, no discharge:  Other: \_\_\_\_\_

11. Mouth: Clean teeth  Moderate dental disease  Severe dental disease   
Broken, missing or very worn teeth? \_\_\_\_\_  
Gums: Pink and healthy  Other: \_\_\_\_\_  
Oral pain, ulcers or masses? \_\_\_\_\_

12. Lymph nodes: Within normal limits  Could not feel  Enlarged \_\_\_\_\_

13. Trachea: Cough present with mild tracheal stimulation? No  Yes   
Thyroid gland palpable? No  Yes

14. Abdomen: Pain, masses, pregnancy felt on palpation? No  Yes: \_\_\_\_\_

15. Spay scar present? \_\_\_\_\_ Neutered? \_\_\_\_\_

16. Urogenital: Double check sex/presence of both testicles/feel for spay scar:  
No significant findings  Comment: \_\_\_\_\_

Initial treatment needed/Notes: \_\_\_\_\_

Physical exam form updated 3/8/2017

## Equine

### Vaccinations

The equine vaccination protocol for foals and horses six months and older (excluding pregnant mares) is as follows:

Horses will be vaccinated against Eastern and Western Equine Encephalitis and Tetanus (EWT), Rhinovirus (Rhi)/Flu, Potomac Horse Fever (PHV), Rabies, and West Nile Virus upon intake. If we do not have a horse's medical history, they will receive a vaccine booster at thirty days.

All horses will receive EWT, Rhi/Flu, PHV, rabies, and WNV vaccines once a year.

The vaccination protocol for pregnant mares is EWT/Rhi/Flu, WNV, and RV vaccines six weeks prior to parturition. If possible, pregnant mares should receive Rhino only at 3, 5, 7, and 9 months of gestation.

## Deworming

The deworming protocol for foals is as follows:

Newborn to 2 months: No deworming

2 months: Strongid

4 months: 5 days Panacur

6 months: Strongid

8 months: Strongid

10 months: 5 days Panacur

12 months: Equimax

Horses over the age of 1 year are dewormed with Panacur four times upon arrival and then dewormed once a year.

# Choke

## **Choke**

### **What is it?**

Similar to humans, equine choke is when something gets stuck in the horse's esophagus (stuck in his throat). Unlike humans, a horse with choke can still breathe, but choke is still an emergency situation. This is most often caused when the horse takes in a dry mass of feed material and has trouble swallowing it. Dry, fibrous feed like beet pulp is more likely to cause choke in a horse than food with more moisture content. A common cause of this in horses is poor dental care. Horses eat a lot of fibrous hay and grass, which require thorough chewing before they can be digested in the equine stomach. If a horse can't chew his food well because his teeth are not in good condition, he is more likely to choke on a mass of food. Horses need regular care of their teeth so they are able to chew their food properly. Certain horses are naturally at higher risk for choke. Arabians more frequently have choke compared to other breeds, and horses that eat quickly without chewing their food thoroughly are more likely to choke (just like people!).



### **How do I recognize choke?**



You may see the horse gagging or coughing, and feed matter may come out of the nose and mouth. The horse may show general signs of discomfort including depression (he may stop eating or avoid interaction with other horses or with you), heavy breathing, pacing, sweating, pawing the dirt with his hooves, or stamping his feet. In some horses you may actually see a lump on the neck that is the mass of food material stuck in the esophagus. Watch this video to see how a horse with choke might look: [https://www.youtube.com/watch?v=PzHfOdO\\_z6U](https://www.youtube.com/watch?v=PzHfOdO_z6U). You will see this horse has a short period where he appears normal, then begins to cough, gag, and paw the ground with his front hoof. If a choke does not resolve quickly (within 30 minutes), this

is an emergency situation.

### **What do I do if I think a horse has choke?**

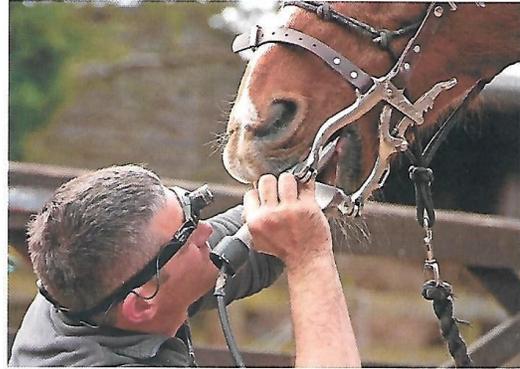
Take away any food and water and call the veterinary technician. If you can't reach the technician, call the Shelter Director or Equine Coordinator. If all three are unavailable, call the vet. All contact information is in the barn by the feed board. While you are waiting for help to arrive, try to keep the horse calm – relaxing and lowering his head can sometimes help loosen the mass of food.

### **How will the vet treat the horse?**

The vet will sedate the horse so he becomes a little drowsy, relaxes, and drops his head. Relaxing and putting his head down can help dislodge the mass of food. If necessary, s/he will

pass a nasogastric tube through the nose and down the esophagus to the obstruction and slowly pump warm water into the tube. The feed should then be able to wash back out of the tube with the water, relieving the choke. Once the choke is resolved, the vet might give antibiotics to help treat any infection caused if the horse inhaled feed material into his lungs while choking. The vet may also give anti-inflammatories like banamine or bute for pain.

After the choke is resolved, the vet will help you evaluate your horse's teeth to help prevent choke from occurring again. As horses grind up grass and feed between their teeth throughout life, the teeth surfaces wear away as the teeth continue to grow. Horses can develop sharp points on the edges of the teeth through this process. If these sharp points are not taken care of, they can cause pain in the cheeks and tongue, making it painful for the horse to eat. They can also make it impossible for the horse to fully chew his food, increasing the likelihood of choke. The horse may also lose weight over time because chewing food is painful and he isn't eating as much. Older horses can also develop more serious problems like tooth abscesses or fractures. These are very painful and make horses reluctant to chew their food. To prevent these issues, the teeth should be examined and "floated" (filed to remove the sharp points) as often as necessary by a veterinarian. This is usually done once a year to maintain healthy teeth, or more often if needed, and is especially important in older horses. You may also want to soak the horse's feed in water before feeding to help prevent recurrence of choke, especially if feeding beet pulp or another feed with a high risk of choke. Feeding smaller amounts of food multiple times a day instead of large amounts once a day can also help decrease the risk of choke.



#### **Image References**

Figure 1. Narelle Cribb, "Choke" <<https://horsesandpeople.com.au/choke/>>

Figure 2. "What is Choke?" <<http://horseprotection.org/id66.html>>

Figure 3. "Floating Teeth" <<https://www.lacrosseanimalhospital.com/equine-services/floating-teeth/>>

#### **References/Further Reading**

Laurie Bonner, "What to Do for a Horse with Choke" < <https://equusmagazine.com/horse-care/response-choke-53083>>

# Colic

There are seven types of Colic in horses:

- 1) Gas Colic occurs when there is excessive build-up of gas in the intestines. These horses often have a lot of flatulence.
- 2) Spasmodic Colic is the result of intestinal cramps or spasms. This type of Colic can also have intestinal hyper motility.
- 3) Impaction Colic accounts for 10% of all Colic cases attended by veterinarians. These occur where partially digested feed, typically roughage, builds up in the large intestine of the horse and stops moving, resulting in a blockage or impaction. The horse is not passing dung with impaction colic.
- 4) Sand Colic occurs in horses living in sandy areas or horses fed from sandy ground. Fine particle sand builds up in the large intestines resulting in Colic.
- 5) Twisted Gut occurs where a portion of the intestine twists on itself (intestinal torsion) or where a portion of intestine inverts into itself (intussusception). This uncommon type of Colic accounts for less than 4% of Colic cases overall, but it is serious and potentially lifethreatening.
- 6) Displacement/Entrapment Colic occurs when an area of the intestine moves from its normal location in the abdominal cavity to somewhere else: this is not a common type of Colic. When the displacements cannot freely move back to its original location, it becomes an entrapment. Displacements and entrapments are serious because the change in location stretches the blood supply to the area of intestine and can result it being compressed or squashed.
- 7) Strangulation Colic is very uncommon but serious. Strangulation Colic occurs when the blood supply to an area of intestines is cut off (strangulated). Cutting off the blood supply results in rapid death of the intestine wall, which is a life-threatening situation.

Symptoms of Colic include: pawing the ground, looking at the flank, kicking or biting at the flank, tail swishing, repeatedly lying down and getting up again, lying on their back, violently throwing themselves to the ground, excessive rolling, curling upper lip, stretched stance with hind legs far behind, sweating, increased breathing rate, little to no appetite, extreme dullness, extreme agitation, and bloodshot eyes/lips. (See graphic below for visual examples.)

If you suspect a horse is Colicing, take the horse's temperature and pulse if you know how.

Report the situation (including the temperature and pulse if you took them) to your supervisor. Call the vet: the vet closest to us is the Piedmont Equine Practice. They are open 8:00 a.m. to

5:00 p.m. on weekdays and during open hours can be reached on (540) 364-4950. Call the same number after hours and weekends. We generally use Dr. Theiss or Dr. Porto but in an emergency they will send whoever is on call. Describe the horse's symptoms to the vet and if instructed, give the horse Banamine.

While you are waiting for the vet to come, remove the horse's food and water (if the horse's intestines are impacted, taking in anything can worsen the Colic.) Let the horse stand if they will stand calmly; otherwise keep the horse walking. **Do not let the**

**horse lie down.** Stand clear to avoid injury if the horse is reacting violently to the Colic. If the horse passes manure, save a sample for the vet. Have the truck and trailer ready in case the horse needs to be moved to the clinic for surgery.

### Red Flags of Colic

Colic is an emergency situation – while some of these behaviors can be normal, if you see more than one it could indicate colic. If you suspect colic, call for help immediately.



#### Laying down or rolling

Laying down to rest or rolling in the dirt can be normal equine behavior, but excessive rolling or refusal to get up can be a sign of colic.



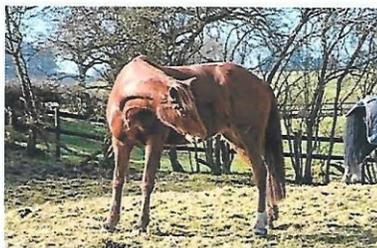
#### Depression/discomfort

A horse in pain may stop eating, have a fever ( $>101.5^{\circ}\text{F}$ ), be reluctant to interact, or show "flehmen," (curling the lip).



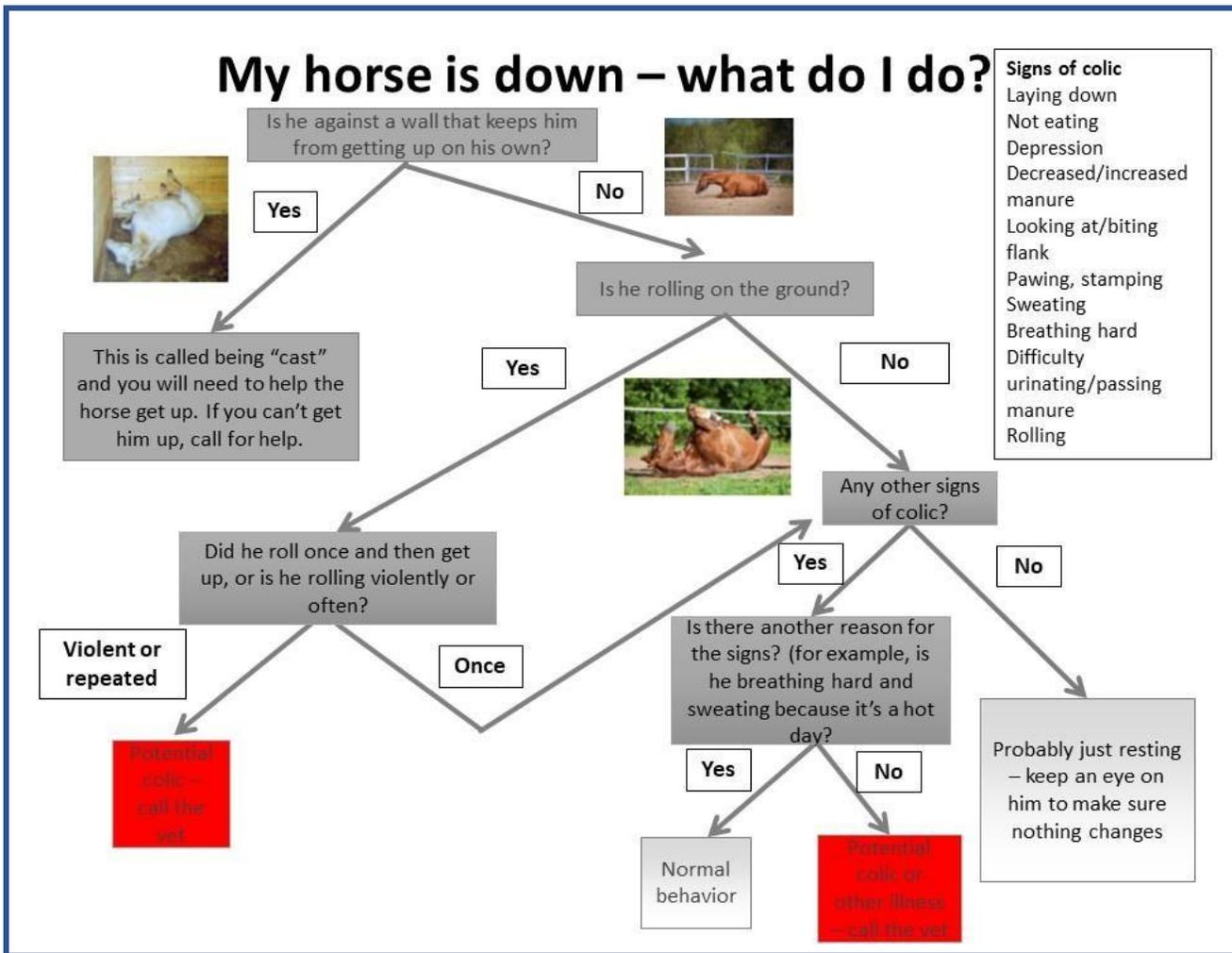
#### Nervousness

A colicky horse may paw at the ground, stamp his hooves, sweat heavily, or breathe hard.



#### Looking at flank

Stomach pain may cause a horse to frequently turn and look at or bite at the flank.



## Founder

If you suspect a horse is actively foundering, notify the Equine Coordinator (EC) and/or ACM immediately. If both are off-site and cannot be reached, call Rose Hill Vet (540-987-1200, located at 21 Christmas Tree Lane, Washington). See [Medical Emergency](#) section for further instructions.

Laminitis (or “founder” as it is commonly called) is inflammation of the laminae of the horse’s foot. Laminae are the delicate, accordion-like tissues that attach the inner surface of the hoof wall to the coffin bone (the bone in the foot).

A horse suffering from laminitis experiences a decrease in blood flow to the laminae, which in turn begin to die and separate. The final result is hoof wall separation, rotation of the coffin bone, and extreme pain. In severe cases, the coffin bone will rotate through the sole of the horse’s hoof where it becomes infected and can result in the horse having to be euthanized.

Laminitis is triggered by repeated concussion on hard ground (road founder), grain overload, retained placenta, hormonal imbalance (Cushing’s syndrome), certain drugs (corticosteroids), obesity, and lush grass.

Symptoms include: rings in the hoof wall, widened white line between the hoof wall and sole, dropped soles, dished hooves with abnormal growth, a shortened stride and discomfort in the hooves resulting in too much, or too little, hoof lifting.

To avoid Founder do not put horses, especially obese or cresty-necked horses, out on young spring grass. Ponies and minis are especially prone to founder. Muzzling horses or keeping those at risk in a dry lot during the spring are other effective ways to avoid founder.



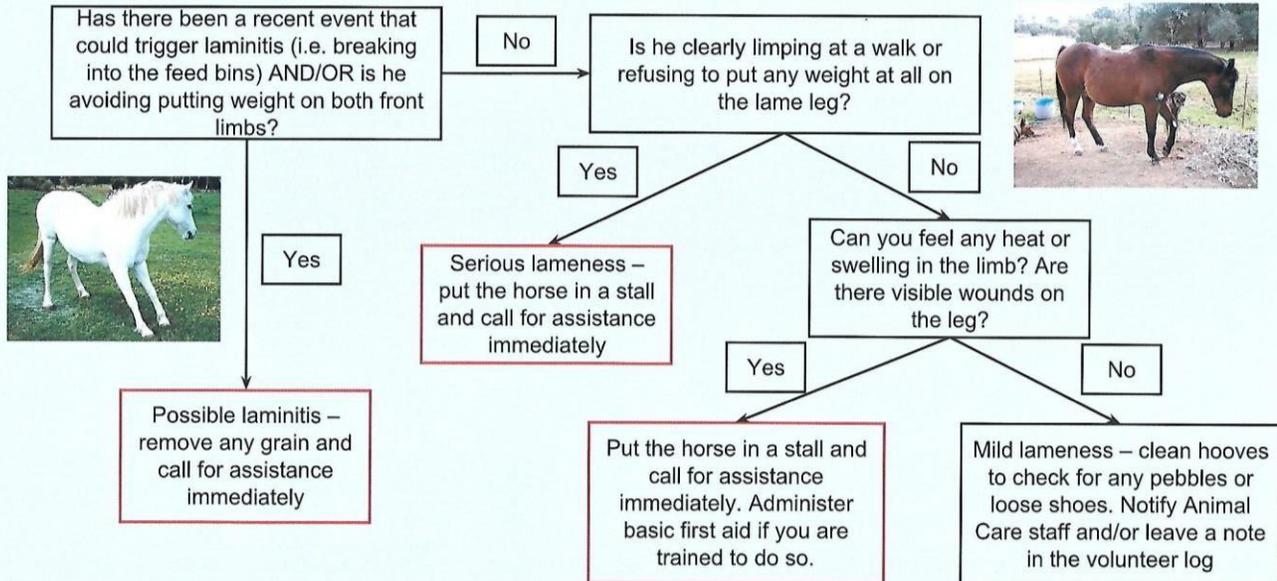
This horse has foundered and is avoiding putting weight on the affected hoof.



The above pictures show two common distortions of the hoof caused by founder. In the picture on the left, the horse's toe "slipped" outwards as the founder got worse and caused the coffin bone to rotate inward. In the picture on the right, the horse's hooves have rings on the outer foot wall.

## I see a horse limping – what do I do?

Equine lameness can have many causes. A limp could indicate just a mild bruise from a stone stuck in the hoof, or it could be a sign of a severe condition like laminitis. Use this lameness assessment checklist to determine whether the horse needs emergency veterinary attention or just a little extra care.



## Hoof Abscesses

An abscess is a pocket of infection: it is the body's way of isolating infection so it doesn't spread to other parts of the body. Abscesses can form anywhere on the body but occur most frequently in the hoof. Hoof abscesses are the most common cause of lameness in horses and need to be addressed promptly. They occur when a horse's hoof is soft due to wet weather or when the hoof is hard and has cracks that bacteria can enter. Abscesses can be easily avoided by regularly cleaning the hoof and treating thrush and other bacteria that form in the hoof.

The abscess can come out the bottom of the hoof, through the wall on the outside of the hoof, or through the soft tissue connecting the hoof to the leg. While a vet can treat an abscess, most often it is the farrier that attends to the abscess as they are familiar with the horse and its hooves' structure. Severe cases should be handled by both vet and farrier.

To treat an abscess, first find someone to help you as the horse is not likely to stand calmly while you are poking at a painful abscess. Next, put a halter and lead on the horse and if the horse is able to walk, bring it into the barn for treatment. Walking on gravel is extremely painful for a horse with an abscess: try to keep the horse on grassy areas wherever possible.

Gather the hoof wrapping supplies described in the [Hoof and Leg Wrapping](#) section as well as a hoof pick, bristle brush, clean water to flush the wound, and clean, dry rags to dry the wound.

Sometimes, an abscess is not visible yet. Here are some ways to locate the point an abscess is coming out:

- a. Feel for areas of the hoof where there is abnormal heat.

b. Look for bruises. (This method is easiest with horses with pink skin.)

c. Press gently around the hoof. If you find an abnormally squishy, localized area this may be where the abscess is heading.

If you cannot locate the abscess using these methods, clean the hoof and repeat.

If there is already an open wound, then the abscess has already blown open. Use warm water, Betadine (povidone iodine) solution, and Epsom salts to soak the hoof for about 15 minutes.

If the abscess is not open yet, the farrier might bore out the abscess to relieve the pressure. Treatment may include warm water and Epsom salt soaks (making sure to soak up to the coronet band) or ichthammol packed and wrapped both on the sole and outside the hoof wall (including the coronet band) to draw the abscess out. These are applied to the gauze layer then wrapped around the hoof. The hoof should be checked at least twice a day.

There could be infection and foreign material in the wound if the abscess has blown open. The wound needs to be thoroughly flushed with clean water and treated as described above. This needs to be checked twice a day.

Finish wrapping the hoof and keep the horse in a dry area. If the lameness is not severe, the horse can be turned out on a dry paddock to work the abscess out faster. If it is very severe or the abscess has already blown, the horse may need to be stalled.

**Abscesses in the rest of the body should be addressed by the veterinarian.**



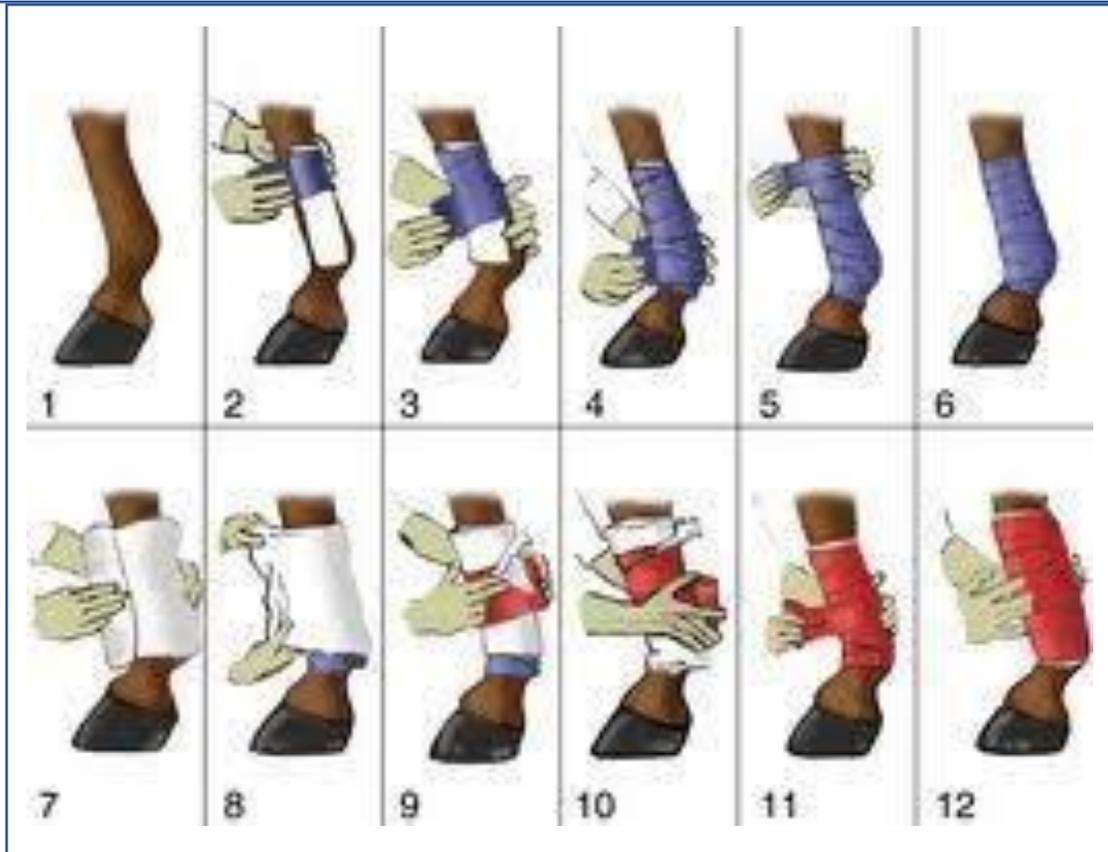
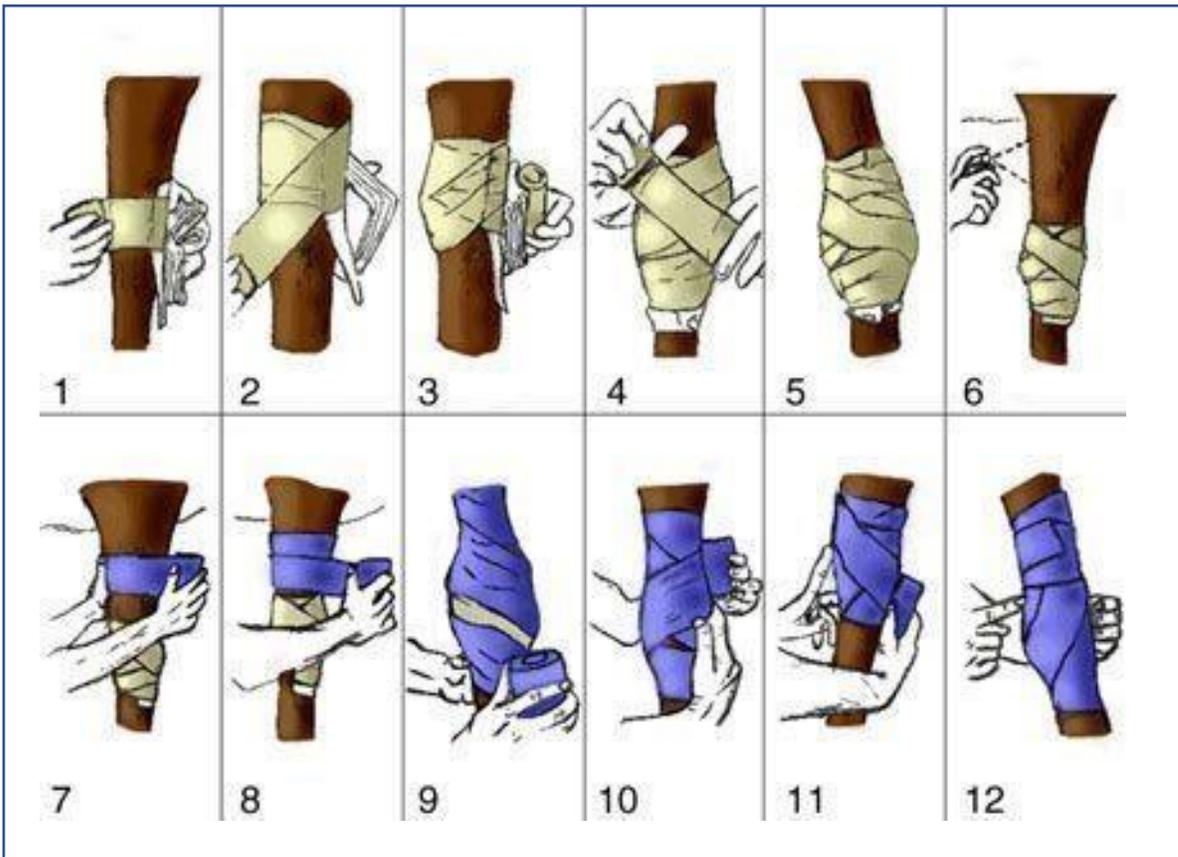
## Hoof and Leg Wrapping

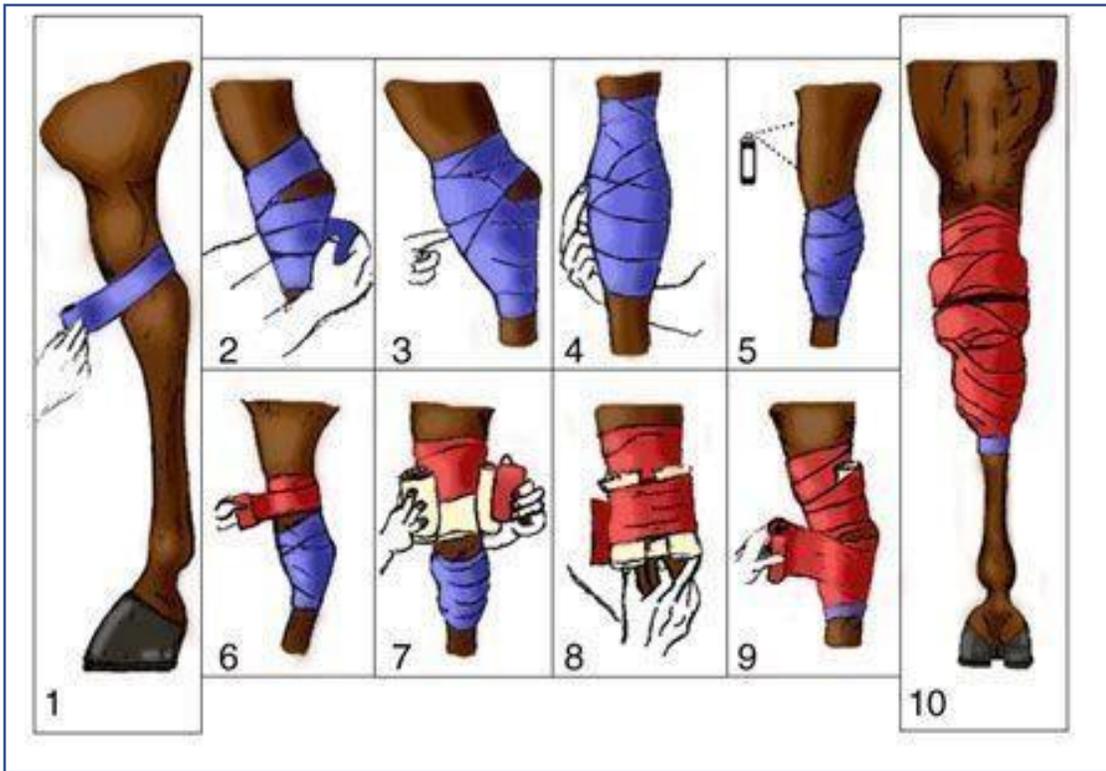
When a horse has a wound, take a picture of it and notify the EC and/or ACM immediately (show them the picture). They will determine whether a veterinarian's assistance is required to treat the wound. Mild dermal abrasions may not require treatment beyond a wound spray or blood stopping powder: both of these are located on the black metal shelf in the tack room. Wound sprays are typically a purple or silver color when sprayed. Always follow the instructions on the can. Once properly treated, spray the area surrounding the wound with fly spray if it is bug season.

The severity and location of the leg wound dictates the technique used to bandage the injury. The finished bandage should be on firm enough to stay on the leg but should not be constricting, regardless of which technique is used.

The layers to a proper leg or hoof bandage are as follows:

1. Gauze layer (aka “cottons”). This layer will be in direct contact with the wound. Gauze should always be clean before applying. In hoof wounds or abscesses, sometimes a poultice gauze is used instead. Drawing salve is applied to the gauze if an abscess is suspected: this salve can be found on the black metal shelf in the tack room. Ensure the wound site is clean and dry before the gauze is applied.
2. Stretchy athlete’s band is wrapped over the gauze. This material is generally a tan flesh color and is not adhesive. A metal clip can be used to secure the end of the wrap to itself once applied. Cut the roll to the length needed. Be sure no tendons are being inhibited during the wrapping process.
3. Quilt layer (OPTIONAL). Depending on the situation, some people will add a fluffy protective layer (called “quilts”) over the athlete band for more protection. These are usually white textile rectangles that once laid over the wound site should fit the length of the cannon bone. These come in different sizes. If a vet is arriving soon don’t put this layer on but have one ready in case it’s needed.
4. Vet wrap. This is a stretchy, semi adhesive rubber-like roll of wrapping material that is meant to finish the bandage. Vet wrap should be unrolled in increments as you wrap the wound and should be applied in a stretched state over the bandage. Be sure it is not too tight as vet wrap will tighten on itself at the end. Cut the roll off once you have a complete layer or two over the bandage. Press on the end of the vet wrap to get it to adhere to itself.
5. Duct tape (OPTION): Duct tape is most commonly used for hoof wounds as the hoof will tear through the bandage easily. Refer to the picture below. Never let the duct tape adhere to the horse’s hair or bare skin. An animal with duct tape on needs to be checked multiple times a day, and the bandage should always be refreshed at the end of the day to get through the night.





# Coggins Body Score Form

## EQUINE INFECTIOUS ANEMIA TEST RECORD

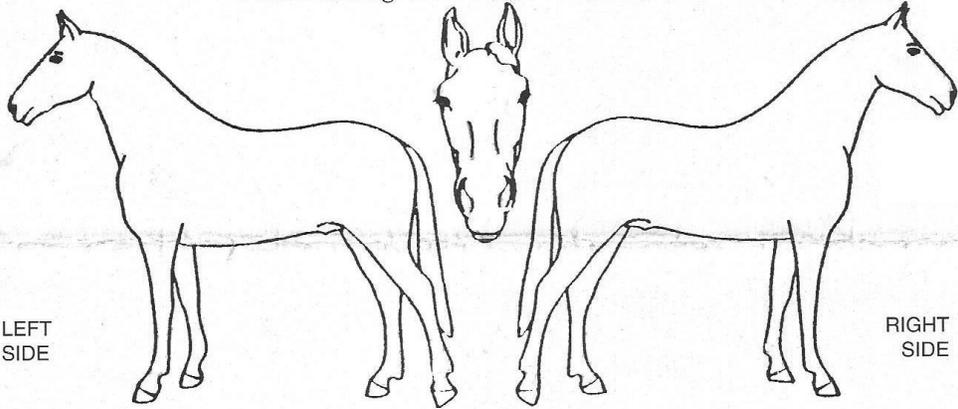
Print name and address legibly for window envelope use

I hereby certify that the blood specimen submitted with this form was drawn by me from the animal described below on the date indicated.

Dr. _____		DATE BLED _____		SIGNATURE _____	
Address _____					
City _____	State _____	Zip _____		Animal Stabled At _____	
Owner _____	Reason for Test:		Address _____		
Address _____	1. Clinical _____		County _____		
Zip _____	2. Infected _____		TOWN _____		
	3. Exposed _____		Farm No. (QBSP) _____		
	4. Show _____				
	5. Sale _____				
	6. Routine _____				
	7. Other _____				
Phone _____					

TUBE NUMBER	NAME	COLOR	BREED	SEX* Check One			AGE	TEST RESULTS
				S	M	G		

**White Markings And Whorls Must Be Shown!**



Date and condition of samples received \_\_\_\_\_

The result of the test for Equine Infectious Anemia on the above specimen is as indicated

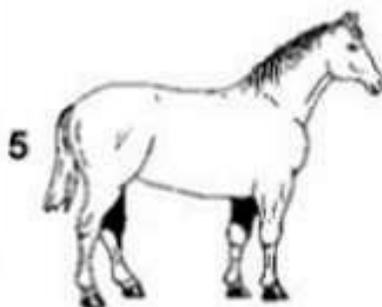
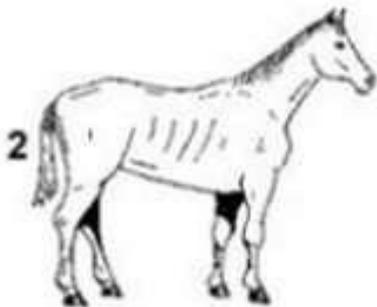
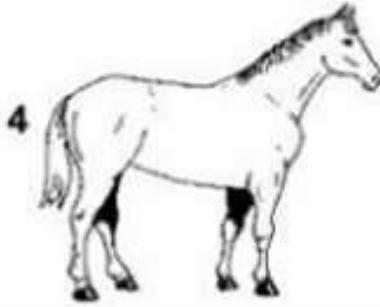
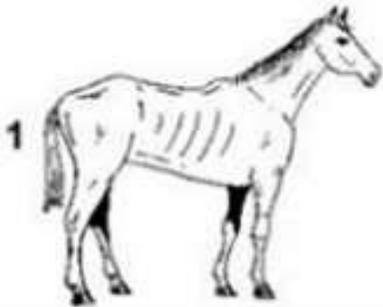
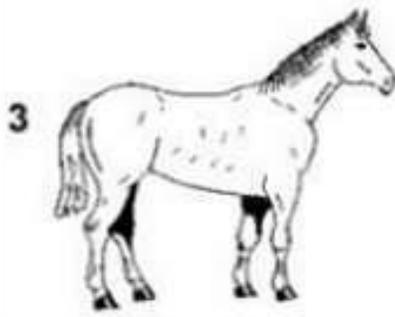
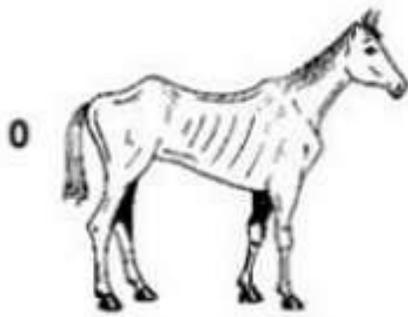
Signature \_\_\_\_\_

Accession No. \_\_\_\_\_

WHITE COPY — VETERINARIAN  
 YELLOW COPY — OWNER  
 PINK COPY — FILE  
 GOLDENROD COPY — STATE VETERINARIAN

\*Please Use Legend: S — Stallion/Male  
 M — Mare/Female  
 G — Gelding

# Body Score Illustrations



# VIRGINIA REGULATIONS PERTAINING TO ANIMAL SHELTERS

7/1/2020

Vol. 32 Iss. 24 (Final Regulation) 2VAC5-111, Public And Private Animal Shelters July 25, 2016

## REGULATIONS

VOL. 32 ISS. 24 - JULY 25, 2016

### TITLE 2. AGRICULTURE

BOARD OF AGRICULTURE AND CONSUMER SERVICES

Chapter 111

Final Regulation

[« Previous](#) | [Next »](#) | [Table of Contents](#) »

**Titles of Regulations: 2VAC5-110. Rules and Regulations Pertaining to a Pound or Enclosure to Be Maintained by Each County or City (repealing 2VAC5-110-10 through 2VAC5-110-110).**

**2VAC5-111. Public and Private Animal Shelters (adding 2VAC5-111-10 through 2VAC5-111-40).**

**Statutory Authority:** § 3.2-6501 of the Code of Virginia.

**Effective Date:** August 24, 2016.

**Agency Contact:** Dr.Carolynn Bissett, Program Manager, Office of Animal Care and Emergency Response, Department of Agriculture and Consumer Services, P.O. Box 1163, Richmond, VA 23218, telephone (804) 786-2483, FAX (804) 371-2380, TTY (800) 828-1120, or email [carolynn.bissett@vdacs.virginia.gov](mailto:carolynn.bissett@vdacs.virginia.gov).

**Summary:**

*This action repeals the existing regulation that governs public animal shelters and replaces it with a regulation that governs both public and private animal shelters. The substantive changes in the replacement regulation (i) require animal shelters to provide each animal with an appropriate resting platform, bedding, or perch; (ii) require each shelter to have protocols that have been approved by a veterinarian for the medical treatment of animals, the control of infectious disease, and the management and care of neonatal and medically compromised animals; and (iii) require private animal shelters to have special housing for strays that are subject to a holding period.*

**Summary of Public Comments and Agency's Response:** A summary of comments made by the public and the agency's response may be obtained from the promulgating agency or viewed at the office of the Registrar of Regulations.

#### CHAPTER 111

#### PUBLIC AND PRIVATE ANIMAL SHELTERS

##### **2VAC5-111-10. Definitions.**

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Animal" means any nonaquatic companion animal that is in the custody of a public or private animal shelter and that is confined in or on the premises of the animal shelter.

"Enclosure" means a structure used to house or restrict animals from running at large such as a room, pen, cage, run, compartment, hutch, terrarium, or otherwise confined habitat.

"Facility" means a public animal shelter or private animal shelter as defined in § 3.2-6500 of the Code of Virginia.

##### **2VAC5-111-20. General provisions.**

A. Each facility shall be kept in a clean, dry, and sanitary condition and shall provide enclosures that can safely house and allow for adequate separation of animals of different species, sexes, ages, and temperaments. Animals shall be maintained in a manner that protects them against theft, injury, escape, and exposure to harmful substances.

B. Each facility shall ensure that all enclosures provide adequate shelter that is properly ventilated and that can be maintained at a comfortable temperature for the animals confined therein. An enclosure shall not be cleaned when occupied by an animal unless the animal can be further confined in a portion of the enclosure that precludes exposure to any cleaning agent including water and shall be thoroughly dry before the enclosure is returned to use. A disinfectant or germicidal agent shall be used when cleaning an enclosure.

C. Each facility shall reasonably endeavor to ensure that drinking water is available to each animal at all times unless otherwise ordered by a licensed veterinarian. Drinking water receptacles or bowls shall be secured to the enclosure in a fixed position or otherwise be of a design that cannot be tipped over by an animal and shall be maintained in sanitary condition.

D. Each facility shall ensure that animals are adequately and appropriately fed according to their species and age and that feed is stored in a manner that prevents spoilage, infestation, and contamination. All feed delivery utensils and receptacles shall be properly cleaned between uses.

[register.dls.virginia.gov/details.aspx?id=5774](http://register.dls.virginia.gov/details.aspx?id=5774)

1/2

E. Each facility shall ensure that each animal is provided access to a resting platform, bedding, or perch as appropriate to its species, age, and condition. All enclosures shall have solid floors.

**2VAC5-111-30. Provision of veterinary treatment.**

A. Each facility shall engage a licensed veterinarian to develop or ratify a protocol for determining if an ill, injured, or otherwise compromised animal requires treatment by a licensed veterinarian. Each facility shall adhere to this protocol and provide veterinary treatment when needed.

B. Each facility shall engage a licensed veterinarian to develop or ratify a protocol for the control of infectious and contagious disease and shall adhere to such protocol. Each facility shall provide a marked isolation room for the confinement of animals suffering from a contagious or infectious disease.

C. Each facility shall engage a licensed veterinarian to develop or ratify a protocol for the management of neonatal and medically compromised animals and shall adhere to such protocol. Enclosures shall be maintained that can properly and safely house such animals.

**2VAC5-111-40. Housing of animals subject to a holding period.**

A. An enclosure or portion thereof used to house an animal subject to a holding period shall be entirely constructed of materials that are durable, nonporous, impervious to moisture, and able to be thoroughly cleaned and disinfected.

B. An enclosure or portion thereof used to house an animal subject to a holding period that is part of the structural integrity of the building shall have a surface material that is durable, nonporous, impervious to moisture, and able to be thoroughly cleaned and disinfected.

C. All structures contained within an enclosure or portion thereof shall be constructed of materials that are durable, nonporous, impervious to moisture, and able to be thoroughly cleaned and disinfected unless discarded or laundered daily.

D. An enclosure and all structures therein used to house an animal subject to a holding period shall be thoroughly cleaned and disinfected before use by a different animal.

**NOTICE:** The following forms used in administering the regulation were filed by the agency. The forms are not being published; however, online users of this issue of the Virginia Register of Regulations may click on the name of a form with a hyperlink to access it. The forms are also available from the agency contact or may be viewed at the Office of the Registrar of Regulations, General Assembly Building, 2nd Floor, Richmond, Virginia 23219.

FORMS (2VAC5-111)

Animal Facility Inspection Report, VDACS AC-10 (rev. 7/2015)

## VIRGINIA LAWS PERTAINING TO ANIMAL INCIDENTS

The complete set of Virginia laws pertaining to animal incidents (Title 3.2 Agriculture, Animal Care, and Food, Subtitle V. Domestic Animals, Chapter 65: Comprehensive Animal Care) can be found at: [law.lis.virginia.gov/vacode/title3.2/chapter65/](http://law.lis.virginia.gov/vacode/title3.2/chapter65/). The following sections control relevant excerpts of the applicable laws.

### Animal Bites

#### Liability

Section 3.2-6540.1.A: "Vicious dog" means a canine or canine crossbreed that has (i) killed a person (or) (ii) inflicted serious injury to a person (.). "Serious injury" means an injury having a reasonable potential to cause death or any injury other than a sprain or strain, including serious disfigurement, serious impairment of health, or serious impairment of bodily function and requiring significant medical attention.

Section 3.2-6540.1.B: The court, upon finding the animal to be a vicious dog, may order the owner, custodian, or harbinger thereof to pay restitution for actual damages to any person injured by the animal or to the estate of any person killed by the animal. The court, in its discretion, may also order the owner to pay all reasonable expenses incurred in caring and providing for such vicious dog from the time the animal is taken into custody until such time as the animal is disposed of.

Section 3.2-6540.1.C: No animal shall be found to be a vicious dog if the threat, injury, or damage was sustained by a person who was (i) committing, at the time, a crime upon the premises occupied by the animal's owner or custodian; (ii) committing, at the time, a willful trespass upon the premises occupied by the animal's owner or custodian; or (iii) provoking, tormenting, or physically abusing the animal, or can be shown to have repeatedly provoked, tormented, abused, or assaulted the animal at other times.

No animal that, at the time of the acts complained of, was responding to pain or injury or was protecting itself, its kennel, its offspring, a person, or its owner's or custodian's property, shall be found to be a vicious dog.

Section 3.2-6540.1.D.: Any owner or custodian of a canine or canine crossbreed or other animal whose willful act or omission in the care, control, or containment of a canine, canine crossbreed, or other animal is so gross, wanton, and culpable as to show a reckless disregard for human life and is the proximate cause of such dog or other animal attacking and causing serious injury to any person is guilty of a Class 6 felony.

## Reporting Requirements

Section 3.2-6522.C: Every person having knowledge of the existence of an animal that is suspected to be rabid and that may have exposed a person, companion animal, or livestock to rabies shall report immediately to the local health department the existence of such animal, the place where seen, the owner's name, if known, and the signs suggesting rabies.

Section 3.2-6522.D: D. Any dog or cat for which no proof of current rabies vaccination is available and that may have been exposed to rabies through a bite, or through saliva or central nervous system tissue, in a fresh open wound or mucous membrane, by an animal suspected to be rabid shall be isolated in a public animal shelter, kennel, or enclosure approved by the local health department for a period not to exceed six months at the expense of the owner or custodian in a manner and by a date certain as determined by the local health director. A rabies vaccination shall be administered by a licensed veterinarian prior to release. Inactivated rabies vaccine may be administered at the beginning of isolation. Any dog or cat so bitten, or exposed to rabies through saliva or central nervous system tissue, in a fresh open wound or mucous membrane with proof of current vaccination, shall be revaccinated by a licensed veterinarian immediately following the exposure and shall be confined to the premises of the owner or custodian, or other site as may be approved by the local health department at the expense of the owner or custodian, for a period of 45 days. If the local health director determines that isolation is not feasible or maintained, such dog or cat shall be euthanized by one of the methods approved by the State Veterinarian as provided in § 3.2-6546. The disposition of such dogs or cats not so confined shall be at the discretion of the local health director.

Section 3.2-6522.E: At the discretion of the local health director, any animal that may have exposed a person shall be confined under competent observation for 10 days at the expense of the owner or custodian, unless the animal develops active signs of rabies, expires, or is euthanized before that time. A seriously injured or sick animal may be euthanized as provided in § 3.2-6546. When determining whether a dog that has bitten a person shall be so confined, the health director shall weigh any proof that the dog has current certificates for both (i) rabies vaccination and (ii) special training for police work, military work, or work as a first responder.

## Companion Animal Killing

Section 3.2-6540.A: As used in this section, "dangerous dog" means: 1. A canine or canine crossbreed that has bitten, attacked, or inflicted injury on a companion animal that is a dog or cat or killed a companion animal that is a dog or cat. A canine or canine crossbreed is not a dangerous dog if (...) (ii) both animals are owned by the same person.

Section 3.2-6540.D: (...) The court, upon finding the animal to be a dangerous dog, may order the owner, custodian, or harbinger thereof to pay restitution for actual damages to any person injured by the animal or whose companion animal was injured or killed by the animal. The court, in its discretion, may also order the owner to pay all reasonable expenses incurred in caring and providing for such dangerous dog from the time the animal is taken into custody until such time as the animal is disposed of or returned to the owner.

Section 3.2-6540.J: The owner of any animal found to be a dangerous dog shall, within 30 days of such finding, obtain a dangerous dog registration certificate from the local animal control officer(.) The local animal control officer (...) shall also provide the owner with a uniformly designed tag that identifies the animal as a dangerous dog. The owner shall affix the tag to the animal's collar and ensure that the animal wears the collar and tag at all times.

Section 3.2-6540.L: While on the property of its owner, an animal found to be a dangerous dog shall be confined indoors or in a securely enclosed and locked structure of sufficient height and design to prevent its escape or direct contact with or entry by minors, adults, or other animals. (...) When off its owner's property, an animal found to be a dangerous dog shall be kept on a leash and muzzled in such a manner as not to cause injury to the animal or interfere with the animal's vision or respiration, but so as to prevent it from biting a person or another animal.

Section 3.2-6540.O: Any owner or custodian of a canine or canine crossbreed or other animal is guilty of a:

1. Class 2 misdemeanor if the canine or canine crossbreed previously declared a dangerous dog pursuant to this section, when such declaration arose out of a separate and distinct incident, attacks and injures or kills a cat or dog that is a companion animal belonging to another person;
2. Class 1 misdemeanor if the canine or canine crossbreed previously declared a dangerous dog pursuant to this section, when such declaration arose out of a separate and distinct incident, bites a human being or attacks a human being causing bodily injury; or
3. Class 6 felony if any owner or custodian whose willful act or omission in the care, control, or containment of a canine, canine crossbreed, or other animal is so gross, wanton, and culpable as to show a reckless disregard for human life, and is the proximate cause of such dog or other animal attacking and causing serious bodily injury to any person.

## Livestock and Poultry Killing

Section 3.2-6552.A: It shall be the duty of any animal control officer or other officer who may find a dog in the act of killing or injuring livestock or poultry to seize or kill such dog forthwith whether such dog bears a tag or not. Any person finding a dog committing any of the depredations mentioned in this section shall have the right to kill such dog on sight as shall any owner of livestock or his agent finding a dog chasing livestock on land utilized by the livestock when the circumstances show that such chasing is harmful to the livestock. Any court shall have the power to order the animal control officer or other officer to kill any dog known to be a confirmed livestock or poultry killer, and any dog killing poultry for the third time shall be considered a confirmed poultry killer. The court, through its contempt powers, may compel the owner, custodian, or harbinger of the dog to produce the dog.

Section 3.2-6552.C: (...) If it is determined that the dog has killed or injured only poultry, the district court may, instead of ordering killing, euthanasia, or removal to another state pursuant to this section, order either (a) that the dog be transferred to another owner whom the court deems appropriate and permanently fitted with an identifying microchip registered to that owner or (b) that the dog be fitted with an identifying microchip registered to the owner and confined indoors or in a securely enclosed and locked structure of sufficient height and design to prevent the dog's escape (...) When off its owner's property, any dog found to be a poultry killer shall be kept on a leash and muzzled in such a manner as not to cause injury to the dog or interfere with its vision or respiration, but so as to prevent it from biting a person or another animal.

# VOLUNTEERS

## Volunteer Roles

There are five main volunteer roles where volunteers work directly with the animals:

1. Canine Socialization and Enrichment (Level 3 volunteer)
2. Feline Socialization and Enrichment (Level 2 volunteer)
3. Meet and Greet Events (Level 2 volunteer)
4. Medical Transport (Level 1 volunteer)
5. Trap-Neuter-Return Assistance (Level 2 volunteer)

All volunteers, regardless of whether they interact with animals, are required to go through a volunteer orientation. Level 1 volunteers do not require additional training, but Medical Transport drivers are required to provide a copy of a valid driver's license and proof of a current insurance policy.

Level 2 volunteers are required to complete an additional training **WHAT TRAINING DO LEVEL VOLUNTEERS TAKE? IS THERE A HANDS ON COMPONENT?** Level 2 volunteers under the age of 16 years must be accompanied by an adult at all times they are working with animals. Level 2 volunteers that drive the van to Meet and Greet events will be required to provide a copy of a valid driver's license and proof of current insurance policy.

Level 3 volunteers need to take **XX TRAINING** in addition to Level 1 orientation and Level 2 training. Level 3 volunteers may only work with Green and Yellow dogs unless their handling of Orange and Red dogs is explicitly approved by the ED.

## Safety Guidelines

### Companion Animals

Volunteers must wear close-toed shoes when working at the shelter. They must wash hands frequently, especially when moving between groups of cats, and wear gloves when cleaning cages to prevent possible spread of disease. Staff should also recommend that volunteers change their clothing immediately upon return to their home. Volunteers should be reminded to report any findings such as diarrhea, blood, limping, and the like to a staff member.

Volunteers under the age of 16 must be supervised by a parent at all times and the parent accompanying the children must have attended all the required volunteer training. Children must sit down when handling cats, kittens, and puppies: carrying animals is not permitted. Children under the age of 14 may not walk a dog alone and the parent must hold the leash attached to the dog's harness.

When volunteers (of any age) are getting a dog ready for a walk, the collar must be put on before the harness. The collar should be a Martingale-style collar. There should be one leash attached to the collar and one to the harness. Good behavior is to be encouraged using positive reinforcement only. Do not play win/lost games with the dogs such as tug of war. Volunteers should never attempt to break up a dog fight: they should immediately find a staff member to help.

### Livestock

Volunteers may not smoke in the barn or around the paddocks and may not park vehicles in front of the barn entrance or in front of any field. Dogs are not permitted in the barn, around the barn and field gates, or in the fields.

Volunteers under the age of 18 must be accompanied by an adult and may not be left on the facility grounds without supervision. Children under the age of 13 may not enter the livestock fields, occupied sheds, or stalls. Children under the age of 10 must be actively supervised, within eyesight, by an adult or babysitter over the age of 18 at all times. Guests must act in a manner that is not disruptive to the equine and livestock: no horseplay.

Horses must be handled in a safe, calm, and controlled manner and should be lead at a walk at all times. Do not tie horses to panels or gates: only tie them to secure hitching posts or sturdy fence posts. Horses should not be tied with a full synthetic halter: halters must be full leather or have a leather piece meant to break. Cross tied horses must have a throat latch detached on the halter and should never be left unsupervised.

Any accidents involving injuries must be reported to the ED immediately.

## Waiver and Release Form

### MIDDLEBURG HUMANE FOUNDATION WAIVER AND RELEASE

I, \_\_\_\_\_ (volunteer or participant) and I, \_\_\_\_\_ (legal guardian, if volunteer or participant is under the age of 18) in acknowledgement of the many tangible and intangible benefits of participating in an educational program sponsored by the Middleburg Humane Foundation (MHF) or in providing volunteer services to MHF, do hereby waive any right to sue, and do hereby release, MHF, its employees, officers, directors, volunteers, invitees, agents, assigns, licensees, and servants from any and all liability for injury to person or property. I understand that as a charitable organization, MHF is immune from certain types of liability under the doctrine of charitable immunity. I further acknowledge that I have read and that I understand the attached MHF Safety Rules and Guidelines and agree to abide fully by those rules at all times.

I acknowledge that I understand and assume the risks of working with animals, including abused, neglected, and sick animals. Specifically, I understand and assume the risks in equine activities including: (1) the propensity of equines (horses, ponies, donkeys, mules, and hinnies) to behave in dangerous ways which may result in injury to me (and my ward, if legal guardian) and others; (2) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals; and (3) the hazards of surface or subsurface conditions.

In addition to the general waiver and release provided hereby, I specifically waive any right to sue, and do hereby release, MHF, its employees, officers, directors, volunteers, invitees, agents, assigns, licensees, and servants from any and all liability for injury to person or property arising from any equine-related activity.

In addition, I agree to fully reimburse and indemnify MHF for any and all damages, costs, fines and fees (including attorneys fees) caused by me (or my ward, if legal guardian) or arising from my (or my ward's, if legal guardian) activities at MHF.

MHF reserves all rights and remedies at law and equity. This Agreement represents the entire Agreement between the parties and shall not be modified except by written Agreement signed by the parties. Any provision of this Agreement that is adjudicated to be invalid or unenforceable shall not invalidate the remainder of the Agreement. Under such circumstances, the parties agree to substitute an enforceable provision to the maximum extent possible and acceptable under applicable law and which preserves the original intentions of the parties. This Agreement, and all rights and obligations relating thereto, shall be governed by and shall be construed in accordance with the laws of the Commonwealth of Virginia, regardless of its choice of law provisions.

S/ \_\_\_\_\_ Dated: \_\_\_\_\_  
(Volunteer or participant)

Printed name: \_\_\_\_\_ Age: (if under 18) \_\_\_\_\_

Phone: H: \_\_\_\_\_ W: \_\_\_\_\_ Cell: \_\_\_\_\_

I, \_\_\_\_\_ (printed name) warrant that I am the legal guardian of the above-named volunteer or participant.

S/ \_\_\_\_\_ Dated: \_\_\_\_\_  
(Legal Guardian, if volunteer or participant is under 18)

S/ \_\_\_\_\_ Dated: \_\_\_\_\_  
(MHF)  
Printed name \_\_\_\_\_

Phone: H: \_\_\_\_\_ W: \_\_\_\_\_ Cell: \_\_\_\_\_

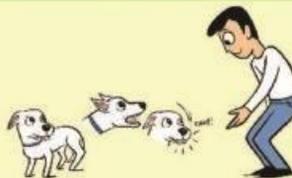
**Attachment: MHF Safety Rules & Guidelines**

# Canine Bite Levels

Designed by Dr. Sophia Yin, Illustrated by Lili Chin\*

**Level 1 (Pre-Bite)**

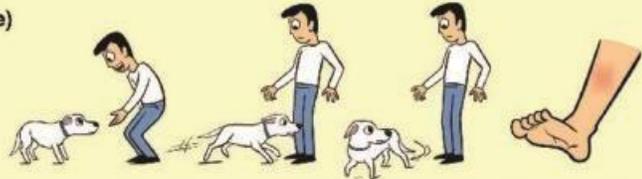
Snapping (air bite, no contact)



Get help before it progresses to an actual bite. Do not punish these warning signs or the dog may progress to biting without warning. Instead, learn the signs of fear and anxiety that the dog may show prior to this situation and the common human actions that might contribute.

**Level 2 (Near-Bite)**

Tooth contact on skin but no puncture



This near-bite is concerning even though it is inhibited and has not yet broken skin. Ask yourself what earlier signs (i.e. of fear/anxiety) you missed.

**Level 3**

3A. Skin punctures, single bite (all punctures shallower than the length of the canine tooth)



Even though the bite may not be severe it is still reportable. Reporting is mandatory if the victim is treated in a hospital. Once your dog has actually bitten at this level (or higher) he will always be considered a liability, even if, with behavior modification he is 99.9% improved.

3B. Skin punctures, multiple bites (all punctures shallower than the length of the canine tooth)



Multiple bites generally mean the dog is in a higher arousal state. The dog is reacting without thinking in between bites.

**Level 4 (Very Serious)**

Single bite with punctures deeper than the length of the canine (the dog bit and clamped down) or with slashes in both directions from the puncture (the dog bit and shook his head)



This is a harder bite than a level 3 bite. It's no longer inhibited. Therefore, it represents a much higher liability. This level bite can kill a child.

**Level 5 (Very Serious)**

Multiple-bite attack with deep punctures, or multiple attack incident



Dogs that bite at this level have generally had practice biting at levels 3 and 4 already. Some dogs are so fearful that a scary event triggers such a high arousal state that they get stuck in a reactive mode and continue to bite.

**Level 6 (Death)**

Victim killed or flesh consumed



It's important to realize that even little dogs and puppies can kill infants and small children and that death may be due to overly aroused play, rather than viciousness or fear. It's best to seek qualified help before the dog even reaches a level 2 bite.

\*These terms are based on the levels developed by Dr. Ian Dunbar

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# APPENDIX B: Behavior Matrix

Document: May 2020

Condition	Description	Supporting Detail	Acceptable for Immediate Adoption	Acceptable for In-Shelter Treatment	Asilomar Status
High (Resulting Behavior)	An extreme and persistent state of heightened physiological activity that jeopardizes human safety.	Loss of appropriate interactions with people. Animal does any of the following behaviors: vocalizes constantly/loudly. Dog may show intermittent lunge/leaps with vocalizations, difficulty responding to handler, intense/reckless motor activity, spinning/banking in the run, tail held very high, tight, vibrating, or chaotic. Cats may hiss, charge, leap, shriek, or swat at people after becoming overstimulated, usually through touch. Animal does not display healthy coping mechanisms. Animal must exhibit uninhibited mouthing that leaves marks, bruises, or abrasions.	NO	NO	UU
- Dog to Dog	Dog has been observed, has a history of, or evaluated history of biting, attacking, killing, or attempting to bite or attack other dogs.	Consistent, unmanageable by the average person, intraspecific aggression that is not contextual given the setting and social signals from the other dog. Questionable coping skills in stressful situations leading to unsafe behavior. Animal makes offensive attempts to cause harm to another animal. Places other animals at risk. Dogs deemed dangerous or potentially dangerous may fall into this category. Euthanasia should be pursued after two intakes of same animal where dog aggression is noted as a reason for surrender in both instances.	NO	Case by case	UU
- Humans,	Animal has displayed aggressive behavior towards people.	Warnings such as stare/tension/growl/snarl/head threat (turning head quickly around in direction of intended target)/snap at air. Dunbar level 1-2 inhibited bites that are pain induced or occur during play may be behaviorally reviewed for placement or alternative placement. Unclear history of aggression where no other information from the owner can be obtained. Level 1 aggression eligible for behavioral triage and 72-hour review.	NO	Case by case	TR, TM
- Humans,	Animal has displayed aggressive behavior towards people.	One or more Dunbar level 2-3 bites resulting in contact that does not cause a skin abrasion or blood, a superficial skin abrasion (scratch) with minimal bleeding, or causing one to four punctures from a single bite with puncture deeper than half the length of the dog's canine teeth. Biting, snapping, or snarling that occurs in response to circumstances likely to occur in the future. Also includes animals with barriers in place to prevent contact (behind fencing/wearing a muzzle) that exhibit level one warnings with such intensity that you anticipate if the barrier was not present, the animal would be likely to inflict injury. May place staff, volunteers, and/or community at risk. Dogs deemed dangerous or potentially dangerous may fall into this category. Euthanasia should be pursued after two intakes of same animal where Level Two aggression to humans is noted as a reason for surrender in both instances.	NO	Case by case	TM or UU
- Humans,	Animal has displayed aggressive behavior towards people.	Severe (Dunbar level 4-6) bites with wound/blood drawn; single or multiple bites. Also includes animals with barriers in place to prevent contact that exhibit level one warnings and then actively attack the barrier, preventing handling or further evaluation of animal due to safety concerns. Animal makes offensive attempts to cause harm to a person. Would place staff, volunteers, and/or community at risk. Dogs deemed dangerous or potentially dangerous may fall into this category. Level 3 animals are not foster, adoption, or transfer/rescue candidates and should be humanely euthanized.	NO	NO	UU

Humans, Moderate	Aggression by any species that occurs with behavioral and physiological signs of fear as identified by withdrawal, compressed posture, and avoidance behaviors.	Animals may flatten ears, tuck tail, and attempt to avoid stimulus that causes fear. Dogs may also exhibit dilated pupils, trembling, lunging and barking, attempt to bite, and alert or defensive barking. Does not recover within 30 seconds or at all. Cats may exhibit dilated pupils, trembling, growling, shrieking, or swatting. Level 1-2 inhibited bites that are pain-induced or occur during play may be behaviorally reviewed for placement or alternative placement. Animals with moderate fear-based aggression may possess the ability to progress with pointed intervention. Moderate fear may include fearful behavior including signs of defensive aggression during intake but owner history does not indicate aggression with people. Euthanasia should be pursued after two intakes of same animal where fear-based aggression is noted as reason for surrender in both instances.	NO	Case by case	TM, UU
Humans, Severe	Aggression by any species that occurs with behavioral and physiological signs of fear as identified by withdrawal, compressed posture, and avoidance behaviors.	As above, and additionally: The quality of life prognosis for animals with severe fear-based aggression is poor, and this behavior is often unmanageable for the average adopter. History of poor coping response during situations commonly seen. Euthanasia should be pursued after two intakes of same animal where fear-based aggression is noted as reason for surrender in both instances.	NO	NO	UU
Generalized	Animal demonstrates persistent signs of anxiety that effect its quality of life in and/or outside of the shelter	Anxiety and stress-related behaviors become problematic if they are persistent and lead to more intense signs of stress that adversely effect the animal's well-being. Severe signs of anxiety include destructive behavior, self-mutilation, aggression, and/or medical issues associated with stress such as inappetance, ongoing diarrhea, vomiting, or unexplained weight loss. Pharmacological treatments may be attempted in shelter or in foster care, but the impact of medication is limited and should be used in conjunction with a consistent behavior plan. Moderate to severe anxiety may not be treatable or manageable. Animals with severe generalized anxiety that self-harm and/or show aggression are unmanageable for the average adopter and pose a safety risk to themselves or others.	Case by case	YES	TM, UU
Multiple	Combination of complex behavior conditions	Animal displays a combination of treatable and/or untreatable behavior conditions. Treatment and management is such that a caring pet owner in our community would be unlikely to pursue treatment for those conditions.	NO	NO	UU
Other	A problematic behavior or behaviors that cannot be described in any other category	This category will not be utilized often. An example of a condition that may fall into this category is predatory behavior that may be a threat to humans and other animals if not managed.	Case by case	Case by case	TR, TM, UU
Timid	Animal has displayed or has a reported history of fearful behavior that may be described as timid or shy.	Animal is initially reluctant to approach but warms up quickly. Does not show any signs of aggression. Does not freeze, try to escape, or dart from side to side or hide. Fear may be towards people and/or environment.	YES	YES	TR
Moderate	Animal displays pattern of extreme, persistent fearful behaviors that suggest a poor quality of life for a minimum of 72 consecutive hours	Animal attempts to hide or escape, stays in back of kennel or cage, cowers, avoids contact with humans, and/or demonstrates learned helplessness. A dog is likely to shake, have a closed mouth, and have "whale eye." A cat may have dilated pupils, exhibit compressed body language, anorexia, etc. Euthanasia should be pursued after two intakes of same animal where moderate fear is noted as a reason for surrender in both instances.	NO	Case by case	TM
Severe	Animal displays pattern of extreme, persistent fearful behaviors that suggest a poor quality of life for a minimum of 72 consecutive hours	As above, and additionally: Severe fear manifests itself as a prolonged lack of sociability where little to no comfort is obtained from human contact, and there is limited or no voluntary interaction with the environment or people. Euthanasia should be pursued after two intakes of same animal where severe fear is noted as a reason for surrender in both instances.	NO	Case by case	UU

Feral	Feral is a behavioral characteristic that describes a cat that is not social towards humans and gains no comfort from human interaction.	This determination is made after there are no signs of increased sociability after a decompressing period in-shelter, no known history to confirm otherwise, or history confirms lack of socialization. Feral cats tend to be fearful and avoidant of people, becoming forward and fractious when confronted by humans. Quality of life in a captive environment is poor. If a feral cat cannot be released as a community cat, it may be adopted out as a barn cat so long as the cat can be cared for with minimal risk to the caregiver and its quality of life does not diminish during captivity.	Case by case (barn cat)	NO	UU
Fractious	A cat that is uncomfortable with human interaction, and responds to interaction by hissing, spitting, swatting, attempting to bite, or biting, and cannot be safely handled.	Non-feral cats that do not show signs of sociability towards humans, though they may have a history of socialization by humans. Cats who have a low threshold for human interaction and display these behaviors may pose a risk to staff providing basic daily care in the shelter. Cat may be adopted out as a barn cat so long as the cat can be cared for with minimal risk to caregiver and its quality of life does not diminish in captivity. Determination of a cat being fractious will be made after a 7-day decompression period.	Case by case	NO	UU
House Soiling	The cat or dog has a history of relieving themselves indoors and not in the litter box (cat) or marking (dog)	The soiling is persistent despite veterinary or behavioral interventions, or animal has a long history of house soiling. Medical causes have been ruled out. Euthanasia should be pursued after two intakes of same animal where house soiling is noted as a reason for surrender in both instances.	NO	Case by case	UU
Resource Guarding Food & Objects - Mild	Dog guards food or other objects from people (specific object varies from dog to dog), emitting low level warnings.	When food or objects are present dog lowers head, stares, increases eating speed, freezes (and/or) growls, stands over food or object (and/or) head/body blocks, but does not attempt to bite. Dog may carry the item away from person. Shows this behavior only in close proximity to people. Dog readily trades food/item for other resources.	YES	YES	TR
Resource Guarding Food & Objects - Moderate	Dog guards food or other objects from people (specific object varies from dog to dog), emitting moderate level warnings such as snapping at or biting human assessor.	When food or certain objects are present dog lowers head, stares, freezes (and/or) growls, stands over food, snaps in an attempt to bite or bites a person. May be a snap performed in close proximity that makes contact, leading to a single inhibited bite (Dunbar level 1-2) that does not result in puncture wounds, and/or dog returns to resource immediately after snap/bite or flees. Dogs with an owner history of resource guarding should be placed in this category until further assessment, unless the animal has bite history suggesting severe guarding. Euthanasia should be pursued after two intakes of same animal where moderate resource guarding is noted as reason for surrender in both instances.	Case by case	YES	UU
Resource Guarding Food & Objects - Severe	Dog guards food or other objects from people (specific object varies from dog to dog) and bites once or more with significant damage multiple times with few to no warning signs.	When food or certain objects are present dog lowers head, stares, freezes (and/or) growls, stands over food, and bites a person with little to no warning, and/or to the extent of significant severity (Dunbar level 3 or above). Contact is quick and hard and may consist of several puncturing bites that move up the transgressor's arm or face. Severe guarding behavior can be triggered even at a distance, with or without highly escalated warnings being emitted, and poses a legitimate risk to human safety. Dogs with an owner history of resource guarding leading to human injury fall into this category.	NO	NO	UU
Separation Distress - Mild	The dog focuses on the owner, the sound of his or her voice, or the door separating them. Does not have a history of severe separation anxiety/distress.	Many animals exhibit distress when initially separated from their owners but may adjust to life in the shelter and new adopter within hours or days. Separation distress level mild, with mild destruction and/or mild vocalization.	YES	YES	TR

on Distress - moderate	The dog's owner reports a history of a strong pattern of severe or destructive behaviors, breaking out of crates, chronic barking or whining for extended periods of time, and/or dog exhibits these behaviors in the kennel at the shelter or in foster care.	Animals with separation anxiety generally have a poor quality of life if they must be left alone for any period of time. They can cause damage to property. They may chew through walls, doors, fences, windows, house soil, or escape in an attempt to reach their owners. May exhibit self-destructive behavior such as over-grooming. Moderate anxiety may be semi-responsive to training management, and possibly medication, often indicated in an animal's owner history. Euthanasia should be pursued after two intakes of same animal where moderate anxiety is noted as a reason for surrender in both instances.	NO	NO	UU
on Distress - severe		Animals with severe separation anxiety sustain self-injury and their welfare is compromised; they may be inflicting serious damage to themselves and putting others at risk. Quality of life becomes irreparably poor for these animals. Their behavior cannot be managed by the average member of the community, even with unlimited resources. There is no known treatment to permanently and reliably resolve severe separation anxiety. Euthanasia should be pursued after two intakes of same animal where severe anxiety is noted as a reason for surrender in both instances.	NO	NO	UU

TR = Treatable, Rehabilitatable  
 TM = Treatable, Manageable  
 UU = Unhealthy, Untreatable