

**STANDARD OPERATING
PROCEDURES
FOR
POPULATION
MANAGEMENT**

TABLE OF CONTENTS

INCOMING ANIMAL EXAMINATIONS.....	page 3
EUTHANASIA SELECTION.....	page 25
DEVELOPING ADOPTION/EUTHANASIA CRITERIA.....	page 26
BEHAVIORAL EVALUATION.....	page 29
QUALITY ASSURANCE MEASURES.....	page 45

Incoming Animal Examinations

1. Every animal that arrives at a shelter should be evaluated and examined as soon as possible the day of his/her arrival by a staff member that has been properly trained to perform physical examinations.
2. It is imperative that each animal entering the shelter be evaluated as an individual and treated as an individual with his/her own specific set of needs taken into consideration.
3. Incoming evaluations and examinations should include the following:
 - A visual assessment to determine if medical treatment or isolation from healthy animals is required or if there is a condition requiring a veterinarian's attention. This should include:
 - Taking the animal's temperature
 - Estimation of the animal's age
 - Vaccinations and deworming
 - External parasite treatment if necessary
 - Determination of the animal's weight
 - Attention to basic grooming needs, (long nails, matted coat, dirty ears)
 - Scanning for microchip identification
 - Application of an identification band to identify the animal internally
 - Noting any identifying features or abnormalities
4. Remember to work from head to toe, or at least in an easily remembered, repeatable pattern for EVERY exam you do. That way you will be sure not to miss anything. For example, start with the head, including eyes, ears, nose, and mouth. Check for dehydration, palpate lymph nodes, and examine the pads/hooves/toes. Listen to the heart, lungs, and abdomen for normal and abnormal sounds. Lift the tail to check the anus/vulva/cloaca, etc. Part the hair or feathers and examine the skin, hair, feathers, or scales closely.
5. It is important that there be documentation of all examination findings, (even if all is normal), and any procedures performed, vaccinations given, etc. on the animal's medical record. The shelter should implement an easy to use form to insure that they have not overlooked an area or forgotten a step. Documenting an animal's condition upon arrival will also help determine if a condition was pre-existing or developed while the animal was at the shelter.
6. Record keeping. Always record/note your findings, especially abnormal ones, but normal ones as well, (NSL/F = no significant lesions or findings, NAS = No abnormalities seen, etc.).
7. Vital Signs: (Note: averages included here may vary dependant on the texts referenced and/or your experience)

The following graphs are to provide a reference source to the staff member doing the exam. If at any time the information you are seeking is not located on the graphs please consult with an AF Veterinarian.

Species	Rectal Temperature °Fahrenheit °Celsius	Heart/Pulse Rate - bpm (beats per minute)	Respiration Rate - rpm (respirations per minute)	Weight	Gestation Period	Life Span
Cat	100.4 – 103.0°F (38 - 39.5°C)	130 - 140 (young) 100 - 120 (adult)	20 - 30	8.8 – 13.2 lbs 4-6 kg	63 days	12-16 years
Dog	99.0 - 102.2°F (37.5 - 39.0°C)	110 - 120 (young) 80 - 120 (small breed) 60 - 80 (large)	20 - 25 (young) 14 - 16 (adult)	13.2 – 77 lbs 6 – 35 kg	58 – 67 days	12 – 14 years
Guinea Pig	101°F (38°C)	280	84	500-800 grams	60 – 65 days	6 years
Hamster	99°F (37°C)	450	74	80 – 110 grams	15 – 18 days	2 years
Mouse	99°F (37°C)	Too fast to count	163	25 – 40 grams	19 – 21 days	2.5 years
Rabbit	101°F (38.3°C)	205	51	1.5 – 3 lbs 4 – 6 kg	29 – 25 days	6 years
Rat	99°F (37°C)	Too fast to count		350 grams	20 – 22 days	3 years

Assessing Dehydration

Assessing Dehydration: gently tent the skin over the dorsal shoulder/caudal neck, observe eye and mucous membranes	
0-5%	No abnormalities seen – skin immediately returns to normal position after tenting, CRT normal, (1-2 seconds), eyes normal, mucous membranes pink and moist
5-8%	Slight delay in return of the skin to normal position, slight increase in CRT, (2 seconds), eyes slightly sunken in sockets, mucous membranes slightly dry
8-10%	Obvious delay in skin returning to normal position, increased CRT, (2 – 2.5 seconds), eyes sunken in sockets, mucous membranes dry, slightly tacky
10-12%	Skin remains tented, CRT increased dramatically, (3+ seconds), eyes very sunken in sockets, dry mucous membranes, may see signs of shock such as cool extremities, rapid/weak pulse, tachycardia
12-15%	State of shock, death is probable

Body Condition - Feline



Thin Cat:

Ribs, lumbar vertebrae and pelvic bones easily visible

Thin neck & narrow waist

Obvious abdominal tuck

No fat in flank folds, folds often absent

Underweight Cat:

Backbone & ribs easily palpable

Minimal fat covering

Minimal waist when viewed from above

Slightly tucked abdomen

Ideal Cat:

Ribs palpable, but not visible

Slight waistline observed behind ribs when viewed from above

Abdomen tucked up, flank folds present

Overweight Cat:

Slight increase in fat over ribs, but still easily palpable

Abdomen slightly rounded, flanks concave

Flank folds hang down with moderate amount of fat - jiggle noted when walking

Obese Cat:

Ribs & backbone not easily palpable under fat covering

Abdomen rounded; waist barely visible to absent when viewed from above

Marked abdominal fat

Body Conditioning - Canine



Thin Dog:

Ribs, lumbar vertebrae and pelvic bones easily visible
No palpable fat
Obvious waist and abdominal tuck
Prominent pelvic bones

Underweight Dog:

Ribs easily palpable
Minimal fat covering
Waist is easily noted when viewed from above
Abdominal tuck evident

Ideal Dog:

Ribs palpable, but not visible
Waist observed behind ribs when viewed from above
Abdomen tucked up when viewed from the side

Overweight Dog:

Ribs palpable with slight excess of fat covering
Waist is discernible when viewed from above, but not prominent
Abdominal tuck is apparent

Obese Dog:

Ribs not easily palpable under a heavy fat covering
Fat deposits over lumbar area and tail base
Waist barely visible to absent
No abdominal tuck - may exhibit obvious abdominal distention

A hands-on physical exam is necessary for all animals that enter the shelter. In order to provide the veterinarian the proper information they need to treat or help the animal the exam will be conducted in the following manner:

Eyes:

The eyelid will be lifted and the eye if normal will be:

- Bright, moist, and clear.
- Centered between the eyelid
- Pupils equal in size
- Whites of the eye should not appear colored and should have only a few visible blood vessels



Abnormal

- Dull, sunken eyes. Eyes appear dry. Thick discharge from eyes.
- One or both eyes are not centered.
- Pupils are unequal in size.
- Abnormal colors that indicate problems are yellow, brownish, or red.

During the exam, if an abnormality is found a veterinarian check form must be filled out and the Veterinarian will be notified.

Mouth:

The mouth will be opened and the following will be looked at:

Normal

- Teeth are clean and white
- Gums are uniformly pink



Abnormal

- Tarter accumulation around the base of the teeth
- The gums are red, pale, inflamed, or sore in appearance.

Press on the gum tissue with your finger or thumb and release quickly. Watch the return color of the gums. This checks the capillary refill time, (CRT), and is a quick assessment of how well the heart and circulatory system is working.

Normal

- The color returns to the gums in 1 or 2 second, (normal CRT).

Abnormal

- The CRT is extremely rapid, (less than 1 second), or slow, (more than 2 seconds).

During the exam, if an abnormality is found, a veterinarian check form must be filled out and a veterinarian will be notified.

Ears:

Normal

- Skin smooth and without wounds.
- Clean and dry.
- Almost odor-free.
- Typical carriage for breed.
- Pain –free

Abnormal

- Wounds or scrapes on the skin. Lumps or bumps on the skin. Any sign of rash.
- Crust, moisture, or other discharge in ear canal.
- Any strong odor from the ear.
- Atypical carriage for breed; for example, a droopy ear in a breed with normally erect ears.
- Painful.

During the exam, if an abnormality is found, a veterinarian check form must be filled out and a veterinarian will be notified.

Neck, Chest, and Breathing:

Normal

- It is difficult to hear the animal breathe at all except when he is panting.
- The chest wall moves easily to and from during respiration.
- Most of the act of breathing is performed by the chest wall. The abdominal wall barely move.



Abnormal

- Any unusual noise heard while the animal is breathing could indicate a problem.
- There is a noticeable effort by the pet to move the chest wall.
- The abdomen is actively involved in the act of inhaling and exhaling.

Gently feel the chest and neck for any lumps, bumps, masses, or mats of hair which may indicative of a problem.

Normal

- The animal does not change respiratory pattern while being palpated.

Abnormal

- Palpation of the chest or neck seems to cause pain or discomfort. Any lump or mass you feel in the animal's neck or chest may be indicative of a problem.

During the exam, if an abnormality is found, a veterinarian check form must be filled out and a veterinarian will be notified.

Abdomen:

Palpate the abdomen. Start just behind the ribs and gently press your hands into the abdomen, feeling for abnormalities. Proceed toward the rear of the animal, passing your hands gently over the abdomen.



Normal

- No lumps, bumps, or masses.
- No discomfort on palpation.
- No distension of the abdominal wall.

Abnormal

- Any lump, bump, or mass may be abnormal.
- Palpation causes groaning or difficulty breathing. Any evidence or indication of pain is a serious finding.

Any pain felt during an abdominal palpation could be a problem.

During the exam, if an abnormality is found, a veterinarian check form must be filled out and a veterinarian will be notified.

Skin Turgor Test:

The test most often used to determine whether an animal is well hydrated, (has enough fluid in its system), is the skin turgor test. To perform this, pull the skin over the back into a tent and release it quickly, (avoid the skin of the neck as it's often too thick for this test). Observe the skin as it returns to its resting position.



Normal

- The skin snaps back into position so fast that the eye almost can't detect it.

Abnormal

- The skin returns slowly or remains slightly tented. This is a sign of possible dehydration.

During the exam, if an abnormality is found, a veterinarian check form must be filled out and a veterinarian will be notified.

Pulse and Heart:

The best place on a cat or dog to check the pulse and heart rate is the femoral artery in the groin area. Place your fingers around the front of the hind leg and move upward until the back of your hand meets the abdominal wall, move your fingertips back and forth on the inside of the thigh until you feel the pulsing sensation as the blood rushes through the artery. Count the number of pulses in 15 seconds and multiply by 4. This will give you the pulse rate in beats per minute, (BPM).



Normal

- Cats: 150 to 200 bpm, (a relaxed cat may have a slower pulse).
- Small dogs: 70 to 110 bpm.
- Medium dogs: 70 to 110 bpm.
- Large dogs: 60 to 90 bpm
- Pulse is easily palpated, strong, and regular.

Abnormal

- Too rapid or too slow.
- Pulse is weak, irregular, or hard to locate.

Feel the heart beat with one hand while feeling the pulse with the other.

Normal

- The heart and pulse are synchronized – for each heart beat there is a pulse.

Abnormal

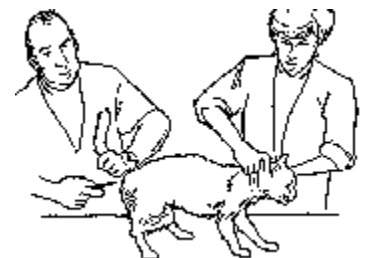
- There is not always a match between the heartbeat and the pulse. This is a serious finding.

During the exam, if an abnormality is found, a veterinarian check form must be filled out and a veterinarian will be notified.

Temperature:

Taking an animal's temperature is an easy and important procedure and can be done with a digital thermometer.

Rectal temperatures are more accurate than axillary, (between the front leg and the body), temperatures. Lubricate the thermometer with petroleum jelly. Gently and slowly insert the



thermometer into the rectum about 1 or 2 inches. If it does not slide in easily, do not force it. Leave it in for 2 minutes, or required time and record the temperature.

Normal

- Temperature is between 100 and 102.5 degrees, (see chart on page 2).
- The thermometer is almost clean when removed.

Abnormal

- Temperature is below 100 degrees or above 103 degrees.
- There is evidence of blood, diarrhea, or black, tarry stool on the thermometer.

During the exam, if an abnormality is found, a veterinarian check form must be filled out and a veterinarian will be notified.

Scanning the animal- Using the microchip reader, scan the animal down the left side and up the right, then the chest area.

- If a microchip is found- A tag report is made, and the kennel card is corrected in the computer indicating so.
- If a microchip is not found- The kennel card will be updated in the computer indicating so.

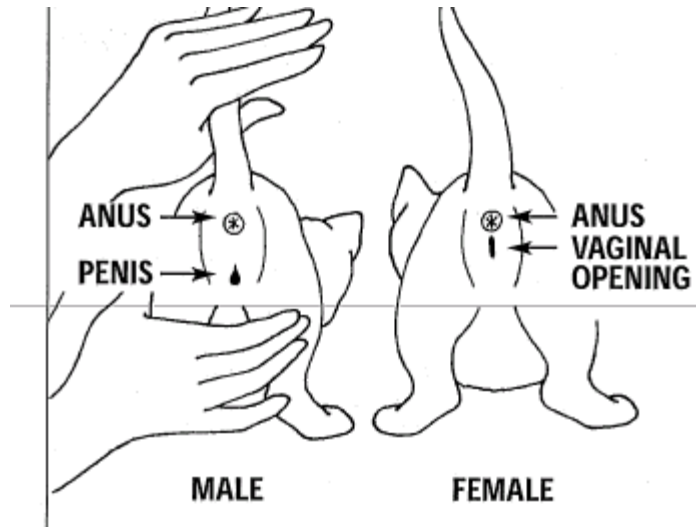
If you are unable to scan an animal for a microchip- Update kennel card indicating “unable” to scan so it can possibly be done at a later time

How to Determine an Animal’s Sex

Feline:

In small kittens, gently lift the tail and look at the spacing between the anus and the sex organs.

- The kitten is a male if the spacing between the anus and the penis is relatively wide, (about ½ inch apart). The penis is usually hidden, but the area around it will look more like a hole than a slit.
- The kitten is a female if the anus and the vaginal opening are close together-almost adjacent to each other. The vaginal opening looks more like a slit than a round hole.



Because they are missing their testicles, adult neutered male cats don't look much different from adult female cats. Gently lift the tail and look at the spacing between the anus and the sex organs.

- The cat is a neutered male if the spacing between the anus and the penis is relatively wide, (more than one inch apart).
- The cat is a female if the anus and the vaginal opening are relatively close together, (less than ½ inch apart).

Canine:

Sexing canines is much easier than that of felines. The male dog has an organ located on his abdomen called a prepuce and is easy to locate.



(The prepuce is being pulled back to expose the penis)

The testicles are located below the prepuce in an un-neutered male. A neutered male will not have the testicles.

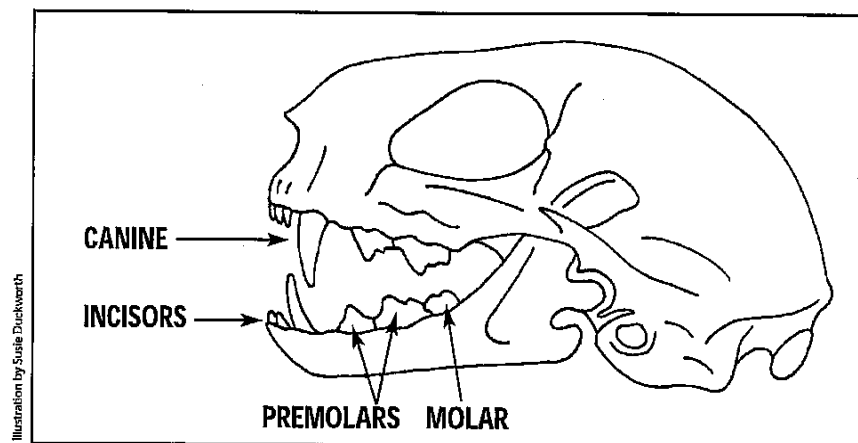
Female dogs do not have a sexual organ on their abdomen. The vulva is much lower.



How to Determine a Cat's or Dog's Age

Examining teeth is one of the best ways to determine the approximate age of a cat or dog. Look at the degree of growth to determine the ages of kittens and puppies, and look at the degree of wear to determine the ages of adult cats and dogs. The diagram and chart below can help.

Be aware of two things that can throw off your estimate. First, an animal that has received dental care will have better-looking teeth than an animal that has not received such treatment. Second, variations exist among animals, even two from the same litter. Teeth are only a rough indicator of any animal's actual age.



<i>ESTIMATED AGE</i>	<i>CAT'S TEETH</i>	<i>DOG'S TEETH</i>
2-4 weeks	Deciduous (baby) incisors coming in	No noticeable tooth growth
3-4 weeks	Deciduous (baby) canines coming in	Deciduous (baby) canines coming in
4-6 weeks	Deciduous (baby) premolars coming in on lower jaw	Deciduous (baby) incisors and premolars coming in
8 weeks	All deciduous (baby) teeth are in	All deciduous (baby) teeth are in
3½ - 4 months	Permanent incisors coming in	No noticeable permanent tooth growth
4-5 months	Permanent canines, premolars, and molars coming in	Permanent incisors coming in; some growth of premolars and molars
5-7 months	All permanent teeth in by 6 months	Permanent canines, premolars, and molars coming in; all teeth in by 7 months
1 year	Teeth white and clean	Teeth white and clean
1-2 years	Teeth may appear dull with some tartar build-up (yellowing) on back teeth	Teeth may appear dull with some tartar build-up (yellowing) on back teeth
3-5 years	Teeth show more tartar build-up (on all teeth) and some tooth wear	Teeth show more tartar build-up (on all teeth) and some tooth wear
5-10 years	Teeth show increased wear and disease; pigment visible on gums	Teeth show increased wear and disease
10-15 years	Teeth are worn and show heavy tartar build-up; some teeth may be missing	Teeth are worn and show heavy tartar build-up; some teeth may be missing

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Vaccinating the animal- Every individual animal needs to be vaccinated upon arrival to the shelter, (this can be done by any A/C receiver). Also those that are sick, injured, nursing, and over 6 weeks old. If an animal is too aggressive or frightened to receive vaccines, a notation will be made on the kennel card "unable to Vx". And a further attempt will be made at a later time.

DOGS:

- 5 in 1-, (is a vaccine injected just beneath the skin), for the prevention of Parvovirus, Distemper, corona virus, Adenovirus Type 2, parainfluenza.
- Bordatella-, (is a nasal vaccine), for the prevention of Kennel cough.
- Strongid-, (is given orally), for the prevention of round worms. This is given to ALL canines regardless age.
- Ponazuril-, (is given orally), for the prevention of coccidian. This is given to dogs under 1 year of age.

CATS:

- 4 in 1-, (is a vaccine injected just beneath the skin), for the prevention of Feline Rhinotracheitis, Calici, Panleukopenia, Chlamydia Psittaci.
- Strongid-, (is given orally), for the prevention of round worms. This is given to ALL felines regardless of age.
- Ponazuril-, (is given orally), for the prevention of coccidian. This is given to cats under 1 year of age.

DETERMINING LEVEL OF TREATMENT

If the animal is healthy and not contagious, the animal will go into general population.

Problems requiring attention by the veterinary health care team

Respiratory distress	Bleeding from body orifices
Pale mucous membranes	Weakness
Neurological abnormalities	Rapid abdominal distension
Protracted vomiting	Inability to urinate
Severe coughing	Ingestion of toxins

The signalment, (breed, sex, age and weight), should be determined. The types of questions asked of the owners may be slightly different depending upon whether the problem is medical, (Figure 1), or traumatic, (Figure 2), based. Each case is different so the technician will need to be able to ask the appropriate follow-up questions for the given situation. Based on the information, advice can be given on first aid, assuming that the problem can be clearly defined and is simple. See figure 3 for a list of problems requiring attention by the veterinary health care team without delay.

Simply knowing the animal's breed or weight can enable the technician to select the appropriate IV catheter size, volume of fluids, endotracheal tube size etc.

Triage:

Three major body systems are assessed during the triage; they are respiratory, cardiovascular, and neurological. Triage can begin as you approach the patient. Visually assess ventilation effort and pattern; presence of blood or other foreign material about the patient; and the patient's posture and level of consciousness, (LOC). Note if there are audible airway sounds, (with and without a stethoscope). Note whether or not the animal responds to you as you approach. If the animal is conscious, ask the owner about the patient's temperament and take the appropriate precautions, (physical restraint, muzzling). Do not muzzle a patient in respiratory distress, etc.. If time permits a brief history should be obtained.

A reasonable approach to triage is the use of the ABCDE's of emergency care. The ABCDE's of emergency care are: A) airway, B) breathing, C) circulation D) for dysfunction or disability of the central nervous system, and E) for examination. Patient's displaying respiratory distress or arrest; signs of hypovolemic shock or cardiac arrest; unconscious or altered LOC, ongoing seizure activity should be immediately taken to the treatment area for immediate

medical attention. Conditions that affect other body systems are generally not life threatening in and of themselves but their effects on the three major body systems may be life-threatening. For example: the hypovolemia that results from a fractured femur bleeding into the leg. The following is a list of problems that also require immediate medical attention:

- Exposure to toxins, (Ingested or topical)
- Sever Hypothermia / hyperthermia
- Excessive bleeding
- Open fractures
- Snake bite
- Prolapsed Organs
- Dehiscence
- Dystocia
- Trauma
- Burns

Airway/Breathing:

Assessment of the respiratory system and correction of abnormalities as rapidly as possible is critical in obtaining an optimal outcome for patients. First, patency of airway and adequacy of ventilation should be assessed. This is done by visualization, auscultation, and palpation. When looking at the animal, you can determine if the animal is tachypneic or having difficulty breathing. Some animals with respiratory distress may assume a posture with the head and neck extended with abducted elbows. Additional signs include absent chest wall motion, exaggerated ventilatory effort, flaring of the nares, open mouth breathing and paradoxical breathing. Cyanosis may be seen, indicating hypoxemia. Animals with small and large airway problems may have noisy breathing, either stridor / sonorous or wheezes which is suggestive of partial airway obstruction or bronchoconstriction respectively. They may also have absent or diminished breath sounds, which are suggestive of pleural filling problems. The chest wall may be palpated to assess chest wall integrity. Crepitus about the body may be due to subcutaneous emphysema, which can be caused by tracheal tears, or chest wall defects. Life-threatening airway/breathing problems may be due to apnea, airway obstruction, open chest wounds, pneumothorax, and pleural effusion.

Assessment questions to ask yourself:

- Is the patient having difficulty breathing?
- Are you able to auscult breath sounds?
- Are facial injuries interfering with the airway?
- Has a bite wound disrupted the larynx or trachea?
- Is subcutaneous emphysema present?
- What is the color of the mucous membranes?
- Does the dyspnea get worse with positional changes of the patient?

- Is there evidence of thoracic penetration or is there a flail chest?

Circulation:

Circulation is assessed by visualization, palpation, and auscultation. Mucous membrane color may vary with circulatory related problems. Mucous membrane color may be pale or white due to blood loss anemia or vasoconstriction. Brick red or injected mucous membranes are a result of vasodilation and can be seen with hyperthermia or sepsis. Grey mucous membranes are seen with stagnation of blood. Prolonged capillary refill time is also a result of peripheral vasoconstriction and causes decreased peripheral perfusion. Palpation of the artery provides information about the animal's heart rate and rhythm. In addition, pulse quality is an indicator of stroke volume, the amount of blood pumped out of the heart with each beat. Ideally, the pulse should be full, regular and strong. Cool extremities are a result of vasoconstriction. Auscultation of the heart also provides information about the rate and rhythm. In addition, murmurs can be detected. Auscultation of the heart and palpation of an artery should occur simultaneously, so that pulse deficits can be determined. Pulse deficits are suggestive of arrhythmias.

Many of the signs that we see suggestive of decreased cardiac output are a result of a compensatory sympathetic reflex which helps maintain arterial blood pressure. There is a release of norepinephrine, epinephrine, and cortisol from the adrenal gland. Epinephrine and norepinephrine cause an increase in heart rate and contractility, arteriolar constriction that increases systemic vascular resistance and redirects blood flow to the heart and brain and away from skin, muscle, kidneys and gastrointestinal tract. Clinical signs suggestive of decreased cardiac output include: tachycardia, pale or grey mucous membranes, prolonged capillary refill, poor pulse quality, cool extremities, and decreased urine production. Decreased cardiac output may be due to hypovolemia as a result of external blood loss or concealed blood loss, (loss into a body cavity or limb). It may also be due to intrinsic heart failure, arrhythmias, and cardiac tamponade.

Assessment questions to ask yourself:

- Is there evidence of hemorrhage?
- Is there swelling associated with an extremity fracture?
- Are the mucous membranes pale?
- Is the capillary refill prolonged?
- Are the femoral pulses weak and rapid?
- Are the extremities cold?

Dysfunction / Disability:

Dysfunction/disability refers to the neurological status of the patient. This may be assessed through visualization and palpation. A cursory neuro exam is performed focusing on the patient's level of consciousness, pupillary light reflex, posture, and response to pain, (superficial and/or deep). Depressed mentation may be a result of poor oxygen delivery or trauma to the brain. Seizure activity may be due to intra, (brain tumors or trauma, encephalitis etc.), or extracranial, (toxins, hypoglycemia, hepatic encephalopathy) causes.

Assessment questions to ask yourself:

- Is the animal bright, alert and responsive, obtunded or comatose?
- Are the pupils dilated, constricted, of equal size, and responsive to light?
- What is the posture of the animal?
- Are there any abnormal breathing patterns?
- Does the animal respond to painful stimuli?
- Is there any seizure activity?

Examination:

Finally, a rapid whole body examination is performed. The goal is to determine and address any additional problems.

Assessment questions to ask yourself:

- Are there lacerations / wounds / punctures?
- Is there bruising and is it getting worse?
- Are there any fractures?
- Is the abdomen painful or distended?
- Is there evidence of debilitation or other signs of disease?

In some emergencies, minutes count. The goal is rapid evaluation and intervention for hypoxia and shock as well as the rapid assessment to identify other life-threatening conditions.

Wound Care:

In the care of wounds, the two most important objectives are first to stop the bleeding, and then to prevent infection. Since wounds are painful to the dog, be prepared to restrain or muzzle before you treat the wound.

Control of Bleeding:

Bleeding may be arterial, (the spurting of bright red blood), or venous, (oozing of dark red blood), or sometimes both. Do not wipe a wound that has stopped bleeding. This will dislodge the clot. Don't pour hydrogen peroxide on a fresh wound. Bleeding then will be difficult to control.

The two methods used to control bleeding are the pressure dressing and the tourniquet:

The Pressure Dressing: Take several pieces of clean or sterile gauze, place them over the wound and bandage snugly. Watch for swelling of the limb below the pressure pack. This indicates impaired circulation. The bandage must be loosened or removed.



- Apply pressure over the artery in the groin to control arterial bleeding in the leg.
(J. Clawson)

An alternate method to control bleeding is to apply pressure over the artery in the groin, (see above photograph). Often this will control bleeding long enough to permit an assistant to apply a pressure dressing.

If material is not available for bandaging, place a pad on the wound and press it firmly. Hold in place until help arrives.

The Tourniquet:

A tourniquet may be needed to control a spurting artery. It can be applied to the tail or leg above the wound, (between the wound and the heart). Take a piece of cloth or gauze roll and loop it around the limb. Then tighten it by hand, or with a stick inserted beneath the loop and twisted around until bleeding is controlled. If you see the end of the artery, you might attempt to pick it up with tweezers and tie it off with a piece of cotton thread. When possible, this should be left to a trained practitioner.

A tourniquet should be loosened every thirty minutes for two to three minutes to let blood flow into the limb.

Treating the Wound:

All wounds are contaminated with dirt and bacteria. Proper care and handling will prevent some infections. Before handling a wound, make sure your hands and instruments are clean. Starting at the edges of a fresh wound, clip the hair back to enlarge the area. Cleanse the edges of the wound with a damp gauze or pad. Irrigate the wound with clean tap water. Apply antibiotic ointment. Bandage as described below.

Older wounds with a covering of pus and scab are cleansed with 3% hydrogen peroxide solution or a surgical soap. Blot dry. Apply antibiotic ointment and bandage as described below.

Dressings over infected wounds should be changed frequently to aid in the drainage of pus, and to allow you to apply fresh ointment.

Fresh lacerations over one-half inch long should be sutured to prevent infection, minimize scarring and speed healing. Wounds over twelve hours old are quite likely to be infected. Suturing is questionable.

Bites are heavily contaminated wounds. Often they are puncture wounds. They are quite likely to get infected. They should not be sutured. Antibiotics are indicated.

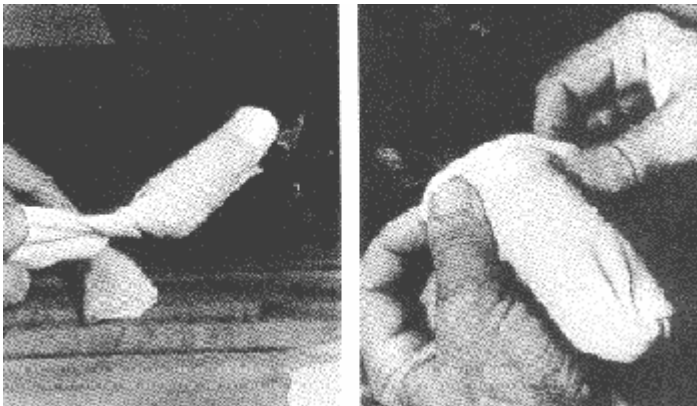
With all animal bites, the possibility of rabies should be kept in mind, (see Infectious Diseases-Rabies).

Bandaging:

Foot and Leg Bandages - To bandage the foot, place several sterile gauze pads over the wound. Insert cotton balls between the toes and hold in place with adhesive tape looped around the bottom of the foot and back across the top until the foot is snugly wrapped.



- A method of applying a foot bandage for a lacerated pad. Tape loosely to allow good circulation. (J. Clawson)



- A sock slipped over a gauze square is a good bandage for ease of dressing change.

For leg wounds- Begin by wrapping the foot as described. Then cover the wound with several sterile gauze pads and hold in place with strips of adhesive tape. Wrap the tape around the leg but don't overlap it so that the tape sticks to the hair. This keeps the dressing from sliding up and down, as often happens

when a roll gauze bandage is used. Flex the knee and foot several times to be sure the bandage is not too tight and there is good circulation and movement at the joints.

When a dressing is to be left in place for some time, check on it every few hours to be sure the foot is not swelling. If there is any question about the sensation or circulation to the foot, loosen the dressing.

Many-Tailed Bandage - This bandage is used to protect the skin of the neck or abdomen from scratching and biting and to hold dressings in place. It is made by taking a rectangular piece of linen and cutting the sides to make tails. Tie the tails together over the back to hold it in place.

A many-tailed bandage may be used to keep puppies from nursing infected breasts.

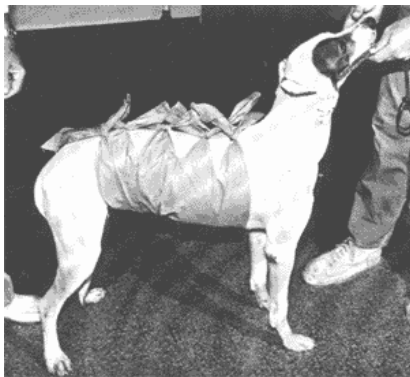
Eye Bandage - At times your veterinarian may prescribe an eye bandage in the treatment of an eye ailment. Place a sterile gauze square over the affected eye and hold it in place by taping around the head with one inch adhesive. Be careful not to get the tape too tight. Apply the dressing so that the ears are free.

You may be required to change the dressing from time to time to apply medication to the eye.

The ear bandage is discussed in the chapter EARS.

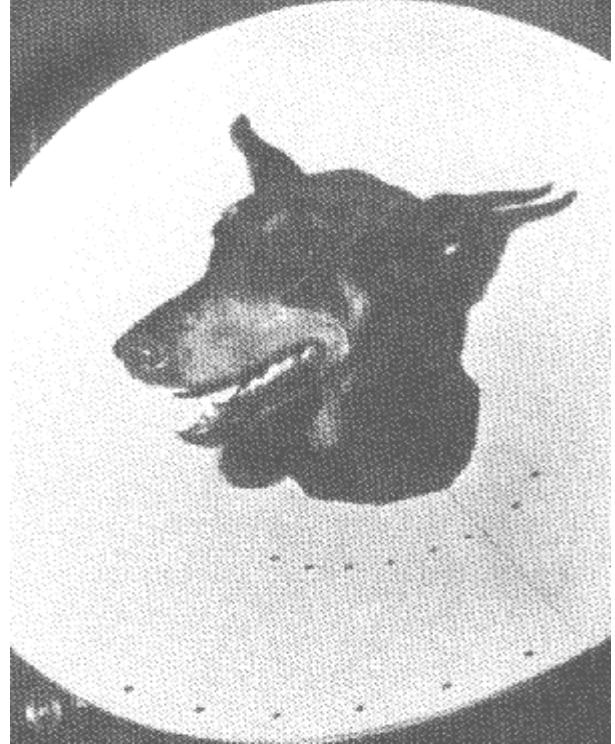
Elizabethan Collar - An Elizabethan Collar, named for the high neck ruff popular in the reign of Queen Elizabeth. It is a useful device to keep a dog from scratching at the ears and biting at a wound or skin problem. They are recommended for certain disorders discussed in the SKIN chapter. They can be purchased from some veterinarians or pet stores, or can be made from plastic and cardboard. Plastic Flowerpots, wastebaskets and buckets work well.

- Many tailed bandage. (J. Clawson)





- Eye bandage, properly applied. (J. Clawson)



Elizabethan Collar. (J. Clawson)

The size of the collar is tailored to the dog. Cut just enough out of the bottom to let the dog's head slip through, then fasten the device to a leather collar by strings passed through holes punched in the sides of the plastic. The neck of the collar should be short enough to let the dog eat and drink. Most dogs adjust to them quite well after a few minutes. Others won't eat or drink with the collar in place. In that case, temporarily remove the collar.

If the condition of the animal is extreme and veterinarians are not able to stabilize the animal then the veterinarians will recommend euthanasia, (MERCY).

A picture will be taken to verify the condition of the animal and the necessity for euthanasia, (MERCY). The veterinarian will then sign the kennel card with the determination of euthanasia, (MERCY).

Euthanasia Selection

- A shelter's responsibility is to protect the public and provide a safe haven for unwanted and lost animals. Animals should be evaluated on an individual basis prior to euthanasia. While this is often difficult, the volume of surplus animals and lack of appropriate homes necessitates that this be done as fairly and compassionately as possible.
- The evaluation should be performed by a well-trained staff member in a position of authority, preferably in consultation with other key trained and knowledgeable staff members of the organization. Animals that are sick must either receive appropriate medical attention, or the decision to euthanize must be made in a very timely manner. Animals should not wait until near death to have a decision made about their fate.
- Immediately after an animal has completed his/her stray period, a determination regarding the disposition of the animal should be made without delay. If a dog or cat is not a candidate for adoption, euthanasia should take place to make room for new arrivals that may be made available for adoption.
- Review the animals currently available for adoption on a daily basis. Monitor their health, temperament, and behavior to ensure they are still candidates for adoption. Just because an animal is available for adoption does not mean he or she can't be euthanized if another animal is better suited or has a better opportunity for adoption.

Developing Adoption/Euthanasia Determination Criteria

Animal care and control agencies should develop criteria that will clearly document the reasons for and numbers of animals being euthanized. Agencies can consider using the following categories when establishing protocols to determine an animal's potential for adoption/euthanasia.

Category	Status	Euthanasia...
Adoption Potential	Animals who, given the space, time, staff, money or availability of an appropriate home could live well in a new home.	...is most often due to a lack of resources and/or appropriate homes.
Medical-Treatable	Animals in good physical condition with treatable, non-contagious medical conditions such as skin problems, bad flea or mite infestations, a broken limb, abscess, or problems that could be fixed with treatment and/or time.	...is most often a result of lack of resources, space or time to treat the animal.
Medical-Contagious	Animals in good physical condition with a medical condition such as an upper respiratory infection, kennel cough, ringworm, or a less severe case of mange that may be very treatable but highly contagious in a shelter environment.	...is most often not only because of the symptoms of the illness, but also to prevent contamination of others.
Physical Condition	Animals in general poor overall condition and/or health, (for example, old, thin, weak).	...is often the eventual result as these animals are generally poor candidates for adoption placement due to extensive medical rehabilitation necessary.
Not weaned-Too Young	Animals that are too young to survive on their own or in a shelter setting, needing extensive care and socialization.	...is often the result due to the labor-intensive nature of care and lack of foster homes.

Breed	Animals of breeds that are banned or at an increased risk in a community (such as areas where dog fighting occurs).	...may be performed if no other options (for example, transfer to another community's shelter) are available.
Behavior Problems	Animals with behavior problems such as chewing, inappropriate urination, separation anxiety, timidity, destructiveness, lack of socialization.	...is generally due to a lack of an appropriate placement that will provide a commitment to adequate training, socialization, and the proper environment.
Kennel-Stress	Animals with a marked change in behavior due to stress as a result of an extended stay in the shelter.	...is generally performed to prevent further suffering.
Space	Animals who would continue to make good adoption candidates but whose cage space is needed for other animals.	...is generally necessary when space in the shelter or adoption areas is unavailable and room is needed for other animals needing housing and care.
Inappropriate for Adoption	Animals with a serious condition, (for example, feline leukemia), that is not suitable for rehabilitation.	...is appropriate even if the resources, (space, time, money, staff, isolation, and a potential home), are available.
Species	Animals that are not appropriate as companion animals, (i.e. canine or feline hybrids, exotics, etc).	...is performed if no other options, (for example, placement in a sanctuary) are available or acceptable.
Medical-Untreatable	Animals with a terminal illness or injury, severe chronic illness, or other serious medical conditions.	...is appropriate to eliminate ongoing suffering for the animal.
Temperament	Animals that are extremely shy, timid, high-strung, stressed, or distressed.	...is generally necessary due to an unlikely chance for successful adoption and/or adjustment into a new home.
Aggressiveness	Animals that are showing signs of aggression, have	...is generally appropriate for humane, safety, ethical, and

	attacked another animal or person, or have a history of aggression.	liability reasons.
Feral or Unsocial	Animals that have not and cannot be handled and do not adjust to the shelter setting.	...is generally appropriate for animals with no hope of socialization.
Court Order	Animals that have been ordered for euthanasia at the direction of a judge, hearing officer, or other public official with such authority.	...is performed to comply with this ruling.

Euthanasia is currently an integral part of shelter population management in animal shelters across the country, but agencies must continue to strive to offer programs that work to reduce the number of animals who become unwanted or displaced. Effectively enforced animal control laws, public education efforts, strong adoption programs, the availability of affordable spay/neuter services and programs that assist pet owners with animal training or behavior issues are all part of the solution.

However, it is not animal shelters alone that must battle this problem. Communities, not shelters, generate unwanted animals and efforts to decrease companion animal overpopulation should be developed and supported by community members in conjunction with animal shelters, veterinarians, pet supply stores, breeders, animal trainers, etc. The HSUS encourages cooperation between agencies, organizations, and individuals who work on behalf of animals.

BEHAVIORAL EVALUATION:

WHICH DOGS WILL BE BEHAVIORALLY EVALUATED

The medical evaluation team will medically evaluate all dogs within 24 hours after intake.

The animals that pass the medical evaluation will be behaviorally evaluated on their review date and their stay at the Animal Foundation.

The animals that fail the medical evaluation may be candidates for rescue but will be behaviorally evaluated on an “as needed” basis only. This will reduce the potential for the transmission of pathogens through the behavioral evaluation process.

RECORDS:

All dog behavioral evaluations will be logged on a Canine Behavioral Evaluation Form. Upon completion of the behavioral evaluation the Canine Behavioral Evaluation Form will be stored electronically. In addition, two copies of the Canine Behavioral Evaluation Form will be printed. One copy of the form will be sent with that dog to adoptions and one copy will be filed, by date and month, as a backup to the electronic system.

In the event the electronic system is unavailable, a hard copy of the Behavioral Evaluation Form will be filled out manually. Once completed, the form will be copied. The copy of the form will be sent with that dog to adoptions and the original form will be filed. The results of the evaluation will then be entered into the electronic system as soon as the system is available.

EVALUATION SCORING SYSTEM:

Dogs will be scored on 14 areas of the behavioral evaluation. The scores will range from 0 to 4 with 0 representing a fail and 4 representing the most favorable score. Upon completion of the evaluation, these scores will be averaged to determine the dogs overall adoptability.

Dogs with an overall adoptability of 2 through 4 will be deemed adoptable by The Animal Foundation standards.

Any dog with an overall adoptability of 1 will be deemed unadoptable by The Animal Foundation standards. The behavioral staff will determine if the dog will be a candidate for rescue.

If the dog receives a score of 0 on any portion of the behavioral evaluation, the evaluation will stop and the dog will be deemed unadoptable by The Animal Foundation standards. The behavioral staff will determine if the dog will be a candidate for rescue.

CANINE BEHAVIORAL EVALUATION FORM:

The following is a detailed explanation of the Canine Behavioral Evaluation Form as well as the policies and procedures for conducting a dog behavioral evaluation:

CANINE BEHAVIORAL EVALUATION FORM

This information will be completed at the time of the behavioral evaluation.

Assessment Date: The date, D/M/YY, the behavioral assessment is conducted.

1st Assessor: Initials of the primary evaluator, (Hereafter referred to as PE)

2nd Assessor: Initials of the secondary evaluator, (Hereafter referred to as SE)

DOG INFORMATION

At the beginning of the day the evaluation staff will fill out this information for all dogs on the behavioral evaluation list for that day. At this point the evaluation staff will determine what order the dogs will be assessed for the day based on size, breed and gender.

AFI#: The six digit Animal Foundation identification number.

Name: The dog's name, (this field is left blank if the name is unknown)

Age: The dogs age, (Y for years and M for months)

Breed: The breed of dog

Sex: The first letter of the dog's gender, (M=Male, F=Female, N=Neutered, S=Spayed)

This section only applies if the dog is too aggressive or fearful to safely conduct the behavioral evaluation. This portion of the form will be left blank if it is not applicable.

Unable to Evaluate Dog: If the dog is too aggressive to evaluate, this box will be checked.

1st Attempt: The date, D/M/YY, of the first evaluation attempt

2nd Attempt: The date, D/M/YY, of the second evaluation attempt

Note: If a behavioral evaluation cannot be conducted the dog will fail the behavioral evaluation by default. The behavioral staff will determine if the dog will be a candidate for rescue.

The evaluation staff will determine who will be the PE and who will be the SE for this evaluation.

The SA will collar and leash the dog to be evaluated. The SA will walk the dog outside to relieve itself before the dog is led to the Evaluation Room. Once in the Evaluation Room the dog will be leashed to the wall anchor before the evaluation commences. (If used for the dog to dog test, the dog will be leashed to the wall anchor after the dog to dog test)

DOMINANCE

The PE will conduct this portion of the evaluation with the SE annotating the results.

Lean and Stare: Approach and face the dog directly. Close your mouth, bend partially at the waist and stare into the dog's eyes. Do not speak or break eye contact and maintain for at least 15 seconds. (Do not call or coax the dog into looking at you, or your eyes, unless the dog is unaware of your presence; a sleeping dog for example)

Score	Dog Reaction
4	Active submission: The dog will not make eye contact or may make eye contact once but then looks away and submits with full head turn and or body turn.
3	Passive submission: The dog may attempt to make eye contact but will not maintain eye contact for longer than 3 seconds. Will look away and may turn head away.
2	No Submission: The dog will attempt to make eye contact many times but will not maintain eye contact longer than 5 seconds.
1	Fail-Dominant reaction: The dog will make eye contact and maintain for 10 seconds or longer. Will face assessor directly, may look away but only momentarily before establishing eye contact again. The behavioral staff will determine if the dog will be a candidate for rescue.
0	Fail: The dog shows any form of aggression during this portion of the assessment, (tooth display, growling, lunging or biting). The behavioral staff will determine if the dog will be a candidate for rescue.

HANDLING

The PE will conduct this portion of the assessment with the SE annotating the results.

Teeth Check: Using one hand, reach over the dog's muzzle with thumb and fingers forming an upside-down "U". Lightly grasp the dog's muzzle, lift the dog's lip with your thumb to expose the dog's teeth and hold for 5 seconds.

Score	Dog Reaction
4	The dog will be receptive to or allow the teeth check with no resistance at all.
3	The dog will move its head to avoid the teeth check but will allow the teeth check with no significant struggle.
2	The dog will pull away, flip its muzzle or otherwise resist having its teeth checked but will allow the check with some effort.
1	Fail: The dog will pull away, repeatedly flip its muzzle, move its entire body or anything else it can do to avoid the teeth check. The dog will, ultimately, allow the teeth check but not for the full 5 seconds. The behavioral staff will determine if the dog will be a candidate for rescue.
0	Fail: The dog shows any form of aggression during this portion of the assessment, (tooth display, growling, lunging or biting). The behavioral staff will determine if the dog will be a candidate for rescue.

The PE will conduct this portion of the assessment with the SE annotating the results.

Body Check: Using your hand, stroke the dog from the top of the head to the base of the tail, 4 times firmly. Use your hand to pat the right side of the body, 3 times firmly. Use your hand to pat the left side of the body, 3 times firmly.

Score	Dog Reaction
4	The dog will be receptive to, and respond positively to, the physical contact during the body check.
3	The dog will tolerate the body check with no significant response.
2	The dog will pull away or may be hand shy but will allow the body check with some visible apprehension.
1	Fail: The dog will move away, flinch with each touch and will be very hand shy. The dog will, ultimately, allow the body check but will remain very apprehensive and jumpy throughout. The behavioral staff will determine if the dog will be a candidate for rescue.
0	Fail: The dog shows any form of aggression during this portion of the assessment, (tooth display, growling, lunging or biting). The behavioral staff will determine if the dog will be a candidate for rescue.

The PE will conduct this portion of the assessment with the SE annotating the results.

Paw Squeeze: Grab one of the dog's front paws, hold and squeeze firmly for 5 seconds. (Squeeze firmly enough to prevent it from pulling out of your hand but not enough to cause pain).

Score	Dog Reaction
4	The dog will be receptive to or allow the paw squeeze with no resistance at all.
3	The dog will pull its paw away to avoid the paw squeeze. The dog will allow the paw squeeze with minimal resistance.
2	The dog will pull away with its body weight, attempt to turn away or otherwise resist having its paw squeezed. The dog will allow the paw squeeze with moderate resistance.
1	Fail: The dog will pull away with its entire body, attempt to evade or hide from the PA, vocalize or mouth, (Bite with NO pressure), and the assessors' hand to avoid the paw squeeze. The dog will, ultimately, allow the paw squeeze but not for the full 5 seconds. The behavioral staff will determine if the dog

	will be a candidate for rescue.
0	Fail: The dog shows any form of aggression during this portion of the assessment, (tooth display, growling, lunging or biting). The behavioral staff will determine if the dog will be a candidate for rescue.

The PE will conduct this portion of the assessment with the SE annotating the results.

Ear Pull: Gently grab one of the dog's ears and gently pull for 5 seconds. (Use care not to inflict pain on the dog).

Score	Dog Reaction
4	The dog will be receptive to or allow the ear pull with no resistance at all.
3	The dog will pull its head away to avoid the ear pull. The dog will allow the ear pull with minimal resistance.
2	The dog will pull its head away, flip its head, attempt to turn away or otherwise resist having its ear pulled. The dog will allow the ear pull with moderate resistance.
1	Fail: The dog will pull its head away, flip its head, move its entire body in an attempt to evade or hide from the PA, vocalize or mouth, (Bite with NO pressure), the assessors' hand to avoid the ear pull. The dog will, ultimately, allow the ear pull but not for the full 5 seconds. The behavioral staff will determine if the dog will be a candidate for rescue.
0	Fail: The dog shows any form of aggression during this portion of the assessment, (tooth display, growling, lunging or biting). The behavioral staff will determine if the dog will be a candidate for rescue.

The PE will conduct this portion of the assessment with the SE annotating the results.

Hug: Reach around the front of the dog with one arm across the chest with your hand pulled up to the back of the dog's neck. With your other arm, reach over the back and then under the dog placing your hand between the dogs front legs, around the chest area. Pull the dog close, placing your chin over the back of the dog's neck and hold tight for 5 seconds then push away.

Score	Dog Reaction
4	The dog will be receptive to, and respond positively to, the physical contact during the hug.
3	The dog will tolerate the hug with no significant response.

2	The dog will pull away or may be hand shy but will allow the hug with some visible apprehension.
1	Fail: The dog will move away, flinch with each touch and will be very hand shy. The dog will, ultimately, allow the hug but will remain very apprehensive, jumpy or completely freeze and tense up. The behavioral staff will determine if the dog will be a candidate for rescue.
0	Fail: The dog shows any form of aggression during this portion of the assessment, (tooth display, growling, lunging or biting) The behavioral staff will determine if the dog will be a candidate for rescue.

The PE will conduct this portion of the assessment with the SE annotating the results.

Tail Hold: Grab the dog's tail with one hand and hold for 5 seconds. (Hold the tail firmly enough to prevent it from pulling out of your hand but not enough to cause pain).

Score	Dog Reaction
4	The dog will be receptive to or allow the tail hold with no resistance at all.
3	The dog will move its rump away to avoid the tail hold. The dog will allow the tail hold with minimal resistance.
2	The dog will move its body away, spin or otherwise resist having its tail held. The dog will allow the tail hold with moderate resistance.
1	Fail: The dog will move its body away, spin, move as far from the PA as it can in an attempt to evade or hide from the PA, vocalize or mouth, (Bite with NO pressure), the assessors' hand to avoid the tail hold. The dog will, ultimately, allow the tail hold but not for the full 5 seconds. The behavioral staff will determine if the dog will be a candidate for rescue.
0	Fail: The dog shows any form of aggression during this portion of the assessment, (tooth display, growling, lunging or biting). The behavioral staff will determine if the dog will be a candidate for rescue.

DOOR KNOCK / ENTER

The SE will exit the evaluation room and close the door. The PE will interact with the dog to distract it. After 10 seconds the assessment will continue.

Door Knock: The SE will knock 3 times, as loud as possible, on the evaluation room door. The PE will take note of the dog's reaction. Wait 3 seconds and continue the evaluation.

Score	Dog Reaction
4	Dog shows no reaction
3	The dog is alert and aware but not anxious. (Ears perk up, mouth closed, tail up, body freeze).
2	The dog is aroused or excited but not displaying any aggressive behavioral traits. (Non aggressive vocalization, jumping, straining to investigate). This is a neutral result.
1	The dog is visibly frightened and may cower or attempt to hide. (Tail tucked between legs, ears flattened, body low to ground). This is considered a neutral result.
0	Fail: The dog shows any form of aggression during this portion of the assessment, (tooth display, growling, lunging or biting). The behavioral staff will determine if the dog will be a candidate for rescue.

Excited: The dog is aroused or excited but not displaying any aggressive behavioral traits. (Non aggressive vocalization, jumping, straining to investigate). This is a neutral result.

Neutral: This is considered a positive result.

Fearful: The dog is visibly frightened and may cower or attempt to hide. (Tail tucked between legs, ears flattened, body low to ground). This is considered a neutral result.

Fail: The dog exhibits aggressive behavior. (Growling, tooth display, aggressive vocalization).

Enter: The secondary assessor will quickly open the door and immediately enter the assessment room.

Score	Dog Reaction
4	Dog shows no reaction
3	The dog is aroused or excited but not displaying any aggressive behavioral traits. Non aggressive vocalization, jumping, straining to investigate). This is considered a positive result.
2	The dog is alert and aware but not anxious. (Ears perk up,

	mouth closed, tail up, body freeze). This is considered a neutral result.
1	The dog is visibly frightened and may cower or attempt to hide. (Tail tucked between legs, ears flattened, body low to ground). This is considered a neutral result.
0	Fail: The dog shows any form of aggression during this portion of the assessment, (tooth display, growling, lunging or biting). The behavioral staff will determine if the dog will be a candidate for rescue.

Excited: The dog is aroused or excited but not displaying any aggressive behavioral traits. (Non aggressive vocalization, jumping, straining to investigate). This is considered a positive result.

Neutral: The dog is alert and aware but not anxious. (Ears perk up, mouth closed, tail up, body freeze). This is considered a neutral result.

Fearful: The dog is visibly frightened and may cower or attempt to hide. (Tail tucked between legs, ears flattened, body low to ground). This is considered a neutral result.

Fail: The dog exhibits aggressive behavior. (Growling, tooth display, aggressive vocalization).

Recovery Time: How quickly the dog recovers, or returns to a “normal” behavioral state, after the door knock and enter.

Score	Dog Reaction
4	Dog shows no reaction
3	Dog is quick to recover
2	Dog is slow to recover
1	Dog did not recover
0	Fail: The dog shows any form of aggression during this portion of the assessment. (Tooth display, growling, lunging or biting). The behavioral staff will determine if the dog will be a candidate for rescue.

Quick to Recover: Recovers from the door knock and enter within 30 seconds of the secondary assessor entering the room. This is a positive result.

Slow to Recover: The dog takes over 30 seconds to recover, but does recover. This is a neutral result.

Did Not Recover: The dog does not return to a normal behavioral state after the door knock and enter.

RESOURCE GUARDING

Assessment staff should always use the assess-a-hand for the resource guarding portion of the evaluation. **Do not use your own hand.**

Don't let the dog see the assess-a-hand before the assessment. The goal is to simulate reality and have the dog believe, if only for a moment, that it is a real hand.

Get the food bowl to be used for the test and give it to the dog. Position yourself so that you will not be directly in front of the dog. Once the dog is engaged with the food you can start the assessment.

Start by touching the dog's hind end with the assess-a-hand and then, while petting with the hand, move the hand forward to the head, (this should happen somewhat quickly, over 4 to 5 seconds). Pat/pet the dog on the head several times before reaching the hand to the edge of the bowl furthest from the dog's mouth. Move the hand around the rim and over the food for 5 seconds before using the hand to pull the bowl away from the dog. Remove the bowl.

Any dog exhibiting a resource guarding level of 5 or higher will be deemed unadoptable.

RESOURCE GUARDING SCALE:

LEVEL 1

Dog appears relaxed and is eager for person to approach. Will, generally, eagerly disengage from food to engage person in a relaxed, friendly and "happy" manner.

LEVEL 2

Dog remains in a relaxed position as a person approaches but does not disengage from food.

LEVEL 3

Dog becomes "aware" and a bit tense as person approaches and begins to eat somewhat faster. There are no other aggressive or distance increasing signals given.

LEVEL 4

Dog becomes "aware" and quite tense at approach and will not only eat fast, but take large mouthfuls of food as if trying to finish the food before it can be removed.

LEVEL 5

Dog stiffens on approach and exhibits one or more of the following:

Freeze, whale eye, low growl, piloerection and or exaggerated guarding posture, (rear end up high and front end low and covering resource in a very stiff and still manner).

LEVEL 6

Dog exhibits one or more of the traits from level five in addition to an aggressive tooth display, which may be directed at the intruder or while engaged with the food. The dog may disengage from the food bowl for a snap or bite at the intruder and then immediately return to the food. There are no punctures but may be slight contact.

LEVEL 7

Dog exhibits one or more of the traits from level six and will disengage from the food to bite. Contact is made, punctures are likely. Usually many signals are displayed, (freezing, whale eye, tooth display etc). (It is at this level and above that you begin to see dogs that will spread food all over, spill the bowl etc).

LEVEL 8

Dog disengages from the food quickly and, sometimes without displaying warning signals, immediately attempts to bite or the dog completely disengages from the food and bites multiple times, hard enough to puncture and or tear. The bites are often of a longer duration. (Example: holding the bite for 1second vs. biting & immediately releasing).

LEVEL 9

Dog exhibits some or all of the traits from the previous levels. In addition, when the dog disengages from the food and bites, it holds and shakes its head. The dog bites multiple times in a row. The dog moves away from the bowl and guards the area surrounding the food while in full agonistic display. The dog may guard an empty bowl.

LEVEL 10

At this level, the dog will do serious, life threatening damage if not restrained. They will guard an empty area and the empty bowl or crumbs of a finished resource. Often instead of directing their aggression towards the intruding object, (such as the assess-a-hand), they will make direct and threatening eye contact with the person.

PLAY & AROUSAL

In a high pitched happy voice entice the dog to play using play solicitation body movements and toys. Interact with the dog in this manner for no less than 30 seconds.

Degree of Arousal: How aroused or excited the dog gets.

Score	Dog Reaction
4	Dog shows no reaction
3	Dog engages in play but does not get overly excited.
2	Dog engages in play and exhibits a hard to control attitude
1	Dog engages in play get mildly aggressive but does not try to bite during the test.
0	Fail: The dog shows any form of aggression during this portion of the assessment. (Tooth display, growling, lunging or biting). The behavioral staff will determine if the dog will be a candidate for rescue.

High: The dog fully engages in play. The dog gets very excited and is exhibits a high level of arousal. (Excessive jumping, play vocalizations, play bowing, running, mouthing but not biting). This is a neutral result.

Medium: The dog will engage in play but may be distracted momentarily throughout. The dog exhibits a moderate level of arousal but isn't "Over the top". (Some jumping, play bows, mild play vocalizations). This is a positive result.

Low: The dog will engage momentarily in play or shows an interest but no real commitment. The dog will be very easily distracted and break from play. (Very little or no jumping, possible play bows, few or no vocalizations). This is a positive result.

Unable to Arouse: The dog will not engage in play at all and displays no interest in play. This is a neutral result.

Fail: The dog becomes so aroused or excited that it begins biting, growling or makes some other dominance display.

Recovery Time: How quickly the dog recovers or settles after getting aroused.

Score	Dog Reaction
4	Dog does not react and needs no time to recover.
3	The dog transitions back to a normal behavioral state in 30 seconds or less. This is a positive result.
2	The dog takes over 30 seconds to return to a normal behavioral state. This is a neutral result.
1	The dog does not return to a normal behavioral state.
0	Fail: The dog shows any form of aggression during this portion of the assessment. (Tooth display, growling, lunging or biting). The behavioral staff will determine if the dog will be a candidate for rescue.

Quick to Settle: The dog transitions back to a normal behavioral state in 30 seconds or less. This is a positive result.

Slow to Settle: The dog takes over 30 seconds to return to a normal behavioral state. This is a neutral result.

Did Not Settle: The dog does not return to a normal behavioral state.

DOG TO DOG TEST

Test Dog Breed: The breed of the dog used for the dog on dog assessment.

Sex: The gender of the test dog. (**Male, Female, Neutered** or **Spayed**)

Age: The age of the test dog. (In years Y and months M)

Result: The results of the dog on dog assessment.

Score	Dog Reaction
4	Dog shows no reaction to the other dog.
3	Dog gets excited but shows no reaction.
2	Dog stiffens posture
1	Dog stiffens posture and show to be aggressive but does not attack other dog.
0	Fail: The dog shows any form of aggression during this portion of the assessment. (Tooth display, growling, lunging or biting). The behavioral staff will determine if the dog will be a candidate for rescue.

Pass: The dog does not exhibit any form of aggressive behavior.

Fail: The dog exhibits any form of unsolicited or overt aggressive behavior. (Defensive behavior in response to another dog's aggressive behavior does not necessarily constitute a Fail but will warrant a dog on dog assessment with a different dog).

Comments: Observations made by the assessment staff during the dog on dog assessment.

The primary assessor will unhook the leash from the wall anchor and take the dog's leash in hand. The secondary assessor will retrieve the next dog for behavioral assessment and take it outside the assessment room, on leash. (The dogs should not see each other at this point).

The primary assessor will instruct the secondary assessor to enter the room when they are ready to begin.

The secondary assessor will enter the room with the test dog, (on a leash).

Take both dogs to the middle of the assessment room and let them greet each other. As they do, both assessors will speak to the dogs in a calm, friendly tone of voice. **Never use a threatening tone.** Separate the dogs after 15 seconds and move to opposite ends of the assessment room. Get the attention of both dogs and give each a treat. Interact with the dogs for 10 seconds then return to the middle of the room and let the dogs greet each other again. Separate the dogs after 15 seconds and move to opposite ends of the assessment room. Get the attention of both dogs and give each a treat. Interact with the dogs for 10

seconds then return to the middle of the room and let the dogs greet each other again. Separate the dogs after 15 seconds.

The primary assessor will exit the room with the assessment dog and return it to its kennel. The secondary assessor will leash the test dog to the wall anchor and is now ready to conduct the next behavioral assessment as the primary assessor for this dog.

ADOPTABILITY

Sterilization Prior to Release from Shelter, (but after adoption has been approved).

- Sterilize all cats and dogs before they leave the shelter for new homes. Animals should be sterilized only after an adoption has been approved.
- Incoming animals deemed healthy and highly adoptable could be scheduled for surgery and sterilized as soon as possible after intake, but prior to adoption approval. Selecting only animals that are highly adoptable for this will lessen the need to euthanize animals that have already sterilized. However, this does not mean these sterilized animals should not be evaluated against incoming animals for euthanasia decisions.

Adoptability at Present: Whether or not the dog will be available for adoption.

Adoptable: The dog has passed the behavioral assessment and is available for adoption.

- Adoptable animals are to be moved from the general population within 24 hours after expiration of the 72 hour holding period, (providing that other time limits have been established by special holds).

Unadoptable: The dog has failed some portion of the behavioral assessment and will not be available for adoption.

- Unadoptable animals will be moved from the general population within 24 hours after the expiration of the 72 hour holding period, (providing that other time limits have been established by special holds).

Candidate for Rescue: Whether or not the dog will be available for rescue.

- Will be removed from the general population with 24 hours after the expiration of the 72 hour holding period, (providing that other time limits have been established by special holds).

BEHAVIORAL STAFF COMMENTS

This area is reserved for any observations made by the behavioral staff throughout the behavioral assessment. Any dog failing the behavioral assessment will have a brief explanation of the reason in this field.

BEHAVIORAL EVALUATION FORM (see attached)

EUTHANASIA SELECTION

Adoption/Euthanasia Decision Matrix

CATEGORY	STATUS	EUTHANASIA
Adoption Potential	Animals who, given the space, time, staff, money or availability of an appropriate home could live well in a new home.	...is most often due to a lack of resources and / or appropriate homes.
Medical -- Treatable	Animals in good physical condition with treatable, non-contagious medical conditions such as skin problems, bad flea or mite infestations, a broken limb, abscess, or problems that could be fixed with treatment and / or time.	...is most often a result of lack of resources, space or time to treat the animal.
Medical – Contagious	Animals in good physical condition with a medical condition such as an upper respiratory infection, kennel cough, ringworm or a less severe case of mange that may be very treatable but highly contagious in a shelter environment	...is most often not only because of the symptoms of the illness, but also to prevent contamination of others.
Physical Condition	Animals in general poor overall condition and/or health, (for example, old, thin, weak.	...is often the eventual result as these animals are often poor candidates for adoption placement due to the extensive medical rehabilitation necessary.

Unweaned -- Too Young	Animals who are too young to survive on their own or in a shelter setting, needing extensive care and socialization.	...is often the result due to the labor-intensive nature of care and lack of foster homes.
Breed	Animals of breeds who are banned or at an increased risk in a community, (such as areas where dog fighting occurs).	...may be performed if no other options are available.

CATEGORY	STATUS	EUTHANASIA
Behavior Problems	Animals with behavior problems such as chewing, inappropriate urination, separation anxiety, timidity, destructiveness, or lack of socialization.	...is generally due to a lack of an appropriate placement that will provide a commitment to adequate training, socialization, and the proper environment.
Kennel-Stress	Animals with a marked change in behavior due to stress as a result of an extended stay in the shelter.	...is generally performed for humane reasons to prevent further suffering.
Space	Animals who would continue to make good adoption candidates but whose cage space is needed for others.	...is generally necessary when space in the shelter is unavailable and room must be made for other animals needing housing and care.
Inappropriate for Adoption	Certain species of animals, or animals with a serious condition that is not suitable for rehabilitation.	...is appropriate even if the resources, (space, time, money, staff, isolation), and a potential home is available

Medical – Untreatable	Animals with a terminal illness or injury, severe chronic illness, or other serious medical condition.	...is appropriate to eliminate ongoing suffering for the animal.
Temperament Issues	Animals who are extremely shy, timid, high-strung, stressed, or distressed.	...is generally necessary due to an unlikely chance for successful adjustment into a new home.
CATEGORY	STATUS	EUTHANASIA
Aggressiveness	Animals who are showing signs of aggression, have attacked another animal or person, or have a history of aggression.	...is generally appropriate for humane, safety, ethical and liability reasons.
Feral or Unsocialized	Animals who have not and cannot be handled and do not adjust to the shelter setting.	...is generally appropriate for animals with no hope of socialization.
Court Order	Animals who have been ordered for euthanasia at the direction of a judge, hearing officer or other public official with that authority.	...is performed to comply with this ruling.

The selection for adoption is looked at from both avenues of the medical evaluation and the behavioral evaluation. If an animal passes both of the evaluations the animal will be sent to adoptions. The animal will be monitored for any regression in behavior or any illness. If at any time the animal behavior and/or medical condition declines the animals will be pulled and euthanized if not able to rescue out.

QUALITY ASSURANCE MEASURES

In the event that a complaint is received concerning an employee's actions or procedural issues, the Director of Operations, or his designee, will establish what action is to be taken and if the action is appropriate. This will assure that the required action, or remedy, has been taken regarding an animal and to ensure that the Animal Shelter has not made an error in evaluating the situation, and that the action taken, if any, was appropriate. To provide the entities and the public with recourse if they believe an employee's actions or interpretation of procedures was incorrect and to audit established procedures.

Animal Shelter personnel that witness a breach in any established procedure shall immediately contact the Director of Operations.