



Association of Shelter Veterinarians

Veterinary Supervision in Animal Shelters

Last reviewed: February 2014

The Association of Shelter Veterinarians believes it is in the interests of community and animal health for every shelter to have a formal relationship with a veterinarian. Diagnosis and treatment of medical conditions in shelter animals should be performed only by veterinarians or under *direct veterinary supervision*, with limited exceptions.

Treatment of individual or large groups of animals for common infectious and medical conditions may be performed by trained shelter staff under telephonic or written instruction by a veterinarian with *direct knowledge* of the population.

Development of preventive health care protocols should be performed in consultation with a veterinarian, but may be implemented by trained shelter staff. In the absence of a consistent veterinary relationship, limited medical care should be provided by all shelters for the specific purpose of controlling infectious and zoonotic diseases and preventing environmental contamination. This care should be provided by trained personnel under the direction of a *written protocol* developed in consultation with a veterinarian. Examples of such care include:

- Vaccination
- Prophylactic control of endo- and ecto-parasites.
- Diagnostic testing for zoonotic and/or infectious diseases
- Euthanasia
(Shelter staff members who have received appropriate training from a veterinarian or through a duly authorized or state approved program should be permitted to administer pre-euthanasia sedatives and perform euthanasia by injection.)

Definitions

“Direct veterinary supervision” means a licensed veterinarian is physically present and within adequate visual and audible distance to direct the procedure being undertaken.

“Direct knowledge” means the veterinarian regularly visits and examines the shelter population in person.

“Written protocol” refers to a document including, but not limited to, the following information: product storage and handling, dose and route of administration of pharmaceutical products, the performance of diagnostic tests, recognition and response to adverse treatment effects, and procedure documentation.