

6. Medical Health

4.1 General

Shelter medical care must begin at or before intake and continue throughout the shelter stay. Individual animal health must be addressed within the balance of decisions and practices that support overall population health.

6.2 Veterinary oversight and medical record keeping

A formal relationship with a veterinarian must be in place to ensure oversight of medical and surgical care in the shelter. Medications and treatments must only be administered by prescription or in accordance with written protocols provided by a veterinarian. Medication should only be prescribed when there exists a reasonable presumptive diagnosis, the ability to administer as directed, and a plan to monitor the course of disease. When drugs are used or dispensed, it must be done in accordance with federal and state regulations. Accurate medical records are essential and should include accurate identifying information; signalment (age, sex, species, and reproductive status); and a dated list of physical exam findings, vaccinations, diagnostic test results, procedures, and treatments.

6.3 Medical assessment

Collecting information about animal health before admission allows the shelter to offer medical services that can prevent the need for intake. When shelter intake is necessary, each animal must receive at least a cursory health assessment by trained personnel to check for signs of infectious disease or problems that require emergency medical care. The intake assessment must include confirmation of the animal's estimated age, sex, physical description, and the presence of any identification and microchips. Administration of core vaccinations (Table 6.1) and parasite prevention is typically paired with the intake assessment. A comprehensive physical examination by a veterinarian or trained personnel is ideally performed within 24 hours of intake. Screening tests can be a part of this assessment. Animals with signs of infectious disease at intake should be isolated until determined to be low risk to the population. Quarantines are appropriate only for animals with a history of direct, high-risk infectious disease exposure. Trained personnel must visually observe the health and well-being of every animal at least once every 24 hours, ideally before cleaning, so that food intake and condition of the enclosure, including feces, urine, or vomit, can be noted. Animals staying in the shelter long term should have a monthly exam by trained personnel and a veterinary exam at least every 6 months.

6.4 Essential wellness and preventive care

6.4.1 Vaccination: Shelters must have a written vaccination protocol developed under the supervision of the shelter's veterinarian. Shelter vaccine protocols differ from protocols used in private practice; key differences include an earlier and longer age range for juveniles, a shorter time span between vaccines, and different core and non-core products. Proper technique for vaccine administration is important for efficacy and safety. Recording the serial and batch number information in the medical record is required for rabies vaccines and is recommended for all vaccines in case of adverse reactions, recalls, or vaccine failures. Shelters must have protocols for recognizing, managing, and reporting adverse vaccine reactions.

6.4.2 Core vaccines in shelters: A core vaccine is one given to all eligible animals and is withheld only in extraordinary circumstances. For all core vaccines except rabies, shelters should use modified live virus or recombinant vaccines (MLV) rather than killed products because they provide a faster immune response.

Dogs: A subcutaneous (SC) MLV vaccine for canine distemper, adeno-, parvo-, and parainfluenza viruses (DAPP) is core for shelter puppies and dogs. An intranasal (IN) vaccine containing both *Bordetella* and parainfluenza virus (Bord/PI), with or without adenovirus, is also core for shelter puppies and dogs.

Cats: An SC MLV vaccine for feline viral rhinotracheitis, calicivirus, and panleukopenia viruses (FVRCP) is core for shelter cats and kittens. Feline IN vaccination for herpes and calicivirus has a similar efficacy to the injectable, but there is questionable reliability of IN vaccination against panleukopenia virus. Feral cats should receive all core vaccines at the time of spay-neuter, regardless of age.

Rabies: Eligible dogs and cats should be vaccinated against rabies before leaving shelter care. Rabies vaccines must be administered following state and local guidelines and the most recent Compendium for Animal Rabies Prevention and Control. Puppies and kittens that are too young for rabies vaccination may be adopted or transported with the recommendation that new caretakers provide vaccination when old enough.

6.4.3 Non-core vaccines: Non-core vaccines (e.g. Canine influenza, *Leptospira*, Lyme; Feline *Bordetella*, Chlamydia, leukemia virus, etc.) may be useful when prescribed by a veterinarian for specific animals, subpopulations, or in the face of diagnosed outbreaks. Many of these vaccinations are not fully effective for 10–14 days after the final dose.

6.4.4 Vaccine schedules: Adult animals must be vaccinated with core vaccines (except rabies) at or before intake (Table 6.1). Revaccination 2–4 weeks later is suggested for those still in shelter care. Animals housed in shelters should be vaccinated with core vaccines even if ill or pregnant, as the risks of not vaccinating outweigh the small risk of vaccination complications. Puppies and kittens housed in shelter facilities must begin core vaccinations at or before intake starting at 4 weeks old and must be revaccinated every 2 weeks until 20 weeks old. Housing litters in individual foster homes until they are old enough for spay-neuter and adoption can greatly reduce the risk of parvo, distemper, and panleukopenia.

6.4.5 Parasites: A shelter's parasite control program should be designed with the supervision of a veterinarian. All dogs and cats must be treated for roundworms and hookworms at intake, starting at 2 weeks of age. Parasite treatment reduces contamination of the shelter environment where animals and humans may be exposed. All shelters should have policies regarding testing, prevention, and management of heartworm disease. This policy may specify in-shelter prevention, treatment and management protocols, or a plan for referral of adopters to local veterinarians for testing or care.

6.4.6 Nutrition: Food that is consistent with the nutritional needs, health status, and species of the individual animal supports animal health and streamlines feeding protocols. Ideally, adult dogs are fed twice daily, and cats are fed multiple small meals or allowed to forage throughout the day. Healthy puppies and kittens as well as lactating and pregnant animals must be fed small amounts frequently or have food available through the day. When managing starved animals or those with unique nutritional needs, veterinary input must be sought. Food intake must be monitored daily.

6.4.7 Pregnant, nursing, and neonatal animals: Shelters should have a protocol for the care of pregnant, nursing, and neonatal animals, including whether an animal will be spayed or allowed to go to term (see Surgery). Shelters housing pregnant, nursing, or neonatal animals must ensure that additional disease prevention, nutrition, and stress reduction measures are taken. Housing pregnant and nursing animals in foster care provides significant medical and behavioral benefits.

6.5 Responding to health concerns

6.5.1 Pain management: Pain must be recognized and treated to alleviate suffering. Observation of behavior and knowledge of the causes of pain are the most accurate ways of assessing pain in animals. Several published scales are available to assess pain in animals. Protocols for the treatment of painful conditions should be created by a veterinarian. Pain control provided must be of an appropriate strength and duration to preempt or relieve pain. When pain can be anticipated, as with surgical procedures, pain control should be provided before the painful event. The use of

controlled drugs must be supervised by a veterinarian as required by regulatory statutes. Non-pharmacological approaches (e.g. presence of littermates, quiet environment, massage, physical therapy, heat, and deep bedding) can supplement pharmacologic interventions. Treatment of pain can include providing euthanasia.

6.5.2 Emergency medical care: An emergency medical plan must be in place to provide appropriate and timely veterinary care for any animal who is injured, in distress, or showing signs of significant illness. The plan should specify whether emergency services are provided on site or through an outside veterinary clinic. If the emergency medical plan cannot be implemented or fails to relieve suffering, the animal should be euthanized.

6.5.3 Responding to infectious disease: Animals with a suspected infectious disease must be isolated until diagnosis by a veterinarian or treatment determines them to be a low risk to the general population. The treatment and response plan for animals with mild to moderate or uncomplicated infections is based on clinical signs and often follows a standard protocol. When the number of cases increases above typical for the shelter, when signs are severe or not responding to treatment, and when a zoonotic condition is suspected, identification of specific pathogens should be sought. A necropsy should be performed if an animal dies from unexplained causes.

6.5.4 Outbreak response: During an outbreak, a risk assessment to identify potentially exposed animals must be performed based on the confirmed or suspected pathogen. Physical separation must be established between sick, exposed, at-risk, and unexposed animals. All at-risk animals should be monitored for signs of disease at least once a day. Depopulation, defined as euthanasia of an entire population or subpopulation, including healthy and unhealthy animals, is a last resort reserved for extraordinary circumstances.

6.6 Population health surveillance

Shelters should track animal population health trends and develop targeted strategies to address concerns. Increases in deaths or infections over time may indicate deficiencies in population management practices, such as operating beyond a shelter's capacity for care, lapses in preventive care protocols, or the need for targeted interventions.

6.7 Rehoming considerations

Adopters should be informed about any disease or condition known to be present at the time of outcome. Ongoing care for known medical conditions typically becomes the responsibility of the adopter, transport partner, or other caretaker of the animal, but may be provided by the shelter when regulations and policies allow.

See the full guidelines for references and supporting documents:
<https://jsmcah.org/index.php/jasv/issue/view/2>