

## Highlights of

# The Guidelines for Standards of Care in Animal Shelters, Second Edition (2022)



## 7. Shelter Surgery

### 7.1 General

Shelters routinely sterilize (i.e. spay or neuter) shelter animals, owned pets, and community cats to decrease the local population of animals needing shelter services and improve individual animal health and welfare. Spay-neuter (S/N) is associated with a reduction in many nuisance and unwanted behaviors as well as increased life expectancy. In some jurisdictions, pre-adoption sterilization of dogs and cats is required by law. In almost all cases, it is safe and humane to spay dogs and cats at any stage of pregnancy. Keeping the uterus closed during and following the spay procedure allows the anesthetized fetuses to die humanely without the need for additional barbiturate injections. If a shelter is considering allowing animals to give birth, it is important to assess the availability of routine and after-hours emergency medical care, behavioral care, foster home capacity, live outcome options, and regional population implications.

### 7.2 Spay-Neuter

Shelters should sterilize all animals before adoption or ensure that they will be sterilized after their adoption. Spay-neuter can be safely performed in healthy animals as young as 6 weeks old and as small as 1.5–2 pounds (0.7–1 kg) body weight. If a shelter does not have the capacity to sterilize all animals prior to adoption without increasing length of stay, an acceptable alternative is to arrange post-adoption spay-neuter. Shelters must have a system for keeping track of unaltered animals and ensuring that surgery is completed in a timely manner.

Granting an exemption from a S/N requirement should only occur when performing the procedure puts the patient at significant risk. It is generally safe to sterilize patients in estrus or suffering from mild infections or other medical conditions, such as infectious respiratory disease or heartworm disease. In these cases, veterinarians must weigh the benefits and risks to that animal, others receiving surgery that day, the shelter population, and the community population. Shelter S/N policies need to follow all state and local ordinances regarding the timing of S/N with respect to legal holding periods.

**7.2.1 Practices and protocols:** Shelters that perform their own sterilization surgeries must follow the current ASV Veterinary Medical Care Guidelines for Spay-Neuter Programs. This document provides guidance on presurgical care, transport, anesthesia, pain

management, surgery, and postsurgical care.

**7.2.2 Identifying altered animals:** The placement of a permanent tattoo on the abdomen at the time of S/N is an accepted standard for indicating sterilization and strongly recommended for all animals. If an animal is lost or transferred to another owner without records, the tattoo can prevent unnecessary anesthesia or surgery. For community cats, removal of the tip of one ear is the accepted standard for indicating an animal is sterilized.

### 7.3 Other surgeries

Surgical procedures to address other medical concerns may also be performed onsite in shelters that regularly perform S/N surgery. These surgeries must adhere to the ASV Spay-Neuter Guidelines. Ideally, shelters without the capacity to perform these surgeries partner with outside organizations, specialists, or transport partners to obtain necessary care. It is critical that shelters pursue surgical treatment only when the appropriate pre- and postsurgical care can be provided, particularly following orthopedic procedures. In these cases, appropriate postoperative plans may require alternative housing plans. Ideally, orthopedic patients requiring extended care are not housed long term at the shelter.

**7.3.1 Dentistry:** Appropriate dental care considers individual patient health, surgical safety, and postoperative recovery needs including pain control, in the context of the shelter population. Medical records should document the dental exam, diagnostics, and treatments performed. Non-anesthetic dental probing, scaling, and polishing is unacceptable. Without sedation, significant dental concerns can be missed or inadequately addressed. The restraint required can cause significant animal and technician stress, and veterinary staff and the animal are put at risk of serious injury from sharp instruments or bites. Ideally, intraoral radiographs are taken in patients undergoing dental surgery to detect important concerns of the tooth and jaw not visible during oral examination. Dental procedures, including radiology, must be performed by appropriately trained and credentialed individuals based on state and local regulations. Shelters without the capacity to perform dentistry can partner with adopters, outside organizations, specialists, or transport partners to ensure animals receive needed care.

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