

Animal Evaluation MATRIX

Policies & Procedures
That Protect the Lives
of Shelter Animals



Including:

Medical & Behavior Protocols

Diagnostic Tools

End of Life Protocols

**With Forms & Checklists to
Increase Accountability &
Improve Performance**

and more...



A Publication of the No Kill Advocacy Center

Animal Evaluation MATRIX

Ensuring Every Life-Affirming Option, for Every Animal, Every Time

The No Kill movement seeks to end the killing of animals who are not irremediably suffering. An animal is irremediably suffering if he or she “has a poor or grave prognosis for being able to live without severe, unremitting *physical* pain even with prompt, necessary, and comprehensive veterinary care.”

Even those shelters with live release rates above 95% are still killing animals who would not meet the definition of irremediably suffering. We believe that ongoing innovations in veterinary medicine and behavior rehabilitation, enacting laws that eliminate the ability to kill, and the eventual embrace and expansion of sanctuary options will provide the means to end this killing. Until that time, we seek to add rigor to the process by which such deadly determinations are currently being made in order to reduce the numbers killed. The enclosed protocols—in place at some of the most successful and progressive shelters in the nation—ensure that alternatives have been systematically considered before the decision is made to take an animal’s life.

By following the enclosed protocols, shelters with live release rates above 95% have reported even higher ones as a result. Those below 90% will see even more dramatic lifesaving increases. Imparting awareness of these options, and not condoning the killing that is still occurring or may still occur regardless, is the intent of this guide. For some animals, our suggested protocols will no doubt provide a safety-net that they would otherwise not have been afforded.

It should be noted, however, that while we strove to ensure that this list was as comprehensive as possible, it is by no means intended to exclude other options which may be unique to a particular shelter or community. Should such alternatives exist, they should be actively pursued, not discounted or ignored by their conspicuous absence herein. Overcoming bureaucratic inertia is the goal of this guide, not creating the circumstances which allow for it.

In addition, extraordinary situations—such as a large-scale hoarding bust—call for creativity and outside the box thinking, not killing after checking off boxes on a protocol. There is never a time when healthy and treatable animals “need” to be killed. With the philosophy of “what must be done shall be done,” shelter leaders can always find a lifesaving alternative.

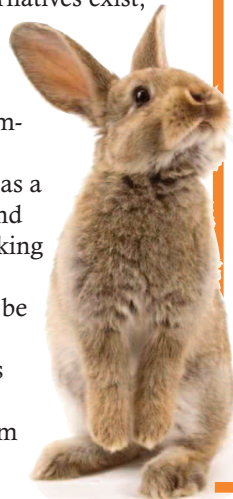
In that same spirit, we welcome input from shelters which have experienced success with

options not mentioned in this guide. These protocols, like the industry of sheltering it seeks to elevate, is an on-going work in progress, open to constant improvement. We therefore recommend that shelters which adopt the protocols should not only verify that they are using the most up-to-date version by regularly visiting our website; they should likewise be certain to follow our organization on social media where we will announce any changes that are made or other innovations that are worthy of attention and emulation.

THE FIVE RIGHTS OF ANIMALS IN SHELTERS

Every animal in every animal shelter is entitled to the following rights:

- 1** The right to live.
- 2** If social and healthy, the right to a home. If sick, injured, or traumatized, the right to rehabilitative care. If not social with humans, the right to be released back to his/her habitat.
- 3** The right to love, care, and attention, including socialization with people and other animals, nutritious food, fresh water, clean living environments, prompt and necessary preventive and rehabilitative veterinary care, behavior rehabilitation, exercise, play, and mental stimulation.
- 4** The right to a shelter that has comprehensively embraced protocols which reduce impounds, increase adoptions, increase redemptions, reduce killing, reduce length of stay, reduce illness, and maximize physical and psychological well-being.
- 5** The right to have shelter resources used to save and enhance the lives of all animals, in a facility where staff do everything in their power to promote, protect, and advocate for animals.



The Power of the CHECKLIST

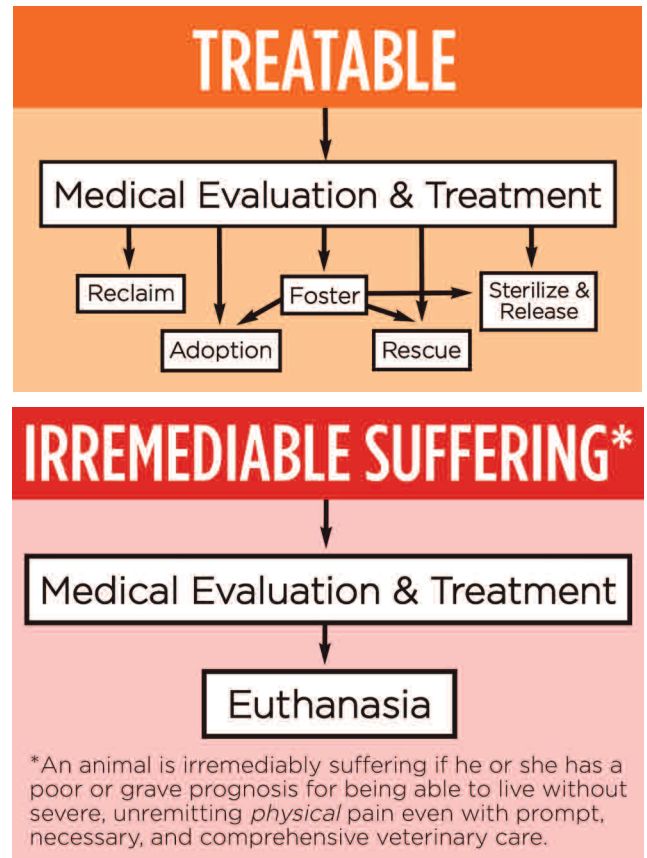
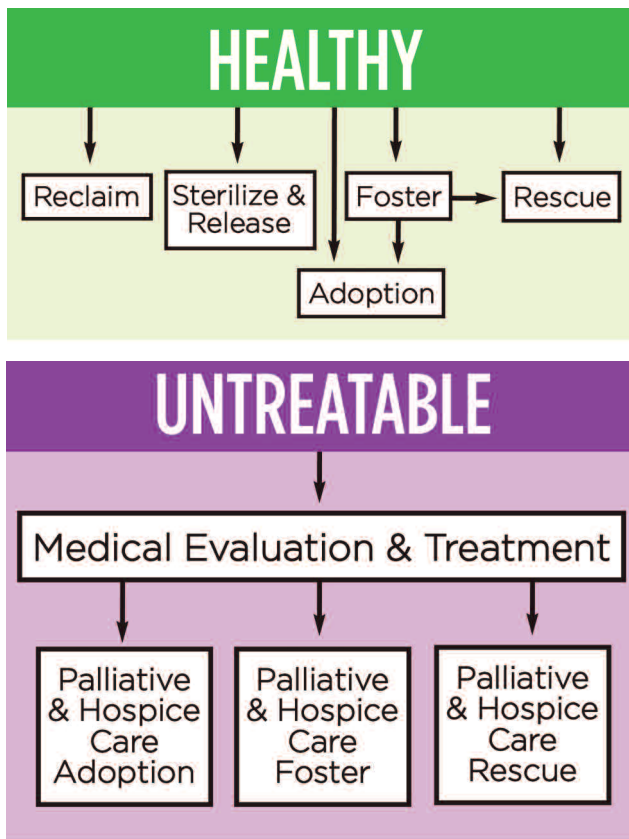


Running a progressive, innovative, well-run animal shelter committed to saving all healthy and treatable animals requires knowledge and delivery of a large number of operational areas. These include comprehensive adoptions, a volunteer and foster care program through which members of the community can get actively involved in helping the animals, lost and found services, disease prevention, nourishment, medical care and behavior rehabilitation for animals in its care, accurate and thorough records, and so much more.

But with this innovation has come far greater complexity, and avoidable failures that can result in the most dire of consequences: the needless death of animals. One way to ensure that every animal receives the protection of high quality care and consideration is for a shelter to not only commit philosophically to the programs and services of the No Kill Equation, but to ensure their implementation consistently, reliably, and correctly. Enter the checklist.

Checklists are powerful tools to raise standards of performance, achieve excellence, increase efficiency, and mitigate avoidable failure. They do so by ensuring comprehensive implementation of proven best practices by requiring that staff commit to acknowledging when such protocols have (and by the same token, have not) been followed. Moreover, by assigning specific tasks to specific staff working for the same goal, checklists foster continuity of purpose and teamwork. This sense of shared responsibility enhances a spirit of cooperation that allows staff to better work together to solve non-routine tasks and problems because they share a common ethic and seek a common purpose: consistently making the best possible choices.

SHELTER ANIMALS



MEDICAL CONDITIONS



The evaluation matrix is to be used solely as a tool in identifying potential medical or behavioral conditions that require treatment. When the condition is one that indicates potential irremediable suffering, the matrix serves as a platform for discussion amongst appropriate staff with the ultimate decision of an animal's outcome determined by the Executive Director and his/her team, after medical evaluation and treatment.

Every animal that enters the care of a shelter must be treated as if he/she is the animal companion of someone committed to exploring all options for care. Although the matrix offers an objective measure and baseline value, it does not reveal the individualized care and tailored treatment given to each animal who enters a shelter.

The definitions and categories shown in the evaluation matrix do not reflect or deem the outcome of each animal. They merely identify the diagnosis, help evaluate the prognosis, and allow for treatment. Only those animals who are truly irremediably suffering should be euthanized to spare them suffering.

MEDICAL CONDITIONS KEY

H: Healthy

T: Treatable (rehabilitatable or maintainable)

P: Palliative care

IS: Irremediable suffering

Autoimmune/Immune-Mediated

Allergic reaction **T**
 Allergies (food and environmental) **T**
 Autoimmune disease (mild-moderate) (e.g., pemphigus) **T**
 Autoimmune disease (severe) (e.g., bone marrow aplasia) **P/IS**
 Eosinophilic granuloma complex **T**

Behavior

Anxiety (separation, other) **T**
 Barrier reactivity **H/T**
 Dominance **H/T**
 Elimination disorder **H/T**
 Escaping/"flight" behavior **H**
 Fear reactivity **T**
 Feral/unsocial with people **H**
 Imprinted/tame **H**
 Inter dog/cat reactivity **T**
 Mouthiness **H**
 Obsessive/compulsive behavior **T**
 Overstimulation reactivity **T**
 Phobias **T**
 Psychogenic alopecia/grooming **T**
 Social shyness **H**

Territorial/resource/protective reactivity **T**
 Untrained **H**

Circulatory

Anemia (nonregenerative) **P/IS**
 Anemia (regenerative) **T**
 Aortic thromboembolism **T/P/IS**
 Cardiac arrhythmia **T**
 Cardiomyopathy (mild-moderate) **T**
 Cardiomyopathy (severe) **P/IS**
 Cardiovascular disease/dysfunction (e.g., valvular, vasculitis) **T**
 Circulatory shock **T**
 Coagulopathy **T**
 Congestive heart failure (mild-moderate) **T**
 Congestive heart failure (severe) **P/IS**
 Heart murmur **T**
 Heartworm infection **T**
 Hemorrhage **T**
 Tick-borne infection (e.g., lyme, ehrlichia, babesia, hemobartenellosis) **T**

Congenital

Cosmetic deformity **H**
 Hydrocephalus **T**

Oral malocclusion **H/T**
 Spinal deviation **H/T**

Dermatology

Abscess **T**
 Alopecia **T**
 Aural hematoma **T**
 Bacterial/fungal infection (e.g., pyoderma, dermatitis, folliculitis, malassezia) **T**
 Benign mass (e.g., sebaceous adenoma, cyst) **T**
 Bumble foot **T**
 Foreign body **T**
 Lick granuloma **T**
 Nail bed infection/inflammation **T**
 Otitis **T**
 Pelage/plumage/scales (e.g., matted, oil, glue, tar, paint) **T**
 Perianal fistula **T**
 Seborrhea **T**
 Stenotic ear canal **T**
 Viral skin lesions (e.g., pox) **T**
 Wounds/abrasions/lacerations **T**

Digestive

Anorexic T
Bacterial infection/overgrowth T
Constipation/obstipation T
Diarrhea (acute) T
Diarrhea (chronic) T
Emaciation T
Folate/cobalamin deficiency T
Gallbladder/bile duct dysfunction/calculi T
Gastrointestinal abnormality (e.g., rectal prolapse, herniation) T
Gastrointestinal dysfunction (e.g., motility disorder, gastric dilation, volvulus) T
Gastrointestinal foreign body/tricho-bezoar T
Gastrointestinal melena/frank blood T
Gastrointestinal ulceration T
Gingivitis T
Hypoalbuminemia T
Icteric T
Impacted crop T
Inflammatory bowel disease T
Internal parasites T
Malabsorption/malabsorption T
Megacoelephagus T
Oral ulcerations T
Periodontal disease T
Stomatitis T
Triaditis T
Vomiting (acute) T
Vomiting (chronic) T

Endocrine/Exocrine

Acromegaly T
Alopecia T
Diabetes insipidus T
Diabetes mellitus T
Exocrine pancreatic insufficiency T
Hypo/hyperadrenocorticism T
Hypo/hyperthyroidism T

Hepatic

Canine infectious hepatitis T
Hepatic lipidosis T
Hepatic shunt T
Hepatitis T
Hepatopathy T

Infectious

Blood-borne infectious disease T
Feline infectious peritonitis P/IS
Septicemia T
Systemic/multifocal bacterial/fungal infection (e.g., botulism, aspergillus) T

Musculoskeletal

Angular limb deformity H/T
Bone fractures T
Cranial cruciate ligament damage T
Joint dislocation T
Lameness T
Limb disability (e.g., limb amputation) H
Masticatory myositis T
Metabolic bone disease T/P/IS
Muscle atrophy H/T
Myopathy T
Osteoarthritis (debilitating) P/IS
Osteoarthritis (non-debilitating) T
Patellar luxation T
Soft tissue injury T
Wobbler's syndrome T

Neoplasia

Neoplasia (benign or malignant) T
Neoplasia (metastatic) P/IS

Neurological

Abnormal mentation T
Ataxia T
Cerebellar hypoplasia T
Cognitive dysfunction T/P/IS
Degenerative myelopathy T/P/IS
Epilepsy T
Facial nerve paralysis T
Horner's syndrome T
Intervertebral disc disease T
Massive head trauma T/P/IS
Meningitis T
Neuritis (e.g., trigeminal nerve) T
Neurogenic urinary bladder T/P/IS
Neuropathy T
Nystagmus T
Paralysis/paresis T
Schiff-Scherington syndrome T
Spinal cord injury T
Vestibular syndrome T

Ocular

Blepharitis T
Blindness H
Cataract T
Conjunctivitis T
Corneal ulceration T
Dry eye T
Eye bacterial infection/inflammation T
Eye trauma T
Eye viral T
Eyelid aplasia/malformation (e.g., entropion, ectropion, distichia) T
Glaucoma T
Keratitis T
Lens luxation/abnormality T
Pannus T
Prolapsed nictitating membrane T
Proptosis T
Retinal detachment T
Uveitis T

Pancreatic

Pancreatitis T

Parasitic

Demodex mite T
Dermatophytosis (ringworm) T
Ear mite infestation H/T
Flea infestation H/T

Internal parasites (e.g., roundworm, hook worm, coccidia, giardia) T
Other mites/louse T
Sarcoptic mite T

Reproductive

Cryptorchid T
Dystocia T
Mastitis T
Pregnancy/nursing H
Prostate (eg hyperplasia, inflammation, infection) T
Pyometra T
Vaginitis/preputial discharge T

Respiratory

Asthma T
Chronic rhinitis/sinusitis T
Elongated soft palate T
Epistaxis T
Feline calicivirus T
Feline rhinotracheitis T
Infectious tracheobronchitis T
Nasal/oropharyngeal polyps T
Near-drowning T
Pleural effusion T
Pneumonia T
Respiratory distress/dyspnea T
Smoke inhalation T
Stenotic nares T
Tracheal collapse T
Upper/lower respiratory infection (bacterial/fungal) T

Urinary

Chronic renal insufficiency (mild-moderate) T
Chronic renal insufficiency (severe) P/IS
Feline lower urinary tract disease T
Urinary calculi T
Urinary tract infection T

Viral

Canine distemper virus (neurological signs) T/P/IS
Canine distemper virus (respiratory signs) T
Canine parvovirus T
Clinical feline infectious peritonitis IS
Feline immunodeficiency virus (no signs-moderate signs) T
Feline immunodeficiency virus (severe signs) P/IS
Feline leukemia virus (no-moderate signs) T
Feline leukemia virus (severe signs) P/IS
Feline panleukopenia virus T/P/IS
Rabies virus IS

Other

Agonal IS
Anal sac disorder T
Deafness H
Decrease/increased body condition score T
Dehydrated T
Geriatric H
Hibernation H
Lymphadenopathy (neoplastic) T/P/IS
Lymphadenopathy (reactive) T
Neonate H
Organ failure/necrosis IS
Poison/toxicity T/IS



THE END OF TEMPERAMENT TESTING

Notoriously Unreliable Tests Should Not Have Life or Death Consequences

It's time to throw out the fake hand, the doll, the food bowl takeaway, and the loud knock on the door. The debate as to whether temperament testing in a shelter is effective, flawed, needs modification, or should be discarded is over.

In a recent feature, the *New York Times* highlights some of the challenges as “Shelters Struggle With Live-or-Die Tests.” They shouldn’t be struggling because they shouldn’t do them at all.

Lack of predictive validity

A recent study published in the *Journal of Veterinary Behavior* (JVB) concluded that temperament evaluations in shelters are no better than a coin toss. In fact, a coin toss may be better: “a positive test would at best be not much better than flipping a coin, and often be much worse, because many of the dogs who test positive will be false positives.”

A shelter director with a live release rate of 99% says that he would “never, not ever, employ a mindless mechanism like using a ‘fake hand’... Moreover, we never push a dog to a place where the dog will display the slightest bit of aggression (and that’s exactly what using a fake hand does with dogs). Shoving a fake hand in a dog’s face is not only unfair to the dog, it is a cruel shelter practice designed to specifically grant a shelter employee the misguided right to kill shelter animals.” He’s correct.

Not only are the tests themselves flawed, but dogs in shelters are stressed and have experienced a recent trauma (including separation from their families), skewing any results. As a result, dogs can appear to be “wildly aggressive” in a shelter, but blossom outside of one. A recent case study, for example, highlighted a Great Dane in a shelter scheduled to be killed because “the sight of another dog had her barking, lunging and snarling as she tried to attack. If unable to bite the object of her fury, she would spin and bite herself. Truly a disturbing sight.” A rescuer pulled her, trained her, and found her a home: “She’s a beautiful example of how a dog with a lack of social skills may just need some time in finishing school rather than euthanasia. Katie was adopted

Example of reasons shelters use to kill dogs which should never be the basis for a death sentence:

- ✓ Results of in shelter temperament testing
- ✓ Social shyness
- ✓ Undersocialization
- ✓ Fear
- ✓ Growled or lunged
- ✓ Hackles
- ✓ Food guarding
- ✓ On leash reactivity
- ✓ Barrier reactivity
- ✓ Whale eye
- ✓ Ferality
- ✓ Anxiousness/nervousness
- ✓ Beliefs about desirability/adoptability
- ✓ Ill-mannered
- ✓ Strong
- ✓ Overly energetic
- ✓ Loud

after more than a month in foster care and her new family adores about her. She’s affectionate and fun and has a bright future.”

What should shelters be doing?

If a dog comes into the shelter with no bite history and no observed “aggression” in the shelter, there’s no reason to do any further testing. According to the JVB study, “We suggest that instead of striving to bring out the worst in dogs in the stressful and transitional environment of a shelter and devoting scarce resources to inherently flawed formal evaluations that do not increase public safety, it may be far better for dogs, shelters, and communities if that effort was spent maximizing opportunities to interact with dogs in normal and enjoyable ways (e.g., walking, socializing with people, playgroups with other dogs, games, training). These activities are likelier to identify any additional dogs whose behavior may be of concern, will enrich dogs’ lives and minimize the adverse impact of being relinquished and confined to a shelter, be more indicative of the typical personality and behavior of dogs, and may help make dogs better candidates for adoption.”

Would this put people at risk?

No.

The JVB notes that, “Nothing in the prevalence estimates we reviewed suggest that overall, dogs who come to spend time in a shelter (and are not screened out based on history

or behavior at intake or shortly thereafter) are dramatically more or less inclined toward problematic warning or biting behavior than are pet dogs in general.” In fact, looking at bite rates that require hospitalization, only 0.01% of dogs (or roughly 1 in 10,000) bite with enough force to cause an injury.

These studies mirror the findings of the most progressive and successful municipal shelters (and those running “open admission” shelters under contract) in the country. According to one: “Over the years, I have rarely seen a truly ‘aggressive’ dog. The vast majority are simply scared... In my experience, the percentage of truly aggressive dogs I have seen in small to very large shelters is well under one quarter of 1%.” His shelter has a 99-100% live release rate for dogs.

And yet, shelters continue to test and kill dogs based on the worthless results of in-shelter temperament testing. They continue to kill dogs for reasons that should never be a death sentence, using excuses like dog growled or lunged, hackles, fear, social shyness, food guarding, on-leash reactivity, barrier reactivity, undersocialization, anxiousness, nervousness, whale eye, desirability/adoptability, poor manners, strong and overly energetic, and more, giving them the ability to claim dogs are “unadoptable,” “aggressive,” and a “threat to public safety,” none of which is fair and none of which is honest.

Another shelter director who has achieved a live release rate for dogs of 99%, asks us to consider it this way: “How many of you, if you took your own pet dog, locked [her] in a shelter kennel for five days, had a stranger bring [her] out and subject [her] to a standardized behavior assessment, can say with certainty your dog would ‘pass’ and make it out alive... It’s a sobering thought—those of us who know these



assessments wouldn’t use them on our own dogs.”

And since the goal of the No Kill movement is for shelters to make the same kinds of decisions we would make for our own animals, the conclusion becomes inescapable: Honesty, fairness, and sober reflection demand an end to “temperament testing.”

Protocol for Dogs Deemed “Aggressive”

The goal of the No Kill movement is to eliminate killing for all animals who are not irremediably suffering. At this time in history, however, the vast number of shelters, including those with live release rates above 95%, kill dogs who are deemed to be dangerous and pose an imminent risk of serious injury to people. Thankfully, the percentage of these dogs is low. According to the best performing shelters in the country, it amounts to less than one-half of 1% of all dogs. For shelters that want to reduce the killing of those dogs until they eliminate it altogether via rehabilitation, sanctuary, and other strategies, the following procedures and principles should be applied:

- 1** Only dogs who have caused serious injury to a person or animal should be considered. As such, shy dogs, fearful dogs, high energy dogs with barrier behaviors, dogs with separation anxiety, resource guarding, and similar issues are excluded.
- 2** The shelter must consider individual circumstances. There are no “assumed” outcomes. These dogs should be considered “critical cases” who must be worked with as if they have a severe medical condition.
- 3** Alternatives to death should always be considered and employed, including rehabilitation, rescue placement, sanctuary placement, and disarming.
- 4** The system must be rigorous, with a number of checks and balances. Not only are “aggressive behaviors” often directly a result of the stress and confinement of the shelter, dogs should be sent into a skilled and trained foster home for both assessment and rehabilitation.
- 5** Behavior evaluations conducted in the shelter have little to no utility or predictive validity. Instead, staff should consider and evaluate behavior in play groups, evaluation in foster care, other “real world” assessments, and history.
- 6** A thorough physical exam should be conducted to rule out a medical cause for the behavior.

7 No one person should make the decision to kill a dog for “aggression.”

8 The Executive Director must be involved in the decision making, must meet and interact with any dog being considered for killing, and cannot delegate this responsibility and their involvement to subordinates.

9 Each dog who is undergoing review for being killed should be assigned a staff member to confirm the circumstances of any bite, acting as a ‘detective’ investigating the incident. This includes reviewing incident reports, as well as interviewing all parties to the incident.

10 A volunteer or staff advocate who is familiar with the dog should act as a “defense” attorney, to push for alternatives and find safe placement.

About Bonnie

The Behavior Protocol in Action

Bonnie and Luke were surrendered to a municipal shelter after a storm blew down their fence. The initial report stated they escaped their yard, ran to another property, and that Luke then attacked a small dog who later died from his injuries. Based on the original report, Luke was put on the ‘at-risk’ list and the process to determine his outcome began.

As part of the protocol, an incident verification process was conducted with both the victim’s human family and the previous “owner” of Luke and Bonnie. Shelter staff learned that Bonnie, not Luke, was the dog that injured the small dog, and Luke was removed from the list and made available for adoption.

Bonnie was then added to the ‘at risk’ list and staff learned that the small dog was killed because of the cost of veterinary care, not the extent of the injuries. Staff also learned Bonnie had no former history of aggression of any kind towards people or animals and had lived in a backyard for her entire life.

In the shelter, Bonnie was friendly towards humans and other dogs and based on the information staff obtained, she was made available as a special adoption, meaning her adopter would sit down with a trained behavior staff member to learn all about Bonnie’s history, to receive pre- and post-adoption counseling, and follow-up training and behavior support.

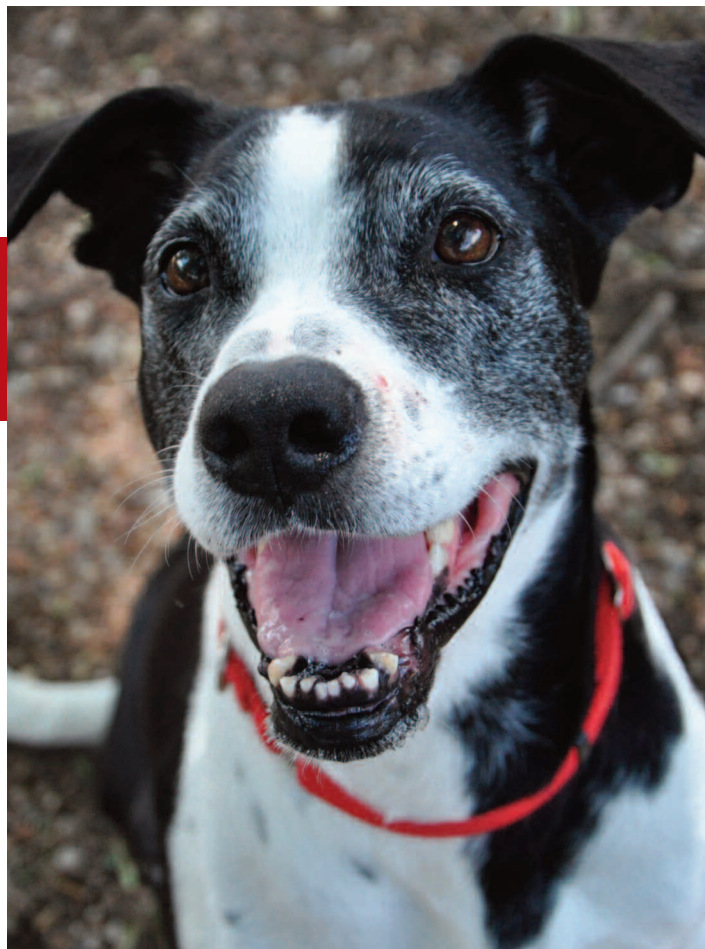
Bonnie was ultimately adopted:

“I went by the shelter a few times within the past two months to look at pups, but never found the one that

11 Staff and volunteers have the right to petition for the dog, with proposed solutions.

12 In order for the entire process of evaluation, review, and determination to be meaningful, it should be transparent and reports available for public review.

13 Dogs undergoing review should be mentally and physically exercised so that they do not deteriorate in the shelter, resulting in a self-fulfilling prophecy. And as “out of sight” means “out of mind,” these dogs should be viewable by trained volunteers, rescuers, and staff to maximize opportunities for advocacy and safe placement.



could fit my lifestyle. After browsing through the kennels one last time we came across Bonnie. Her sad sweet face melted our hearts, not to mention how she was already house trained and her low temperament was a complete package. We were skeptical at first because of her ‘history,’ but we knew that as a senior she needed a better life. Without a doubt, I made the best decision not only for her, but for me.”

Bonnie lived a wonderful life, without further incident, with her adopted family. She recently passed away from natural causes.

Source: Austin Animal Center (municipal shelter). Live release rate for dogs: 99%.

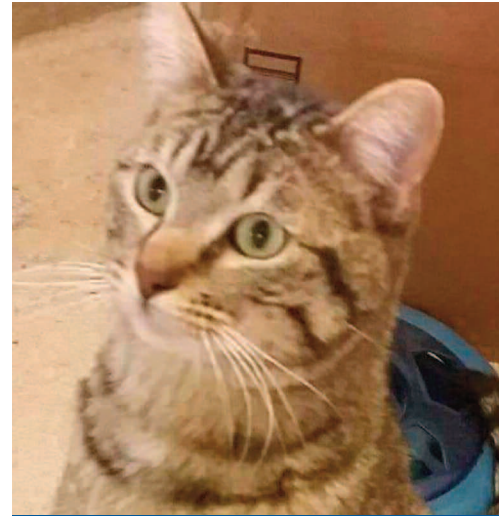
About Bam Bam

Bam Bam arrived at an animal control-contracted shelter after being hit by a car, with multiple medical issues. Visually, he was in very bad condition and did not look like he was going to survive. As part of the protocol, Bam Bam was given emergency medical care for pain control and treatment. He had a shattered leg, broken pelvis, trouble eliminating on his own, and possible nerve damage.

It was clear he was injured and suffering, but the treating veterinarian's job was to eliminate pain, begin immediate treatment, stabilize if possible, explore all options for care, and evaluate prognosis. That evaluation determined that Bam Bam was injured, but the prognosis was not grave. He was in pain, but it was not unremitting. He was suffering, but it was not irremediable. Bam Bam was given the "prompt, necessary, and comprehensive veterinary care" he needed and pulled through.

A shelter volunteer fell in love with Bam Bam and adopted him. Today, Bam Bam is loved and cared for by his new family.

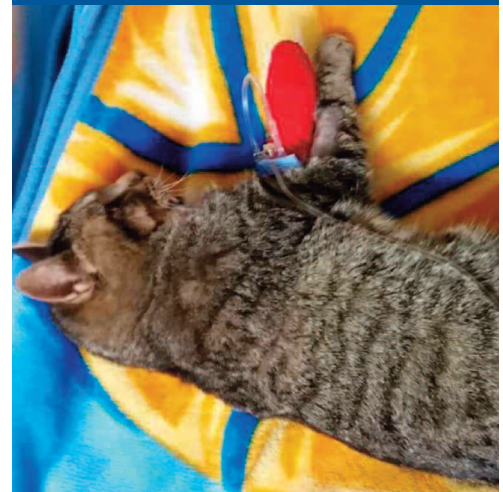
Source: Humane Society of Fremont County (animal control contracted shelter). Live release rate for cats: 99%.



The Medical Protocol in Action

Model "Euthanasia" Form How to Use It

The model form found on the next few pages is to be filled out by appropriate staff before an animal is killed. It is broken down into several parts. The first is identification to ensure that the decision to kill an animal is focused on the right animal. The second identifies the type of killing requested: suffering, legally mandated, or other. The third part increases



live outcomes by systematically requiring basic, commonsense actions that are employed by the most successful and progressive shelters in the country, including group housing, appealing to rescue groups, giving the animal's finder or former family an opportunity to take the animal back, and more. It also ensures that there are no legal or other holds on the animal that could spare his or her life.

The fourth and fifth parts of the form depend on whether the animal is being killed for a medical reason or for aggression and imposes a series of steps to bring rigor to the determination that the animal is truly suffering or dangerous and that all efforts to spare the animal have been considered.

Finally, the form requires a series of signatures certifying that the process of checks and balances has been followed and includes an exemption for animals who are irremediably suffering.

Shelters that use this form will see dramatic increases in the numbers of animals saved, a corresponding decrease in killing, and the elimination of risk that the wrong animal may be killed. Shelters that have done so have achieved live release rates as high as 99%. In a few cases, they have finished the year without having killed any animals.

Downloadable Microsoft Word versions of the checklists are available at nokilladvocacycenter.org

MODEL "EUTHANASIA" FORM

1 ANIMAL IDENTIFICATION

DATE: _____

TIME: _____ am/pm

ANIMAL:

Name: _____

- If owned name was changed by staff, new name: _____

SPECIES:

- Dog
 Cat
 Rabbit
 Other: _____

BREED:

ANIMAL ID:

TAG VERIFICATION:

- No
 Yes. Describe: _____

SEX:

- Male
 Female

STERILIZATION STATUS:

- Sterilized
 Intact
 Unknown

TATTOO:

- No
 Yes. Describe: _____

ANIMAL COLOR:

ANIMAL EYE COLOR:

IDENTIFYING MARKINGS:

- Picture verification (verify animal matches photo in shelter management software)

AGE:

- Neonate
 Young
 Juvenile
 Young adult
 Adult
 Older adult
 Geriatric

SIZE:

- Small
 Medium
 Large
 X-large

IF CAT, EAR TIP:

- No
 Yes. TNR group contacted.

Result: _____

IF HEALTHY STRAY CAT, THEN RETURN TO HABITAT: DO NOT PROCEED

MICROCHIP:

- No
 Yes. Owner contacted.
Result: _____

COLLAR:

- No
 Yes. Color: _____

IMPOUND:

- Owner surrendered. Name and telephone number in notes: _____

- Stray. Location where found: _____

- Seized
 Protective custody
 Other: _____

WHO IMPOUNDED:

- ACO
 Police. Department: _____

- Resident Stray (Over the Counter)
 Resident Turn-In

2 REASON FOR "EUTHANASIA"

REASON:

- Euthanasia - Animal is irremediably suffering*
 Court ordered - Compulsory as matter of law
 Other: _____

* An animal who is irremediably suffering and actively dying (e.g., agonal or comatose) is not subject to delay. See right for protocols under such circumstances.

DEFINITION

An animal is irremediably suffering if she/he has a poor or grave prognosis for being able to live without severe, unremitting *physical* pain even with prompt, necessary, and comprehensive veterinary care.

Protocols for Irremediably Suffering Animals

If the animal is irremediably suffering and actively dying (e.g., agonal/comatose), the veterinarian may euthanize the animal immediately and complete the euthanasia checklist following euthanasia, with an explanation of why immediate euthanasia was necessary. The determination will then be reviewed by the Executive Director sitting in a review committee. If the animal is not agonal or comatose, the veterinarian will begin emergency treatment immediately, which may include:

For Seizures: Give valium or phenobarbital intravenously or rectally.

For Hypothermia: Wrap animal in heat pad and give warmed rice socks.

For pain: Give opiate and/or NSAID as appropriate.

For Low Blood Sugar (especially animals under 10 pounds or very young animals): Start IV dextrose or oral dextrose to be given continuously until treatment plan created.

For Difficulty Breathing: Place animal in oxygen.

For Active Hemorrhaging: Place tourniquet or pressure or ligate bleeding vessel.

For Any Other Life Threatening Symptom: Start appropriate treatment for triage.

The veterinarian will then initiate a plan of treatment and/or, if appropriate, a euthanasia request form noting its urgency.

3 PRIOR ACTIONS TAKEN

- Out of cage/kennel space verified Method(s): _____
- Out of group housing verified **To Other Shelters:**
Date of plea: _____
Time of plea: _____ am/pm
Method(s): _____
- Out of space for temporary housing verified **To Impounding Officer:**
Date of plea: _____
Time of plea: _____ am/pm
Method(s): _____
- Holding period has expired.
Date of impound: _____
- Date hold period ends: _____
- Checked against lost list.
Date: _____

ARE THERE OTHER ACTIVE HOLDS?

- No
- Owner/Finder
- Rescue
- Other: _____

48 HOUR POSTS:

- To Social Media:**
Date of post: _____
Time of post: _____ am/pm
Platform:
 Facebook
 Twitter
 Instagram
 Craigslist
 Email
 Other: _____
- To Volunteers (foster/adoption):**
Date of plea: _____
Time of plea: _____ am/pm
Method(s): _____
- To Rescue Groups:**
Date of plea: _____
Time of plea: _____ am/pm
Method(s): _____
- To Former Owner/Finder:**



Extraordinary situations call for creativity and outside the box thinking, not killing after checking off all the boxes. If the prior actions taken have proven unsuccessful, try others. Convene a meeting of staff, reach out to rescuers and volunteers, and employ the media to reach the public. Honesty, transparency, creativity, and calls for assistance are key. An alternative to killing can always be found.

4 MEDICAL REVIEW (For Illness or Injury Related Killing)

DIAGNOSIS:

HOW DIAGNOSIS WAS DETERMINED:

TREATING VETERINARIAN:

PROGNOSIS:

- Excellent
- Good
- Guarded
- Poor
- Grave. Animal irremediably suffering:
 - No
 - Yes

If prognosis excellent, good, or guarded, rehabilitation efforts attempted:

5 DOG* "AGGRESSION" REVIEW

LEGAL PROCEEDINGS:

- Judicially declared to be dangerous by court of law
- Ordered destroyed after dangerous dog determination
- Appeal period has passed.
 - Date of ruling: _____
 - Date appeal period ends: _____
- Copy of judicial order attached

BITE INCIDENT:

- Bit a volunteer, staff member, or member of the public while in the custody of the shelter
- Bit owner or a member of the public while in the custody of owner
- Approached and bit a person while roaming stray
- Killed or seriously injured another animal in the shelter
- Killed or seriously injured another animal in own home
- Killed or seriously injured another animal while roaming stray

BEHAVIOR REVIEW:

- Medical Evaluation to rule out medical origin. Veterinarian who cleared dog of medical origin for behavior: _____

- Play group behavior review
- Foster care behavior review
- Other 'real world' evaluation: _____

Name of individual(s) who conducted review(s): _____

FINDINGS:

- Incident notes confirmed
- Incident report attached

Name of employee confirming incident: _____

- Behaviorist Consulted
- Rehabilitation efforts attempted: _____

72 HOUR NOTIFICATION TO:

- Volunteers
- Staff
- Rescuers

DISSENT:

- Dissent(s) received. Describe: _____
- Statement of dissent attached.
- Response by Executive Director to dissent attached.

SIGNATURES:

Form Completed By (name): _____

Signature: _____

Date: _____

Veterinarian Review (name): _____

Signature: _____

Date: _____

Executive Director Review: _____

Signature: _____

Date: _____

* Cats (and other animals) do not pose similar safety risks. While it is not ethical to kill any animal for reasons other than irremediable suffering, there is no need to delay finding homes for cats deemed "fractious." They can be sterilized and returned to their habitats if they are not social with humans or are accustomed to living outdoors. Or they can simply be adopted out as people will adopt cats with "catitude." In fact, over 15 years ago, the animal control-contracted shelter in Tompkins County, New York, eliminated any "behavior category" for cats and thus any killing of cats for "behavior," "aggression," or being "feral." This is not to say that cats who experience behavior issues in the shelter do not warrant changes in shelter housing, shelter treatment, and behavior intervention to address those needs. They do. They can, however, be adopted out despite those issues because resolution of behavior challenges is almost always done by getting them out of the shelter. For those needing further treatment, treatment in the home post-adoption will be more effective and focused.

MODEL DOG BITE INCIDENT REPORT FORM (HUMAN)

VERIFICATION THAT DOG IN CUSTODY IS THE DOG WHO BIT

ANIMAL NAME:

ANIMAL ID:

SEX:

- Male
- Female

STERILIZATION STATUS:

- Intact
- Sterilized
- Unknown

AGE:

- Puppy
- Young adult
- Adult
- Older adult
- Geriatric

SIZE:

- Small
- Medium
- Large
- X-large

COLOR:

EYE COLOR:

IDENTIFYING MARKINGS:

WEIGHT:

- Low
- Normal
- Heavy

VISIBLE CONDITIONS:

- Skin conditions. Describe:

- Lameness
- Pregnant/lactating
- Other injury/illness. Describe:

INTERVIEW WITNESS(ES), PERSON WHO WAS BITTEN, & OWNER OF DOG

NAME OF PERSON WHO WAS BITTEN:

AGE OR APPROXIMATE AGE:

NAME OF WITNESS (ATTACH ADDITIONAL SHEETS FOR EACH PERSON INTERVIEWED):

IS THIS PERSON:

- Owner
- Family member of owner
- Friend of owner
- Person bitten
- Family member of person bitten
- Friend of person bitten
- Stranger
- Other:

WHERE DID THE INCIDENT TAKE PLACE?

- Inside dog's home
- Inside dog's own fenced yard
- On dog's unenclosed property
- Adjacent to dog's property
- Away from dog's property
- Inside someone else's home
- Other:

IN THE CONTEXT OF THIS INCIDENT, DID THE DOG:

- Jump his/her own fence
- Break off a chain, rope, or tie-out
- Escape his/her own property in an other way. Describe:

HAD THE DOG ATTEMPTED SUCH ESCAPE IN A SIMILAR SITUATION BEFORE?

- No
- Yes
- Unknown

WAS THE DOG ON OR OFF LEASH?

- Off leash
- On leash. Who was holding the leash?

- Tethered/chained

DID THE DOG KNOW THE PERSON BITTEN?

- Stranger
- Occasional visitor with few interactions with the dog
- Visitor who had repeatedly played with the dog
- Member of the dog's household
- Dog's primary caretaker

DID THE DOG OR PERSON APPROACH?

- Person bitten approached dog
- Dog approached person bitten. Approximately how far did the dog travel?

WHAT WAS THE PERSON BITTEN DOING IMMEDIATELY (WITHIN 30 SECONDS) BEFORE THE INCIDENT?

WHAT WAS THE DOG DOING IMMEDIATELY (WITHIN 30 SECONDS) BEFORE THE INCIDENT?

HAS THE DOG EXHIBITED ANY OF THESE SAME BEHAVIORS IN THESE SITUATIONS?

- Yes. Describe:

- No
- Unknown

WAS THE BITE AN ACCIDENT?

- Yes. Describe:

- No
- Unknown

WAS THE BITE PROVOKED IN ANY WAY?

Yes. Describe:

- _____
- No
 Unknown

DID THE PERSON WHO WAS BITTEN APPEAR IMPAIRED IN ANY WAY, EITHER PHYSICALLY OR MENTALLY?

Yes. Describe:

- _____
- No
 Unknown

DID THE BITE RESULT IN INJURIES TO THE PERSON?

- Yes
 No
 Unknown

WHICH BEST DESCRIBES THE OUTCOME?

- No contact:** Obnoxious or aggressive behavior but no skin contact with teeth
- Light Contact:** Skin contact with teeth but no skin puncture, may be light scratches but no punctures
- Medium Contact:** Skin contact causing punctures and/or deep scratches
- Hard Contact:** Bite causing deep puncture(s) and/or tearing of skin
- Multiple Hard Contacts:** Multiple bites causing deep puncture(s) or tearing

WHAT WAS THE SPECIFIC LEVEL OF CARE GIVEN TO THE PERSON BITTEN?

- None
 Self care
 Professional medical care
 Injury requiring follow-up medical care
 Hospitalization
 Unknown

DID THE DOG:

- Make contact and release on own
 Make contact and not release on own

- Make contact, shake and tug, then release on own
 Make contact, shake and tug, then *not* release on own
 Make multiple contacts including shake or tear and release on own
 Make multiple contacts including shake or tear and *not* release on own

HOW DID THE INCIDENT END (E.G. DOG DISENGAGED, PEOPLE RESTRAINED DOG, ETC.):

WHAT HAPPENED AFTER THE DOG RELEASED OR WAS MADE TO RELEASE?

- _____
- Dog ran away
 Dog went after person bitten again
 Dog stayed away from person bitten
 Other:

WAS THIS AN ISOLATED INCIDENT?

- Yes
 No
 Unknown

IS THERE A HISTORY OF THIS BEHAVIOR?

Yes. Describe:

- _____
- No
 Unknown

WHERE DOES THE DOG LIVE/SLEEP?

- Inside the home
 In the yard
 On the street
 Other:

Unknown

WHAT IS KNOWN ABOUT THE DOG'S HEALTH:

- Dog has visible medical conditions such as injury, lameness, wounds,

low weight, etc. Describe:

- _____
- Dog has known medical conditions such as deafness, disease, injury, etc. Describe:

WHAT ELSE SHOULD WE KNOW ABOUT THE DOG?

HAS THE DOG WORKED WITH OR BEEN EVALUATED BY A TRAINER/BEHAVIORIST?

- Yes
 No
 Unknown

If yes, name:

Telephone:

If yes, trainer/behaviorist must be interviewed in terms of behavior history of dog.

DOES THE DOG HAVE A VETERINARIAN?

- Yes
 No
 Unknown

If yes, name:

Telephone:

If yes, veterinarian must be interviewed in terms of medical and behavior history of dog.

IF THERE ARE ADDITIONAL WITNESSES, THEY MUST BE INTERVIEWED AS WELL.



MODEL ACT OF “EUTHANASIA” PROTOCOL FORM

This form is filled out by the two individuals involved in taking an animal’s life. It requires verification that the animal being killed is the correct animal via a two step process: one staff member verbally reviews the items on the form, while the second staff member calls out confirmation. For example, the first calls out the items on the verification list: species, color, identifying markings, while the second, looking at the animal, says “yes” or “no.” They then verify that their answers match those of the “Euthanasia Form” accompanying the animal. Once staff verify that they have the correct animal, they then confirm that all required actions were taken to prevent killing, including having all signatures obtained before they carefully and conscientiously follow all the remaining steps up to and including verification of death in four distinct ways.

Consistency and confirmation are keys to ensuring the process is done according to law and policy. And while the No Kill Advocacy Center believes that an animal who is not irremediably suffering should never be killed, the process we have outlined helps ensure that the process is done only after due deliberation, alternatives have been considered, and the process is done correctly and as compassionately as possible.

NAME OF ANIMAL:

IF OWNED NAME WAS CHANGED BY STAFF, THE NEW NAME:

SPECIES:

- Dog
- Cat
- Rabbit
- Other:

BREED:

ANIMAL ID:

TAG VERIFICATION:

- No

Yes. Describe:

SEX:

- Male
- Female

STERILIZATION STATUS:

- Sterilized
- Intact
- Unknown

TATTOO:

- No
- Yes. Describe:

EYE COLOR:

IDENTIFYING MARKINGS:

PICTURE VERIFICATION (VERIFY ANIMAL MATCHES PHOTO IN SHELTER MANAGEMENT SOFTWARE)

AGE:

- Neonate
- Young
- Juvenile
- Young adult
- Adult
- Older adult
- Geriatric

SIZE:

- Small
- Medium
- Large
- X-large

IF CAT, EAR TIP?

- No
- Yes

IF THE ANIMAL IS A HEALTHY STRAY CAT, STERILIZE AND RETURN TO HABITAT: DO NOT PROCEED FURTHER

MICROCHIP:

- No
- Yes.

COLLAR:

- No
- Yes. Color: _____

HOW IMPOUNDED:

- Owner surrendered
- Stray
- Seized
- Protective custody
- Other: _____

WHO IMPOUNDED:

- ACO
- Police. Department: _____

- Resident Stray (Over the Counter)
- Resident Turn-In

ANSWERS MATCH THOSE ON "EUTHANASIA FORM"

EMPLOYEES SWITCH PLACES AND GO THROUGH ENTIRE PROCESS A SECOND TIME

ANIMAL IDENTIFICATION CONDUCTED BY:

ANIMAL RE-IDENTIFICATION CONDUCTED BY:

- EUTHANASIA FORM COMPLETED AND ATTACHED**
- ALL SIGNATURES HAVE BEEN OBTAINED ON EUTHANASIA FORM**
- IF AGGRESSION, BITE INCIDENT FORM COMPLETED AND ATTACHED**

EUTHANASIA ADMINISTERED BY:

SIGNATURE:

Date: _____

Time: _____ am/pm

EUTHANASIA WITNESSED BY:

SIGNATURE:

Date: _____

Time: _____ am/pm

TIME OF DEATH:

_____ am/pm

TYPE OF SEDATIVE:

AMOUNT OF SEDATIVE:

_____ cc's

TYPE/AMOUNT OF EUTHANASIA SOLUTION:

_____ cc's

METHOD:

- IV
- IP. IP euthanasia not permitted except if animal is comatose and person performing is a licensed veterinarian (IC Euthanasia may not be performed).

IF IP:

- I certify that I am a veterinarian licensed to practice in this state
- The animal was comatose at the time I performed the euthanasia
- The staff presented the animal to me and verbally informed me that all conditions noted in the form have been met and verified

NAME:

DEA LICENSE NUMBER:

SIGNATURE:

VERIFICATION OF DEATH (ALL FOUR BOXES MUST BE CHECKED):

- By lack of heartbeat, verified by a stethoscope
- By lack of respiration, verified by observation
- By pale, bluish gums and tongue, verified by observation
- By lack of eye response, verified if lid does not blink when eye is touched and pupil remains dilated when a light is shined on it

BY: _____

SIGNATURE:

WITNESS:

SIGNATURE:

Date: _____

Time: _____ am/pm