



Maddie's Institute

## ***Getting the Most Out of Your Shelter Medicine Program***

### **Live Webcast Audience Q&A**

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**1) Q: What kind of training do private practitioners need to be able to help shelters? Can they just come in with their existing skills?**

A: Private practitioners can come right in with their existing skills and start helping shelters right away – practicing veterinarians already have the skills to help with individual medical and surgical cases. Additional training for private practitioners that would be helpful working in/with shelters include population medicine, high quality/high volume spay/neuter technique, infectious disease control and prevention, shelter-specific vaccination recommendations, and disinfection.

**2) Q: As a small Humane Society with fewer than 600 annual adoptions, we have little structure. Where would you suggest we begin? Finances? Volunteers? We need to organize a bit to get community trust.**

A: Community trust is key and would suggest beginning with a clear vision of what you want to accomplish. What is the size of the problem in your community? If you are adopting out 600 animals from total community intake of 660, then that is a great outcome. If you are adopting out 600 animals with a total community intake of 6,000 then there is a much bigger problem to be solved. Once the problem is sized, understanding the resource needed is the next step. Most likely, that will be a combination of finances, volunteers, and employees. When there is a clear vision of what you want to accomplish, it will be easier to recruit the people and funds needed to achieve your goal.

**3) Q: Do you have any comments on neonate nurseries?**

A: The ideal place for neonates are in a home, whether it is a permanent home or a foster home, where they will receive a safe, warm, and stress-free place to grow up. Neonatal care is one of the most time and resource-intensive programs for shelters – it is a 24-hour operation, and can be challenging to do well onsite, but some shelters do have a successful neonatal nursery. HSSV does not keep orphan neonates (bottle babies) onsite in our kitten nursery. We rely solely on foster homes to care for orphaned un-weaned/underage kittens (and puppies). For bottle babies that come through intake overnight (we are open for intake 24 hours/day), our ACTs are trained to care for them overnight until they can be sent to a foster home the next morning.

**4) Q: How do you fund these programs?**

A: 75% of our funding comes from private donations and 25% comes from program fees (which include fees paid from customers for adoptions, spay/neuter surgeries, pet store sales, training classes, grooming services, and contract from local municipality for housing stray animals.) We

have built a fundraising infrastructure over the years. Building this capability was and is a large commitment that is resource intensive. It is vital to our financial sustainability, however, since we do not have significant income from other sources.

**5) Q: Do you provide flea control support i.e., advantage, frontline, etc.?**

A: In addition to vaccines and de-wormer, flea control is administered before or at the time of intake.

**6) Q: How do you approach walk-in owner surrenders?**

A: As with our pre-intake process, a conversation is started with the patron to find out why their pet is being surrendered and our intake process is explained. If there is a program we can offer to prevent the relinquishment, we will pursue that. If it is determined that the animal must be relinquished, we will set up an appointment for the animal to come back. If it an emergency situation, or if we feel the animal is in danger, we will intake the animal immediately. Because we have a managed intake process and have a manageable population in the shelter, we are usually able to accommodate emergency or other extenuating circumstances without delay.

**7) Q: How do you manage cats that test positive for FeLV and FIV?**

A: At this time, we do not routinely adopt out all FeLV positive cats. We have very limited adoptions of FeLV positive cats, and we will usually send positive cats to rescue or euthanize depending on clinical signs. Cats that are FIV positive and clinically healthy go through our normal adoption process.

**8) Q: Do you experience any negative response/outcomes with your managed admission system for owner surrenders? Do owners often end up finding another place to relinquish their animal because they are not willing to wait for intake into your program?**

A: We have very little negative responses with our managed intake. We occasionally have people who are distressed about not being able to relinquish their pet right away, but we always look for a solution that will work for both the patron and for us, and sometimes the best resolution is to intake the animal immediately. Yes, we do find that sometimes people will find another rescue or shelter to take their pet, or rehome their pet on their own rather than wait, or they will change their minds and keep their pet.

**9) Q: Are you saying Managed Admission lets you help your other local shelters MORE, rather than pushing your intake onto them?**

A: Yes, absolutely! Because we are managing the flow of animals through our shelter in the most efficient manner by decreasing length of stay, we are able to increase our intake of transfers from other shelters. We keep fewer animals onsite, but move them through quicker. With our managed intake system, we are not turning people away from relinquishment, we are simply asking the owners to hold on to their pets until there is space on the adoption floor, rather than having that animal wait for space on the adoption floor in one of our back holding kennels.

**10) Q: How do you prevent distemper outbreaks in cats/kittens in your shelter? If you do get distemper in the shelter, how do you manage it?**

A: In a shelter setting, you can never really prevent infectious disease from entering your shelter, but you can take many steps to decrease the risk of an infectious disease outbreak situation. A solid vaccination program, and a biosecurity program that includes proper sanitation/disinfection, isolation of affected animals, and appropriate barrier protection (gowns, gloves, shoe covers, etc.) protocols, will help with this process. If any infectious disease does enter our shelter, which it occasionally does, we have a “clean break” protocol that all Foster/Animal Care and Medical staff are familiar with that is implemented immediately when a positive animal is found. The process isolates the positive animal, identifies animals that have come into contact with the affected animal, and performs a risk assessment of animals that may have been exposed. These animals are then isolated separately based on risk, and the affected areas/kennels are deep cleaned and disinfected. We use the kennel location histories of every animal involved to determine exposure risk. Knowing the flow of your animals through the shelter, and being able to utilize your shelter database software to track location/kennel history of every animal in your shelter is very helpful in mitigating or preventing outbreak situations. This requires accurate and immediate data entry and kennel location updates anytime an animal is moved. We do not depopulate for infectious disease outbreaks.

**11) Q: Do you give dogs bordetella vaccine at intake?**

A: Yes, we do administer an intra-nasal Bordetella vaccine before or at the time of intake.

**12) Q: How do you determine what cats are suitable for the community cat garden program?**

A: The community cat garden is an option for cats that do not thrive indoors. These cats may be labeled as feral, stray, or friendly, and as long as they are healthy, FeLV/FIV negative, spayed/neutered, microchipped, and ear-tipped, they can be considered for the garden cat program.

**13) Q: Do you have a protocol for walk-in surrenders or do you as you said in your presentation start the conversation? Any stats on those who come back? Thanks so much for great presentation!**

A: See Q 6 for walk-in surrender protocol. We do keep statistics for surrenders. Here are some numbers from January 2015 to mid-December 2015. We had a total of 965 requests for surrender. Of those, 73 (7.56%) were denied because they were out of county, or had medical and/or behavioral problems beyond our ability to treat appropriately. Of the rest that were accepted into the program, 651 actually came through our doors. For the ones that were on the waiting list that did not come through our doors (241 total), below is the breakdown of why:

- Kept with HSSV assistance: 28 (11.62%)
- Kept without HSSV assistance: 6 (2.5%)
- Relinquished to a different organization: 44 (18.26%)
- Rehomed with HSSV assistance: 15 (6.2%)
- Rehomed without HSSV assistance: 53 (21.99%)

- Owners still unsure about relinquishment: 16 (6.64%)
- Did not respond to follow up attempts: 77 (31.95%)
- Euthanized: 2 (0.83%)

**14) Q: Why do you euthanize for behavioral issues? Do you first work with a behaviorist and give the animal a chance to have behavior modification?**

A: We only euthanize for behavioral issues when there is no option or possibility of rehabilitation, or if the animal is a danger to itself or the community. Our behavior team works with a network of rescues, trainers, and a board certified veterinary behaviorist. We will only make a euthanasia recommendation through a committee decision when all options have been exhausted. The committee is made up of supervisors, managers, directors, or staff veterinarians.

**15) Q: Do you have any programs/initiatives in place to combat compassion fatigue among employees/volunteers?**

A: Yes, we provide onsite quarterly compassion fatigue classes for all staff and volunteers led by a local professional therapist. We will also make recommendations for Employee Assistance Programs when needed.

**16) Q: Have you looked at trained foster care vs. shelter care?**

A: I am going to make the assumption that this question is asking if we've looked at trained foster vs. shelter care in how we manage the flow of animals through our shelter. The answer is yes. Having trained foster homes available is very important in being able to accomplish many of our life-saving initiatives. We are very dedicated to our foster family base as they are to HSSV, and we commit to providing the resources necessary to ensure a successful foster program. Increasing the number of high quality foster homes directly increases our life-saving capacity, since we are physically limited in what we can do in-house by our facility and number of staff. We would not be able to attain our record-setting numbers of transfers/intake and adoptions, especially for our under-aged population, without the help of our foster families.

**17) Q: How do we convince government to increase funding needed to provide these healthcare services to animals and assistance (such as behavioral training) to owners?**

A: The goal for providing these services in the first place is related to reducing intake, reducing length of stay, and increasing lives saved over time. To make a compelling argument for funding, a program should be viewed through how it will affect these three things. Reducing intake means fewer animals coming into the shelter in the first place, which reduces overall total cost. Reducing length of stay means lower cost per animal. Saving more lives is a commitment to align funding with positive community outcomes. Illustrating how a program affects these three aspects demonstrates the value of implementing such a program in terms of both outcomes and cost.

**18) Q: I am just wondering with your managed admissions with owner surrenders, do you ever get owners who refuse to give their animal back to the shelter after they have been spayed and neutered and while waiting for space on the adoption floor?**

A: Yes, this occasionally happens and we love when it does. If all it took for the owner to keep their animal in the home was spay or neuter, we are all for it!

**19) Q: I was looking for examples of trusted consulting resources. Target Zero?**

A: There are many shelter consulting services (private or non-profit), but the ones I am most familiar with are through University-based shelter medicine programs – UC Davis and the University of Florida shelter medicine programs.

**20) Q: Does your organization have minimal protocols in place for your own specific fosters. I understand that there are no specific protocols in place.**

A: Yes, we do have species-specific foster handbooks that are provided to every foster family. These handbooks outline our protocols and expectations of the foster families, and what the foster families can expect from HSSV. We also provide an orientation and hands-on training for fosters.