

Veterinary Supervision in Animal Shelters

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. Although the definition of “direct supervision” may legally vary from state to state, for the purposes of this statement it means that the licensed veterinarian is physically present and within adequate visual and audible distance to direct the procedure being undertaken. Treatment of individual or large groups of animals for common infectious and medical conditions (e.g. URI, diarrhea) may be performed by trained shelter staff under telephonic or written instruction by a veterinarian with direct knowledge of the population. Direct knowledge means that veterinarian has visited and examined the population in person. Development of preventive health care protocols should be performed in consultation with a veterinarian, but may be implemented by trained shelter staff. Even 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 licensed veterinarian. Examples of necessary veterinary care to be performed with or without direct veterinary supervision include:

- **Vaccinations.** Vaccinations are one of the most important actions shelter employees can take to aid in the prevention of infectious disease. Shelter staff should be able to vaccinate as needed to help in the prevention of infectious disease.
- **Prophylactic control of parasites.** Many shelter animals harbor parasites that are zoonotic and highly transmissible within the shelter environment. Shelter staff should be able to administer medication to prevent environmental contamination and disease spread to humans and animals, such as parasiticides that treat roundworm or hookworm infestations.
- **Testing for zoonotic and/or infectious disease.** Speed of recognition is critical to allow rapid control of spread of disease, and to prevent inadvertent adoption of diseased animals. Shelter staff should be able to perform diagnostic tests that aid in the recognition and control of infectious disease.
- **Euthanasia.** Shelter staff 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.

Written Protocol: The content of the “written protocol” should include, but need not be limited to the following areas: Detailed information (as applicable for vaccination, parasite control, tests and other allowable procedures) describing: storage and handling of products, dose and route of administration for drugs and vaccines, performance of tests, recognition of and response to adverse effects, documentation and record keeping, and method by which employees will be trained and tested on the above. For example, a written protocol for vaccine administration would include correct handling and storage of vaccines, types of vaccines to be used for each species, correct method and route of administration, signs of adverse effects, what to do if adverse effects are recognized (e.g. transport to emergency clinic), where and how information about vaccines will be documented, and what shall qualify as sufficient training for performance of vaccination. Written protocols should be available on site to employees and overseen and annually updated by a licensed veterinarian.

*(this statement does not refer to shelters operating veterinary clinics for client-owned animals)