

SPCA TC: Medical Intake and Processing (revision 6/10)

Summary:

- All animals are vaccinated at intake.
- All animals are spayed or neutered prior to adoption.
- General medical issues are treated in house by a consulting veterinarian (from either the Shelter Medicine Service or on-staff veterinarian) and staff veterinary technicians and assistants.
- More specialized interventions may be referred to Cornell University Hospital for Animals thru the Shelter Medicine Service, or to a local partnering veterinarian.
- Shelter owned animals requiring emergency care after hours should be seen by the consulting Veterinarian following the on-call schedule.
- Strays picked up with severe injuries may be referred to Cornell University Hospital for Animals Emergency Service during overnight hours after consulting with the SPCA Medical staff following the on-call schedule.
- For cases warranting immediate euthanasia, all inquiries should be directed to the Executive Director. In the event that the Executive Director cannot be reached in a timely fashion, decisions should be made following the most humane course for the animal.
- Vaccination protocols in shelters differ from those in private practice. Guidelines here are written to address the increased exposure of shelter pets to pathogens, and the lifesaving nature of aggressive vaccination protocols in shelters.
- Our lifesaving mission directs us to process all animals as quickly as can be accomplished given necessary holds, medical care, and surgical preparation for adoption. Animals should be made available for adoption as quickly as possible as long as their medical and behavioral status deems them adoptable.

Puppies under 16 weeks

Upon intake, the Intake Technician with an assistant examines all puppies. The following protocols are applied:

- A basic physical exam will be performed by the veterinary technician.
- DAPP is administered if 4 weeks or older, and boosted thereafter every 2 weeks until the puppy is 16 weeks of age.
- For puppies 4 weeks or older, Bordetella is administered intranasally.
- If at least 3-4 weeks, pyrantel is administered at 0.1cc/ pound and ponazuril at 0.2cc/pound and re-administered at two week intervals until 12-16 weeks.
- For puppies 8 weeks or older and likely to have a heavy worm burden, Drontal is administered instead of pyrantel.
- Puppies less than 8 weeks are preferentially sent to foster care or housed in a puppy room until foster care is found. Sick/ unthrifty puppies should never be sent to foster care unless seen and recommended by a veterinarian.

- Advantage is administered by weight.
- Next Steps:
 - Puppies over 8 weeks are scheduled for surgery through Maddie's Shelter Medicine Program and then transferred to PAC for adoption.
 - If routine medical issues are identified during the tech exam, puppies will be scheduled for a medical exam with a veterinarian at the next available date. (See "Patients Needing Veterinary Checks" form)
 - If serious medical issues are identified, the veterinary technician will consult with the veterinarian immediately in person or by phone.

Adult Dogs

Upon intake, the Intake Technician examines all adult dogs with an assistant. The following protocols are then applied:

- DHPP and Bordetella vaccines are administered. A single booster of DHPP is considered protective for one year. Rabies vaccines will be administered if appropriate staff is present.
- Drontal is administered orally for deworming.
- Advantage is administered topically. (removed 'except in the dead of winter')
- If appropriate, the abdomen is shaved and checked for an OVH scar.
- Next steps:
 - If no medical issues are identified, the dog is scheduled for a behavior evaluation and spay/neuter surgery +/- rabies vaccination. Once behavior assessment is complete, surgery is performed by the Shelter Medicine Program and at that time the dog is vaccinated for rabies, microchipped and heartworm tested.
 - If the pet is already altered, a behavior assessment +/- vetcheck are scheduled.
- Once a dog has completed any necessary stray holds, +/- vet check and rabies vaccine, and has been behaviorally cleared, the dog is transferred to PAC for adoption

Kittens

Upon intake, the Intake Technician examines all kittens. The following protocols are then applied:

- Kittens > that 2 weeks and < 4 weeks receive pyrantel at 0.1cc/lb and ponazuril at 0.2cc/lb and are placed in foster care for bottle feeding ASAP and scheduled for rechecks with med staff every 2 weeks until they are 8 weeks old and 2 pounds.

- For kittens over 4 weeks and under 8 weeks, pyrantel, ponazuril, are administered PRN, as well as FVRCP subcutaneously. Healthy kittens are sent to foster with 2 week recheck appointments until they are 8 weeks and 2 #. Unhealthy/unthrifty kittens should not be sent to foster unless assessed and recommended by a veterinarian.
- Age is determined by weight (at an average gain of 1 pound per month) and presence of deciduous teeth.
- Kittens are screened for FELV via ELISA snap test
- Kittens are screened for ringworm via a Woods Lamp screening
- Ear mites are treated with Ivermectin
- Advantage is applied (1 drop per pound up to 4 pounds)
- Booster FVRCP vaccines are administered every 2 weeks until 16 weeks of age
- Pyrantel and ponazuril are administered every 2 weeks until 12 – 16 weeks
- In instances when foster care is unavailable, kittens are housed in “kitten holding”
- Next steps:
 - If non life-threatening medical issues are noted by the veterinary technician, the pet should be added to the “Patients Needing Veterinary Checks” Sheet for a vet check.
 - If serious medical issues are noted by the veterinary technician, they should alert the veterinarian in person or by phone ASAP.
 - Kittens who display signs of illness during their intake tech exam should not be placed in foster care until seen by a veterinarian.
 - At 2 pounds/ 2 months, kittens are scheduled for spay/neuter with veterinarian and eligible to be made available for adoption and are moved from Rescue or from foster care to PAC or the Annex.
 - In the event of the emergence of URI, see “URI protocol”.

Cats over 16 weeks of age (all adult incisors are in)

Upon intake, the Intake Technician and an assistant examine all adult cats. The following protocols are then applied:

- FVRCP vaccine is administered, with a single booster in 2 weeks.
- Rabies is administered if appropriate staff is present.
- FeLV testing is done if under 6 months. FeLV /FIV testing is done if over 6 months. (Age by presence of adult canine teeth)
 - If the test is positive in house, the sample is sent to diagnostic lab for IFA (for FELV) or Western Blot (FIV) confirmation
 - if positive for FELV is confirmed the cat is euthanized, if positive for FIV the cat can be made available for adoption
- Cats are screened for ringworm with a Woods lamp assessment.
- Whenever reasonable, abdomen is shaved to check for a spay scar.

- Ivermectin is administered for ear mites prn and Advantage for flea control PRN
- Drontal is administered for deworming
- Next steps:
 - If the cat appears healthy and intact, the cat is scheduled for spay/neuter and a rabies vaccine with a veterinarian.
 - If already altered, the pet should be added to the “Patients Needing Vet Checks” list for a rabies vaccine if needed.
 - If non life-threatening medical issues are identified, the cat should be added to the “Patients Needing Vet Checks.”
 - If serious medical issues are identified, the technician should alert the veterinarian ASAP.
- Adult cats with infectious conditions are isolated per the protocol below.

Dog Isolation

Any dog found to have a highly contagious disease, such as an URI or Giardia, will be isolated. Isolation protocol dictates that isolated animals are housed in the Quarantine Area of the Rescue Kennels and not allowed into the common yard until they have recovered. Their runs are cleaned only after all other kennel runs have already been cleaned. In the event of certain diseases, such as Parvo or any others identified by the veterinarian, additional safeguards will be discussed to determine plan of action. Isolated dogs are further identified by prominent cage cards on their runs.

Feline URI isolation

1. Any cat demonstrating intractable sneezing and/or serous ocular or nasal discharge:

Move to Infirmary 1 for 3 days minimum of daily monitoring
 If clinical signs subside and cat has three consecutive days with no URI signs, release patient back to PAC or previous space.
 If clinical signs worsen, cats should move to Infirmary 2 and begin doxycycline and eye ointment, following schedule below.
2. Cat with mucopurulent nasal discharge or severe URI signs (anorexia fever etc)

Move to Infirmary 2 and begin Doxycycline, eye ointment, +/- sq fluids prn and appetite stimulants for 10 days minimum
 If patient has been on medication for 10 days and clinical signs improve but persist, therapy may continue for 14-20 days ; schedule recheck with veterinarian
 If URI not cleared by day 20, or if signs worsen while on treatment, recheck must be scheduled with veterinarian to consider other therapy.

After treatment, cat can be moved to PAC and housed *with other post-URI cats* or in single kennel. Cats need to have 3 days symptom- free before release.

3. Nursing Moms and kittens with URI may receive Clavamox instead of doxycycline, but only if they are eating well. If Mom is not eating, she should not be given oral antibiotics, and should be assessed for fluids and appetite stimulants. Nursing moms and kittens that are ill can only be placed in experienced trained foster homes.