



Our Mission:

We are committed to saving lives and reducing suffering of homeless dogs and cats through education, advancement of knowledge and shelter outreach.

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Shelter Watch



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From the Director's Desk

I was talking with my husband the other day about the importance of "herd immunity" in animal shelters. He looked at me quizzically (he's not a vet) and at the risk of appearing ignorant, asked what on earth I was talking about. So I explained. Herd immunity refers to the proportion of a population (whether cattle, sheep, dogs, cats or people) that is currently immune to a particular infectious agent. A high proportion of immune individuals limits an infectious agent's ability to invade and spread within a population. For example, if a cat with a panleukopenia infection sheds that virus into a litter box used by other cats, a disease outbreak is unlikely to occur if most or all of those other cats are immune. Or if an outbreak occurs, very few cats will be affected.

So, the goal for shelters is to achieve high levels of herd immunity to all of the infectious agents commonly occurring in shelters. Vaccination is the most common means by which a shelter can insure that their populations have high levels of herd immunity. Most shelters recognize the importance of immunizing their animals, but sometimes the timing and the type of animals that are immunized are controversial. In order to achieve high herd

immunity: **1)** shelters should strive to vaccinate their animals before or as soon after entry into the shelter as possible. Even the delay of a few hours can make the difference between the development of disease or not. Many shelters have animals (stray or owner-surrendered) vaccinated even before their physical examination to minimize the likelihood of exposure before immunization **and** raise herd immunity; **2)** all animals should be vaccinated, regardless of their likelihood for euthanasia. This may sound fiscally unsound for shelters with high euthanasia rates, but high herd immunity protects all of the animals in the shelter. An outbreak of disease can quickly consume any financial savings associated with not vaccinating every animal and be emotionally devastating. (The only exception may involve animals that will be euthanized within 24 hours); **3)** animals mildly to moderately ill should be vaccinated, not only to protect them from additional disease, but also to boost the immunity of the population. Achieving high herd immunity reduces the risk of disease in individuals, as well as the risk of outbreaks in the shelter population.

Jan Scarlett, DVM Ph.D.

Work Wellness: When The Shelter Gets the Best of You Dr. Elizabeth Berliner

First off, let me acknowledge that I am likely the least qualified person on the face of the planet to be writing about any type of work – life balance. In fact, anyone who knows me personally likely guffawed at the notion that I am attempting this column. To set the stage, for years I have used my vacation time away from shelter medicine and teaching to lead

spay/neuter trips for Rural Area Veterinary Services, which travels to remote areas, works 18-hour days, and trains veterinary students. I once had a technician remind me – quite abruptly – that a stick of gum is not a lunch. And when a dear friend of mine in humane work started sending me

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Encouraging wellness among staff is important.

“We need to recognize that this vocation is a marathon, not a sprint.”



Working in a mobile clinic is a rewarding experience.

Work Wellness: (continued from Page 1)

“Wednesday Wellness” emails promoting emotional and spiritual wellness, she pegged my mid-email response perfectly – “Seriously? I don’t even have time to read this email!” Maybe I wasn’t even that polite in my head.

But that is precisely why I am writing it. It is so easy in this business of saving lives to forget our own. We think that if we just work a little harder, we can save more animals -- and in some short-term cases, that may be true. But what we also need to recognize is that this vocation is a marathon, not a sprint. Fatigue happens, despair can flare, and we need to recognize it in ourselves, and the others around us in the shelter.

Again, this is not my area of expertise, but I’m beginning to think about an individual’s capacity for humane work in the same way I think about shelter capacity – because that is what I know. As we’ve discussed, saving lives is not just about how many cages you have -- it’s much more about managing the length of stay for each animal, and providing pathway planning from the moment an animal enters the shelter. It’s about daily rounds,

and reflecting on what happens next for the population as a whole, and for each individual. And it’s about clear communication, so that the work of the team is stronger than the work of each individual. Applying these same principles -- planning, reflection, communication -- to one’s own capacity for humane work may just work for those who can’t get our heads out of the shelter.

In my experience, shelter workers are some of the least healthy people I know – the stress of the job is all-consuming, bad dietary habits are easier than good ones, and exercise or time for reflection comes last on the list. This article is my vow to begin to do what I can to change that approach, and to model something more appropriate for the shelters and students with whom I work. So I’m looking for ideas here. Does your shelter have a program or approach to encouraging wellness among your staff? Do you have some tricks of the trade to share? Something easy and affordable that made a difference for your staff? Drop us a line at sheltermedicine@cornell.edu, and we’ll follow up with some ideas for all. Be seeing you at the shelter – but I might just have to catch a yoga class first.

On Field Medicine: Dr. Kate Riley

I recently returned from an Humane Society Veterinary Medical Association Rural Area Veterinary Service (HSVMA-RAVS) trip to Pine Ridge, South Dakota. RAVS has been operating since 1995, based on the idea of the Mobile Army Surgical Hospital (M.A.S.H., created in 1945). RAVS brings companion animal and equine veterinary services to Native American reservations in several states, where veterinary care is financially and geographically out of reach for many people. It is a truly impressive operation, packing an entire veterinary hospital worth of medical supplies, complete surgery and anesthesia stations, laboratory equipment and a small pharmacy into a truck, to be set up, serve over 100 animals, and be packed up again without a trace in a single day.

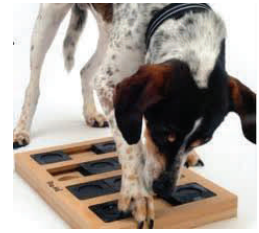
Clinics like this are part of a growing trend in veterinary education, and shelter medicine. They bring veterinary students hungry for clinical experience to people and animals in need, with direct supervision to ensure that the animals’ care is not compromised. This happens at Cornell every week, with students in the Community Practice Service visiting local shelters to perform medical exams and surgeries with a faculty member or intern to guide them. Bringing together the resources to make this happen effectively is challenging – neither veterinary schools nor shelters have an excess of money or staff to run such programs. Programs like RAVS and Maddie’s Shelter Medicine Program at Cornell rely on donations of money and supplies to make their work possible.

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Working in a mobile clinic, however small or large, is tough. You always wish you could do more, see more animals, bring more advanced equipment or medicine. You don't always get a diagnostic test to confirm a diagnosis, and you don't get to see the animal a week or a month later to follow up or try something different. However, the rewards are great – pulling porcupine quills from a dog's face, amputating a broken leg, sending an owner

home with the medication to treat the discomfort of mange or an infection, vaccinating puppies to protect them from parvo and distemper, and of course, spaying and neutering dogs for their own health and to prevent unwanted litters.

For more information about RAVS, see <http://www.ruralareavet.org>.



Puzzle toys can help provide necessary mental stimulation.

Adoption Counseling for Dogs: Ms. Kelley Bollen, MA, CABC

Last month I talked about the important issues to discuss with cat adopters in order to make the addition of a new cat into a household more successful. This month I would like to discuss those things every dog adopter should be told before taking home their new canine companion.

One of the most important things that dogs need to know going into a new home are the doggie rules of the household. I like to advise adopters to have the family discuss and agree upon the household rules for the dog. It is important to set these rules up from the beginning and have everyone in the family adhere to them from day one because dogs do not understand inconsistencies. If the rule is that the dog is not allowed on the sofa, then Johnny can not allow him up there when mom and dad aren't home. This will only confuse the dog and eventually get him into trouble.

Another important subject to discuss is how to safeguard their new dog against developing separation anxiety. Shelter dogs bond quickly to their new owners because they have already had at least one broken bond in the past. Many adopters arrange to take vacation when they get their new dog, or adopt on a Saturday morning so they have all weekend to bond. The problem with this scenario is that after spending 24/7 with the dog your absence is devastating when you have to go back to work. Adopters should be advised to leave their dog alone for bits of time even the first day they bring him

home. Giving him a yummy treat every time they leave will help him make a positive association with their departure.

Adopters also need to be told that all dogs need daily aerobic exercise, especially young active dogs. A leash walk may be aerobic for the human but not so for the dog. They need to run and get their heart pumping for at least 20 minutes every day.

Mental stimulation is equally important. A bored dog gets into trouble a lot more often than a tired (physically and mentally) dog. Encourage adopters to feed their new dog in puzzle feeders or hide treats around the house or yard for him to find with his incredible nose.

Training is also important for dogs so you should encourage your adopters to take their new dog to a positive reinforcement training class or do a little research and train their dog on their own. The most important thing your adopters need to understand is that rewarded behaviors increase in frequency so they should reward what they like and ignore what they don't. Most people focus on the bad behavior and spend their time punishing those instead of focusing on what the dog is doing right.

Remember – behavior problems are the number one reason for owner relinquishment. It's our job to try to find a forever home for our shelter dogs and these valuable bits of behavioral advice can help ensure a successful doggie adoption.

“Behavioral advice can help ensure a successful dog adoption.”



Daily aerobic exercise is extremely important!

Prevention and Feline Panleukopenia (Alias Feline Distemper): Dr. Jan Scarlett

Don't be confused by the aliases many veterinary diseases have acquired. The terms Feline Panleukopenia and Feline Distemper are potentially misleading as they mask the fact that this disease is caused by a parvovirus of cats! Similar to dog parvovirus, this is a *highly* infectious disease that affects predominantly kittens. This virus is often the cause of heart-breaking outbreaks that move rapidly through a population of kittens, leaving suffering and death in its wake. Infected kittens exhibit vomiting and diarrhea or can be found dead in their cages without any prior signs. Affected kittens are treated supportively with antibiotics for secondary infections (caused by bacteria), fluids and tender-loving-care, but there is no treatment for the disease-causing virus. Spread through the feces, it primarily affects kittens because many of them (as yet) lack immunity to the disease. Therefore, prevention is the primary goal!

Fortunately, this is a vaccine preventable disease if good vaccine protocols are in place. The key to prevention in

kittens is vaccination beginning at 4-5 weeks of age with repeated vaccinations at 2 week intervals until the babies are 16 weeks of age. Even kittens with mild illness due to other causes should be vaccinated. Adults should be vaccinated twice with a two week interval in between. All cats should receive modified live virus vaccine that is administered under the skin. Whether kittens or adults, these vaccines should be administered immediately at entry into the shelter (or before if they are returning from foster care). Delaying vaccination, even by hours, increases the risk that cats will get infected before they can be protected. In shelters where a high proportion of cats are euthanized, even those cats that will be euthanized should be vaccinated unless the euthanasia will take place within hours of entry. (See the *From the Desk* discussion of herd immunity.) With all of the kittens entering shelters and rescue groups this time of year, vaccination and vigilance for this disease (should it occur) are essential.

Events Calendar

July 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 2010-2011 Internship completed	2
3	4	5 Shelter Data consult	6	7	8 Dr. Berliner HSVMA (RAVS)	9
10 Behavior Rotation Week I	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						



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