

<p>CREATED Sept 8, 2007 EDITED July 28th, 2018</p>	<p>PROCEDURE TITLE Anesthesia Procedures</p>	<p>PROCEDURE</p>	<p>PAGE No.</p>
<p>MAJOR AREAS AFFECTED Clinic Staff</p>	<p>APPROVED BY Kathleen Labrada Chief of Operations and Enforcement</p>	<p>REVISES OR SUPERCEDES Anesthetic Protocol for Sterilization Surgeries 9/8/07, 9/3/15, 06/16/17</p>	
		<p>PREPARED BY Maria Serrano, DVM</p>	

INTENT: To ensure a standard quality of care is delivered to all surgery patients, by following a consistent anesthetic and analgesic protocol.

POLICY: All veterinary technicians will be trained in operating of an anesthesia machine, placing an endotracheal tube and delivering and maintaining safe anesthesia to pets.

PROCESSING:

Drugs and Dosages:

- A cocktail of Dexdomitor, Ketamine, and Butorphanol (DKT) mixed in equal proportions as follows:
 - 10 cc of Dexdomitor (1 mg/ml), 10 cc of Ketamine (100 mg/ml), and 10 cc of Butorphanol (10 mg/ml)
 - Dose: 0.03ml / lb IM, or 0.015 ml/lb IV (see Attachment B). Individually dosed: Dexdomitor at 0.03 mg/kg, Ketamine at 3 mg/kg, and Torbugesic at 0.3 mg/kg.
 - Possible side effects: Bradycardia (low heart rate). Reversal / antidote: atipamezole (antisedan) at equal volume as dexdormitor used (1/3 of the cocktail dose).
 - DO NOT use Atropine reverse bradycardia when using Dexdomitor. (See anesthesia complications to manage bradycardia)
- Record each controlled substance in a substance specific log at the time of DKT preparation.
- Number and log each DKT bottle prepared:
 - DKT bottle number: date in which the bottle was mixed + 01 or 02 if more than one bottles are mixed (see controlled drugs SOP).
 - Log the DKT use per ml, per patient in the surgery DKT log. (see Attachment A)
- Isoflurane: Gas anesthetic used to maintain an adequate plane of anesthesia.
 - Adjust % of gas to maintain an anesthetic plane.
 - Evaluate anesthesia plane by loss of palpebral (blink) reflex, loose jaw tone, and absence of response to stimulation.

Anesthetic Procedure:

- Dose feral cats and fractious patients with DKT intramuscularly (IM).
- Dose docile patients with ½ dose intravenously (IV) (attachment B).
- Place a facemask on:
 - All cats
 - Male puppies under 4 months.

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- Place an endotracheal tube (ET) on those patients requiring one as soon as the patient reaches a deep sedation.
 - All male dogs over 4 months
 - All female dogs
- Suggested endotracheal sizes (estimated). It is useful to have multiple ETs on hand at the time of intubation.

Weight of patient	Size ET tube
< 4 lbs	3-5mm
4 - 7 lbs	5.5 mm
7 - 9 lbs	6 mm
9 - 12 lbs	6.6 mm
12 - 15 lbs	7 mm
15 - 20 lbs	7.5 mm
20 - 30 lbs	8 mm
30 - 40 lbs	8.5 mm
40 - 50 lbs	9 mm
50 - 60 lbs	9.5 mm
60 + lbs	10 mm

- Inflate the ET cuff by gently injecting room air via syringe to allow the tube to occupy the airway. Over-inflation of cuffs can cause damage to the trachea.
- Perform a leak test once the ET cuff is inflated: close the pop-off valve and gently administer a breath by compressing the rebreathing bag, while listening for the sound of gas hissing from the tube (leak). Inflate the cuff just until the hiss is no longer heard. Always re-open the pop-off valve immediately or else serious injury or death may occur.
- Attach the breathing circuit:
 - Less than 15 lbs: use a non-re-breathing circuit, with a 1 L or smaller breathing bag.
 - Greater than 15 lbs: use a rebreathing circuit.
 - Breathing reservoir bags are to be used as followed:

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Patient Weight	Bag Size
0 - 10 Lbs	1/2 L
10 - 20 lbs	1 L
20 - 60 lbs	2 L
60 + lbs	3 L

- Oxygen (O2) flow rate of 1-2 L per min is appropriate for most patients.
- If using an O2 concentrator:
 - Ensure the concentrator is on and delivering O2 adequately.
 - Have the back-up connection to the main oxygen line.
- Turn the isoflurane dial 0-5% to deliver the needed percentage of anesthetic mixed in with the oxygen.
- Apply lubricant to the eyes of every anesthetized patient to prevent corneal ulceration. Mineral oil or corn oil may be used in place of artificial tears.
- No patient is to be left unattended while anesthetized.
- Monitor vital signs (heart rate, respiratory rate, mucous membrane color, depth of anesthesia) every 5 minutes during anesthesia and recovery.
- Prepare the surgical site, (see surgical preparation SOP) and administer analgesics and other required injections (antibiotics, vaccines, microchip, IV catheter placement...).
- Move the patient to the surgical suite, position the patient, connect the anesthesia machine and ensure all monitors are connected and reading adequately.

Cats and Kittens:

- Normal heart rates during anesthesia: 100 -180 bpm (beats per minute).
- Respiratory rate: 10-20 breaths per minute. (see Attachment C).
- Analgesia:
 - Meloxicam 2.5mg/ml
 - Dose: 0.1mg/kg SQ (see dosing chart).
 - Use 1cc syringes to avoid overdosing.
 - All cats and kittens will receive one dose prior to surgery.
 - Further analgesia (at veterinary discretion): Buprenorphine oral suspension for cats.
 - Dose: 0.01 - 0.015 mg/kg.
 - Must be logged in a separate controlled substance log.

<p>CREATED Sept 8, 2007 EDITED July 28th, 2018</p>	<p>PROCEDURE TITLE Anesthesia Procedures</p>	<p>PROCEDURE</p>	<p>PAGE No.</p>
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Puppies and Dogs:

- Normal Heart rate during anesthesia: 50-120 (size / age dependent)
- Normal respiration: 10-16
- Analgesia:
 - Carprofen 50 mg/ml
 - Dose: 1 cc per 20 lbs SQ,
 - Use 1cc syringes to dose dogs <5lbs
 - All dogs / puppies will receive at least one dose of an analgesic prior to surgery.
 - Further analgesia (at veterinarian discretion)
 - Buprenorphine 0.3mg/ml; 0.015 mg/kg submucosal (cats only)
 - Buprenorphine 0.6mg/ml 0.015mg/kg SQ, IM, IV
 - Oral buprenorphine is NOT absorbed well orally in dogs. Do not use orally or submucosally in dogs!!
 - Morphine / dexdormitor combo: 0.25mg/kg morphine + 1/4 of the volume dormitor. Administer IM and repeat once to effect. Administer once patient is off inhaled isoflurane to avoid hypotension. If the patient recently received DKT, this combo will not be very effective because butorphanol is a partial mu agonist and will block morphine.
 - Butorphanol / dexdormitor combo: 0.1ml butorphanol + ¼ of the volume dexdormitor IV, IM, SQ. Causes sedation. May cause bradycardia.
 - Lidocaine, ketamine, morphine CRI: remove 79ml of the 1000ml LRS bag and add 75ml lidocaine, 3.3ml morphine and 0.9ml ketamine. Start at 3ml/kg/hr and decrease to 1-2ml / hr to effect. Use 1/4 of the volumes for a smaller dog.
 - Hydromorphone 2mg/ml: 0.05mg/kg IM, IV, SQ. May cause respiratory depression.
- Turn the Isoflurane dial to 0% to discontinue anesthesia once the procedure is ended. Flush the system with O2 to clear any remaining anesthetic gas and maintain the patient on inhaled oxygen for a few minutes during recovery.
 - Deflate the cuff of the ET tube prior to moving the patient to the "recovery beach".
 - Move the patient to the "recovery" beach and monitor anesthetic recovery:
 - Atipamezole (antisedan®) use:
 - Use in emergency cases (patients that are in a deep plane of anesthesia, whose heart rate, pulse or respiration is noted to be compromised)
 - Use in all animals < 6 months

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- May remove some of the analgesic (anti-pain) effect of dexdormitor thus cause a painful recovery.
- Extubate the patient once it regains reflexes (swallowing, cough, blink...). Late removal of the ET may result in tracheal /bronchial obstruction from a tube fragment.
- Brachycephalic (flat-face) breeds should remain intubated as long as possible to reduce the risk of respiratory obstruction and/or aspiration.
- No animal will be returned to its kennel anesthetized.
- Replace the bedding (newspaper) in all TNR traps prior to placing the cat in after surgery.
- Community cats may be placed in the trap while heavily sedated, but with reflex response (palpebral, swallow...). The trap will remain under constant monitoring in the recovery area until the cat is responsive.
- No trap will be returned to the TNR room unless the cat/kitten is alert and in sternal position.
- All cats and kittens will be fed a small amount of canned food after surgery once they are alert and responsive.

Post-Operative Monitoring:

- Most anesthetic deaths occur during anesthetic recovery.
- Monitor breathing, mucous membrane color and heart rate regularly during anesthetic recovery
- Pediatric patients:
 - Hypothermia: Low body temperature.
 - Take body temperature until it reaches > 99.9F.
 - Do not return to kennel / trap unless the temperature requirement is met.
 - Use heat sources (rice bags, heating pads or warmers) as needed.
 - Hypoglycemia: Drop in glucose (sugar) levels. Pediatric patients are unable to regulate glucose adequately.
 - Apply a small amount of Karo syrup on the gums and sub-lingually (under the tongue).
 - Feed a small amount (spoon) of canned food after recovery, once alert and sternal.
- Return the recovered patients to their cages in the recovery area.
- The surgical technician will check every patient that has undergone surgery regularly, report to the veterinarian any concerns and take action as indicated by the veterinarian regarding any complication / emergency.

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Discharge / return to the adoption floor / moving offsite

- Dogs may not be discharged to owners or moved back to the adoption floor unless able to ambulate (walk) on their own.
- Dogs and cats will not be taken to events or transported offsite on the same day of surgery.
- Cats will not be returned to their owners or moved to the adoption floor until sternal and alert.

Pediatric Sterilization:

- Sterilizations will be performed on all healthy/non-infectious pets over 2.5 months (10 weeks) of age and, weighing a minimum of 2.5 lbs.
- Community cats may be sterilized between 1.8 and 2.5 lbs at the discretion of the veterinarian.

Surgical candidates: Our surgical teams will perform sterilization surgery on the following:

-Pregnant females:

- Pregnancy will be terminated at all stages unless active labor has begun.

- Procedure:

- Place an IV catheter during surgical prep and begin fluid therapy (LRS).
- Fluid rate: 5-10ml/lb/hr
- Remove IV catheter after recovery has been confirmed.

- Fetus procedure:

- Do not open the uterus to remove the feti.
- The uterus must remain clamped and undisturbed to maintain fetal unconsciousness and hypoxia so fetal death can occur without fetal suffering (JAVMA. Vol 240, No.10, May 15, 2012).

-Nursing mothers:

- Sterilization will not affect milk production or parenting behavior
- To avoid surgical site complications, shelter queens (cats) and bitches (dogs) nursing litters may be rescheduled for sterilization
- Will require a spay/neuter waiver to leave the shelter.
- All community cats (TNR) will be sterilized when nursing kittens.

-Females in heat

-Brachycephalic animals

-Cryptorchid (inguinal and abdominal) males

-Nursing mothers

-Pyometra

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ATTACHMENT A: Controlled Drug log chart

Date	Bottle number	Animal ID	Owner	Species	Start	Out	End	Initials	Vet Initials

ATTACHMENT B: DKT, Rimadyl, Penicillin dosing chart

Weight (lbs)	DKT	Rimadyl	Pen	Weight (lbs)	DKT	Rimadyl	Pen	Weight (lbs)	DKT	Rimadyl	Pen
1	0.09	0.04	0.1	27	0.81	1.08	2.7	55	1.65	2.2	5.5
2	0.06	0.08	0.2	28	0.84	1.12	2.8	56	1.68	2.24	5.6
3	0.09	0.12	0.3	29	0.87	1.16	2.9	57	1.71	2.28	5.7
4	0.12	0.16	0.4	30	0.9	1.2	3	58	1.74	2.32	5.8
5	0.15	0.2	0.5	31	0.93	1.24	3.1	59	1.77	2.36	5.9
6	0.18	0.24	0.6	32	0.96	1.28	3.2	60	1.8	2.4	6
7	0.21	0.28	0.7	33	0.99	1.32	3.3	61	1.83	2.44	6.1
8	0.24	0.32	0.8	34	1.02	1.36	3.4	62	1.86	2.48	6.2
9	0.27	0.36	0.9	35	1.05	1.4	3.5	63	1.89	2.52	6.3
10	0.3	0.4	1	36	1.08	1.44	3.6	64	1.92	2.56	6.4
11	0.33	0.44	1.1	37	1.11	1.48	3.7	65	1.95	2.6	6.5
12	0.36	0.48	1.2	38	1.14	1.52	3.8	66	1.98	2.64	6.6
13	0.39	0.52	1.3	39	1.17	1.56	3.9	67	2.01	2.68	6.7
14	0.42	0.56	1.4	40	1.2	1.6	4	68	2.04	2.72	6.8
15	0.45	0.6	1.5	41	1.23	1.64	4.1	69	2.07	2.76	6.9
16	0.48	0.64	1.6	42	1.26	1.68	4.2	70	2.1	2.8	7
17	0.51	0.68	1.7	43	1.29	1.72	4.3	71	2.13	2.84	7.1
18	0.54	0.72	1.8	44	1.32	1.76	4.4	72	2.16	2.88	7.2
19	0.57	0.76	1.9	45	1.35	1.8	4.5	73	2.19	2.92	7.3
20	0.6	0.8	2	46	1.38	1.84	4.6	74	2.22	2.96	7.4
21	0.63	0.84	2.1	47	1.41	1.88	4.7	75	2.25	3	7.5
22	0.66	0.88	2.2	48	1.44	1.92	4.8	76	2.28	3.04	7.6
23	0.69	0.92	2.3	49	1.47	1.96	4.9	77	2.31	3.08	7.7
24	0.72	0.96	2.4	50	1.5	2	5	78	2.34	3.12	7.8
25	0.75	1	2.5	51	1.53	2.04	5.1	79	2.37	3.16	7.9
26	0.78	1.04	2.6	52	1.56	2.08	5.2	80	2.4	3.2	8
				53	1.59	2.12	5.3	79	2.37	3.16	7.9
				54	1.62	2.16	5.4	80	2.4	3.2	8

STANDARD OPERATING PROCEDURE

<p>EFFECTIVE DATE March 20th, 2015</p> <p>EDITED August 2, 2018</p>	<p>PROCEDURE TITLE Anesthesia Recovery</p>	<p>PROCEDURE</p>	<p>PAGE No. 1 of 4</p>
<p>MAJOR AREAS AFFECTED Clinic Kennel</p>	<p>APPROVED BY: Kathleen Labrada Chief of Operations and Enforcement</p>	<p>June 28th, 2017</p> <p>PREPARED BY Maria A. Serrano, DVM Chief Veterinarian</p>	

PURPOSE: To provide guidelines for recovery of patients after general anesthesia in order to identify possible complications to achieve a positive outcome.

POLICY: All patients undergoing general anesthesia should be monitored closely until they are bright alert and responsive.

RESPONSIBILITIES:

- **Veterinarians:**
 - Monitor all patients visually during the regular surgery day
 - Instruct the technicians during recovery related emergencies.
- **Veterinary technicians:**
 - Monitor closely each animal during the recovery phase. Monitoring includes taking respiration, heart rate, mucous membranes, temperature and reflexes as needed.
 - Intubate and extubate animals (follow anesthesia SOP) as required during different stages of anesthesia and recovery.
 - Provide heating surfaces to increase body temperature as needed for each patient.
 - Provide glucose supplementation for all pediatric patients.
- **Kennel staff:**
 - Monitor all patients in the recovery kennels to ensure recovery is smooth.
 - Feed all patients a small amount of canned food after surgery once they are bright alert and responsive.
 - Alert the surgery staff if any patient is unresponsive or of any other concern (breathing, attitude...).

PROCEDURES:

1. Remove the animal from the surgical area (once surgery is completed) and place in the recovery "beach".
2. Remove the endotracheal tube (extubate) – See guidelines below
3. Place the animal in lateral recumbence (on its side).
4. Place blankets/warmers over/under the patient to ensure optimal body temperature is maintained
5. Ensure the animal's mouth is free of choking hazards
 - a. Be especially vigilant for debris or gauze left in the mouth (endotracheal tube, gauze, towels...)

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE March 20 th , 2015 EDITED August 2, 2018	PROCEDURE TITLE Anesthesia Recovery	PROCEDURE	PAGE No. 2 of 4
MAJOR AREAS AFFECTED Clinic Kennel	APPROVED BY: Kathleen Labrada Chief of Operations and Enforcement	June 28 th , 2017 PREPARED BY Maria A. Serrano, DVM Chief Veterinarian	

6. Never leave the animal unattended during recovery
7. Apply Karo[®] syrup or Nutrical[®] on the gums/under the tongue of young patients.
8. Return the animal to its recovery cage once it is alert and sternal.
 - a. Aggressive animals and feral cats will be returned to the kennel under moderate / heavy sedation. But will remain monitored closely. A technician will monitor every 5 minutes until the dog / cat is in sternal position.
9. Returning to the owners / adoption floor:
 - a. Pet must be able to walk on their own to be returned to the owner or back to the adoption floor
 - b. Do not co-house any pets who had surgery less than 8hrs prior
 - c. Do not take pets who had surgery less than 6hrs prior for walks
 - d. Do not put dogs who had surgery less than 8hrs prior into playgroups or socialize them with other dogs or people
 - e. Cats must be sternal (siting on its chest) and alert
 - f. Sibling kittens can be co-housed after surgery once alert.

Signs of Recovery:

- Medial blink reflex
- Lateral blink reflex
- Toe pinch reflex
- Limb movement
- Swallowing
 - a. An animal must never be extubated until a swallowing reflex has been noted
- Recovery will be smoother and safe if:
 - g. The animal is kept warm
 - h. The animal experiences mild stimulation: flipping over, massaging, tapping / rubbing the chest. **DO NOT** flood the ears with fluid as an attempt to stimulate the patient.
 - i. The animal gets more blood and oxygen to the brain: massaging the extremities from distal to proximal

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE March 20 th , 2015 EDITED August 2, 2018	PROCEDURE TITLE Anesthesia Recovery	PROCEDURE	PAGE No. 3 of 4
MAJOR AREAS AFFECTED Clinic Kennel	APPROVED BY: Kathleen Labrada Chief of Operations and Enforcement	June 28 th , 2017 PREPARED BY Maria A. Serrano, DVM Chief Veterinarian	

Extubation:

1. Monitor for a strong swallowing reflex
2. Untie the endotracheal tube
3. Deflate the endotracheal tube cuff with a 6cc syringe
4. Pull the endotracheal tube out of the mouth

Recovery Complications:

1. Prolonged recoveries
 - a. If a patient has not been extubated within 10 minutes of its removal from an anesthetic agent reverse with atipamezole (Antisedan[®])
 - i. Antisedan: 0.2mg/kg – 1/3 of the DKT used IM or SQ
2. Hyperactivity or loud vocalization
 - a. Remove as much outside stimulus as possible: noise, lights
 - b. If the animal does not calm down within 1-2 minutes or if the animal appears as though it may injure itself, advise the veterinarian for additional medications
 - i. Butorphanol: 0.05ml x 10lbs IV or 0.1ml x 10lb IM
3. Seizures
 - a. Place an IV catheter (to have a vein accessible)
 - b. Keppra 30 mg/kg IV
4. Nausea / Vomiting
 - a. Immediately position the animal so that its head positioned lower than its body to prevent aspiration.
 - b. Advise the surgeon or another member of the medical team – do not leave the animal unattended
 - c. Administer Ondansetron 0.5-1 mg/kg IV

Brachycephalic breed dogs:

1. Recover in sternal recumbancy (chest down)
2. Ensure the head and neck are extended – use towels if required to support the head
3. Extubate as late as possible – wait for the patient to be alert with a pronounced swallow reflex prior to extubation

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE March 20 th , 2015 EDITED August 2, 2018	PROCEDURE TITLE Anesthesia Recovery	PROCEDURE	PAGE No. 4 of 4
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Kittens and Puppies:

1. Kittens are generally not intubated for surgery (unless indicated by a veterinarian)
2. Apply 0.1-0.4ml corn syrup or Nutrical over the gums during recovery
3. Feed as soon as possible, once they have a sternal position and are alert.

Feeding:

1. Animals can be fed as soon as they are able to maintain sternal recumbancy on their own
2. Feed ¼ of their normal diet, or a meatball of wet food

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE July 30, 2018	PROCEDURE TITLE Animal Handling and Restraint	PROCEDURE	PAGE No. Page 1 of 6
MAJOR AREAS AFFECTED All Staff	APPROVED BY Lorna Mejia Chief of Shelter Services and Live Release Programs Division	REVISES OR SUPERCEDES July 1 st , 2017	
		PREPARED BY Kathleen Labrada Maria Serrano, DVM	

INTENT: To handle all pets including behavioral, fearful, aggressive, feral, fractious, animals etc. with care and compassion while upholding pet and human safety.

PROCESSING GUIDELINES:

All animals surrendered to the shelter or brought to the shelter by our Animal Control Officers are in an unfamiliar situation. Some may react to that fear by acting aggressively. All efforts should be made by the staff to make their stay at the shelter as comfortable as possible. Staff should be very careful when handling the animals and should not use excessive physical force. The safety of the staff and public is of the utmost importance, so it is essential that staff dealing directly with animals learn and practice how to handle them correctly, regardless of their behavior.

Training on appropriate animal handling and restraint is mandatory for all staff handling animals.

RESPONSIBILITIES:

Noting behavioral observation is essential in determining an animal path through the shelter. Notes can be placed in the animal medical record (use template), animal profile, and animal record. The following terms can be used to alert staff to handle the animal with caution. In the Animal Screen if the pet is showing behavioral signs, such as growling, snarling, snapping, lunging aggressive, etc. write the word "BEHAVIORAL" on the markings field and the cage card will print it in capitals.

Receiving Staff:

Note in the 'Condition Box' in the Kennel Screen if the pet is showing signs of aggression, such as growling, snarling, snapping or lunging. If aggressive write the word "aggressive" on the cage card in bold sharpie.

Clinic Staff:

In the pet's record and on the cage card, note the signs of aggression the pet was showing. Include the date with your initials.

Behavioral Signs and Concerns – Dogs:

Quick Reference:

- Growling, snarling or showing teeth
- Lunging towards dog or person while growling
- Biting while growling with hair standing on end
- Could also be wagging the tail.

STANDARD OPERATING PROCEDURE

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Detailed Descriptions:

RESOURCE GUARDING: Growls, and displays a tense body position during feeding or when he is given a "valued" item. Multiple shelter dogs display this behavior, which often spontaneously resolves after adoption. It is important to avoid provoking the behavior to avoid a reaction.

BARRIER AGGRESSION: The dog barks, launches, paws, growls when a person or dog approaches his enclosure. This behavior improves when the enclosure is opened and he is able to loosely walk.

LEASH REACTION: This is a type of barrier aggression. The dog will be reactive to other dogs or people while on a tight leash. This dog will not display reaction if the leash tension is removed or if he is let loose.

JUMPY / MOUTHY: The dog jumps on staff and bites the arms or limbs of the caregiver. May be interpreted as play, but it is an undesired behavior that often causes issues after adoption.

FEARFUL (NO AGGRESSION): Avoids human contact. Looks away, whale eyes, creeps, stays in the back of the cage, shivers, and hides. Has not attempted to bite. Every fearful dog has a point at which it will bite out of fear.

FEARFUL AGGRESSION: Displays fearful behavior (above). Has very tense body language and avoids interaction. Will bite only when he is unable to avoid the threat.

AGGRESSION: This dog growls, barks, stares, snarls, has a tense body language. This dog appears to want to intentionally injure a person. The staff member is afraid to handle this dog without a barrier between.

SELECTIVE AGGRESSION: This dog will display aggressive behavior towards certain people.

DOG AGGRESSION TO CATS: This dog will attack other dogs or cats (Not tested with cats at the shelter).

PREY DRIVE: Toys or small dogs will make this dog very excited and will or may become aggressive if the stimuli is strong enough.

SENSITIVE TO CERTAIN STIMULI: This dog will react to being touched in certain areas (such as ears, paws...)

STEREOTYPICAL BEHAVIORS: This dog performs repetitive motions such as spinning, pacing, chewing its paws, chasing its tail. These are behaviors that result from poor mental stimulation and frustration.

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE July 30, 2018	PROCEDURE TITLE Animal Handling and Restraint	PROCEDURE	PAGE No. Page 3 of 6
MAJOR AREAS AFFECTED All Staff	APPROVED BY Lorna Mejia Chief of Shelter Services and Live Release Programs Division	REVISES OR SUPERCEDES July 1 st , 2017	
		PREPARED BY Kathleen Labrada Maria Serrano, DVM	

Handling Specifics:

The following rules must be followed regarding safe and humane animal handling and restraint:

1. Dogs and cats are **NEVER** to be lifted, suspended, or carried by the neck alone. The body must always be supported.
2. Dogs, cats, and other small mammals are **NEVER** to be lifted, suspended, or carried by the tail or ears.
3. Control poles are **NEVER** to be used to restrain cats.
4. Pets are **NEVER** to be left tethered unsupervised on a table or elsewhere.
5. Remove all choke chains from dogs before placing in cages or runs. Aggressive or feral animals are exceptions.
6. Examples of appropriate equipment for restraint and handling include: control poles for aggressive dogs, leashes, muzzles, towels, cat sacks, EZ-nabbers, feral cat traps, squeeze cages, nets, syringe poles, and chemical restraint.
7. Whenever walking a dog make sure to **CALLOUT "Dog, Dog, Dog"** when approaching a corner, doorway, or blind spot. This will alert anyone or someone with another pet approaching your direction.

Dogs

Animals with behavior concerns should be placed in the Pet Suite areas. This is a controlled environment where the animal can decompress and acclimate to new surroundings. The veterinarian team or other appropriate staff will evaluate the pet's condition and establish the best course of action.

If a dog or puppy is staying towards the back of the cage with their tail between their legs, squat down so you are bringing yourself to their eye level, turning your body slightly to the side. This posture is less intimidating to them, as opposed to standing or facing them head-on. Speak to the pet in a soft voice. Continue to coax them towards you. Extend your hand, palm up, under the animal's chin and allow them to sniff you; do not reach over the head of an unknown animal as this may be interpreted as a threatening gesture. Try not to move towards them as that will frighten them, but give them the opportunity to come towards you. They may come forward and stay low to the ground. If they should do that without growling or snarling, they are being submissive to you.

If the dog stays in the back of the cage or run and growls/snarls, continue to speak to them in a soft voice, but do not enter the run. Place a note on the cage card that the pet needs another day to calm down and be sure that shelter staff are not a threat to them.

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE July 30, 2018	PROCEDURE TITLE Animal Handling and Restraint	PROCEDURE	PAGE No. Page 4 of 6
MAJOR AREAS AFFECTED All Staff	APPROVED BY Lorna Mejia Chief of Shelter Services and Live Release Programs Division	REVISES OR SUPERCEDES July 1 st , 2017	
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If, however, a medium to large dog lunges at the cage, a sign of dominance aggression, is much more serious. A dog showing such signs should not be placed for adoption or sent to rescue. A memo should be placed in Chameleon in the medical record describing the problem for Veterinary review or review by other appropriate shelter staff.

Most dogs/puppies in the shelter will not react to fear in an aggressive manner. It is the responsibility of staff to make sure a pet is not placed for adoption who could seriously injure another pet or person. Small breed aggressive dogs that become more comfortable when handled may be available for rescue, but should not be placed for adoption where they will be placed in a frightening situation.

Tools for handling aggressive dogs

- A muzzle should be placed on a dog who is potentially aggressive to protect the staff while the dog is being handled.
- If staff cannot safely place a muzzle on a dog, always consider sedation through the assists of the vet/clinic team and handling the dog should be postponed at least 2 hours. If the dog does not eat the meatball, an injectable tranquilizer may be used. ****At no time should excessive physical force ever be used when handling any animal.**
- The rabies pole can be used on dogs that are lunging or too aggressive to muzzle. The noose should be tightened so that it is snug around the neck but not tight. No animal should be dragged using the rabies pole or lifted off the ground with only the rabies pole around the neck.
- Tools for handling dogs with behavior concerns
- At no time should excessive physical force ever be used when handling any animal.
- The control pole can be used on dogs who are lunging or too aggressive to muzzle. The noose should be tightened so that it is snug around the neck but not tight. No animal should be dragged using the control pole or lifted off the ground with only the rabies pole around the neck.

Leash technique and procedures:

- There are a few leash techniques and procedures one should know about in the event a behavioral concern arises.
- Whenever walking a dog make sure to CALLOUT **"Dog, Dog, Dog"** when approaching a corner, doorway, or blind spot. This will alert anyone or someone with another pet approaching your direction.
- Do not allow the animal to pull you when walking on a leash. Leash should always be at the shorts distance from your waist and should not be wrapped around your wrist. There is no running allowed with the pets. Never pull or drag an animal by the neck with a leash.
- If a dog try to bite you the first reaction should be to lift the leash upper ward to prevent the dog from biting you. The dogs back legs should not be off the floor.
- Look for an object to create a barrier between you and the dog. Ask a colleague to leash the dog as well to have better control of the dog, this is the double leash technique.

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE July 30, 2018	PROCEDURE TITLE Animal Handling and Restraint	PROCEDURE	PAGE No. Page 5 of 6
MAJOR AREAS AFFECTED All Staff	APPROVED BY Lorna Mejia Chief of Shelter Services and Live Release Programs Division	REVISES OR SUPERCEDES July 1 st , 2017	
		PREPARED BY Kathleen Labrada Maria Serrano, DVM	

- If a dog is biting the leash or not wanting to walk on a leash, use the harness leash technique. Some dogs may not be used to walking on a leash. If it is a large dog you may need to make the leash longer by adding another leash.
- If a dog tries to bite you while trying to pick them up and a muzzle is not accessible at the time, use the muzzle leash technique.
- Examples of appropriate equipment for restraint and handling include control poles, leashes, muzzles, towels, cat sacks, EZ-nabbers, feral cat traps, squeeze cages, nets, cat gloves, syringe pole, and chemical restraint.

Cats

If a cat does not come to the front of the cage to be pet, they may be afraid or aggressive. If you approach the cat and the cat moves back, he may not know what to expect of you or may be waiting for the right time to escape/attack. Approach the cage/cat slowly and speak in a soft voice. If you are not sure how the cat will react when you touch him, use small object to safely pet them so if should bite, he will bite the object, not your hand. Never reach over the head of a frightened animal, as this may be interpreted as a threatening gesture. Instead offer your hand, palm up, below the cat's chin and allow him or her to sniff you. If he or she accepts the touch, you may slowly move your hand to scratch him on top of the head, and then gently but quickly scruff the back of the cat's neck.

The difference between a feral cat and an extremely aggressive cat is that the feral cats cannot be handled by anyone. Most aggressive cats can be handled by the person (or people) they trust.

Signs of behavior concerns-Cats:

- Hissing, growling, biting, scratching Hair standing on end
- Lunging forward
- Feral cats will have widely dilated pupils and tend to be quiet until they attack

Tools for handling cats with behavioral concern

- CONTROL POLES or LEASH SHOULD NOT BE USED WITH CATS
- Feral cats should not be handled
- Feral or very aggressive cats should be kept in the trap.
- Feral cats should be TNR on admission if they do not have an ID collar, or microchip evidence of a caretaker
- If the cat can be handled but is aggressive, a towel or cat gloves can be used to wrap around the cat to remove him from the cage and place him in a carrier
- Cats must be transported within the shelter in the cat carriers provided
- If a feral cat is admitted for spay/neuter surgery, they should be kept in their carrier and an injection pole used to administer the prescribed sedative

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE July 30, 2018	PROCEDURE TITLE Animal Handling and Restraint	PROCEDURE	PAGE No. Page 6 of 6
MAJOR AREAS AFFECTED All Staff	APPROVED BY Lorna Mejia Chief of Shelter Services and Live Release Programs Division	REVISES OR SUPERCEDES July 1 st , 2017	
		PREPARED BY Kathleen Labrada Maria Serrano, DVM	



STANDARD OPERATING PROCEDURE

CREATED: 5/6/15	PROCEDURE TITLE Blood Transfusions	PROCEDURE	PAGE No. Page 1 of 6
MAJOR AREAS AFFECTED Clinic	APPROVED BY Kathleen Labrada Chief of Operations and Enforcement	EDITED / REVISED 2/16, 7/17 (Serrano)	
		PREPARED BY Maria A. Serrano, DVM Chief Veterinarian	

PURPOSE: To establish guidelines for administration of blood to patients with severe anemia, in an effort to save their lives, regardless of the cause of the anemia.

POLICY: Any adoptable pet with a Packed Cell Volume (PCV) below 10%, will receive a blood transfusion if the treating veterinarian considers necessary to save its life.

DEFINITIONS:

- **Anemia:** Condition (not diagnosis) in which the number of blood cells is reduced. There are multiple reasons for anemia, ranging from parasites to cancer that can cause anemia.
- **Packed Cell Volume (PCV):** percentage of volume that red blood cells occupy. It is calculated by centrifuging a blood sample and measuring against a table.
- **Hematocrit (Ht):** Roughly the same as the PCV
- **Red Blood Cells (RBC):**
- **Cross Matching:** procedure to determine compatibility of donor and recipient of the transfusion

MATERIALS:

- Non pit bull donor
- 4Dx idexx snap test or HW, Ehrlichia, Anaplasma tests
- Medications:
 - Sedatives (different protocols available)
 - Dexamethasone 0.25mg/kg
 - Diphenhydramine 2mg/kg
 - Doxycycline 10mg/kg
- 18ga butterfly set (dogs), 20ga (cats)
- Microhematocrit and PCV reader
- Microcentrifuge
- 3-way stopcock
- 60ml syringe
- Collection bag (with anticoagulant) 450ml (Patterson 07-802-1000)
- Dry bag



STANDARD OPERATING PROCEDURE

CREATED: 5/6/15	PROCEDURE TITLE Blood Transfusions	PROCEDURE	PAGE No. Page 2 of 6
MAJOR AREAS AFFECTED Clinic	APPROVED BY Kathleen Labrada Chief of Operations and Enforcement	EDITED / REVISED 2/16, 7/17 (Serrano)	
		PREPARED BY Maria A. Serrano, DVM Chief Veterinarian	

- 50-150ml (Patterson 07-802-1018)
- CPDA anticoagulant (500ml bottle) – (Patterson 07-857-4341)
- IV catheter (different sizes according to patient size)
- IV blood transfusion set (Patterson 07-802-0992) OR Hemo Nate filter (Patterson 07-836-7999)
- Fluid pump OR regulator IV set (Patterson 07-858-1746)

Calculations:

- Goals:
 - Raise PCV 25-30% in dogs
- Volume to administer:
 - 2ml/kg whole blood will raise the recipient PCV by 1%
 - Easy formula: $\text{wish PCV} - \text{current PCV} \times \text{body weight (lbs)} = \text{ml to give}$
 - More precise: $(\text{BW (Kg)} \times 70) \times (\text{PCV desired} - \text{PCV recipient}) / \text{PCV donor}$

Donor Dog

1. Choose large donor dog, not a pit bull mix (decrease chance of Babesia)
2. Test donor dog for blood parasites (4Dx) and obtain a PCV
3. Calculate the max volume to obtain from the donor:
 - a. Do not exceed 15% of blood volume
 - i. Dog blood volume 90ml/kg
 - ii. Cat total blood volume: 66ml/Kg

Example: 30Kg (total blood volume 2700ml): 10% is 270ml
4. Sedate donor
 - a. Place an IV catheter in the cephalic vein to replenish fluids.
 - b. Use a 18 ga butterfly set or an 18ga needle with extension set for the jugular stick.
 - c. Prep the jugular vein sterile
5. Collecting the blood
 - a. If receiving dog is large
 - i. Collect directly into 450 mL collection bag (already has amount of CPDA for the 450ml to be collected)
 - ii. Fill 450mL bag completely or ratio of citrate will be off
 1. May use a scale to ensure the volume collected. 1ml=1gr



STANDARD OPERATING PROCEDURE

CREATED: 5/6/15	PROCEDURE TITLE Blood Transfusions	PROCEDURE	PAGE No. Page 3 of 6
MAJOR AREAS AFFECTED Clinic	APPROVED BY Kathleen Labrada Chief of Operations and Enforcement	EDITED / REVISED 2/16, 7/17 (Serrano)	
		PREPARED BY Maria A. Serrano, DVM Chief Veterinarian	

- iii. Place the collection bag below the level of the donor during the collection and gently rock to ensure proper mixture of anticoagulant.
 - iv. Refrigerate if not used immediately. The shelf life of the blood after collection is 35 days.
- b. If receiving dog is small
- i. Collect into dry bag collection bag (50-150ml depending on sizes)
 - ii. Use 1ml of CPDA (anticoagulant) per 7ml of blood to be collected.
 - iii. Use a butterfly catheter (18-16ga) attached to a 3 way stopcock and to a 60ml syringe. Attach the dry bag to the 3rd connection of the 3-way stopcock.
 - iv. Pull into syringe slowly to avoid lysing the blood cells and push into the collection bag by switching the stopcock until the desired amount is collected.
- c. Other options to collect blood in:
- i. 60ml syringes (use 7ml CPDA to collect 50ml of blood).
 - ii. NaCl empty bag. Avoid Lactated ringers because citrate chelates calcium.
6. Typing and cross-matching – see Appendix for crossmatching method
- a. Ideally, typing and cross-matching should be done before any transfusion containing red cells
 - b. The desk-top kit requires only 0.25 ml of whole blood, and the test can be performed in less than 10 minutes. **Even in an emergency, typing is often feasible and certainly faster than cross matching.**
 - c. **In an immediate life-threatening emergency, dogs that have never been transfused before** can be given un-typed, un-crossmatched blood as they don't have naturally-occurring auto-antibodies to DEA 1.1 and 1.2¹
 - d. Cats do have natural autoantibodies, and can have life-threatening transfusions after even 1mL of incompatible blood, if type B cats are given Type A blood. However, **98-99%**

¹ "In dogs, if it can be determined with certainty that there has been no prior transfusion, a crossmatch need not be done." DMS laboratories, cross match kit package insert <http://www.drugs.com/vet/rapidvet-h-companion-animal-major-crossmatch-test-kit.html>



STANDARD OPERATING PROCEDURE

CREATED: 5/6/15	PROCEDURE TITLE Blood Transfusions	PROCEDURE	PAGE No. Page 4 of 6
MAJOR AREAS AFFECTED Clinic	APPROVED BY Kathleen Labrada Chief of Operations and Enforcement	EDITED / REVISED 2/16, 7/17 (Serrano)	
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of DSH cats in US studies had Type A blood² so in an immediate life-threatening emergency, a transfusion can be given without typing and cross matching as the risk of administering incompatible blood is low.

Recipient Dog

1. Administer:
 - a. dexamethasone 0.25mg/kg SQ 10 min prior to the transfusion
 - b. Diphenhydramine 2 mg/kg SQ 10 min prior to the transfusion
2. Place IV catheter (largest gauge possible).
3. Transfusion:
 - a. If use dry bag:
 - i. Transfer the collected blood into the dry bag if not already in it.
 - ii. Attach an IV transfusion infusion set (with a filter system) to the bag and to the recipient dog. A Hemo Nate filter is also an option for filtration.
 - iii. Use a fluid pump or a fluid regulator set to administer.
 - b. If use the 450 ml collection bag:
 - i. Attach an IV transfusion infusion set (with filter) to the bag and onto the recipient dog. A Hemo Nate filter is also an option for filtration.
 - ii. Use a fluid pump or a fluid regulator set to administer.
4. Start rate at 1ml/kg/hr the first hour and monitor for reactions. Adjust every 15 min.
5. Monitor every 15 minutes (Hr, respiration, vomiting, hives...) for the first hour of initiating the transfusion and hourly after that.
6. If any anaphylaxis reaction is noted, reduce rate or stop transfusion and administer a second dose of dexamethasone and epinephrine if needed.
7. Prescribe doxycycline (10mg/kg x 10d) to protect against possible blood borne diseases

² 98-99% of US cats are Type A; the lowest percentage of Group A was 73%, in an Australian study; in other countries 85%-100% of cats had Type A. There is substantial breed variation so to assess risk for purebreds see table in Appendix 1. JFMS 2002 The Feline AB Blood Group System and its Importance in Transfusion Medicine CM Knottenbelt 4: 69



STANDARD OPERATING PROCEDURE

CREATED: 5/6/15	PROCEDURE TITLE Blood Transfusions	PROCEDURE	PAGE No. Page 5 of 6
MAJOR AREAS AFFECTED Clinic	APPROVED BY Kathleen Labrada Chief of Operations and Enforcement	EDITED / REVISED 2/16, 7/17 (Serrano)	
		PREPARED BY Maria A. Serrano, DVM Chief Veterinarian	

Tips

- The transfusion must be given in 4 hrs to minimize blood contamination. Adjust rate to complete in 4 hrs.
- If a dog loses blood fast, the transfusion can be given fast (blood loss cases).
- Keep the blood in the fridge. Can be used 35 days post collection if collected with proper aseptic technique. I try to collect the amount I need so I use fresh blood every time.
- Dogs: Can administer a second transfusion within 24hr without cross-matching. I use the same donor in these cases.
If after 24hrs, a second transfusion **requires** cross-matching (Rapid vetH kit)
- Cats: **Always** do agglutination test to test for blood compatibility (rapid VetH kit – feline)

(Appendix 1): CROSS MATCHING

1. Collect blood in both heparin and EDTA tubes from both donor and recipient and **label appropriately.**
2. The major cross match is more important than the minor cross match (assesses whether recipient's blood will destroy donor RBCs)
3. **Centrifuge all blood samples at 3,000 rpm for 10 min, THEN:**
 - a. MAJOR CROSS MATCH
 - i. **Recipient blood in heparin:** Transfer plasma to a red top tube and **label**
 - ii. **Donor blood in EDTA:** Remove and discard plasma. Add 2mL 0.9% sterile saline, mix very gently to resuspend the erythrocytes
 - iii. Recentrifuge, then remove and discard supernatant
 - iv. Resuspend the erythrocytes in saline - 0.5mL erythrocytes + 9.5mL saline or 0.2mL erythrocytes + 3.8mL saline (this makes a 5% suspension)
 - v. Add 2 drops of this **donor cell suspension** to 2 drops of **recipient heparinized plasma** in test tubes or well plates (glass slides can also be used but less reliable)
 - vi. Assess the cell / plasma mixture for **hemolysis** (diffuse reddening of solution which fails to settle out) or **agglutination** (granular appearance)



STANDARD OPERATING PROCEDURE

CREATED: 5/6/15	PROCEDURE TITLE Blood Transfusions	PROCEDURE	PAGE No. Page 6 of 6
MAJOR AREAS AFFECTED Clinic	APPROVED BY Kathleen Labrada Chief of Operations and Enforcement	EDITED / REVISED 2/16, 7/17 (Serrano)	
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b. MINOR CROSS MATCH

- i. **Donor blood in heparin:** Transfer plasma to a red top tube and label
- ii. **Recipient blood in EDTA:** Remove and discard plasma. Add 2mL 0.9% sterile saline, mix very gently to resuspend the erythrocytes
- iii. Recentrifuge, then remove and discard supernatant
- iv. Resuspend the erythrocytes in saline - 0.5mL erythrocytes plus 9.5mL saline or 0.2mL erythrocytes plus 3.8mL saline (this makes a 5% suspension)
- v. Add 2 drops of this recipient cell suspension to 1-2 drops of donor heparinized plasma in test tubes or well plates (glass slides can also be used but less reliable)
- vi. Assess the cell / plasma mixture for hemolysis (diffuse reddening of solution which fails to settle out) or agglutination (granular appearance)

STANDARD OPERATING PROCEDURE

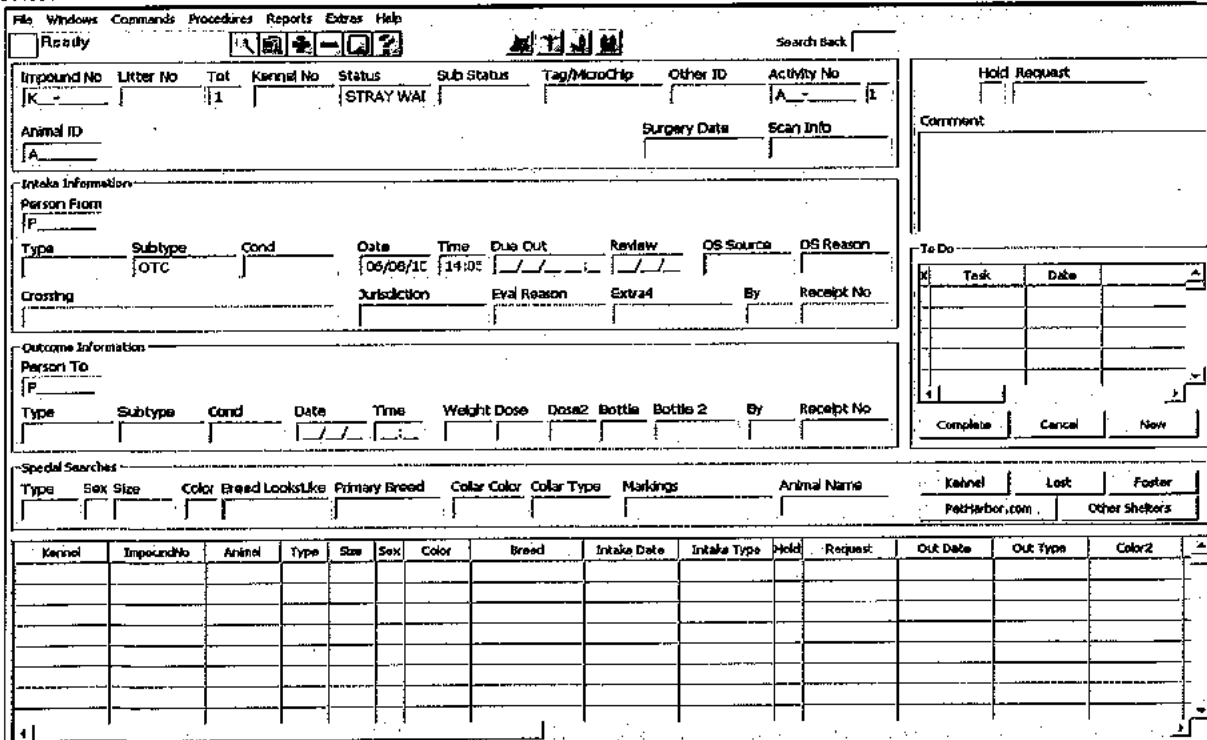
EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Chameleon	PROCEDURE	PAGE No. Page 1 of 14
MAJOR AREAS AFFECTED All Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 13 2016	
		PREPARED BY Xiomara Mordcovich	

INTENT: To use Chameleon to its full potential. All sections have to work together to make sure that all information is accurate at all times, without exception. This will prevent mistakes and provide the best possible care for our pets and excellent customer service for the public.

PROCESSING GUIDELINES:

MAIN KENNEL SCREEN

This page provides a summary of the most important pet information, such as location, type (stray, owner surrender, or confiscation), and owner's name if surrendered by owner, intake date, and due out date, pet condition, identification (tags/microchip), outcome information, other related animals (litter), and additional comments.



The screenshot shows the Chameleon software interface. At the top, there is a menu bar with options: File, Windows, Commands, Procedures, Reports, Extras, Help. Below the menu bar is a toolbar with icons for search, print, and other functions. The main area is divided into several sections:

- Search Back:** A search bar with a magnifying glass icon.
- Animal Information:** Fields for Impound No (K-), Litter No, Tot (1), Kennel No, Status (STRAY WAI), Sub Status, Tag/Microchip, Other ID, and Activity No (A-).
- Intake Information:** Fields for Animal ID (A-), Surgery Date, and Scan Info.
- Intake Information (Person From):** Fields for Person From (F-), Type, Subtype (OTC), Cond, Date (06/08/10), Time (14:00), Due Out, Review, OS Source, and OS Reason.
- Outcome Information:** Fields for Person To (F-), Type, Subtype, Cond, Date, Time, Weight, Dose, Dose2, Bottle, Bottle 2, By, and Receipt No.
- Special Searches:** Fields for Type, Sex, Size, Color, Breed, LooksLike, Primary Breed, Collar Color, Collar Type, Markings, Animal Name, Kennel, Lost, Foster, PetHarbor.com, and Other Shelters.
- Table:** A table with columns: Kennel, ImpoundNo, Animal, Type, Sex, Color, Breed, Intake Date, Intake Type, Hold, Request, Out Date, Out Type, Color2.
- Hold Request:** A section for Hold Request and Comment.
- To Do:** A table with columns: Id, Task, Date, and buttons for Complete, Cancel, and New.

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Chameleon		PAGE No. Page 2 of 14
MAJOR AREAS AFFECTED All Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 13 2016	
		PREPARED BY Xiomara Mordcovich	

BOXES:

IMPOUND No.

Chameleon automatically generates this number when an animal is impounded. This is a unique, self-generated, number to each impound and can be used as a 'Litter No.' for all animals brought in together, i.e., a hoarder's case, an investigation, a sweep, a mother dog/cat with its offspring, etc. The Impound Number should never be reused. If an animal returns to the shelter, a new Impound Number needs to be issued.

LITTER No.

This number can be used to identify animals that are 'related' by birth, source, or case. In the case of a mother dog or cat, please use the impound number of the mother as the 'Litter No' for the rest of the group. This number can also be a case or Customer Service Request (SR) number. The litter number is assigned to the group and not automatically generated, as it must be manually entered.

KENNEL No.

This is where the pet is located in the shelter. To enter a location in the 'Kennel' Box, either type in the cage/run number such as 'C1' and press (F8) to update, or place the cursor in the 'Kennel' Box and press (F4) to search for the cage. **The pet's location in Chameleon must be accurate at all times. When moving a pet from one cage/run to another, you must update the location immediately.**

STATUS

For a stray pet, enter 'Stray Waiting'. For healthy/happy owner surrender, enter 'available' (if the pet does not check for adoption then have clinic staff verify and enter 'Unavailable'). If an animal is not available for adoption to the public but is a candidate for rescue, the clinic should then notify the rescue office.

TAG

Every pet brought to the shelter should be checked for a microchip and/or identification tags and tattoos immediately.

If the pet is a stray or owner surrender and has any form of identification, enter the identification into the 'Tag/Microchip' Box. For instance L16-123456, (Y) for junior tag, and (T) for 3 year tag, microchip number or if the animal is wearing a personalized tag or an out county tag you can type "READ MEMO" in the 'Tag/Microchip' Box and write a memo with the tag information (i.e., name, telephone number, veterinarian's clinic, etc.). If the pet has a Miami-Dade County Tag or a microchip, press (F4) (once cursor is on the 'Tag/Microchip' Box) to enter tag or microchip information into the tag screen.

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Chameleon	PROCEDURE	PAGE No. Page 3 of 14
MAJOR AREAS AFFECTED All Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 13 2016	
		PREPARED BY Xiomara Mordcovich	

The screenshot shows the Chameleon software interface with several fields highlighted by red circles. The 'Tag/Microchip' field and the 'Other ID' field are circled, indicating where to enter multiple types of identification. The 'Scan Info' field is also circled, indicating where to specify the type of ID (e.g., 'tag & microchip').

If a pet has 2 types of ID, please enter the tag in the 'Tag/Microchip' Box and second ID (chip, telephone, tattoo or other ID) in the 'Other ID' Box.

In the 'Scan Info' Box, please enter if the animal has any ID or No ID, for example, 'tag & microchip' 'tag' or 'chip'. Please select Hold 'YES,' Request 'HOLDNOTIFY,' for pets with any traceable form(s) of identification.

****This step is very important so the Lost & Found coordinators know there is a tagged pet in the shelter and can print a report so the owner can be found. ****

ANIMAL ID

Each pet entering the shelter must have a unique identification (Animal ID number). For example, if a litter of 4 puppies is surrendered, there should be 4 Animal ID numbers and 4 impound numbers. However, they should all share the same 'Litter Number'. This is the same 7-digit number that is written on the pet's collar and on the cage card. The number links ALL information about the pet to its record in Chameleon. If the pet has been at

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Chameleon	PROCEDURE	PAGE No. Page 4 of 14
MAJOR AREAS AFFECTED All Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 13 2016	
		PREPARED BY Xiomara Mordcovich	

the shelter before, please do not create a new Animal ID number, always use the pet's original ID number.

INTAKE INFORMATION

The 'Intake Information' of the pet refers to the person who surrendered the pet. See '**PERSON FROM**' Box

- If the pet was brought in by an Animal Control Officer (ACO) then that staff person's name would be entered as the 'Person From' (source) except owner surrenders.
- If a person other than an ACO surrendered the pet, then that person's information would be entered.
NOTE: In order to avoid duplicate accounts, check if the person already exists in the system. Search by name, phone number, address, and driver's license (with and without dashes in the Super Search field) **make sure to update customers account with the dashes.** See picture on next page.
- Put the cursor in the 'Person from' Box and press F4 to go to the Person Window. Fill in as much information as available, including phone numbers, driver's license, address, and e-mail if applicable.

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Chameleon	PROCEDURE	PAGE No. Page 5 of 14
MAJOR AREAS AFFECTED All Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 13 2016	
		PREPARED BY Xiomara Mordcovich	

Person - XMORDCO at COUNTER

File Commands Procedures Reports Extras Help

Person ID Last Name First Name Middle Status SuperSearch: StreetNoLastName Anything

Area Phone Ext Area Phone2 Ext Area Phone3 Ext

No Sfx Dir Name Type Odt Apt

No Sfx Dir Name Type Odt Apt Type

Geo Jurisdiction Address Notes

Drivers LIC Identifier2 DOB Sex Spouse

Extra1 Extra2 Extra3 InCollections Tot

Email Address Contact

Bad Check Bite Memo Donor No Danger

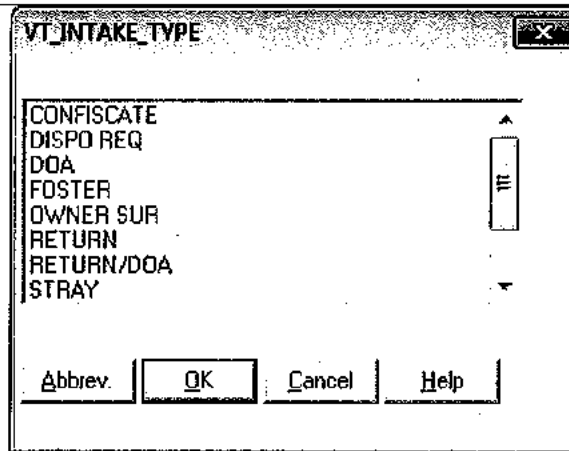
Animal ID Description

Enter the Driver's License Number with and without dashes to double check the system and avoid duplicate accounts.

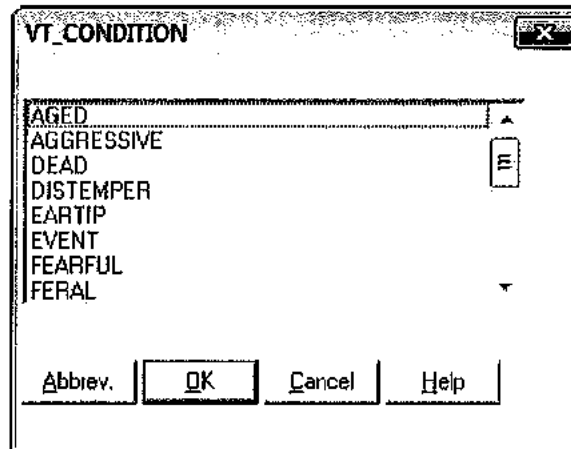
TYPE: This box provides the animal's status upon arrival to the shelter.

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Chameleon	PROCEDURE	PAGE No. Page 6 of 14
MAJOR AREAS AFFECTED All Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 13 2016	
		PREPARED BY Xiomara Mordcovich	



CONDITION: This box explains the animal's condition prior to arriving at the shelter.



OUTCOME INFORMATION: Person To

This box is left blank when the pet is surrendered to the shelter. This box is used when the pet leaves the shelter, the owner found their stray pet, a new adopter or rescue group is taking a pet. **When the outcome information line is filled in, it means there is a person associated with the pet. The pet should not be euthanized, adopted to anyone else or sent to rescue unless all of the 'Memos' and 'Adoption**

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Chameleon	PROCEDURE	PAGE No. Page 7 of 14
MAJOR AREAS AFFECTED All Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 13 2016	
		PREPARED BY Xiomara Mordcovich	

Interview' comments have been reviewed.

CROSSING COMMENTS

This box is for the location the stray pet was found.

INTAKE DATE

The date the pet was brought into the shelter.

DUE OUT DATE

The due out date calculation for dogs over 6 months will be measured in 24-hour increments. The time of day the pet is received, as recorded in Chameleon, is the starting point. The first 24 hours will be considered Day 1. Remember a holiday will affect the due out date, as the shelter may be closed.

For example, if a pet enters the shelter at 10:00 am August 1st:

August 2nd at 10 am will be considered Day 1

August 3rd at 10 am will be considered Day 2

August 4th at 10 am will be considered Day 3

August 5th at 10 am will be considered Day 4

Hence, Animal Services has full custody of the stray dog after 10 am on August 5th. Prior to that date/time, the pet cannot be released to an adopter if it has identification, have spay/neuter surgery or be euthanized unless approved by a veterinarian in the best interest of the pet. The pet may go to an approved rescue group on a medical release, can go on a Foster 2 Adopt to a potential adopter, or returned to its owner prior to the stray hold period.

There is no stray hold for cats unless it has identification. All cats must be scanned for a microchip and held for 3 days if they have identification. Stray puppies under six months must be held for 24 hours. There is no hold period for owner surrendered animals. A pet impounded for a police confiscation must be held for 3 business days, so do not count Saturday or Sunday or holidays in the hold time.

Reminder: If a puppy or cat has traceable identification, they should be held for 3 days.

PLACING A MEMO

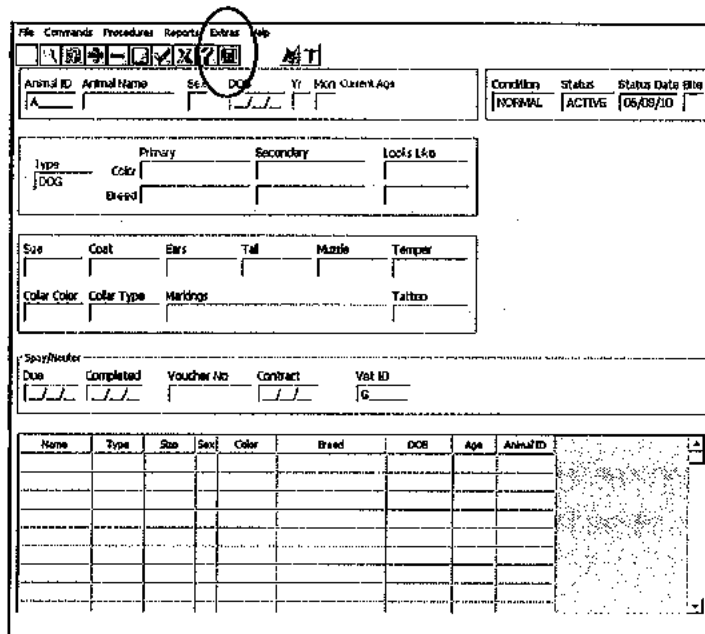
If there is a reason that the pet should not be euthanized, adopted or sent to another party please write

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Chameleon	PROCEDURE	PAGE No. Page 8 of 14
MAJOR AREAS AFFECTED All Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 13 2016	
		PREPARED BY Xiomara Mordcovich	

a memo. For example, add a Memo if we have owner information and are attempting to contact the owner. All memos should be detailed with all information, including pick up dates and time.

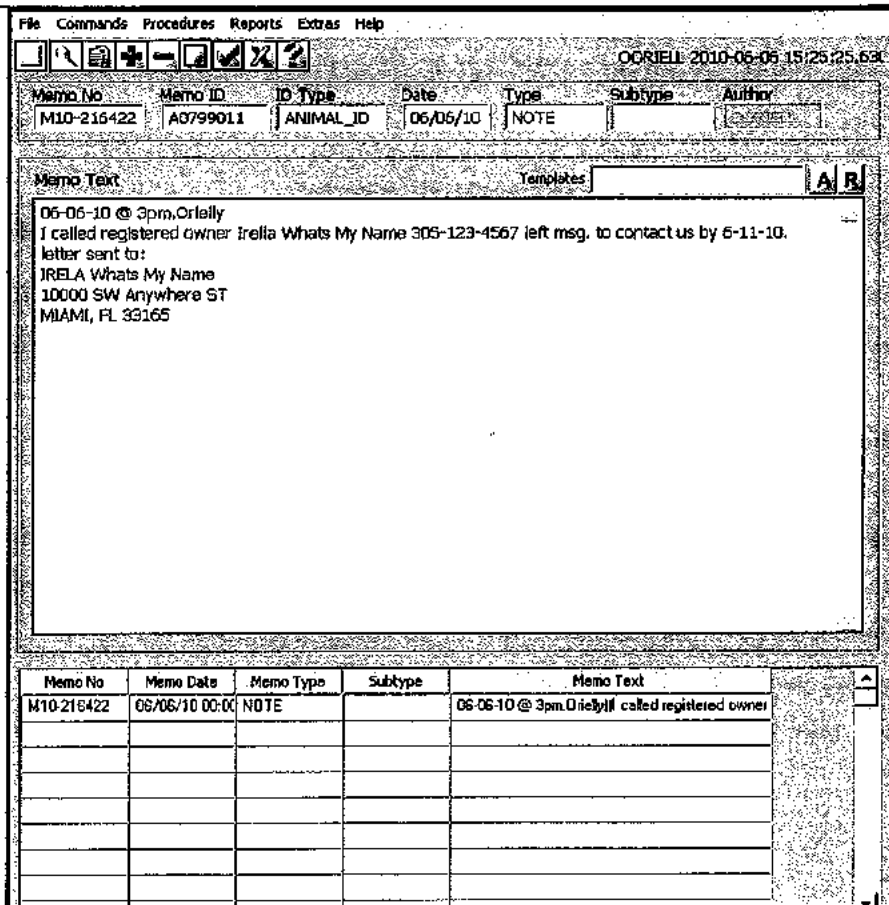
Place cursor in the 'Animal' Box and press (F4), once on the Animal Window:



1. Click on the small memo pad icon (diagram in red) on the top of the screen.
2. The 'ID Type' and Date boxes are auto populated.
3. In the 'Type' Box press (F4), and select appropriate reason, i.e., note.
4. Type the note in the 'Memo Text' Box. Always start the note with date and time, e.g. 6/8/10 @ 15:45, add your initials, and then click on the (+) box (or F9).
5. **The most recent memo should be on the top of the list of memos, should there be more than one memo.**

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Chameleon	PROCEDURE	PAGE No. Page 9 of 14
MAJOR AREAS AFFECTED All Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 13 2016	
		PREPARED BY Xiomara Mordcovich	



Memo No	Memo ID	ID Type	Date	Type	Subtype	Author
M10-216422	A0799011	ANIMAL_ID	06/06/10	NOTE		

Memo Text

06-06-10 @ 3pm,Orlely
 I called registered owner irelia Whats My Name 305-123-4567 left msg. to contact us by 6-11-10.
 letter sent to:
 IRELA Whats My Name
 10000 SW Anywhere ST
 MIAMI, FL 33165

Memo No	Memo Date	Memo Type	Subtype	Memo Text
M10-216422	06/06/10 00:00	NOTE		06-06-10 @ 3pm,Orlely called registered owner

6. After placing a note in the 'Memo' Box, put a 'Y' in the 'Hold' box, then tab over to 'Request' and press F4, then select HOLDNOTIFY or the reason for holding the animal. Then press F8 to update. A starburst will appear if you have correctly placed the Hold.
7. If an animal is leaving the shelter, please remove all starbursts by deleting the 'Y' and pressing F8.

To add a Memo to a person, follow the same procedure as above, under the Person ID Window.

- The 'ID Type', 'Memo ID' and Date boxes are auto populated.
- In the 'Type' Box press (F4), and select appropriate reason, i.e., note.

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Chameleon	PROCEDURE	PAGE No. Page 10 of 14
MAJOR AREAS AFFECTED All Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 13 2016	
		PREPARED BY Xiomara Mordcovich	

- Type the note in the 'Memo Text' box then click on the (+) box or F9.
- **The most recent memo should be on the top of the list of memos should there be more than one memo.**

PLACING PETS ON HOLD (by selecting ADOPTION INTERVIEW)

Only place an animal on hold if it has an interested party. The hold will be honored for the pick-up date.

1. Enter the animal ID in the 'Animal ID' box in the kennel screen and press F12 to show all information.
2. Verify medical condition, adoptability, commitment status and stray hold period before placing a dog/cat on hold.
3. Click on the '**Adoption Interview Window**' icon (diagram below) on the top of the Kennel Window. The Animal ID should be auto populated.
4. Look up the Person ID in the system before you create a new Person ID. Verify/add/update spelling, address, phone numbers, driver's license, e-mail address, etc. If there is no State ID on file, please check the driver's license or valid state picture ID and enter it (without dashes).
5. If the person is not already in our system, please create the Person ID.
6. Enter date (F5), then tab to time (auto populates) and enter your initials in the 'By' Box.

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Chameleon	PROCEDURE	PAGE No. Page 11 of 14
MAJOR AREAS AFFECTED All Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 13 2016	
		PREPARED BY Xiomara Mordcovich	

File Windows Commands Procedures Reports Extras Help

Ready Search Back LYAMBR 2010-06-09 16:09:33.310

Impound No	Litter No	Tot	Kennel No	Status	Sub Status	Tag/Micro Chip	Other ID	Activity No
K10-247795	10-17703	1	B07	STRAY WAI				A

Animal ID: A1263733 2M PUPPY DOG BLACK F TERRIER

Surgery Date: Scan Info: NCNT

Intake Information

Person From: PD999624 LISA YAMBRICH 8841102 7401 NW 74 ST

Type	Subtype	Cond	Date	Time	Due Out	Review	OS Source	OS Reason
STRAY	FIELD	NORMAL	05/06/10	14:42	05/09/10 14:42	///		

Crossing: 3134 SW 25 TER Jurisdiction: MIAMI-05 Eval Reason: Extra4: By: LY Receipt No:

Outcome Information

Person To: P

Type	Subtype	Cond	Date	Time	Weight	Dose	Dose2	Bottle	Bottle 2	By	Receipt No
					.00	.00	.00				

Special Searches

Type: DOG Sex: Size: Color: Breed: Looks Like: Primary Breed: Collar Color: Collar Type: Markings: Animal Name: Kennel: Lost: Foster: PatHarbor.com: Other Shelters:

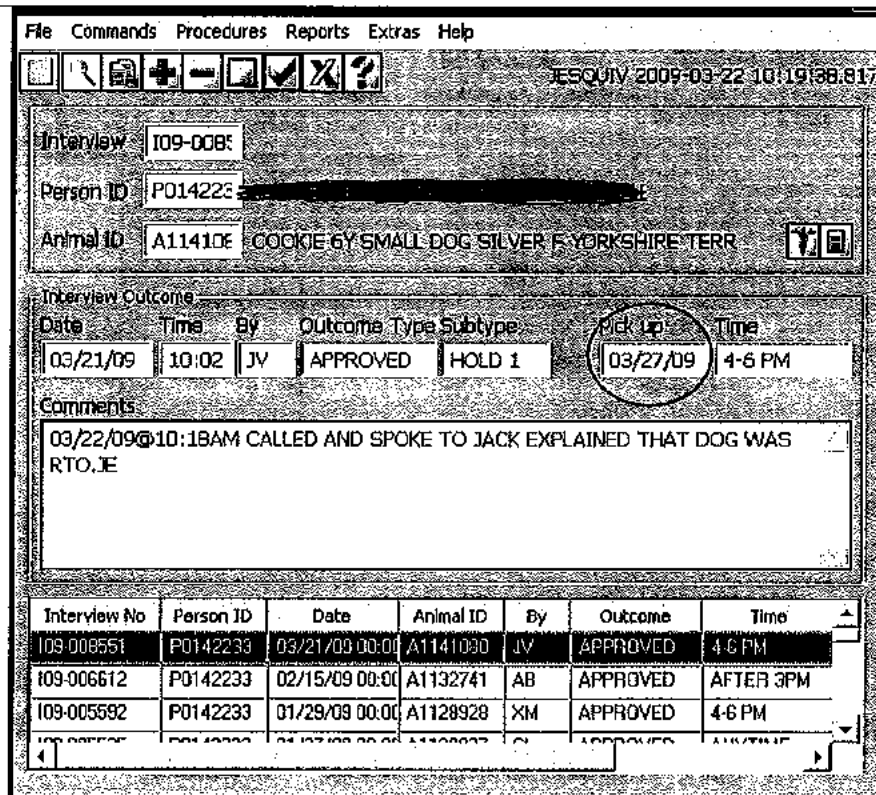
Kennel	Impound No	Animal	Type	Size	Sex	Color	Breed	Intake Date	Intake Type	Hold	Request	Out Date	Out Type	Color2
A	K10-247783	A1183047	DOG	MED	F	BLACK	GERM SHEPHERD	06/08/10 00:00	OWNER SUR					TRICOLOR
B07	K10-247795	A1263733	DOG	PUPPY	F	BLACK	TERRIER	06/09/10 00:00	STRAY					BL BRINDLE
B08	K10-247732	A1263519	DOG	TOY	F	BLACK	CHIHUAHUA SH	06/08/10 00:00	OWNER SUR					WHITE
B11	K10-247711	A1263535	DOG	SMALL	F	TRICOLOR	SHEILD SHEEPD	06/08/10 00:00	STRAY	Y	HOLDNOTIFY			
B13	K10-247906	A1263753	DOG	SMALL	F	BROWN	GERM SHEPHERD	06/08/10 00:00	STRAY					BLACK
B13	K10-247807	A1162526	DOG	SMALL	F	CREAM	CHIHUAHUA LH	06/08/10 00:00	OWNER SUR					
B19	K10-247799	A1263740	DOG	MED	F	WHITE	SHIH TZU	06/08/10 00:00	OWNER SUR					BLACK
B21	K10-247797	A0947652	DOG	MED	F	WHITE	SHIH TZU	06/08/10 00:00	OWNER SUR					BLACK

7. In the 'Outcome' Box, select Approved, Denied, Canceled, and Void.

8. In the Subtype, select hold for interested party, one adopter hold, and two rescue holds are allowed per pet.

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Chameleon	PROCEDURE	PAGE No. Page 12 of 14
MAJOR AREAS AFFECTED All Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 13 2016	
		PREPARED BY Xiomara Mordcovich	



The screenshot shows the 'ESQUIV' software interface. At the top, there is a menu bar with 'File', 'Commands', 'Procedures', 'Reports', 'Extras', and 'Help'. Below the menu is a toolbar with various icons. The main window displays the following information:

- Interview ID:** I09-0085
- Person ID:** P014223
- Animal ID:** A11410E COOKIE 6Y SMALL DOG SILVER F. YORKSHIRE TERR

The 'Interview Outcome' section contains a table with the following data:

Date	Time	By	Outcome	Type	Subtype	Pick Up	Time
03/21/09	10:02	JV	APPROVED			03/27/09	4-6 PM

The 'Comments' section contains the following text:

03/22/09 @ 10:18AM CALLED AND SPOKE TO JACK EXPLAINED THAT DOG WAS RTO. JE

At the bottom, there is a table listing all interviews:

Interview No	Person ID	Date	Animal ID	By	Outcome	Time
I09-008551	P0142233	03/21/09 00:00	A1141090	JV	APPROVED	4-6 PM
I09-006612	P0142233	02/15/09 00:00	A1132741	AB	APPROVED	AFTER 3PM
I09-005592	P0142233	01/29/09 00:00	A1128928	XM	APPROVED	4-6 PM

9. In the 'Pick-Up' Box, enter the pick up date. Verify due out date and surgery availability if applicable. In the Kennel Window, please add the surgery date, so the clinic can run the report to prep pets for surgery. Add the animal in the surgery list located in the google drive.
10. For pets awaiting surgery the pick-up 'Time' Box, will have a time between 4-6 pm on weekdays and 3-4 pm on the weekends. If the pet is already sterilized, it can have a pick-up time of 10-noon.
11. Use 'Comments' Box within the adoption interview window for additional information, including medical waiver, if adopter lives outside of Miami-Dade County, and any other communication with adopter, such as reminder calls to pick up pet, confirmation of holds, etc.
12. Press F9 to save the Adoption Interview.

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Chameleon	PROCEDURE	PAGE No. Page 13 of 14
MAJOR AREAS AFFECTED All Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 13 2016	
		PREPARED BY Xiomara Mordcovich	

13. Press Enter for the starburst WAIT to appear in the upper right corner of the Kennel (main) Window.
14. After placing a hold in the 'Adoption Interview' Window, put a 'Y' in the 'Hold' box, then tab over to 'Request' and press F4, then select Commitment or the reason for holding the animal. Then press F8 to update. A starburst will appear if you have correctly placed the Hold.

Make sure that Adoption Interviews/memos include the following: (if staying for surgery)

1. Date
2. Type of Hold type (Adopter 1 or Rescue 1, or 2)
3. Specific information such as "hold until 5pm 9/6" NOT "owner will pick up later"
4. Your Initials
5. The main points of the conversation you had with the owner, adopter, and/or rescue group.
6. **Be sure you advise owners and/or adopters that after his/her hold expires, the pet will no longer be available to them. Also, review medical information.**

MEDICAL RECORD

All information in the medical record must be accurate, comprehensive, and up to date at all times.

To view the medical record from the main kennel screen, click on the caduceus (top right next to the blue dog).

****All medical information regarding a pet needs to be entered into the medical record and diagnosis box, including:**

- | | |
|---|--|
| <ul style="list-style-type: none"> • Surgery information • Exam • Vaccines • Any tests with results • Behavioral | <ul style="list-style-type: none"> • Medication • Treatments • Symptoms • Spay/Neuter or Medical Release • Aggressive or Biter Template |
|---|--|

****Important: When a pet is sterilized, change sex status from F to S or M to N on the 'Animal ID' Screen.****

OUTCOME

This section must be accurate at all times, so carefully double check your entries. Once the information

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Chameleon	PROCEDURE	PAGE No. Page 14 of 14
MAJOR AREAS AFFECTED All Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 13 2016	
		PREPARED BY Xiomara Mordcovich	

is entered into the 'Outcome' section and updated, the pet will not be on the inventory or present on the website. This section should be filled out only when the pet leaves the shelter, whether they are adopted, returned to owner (RTO), which must indicate if RTO is with or without services, go to rescue or are euthanized. This is also partially filled out when pet is in foster care.

Reminder: Always scan the pet prior to outcome and verify the microchip information in our records.

****Information must be entered at the time the pet leaves the shelter****

To 'Outcome' the pet, place the cursor in the 'Type' Box and press (F4), 'date', and 'time' must be complete as well for a pet to be outcome. If any of these fields are left blank the pet will remain in shelter inventory. The date and time can be updated by pressing (F5). The 'Receipt Number' box is for the front desk. Must be filled out for all transactions.



STANDARD OPERATING PROCEDURE

EFFECTIVE DATE: September 2009 EDITED: July 28 th , 2018	PROCEDURE TITLE Clinic Checking and Medical Record Keeping	PROCEDURE	PAGE No. Page 1 of 8
MAJOR AREAS AFFECTED Clinic Kennel Customer Service	APPROVED BY Kathleen Labrada Chief Of Operations and Enforcement	EDITED: 09/07, 06/10; 02/16, 06/17	
		PREPARED BY Maria A. Serrano, DVM Chief Veterinarian	

INTENT: To ensure that effective and humane medical evaluations and procedures are conducted in a timely manner and documented appropriately.

PROCESSING:

Receiving:

- Process and impound any pet entering the shelter system (follow impoundment SOP)
- Flag any pet with obvious medical conditions (injury or illness) and place on the vet check list (clinic) and alert a veterinary technician regarding the condition of the pet.
- Follow emergency euthanasia request process (SOP) for emergency cases in which the pet is suffering and agonal.

Veterinary technicians (receiving):

- Two (2) technicians will be scheduled
- Begin processing dogs and cats received the night before (brought by AWO)
- Scan all animals with a universal scanner (follow found chip SOP if new chip found)
- Place a microchip
 - Enter the microchip number into Chameleon under the 'Tag Box' on the kennel screen and in the medical record memo (follow microchip SOP)
- Perform a physical exam
 - Evaluate mentation, general condition, breathing, respiration, gum color, hydration status, body condition, presence of fleas/ticks, injuries.
 - Check for a spay scar or presence of testicles
 - Evaluate the behavior as it pertains to the intake process. (tried to bite, showed loose body language...)
 - Do not make diagnoses.
 - May use templates to record findings
- Add on the surgery list for the due out date (see holds and due out dates). Add the date in which the dog was placed on the surgery list on the chameleon box
 - Not fit for surgery:
 - Pet is too small, too young or too sick for surgery,



STANDARD OPERATING PROCEDURE

EFFECTIVE DATE: September 2009 EDITED: July 28 th , 2018	PROCEDURE TITLE Clinic Checking and Medical Record Keeping	PROCEDURE	PAGE No. Page 2 of 8
MAJOR AREAS AFFECTED Clinic Kennel Customer Service	APPROVED BY Kathleen Labrada Chief Of Operations and Enforcement	EDITED: 09/07, 06/10; 02/16, 06/17	
	PREPARED BY Maria A. Serrano, DVM Chief Veterinarian		

- Pets under 2.5 lbs and/or 2.5 months (10 weeks) will be declined for surgery unless determined otherwise by a veterinarian.
- specify on the record, use medical template:
 - Decline /exempt from surgery:
 - Will not have surgery (ever) at MDAS
 - Change sex to Y (male),X (female)
 - Postponed surgery
 - Pet is required to have to return when the condition improves.
- Place any medical concern animals on the vet check list. Check "priority" box and personally alert clinic staff about emergency cases.
 - Conditions requiring immediate attention include but are not restricted to: dying animals (suffering), dyspnea (difficulty breathing), open fractures (a bone is broken through the skin), severe hemorrhage (bleeding), infectious concerns, neurologic pets, any pet that is unable to stand up and move.
- Perform intake services (see tables attached A, B):
 - **Dogs / Puppies:**
 - DHPP vaccine (Distemper, Adenovirus -2 (Hepatitis), Parainfluenza, and Parvovirus)
 - Admin. Subcutaneous (SQ):
 - Age: 4 weeks and older
 - Bordetella Vaccine
 - Admin intranasal (IN) or oral (PO) (see manufacturer)
 - Age: 4 weeks and older
 - Deworm:
 - Product: Pyrantel Pamoate
 - Dose: 1ml / 5 lb PO
 - Heartworm prevention (Interceptor®, Iverheart®, Heartguard®)
 - Age: 8 weeks and older, repeat monthly
 - Dose: give 1 tablet per weight as indicated by manufacturer.
 - Heartworm test (dogs over 5 months). (follow manufacturer instructions)



STANDARD OPERATING PROCEDURE

EFFECTIVE DATE: September 2009 EDITED: July 28 th , 2018	PROCEDURE TITLE Clinic Checking and Medical Record Keeping	PROCEDURE	PAGE No. Page 3 of 8
MAJOR AREAS AFFECTED Clinic Kennel Customer Service	APPROVED BY Kathleen Labrada Chief Of Operations and Enforcement	EDITED: 09/07, 06/10; 02/16, 06/17	
		PREPARED BY Maria A. Serrano, DVM Chief Veterinarian	

- If **POSITIVE**: add the template in Chameleon; place on the vet check list and add to the google drive under HW treatments.
- Flea/tick prevention:
 - Product: Fipronyl 15% topically 0.1ml / 5lbs topical.
 - Severe infestation: Use any of the oral labeled products available (Simperica®, Bravecto®, Credelio®...) - follow dosing guidelines by the manufacturer.
- **Cats / kittens:**
 - FRCPC (Feline Viral Rhinotracheitis (FVR or also known as Feline Herpes), Calici Virus (C), and Panleukopenia (P)
 - Admin. SQ
 - Age: 4 weeks and older.
 - Deworm: Pyrantel Pamoate (1ml/5lbs) and Ponazuril (50mg/kg) PO
 - Flea prevention:
 - Product: Fipronyl 15% topical (0.1ml x 3) per cat.
 - Severe flea infestations: give Capstar.PO.
 - Kittens <1lbs ¼ tablet of Capstar 11.4 mg PO.
 - Adult 11.4 mg PO.
 - Retrovirus testing:
 - FeLV: kittens 6 weeks and older.
 - FIV: 4 months and older
- Enter all findings, including diagnostic tests in the medical record section of Chameleon.
- Medical records are legal documents. All entries must be accurate, professional, and free from spelling and grammatical errors. Include the date, time, and VT initials.
- Animals that are agonal (dying) and/or deemed to be suffering will be directed to a veterinarian immediately before any intake services are administered.
- Mark all the services performed on the kennel card and write "OK" if no medical or behavioral concerns are noted.
- Mark the kennel cards of those pets with health or temperament issues, include the date, the reason the pet is not to be placed in the adoption floor, add VT initials. Mark the services given on the kennel card and write:
 - Small fearful/aggressive dogs: PSA
 - Large fearful / aggressive dogs: PSF



STANDARD OPERATING PROCEDURE

EFFECTIVE DATE: September 2009 EDITED: July 28 th , 2018	PROCEDURE TITLE Clinic Checking and Medical Record Keeping	PROCEDURE	PAGE No. Page 4 of 8
MAJOR AREAS AFFECTED Clinic Kennel Customer Service	APPROVED BY Kathleen Labrada Chief Of Operations and Enforcement	EDITED: 09/07, 06/10; 02/16, 06/17	
	PREPARED BY Maria A. Serrano, DVM Chief Veterinarian		

- Dogs with medical issues: TH or TG
- Cats with behavioral issues: Cat receiving
- Cats with medical issues: Inside surgery recovery
- Mark all kennel cards of those that show aggression with "CAUTION, BILL BITE", write notes in Chameleon with date, and staff name.
- Mark any dog who shows reaction to other dogs with "DOG REACTIVE", write notes in Chameleon with date, and staff name.

Kennel staff:

- Move all animals with an "OK" mark on to the adoption floor, including confiscations.
- Move all a specific room on the kennel card as indicated (See above)
- Ensure all Kennel Card displayed in the adoption floor have accurate information and are neat and clean. Re-print if necessary.
- Animals who show behavior concerns:
 - Do not move or allow any animal that shows aggression on the adoption floor.
 - Indicate by writing on the Chameleon record any abnormal behavior (use behavior template to select the adequate description of the behavior).
 - Alert the veterinary staff for evaluation / treatment
- Update the location of each pet after moving or relocating.

Rabies Vaccines:

- Must be administered to all pets 16 weeks (4 months) and older.
- Must be administered by a veterinarian prior to the animal leaving the shelter (at surgery or before outcoming)
- Pregnant and nursing animals will receive a rabies vaccination prior to leaving the shelter.
- The vaccine is considered expired after 12months + 1day (Rabies compendium, 2016)
- Will allow administration of the booster any time prior to expiration of the previous vaccine.
- 3 year vaccines REQUIRE a 1 year booster (prior to the expiration date) in order to be renewed for 3 years.



STANDARD OPERATING PROCEDURE

<p>EFFECTIVE DATE: September 2009 EDITED: July 28th, 2018</p>	<p>PROCEDURE TITLE Clinic Checking and Medical Record Keeping</p>	<p>PROCEDURE</p>	<p>PAGE No. Page 5 of 8</p>
<p>MAJOR AREAS AFFECTED Clinic Kennel Customer Service</p>	<p>APPROVED BY Kathleen Labrada Chief Of Operations and Enforcement</p>	<p>EDITED: 09/07, 06/10; 02/16, 06/17 PREPARED BY Maria A. Serrano, DVM Chief Veterinarian</p>	

Booster vaccinations:

- Adults: DHPP / FRCPC every 14 days, totaling 3 boosters.
- Puppies: DHPP / FRCPC every 14 days totaling 4 boosters.
- Rabies: Boost after 1 year, every 3 years after.

Community cats:

- Services administered during sterilization:
 - FRCPC vaccine
 - Ear tip
 - Ivermectin injection
 - Rabies vaccination
 - Minor surgical repairs

Names:

- All pets (except community cats) will receive a name during impound (kennel staff).
- Animals surrendered by their owners will maintain their names unless the name is offensive / vulgar.
- Staff must not assign names that are vulgar, offensive, or impart a negative image to the pet.

Surgery:

- All healthy pets will be scheduled for surgery on the due out date
- If the pet is being adopted and it is not scheduled for surgery, make sure it is added to the surgery list on the Google drive (front counter).
- Check all pets scheduled for surgery the day before
 - Check all medical notes, temperature, weight, mucous membranes, demeanor and if it is overall healthy enough for surgery.
- Record all the surgical information on Chameleon:
 - Type and amount of drug/s used.
 - Description of the Surgical Procedure. (templates are available and should be used)
 - Type of suture used (if not already in template)
 - Complications, including death
 - Skin sutures if applicable and when to return for removal



STANDARD OPERATING PROCEDURE

EFFECTIVE DATE: September 2009 EDITED: July 28 th , 2018	PROCEDURE TITLE Clinic Checking and Medical Record Keeping	PROCEDURE	PAGE No. Page 6 of 8
MAJOR AREAS AFFECTED Clinic Kennel Customer Service	APPROVED BY Kathleen Labrada Chief Of Operations and Enforcement	EDITED: 09/07, 06/10; 02/16, 06/17	
		PREPARED BY Maria A. Serrano, DVM Chief Veterinarian	

- Date of surgery
- Any test results
- Doctor who performed surgery
- Change the gender status in Chameleon (Animal ID - F4),
 - Female (F) → Spayed (S)
 - Male (M) → Neutered (N).
- Change status for those pets found NOT FIT FOR SURGERY (exempt)
 - Female (F) → exempt female (X)
 - Male (M) → exempt male (Y)

Spay / Neuter release:

- All animals adopted going to rescue must be sterilized or have a spay / neuter release agreement except when the animal is found to be EXEMPT from surgery by a veterinarian.
- Adopters will have an appointment for surgery made on the day the pet leaves the premises, issued by the person processing the adoption.
- Adopters will leave a \$50 refundable deposit as a security for the sterilization surgery. Once the adopter brings proof of sterilization, the refund will be issued.

Medical / behavioral Release:

- Have any interested adopter/rescue sign a waiver for dogs with behavioral / dog reactive or medical condition notes in order to release the dog to their custody
- The adopter / rescue takes full responsibility to care for the medical condition/s disclosed by the department.
- Foster pets will continue to receive the same standard of care as shelter pets. Any medical procedure/s outside of our scope will be the financial responsibility of the foster parent.



STANDARD OPERATING PROCEDURE

<p>EFFECTIVE DATE: September 2009 EDITED: July 28th, 2018</p>	<p>PROCEDURE TITLE Clinic Checking and Medical Record Keeping</p>	<p>PROCEDURE</p>	<p>PAGE No. Page 7 of 8</p>
<p>MAJOR AREAS AFFECTED Clinic Kennel Customer Service</p>	<p>APPROVED BY Kathleen Labrada Chief Of Operations and Enforcement</p>	<p>EDITED: 09/07, 06/10; 02/16, 06/17 PREPARED BY Maria A. Serrano, DVM Chief Veterinarian</p>	

Attachments A, B:

DOGS			
INFO	Core	DHPP: Distemper, Adenovirus, Parvovirus, Parainfluenza Bordetella, Parainfluenza, Adeno	Mod live vaccine - SQ
	Non core	Rabies (legal in FL only > 4 mo)	Mod live vaccine -PO Killed virus - SQ
ALL DOGS	DEWORM	Pyrantel 0.1ml / 10lbs if Diarrhea: Panacur 50mg/kg PO X 3D	
	FLEA & TICK	Fipronyl 15% topical INFESTATION: Oral deposit product per weight (Simperica)	
	HW TEST + PREVENTION	Interceptor PO per weight 8 weeks and older Testing >5mo	
	Min age to admin vax	4 weeks (DHPP + Bordetella) @ shelter - high risk 8 weeks if low risk (@ foster)	
	DHPP puppy series	In shelter: Every 2 weeks until 16 weeks old On foster: Every 3 weeks until 16 weeks old	
	PO Bordetella, parainfluenza, adeno	8 weeks, 1 booster in 2-3 wks	NEVER SQ or IN Revaccination q/6mo (fosters)
	DHPP adults > 20 wks	One vax @ intake In shelter: 2 boosters On foster: 1 booster, then annually	Annual revaccination
	Bordetella PO, Parainfluenza +/- adeno	One dose	Revaccination q/6mo (fosters)
	Rabies	Start @ 16 weeks, revax before 1yr, then q/ 3yrs after	State law



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CATS			
VACCINATION		DIAGNOSTICS	TREATMENT
INFO	Core	FRCPC: Herpesvirus, calicivirus, panleukopenia, Clamydophyla	Mod live vaccine -- SQ
	Non-core	Rabies (legal in FL only > 4 months)	Killed virus
ALL CATS	DEWORM	Pyrantel 50mg/ml - 0.1ml / lb Ponazuril 22mg/ml - 0.1ml / lb If Diarrhea: Panacur 50mg/kg PO X 3D	
	FLEAS	Fipronyl 15% topical Infestation: Capstar OR Comfortis PO	3 pumps x cat May give capstar intra-rectal
	FIV / FeLV	<4 lbs: FeLV only (AT TIME OF ADOPTION) >4 lbs: FIV + FeLV	<4mo kittens will not get combo after adoption at the shelter
KITTENS	Min age to admin vax	4 weeks (@ shelter - high risk environment) 8 weeks (@ foster - low risk environment)	
	FRCPC kitten series	In shelter: Every 2 weeks until 16 weeks old On foster: Every 3 weeks until 16 weeks old	
	FRCPC adults	One vax @ intake In shelter: 2 boosters On foster: 1 booster , then annually	Annual revaccination
	Rabies	Min age for legal vaccine @ 16 weeks, revax before 1yr, continue q/ 3yrs after All TNR cats vaccinate	By state law, 1yr vaccines must be boosted 1yr after, then q/3yrs.



STANDARD OPERATING PROCEDURE

EFFECTIVE DATE 2/15/14	PROCEDURE TITLE TKX Chemical Capture	PROCEDURE	PAGE No. Page 1 of 5
MAJOR AREAS AFFECTED Clinic staff	APPROVED BY Kathleen Labrada Chief of Operations and Enforcement	EDITED 2/16, 7/18 (Serrano) PREPARED BY Maria A. Serrano, DVM Chief Veterinarian	

PURPOSE: To have a safe protocol for use in the field to capture aggressive or fractious dogs.

POLICY: Only animal control officers and investigators certified in chemical capture will be authorized to chemically capture animals.

RESPONSIBILITIES:

- Chief Veterinarian: design chemical capture protocol, mix the chemical capture cocktail, manage controlled substances used in chemical capturing, and audit logs.
- Certified animal control officers and investigators: Quantify the amount of drugs to be used per case, Transport drugs safely, complete logs, and return drugs to the chief veterinarian to lock in the lock box.

PROCEDURES:

- 1- Alert the chief Veterinarian when a case requires chemical capture. Inform how many dogs and the approximate weight for each dog.
- 2- Obtain controlled drugs from the Chief Veterinarian
- 3- Cocktail:
 - To one vial of Telazol add 4 mls of ketamine (400 mgs) and 1 ml of xylazine (100 mg)
 - Dose at 0.01ml / lb
 - Dilute 1:5 (1ml TKX + 4ml sterile water) to dose small patients (1-5lbs) and dose 0.1ml / lb
- 4- Transport the drugs to the location in a locked container.
- 5- Follow the TKX dosing chart (Attachment 1)
- 6- Load the adequate dose per animal. Use new needles in all animals. Once the needle has touched the ground (missed shots), discard the needle and use a new one.



STANDARD OPERATING PROCEDURE

EFFECTIVE DATE 2/15/14	PROCEDURE TITLE TKX Chemical Capture	PROCEDURE	PAGE No. Page 2 of 5
MAJOR AREAS AFFECTED Clinic staff	APPROVED BY Kathleen Labrada Chief of Operations and Enforcement	EDITED 2/16, 7/18 (Serrano)	
		PREPARED BY Maria A. Serrano, DVM Chief Veterinarian	

- 7- Check with the veterinarian for dose adjustment in case the dog to be captured is obese, emaciated, or weak.
- 8- Check with the veterinarian before administering additional DKT. Do not re-dose without veterinarian approval.
- 9- Adverse side effects:
 - o Very slow recovery / bradycardia / arrhythmia
 - Yohimbine 0.025ml/lb slowly IV. Give 1/4th of the volume and re-evaluate recovery.
 - o Very rough recovery
 - Acepromazine: 0.05ml / 10lbs
- 10- Log all used controlled drugs in controlled substance log (even portions lost in missed shots)
- 11- Record amount of TKX and time administered in electronic animal record.



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Attachment 1

TELAZOL COCKTAIL + DOSING CHART

Cocktail: 1 vial of Telazol + 4 mls of ketamine (400 mgs) + 1 ml of Xylazine (100 mg)

Weight (lb)	TKX (0.01 ml/lb)
5	0.05
6	0.06
7	0.07
8	0.08
9	0.09
10	0.10
11	0.11
12	0.12
13	0.13
14	0.14
15	0.15
16	0.16
17	0.17
18	0.18
19	0.19
20	0.20
21	0.21
22	0.22



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weight (lb)	TKX (0.01 ml/lb) (0.0125 to 0.015 ml/lb)
23	0.23
24	0.24
25	0.25
26	0.26
27	0.27
28	0.28
29	0.29
30	0.3
31	0.31
32	0.32
33	0.33
34	0.34
35	0.35
36	0.36
37	0.37
38	0.38
39	0.39
40	0.4
41	0.41
42	0.42
43	0.43
46	0.46
47	0.47
48	0.48
49	0.49
50	0.5
51	0.51
52	0.52



STANDARD OPERATING PROCEDURE

EFFECTIVE DATE 2/15/14	PROCEDURE TITLE TKX Chemical Capture	PROCEDURE	PAGE No. Page 5 of 5
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Weight (lb)	TKX Solution (mL)
53	0.53
54	0.54
55	0.55
56	0.56
57	0.57
58	0.58
59	0.59
60	0.6
61	0.61
62	0.62
63	0.63
64	0.64
65	0.65
66	0.66
67	0.67
68	0.68
69	0.69
70	0.7
71	0.71
72	0.72
73	0.73
74	0.74
75	0.75
80	0.8
85	0.85
90	0.9
95	0.95
100	1

<p>EFFECTIVE DATE August 9, 2018</p>	<p>PROCEDURE TITLE Community Cats / Trap, Neuter, Return (TNR)</p>	<p>PROCEDURE</p>	
<p>MAJOR AREAS AFFECTED</p> <p>Veterinarians Veterinary Technicians TNR, Receiving and Kennel Staff</p>	<p>APPROVED BY Kathleen Labrada Lorna Mejia</p>	<p>REVISES or SUPERCEDES 12/14, 1/16 (Serrano) 8/13, 9/16, 4/18 (Leiva)</p>	
		<p>PREPARED BY Leonel Romero Maria Serrano, DVM</p>	

INTENT:

To establish guidelines for a spay-neuter program addressing unowned community cats, detailing the processes related to receiving, capturing, sterilizing, and returning healthy community cats, and to effectively and humanely reduce shelter intake, control community cat population, and reduce community cat euthanasia in the shelter.

Definitions

- **TNR:** Trap, Neuter, Return
- **Community Cat:** Cat or group of cats roaming a particular area that is cared for by one or various members of the community
- **Ear Tip:** universal sign for a sterilized cat involving the surgical removal of a small piece of the left ear
- **Constituent:** Person belonging to a community or county
- **“Order to Provide care”:** Legal document that obligates caregiver or owner to provide veterinary care to a dog or cat after leaving the shelter
- **DKT:** Mixture of 3 (three) medications (dormitor, ketamine, torbutrol) to achieve anesthesia and pain control

Responsibilities:

- **Veterinary Surgeon:** Perform sterilization surgeries, administer rabies vaccinations and treat simple conditions that will increase the cats’ chances of survival and quality of life after being returned. The veterinary surgeon will make the final decision regarding acceptance of any patient for surgery with acceptance based on physical examination findings and historical information if available. Veterinary surgeons shall weigh the risks and benefits of sterilizing patients with mild infectious or noninfectious medical conditions. The veterinary surgeon shall use discretion regarding minimum and maximum patient age and body weight, taking into account the availability of staff expertise and necessary equipment to care for patients.

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- **Shelter Veterinarian:** Evaluate any cat suspicious of infectious disease, injury, or medical condition that may require humane euthanasia. The shelter veterinarian shall treat cats whose injuries or conditions may be too time consuming to be performed during surgery-allocated time.
- **Veterinary Technicians:** Visually evaluate cats. Calculate and administer injectable anesthesia through the trap. Perform a quick physical exam and inform the veterinarian of any medical condition or health concern noted. Confirm weight and gender of the cat. Identify all cats and traps properly. Prepare each cat for surgery (anesthesia maintenance, surgical scrub, administration of injectable medications, vaccinations and ear tip). Monitor / treat the cat during post-surgery recovery. Return the cat to the properly identified trap. Input medical notes in the computer. Evaluate all cats once fully recovered (sternal and head up). Feed all cats a small amount of canned food following surgery.
- **TNR Coordinator:** Conduct trapping of unsterilized cat colonies. Advise, provide support and educate constituents bringing community cats to the shelter for TNR. Supervise TNR staff for intake, labeling, and distribution into surgical units according to priority and intake date to ensure the length of stay is kept as short as possible. Inform veterinarians and technicians of expected number of cats for surgery daily. Supervise transport of cats to their community of origin following surgery. Track TNR surgery numbers monthly.
- **TNR Kennel, Receiving Staff:** Receive and impound cats. Place identification labels on traps with cat and owner information. Flag any cats suspected as being pregnant to be fast tracked for surgery. Flag any cat suspicious of infectious disease or any other medical condition. Alert the clinic veterinarian to evaluate injured / sick cats for humane euthanasia. Place cats in TNR holding area and bring to surgical units as indicated by the TNR coordinator or veterinary team, taking care to ensure the cats are presented for surgery in priority order and by date received to reduce length of stay. Cats with the longest duration of stay in the shelter must be presented prior to newer arrivals unless flagged as a priority.

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- **TNR Transport Staff:** Visually inspect every cat to be returned prior to loading the van to ensure they appear alert and are ear tipped. Drive to the indicated areas and release cats within 100 feet of their indicated address of origin in a safe area away from traffic. Leave a TNR door slip at the indicated address to inform the constituent the cat has been returned. Feed / water and place a litter box in every trap remaining in the cat holding area over night (pending surgery).

Procedures

Impoundment (Receiving Staff):

All community cats or stray cats (unless owned or with a history of being inside cats) presented to the shelter, weighing 1.8 lbs or more will be considered for TNR. Any kitten weighing less than 1.8 lbs will be admitted for adoption, deferment, or fostering opportunity. The veterinarian may elect to perform or decline surgery on a case by case basis regardless of weight.

1. The cat receiving clerk will offer options to anyone presenting a cat(s):

- **Adoption:** this service has a fee of \$35 and includes: sterilization, FRCP and rabies vaccine, microchip and FIV/FelV testing (regular adoption SOP to be followed)
- **TNR:** this service is free and includes: sterilization, FRCP and rabies vaccine and mandatory ear tip. Following delivery of TNR service the following options are available:

ASD will transport the cat(s) to the vicinity of the location found with no prior notice after TNR services have been provided

Or

Good Samaritans may choose to pick cat(s) up from ASD following TNR services. Any cat(s) not timely picked up by caregivers will be returned to the location found without prior notice

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2. Upon agreement to TNR service, the Good Samaritan will be provided with the Community Cat Authorization and Release form to complete and sign. Form must be verified with a valid form of ID and must be filled completely and legibly. Good Samaritan must be advised that the cat(s) will have TNR services provided as the surgical schedule permits, therefore a completion date cannot be provided at the time of impoundment.
3. Cat(s) presented for TNR are to be impounded as **UNAVAILABLE**. Impound staff shall place the cat in a trap lined with newspaper. Surgery stickers must be stapled to the release form along with the kennel card, which are then to be placed in a plastic sleeve and securely attached to the trap. Photographs of TNR cats are to be obtained through the trap. The trap is to be covered with a sheet or pillowcase to reduce stress.
4. Once impoundment is complete the clerk or TNR staff if available shall place the trap on the racks in the cat receiving room grouped in order of priority (suspected pregnancy, requires vet care); impound date and customer

Impounding TNR Cat(s)

All TNR cats are to be impounded as follows:

- Kennel No: TNR
- Status: Unavail
- SN Status: Intact
- Type: Stray
- Subtype: TNR
- Condition: Feral (unless another field is required)

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Kennel - YTKACU at COUNTER

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Impound No	Litter No	OL	Animal No	Status	SN Status	Tag/Micro Chip	Other ID	Activity No
K14-384035		1	TNR	UNAVAIL	INTACT			A- 1

Animal ID: A1642342 LARGE CAT BLACK DOMESTIC SH (TNR)

Surgery Date: Scan Info: NCNT

Impound Information

Person ID: P1154417

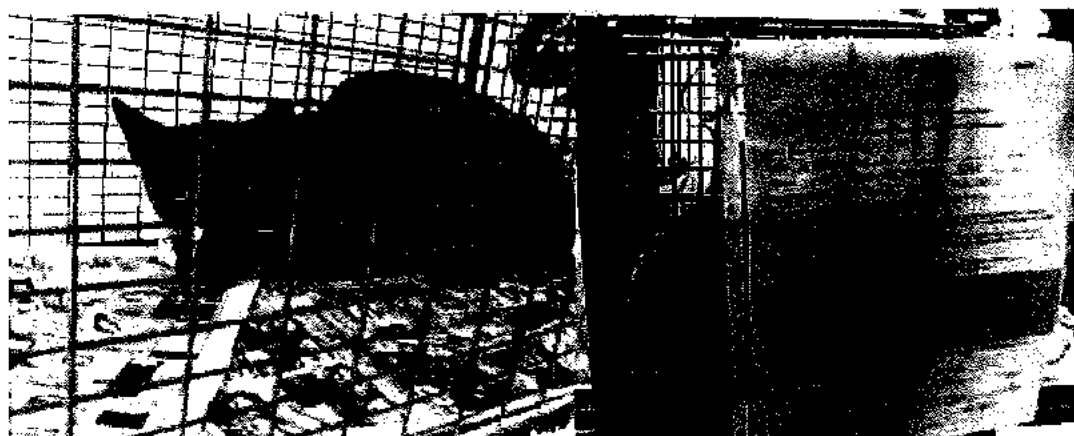
Type	SNM/OT	Subd	Date	Time	Doc Dtl	Review Date	OS Source	OS Reason
STRAY	OTC	FERAL	09/09/14	08:15	09/09/14 08:16	///		

Crossing: 2140 W 68 ST Jurisdiction: Eval Reason: ZIP CODE: 33016 By: GE Receipt No:

- The correct crossing and zip code are very important for targeting purposes. Ensure that the information entered in these fields reflects the location the cat was found, not the finders address.

Number: Missy Thaxot	Identification: Missy Thaxot
Sex: M (U)	Sex: M (U)
Weight: 5.5 lbs	Weight: 5.5 lbs
Height: 7" tall	Height: 7" tall
Color: ENK	Color: TSN
Location: No	Location: No

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- Take a clear picture of the cat through the trap. Try to get the best angle to help identify any markings the cat may have
- Staple the the kennel card to the release form
- Fill out the surgery stickers and staple them to the release form
- Place the paperwork in the plastic sleeve attached to the trap the cat is in

Kennel Staff Assigned To TNR Room:

- Cats must remain in the same trap throughout the duration of their stay in the shelter
- Cats waiting for surgery must have food, water, and litter box removed from the traps and be taken to surgery grouped by priority; impound date, customer and suspected pregnancies
- Cats must be covered with a sheet or pillow case at all times
- Cats must be fed wet canned food after surgery
- All cats must be provided food, water and a litter box if they are staying overnight
- Restock all supplies as needed
- Keep the room clean and free of clutter
- No open food containers are to be left in the room at any time

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Kennel Runner/TNR Driver:

- Ensure cats are properly placed in TNR room upon arrival and verify grouping by priority
- Take cats to surgery grouped by priority; impound date, customer and suspected pregnancies. Pick up cats from surgery. Do this as needed throughout the day to maintain the flow of TNR surgeries.
- Check all TNR cats throughout the day to look for any signs of health issues and inform the veterinarian on duty of any issues found
- Contact the Good Samaritans that have elected to pick up the cats when services have been rendered. Do this throughout the day as needed to maintain the flow of cats being picked up. Keep a daily call log.
- All TNR cats will remain at the shelter overnight after surgery unless picked up by the owner / caregiver.
- Coordinate the delivery of cats prior to departing from the shelter
- Keep a drop off log with a route map. Leave a delivery post card at every delivery location.
- Outcome cats that are picked up by the Good Samaritans or returned in the field
- Clean and sanitize the inside of the TNR vans after completing all deliveries and wash the outside of the van after completing deliveries.
- Clean all traps after pickups and deliveries and restock them in the appropriate areas.
- Impound cats as needed
- Assist in maintaining the traps in working condition
- Report any damaged traps and replace plastic protectors as needed

OUTCOME (Receiving and TNR Staff)

All TNR cats will have the outcome type "TNR" with a subtype of either "Field" or "Pickup" depending upon whether the cat was returned in the field or picked up by Good Samaritan. The condition, date, time and initials are required.

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Outcome Information												
Person To												
P												
Type	Subtype	Cond	Date	Time	Weight	Dose	Dose2	Bottle	Bottle 2	By	Receipt No	
TNR	PICKUP	FERAL	09/09/14	08:58	.00	.00	.00			YT		

OR

Outcome Information												
Person To												
P												
Type	Subtype	Cond	Date	Time	Weight	Dose	Dose2	Bottle	Bottle 2	By	Receipt No	
TNR	FIELD	FERAL	09/09/14	08:58	.00	.00	.00			YT		

Pickups:

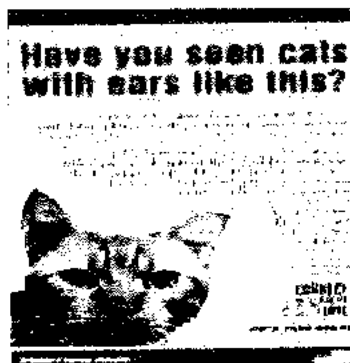
- Check the eartip to verify the surgery was completed
- Make sure the cat(s) is fully awake and recovered from surgery with no signs of health issues
- Check the cage card photo and make sure it matches the cat in the cage to be sure the correct cat is being returned to the correct customer
- Transfer the cat(s) to the customers' carrier and have the customer verify it is the correct cat
- Outcome the cat(s). Place all outcome paper work in the designated box for the TNR coordinator

Field Drop Offs:

- All cats will remain at the shelter overnight after surgery unless picked up by the owner / caregiver.
- Check for an eartip to verify the surgery was completed, do not release any cat that has not been eartipped.

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- Check that the cat is fully awake and recovered from surgery with no signs of health issues. Alert the veterinarian of any concerns.
- Check the cage card photo and make sure it matches the cat in the cage to be sure the correct cat is being returned to the correct location
- Prepare a route map prior to delivery. Remove all food, water, and litter from the traps.
- Cover cats with a sheet when transporting
- Place the cats in a safe area away from traffic within 100 feet of the address or cross streets provided as the found location by the Good Samaritan
- Leave a drop off post card at each delivery location



- Clean the inside and outside of the van after deliveries. Clean all traps and restock them to the appropriate locations.
- Outcome the cats. Place all outcome paperwork in the box on the TNR coordinator's desk for future filing.

Trapping Community Cats (TNR Staff):

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The TNR Coordinator will schedule trapping shifts for the TNR staff. When trapping cats in our community maintain a professional appearance and demeanor at all times. All cats will be treated with care and compassion.

Set up the van with the following supplies:

- An appropriate number of clean traps lined with newspaper
 - Vinyl sheets or shimmy towels to replace newspaper on windy days
 - Food trays and different types of wet cat food or sardines
 - Plastic gloves and safety gloves
 - Sufficient sheets and pillow case to cover all traps
 - A trap divider, a few carriers, a garbage bag, and the drop trap
 - TNR Good Samaritan Release Form, Euthanasia Request Form, TNR Flyers, and No Kill Community Flyers
-
- Upon arrival have the property owner sign the Good Samaritan Release Form
 - Check physical condition of each cat trapped. If the cat is sick or injured advise the caretaker that the cat needs medical attention. If the caretaker cannot provide veterinarian attention for the cat, have them fill out the euthanasia request form and inform them the cat will be euthanized if our veterinarian determines it is in the best medical interest to do so.
 - Cover all trapped cats to aid in calming them
 - If trapping from multiple locations label the traps from each location
 - Impound the cats upon return to the shelter
 - If surgery has finished for the day set the cats up with food, water, and a litter box

TNR Process (Clinic and Veterinary Staff)

All community cats or stray cats (not owned or with history of being inside cats) presented to the shelter, weighing 1.8 lbs or more will be considered for TNR. Any kitten weighing less than 1.8 lbs will be admitted for adoption, deferred or foster opportunity. The veterinarian may elect to perform or decline surgery on a case by case basis regardless of weight.

<p>EFFECTIVE DATE August 9, 2018</p>	<p>PROCEDURE TITLE Community Cats / Trap, Neuter, Return (TNR)</p>	<p>PROCEDURE</p>	
<p>MAJOR AREAS AFFECTED</p> <p>Veterinarians Veterinary Technicians TNR, Receiving and Kennel Staff</p>	<p>APPROVED BY Kathleen Labrada Lorna Mejia</p>	<p>REVISES or SUPERCEDES 12/14, 1/16 (Serrano) 8/13, 9/16, 4/18 (Leiva)</p>	
		<p>PREPARED BY Leonal Romero Maria Serrano, DVM</p>	

Injured cats presented for TNR:

a. Severely sick / injured cats:

- Humane euthanasia will be indicated
 - o Caregivers will be informed upon intake

b. Mildly injured or sick cats

- Will be treated to the extent of the shelter's resources and capabilities at the time of sterilization surgery
- Decline surgery for any cat with suspicion or diagnosis of infectious disease.
 - o Humane euthanasia will be indicated in these cases.
 - o Cats with Upper respiratory infection will not stay at MDAS for treatment. Medications will be offered to the caregiver to treat at home. If the caregiver cannot isolate and treat the cat, humane euthanasia will be indicated.

c. Anesthesia and surgery: follow surgery SOP

- Inject anesthetic (DKT) through trap and wait for the cat to be heavily sedated before taking it out. (See DKT dosing chart)
- Perform physical examination under anesthesia
- Place face mask adjusted with Velcro strips and administer oxygen and gas anesthesia (isoflurane 1- 3%)
- Prepare / scrub for surgery (mid ventral abdomen for spay; perineum / scrotum for neuter)

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<p>MAJOR AREAS AFFECTED Veterinarians Veterinary Technicians TNR, Receiving and Kennel Staff</p>	<p>APPROVED BY Kathleen Labrada Lorna Mejia</p>	<p>REVISES or SUPERCEDES 12/14, 1/16 (Serrano) 8/13, 9/16, 4/18 (Leiva)</p>	
		<p>PREPARED BY Leonal Romero Maria Serrano, DVM</p>	

- Administer analgesics (pain medications), vaccinations (FRCP), ivermectin (0.1ml / 10lbs SQ) and other medications indicated by the veterinarian
- Give Subcutaneous (SQ) fluids to all pregnant cats after surgery. Placement and application of IV fluids will be at the veterinarian's discretion and on a case by case basis. Remove catheter during recovery and administer SQ fluids (if indicated by the veterinarian).

Ear tip: (Veterinary Technicians)

- o All community cats **MUST** be ear tipped at the time of surgery
- o All community cats noted to be already spayed / neutered at the time of anesthesia will be ear tipped to avoid future trapping.
- o Place a sterile straight hemostat across the top of the left ear (approx. ¼ inch for adult cats and proportionally for kittens)
- o Cut tip with a hot wood cutter for proper hemostasis
- o Remove the hemostat immediately and monitor for a few seconds
- o If any bleeding occurs, place the hemostat and apply quick stop powder. Monitor for additional bleeding before the cat is returned to its trap.

TNR Surgery Process (Veterinarian)

- Perform surgical procedure following spay / neuter SOP
- Administer Rabies vaccination

Recovery: (Veterinary Technicians)

EFFECTIVE DATE August 9, 2018	PROCEDURE TITLE Community Cats / Trap, Neuter, Return (TNR)	PROCEDURE	
MAJOR AREAS AFFECTED Veterinarians Veterinary Technicians TNR, Receiving and Kennel Staff	APPROVED BY Kathleen Labrada Lorna Mejia	REVISES or SUPERCEDES 12/14, 1/16 (Serrano) 8/13, 9/16, 4/18 (Leiva)	
		PREPARED BY Leonel Romero Maria Serrano, DVM	

- Reverse all kittens under 6 lbs by injecting antisedan at 1/3rd volume of DKT injected
- Keep all cats (especially kittens) warm by wrapping them individually in towels and providing additional heat source (rice bags or thermal blankets)
- Administer 0.5 ml of Karo syrup on the gums of all cats/kittens during recovery
- Treat ear mites when noted during physical examination: Apply a drop of mineral oil and massage ear canal. Remove debris by using a q-tip. Repeat as needed. Apply a drop of ivermectin in each ear.
- Change newspaper inside the trap and place the cat inside
- Monitor until cat holds a "sternal" position and is alert, notify veterinarian of any concerns
- Give a small amount of canned cat food to every cat once bright, alert and sternal (sitting on chest)
- No TNR is to be returned to the holding suite until completely AWAKE after surgery

Complete the medical record in Chameleon, including the "spay" or "neuter" surgical template

Mark the intake form with an "S" (spayed) or "N" (neutered) with a sharpie

Return the cat inside the trap to cat receiving and place on the right wall along with all other completed cats

<p>EFFECTIVE DATE Sept 8, 2014 EDITED: 7/17 (Serrano)</p>	<p>PROCEDURE TITLE Medical Protocols: Demodex</p>	<p>PROCEDURE</p>	<p>PAGE No.</p>
<p>MAJOR AREAS AFFECTED Clinic Staff</p>	<p>APPROVED BY Kathleen Labrada Maria A. Serrano, DVM</p>	<p>REVISED 2/11/16 (Serrano)</p>	
		<p>PREPARED BY Maria Serrano, DVM</p>	

INTENT: To establish a standard protocol for treatment of canine and feline demodicosis at Miami Dade Animal Services.

1. Diagnosis:

- Physical exam: Dog or cat with one or several areas of alopecia with or without pyoderma (bacterial infection) present.
- Skin Scraping (deep scraping):
 - Put a drop of mineral oil on the skin and on a clean slide.
 - Lightly massage (pinch/roll). Use a new blade and scrape the surface of the skin. The skin must bleed superficially.
 - Place material scraped in mineral oil drop on the slide.
 - Look under the microscope the entire sample in order (R-L, top-bottom) and identify mites, eggs, larva



2. Definitions:

- **Generalized demodicosis:** More than 6 lesions OR a single large (regional) lesion OR involvement of 1 or more paws. Treat systemically.
- **Localized demodicosis:** 6 or fewer focal areas affected, usually involving face and forelegs. 90% resolve spontaneously but can progress to generalized form.
 - **Juvenile onset:** Younger than a year of age. Good prognosis for cure.
 - **Adult onset:** > 1 year old. If over 4 years, guarded prognosis for permanent cure.
- **Note:**
Patient can be scheduled for surgery as soon as the pyoderma has resolved and surgery is not contraindicated

EFFECTIVE DATE Sept 8, 2014 EDITED: 7/17 (Serrano)	PROCEDURE TITLE Medical Protocols: Demodex	PROCEDURE	PAGE No.
MAJOR AREAS AFFECTED Clinic Staff	APPROVED BY Kathleen Labrada Maria A. Serrano, DVM	REVISED 2/11/16 (Serrano)	
		PREPARED BY Maria Serrano, DVM	

3. Treatment / Management:

- **LOCALIZED DEMODICOSIS, ANIMAL < 1 YEAR OLD**
 - One individual area of alopecia with no pyoderma.
- **GENERALIZED DEMODECOSIS OR LOCAL DEMODECOSIS IN ANIMALS > 1YR OLD**
 - Bathe patient with Chlorhexidine shampoo or Accel shampoo once weekly (when volunteer help available). Bathing options at the shelter are limited to staff availability.
 - Treat with Cephalexin** 30 mg/kg twice daily for 30 days (must remain of cephalexin for the entire treatment duration). Use a prescription for foster and adopted animals. Cephalexin may be free at Publix.
 - Give one (1) tablet of Simperica® monthly (x3)
- **DEMODEX GATOI (Demodex in cats):** use 2%-4% lime sulfur dip every 4 days for 4-8 weeks. Must treat all cats in household or litter.
- **Owned animals, foster animals, Collie Crosses or dogs with the MDR gene, do not use ivermectin:**
 - Treat with Advantage Multi once every two weeks until 3 consecutive skin scrapings have been obtained at 2 week intervals. (give prescriptions to be filled at 1800-petmeds).
 - Milbemycin oxime at 0.5-2.0 mg/kg PO SID can also be used. Cure rate 85-90%

4. Isolation and Cleaning

- No special precautions are needed for Demodex canis as it is not contagious
- Refer to "Small Animal Dermatology" for guidelines for any other Demodex species

5. Follow up:

- No follow up required after 3 negative scrapings unless there is another concurrent skin disease
- Once adopted, the adopter is responsible for following up with their own veterinarian for repeat scrapings and continued treatment.

EFFECTIVE DATE Sept 21, 2014	PROCEDURE TITLE Behaviorally Distressed Dogs. Trazadone	PROCEDURE	PAGE No.
MAJOR AREAS AFFECTED Kennel Staff Clinic Staff Enforcement staff Event staff Volunteers	APPROVED BY Kathleen Labrada, Chief of Operations	REVISES 12/14, 7/17 (Serrano)	
		PREPARED BY Maria Serrano, DVM Chief Veterinarian	

INTENT: Reduce anxiety and stress levels in distressed pets and improve their behavioral well-being while at the shelter.

DEFINITIONS:

- Loading dose: Initial dose (1/2 of target dose) to allow the dog to adjust to the medication.
- Target dose: lowest effective dose needed for behavioral calming.
- Compatible dogs: Dogs who are housed together and have not shown signs of aggression towards each other.
- Signs of behavioral distress: repetitive behaviors such as spinning or chasing the tail, hiding in a corner, panting and salivating with fear, vocalizing excessively, not eating or drinking because of fear of its environment, or becoming aggressive as a result of extreme fear.
- Trazadone: behavior medication used to reduce anxiety in pets. **Must** be used along with behavioral enrichment for optimal results.

PROCEDURES:

Clinic:

- Identify highly stressed dogs entering the shelter (**receiving tech**) or during veterinary rounds (**technicians and veterinarians**).
- Place dog ID and location on the vet check list. Specify "behavioral distress" the reason to be placed on the vet list.
- Write the dogs who need enrichment on the behavioral board (outside clinic hallway)
- Place a visual barrier covering 1/2 of the kennel door. The visual barrier may be removed when the dog's behavior improves.
- Place a towel with lavender oil in the kennel.

Veterinarians:

- Examine and add medical notes describing the behavioral state of the dog (template available in chameleon).
- Prescribe 3 days of the loading dose of Trazadone according to the dosing chart (below).
- Place the dog in the re-check calendar on Google drive to check after 3d of treatment. If no adverse effects are noted (gastrointestinal, extreme sedation...), Increase dose to target dose.

EFFECTIVE DATE Sept 21, 2014	PROCEDURE TITLE Behaviorally Distressed Dogs. Trazadone	PROCEDURE	PAGE No.
MAJOR AREAS AFFECTED Kennel Staff Clinic Staff Enforcement staff Event staff Volunteers	APPROVED BY Kathleen Labrada, Chief of Operations	REVISES 12/14, 7/17 (Serrano)	
		PREPARED BY Maria Serrano, DVM Chief Veterinarian	

- Add a new medical note to the record reflecting the progress and the dose adjustment.
- If the loading dose was not causing enough calming effect, but the target dose makes the dog sedated, a mid-range dose adjustment is recommended. Every time the dose is adjusted, a new medical note must be placed to reflect changes.
- Anxiety reducing effects are seen 30-60 minutes after oral administration.
- Administer Trazadone twice daily for adequate results.

AM and PM technicians:

- Prepare and distribute the medications at the according time.

Weight (lbs)	Loading dose 3 days	Target dose 3 days and re-eval
< 20 lbs	25 mg	< 50 mg
20 - 45 lbs	50 mg	100 mg
45 - 90 Lbs	100 mg	200 mg
> 90 lbs	100 mg	200 - 300 mg

Volunteers / Kennel staff:

- Dogs with stress / fear related behavioral issues need to be mentally challenged to allow them to tolerate the stimuli causing such stress/fear. In order to challenge these dogs, different tools may be used:
 - Kongs with canned cat food, peanut butter or frozen treats. Volunteers with peanut allergies need to be aware of the use of peanut butter at the shelter.
 - Other toys (squeaky, balls, tug ropes...)
 - Play time with other compatible dogs*
 - Dog park time*
- Note dogs on the behavioral board that need most stimulation. Ideally these dogs get enrichment twice daily.
- Dogs that are not on the behavioral board may receive enrichment as well.
- Prepare daily enrichment.

<p>EFFECTIVE DATE</p> <p>Sept 21, 2014</p>	<p>PROCEDURE TITLE</p> <p>Behaviorally Distressed Dogs. Trazadone</p>	<p>PROCEDURE</p>	<p>PAGE No.</p>
<p>MAJOR AREAS AFFECTED</p> <p>Kennel Staff Clinic Staff Enforcement staff Event staff Volunteers</p>	<p>APPROVED BY</p> <p>Kathleen Labrada, Chief of Operations</p>	<p>REVISES</p> <p>12/14, 7/17 (Serrano)</p> <hr/> <p>PREPARED BY</p> <p>Maria Serrano, DVM Chief Veterinarian</p>	

- Recover the toys 2-3 hours after distribution and soak in accelerated peroxide (Rescue®) for 5 minutes, than rinsed and stored in the food room.
- Reactive / fearful aggressive dogs: Provide non-invasive in-kennel enrichment (such as toys or kongs).
- DO NOT take dogs with fear aggression out of the kennel. These cases will receive in-kennel enrichment (toys) only.
- Volunteers must always be in pairs while taking a dog out to the park and shall not be allowed to work with dogs with known aggressive behaviors.
- Take compatible dogs out together. Even though many other dogs may be compatible, we do not have the staff or behavioral expertise to evaluate compatibility.
- Volunteers may **not** do behavioral evaluation on dogs. This may be dangerous for both, the dog and the volunteer and may be misleading for adopters or rescuers.

Materials:

- Toys: kongs, squeaky, balls, feeder enrichment toys
- Accel soak buckett
- Trazadone 50mg, 100mg
- Visual barriers for kennels
- Lavander oil

EDITED August 2 nd , 2018	PROCEDURE TITLE Due Out and Hold Policies	PROCEDURE	PAGE No.
MAJOR AREAS AFFECTED All Staff	APPROVED BY Kathleen Labrada, Chief of Operations and Enforcement	REVISES OR SUPERCEDES 12/14, 1/16	
		PREPARED BY Maria Serrano, DVM Chief Veterinarian	

Owner Surrender – Canine	Same Day
Owner Surrender – Feline	Same Day
Stray Dogs – 6 months & over	Hold: 3 days, Due Out on 4 th day, exclude holidays
Stray Puppies – under 6 months	Hold: 1 day (24 hours), Due Out on 2 nd day
Stray Puppies with traceable ID	Hold: 3 days, Due Out on 4 th day, exclude holidays
Stray Felines any age	Same Day
Stray Felines w/ traceable ID	Hold: 3 days, Due Out on 4 th day, exclude holidays
Ear tip Felines	Return to location found - if injured have vet evaluate. If not treatable, euthanasia
Confiscations – Canine and Feline	Hold: 3 business days. Ask investigator for updated information to release. Hold: 5 business days for Baker Act cases
Biter Pet – Stray Canine	Hold: 3 days, Sample to Lab on 4 th (sample may be refrigerated over weekend)
Biter Pet – Stray Feline	No hold time, Sample to Lab (may be refrigerated over weekend)
Biter Pet – Stray Feline w/ traceable ID	Hold: 3 days after ID was found, Sample to Lab after hold is completed
Biter Pet – Owner Surrender	May blast to rescue with enforcement authorization or Euthanasia, Sample to Lab
** Traceable ID **	A name tag with contact, rabies tag, tattoo or microchip

Social media	48 hours.
“Possible adopter” note with NO contact	24 hours
“Possible adopter” note WITH contact	24 hours after last contact.
pets@email inquiry note	24 hours. Have follow-up email sent to interested party
Pet of the Week or featured in media	48h after feature. If pet is ill inform media staff, remove hold and ok to ER
If a microchip is found	3 days from chip found. Notify Lost & Found immediately and wait



STANDARD OPERATING PROCEDURE

<p>CREATED June, 2017</p> <p>EDITED July 2017</p>	<p>PROCEDURE TITLE</p> <p>Foster Rechecks and Clinic Appointments</p>	<p>PROCEDURE</p>	<p>PAGE No.</p> <p>Page 1 of 4</p>
<p>MAJOR AREAS AFFECTED</p> <p>Clinic staff Foster coordinator</p>	<p>APPROVED BY</p> <p>Kathleen Labrada Chief of Operations and Enforcement</p>	<p>REVISES OR SUPERCEDES</p>	
		<p>PREPARED BY</p> <p>María A. Serrano, DVM Chief Veterinarian</p>	

PURPOSE: To provide regular medical follow up to all animals that are out on a temporary foster home and schedule them for sterilization surgery as soon as they are healthy enough to do so.

POLICY: All fosters will return to the shelter to get checked bi-weekly. Surgery will be approved once the examining technician sees the pet meets all surgical requirements.

PROCEDURES:

Foster coordinator:

- 1- Make an appointment for all fosters (follow instructions / guidelines below) to receive services at the wellness clinic every 2 weeks until they are at least 10 weeks old
- 2- Once the technician in the wellness clinic writes notes indicating "Ok to have sterilization surgery", schedule to come back for surgery.

Technicians:

- 1- Follow the appointment calendar (instructions below)
- 2- Check every foster and provide the following:
 - a. Recheck and confirm age
 - b. Body condition (include weight every visit)
 - c. Appetite (ask foster)
 - d. Diarrhea (if so, perform fecal and consult a staff vet for treatment)
 - e. Presence of external parasites (flea / ticks) – treat accordingly
 - f. Boost vaccines
 - i. Puppies and kittens: every 2 weeks until 12 weeks old
 - ii. Adults: 3 doses total every 2 weeks
 - g. Deworm



STANDARD OPERATING PROCEDURE

<p>CREATED June, 2017</p> <p>EDITED July 2017</p>	<p>PROCEDURE TITLE</p> <p>Foster Rechecks and Clinic Appointments</p>	<p>PROCEDURE</p>	<p>PAGE No.</p> <p>Page 2 of 4</p>
<p>MAJOR AREAS AFFECTED</p> <p>Clinic staff Foster coordinator</p>	<p>APPROVED BY</p> <p>Kathleen Labrada Chief of Operations and Enforcement</p>	<p>REVISES OR SUPERCEDES</p>	
		<p>PREPARED BY</p> <p>Maria A. Serrano, DVM Chief Veterinarian</p>	

- i. All pets: ponazuril + strongid. Every 2 weeks x 2
- ii. Diarrhea: Treat according to fecal results and repeat in 2 weeks.
- 3- Complete medical record including when it has been cleared for surgery. Write on the medical record "clear to have sterilization surgery"
- 4- Surgery clearing checklist:
 - a. Healthy:
 - i. No anemia, parasites, signs of disease (vomit, diarrhea, lethargy...)
 - b. Age / weight requirement: 3 months and 3 lbs weight
 - c. At least 2 booster vaccines

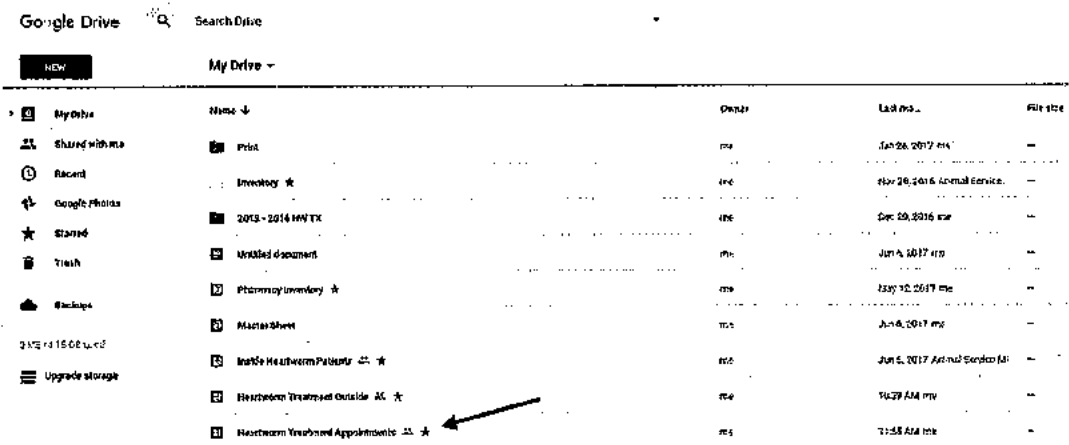
Process to access the appointment calendar for pets coming to the wellness clinic:

- 1- Check the calendar before taking walk-ins to avoid having people with appointments wait.
- 2- Open the Google drive: hwmdas@gmail.com Password: heartwormtx
- 3- Click on the Heartworm treatment Appointment sheet (see arrow below)



STANDARD OPERATING PROCEDURE

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<p>MAJOR AREAS AFFECTED</p> <p>Clinic staff Foster coordinator</p>	<p>APPROVED BY</p> <p>Kathleen Labrada Chief of Operations and Enforcement</p>	<p>REVISES OR SUPERCEDES</p>	
		<p>PREPARED BY</p> <p>Maria A. Serrano, DVM Chief Veterinarian</p>	

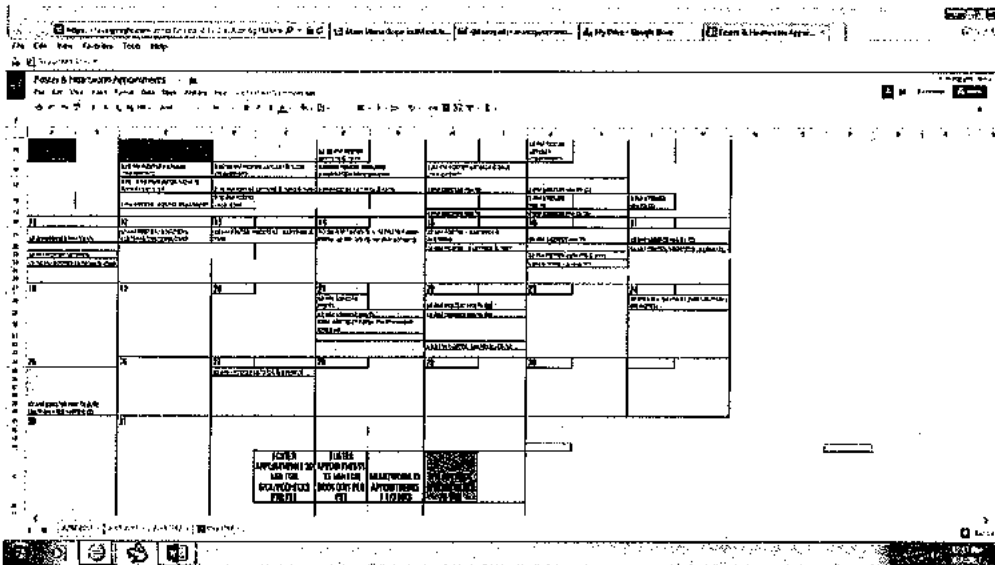


- 4- Go to the month and date of the appointment.
 - a. Fosters are scheduled in yellow
 - i. Vaccine booster appointment 15 min per pet to be seen
 - ii. Sick foster 20 min per pet to be seen
 - b. Heartworm are scheduled in ████
 - i. Allocate 1.5 hours per treatment
 - c. Heartworm post treatment recheck in ████
 - i. Allocate 15 minutes per appointment



STANDARD OPERATING PROCEDURE

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<p>MAJOR AREAS AFFECTED</p> <p>Clinic staff Foster coordinator</p>	<p>APPROVED BY</p> <p>Kathleen Labrada Chief of Operations and Enforcement</p>	<p>REVISES OR SUPERCEDES</p> <p>PREPARED BY</p> <p>Maria A. Serrano, DVM Chief Veterinarian</p>	



5- Change to [redacted] the appointment once it has been seen to track attendance.



STANDARD OPERATING PROCEDURE

CREATED: 3/20/14 EDITED 3/23/15; 3/1/16	PROCEDURE TITLE Heartworm Disease and Treatment	PROCEDURE	PAGE No. Page 1 of 9
MAJOR AREAS AFFECTED Clinic Staff Front Counter Staff Rescue Department Transport Department	APPROVED BY Kathleen Labrada Chief of Operations and Enforcement	REVISES OR SUPERCEDES N/A	
		PREPARED BY Maria A. Serrano, DVM Chief Veterinarian	

PURPOSE: To increase the live outcome for heartworm (HW) positive dogs at Miami Dade Animal Services (MDAS) by providing protection against HW disease to shelter dogs and providing medical treatment to those dogs adopted, transported or fostered from MDAS.

POLICY: Heartworm disease (HW) is a life threatening disease transmitted through mosquitoes. It is a prevalent disease in South Florida due to the climate and humidity. All adoptable dogs entering the shelter will be tested upon intake. Preventative will be administered to all dogs to diminish contagiousness and treatment will be initiated on those identified as positive. Cats will be treated preventively upon intake.

DEFINITIONS:

- Microfilaria: Stage in the life cycle of heartworms. During this stage, heartworm disease is contagious to other dogs through bloodsucking mosquitoes. Microfilarias are injected by mosquitoes at the time of meal consumption. Microfilarais are killed by use of avermectin medications.
- Dirofilaria immitis: Scientific name of the parasite that causes heartworm disease.
- ELISA heartworm test: test that detects antigens against *Dirofilaria immitis* (Heartworms)
- Doxycycline / Minocycline: Tetracycline antibiotics used in the treatment of heartworm disease.
- Dyspnea: difficulty breathing
- Ascites: Fluid buildup in the abdomen generally caused by congestive heart failure.
- Melarsomide: Arsenic based chemotherapeutic medication used to treat adult heartworms.
- Anaphylaxis: Severe allergic reaction that can be life threatening. Signs of anaphylaxis may include: hives, swelling of the face, labored breathing, collapse...

RESPONSIBILITIES:

- Veterinarians: Perform physical exams in all HW positive patients and give a prognosis for treatment (if the dog is fit for treatment). Evaluate all dogs presented for HW treatment. Perform HW treatments.



STANDARD OPERATING PROCEDURE

CREATED: 3/20/14 EDITED 3/23/15; 3/1/16	PROCEDURE TITLE Heartworm disease and Treatment	PROCEDURE	PAGE No. Page 2 of 9
MAJOR AREAS AFFECTED Clinic Staff Front Counter Staff Rescue department Transport department	APPROVED BY Kathleen Labrada Chief of Operations and Enforcement	REVISES OR SUPERCEDES N/A	
		PREPARED BY Maria A. Serrano, DVM Chief Veterinarian	

- Veterinary technicians: Perform HW tests. Update all medical records. Assist the veterinarians in the treatment of HW disease. Sedate patients as indicated by the veterinarian. Speaks / educates the adopters in the treatment and schedules for treatment. Schedules all dogs for treatment.
- Heartworm clerk: Updates HW treatment schedule on Google drive. Maintains communication with adopters regarding HW treatment and any other concerns.
- Front counter Staff: Reviews the medical notes on dogs to be adopted and prepares medical releases to be signed by the adopter.
- Transport department: Inform heartworm clerk regarding HW positive dogs who are selected for transport. Prepare health certificates specifying the condition of each dog and HW treatment stage.

PROCEDURES:

Clinic Staff:

1. Test all dogs older than 5 months at intake using an antigen ELISA heartworm test (see HW testing and Prevention SOP).
2. Give all dogs (regardless of the result) oral HW prevention (as specified in HW testing on intake SOP).
3. When positive: Add to Google drive (mdasclinc@gmail.com) – Heartworm treatment inside list. Once the dog is adopted, the heartworm clerk will transfer to the outside list and follow up with adopter for appointments.
4. Schedule Melarsomide treatment once the dog has been adopted or elected by a foster home.
5. Ensure the adopter signs the disclosure for HW treatment
Fosters must commit to keep the dog for 6 weeks past the melarsomide injection.
6. Protocol for all HW positive dogs:
 - A. **Diagnosis: Positive heartworm ELISA test**
 - i. Start Doxycycline or Minocycline @ 10mg/kg PO SID x 28d.
 1. During the shelter stay: add treatment to Chameleon
 2. At time of adoption / if selected for transport: provide pending antibiotics to complete remaining days of treatment.



STANDARD OPERATING PROCEDURE

CREATED: 3/20/14 EDITED 3/23/15; 3/1/16	PROCEDURE TITLE Heartworm disease and Treatment	PROCEDURE	PAGE No. Page 3 of 9
MAJOR AREAS AFFECTED Clinic Staff Front Counter Staff Rescue department Transport department	APPROVED BY Kathleen Labrada Chief of Operations and Enforcement	REVISES OR SUPERCEDES N/A	
		PREPARED BY Maria A. Serrano, DVM Chief Veterinarian	

3. At time of rescue: Provide a prescription for the rescue to purchase and complete antibiotic treatment (28 days).
- ii. Complete physical examination. Record in Chameleon by using the HW positive template.
 1. Rule out heart failure:
 - a. MM color, mentation, coughing, ascites
 - b. Weight
 - c. Temperature
 - d. Chest auscultation
 2. Determine HW classification of the dog: (delete from Chameleon template those options that DO NOT apply)
 - a. CLASS 1A: No clinical signs
 - b. CLASS 2A: Fair, general loss of condition, fatigue on exercise, occasional cough, mild heart murmur. **Class 2A, will receive a 3 injection protocol.** Further diagnostics are recommended (not required) and it must be taken to a private veterinarian.
 - c. CLASS 3A: Cardiaccachexia, constant fatigue, persistent cough, dyspnea, heart failure (ascites, jugular pulse, edema). Pets in severe heart failure will be immediate candidates for euthanasia due to suffering caused by irreparable damage to the heart, poor prognosis and poor quality of life.
7. Microfilaria status:
 - **NEGATIVE:**
 - 6mcg/kg ivermectin PO (heartworm prevention – commercial presentations available).
 - **POSITIVE:**
 - Dexamethasone 0.15ml/kg SQ
 - Diphenhydramine 2 mg/kg SQ
 - Ivermectine 6mcg/kg PO (heartworm prevention).



STANDARD OPERATING PROCEDURE

CREATED: 3/20/14 EDITED 3/23/15; 3/1/16	PROCEDURE TITLE Heartworm disease and Treatment	PROCEDURE	PAGE No. Page 4 of 9
MAJOR AREAS AFFECTED Clinic Staff Front Counter Staff Rescue department Transport department	APPROVED BY Kathleen Labrada Chief of Operations and Enforcement	REVISES OR SUPERCEDES N/A	
		PREPARED BY Maria A. Serrano, DVM Chief Veterinarian	

- Restrict exercise for 24hrs and monitor for adverse reactions. These are unlikely.
 - Persistent microfilaria (still positive when it returns for Melarsomide) after 2 months of HW prevention:
 - Ivermectine 50mcg/kg SQ (0.1ml x 11lbs).
 - **STRICT** cage rest 24 hrs. Monitor for adverse reactions
 - Return after 24hrs or more (according to schedule availability) for Melarsomide treatment
 - Demodex + microfilaria positive dogs:
 - Treat demodex with Simperica PO (once monthly x 3 months)
 - Administer Benadryl PO 2mg/kg
 - Administer Ivermectine 50mcg/kg PO daily x 1d
 - **DO NOT** use any steroids unless life threatening anaphylaxis occurs.
 - STRICT cage rest 24hrs
 - Follow HW protocol for continued treatment.
 - Treating **adverse reactions:**
 - Place IV catheter.
 - Start Lactated ringers (LRS) @ 5-10ml/kg over 2-3hrs then maintenance rate (30mg/kg/day)
 - Treat anaphylaxis if needed:
 - Diphenhydramine @ 2mg/kg SQ;
 - Dexamethasone @ 1mg/kg IM/IV
 - Epinephrine 0.01mg/kg IM (bronchodilation, > systemic blood pressure. **Careful!**)
 - Consider humane euthanasia if clinical condition merits and further resources unavailable to provide adequate care.
8. Prescribe HW prevention with 12 months refills.
 Indicate in the schedule sheet (See attachment 1: HW schedule handout) the dates in which the owner must provide HW prevention.
- a) Instruct adopter to give HW prevention monthly for the rest of the pets life



STANDARD OPERATING PROCEDURE

CREATED: 3/20/14 EDITED 3/23/15; 3/1/16	PROCEDURE TITLE Heartworm disease and Treatment	PROCEDURE	PAGE No. Page 5 of 9
MAJOR AREAS AFFECTED Clinic Staff Front Counter Staff Rescue department Transport department	APPROVED BY Kathleen Labrada Chief of Operations and Enforcement	REVISES OR SUPERCEDES N/A	
		PREPARED BY Maria A. Serrano, DVM Chief Veterinarian	

9. Schedule Melarsomide injection for day 61 and 62 (two injection protocol) or day 61, 91, 92 (three injection protocol).
 - A. Do not repeat HW test prior to injection.
 - A. Use **exact** dog weight
 - B. Sedate fractious or aggressive dogs
 - Butorphanol 0.1ml/10lbs + Dexdormitor ¼ volume IV **OR**
 - DKT 0.03ml/lb IM
 - C. Needle size:
 - < 22lbs (10kg) use 23ga, 1 inch long
 - > 22lbs (10kg) use 22 ga 1 ½ inch needle
 - D. Add 2ml sterile water into the melarsomide (50mg) vial.

WEIGHT	NUMBER OF VIALS NEEDED
< 44 lbs (20kg)	1
> 44 lbs (20kg); <88lbs (40kg)	2
>88 lbs (40kg); <132 lbs (60kg)	3

- E. Determine volume of injection: 0.1ml per ___kg body weight= ___ml to be administered

Weight (lbs)	2.	4.	6.	8.	11	13.	15.	17.	19.	2	4	6	8	11
Weight (kg)	1	2	3	4	5	6	7	8	9	1	2	3	4	50
Volume	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1	2	3	4	5*

*Do not inject more than 5ml per injection site

- F. Shave a 5x10cm area on the R lumbar area between the 3rd - 5th lumbar vertebrae.
- G. Scrub with chlorhexidine and alcohol 2x.



STANDARD OPERATING PROCEDURE

CREATED: 3/20/14 EDITED 3/23/15; 3/1/16	PROCEDURE TITLE Heartworm disease and Treatment	PROCEDURE	PAGE No. Page 6 of 9
MAJOR AREAS AFFECTED Clinic Staff Front Counter Staff Rescue department Transport department	APPROVED BY Kathleen Labrada Chief of Operations and Enforcement	REVISES OR SUPERCEDES N/A	
		PREPARED BY Maria A. Serrano, DVM Chief Veterinarian	

- H. Inject deep intramuscular (mid muscle). Avoid subcutaneous injection or leakage.
- I. Inject Carprofen (Rimadyl®) 50mg/ml (1ml/25lbs) SQ.
- J. Provide carprofen (Rimadyl®) at 2.2mg/kg PO x 5 days
- K. Provide Tramadol 2mg/kg BID x 4 days
- L. Schedule the dog for the second injection the following day. Alter the injection site to the L side.
- M. Owner/foster/caregiver instructions:
 - **STRICT REST** for 6-8 weeks. **ONLY** leash walk for necessities. Any activity that increases the dogs' heart rate may cause mobilization of worm fragments and lead to a thrombus. This may cause death.
 - Schedule re-test after 6 months post melarsomide treatment.
 - The dog should remain on HW prevention during the entire treatment and for the rest of its life after.

Transport

- o Dogs selected for transport will have two (2) options for treatment prior to transport:
 - a. Transport after pre-treatment:
The dog will be allowed to be transported prior to completing the full treatment once it is considered to be NOT contagious to other dogs.
Requirements:
 - i. Complete 15 days of Doxycycline prior to transport.
 - ii. Be microfilaria **NEGATIVE** to travel.
 - iii. Remaining protocol to be completed by the receiving agency.
 - b. Transport after full treatment:
 - i. Follow protocol as described above. Treat with melarsomide at **day 31 and 32**
 - ii. **Pet must NOT be transported until 6 weeks after Melarsomide injection.**
 - iii. If receiving state allows HW positive to cross state lines:
 - a. Transport pet after 6 weeks without a HW test.
 - b. Specify in the health certificate the treatment history.
 - iv. If receiving state does not allow HW positive pets to cross state lines:



STANDARD OPERATING PROCEDURE

<p>CREATED: 3/20/14 EDITED 3/23/15; 3/1/16</p>	<p>PROCEDURE TITLE Heartworm disease and Treatment</p>	<p>PROCEDURE</p>	<p>PAGE No. Page 7 of 9</p>
<p>MAJOR AREAS AFFECTED Clinic Staff Front Counter Staff Rescue department Transport department</p>	<p>APPROVED BY Kathleen Labrada Chief of Operations and Enforcement</p>	<p>REVISES OR SUPERCEDES N/A PREPARED BY Maria A. Serrano, DVM Chief Veterinarian</p>	

- a. Retest 3 months after melarsomide injection and monthly until test is negative.
- b. Provide health certificate ONLY if HW test is negative

Fosters

- o Follow all steps for diagnosis and treatment of HW disease
- o Treat with melarsomide on days **31 and 32** to fast track to adoptions.
- o Keep the dog in the foster home for minimum 6 weeks after melarsomide injection.



STANDARD OPERATING PROCEDURE

CREATED: 3/20/14 EDITED 3/23/15, 3/1/16	PROCEDURE TITLE Heartworm disease and Treatment	PROCEDURE	PAGE No. Page 9 of 9
MAJOR AREAS AFFECTED Clinic Staff Front Counter Staff Rescue department Transport department	APPROVED BY Kathleen Labrada Chief of Operations and Enforcement	REVISES OR SUPERCEDES N/A	
		PREPARED BY Maria A. Serrano, DVM Chief Veterinarian	

- Day 30: Heartworm prevention due _____ (date). Given _____ (date). Cage rest 24hrs.
- Day 31: Appointment made for _____ (date) to come in for melarsomide injection #1. Physical exam on date of injection WNL _____. Start strict cage rest for 6-8 weeks.
- Day 62: Appointment made for _____ (date) to come in for immiticide injection #2. Complications noted per owner after injection #1: _____. Continue cage rest for 6-8 weeks.
- Prescription for prednisolone given _____ @ 1mg/kg PO BID x 3d, SID x 3d, EOD x 3. (vets decision)
- Continue heartworm prevention on _____ of each month for the rest of the pet's life.
- Appointment to re-check heartworm (6 months post treatment) _____ (date)

<p>EFFECTIVE DATE July 21st, 2014 REVISED: 01/16; 07/17</p>	<p>PROCEDURE TITLE Identification Of Sterilized Animals</p>	<p>PROCEDURE</p>	<p>PAGE No.</p>
<p>MAJOR AREAS AFFECTED Kennel Staff Clinic Staff Enforcement staff Front Counter Staff</p>	<p>APPROVED BY Kathleen Labrada, Chief of Operations Maria A. Serrano, DVM</p>	<p>REVISES OR SUPERCEDES 07/21/14</p>	
		<p>PREPARED BY Maria Serrano, DVM Chief Veterinarian</p>	

PURPOSE: To establish standards to identify sterilized patients.

POLICY: It is often difficult to identify animals that have been sterilized. In feral cats, palpation is often impossible. A left ear tip will allow identification of sterilized cats without needing to trap (stress), furthermore eliminates the need to perform an unnecessary exploratory surgery to ensure sterility.

MATERIALS:

- Green Ketchum tattoo paste is recommended so the tattoo cannot be mistaken for natural pigmentation.
- Sterile surgical blade
- Mosquito hemostat
- Coagulation powder

PROCEDURES:

The following procedures are performed under anesthesia to “mark” or designate an animal as sterilized:

- Ear tip (cats only):
 - All community cats (includes every cat receiving surgery through the TNR program) must be ear tipped at the time of surgery. Owned cats will have the option of ear tipping at no cost.
 - Place a straight hemostat 1/4 inch from the tip of the left ear once anesthetized.
 - Cut ear tip off distal to the hemostat with a sterile blade.
 - Displace the hemostat to leave a “lip” and place a small amount of coagulation powder over the cut surface to ensure hemostasis. Remove the hemostat once hemostasis is confirmed.
- Tattooing (dogs and cats):
 - Shelter animals that already appear to be sterilized will not be anesthetized to be tattooed; however; if the animal is identified as spayed or neutered while anesthetized, a tattoo should be placed.
 - All animals sterilized at the shelter (including public owned animals) will be tattooed as follows:
 - Females (cats and dogs): Place a small amount of tattoo paste in the incision edge, after suturing subcuticular layer and before skin layer closure. Place a drop of tissue glue over to finish closing the incision.
 - Males:
 - Cats and dogs with scrotal incisions: A superficial (epidermis) incision on the ventral abdomen aprox. 1/4 inch, (dogs: pre scrotal region, cats cranial to

the pubis) is made with a sterile blade. Tattoo paste is placed within the incision and a drop of tissue glue is placed over to seal the incision.

- Male dogs (pre-scrotal neuter approach): The tattoo paste is placed over the pre-scrotal incision after the subcuticular suture line. A drop of tissue glue is placed over to finish closing the skin layer.
- Shelter animals that already appear to be sterilized will not be anesthetized to be tattooed; however, if the animal is identified as spayed or neutered while anesthetized, a tattoo should be placed.

<p>EFFECTIVE DATE December 5, 2014 (Serrano) EDITED: 2/16; 7/17 (Serrano)</p>	<p>PROCEDURE TITLE Injured Animals</p>	<p>PROCEDURE</p>	<p>PAGE No. 1</p>
<p>MAJOR AREAS AFFECTED Kennel Clinic Enforcement Customer service</p>	<p>APPROVED BY Kathleen Labrada, Chief of Operations</p>	<p>REVISES OR SUPERCEDES Receiving of Injured Animals July 2007</p>	
		<p>PREPARED BY Maria Serrano, DVM Chief Veterinarian</p>	

INTENT: To ensure a consistent standard of care for sick or injured animals surrendered by constituents or received by Animal Control Officers (ACOs) into Miami Dade Animal Services (MDAS).

GUIDELINES:

Receiving:

- Scan all animals for a microchip (universal scanner) and examine for a collar and tags / tattoos.
 - o Alternative ID (microchip, tag...) found:
 - Contact Lost and found immediately to attempt to locate the owner (follow microchip found and lost and found SOP).
 - Inform the owner of the condition of the pet in the event euthanasia is appropriate.
- Perform a visual examination.
 - o Emergency conditions: Severe injuries (broken back), paralysis (not walking or dragging) open fractures (broken exposed bones), Respiratory distress (unable to breathe), seizures, severe active bleeding, fractures of the jaw, or any other condition that would prevent normal ability to eat and drink)
 - Impound pet with priority and bring to the clinic (during work hours).
 - Alert the attending veterinarian and or the clinic technicians
 - Record the animal on the vet check list (located on a clip board on the vet station) and check the priority box.
 - o Non-emergency situations (the dog is alert, active but obviously injured):
 - Record the animal on the vet check list and process regularly.
 - o Suspicion of infectious diseases (vomiting, diarrhea with or without blood, lethargy, upper respiratory disease...):
 - Isolate the pet from contact with other pets (in rooms adjacent to diagnostics)
 - Contact the veterinarian / technician immediately.
 - Record the animal on the vet check list

Clinic:

Veterinary technicians:

- Scan all animals for a microchip (universal scanner) and examine for a collar and tags / tattoos.
 - o Alternative ID (microchip, tag...) found:
 - Contact Lost and found immediately to attempt to locate the owner (follow microchip found and lost and found SOP).
 - Inform the owner of the condition of the pet in the event euthanasia is appropriate.
- Perform physical evaluation

<p>EFFECTIVE DATE December 5, 2014 (Serrano) EDITED: 2/16; 7/17 (Serrano)</p>	<p>PROCEDURE TITLE Injured Animals</p>	<p>PROCEDURE</p>	<p>PAGE No. 2</p>
<p>MAJOR AREAS AFFECTED Kennel Clinic Enforcement Customer service</p>	<p>APPROVED BY Kathleen Labrada, Chief of Operations</p>	<p>REVISES OR SUPERCEDES Receiving of Injured Animals July 2007</p>	
		<p>PREPARED BY Maria Serrano, DVM Chief Veterinarian</p>	

- Record the animal on the vet check list (vet techs).
- Alert the veterinarian if the case requires immediate attention.

Veterinarians:

- Perform a complete physical examination
- Sedate all painful / fractious animals with Dexdormitor, Ketamine, Torbutrol (DKT) follow dosing chart.
- **Pain:** Provide pain medication for any condition requiring such.
 - o **Pain medications available:**
 - Rimadyl 1ml/25lbs SQ or 2.2mg/kg PO,
 - Butorphanol 0.1ml/10lbs IM or SQ;
 - Buprenorphine 0.01 mg/kg PO (only in cats),
 - Buprenorphine 0.015mg/kg IV/IM in dogs
 - Gabapentin: 10-20mg/kg BID PO
 - Meloxicam: 0.1mg/kg SQ
 - Hydromorphone 0.05ml/kg IV, IM, SQ q/ 8hr
- **Closed fractures:**
 - o May perform a radiograph if staffing and case load allows
 - o Palpate and locate the fracture. Align the fracture and splint the fracture by immobilizing the joint above and below the fracture site.
 - o DO NOT bandage femoral fractures or any other fractures, in which the joints above is not able to be immobilized.
 - o Do not change splits / bandages on fractured animals too often so the fracture is not destabilized.
 - o Schedule bandage checks as needed to avoid soiling and displacement of the bandage.
- **Open fractures** (those in which the bone protrudes outside of the skin)
 - o Assess pet behaviorally. Animals deemed too aggressive or fractious to handle post operatively will be humanely euthanized.
 - o Schedule for a limb amputation
- **Lacerations and abrasions:**
 - o Shave the affected area and remove any debris form wound/laceration. Scrub with chlorhexidine as needed and lauvage with saline solution or irrigation water until wound is ready to be sutured. Suture as needed.
 - o Place a bandage as needed
 - o Schedule suture removal in 7-10 days or bandage changes accordingly.

<p>EFFECTIVE DATE December 5, 2014 (Serrano) EDITED: 2/16; 7/17 (Serrano)</p>	<p>PROCEDURE TITLE Injured Animals</p>	<p>PROCEDURE</p>	<p>PAGE No. 3</p>
<p>MAJOR AREAS AFFECTED Kennel Clinic Enforcement Customer service</p>	<p>APPROVED BY Kathleen Labrada, Chief of Operations</p>	<p>REVISES OR SUPERCEDES Receiving of Injured Animals July 2007</p>	
		<p>PREPARED BY Maria Serrano, DVM Chief Veterinarian</p>	

- Abscesses:
 - o Shave the affected area and clean with chlorhexidine solution. Lance the abscess with a 15 blade and extract material. Lauvage with saline solution or irrigation water. Place a drain if needed. Schedule to be flushed daily. Remove drain in 3-5 days.
- Other injuries: Assess and treat accordingly.
- Antibiotics available: (see pharmaceuticals on Google drive)
- To enter treatments in Chameleon, select the medical records view (double click on Caduceus – the snake symbol). Input date, time, animal ID, visit type (DVM), Reason (Health check OR emergency), condition (F4 and scroll to pick a condition), input technicians’ initials in “extra 1” box, select “Y” on caduceus box and input weight, temp, reviewed date, diagnosis (F4 and scroll to pick a diagnosis. If options are not accurate enough, select medical other). Write medical record as accurate as possible including future instructions (plan).

Animal control Officer, technicians and veterinarians:

Candidates for Immediate Humane Euthanasia: Per FL 828.05, provisions exist to provide for a humane euthanasia of domestic animals which are “suffering from an incurable or untreatable condition or are imminently near death from injury or disease”.

- No animal received by MDAS shall be permitted to endure severe and intractable pain, nor expire from a terminal condition, without the benefit of analgesia (pain medication) or humane euthanasia, as appropriate.
 - o Pain meds used for dogs in the field: Carprofen 50mg/mg. Give 1ml per 25lbs SQ
 - o Pain meds used for cats: Meloxicam 2.5mg/ml. Give 0.1 per adult cat, half for small cats. SQ
- Any animal suffering from the conditions mentioned below is a candidate for immediate euthanasia. When in doubt, the personnel receiving the animal should consult with their supervisor or the attending veterinarian.
 - o Spinal fractures (broken backs). Dragging and painful, stiff front limbs and neck and flaccid hind limbs.
 - o Paralyzed animals (non-ambulatory, excluding fractures)
 - o Flail chest: Open chest cavity. A bubble of air fluctuates with the respiration over the skin on the chest where the defect is present. Unable to breathe.
 - o Respiratory distress (unable to breathe), gasping for air, purple gums
 - o Seizures
 - o Active bleeding in an unconscious patient.
 - o Agonal / unconscious pet.

<p>EFFECTIVE DATE December 5, 2014 (Serrano) EDITED: 2/16; 7/17 (Serrano)</p>	<p>PROCEDURE TITLE Injured Animals</p>	<p>PROCEDURE</p>	<p>PAGE No. 4</p>
<p>MAJOR AREAS AFFECTED Kennel Clinic Enforcement Customer service</p>	<p>APPROVED BY Kathleen Labrada, Chief of Operations</p>	<p>REVISES OR SUPERCEDES Receiving of Injured Animals July 2007</p>	
		<p>PREPARED BY Maria Serrano, DVM Chief Veterinarian</p>	

- Attempt to make contact with all possible owners always regardless of the injury or condition.
- If the veterinarian (at the shelter or on call) considers the injured animal is suffering beyond the capabilities of treatment, immediate humane euthanasia will be ordered to avoid further suffering even if the owners have not been reached.
- If humane euthanasia is required due to the above mentioned conditions or any other ruled by a veterinarian:
 - o Take the pet to the euthanasia room (Diagnostics ward) and proceed to euthanize following the Euthanasia SOP.
 - o Log the use of sodium pentobarbital (Fatal Plus) in the Euthanasia Logbook (follow the euthanasia SOP); include the date, the animal's Chameleon number, the reason for euthanasia, the estimated weight of the pet, the amount of sodium pentobarbital used, and the amount remaining in the bottle, the bottle number, and finally the initials of the officer / technician performing the euthanasia.
- Outcome the pet: Chameleon - „Outcome Box“, select “euthanasia” within the Type Box; select “injury” or “medical” from the Subtype Box; enter the amount of fatal plus within the “Dose” Box, enter your initials in the “By” Box, select the correct date from the drop-down list (F5), and finally update the record (F8).
- Obtain keys for the lockbox in the diagnostics ward in the dispatch lockbox. The keys will be signed in and out with ACO's signature, date, and time in the log stored within the lock box located in dispatch.

Other responsibilities:

- During regular operating hours:
 - o Receiving staff and Animal welfare Officers:
 - Identify injured and/or diseased animals upon receipt.
 - Notify either a supervisor or attending veterinarian to ensure the animal receives appropriate care.
- After regular operating hours (before 7am and after 7pm):
 - o On-call Animal Control Officer:
 - MUST be Euthanasia Certified and familiar with the euthanasia protocol.
 - Administer pain medication or humane euthanasia.
 - o On call Veterinarians:
 - Will be available by phone for questions/concerns AWOs may have regarding cases.
 - May be called on premises to administer advanced care in special cases (e.g. cruelty investigations, injured animal with an identified owner, infectious disease outbreak).

EFFECTIVE DATE Nov, 7, 2013	PROCEDURE TITLE Medical Protocols: Lyme dip	PROCEDURE	PAGE No.
MAJOR AREAS AFFECTED Clinic Staff & Fosters	APPROVED BY Maria A. Serrano, DVM Chief Veterinarian	REVISES OR SUPERCEDES N/A	
		PREPARED BY Cindy Hewitt	

Lime Dip (anti-fungal & anti-parasitic)

WARNING: This product may stain clothing and porous surfaces (such as cement). Remove all jewelry and other valuable items which may come in contact with the solution. This product will change the color of jewelry.

Supplies: Bucket, gloves, lime dip, warm water, measuring cup, sterile saline, towels.

Directions:

1. Perform dipping in a well-ventilated area. A screened enclosure/patio or garage is ideal; if done indoors open windows. Ensure pet is appropriately secured throughout dipping to avoid escape if done outdoors (ex: harness).
2. Use gloves.
3. **SHAKE WELL.** Mix 1 volume lime dip to 16 volumes of very warm water (same temperature you would use for a hot bath).
4. For small animals, dip/immerse into the solution up to neck; **DO NOT** immerse head. Massage lesions while immersed. Larger animals: sponge solution onto pet, thoroughly wetting hair.
Use gauze or paper towel to **CAREFULLY** apply dip to head and face, avoiding eyes. If dip splashes into eyes, immediately flush with sterile saline (saline solution provided by MDAS).
5. **TREAT ENTIRE ANIMAL, NOT JUST LESIONS**, for at least 4 dips. If lesions are resolving and no new lesions have appeared, you may treat only the lesions beginning with the fifth dip.
6. **DO NOT RINSE.** You may wrap pet in a towel to keep warm and prevent it from licking excessively. It is not toxic if they lick.
7. Repeat twice a week until 2 consecutive weekly negative DTM cultures (which may be performed at MDAS). Cultures must be observed for 21 days without growth to be considered negative.

If you need additional supplies, contact the MDAS Foster Coordinator.

Caution: For topical use only.

USE ONLY AFTER PROPERLY DILUTING AS INSTRUCTED ABOVE.

Avoid contact with eyes. If eye contact occurs, rinse thoroughly with water.

Active Ingredients: 97.8% sulfurated lime solution

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Lost and Found		PAGE No. Page 1 of 9
MAJOR AREAS AFFECTED Customer Service Staff Clinic Staff Kennel Staff Enforcement Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 1, 2016	
		PREPARED BY Lorna Mejia Michael Leiva Luis Cuellar Emilio Vazquez	

INTENT: To ensure that the Department makes every effort to reunite lost pets with their owners.

Receiving/Kennel, Clinic, Customer Service Staff and Animal Control Officers:

1. The stray hold period for dogs 6 months or older, with or without ID is 3 days (excluding holidays). Confiscate cases have a stray hold period of 3 BUSINESS DAYS. If the stray hold period should fall within a holiday(s), the stray hold will reflect the amount of days of the holiday.
2. The stray hold period for dogs under 6 months is 24 hours.
3. Every pet brought to the shelter, by the public or an Animal Control Officer (ACO), whether stray or owner surrendered, must be checked for identification immediately (microchip, rabies tag, tattoo, etc.)
4. Any pet that has any form of identification must have 'Hold notify' placed in the Chameleon record and the ID entered in the 'Tag/Microchip' Tag.
5. ****IMPORTANT:** Only when information is entered in the 'Tag/Microchip' Box on the kennel screen will that pet's information appear in the Lost and Found report. Any identification must be entered correctly in the 'Tag/Microchip' Box or it will not show on the Lost and Found Report. This is the only efficient way we can communicate to the Lost & Found Coordinators that pets with identification are in the shelter.
6. If a pet only has one ID, regardless of its kind, this must be entered in the 'Tag/Microchip' Box, even if it is "READ NOTES" for a more detailed explanation in a Memo, a Tattoo, a collar or tag with name and phone number, etc.
7. **Microchip:** If the pet only has a chip, enter the microchip number in the 'Tag/Microchip' Box exactly as it appears on the scanner.
8. **Tag Number:** If the pet only has a tag, enter it in the 'Tag/Microchip' Box. Numbers must be entered complete, remember there are different Tags. For example: L10-123456, T10-123456, and Y10-123456.
9. If a pet has a microchip and a rabies tag, enter the rabies tag in the 'Tag/Microchip' Box and the microchip number in the "Other ID" box.
10. When impounding a pet, please select the correct scan info (CNT, CT, NCNT, or NCT). This will let everyone know what the status of the pet was upon intake.
11. Kennel Staff should check bulletin boards posted in front of the Lost and Found office or in the Lost and Found Binder located within the office to hopefully match lost pets.
12. Always use two different scanner manufacturers.

STANDARD OPERATING PROCEDURE

<p>EFFECTIVE DATE</p> <p>April 26, 2018</p>	<p>PROCEDURE TITLE</p> <p>Lost and Found</p>	<p>PROCEDURE</p> <p>PAGE No.</p> <p>Page 2 of 9</p>
<p>MAJOR AREAS AFFECTED</p> <p>Customer Service Staff Clinic Staff Kennel Staff Enforcement Staff</p>	<p>APPROVED BY</p> <p>Lorna Mejia</p>	<p>REVISES OR SUPERCEDES</p> <p>June 1, 2016</p> <p>PREPARED BY</p> <p>Lorna Mejia Michael Leiva Luis Cuellar Emilio Vazquez</p>

13. AWOs must check all pets impounded in the field with a different scanner upon arrival, not the same manufacturers.

The screenshot shows a software application window with a menu bar (File, Windows, Commands, Procedures, Reports, Extras, Help) and a toolbar. The main area contains several sections:

- Top Section:** Fields for Impound No, Litter No, Tot, Kennel No, Status (STRAY WAIT), Sub Status, Tag/MicroChip (circled in red), Other ID, Activity No, Animal ID, and Scan Info (circled in red).
- Intake Information:** Fields for Person From, Type, Subtype, Cond, Date, Time, Due Out, Review Date, OS Source, OS Reason, Casing, Jurisdiction, Eval Reason, Extra, By, and Receipt No.
- Outcome Information:** Fields for Person To, Type, Subtype, Cond, Date, Time, Weight, Dose, Dose2, Bottle, Bottle 2, By, and Receipt No.
- Special Searches:** Fields for Type, Sex, Size, Color, Breed, Look Like, Primary Breed, Collar Color, Collar Type, Markings, Animal Name, Kennel, Lost, Foster, PetHarbor.com, and Other Shelter.
- Table:** A table with columns: Kennel, ImpoundNo, Animal, Type, Eble, Sex, Color, Breed, Intake Date, Intake Type, Hold, Request, Out Date, Out Type, Color2, Breed2, Collar C.

Clinic Staff

1. When evaluating a pet, perform a secondary check for identification: tag, chip, tattoo, ID tags, etc.
2. Double-check each record to make sure any type of identification was entered correctly into the computer so that the Lost and Found report is generated properly. If information was not entered correctly, bring it to the attention of your supervisor and notify Lost and Found immediately. **Please look at the screen shot on Pg. 2 for the 'Tag/Microchip' Box. Staff should not enter microchip number in the medical records only because it will not show on Lost and Found report.**

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Lost and Found	PROCEDURE	PAGE No. Page 3 of 9
MAJOR AREAS AFFECTED Customer Service Staff Clinic Staff Kennel Staff Enforcement Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 1, 2016	
		PREPARED BY Lorna Mejia Michael Leiva Luis Cuellar Emilio Vazquez	

3. Pets should be scanned for a microchip in impound, in receiving, while checking, re before surgery and always before a pet is euthanized. Every time you handle a pet, you must check for ID.
4. If an ID is found, enter the microchip, tag, tattoo, etc. into the medical record and 'Tag/Microchip' Box. If rabies tag information is already in the 'Tag/Microchip' Box, enter microchip into the 'Other ID' Box.

Customer Service Staff

1. When helping an owner who lost their pet, search Chameleon using pet's description in "Search by" section.
2. Always use this opportunity to update the owner's information in Chameleon, educate pet owner about microchip updates, Finding Rover and give a Lost & Found Handout.
3. When a constituent comes to the shelter to look for their lost pet, please make sure they receive the Lost & Found handout (attachment 1). That handout has important information regarding other shelters in the area and websites they can check to find their pet. Pet owners looking for their pets should look on the Found and Medical Foster care bulletin board located in front of the Lost and Found office or in the Lost and Found binder located within the office and Finding Rover.
4. If they do not see their pet in the adoption area, escort them to the isolation and restricted areas (key card access only). The constituent must be escorted through all restricted areas regardless of the size of the pet.
5. If the constituent finds their pet in the shelter and an employee sees the pet react to the person as if they know them (pet gets excited, jumps up and down, circles, cries, barks, etc.), **immediately write a note on the cage card with a sharpie that says 'Owner Here' with the date and time, and your initials. Then escort the constituent to Lost and Found and tell the coordinator how the pet reacted and provide animal ID.** In addition, the owner is to provide proof of ownership in order to reclaim their pet. This proof includes, but is not limited to, veterinary records, photographs, copies of tag or microchip registration, and rabies certificates. If the owner is incapacitated, out of the country or incarcerated, a power of attorney is acceptable, a notarized letter, and/or an email with photo ID.
6. They are welcome to place a flyer on the bulletin boards and/or binder in Lost and Found office. It will remain posted on the bulletin board and/or binder in Lost and Found office for a period of **5 days**. In addition, inform them that they may register for a particular breed on-line with Pet Harbor. By doing so, when the breed indicated is received at the shelter, the individual will be notified via e-mail.
7. Instruct the constituent to visit the shelter as often as possible and check the website daily.
8. If pet has a chip, make sure owner contacts the company to update their contact information. If owner has pet microchip number available, register it in Chameleon for faster access. Review contact

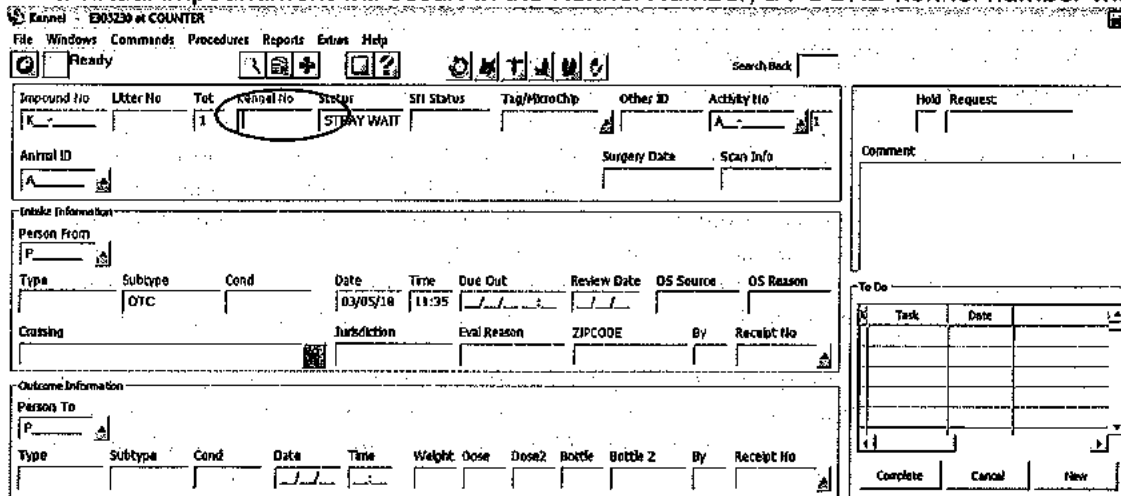
STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Lost and Found	PROCEDURE 	PAGE No. Page 4 of 9
MAJOR AREAS AFFECTED Customer Service Staff Clinic Staff Kennel Staff Enforcement Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 1, 2016	
		PREPARED BY Lorna Mejia Michael Leiva Luis Cuellar Emilio Vazquez	

information under Person ID to ensure it is up-to-date and ask for alternative phone numbers and e-mail address.

Good Samaritan Legislation

1. When a Good Samaritan presents a pet at the shelter to report it has found and elects to keep the pet. An impoundment will occur as usual. Follow steps below to complete a Good Samaritan impoundment.
2. When Lost and Found staff receives an email from a Good Samaritan that has found a pet, at that time a virtual impoundment will occur. In the Kennel Number, a FOUND kennel number will be placed.



3. An animal ID will be created along with the deemed appropriate picture that was provided by the Good Samaritan. The intake information will be created as well. The type of intake will be FOUND and a subtype of EMAIL will be inserted. If Good Samaritan is at the shelter a picture will be taken and the subtype of OTC will be inserted.

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Lost and Found	PROCEDURE	PAGE No. Page 5 of 9
MAJOR AREAS AFFECTED Customer Service Staff Clinic Staff Kennel Staff Enforcement Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 1, 2016	
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Kennel - E05230 at COUNTER

File Windows Commands Procedures Reports Extras Help

Modified Fields Search Back

Impound No	Litter No	Tot	Kennel No	Status	SN Status	Tag/MicroChip	Other ID	Activity No
K18-107350		1	FOUND	STRAY WAIT	VERIFY		.0021760530	A- - - - -

Animal ID: **A1938696** BIGGY 1Y LARGE CAT BRN TABBY F DOMESTIC SH (C15) Surgery Date: Scan Info: NCNT

Intake Information

Person From: **P0799375** ANIMAL SERVICES 8841101 3599 NW 79 AVE DORAL 33166

Type	Subtype	Cond	Date	Time	Due Out	Review Date	OS Source	OS Reason
FOUND	EMAIL	NORMAL	03/02/18	12:11	03/06/18 00:00	///		

Crossing	Jurisdiction	Eval Reason	ZIPCODE	By	Receipt No
LAS			33166	ED	

4. If the pet has a tag or any type or microchip, the scan Info will remain CNT, NCNT, NCT, and CT. If the pet has microchip, the microchip has to be placed in the TAG/MICRO box. This is so Lost and Found can run reports to follow up with the microchip companies.

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Lost and Found	PROCEDURE	PAGE No. Page 6 of 9
MAJOR AREAS AFFECTED Customer Service Staff Clinic Staff Kennel Staff Enforcement Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 1, 2016	
		PREPARED BY Lorna Mejia Michael Leiva Luis Cuellar Emilio Vazquez	

Kennel - E05230 at COUNTER

File Windows Commands Procedures Reports Extras Help

Modified Fields Search Back

Impound No	Litter No	Tot	Kennel No	Status	SN Status	Tag/MicroChip	Other ID	Activity No
K18-107350		1	FOUND	STRAY WAIT	VERIFY		0021760530	A

Animal ID: A1938696 BIGGY 1Y LARGE CAT BRN TABBY F DOMESTIC SH (C15)

Intake Information

Person From: P0799375 ANIMAL SERVICES 8841101 3599 NW 79 AVE DORAL 33166

Type	Subtype	Cond	Date	Time	Due Out	Review Date	OS Source	OS Reas
FOUND	EMAIL	NORMAL	03/02/18	12:11	03/06/18 00:00			

Crossing	Jurisdiction	Eval Reason	ZIPCODE	By	Receipt No
LAS			33166	ED	

Outcome Information

Person To: P

Type	Subtype	Cond	Date	Time	Weight	Dose	Dose2	Bottle	Bottle 2	By	Receipt No
FOUND	SAMARITAN	NORMAL	03/15/18	10:42	6.80					VE	

5. If a potential pet owner contacts Lost and Found staff regarding a pet that was reported by a Good Samaritan as FOUND, Lost and Found staff should provide that potential pet owner with the Good Samaritan's name, phone number, and/or email address ONLY. If the potential pet owner requests the Good Samaritan's address, Lost and Found staff shall direct that potential pet owner to send a public records request. All public records requests must be in writing and sent to Alba Vargas at vargasa@miamidade.gov.
6. Once the pet has been in Chameleon for 90 days, Lost and Found staff will run a report on the 91st day, and then process outcomes to all and/or any outstanding pets. If the Good Samaritan still has

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Lost and Found	PROCEDURE	PAGE No. Page 7 of 9
MAJOR AREAS AFFECTED Customer Service Staff Clinic Staff Kennel Staff Enforcement Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 1, 2016	
		PREPARED BY Lorna Mejia Michael Leiva Luis Cuellar Emilio Vazquez	

possession of the pet, they have the option to keep it or rehome it. When outcoming the pet on the 91st day, the outcome type should FOUND, and the subtype should be SAMARITAN.

Kennel - E305230 at COUNTER

File Windows Commands Procedures Reports Extras Help

<input type="checkbox"/> Modified Fields										Search Back
Impound No	Litter No	Tot	Kennel No	Status	SN Status	Tag/MicroChip	Other ID	Actvty No		
K18-107350		1	FOUND	STRAY WAIT	VERIFY		.0021760530	A	1	
Animal ID	BIGGY 1Y LARGE CAT BRN TABBY F DOMESTIC SH (C15)					Surgery Date	Scan Info			
A1938696							NCNT			

Intake Information

Person From									
P0799375 ANIMAL SERVICES 8841101 3599 NW 79 AVE DORAL 33166									
Type	Subtype	Cond	Date	Time	Due Out	Review Date	OS Source	OS Reason	
FOUND	EMAIL	NORMAL	03/02/18	12:11	03/06/18 00:00				
Crossing			Jurisdiction		Eval Reason	ZIPCODE	By	Receipt No	
LAS						33166	ED		

Outcome Information

Person To											
P											
Type	Subtype	Cond	Date	Time	Weight	Dose	Dose2	Bottle	Bottle 2	By	Receipt No
FOUND	SAMARITAN	NORMAL	03/15/18	10:42	6.80					VE	

Lost and Found

1. Lost & Found staff, as the first order of day, will search for any urgent emails from the veterinary staff to see if any pet with an id has come in after hours and is in critical condition, and the owners must be notified immediately.

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Lost and Found		PAGE No. Page 8 of 9
MAJOR AREAS AFFECTED Customer Service Staff Clinic Staff Kennel Staff Enforcement Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 1, 2016	
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2. The Lost & Found report should be run twice a day, **daily and around 3:00 pm** as animals are checked into the shelter on a continuous basis. All contact and attempts should be done daily to locate owner and must be entered in Chameleon.
3. Contact with listed owners must be accomplished within the first 24 hours of intake. If an email address is available an email must be sent immediately, if the phone is disconnected check www.411.com for alternate numbers. Lost and Found Staff will send an email and/or call owner every day during the stray hold period and notate will notate Chameleon of time and date of phone call and/or email.
4. If a microchipped pet is at ASD, in addition to looking up the owner's information in Chameleon, the microchip company, i.e., Avid/Home Again, must also be called, as they may have additional contact information, such as alternative telephone numbers and updated information.
5. Under no circumstances should a hold be automatically extended without direct approval from the Customer Service Supervisor and/or Shelter Program Coordinator, or appropriate chain of command, including lead workers when a chip is found. **If a microchip is found and the pet was brought in as an owner surrender, call the microchip company to confirm that the person surrendering the pet is the same as the person registered with the microchip company. If there is a discrepancy, bring it to the attention of the Customer Service Supervisor and make a note in Chameleon. No pet should be released if there is a discrepancy in ownership.**
6. Call 411/use online searches to try to get an accurate contact number and call owner daily.
7. If contact is made with the owner, write a Note indicating who will be coming to claim the pet (first & last name and telephone numbers), as well as details as to when (date and time) they are expected. Make it clear what the due out date of the pet is, and that there is a possibility that the animal may be either adopted after the stray hold period is expired, or may be euthanized.
8. When discussing 'return to owner' policy, ensure that the owner understands the fees associated with the redemption, including rabies and tag if expired. Always offer the owner RTO with services. If owner selects this option please have them sign a surgery release form and scan this duly signed document into Chameleon under the person ID.
9. CSRs: Log into the Customer Service System and check the lost and found CSR daily. Follow up with constituents who found stray pets and close tag accounts for lost pet as requested. Explain to pet owner that if dog is not found prior to its rabies and/or county tag renewal, account must be closed to prevent a citation for failure to vaccinate/license pet. CSR number, staff initial, date and time must be entered in Chameleon.
10. Lost & Found books should be current at all times. Flyers must be dated by owner and/or person who found pet. Owner is called after 5 days. If pet is not found after 5 days, the flyer will stay in the Lost and Found office for an additional 5 days.

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE April 26, 2018	PROCEDURE TITLE Lost and Found	PROCEDURE	PAGE No. Page 9 of 9
MAJOR AREAS AFFECTED Customer Service Staff Clinic Staff Kennel Staff Enforcement Staff	APPROVED BY Lorna Mejia	REVISES OR SUPERCEDES June 1, 2016	
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Floor Plan Redacted



STANDARD OPERATING PROCEDURE

<p>CREATED January 9th, 2017</p> <p>EDITED</p>	<p>PROCEDURE TITLE</p> <p>Animals with Maggots (New World Screwworm)</p>	<p>PROCEDURE</p>	<p>PAGE No.</p> <p>Page 1 of 3</p>
<p>MAJOR AREAS AFFECTED</p> <p>Clinic Staff Receiving Staff Animal Control Officers Investigators</p>	<p>APPROVED BY</p> <p>Kathleen Labrada Chief of Operations and Enforcement</p>	<p>REVISES OR SUPERCEDES</p>	
		<p>PREPARED BY</p> <p>Maria A. Serrano, DVM Chief Veterinarian</p>	

PURPOSE: To promptly and efficiently respond to and treat maggot infestation cases to prevent spread of New World Screwworm in South Florida

POLICY: New World Screwworm is a reportable disease that directly affects and threatens the US agriculture. Screwworms were eradicated in the US in 1960s; however, early in 2017, a case was reported in a dog in Miami Dade County. ASD is working closely with the Florida Department of Agriculture to identify and report any further cases encountered in Miami-Dade County. Handling an animal with maggots does not present a risk exposure to the handler. Screwworm transmission requires the adult fly to lay eggs in an open wound or on the mucous membranes of a live animal. All staff are reminded to observe standard hygiene practices and utilize PPE as required.

DEFINITIONS:

- New World Screwworm disease: New World screwworm larvae (maggots) can infest warm blooded animals including humans. An animal becomes infected when the adult screwworm fly lays eggs in an open wound or on the mucous membranes of an animal's nose, eyes, mouth or ears. The maggots feed on living flesh and if left untreated can be fatal.
- Myiasis: Infestation by the larvae (maggots) of fly species.

PROCEDURES:

Field Impound Protocol (Live Animal)

- Do not offload from the ACS vehicle if myiasis is noted
- Notify an ASD veterinarian immediately to assess the animal
- Add the vet check list, including animal ID and the word "MAGGOTS"
- Contact the on-duty veterinarian if the case is presented after-hours regardless if the case has identification or not.
- The on duty veterinarian will dictate the placement of the animal within the shelter



STANDARD OPERATING PROCEDURE

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		<p>PREPARED BY</p> <p>Maria A. Serrano, DVM Chief Veterinarian</p>	

Field Impound Protocol (Deceased Animal)

- Bag and dispose of any animal that appears to be deceased for over 2 hours
- In the event the service request responded to is greater than two hours old at the time of response the animal is to be disposed of in the standard manner whether maggots are present or not
- Contact the veterinarian for any recently deceased animals with maggots present

Shelter Impound Protocol

- Applies to owner surrender, stray and TNR intake
- Ask the individual presenting the animal(s) if they have noticed any open wounds or maggots on the pet
- Notify the shelter veterinarian immediately if maggots are noted in any pet presented
- Add to the vet check list with priority, specifying the animal ID and "MAGGOTS"
- Do not place the pet in dog or cat receiving
- The veterinarian will dictate placement of the animal following assessment

Animal Housing Areas (All Staff)

- All staff must carefully observe pets in all kennel areas for open wounds
- Notify the shelter veterinarian immediately for the presence of maggots in any shelter pet
-

Clinic (Veterinarians and Technicians)

- Treat the animal's injuries accordingly
- Collect maggot samples on live animals or animals who have been deceased for under 2 hours
- Collect maggots into a white top tube (no additives) in 95% ethanol (if not available, 70% isopropyl alcohol)



STANDARD OPERATING PROCEDURE

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		<p>PREPARED BY</p> <p>Maria A. Serrano, DVM Chief Veterinarian</p>	

- Contact the Florida Department of Agriculture to report / for sample pick-up and identification:
 - Dr. Diane Kitchen: Diane.kitchen@freshfromflorida.com Phone: (850) 251-1225
 - 1-800 HELP FLA (435-7352)

Treatment Protocol

- Sedate, collect the appropriate samples and cleanse all affected wounds
- Administer Ivermectin 1% SQ at 0.1ml / 11lbs body weight
- Administer Capstar orally according to body weight
- Administer adequate analgesia and antibiotic therapy as necessary
- Place in TG or TH for treatment

Disposal Protocol:

- All deceased pets in which samples are collected for the Florida Department of Agriculture will be frozen in the forensics freezer (inside diagnostics) until results are back:
 - **POSITIVE cases:** Remain frozen and contact Dr. Kitchen for assistance
 - **Negative cases:** Remove from the freezer and dispose of following regular protocol.

**** This protocol will remain in place until further notice from the Chief Veterinarian.****

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE September 4 th , 2014 REVISED: January 15 th , 2016	PROCEDURE TITLE Micro-chipping Procedures and Recording	PROCEDURE	PAGE No. 1 of 2
MAJOR AREAS AFFECTED Animal Control Officers Kennel Staff Clinic Staff Front Counter Staff	APPROVED BY Kathy Labrada	REVISES OR SUPERCEDES Clinic Checking and Medical Record Keeping (page 6/9)	
	PREPARED BY Maria A. Serrano, DVM		

INTENT: To ensure a consistent standard in processing and record keeping during and after micro-chipping as well as procedures to follow when a chip is found.

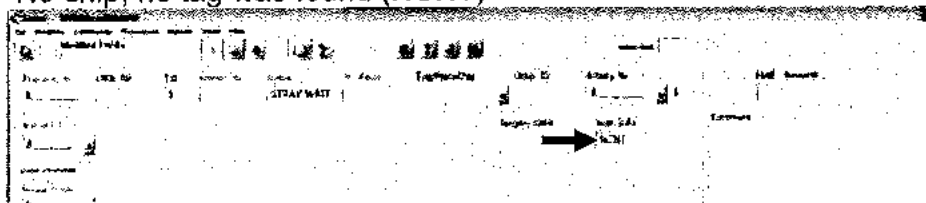
PROCESSING GUIDELINES:

Scanning technique (all staff)

- Scan with a working universal chip, beginning at the head and move the reader slowly from side to side towards the tail of the pet. Make sure the chest, neck and limbs are covered because some chips have been noted to migrate after placement. Scan several times making sure the entire pet is covered.

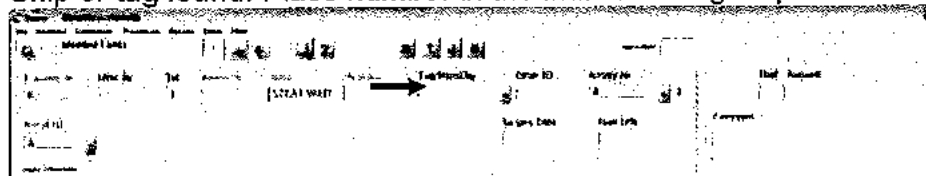
Impounding staff (kennel and ACOs): All animals **must be scanned for a microchip and examined for a collar and tags**. Scan the pet and note in Chameleon in the indicated boxes below:

- No chip, no tag was found (NCNT)



- Make any pertinent notes on the memo screen regarding any information that may be helpful to locate the owner of the pet.

- Chip or tag found. Place number in the indicated Tag/chip box of the kennel screen.



- Notify lost and found with the animal ID number and the found chip number.

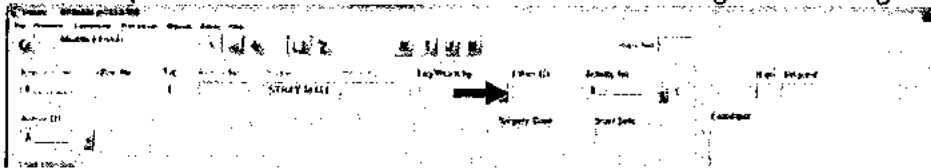
Clinic:

- All animals **must be scanned for a microchip and examined for a collar and tags** and any chips or tags found are to be recorded as indicated above.
- Procedures when placing a chip at MDAS:

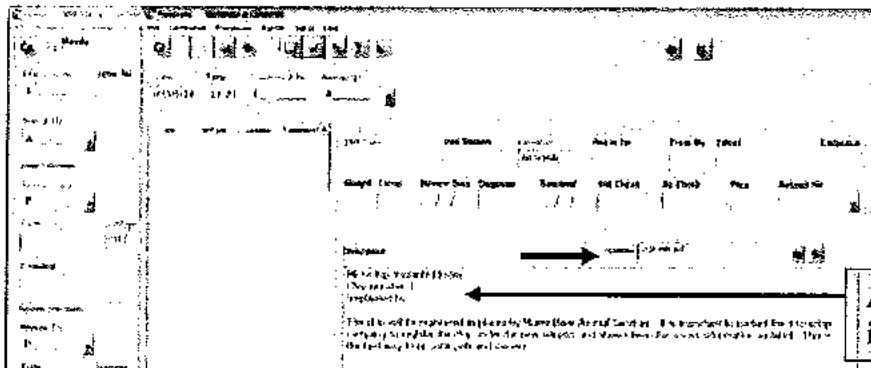
STANDARD OPERATING PROCEDURE

EFFECTIVE DATE September 4 th , 2014 REVISED: January 15 th , 2016	PROCEDURE TITLE Micro-chipping Procedures and Recording	PROCEDURE	PAGE No. 2 of 2
MAJOR AREAS AFFECTED Animal Control Officers Kennel Staff Clinic Staff Front Counter Staff	APPROVED BY Kathy Labrada Chief Operations Manager	REVISES OR SUPERCEDES Clinic Checking and Medical Record Keeping (page 6/9)	
		PREPARED BY Maria A. Serrano, DVM	

- Inject a sterile chip subcutaneously in between shoulder blades.
- Scan the pet (as indicated above) to ensure the chip is working correctly and that it was implanted
- Enter chip number in Chameleon in the box to the right of the tag box as indicated below:



- Make a note in the medical record screen using the template "chip implant" as indicated below:



Add chip number and initials of implanter in medical record.



STANDARD OPERATING PROCEDURE

<p>CREATED February 22nd, 2017</p> <p>EDITED July 28th, 2018</p>	<p>PROCEDURE TITLE Pet Retention Program</p>	<p>PROCEDURE</p>	<p>PAGE No. Page 1 of 13</p>
<p>MAJOR AREAS AFFECTED</p> <p>Clinic Staff Pet Retention Staff Receiving Staff Participating Vet Practitioners</p>	<p>APPROVED BY</p> <p>Kathleen Labrada Chief of Operations and Enforcement</p>	<p>REVISES OR SUPERCEDES N/A</p>	
		<p>PREPARED BY</p> <p>Maria A. Serrano, DVM Chief Veterinarian</p>	

PURPOSE: To assist pet owners in keeping their pet by providing services, resources or medical care for a treatable medical condition during difficult times and/or help find homes for their pet without the need to surrender the pet to the shelter.

POLICY: The Department will offer services, resources (upon availability) and/or medical care to pet owners whose intent is to surrender the pet due to inability to provide adequate care or medical care to the pet.

RESPONSIBILITIES:

- **MDAS Receiving staff:** Counsel customers regarding the reason for wanting to surrender, evaluate if the resources available would be able to help the family, offer resources such as limited veterinary care, crates, leashes, enclosures, food, flea and tick products based on availability
- **MDAS Veterinarian (s):** Examine, evaluate and determine procedure (s) to be approved to be performed at the practicing veterinary clinic. Perform certain medical / surgical procedures when indicated.
- **Pet retention coordinator:** Communicate with clients, communicate with MDAS veterinarian(s), Communicate with participating vet offices to approve further medical care, approve / deny further medical procedures to be performed at participating vet offices, receive and process medical records to track treatments performed, receive invoices from participating vet offices and determine support to be provided to each case.
- **Animal welfare officers and Anti-Cruelty Investigators:** Communicate with constituents to determine if pet retention resources are appropriate to address unmet needs or to improve animal welfare. Provide services when appropriate to



STANDARD OPERATING PROCEDURE

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<p>MAJOR AREAS AFFECTED</p> <p>Clinic Staff Pet Retention Staff Receiving Staff Participating Vet Practitioners</p>	<p>APPROVED BY</p> <p>Kathleen Labrada Chief of Operations and Enforcement</p>	<p>REVISES OR SUPERCEDES N/A</p>	
		<p>PREPARED BY</p> <p>Maria A. Serrano, DVM Chief Veterinarian</p>	

include veterinary vouchers, enclosures, shelter and other resources as available. Communicate with pet retention coordinator to advise of medical cases referred for treatment.

- Participating vet offices: Communicate with MDAS retention coordinator and veterinarians to discuss medical plans for each pet, communicate with pet owners regarding medical condition(s), perform services established by MDAS, and discuss additional services that may apply not covered by MDAS.

PROCEDURES:

Receiving staff: Identify pet owners whose intent is to surrender their pet for counseling purposes. See additional intake procedures below. Should the owner's concern be related to a medical reason or boarding, call the Pet Retention coordinator to speak to clients regarding their needs and so the pet can be assessed for boarding services or veterinary care (see vet call order below) if the pet retention coordinator is not at the shelter.

- Place notes in the computer software indicating details of the case.
- Pet Retention Coordinator:
 - Speak to pet owners and get a history of the current medical / behavioral condition for wanting to surrender:
 - Age, sex (S/N), condition, medical history, vaccine history, chronicity of the condition, behavior...
 - If a medical condition:
 - Contact the shelter veterinarian scheduled for shelter rounds to assess the patient



STANDARD OPERATING PROCEDURE

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		<p>PREPARED BY</p> <p>Maria A. Serrano, DVM Chief Veterinarian</p>	

- Select from the list of participating vets who is closest to the pet owner or provides the required service(s)
 - Contact the participating private veterinarian and make an appointment for the pet
 - Give the pet owner the form specifying the appointment time, location and service approved to be performed.
 - Inform the pet owner that MDAS will only cover the approved service and that they will be responsible for additional services performed (not approved).
 - Email / fax details to the clinic and specify the medical condition(s) approved to be treated at the participating veterinarian.
 - Communicate with the participating veterinary office as needed for further approval of services (not to exceed \$500 pet patient).
- MDAS veterinarian:
 - Vet contact priority:
 - Chief Veterinarian
 - University of Florida professor
 - Treatment / Population veterinarian
 - Vet scheduled in shelter rounds.
 - The Department veterinarian (s) will evaluate the pet and determine the level of care or supplies required to help the pet stay at the current home. Medical cases will be referred to a participating veterinarian for diagnostics and limited treatments.
 - Get a complete history of the pet to be evaluated though the pet retention coordinator.



STANDARD OPERATING PROCEDURE

<p style="text-align: center;">CREATED February 22nd, 2017</p> <p style="text-align: center;">EDITED July 28th, 2018</p>	<p style="text-align: center;">PROCEDURE TITLE</p> <p style="text-align: center;">Pet Retention Program</p>	<p style="text-align: center;">PROCEDURE</p>	<p style="text-align: center;">PAGE No.</p> <p style="text-align: center;">Page 4 of 13</p>
<p style="text-align: center;">MAJOR AREAS AFFECTED</p> <p style="text-align: center;">Clinic Staff Pet Retention Staff Receiving Staff Participating Vet Practitioners</p>	<p style="text-align: center;">APPROVED BY</p> <p style="text-align: center;">Kathleen Labrada Chief of Operations and Enforcement</p>	<p style="text-align: center;">REVISES OR SUPERCEDES</p> <p style="text-align: center;">N/A</p>	
		<p style="text-align: center;">PREPARED BY</p> <p style="text-align: center;">Maria A. Serrano, DVM Chief Veterinarian</p>	

- Examine the pet (wellness clinic or shelter clinic). May elect to examine the pet without the owner present.
 - Define the level of care needed to help the pet and communicate with the pet retention coordinator of services to be approved at the participating private veterinarian.
 - Decide if the procedure may be performed at MDAS and instruct pet retention to make an appointment for a special procedure (surgical).
 - The Department veterinarian (s) may perform veterinary services if a participating veterinarian is not available.
- Participating private veterinarian:
 - Examine the referred pet
 - Provide the approved services
 - Communicate with the pet retention coordinator regarding the services performed or further required treatments to be approved.
 - Receive written approval for further services to be performed. Veterinary offices will require approval for additional procedures besides the one for what the pet was referred for. Pet/s will only be treated for the presenting condition. However, the owners will have the option to provide additional care at the participating vet office at their own expense.
 - Email medical records reflecting the services performed, including pet and client name and contact as well as the MDAS approval for the services provided. Email: helpmypets@miamidade.gov



STANDARD OPERATING PROCEDURE

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- The maximum amount to be paid by the department per patient will not exceed \$500
- Receiving Staff Process for Intake:
 - Bring the owner into the office to talk to them in private. Begin your counseling session by asking them why they have come to the decision of surrendering their pet. Once you have an understanding for the reason to surrender, advise the owner of the resources available that would allow them to keep their pet. You should have resources readily available for common reasons such as:
 - Pet Escapes**
 - Destructive Behavior**
 - Crate Training**
 - House Training**
 - Food Aggression**
 - Possession Issues**
 - Leash Training**
 - Introducing a New Baby**
 - Introducing Other Pets**
 - Pet Friendly Apartments Complexes**
 - Flea/Tick Infestation**
 - Non-Comprehensive Medical Conditions**
 - Common Pet Diet**
 - Treatable Medical Conditions**
 - Boarding**



STANDARD OPERATING PROCEDURE

<p>CREATED February 22nd, 2017</p> <p>EDITED July 28th, 2018</p>	<p>PROCEDURE TITLE Pet Retention Program</p>	<p>PROCEDURE</p>	<p>PAGE No. Page 6 of 13</p>
<p>MAJOR AREAS AFFECTED</p> <p>Clinic Staff Pet Retention Staff Receiving Staff Participating Vet Practitioners</p>	<p>APPROVED BY</p> <p>Kathleen Labrada Chief of Operations and Enforcement</p>	<p>REVISES OR SUPERCEDES N/A</p> <p>PREPARED BY Maria A. Serrano, DVM Chief Veterinarian</p>	

The Retention Process: Begin by going on to the Tag screen (see image):



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<p style="text-align: center;">MAJOR AREAS AFFECTED</p> <p style="text-align: center;">Clinic Staff Pet Retention Staff Receiving Staff Participating Vet Practitioners</p>	<p style="text-align: center;">APPROVED BY</p> <p style="text-align: center;">Kathleen Labrada Chief of Operations and Enforcement</p>	<p style="text-align: center;">REVISES OR SUPERCEDES N/A</p>	
		<p style="text-align: center;">PREPARED BY Maria A. Serrano, DVM Chief Veterinarian</p>	

current if anything is different. If the person does not have an account one must be created for them. Ask owner if he/she has an email address where they can be reached as well.

The screenshot shows a software interface with two main panes. The left pane is a form for entering 'Person I.D.' information, including fields for Name, Address, and other details. The right pane is a table with the following columns: Person ID, Last Name, First Name, and Phone. The table is currently empty.

Once you have created the Person I.D. proceed with the animal's information. If the animal is registered with the county use that original animal I.D. If it has never been



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<p>CREATED February 22nd, 2017</p> <p>EDITED July 28th, 2018</p>	<p>PROCEDURE TITLE Pet Retention Program</p>	<p>PROCEDURE</p>	<p>PAGE No. Page 7 of 13</p>
<p>MAJOR AREAS AFFECTED</p> <p>Clinic Staff Pet Retention Staff Receiving Staff Participating Vet Practitioners</p>	<p>APPROVED BY</p> <p>Kathleen Labrada Chief of Operations and Enforcement</p>	<p>REVISES OR SUPERCEDES N/A</p>	
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Look up the owner's account. You can look for their account by searching by address, full name, phone number and/or driver's license number. Make sure all information is



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<p>CREATED February 22nd, 2017</p> <p>EDITED July 28th, 2018</p>	<p>PROCEDURE TITLE Pet Retention Program</p>	<p>PROCEDURE</p>	<p>PAGE No. Page 9 of 13</p>
<p>MAJOR AREAS AFFECTED</p> <p>Clinic Staff Pet Retention Staff Receiving Staff Participating Vet Practitioners</p>	<p>APPROVED BY</p> <p>Kathleen Labrada Chief of Operations and Enforcement</p>	<p>REVISES OR SUPERCEDES N/A</p>	
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registered then make sure to create a new animal I.D number for it. (See image below)

*** All animals MUST be scanned for microchips ***

Name	Type	Size	Sex	Color	Breed	DOB	Age	Animal ID
REX	DOG	PUPPY	S	GOLD	LABRADOR RETR	12/31/14	5M	A168897

Make sure to get a photo of the pet (do your best to get a good photo of the pet). Once you have an animal I.D number proceed with a brief survey. Click on the memo icon and select client survey from the template selection. (See image below)



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<p>CREATED February 22nd, 2017</p> <p>EDITED July 28th, 2018</p>	<p>PROCEDURE TITLE Pet Retention Program</p>	<p>PROCEDURE</p>	<p>PAGE No. Page 10 of 13</p>
<p>MAJOR AREAS AFFECTED</p> <p>Clinic Staff Pet Retention Staff Receiving Staff Participating Vet Practitioners</p>	<p>APPROVED BY</p> <p>Kathleen Labrada Chief of Operations and Enforcement</p>	<p>REVISES OR SUPERCEDES N/A</p>	
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Memo - LEVAMI at COUNTER

83

File Commands Procedures Reports Extras Help



Memo No	Memo ID	ID Type	Date	Type	Subtype	Author
M_	A1688973	ANIMAL_ID	10/16/17	RETENTION		

Memo Text

Templates CLIENT SURVEY

1. How can we help you today?

2. How likely would you be to give up this pet if you didn't get this help? What would you say on a scale of 0-10 with 0 being extremely unlikely and 10 being extremely likely? (#)

3. If you couldn't get this help, what would you have done?



STANDARD OPERATING PROCEDURE

<p>CREATED February 22nd, 2017</p> <p>EDITED July 28th, 2018</p>	<p>PROCEDURE TITLE Pet Retention Program</p>	<p>PROCEDURE</p>	<p>PAGE No. Page 12 of 13</p>
<p>MAJOR AREAS AFFECTED</p> <p>Clinic Staff Pet Retention Staff Receiving Staff Participating Vet Practitioners</p>	<p>APPROVED BY</p> <p>Kathleen Labrada Chief of Operations and Enforcement</p>	<p>REVISES OR SUPERCEDES N/A</p>	
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Tag/Link LEVAM at COUNTER

File Windows Commands Procedures Reports Extras Help

Ready E319359 E319359 2017-08-16 14:02:27.013

Person ID
P1063325

Animal ID
A1279932 TORY 7Y SMALL DOG TAN N CHIHUAHUA SH

Tag No	Tag Type	Subtype	S/N	Jurisdiction	Status	Problem Code
U17-117934	LINK	RETENTION			ACCEPT	MEDICAL

Tag Date	Term	Tag Exp	Vaccha	Cert No	Serial No	Lot Exp	Extra1
08/16/17	12	08/16/18					
Vac Date	Term	Vac Exp	Vet ID				
///	36	///	G180090 MIAMI DADE ANIMAL SERVICES 8841102				

NEW VAC FOUND

Batch No	STATUS DATE	Extra3	Extra4	Price	Receipt No
	08/16/2017	RABIES/TAG		.00	R17-206844

Person ID
P

If the Retention case is medical seek further assistance from the Pet Retention Coordinator or your supervisor.



STANDARD OPERATING PROCEDURE

<p>CREATED February 22nd, 2017</p> <p>EDITED July 28th, 2018</p>	<p>PROCEDURE TITLE Pet Retention Program</p>	<p>PROCEDURE</p>	<p>PAGE No. Page 11 of 13</p>
<p>MAJOR AREAS AFFECTED</p> <p>Clinic Staff Pet Retention Staff Receiving Staff Participating Vet Practitioners</p>	<p>APPROVED BY</p> <p>Kathleen Labrada Chief of Operations and Enforcement</p>	<p>REVISES OR SUPERCEDES N/A</p>	
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You will put "Retention" in the box labeled "TYPE"

You will click in the Templates box and press F4 select "CLIENT SURVEY"

You will ask the question and type the answers than press F9

Once all this is done then you will create the Retention U-Link number by hitting F9.

(See image below to see what the end result should be)

You will put "Link" in the box labeled "Tag Type".

You will put "Retention" in the box labeled "Subtype".

You will put "Accept or Denied" in the box labeled "Status".

You will put "Type of Retention in the box labeled "Problem Code".

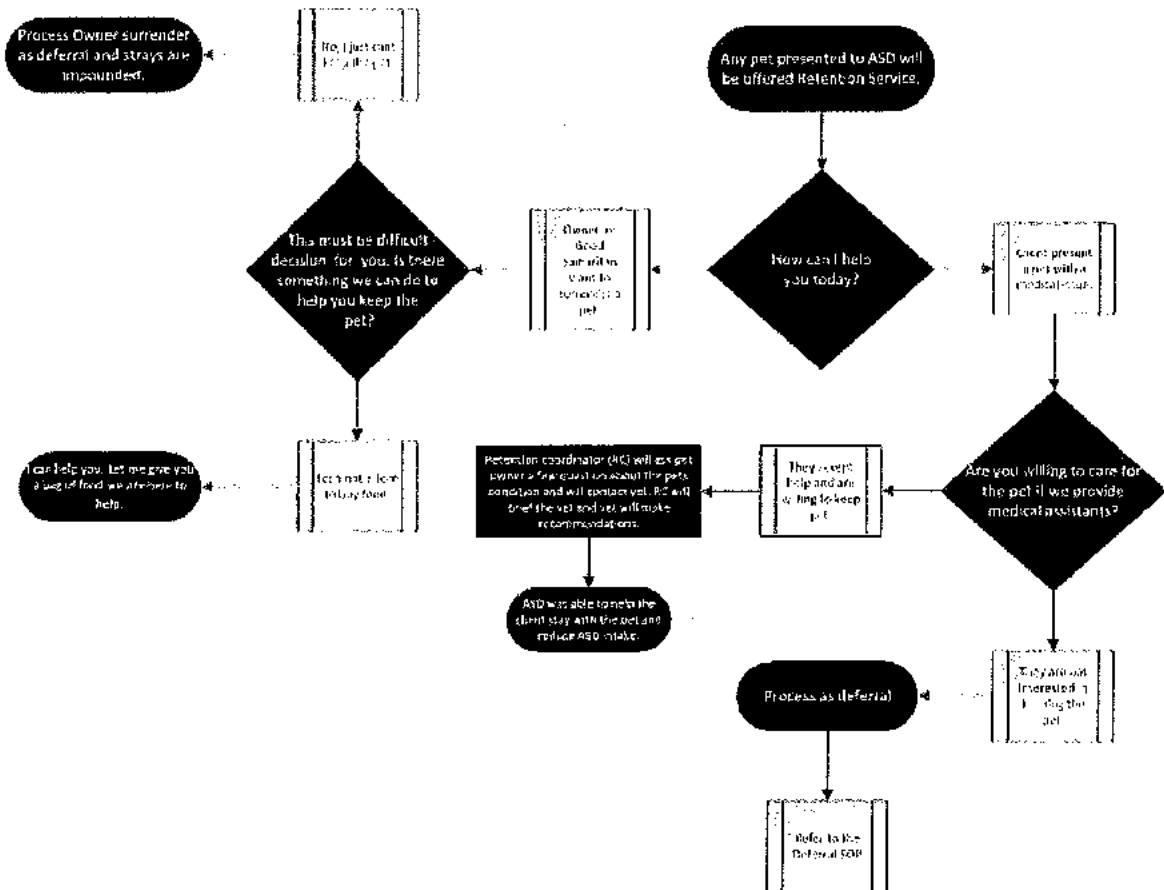
You will put the date of Retention in the box labeled "Status Date".

You will put the number for MDAS which is "100090" in the box labeled "Vet ID".



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<p>CREATED February 22nd, 2017</p> <p>EDITED July 28th, 2018</p>	<p>PROCEDURE TITLE Pet Retention Program</p>	<p>PROCEDURE</p>	<p>PAGE No. Page 13 of 13</p>
<p>MAJOR AREAS AFFECTED</p> <p>Clinic Staff Pet Retention Staff Receiving Staff Participating Vet Practitioners</p>	<p>APPROVED BY</p> <p>Kathleen Labrada Chief of Operations and Enforcement</p>	<p>REVISES OR SUPERCEDES N/A</p> <p>PREPARED BY Maria A. Serrano, DVM Chief Veterinarian</p>	



<p>EFFECTIVE DATE June, 2007 (Rada, DVM) REVISED: June 28th 2017 (Serrano, DVM)</p>	<p>PROCEDURE TITLE Respiratory Infections</p>	<p>PROCEDURE</p>	<p>PAGE No.</p>
<p>MAJOR AREAS AFFECTED All Staff Volunteers</p>	<p>APPROVED BY Kathleen Labrada, Chief of Operations Maria A. Serrano, DVM</p>	<p>REVISES OR SUPERCEDES Upper Respiratory Infection June, 2007 (Rada, DVM)</p> <hr/> <p>PREPARED BY Maria Serrano, DVM Chief Veterinarian</p>	

INTENT: Recognize, isolate and treat patients with upper respiratory infections to minimize the effect on the general population and avoid/control disease outbreaks.

DEFINITIONS:

Upper Respiratory infection (URI) or Canine Infectious Respiratory Disease (CIRD): Clinical syndrome caused by a complex of viral and bacterial pathogens that are highly contagious in dogs and cats housed in shelters. In dogs, it is mostly caused by Parainfluenza (CPI), Adenovirus (CAV), Distemper (CDV), Respiratory Corona virus, Pneumovirus (CPnV), Bordetella bronchiseptica (Bb), Streptococcus zooepidemicus and / or Mycoplasma. In cats it is mostly caused by: Herpesvirus, Calicivirus, Chlamydomphila felis, Bordetella and/or Mycoplasma.

Risk factors of URI are intrinsic to each case (immune status, stress), intrinsic to each pathogen (incubation periods, shedding period, transmission routes) and to husbandry practices in the shelter (sanitation, crowding, ventilation, staff training...).

Clinical signs of URI include:

- coughing
- sneezing
- ocular / nasal discharge
- fever / lethargy
- dyspnea (difficulty breathing)
- blepharospasm (eye squinting)
- chemosis (swelling of tissue within the eyelids) - cats mostly

Distemper (CDV) quant. PCR: Diagnostic test for distemper (CDV) which quantifies the number of viral particles present in a sample, which will indicate the pet is shedding (eliminating) the virus, thus that it is contagious to other pets. This test may be positive if the dog has been vaccinated with a modified live vaccine within the past 4 weeks.

PROCESS:

Veterinarians:

- Perform daily rounds to identify any pet with respiratory signs.
- Wear adequate PPE at all times while examining and treating any dog or cat with consistent signs of URI.
- Notify kennel supervisor (s) for immediate isolation of the identified cases. If kennel supervisor is not available, the kennel lead workers will be responsible for ensuring movement of the animals into the isolation areas.

<p>EFFECTIVE DATE June, 2007 (Rada, DVM) REVISED: June 28th 2017 (Serrano, DVM)</p>	<p>PROCEDURE TITLE Respiratory Infections</p>	<p>PROCEDURE</p>	<p>PAGE No.</p>
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- Examine and provide treatment (add to Chameleon) to all cases identified as having URI (see treatment protocol).
- Perform **rounds** in the URI treatment isolation areas to determine response to treatment and make humane decisions regarding dogs that are noted to be suffering.
- Identify dogs to be tested for respiratory PCR (indicate in the medical record):
 - Dogs not responding or worsening after 3 days of treatment:
 - Add additional medication to the treatment course.
 - Consider humane euthanasia
- Identify dogs with severe respiratory disease and flag as candidate for **humane euthanasia**:
 - Any dog considered suffering will be immediately euthanized with no rescue blast (see Euthanasia SOP).
 - Notify the rescue office of stable animals with URI symptoms to promote for rescue.
 - Any dog suspicious of having distemper (CDV) disease based on clinical signs or with a confirmatory test (PCR) will be humanely euthanized without a rescue blast in an effort of protecting the community.
 - Animals with holds will have the hold dropped after informing the interested party regarding the infectious nature of the condition. The animal will be humanely euthanized.
 - PCR samples for CDV or full respiratory panels will be collected at the time of euthanasia as a surveillance method for disease. The Chief Veterinarian will determine number of samples to be taken monthly and will adjust according to resources.
- Identify dogs that have no clinical signs of URI and have been treated for 7 days to be moved OUT of the URI isolation area INTO the URI recovery section (L, J areas)
 - Any dog with recurrent upper respiratory signs after being moved to "recovery URI" area will be swabbed for CDV PCR and considered a candidate for euthanasia.
 - Send Rescue an email with those dogs cleared of URI to be flagged for "Sun" program and assign a cutoff time to leave the shelter. Cutoff must be over 24hrs to allow for rescue to arrange transport.
 - Dogs will remain in "recovery URI" for 7 days to allow for further monitoring.
- Notify the kennel supervisor and/or kennel lead workers of which dogs are cleared to be moved back to the adoption floor.
- Analyze PCR results:
 - Dogs with high viral load for CDV will be humanely euthanized.

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<p>MAJOR AREAS AFFECTED All Staff Volunteers</p>	<p>APPROVED BY Kathleen Labrada, Chief of Operations Maria A. Serrano, DVM</p>	<p>REVISES OR SUPERCEDES Upper Respiratory Infection June, 2007 (Rada, DVM)</p> <hr/> <p>PREPARED BY Maria Serrano, DVM Chief Veterinarian</p>	

- Dogs with low positive CDV results (less than 100 viral particles per swab) and no clinical signs will remain in URI recovery isolation and will be re- swabbed (as space allows).
 - The second PCR must be significantly lower than the first to remain in recovery URI.
 - If the second swab is significantly higher than the first, humane euthanasia will be indicated.
- Move all negative PCR without clinical signs to the adoption floor and will be cleared for surgery.
- Inform adopters of any positive results on adopted dogs and provide guidelines for prognosis and treatment. Inform the chief Veterinarian of any communication with adopters regarding CDV.
- Write (and sign) prescriptions for dogs leaving the shelter with a diagnosis of URI.

Veterinary Technicians (VT)

- The technician assigned to diagnostics will monitor, medicate and prepare for rescue / adoption any animal diagnosed with URI.
- Wear adequate PPE at all times while examining and treating any dog or cat with consistent signs of URI.
- Add any animal noted to have signs of URI to the vet check list and inform him/her verbally if the pet is severely ill.
- Ensure dogs identified with URI are moved into isolation areas.
- Provide medications daily to all dogs and cats in URI areas and notify the veterinarian of any dog or cat whose condition deteriorates significantly. Medication for dogs and cats with URI must be given at the beginning of the shift.
- Prepare any animal housed in the URI isolation areas prior to leaving the shelter (examine, microchip, vaccinate, swab, and prepare prescriptions).
- Do not take animals housed in the isolation areas to the main shelter clinic or other locations where they can contaminate healthy animals.
- Perform swabs for respiratory PCR to the dogs indicated by the rounds veterinarian.
- Attend to any infectious post adoption concerns brought to the hallway in the north side of the building (including swabs, preparing medications and providing any treatment prescribed by a veterinarian)
- Process collected samples for shipment to Idexx Laboratories.

EFFECTIVE DATE June, 2007 (Rada, DVM) REVISED: June 28 th 2017 (Serrano, DVM)	PROCEDURE TITLE Respiratory Infections	PROCEDURE	PAGE No.
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Animal Care Specialists (ACS)

- Flag any dog noted to have URI signs by placing on the vet check list and notifying a veterinarian. Write animal ID, location and medical concern on the vet check list.
- Wear adequate PPE at all times while handling any dog or cat with consistent signs of URI.
- Move dogs identified as having URI into isolation areas (indicated by the kennel supervisor, lead workers or veterinarians).
- The person assigned to diagnostics will be responsible for movement of sick animals; however, if the person is not available, another ACS will be assigned to do so, ensuring proper PPE is worn.

Animal Control Officers (ACOs)

- Identify signs of URI on any dog or cat picked up in the field.
- Humanely euthanize any dog or cat with severe respiratory signs (unable to breathe well, crusty nose with yellow/green mucus on the nose, severe lethargy) that has no chip or tag to trace to a possible owner.
- Isolate in a URI isolation room (TB, PSG) any dog or cat (TB) with identification, picked up after hours with clinical signs of URI.
- Flag by placing on the vet check list, including animal ID, clinical signs, location of the animal, and any relevant information. Send an email copying all the veterinarians alerting of the case.

Rescue Department

- Send rescue blasts on dogs selected by the veterinarians to be cleared of URI to be added to the "Sun" program.

Volunteers and other staff members

- Identify any dog or cat with signs consistent with URI
- Notify the veterinarians by writing the dog (id) on the vet check list (located in the shelter clinic) and indicating the reason of concern (URI).
- If unable to have access to the clinic area, notify the volunteer coordinator of any medical concern noted.
- DO NOT walk dogs with clinical signs of URI with healthy dogs or in the same area.
- Wash hands thoroughly (with soap and water) after interacting with each dog or cat.
- Wash and disinfect all toys before using them with other dogs or cats.

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OTHER PROCEDURES:

- Litter mates of affected kittens / puppies will be considered infected and treated similarly.
- Puppies and kittens are considered to be at high risk for infectious diseases. Large effort will be made to place puppies and kittens in foster homes to minimize exposure.

Vaccines:

- All dogs and cats over 4 weeks will be vaccinated on intake (DHPP + Bordetella - dogs; FRCP - cats) and given a booster for DHPP (dogs) / FRCP (cats) every 14 days (3 times).
- Dogs and cats in URI isolation areas will continue to be administered booster vaccinations during URI treatment.

Isolation areas (restricted):

- All isolation areas have magnet signs indicating the infection condition housed in the particular area.
- URI treatment (dogs with clinical disease): rooms TB & PSG
- URI recovery area (dogs that have completed URI treatment and have NO clinical signs of disease): Rooms L and J
- Cat URI isolation: TC

Cleaning and sanitation:

- Accelerated peroxide (Rescue ®) will be used as a sanitation agent in all areas of the shelter. (Follow sanitation SOP)
- Equipment will be designated for each Ward. Under no circumstance may equipment used for respiratory areas be used elsewhere.

Cross-contamination:

- All infectious areas have a PPE station to enable staff to wear proper PPE at all times as needed. Use the trash bins located in the designated areas to discard the used PPE.
- Staff scheduled in the cat infectious area, diagnostics and TB will use the changing room to wear and remove PPE. Staff scheduled in the north side isolation rooms (PSA, PSB, PSD, PSE, PSG) will use the PPE station located at the beginning of the hallway.
- No not walk into other areas wearing contaminated clothes or PPE.

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- Dogs and cats identified as having URI signs will be isolated with priority.
- Treatments for infectious patients will be administered by the veterinary technician scheduled in Diagnostics. Treatments will be administered at the beginning of the shift.

Swab sampling for PCR:

- Specimen Requirements:
 - Nasal swab (wipe in a circular manner within the nostril),
 - Deep pharyngeal swab (wipe at the back of the throat trying to avoid tongue or saliva)
 - Conjunctival swab (wipe eye clean, swab inside of eyelid).
- Place all samples in the same tube. Submit dry, plastic-stemmed swabs, without transport media, in a red top tube (RTT) or an empty, sterile tube; keep refrigerated.
- Log on to Idexx www.vetconnectplus.com and fill the requisition for each case. See Drs. for password.
- Idexx has is scheduled to pickup daily before 10am. Call Idexx if an extraordinary pickup has to be scheduled.

Disease Surveillance:

- Samples will be collected weekly on dogs with URI signs as a method for surveillance for infectious disease outbreak. The Chief Veterinarian will determine the intensity of testing based on cases identified and resources available.

Reporting & Medical Records:

- Log all suspected and/or diagnosed respiratory infections on the vet check list located in the shelter clinic
- Use the Chameleon template ("URI-dog" or "URI-cat") in the medical record for each case diagnosed with URI. Make sure the diagnosis box is filled with "upper resp" in Chameleon.
- Medical notes can be entered into the medical record by a VT when instructed by a veterinarian. All medical notes entered by VT's must indicate "treatment or diagnosis per Dr _____".
- Record all PCR sampling on the medical record on the day the sample was taken and when results are returned.
- Flag animals with positive results for CDV by printing the kennel card and CDV quantity result and bringing to the population veterinarian or the Chief Veterinarian.

<p>EFFECTIVE DATE June, 2007 (Rada, DVM) REVISED: June 28th 2017 (Serrano, DVM)</p>	<p>PROCEDURE TITLE Respiratory Infections</p>	<p>PROCEDURE</p>	<p>PAGE No.</p>
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Medical treatment:

- All prescribed treatments must be added to each medical record by the attending veterinarian or by a VT under the veterinarian's direction.
- Medications:
 - Adopted pets will receive medications to complete the prescribed treatment and are encouraged to follow up at the veterinarian of their choice.
 - Rescue organizations will receive a prescription to purchase the remaining treatment.
 - The medication will be dispensed if the required presentation is not available at a human pharmacy (example: liquid doxycycline to be used in very small dogs or cats)
 - Prescriptions: All medications prescribed must be entered in the medical record, indicating the prescription was given to the adopter/rescuer.
 - All prescriptions must be written according to the following format:
 - Rx: Drug Name, concentration, number of tablets / capsules / mls to be dispensed, route of administration, duration of treatment, number of refills (if any) allowed and signature of the prescribing veterinarian.
 - The shelter will dispense medications **ONLY** in the following situations:
 - Veterinary-specific medications not available in human pharmacies
 - Returning adopters with dogs or cats with respiratory signs.
 - Cases in which the patient is very small and the commercially available medications is difficult or dangerous to dose. (e.g. we dispense liquid doxycycline to accurately dose a small dog)
 - If the patient is a cat. To avoid esophageal strictures when administering doxycycline in the form of a capsule or a pill.
- Drugs and dosages:
 - Dogs:
 - Doxycycline @ 10mg/kg PO SID x 10d
 - Add Clavamox @ 22 mg/kg PO BID x 7d in severe cases or if lower respiratory disease is suspected.
 - Nebulization of small dogs is possible. Follow procedures indicated for cats (below).
 - Cats:
 - **Never pill a cat doxycycline!**
 - Doxycycline (100mg/ml) (**liquid!!**) @ 10mg/kg PO SID x 10d

<p>EFFECTIVE DATE June, 2007 (Rada, DVM) REVISED: June 28th 2017 (Serrano, DVM)</p>	<p>PROCEDURE TITLE Respiratory Infections</p>	<p>PROCEDURE</p>	<p>PAGE No.</p>
<p>MAJOR AREAS AFFECTED All Staff Volunteers</p>	<p>APPROVED BY Kathleen Labrada, Chief of Operations Maria A. Serrano, DVM</p>	<p>REVISES OR SUPERCEDES Upper Respiratory Infection June, 2007 (Rada, DVM)</p>	
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- Add Clavamox suspension 1ml / 10lbs PO BID x 7d in severe cases or if lower respiratory disease is suspected.
- Terramycin ophthalmic ointment. 1" per eye BID x 7d.
- Nebulization:
 - Place the patient inside a feral den (or closed container) with adequate bedding and close the front and side lids.
 - Add 0.5ml Gentamycin + 10ml saline to the nebulizer reservoir. May be also used with saline alone.
 - Attach the nebulizer to one of the side holes in the feral den and turn the nebulizer on. Seal all remaining openings with duck tape.
 - Allow the patient to sit inside the feral den until the vaporizing is over.
 - Let the cat sit in the feral den until the remaining vapors dissipate (about 15 -20 min)
 - Return cat to its kennel in isolation area
 - Disinfect the feral den with Rescue®.

Euthanasia:

- Euthanasia will be performed by a euthanasia certified technician, following the euthanasia SOP.
- Any dog with severe URI, not responding to treatment, considered to be suffering or diagnosed with a very contagious disease will be a candidate for immediate euthanasia without a rescue blast as indicated by the attending veterinarian.
- Any dog with clinical signs highly consistent with CDV or with a CDV diagnosis will be humanely euthanized without a rescue blast to protect the community.
- Any dog with a hold for adoption, rescue or transport and clinical signs highly consistent with CDV or diagnosed with CDV will have the hold cancelled. The adopter / rescue or transport partner will be informed and the dog will be humanely euthanized to protect the community.
- Any dog stable enough will be flagged for rescue. Each rescue blast will have a timeframe; after which, the pet may be euthanized.

EFFECTIVE DATE November 1, 2017	PROCESS TITLE Sodium Pentobarbital Reconciliation	PROCEDURE	PAGE No. Page 1 of 1
MAJOR AREAS AFFECTED Pharmacy Clinic	APPROVED BY Kathleen Labrada Chief of Operations and Enforcement	REVISES OR SUPERCEDES N/A	
		PREPARED BY Maria Serrano, DVM	

INTENT: To provide a uniform process for the reconciliation of sodium pentobarbital on hand against the amount reflected as administered in the euthanasia log

Background

At minimum, once monthly, the euthanasia log currently in use shall be audited to ensure the total amount of sodium pentobarbital reflected as administered reconciles with the total amount of sodium pentobarbital currently on hand. A Florida Certified Euthanasia Technician will be designated to perform the reconciliation by the Chief Veterinarian, or designee.

Reconciliation Process

- Record the current date in the euthanasia log on the first available line under the heading **Date**
- Record the word "Reconciled" in the euthanasia log under the heading **Animal ID #**
- Obtain sodium pentobarbital from lockbox, verify the sodium pentobarbital bottle number and record in the euthanasia log under the heading **Bottle #**
- Enter a dash in the euthanasia log under the headings **Weight, Route, Out, and Reason**
- Using a sterile syringe and needle draw all sodium pentobarbital from the bottle and record the total milliliters drawn in the euthanasia log under the headings **Start and End**
- Compare the total milliliters of sodium pentobarbital obtained in the reconciliation draw with the last numeric entry recorded under the heading **End** on the line immediately above the entry of "Reconciled"
- Record your initials under the heading **Vet Tech**
- Reintroduce all sodium pentobarbital withdrawn back into the bottle from which it was drawn and secure the bottle in the lockbox
- Deviations of greater than one (1) milliliter in the comparison are to be reported immediately to the Chief Veterinarian, or designee, for investigation and referral to the Drug Enforcement Agency (DEA) as needed

<p>EFFECTIVE DATE November 1, 2017</p>	<p>PROCESS TITLE Sodium Pentobarbital Reconciliation</p>	<p>PROCEDURE</p>	<p>PAGE No. Page 2 of 1</p>
<p>MAJOR AREAS AFFECTED Pharmacy Clinic</p>	<p>APPROVED BY</p>	<p>REVISES OR SUPERCEDES N/A</p>	
		<p>PREPARED BY K. Labrada</p>	

TELAZOL COCKTAIL + DOSING CHART

Cocktail: 1 vial of Telazol + 4 mls of ketamine (400 mgs) + 1 ml of Xylazine (100 mg)

Weight (lb)	TKX (0.01 ml/lb) (0.0125 to 0.015 ml/lb)
5	0.05
6	0.06
7	0.07
8	0.08
9	0.09
10	0.10
11	0.11
12	0.12
13	0.13
14	0.14
15	0.15
16	0.16
17	0.17
18	0.18
19	0.19
20	0.20
21	0.21
22	0.22
23	0.23
24	0.24
25	0.25
26	0.26
27	0.27
28	0.28
29	0.29
30	0.3
31	0.31
32	0.32
33	0.33
34	0.34
35	0.35
36	0.36
37	0.37

Weight (lb)	TKX (0.01 ml/lb) (0.0125 to 0.015 ml/lb)
38	0.38
39	0.39
40	0.4
41	0.41
42	0.42
43	0.43
46	0.46
47	0.47
48	0.48
49	0.49
50	0.5
51	0.51
52	0.52
53	0.53
54	0.54
55	0.55
56	0.56
57	0.57
58	0.58
59	0.59
60	0.6
61	0.61
62	0.62
63	0.63
64	0.64
65	0.65
66	0.66
67	0.67
68	0.68
69	0.69
70	0.7
71	0.71
72	0.72
73	0.73
74	0.74
75	0.75
80	0.8
85	0.85
90	0.9
95	0.95
100	1

