

## The Mighty To-Don't List

Make time for what really matters by letting go of or dialing back these low-yield efforts

- Don't vaccinate at intake or the time of adoption for diseases that are low risk for in-shelter transmission (basically anything **other** than DHPP and Bordetella in dogs, FVRCP in cats, and rabies for dogs and cats)
- Don't worry too much about disease transmission between healthy adult animals that have been vaccinated at least 3-5 days ago with a modified live vaccine for DHPP/FVRCP
- Don't wait on boosters to move animals through the system!
- Don't worry too much about biosecurity between casual contacts (such as petting or carrying) with individual adult animals within a population, such as healthy adult cats or cats with routine URI
- Consider not screening for FeLV/FIV in healthy cats with no special risk factors

- Don't move cats with mild URI signs to isolation
- Don't treat for a set time period for routine URI
- Don't hold chronically sneezy cats back from adoption
- Don't rotate disinfectant products
- Don't bother with foot baths
- Don't clean housing thoroughly while cats are in residence
- Don't spend time on formal behavioral assessments that aren't predictive
- Don't keep cats behind glass or prohibit the public from touching friendly healthy cats



Don't compromise care, housing or staff capacity in order to try to serve more animals over time. It always backfires in the end!





- Right-size the population and length of stay, provide good housing for all, and ensure staff and volunteer resources to provide friendly daily interaction tailored to each animal's preference
- Vaccinate with core vaccines immediately upon intake if not sooner
- Vaccinate all animals > 4-6 weeks old with few exceptions; including mildly ill and injured animals
- Revaccinate youngsters every 2 weeks as long as they're in the shelter or other high risk environment
- Continue vaccine series in youngsters until they are 5 months old (and recommend this to adopters even if the animal is no longer in the shelter or other high risk environment)
- Perform careful exams by trained staff at the time of intake, including a good Woods lamp exam for all cats

- Engage in good biosecurity practices between "dirty" and "clean" activities or populations, including a change of top and thorough handwashing or change of gloves
- Screen high-risk cats for FeLV/FIV
- Regardless of screening practices, have conversations with adopters about the natural history of FeLV/FIV, including that status can't be known for sure until ~ 60 days after last known exposure
- Invest in high-quality housing in treatment areas
- Start treatment with antibiotics immediately **if (and only if)** the great majority of animals under treatment eventually progress to requiring antibiotics
- Where this is the case, reevaluate housing and environment in treatment areas, and ensure spacious enriched housing, natural light, good air quality, a quiet environment and comfortable conditions for sick animals

- Treat with an appropriate dose of an antibiotic likely to be effective
- ✓ Evaluate treatment daily: discontinue when signs resolve, or change when signs fail to resolve in the expected time frame
- Use a disinfectant product active against unenveloped viruses
- Consider investing in a product that cleans and disinfects as a one step process, has rapid effectiveness and good activity in the face of organic matter (e.g. accelerated hydrogen peroxide)
- Clean and disinfect high contact surfaces between uses (such as exam tables and carriers shared amongst animals)
- Clean and disinfectant get acquainted or socialization areas used by healthy animals at least daily and after any use by a sick animal

- Provide basic housing that meets the needs of most animals (double compartment, adequate space) and invest in a variety of options for animals that don't fit the usual mold (non-cage housing for those that don't do well in close confinement, large single housing for those that don't do well in groups)
- Monitor health daily including ins (food and water), outs (urination and defecation) and overall demeanor as well as specific behavioral concerns, and develop a system to capture and communicate any concerns
- Include multiple sources of behavioral information in each animal's record, such as owner/finder reports and staff and volunteer interactions

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## LET PEOPLE PET THE KITTEHS!



increase adoptions without increasing disease risk!

