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# Asilomar Accords and Adoptability Guidelines

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## EXECUTIVE SUMMARY



**THE BRITISH COLUMBIA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS**

Authored by: Emilia Gordon, DVM, Senior Manager, Animal Health  
Operations Department

# Asilomar Accords and Adoptability Guidelines

## Executive Summary

*OUR MISSION: To protect and enhance the quality of life for domestic, farm and wild animals in British Columbia.*

### Purpose

This document provides an executive summary for BC SPCA Policy: Asilomar Accords and Adoptability Guidelines. For a full version of this document or other documents referenced, please contact Dr. Emilia Gordon at [egordon@spca.bc.ca](mailto:egordon@spca.bc.ca).

### Background

The [Asilomar Accords](#) were established in 2004 in a collaborative effort to establish a uniform method for collecting and reporting shelter data with the goal of saving the lives of all healthy and treatable companion animals entering shelters. The BC SPCA (<http://www.spca.bc.ca/>) operates 37 sheltering branches across the province of British Columbia that rescue approximately 23,000 companion animals per year.

Over the past decade, the BC SPCA has consistently increased annual medical budgets for shelter animal care to enable animals to be saved who in the past may have been euthanized for treatable medical and/or behavioural problems. Examples of major and/or contagious conditions that can now be treated include skeletal trauma requiring surgical intervention, severe dental disease, feline calicivirus, and ringworm. However, some animals still enter the care of the BC SPCA with complicated and/or chronic medical or behavioural conditions, and in some cases these animals cannot be treated and are euthanized. The BC SPCA has accomplished steady annual improvement in live release rates, which are currently at 93% for dogs and 87% for cats. Both are well above North American averages.

In 2014 the BC SPCA began the process of implementing the Asilomar Accords data collection system at all of our sheltering facilities. This process is part of ongoing efforts to save more companion animals, assure consistent operational practices, utilize resources to help the greatest number of animals possible, and promote transparency and collaboration. Data from other communities that have implemented the Asilomar Accords show increased community live release rates for shelter animals.

Collecting and reporting Asilomar Accords information is powerful because organizations can improve lifesaving capabilities by analyzing outcome data for different Asilomar Categories, identifying where treatable animals are not currently able to be treated, and putting resources in place to start treating and saving these animals.

### Process and Guidelines

The Asilomar Accords define the following animal categories: Healthy, Treatable-Rehabilitatable, Treatable-Manageable, and Unhealthy & Untreatable. Implementing the Asilomar Accords involves

creating guidelines for assigning animals to these categories based how the broader community views the treatability of medical and behavioural conditions.

In order to create these guidelines for BC, the BC SPCA conducted an online survey during the month of November 2015, followed by a community meeting. The results of the survey and meeting are available upon request and are summarized in the Asilomar Category column of Appendix A.

The Asilomar Category does not determine the outcome or adoptability of an animal. This can only be determined at the level of an individual organization and is based on organizational resources, public safety, and ability to maintain good welfare during the shelter stay.

The Adoptability Guidelines provide support and direction for BC SPCA adoptability decisions by designating conditions as Adoptable, Potentially Adoptable, and Not Adoptable (see Adoptability Category column of Appendix A). The Adoptability Category information reflects current BC SPCA practices and does not change in any way how adoptability is presently determined.

This information is included in these Guidelines to provide a consistent reference for branch staff across the province.

These Guidelines contain the following sections:

**Definitions.** Defines the Asilomar Accords categories and BC SPCA adoptability terms listed above. These will be used for reporting and decision-making purposes.

**Asilomar Accords and Adoptability Evaluation Matrix.** Provides information on how to assign animals with various medical and behaviour conditions to the correct Asilomar Accords category. Provides support for determination of adoptability based on condition(s).

**Intake, Exit, and Shelter Buddy Procedures.** Contains procedures for recording and tracking Asilomar Accords category assignments in BC SPCA shelter software.

## Goals

In February 2016, all BC SPCA branches will start assigning Asilomar Accords categories to shelter animals at intake and at exit. The Asilomar Category definitions established for these Guidelines reflect views across BC, and are not BC SPCA-specific. The BC SPCA encourages other animal sheltering and rescue organizations in BC to join this effort to implement the Asilomar Accords and share data. By working collaboratively and planning resources, more animals can be treated and saved.

The Adoptability Guidelines will offer a consistent reference in determining adoptability. These are necessary next steps as the BC SPCA moves forward with plans to save more companion animals entering BC animal shelters. The adoptability section will be updated yearly to reflect current practices as more conditions are able to be treated.

These resources will require community involvement and may include fundraising, facility updates/new facilities, development of foster care and alternative placement options, cultivation of community veterinary relationships, and transferring animals between facilities and organizations. Animal shelters are part of the community, and the community is part of animal sheltering.

The ultimate, long-term goal of implementing these Guidelines is for decisions regarding shelter animal treatability and adoptability to mirror the opinions held by the larger community, so that all healthy and treatable shelter animals who do not pose a risk to public safety can be rehomed.

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# Asilomar Accords and Adoptability Guidelines

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All BC SPCA Branches



**THE BRITISH COLUMBIA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS**

September 2015, Version 1.0 Updated: January 22, 2016  
Authored by: Emilia Gordon, DVM, Senior Manager, Animal Health  
Kim Monteith, Manager, Animal Welfare  
Operations Department

# Asilomar Accords and Adoptability Guidelines

## All BC SPCA Branches

*OUR MISSION: To protect and enhance the quality of life for domestic, farm and wild animals in British Columbia.*

### Purpose of this Guide

To provide classification information for assignment of Asilomar Accords categories and determination of adoptability for companion animals entering BC SPCA Branches.

### Basic Principles

The Asilomar Accords were established in 2004 in a collaborative effort to establish a uniform method for collecting and reporting shelter data with the goal of saving the lives of all healthy and treatable companion animals.

Implementing the Accords definitions of Healthy, Treatable, and Untreatable involves creating guidelines for assigning animals to these categories based on medical and behavioural conditions. These assignments reflect community standards and do not necessarily dictate the outcome of the animals. Statistical tracking and reporting of animal assignments enables shelters to work together within communities to effectively assess trends over time. These Guidelines describe the BC SPCA's Asilomar Accords category assignments and tracking procedures.

These Guidelines also provide support and direction for adoptability decisions. Although these decisions are not determined solely by Asilomar Accords category assignments, they are often related. Other considerations include resource availability, length of stay (LOS), welfare concerns, current shelter population, public safety, and whether a condition is contagious.

The goal over time is to expand the lifesaving abilities of BC SPCA shelters and other animal shelters in BC. By examining animal outcome data and relating it to Asilomar status, it will be possible to identify and plan resources so that the BC SPCA can move toward the goal of adopting out or placing all healthy and treatable shelter animals who do not pose a risk to public safety.

### Setting the Stage

These Guidelines contain the following sections:

#### Definitions

Defines Asilomar Accords categories:

- Healthy
- Treatable-Rehabilitatable

- Treatable-Manageable
- Unhealthy & Untreatable

Defines BC SPCA terms:

- Adoptable
- Potentially Adoptable
- Unadoptable

**Asilomar Accords and Adoptability Evaluation Matrix:** This matrix provides information on how to assign animals with various medical and behaviour conditions to the correct Asilomar Accords category, as well as provide support for determination of adoptability based on condition(s).

**Intake, Exit, and Shelter Buddy Procedures:** List of procedures for recording and tracking Asilomar Accords category assignments.

## Definitions

**Asilomar Accords categories** (from [Shelter Animals Count](#))

### Healthy (H)

The term “healthy” means and includes all dogs and cats eight weeks of age or older that, at or subsequent to the time the animal is taken into possession, have manifested no sign of a behavioural or temperamental characteristic that could pose a health or safety risk or otherwise make the animal unsuitable for placement as a pet, and have manifested no sign of disease, injury, a congenital or hereditary condition that adversely affects the health of the animal or that is likely to adversely affect the animal's health in the future.

### Treatable

#### Treatable-Rehabilitatable (TR)

The term “rehabilitatable” means and includes all dogs and cats who are not “healthy,” but who are likely to become “healthy,” if given medical, foster, behavioural, or other care equivalent to the care typically provided to pets by reasonable and caring pet owners/guardians in the community.

#### Treatable-Manageable (TM)

The term “manageable” means and includes all dogs and cats who are not “healthy” and who are not likely to become “healthy,” regardless of the care provided; but who would likely maintain a satisfactory quality of life, if given medical, foster, behavioural, or other care, including long-term care, equivalent to the care typically provided to pets by reasonable and caring owners/guardians in the community; provided, however, that the term “manageable” does not include any dog or cat who is determined to pose a significant risk to human health or safety or to the health or safety of other animals.

### Unhealthy & Untreatable (UU)

The term “unhealthy and untreatable” means and includes all dogs and cats who, at or subsequent to the time they are taken into possession,  
(1) have a behavioural or temperamental characteristic that poses a health or safety risk or otherwise makes the animal unsuitable for placement as a pet, and are not likely to become “healthy” or

“treatable” even if provided the care typically provided to pets by reasonable and caring pet owners/guardians in the community; or

(2) are suffering from a disease, injury, or congenital or hereditary condition that adversely affects the animal’s health or is likely to adversely affect the animal’s health in the future, and are not likely to become “healthy” or “treatable” even if provided the care typically provided to pets by reasonable and caring pet owners/guardians in the community; or

(3) are under the age of eight weeks and are not likely to become “healthy” or “treatable,” even if provided the care typically provided to pets by reasonable and caring pet owners/ guardians in the community.

### BC SPCA terms

Adoptable (A): Having characteristics that indicate an animal can have a positive relationship with humans and other companion animals. An adoptable animal’s needs are not beyond what can be provided by a caring and responsible guardian. The animal does not pose a risk to humans or other companion animals. These animals should be placed for adoption.

Potentially Adoptable (PA): An animal that can become adoptable as defined above with reasonable commitment of time, effort, or medical/ behavioural care. These animals may be placed for adoption if resources allow and good welfare can be provided during the shelter stay.

Not Adoptable (NA): An animal that is a danger to the public or other companion animals; and/or has future health or welfare needs that cannot be met by a typical caring and responsible guardian; and/or has a disease, injury, or severe behaviour problem that cannot be treated by the BC SPCA while maintaining adequate welfare. These animals should be euthanized.

### Asilomar Accords and Adoptability Evaluation Matrix

- **Appendix A:** Asilomar Accords and Adoptability Evaluation Matrix: Detailed reference guide for assigning Asilomar Categories and determining adoptability. Divided into Canine, Feline, and Small Mammal sections.
- **Appendix B:** Dental Only Matrix: Sections of Appendix A relating specifically to dental disease, including detailed information on determining whether a condition is painful and treatment recommendations in a shelter setting.
- **Appendix C:** Quick Reference by Condition to Appendix A: Contains Condition, Asilomar Category, and Adoptability Category columns only (details removed).
- **Appendix D:** Quick Reference by Asilomar Category: Four-quadrant visual guide with conditions listed by Asilomar Category.

When an animal has multiple medical and/or behavioural conditions, the **most serious condition should be used** to make the Asilomar Category assignment. All conditions, resource availability, likelihood of adoption, and welfare should be considered when determining adoptability.

*For example, a cat with an abscess (TR) upon entry to a shelter, who also has a history of moderate play aggression that can be managed without undue risk (TM) would receive an Asilomar Category of TM. Because the cat can be treated and managed, the cat would be considered potentially adoptable (PA) to a well-matched home.*

*For example, a dog with fleas (TR) and Addison's Disease (TM) would be assigned an Asilomar Category of TM. Because Addison's is not treatable in a shelter setting, the dog would not be considered adoptable (NA).*

The Asilomar Category will be assigned at intake and at exit (see below). It can be changed during an animal's shelter stay based on new information. However, **it can never be upgraded to a "higher" status, even if the animal's condition improves.** This is because the Asilomar Category is intended to reflect resources dedicated to the animal while in shelter.

*For example, an animal who entered a shelter and was apparently healthy, but is later noted to be drinking excessively and is diagnosed with diabetes, would go from an assignment of H to an assignment of TM.*

*For example, an animal who entered a shelter with a broken leg that could be fixed surgically would receive an assignment of TR. Even if the animal healed fully prior to adoption, the animal's exit status would still be TR.*

**The Asilomar Category does not determine the outcome** of the animal. The outcome of the animal is determined by his/her adoptability. Thus, animals in all Asilomar Categories can theoretically be adopted out or euthanized. For data accuracy, an animal's status should not be changed to UU solely because a euthanasia decision is anticipated or is made.

The Potentially Adoptable category is quite broad so that branches have autonomy in decision-making based on resources and severity of condition.

In rare cases, there may be exceptions to the Not Adoptable category for medical reasons. These may not include animals who are a danger to the public or other companion animals. Exceptions may occur in the case of adoption to a veterinarian who has been treating the animal, internal adoptions, terminal adoptions with full informed consent, etc. However, it is never appropriate for an animal in the NA category to be kept in the shelter indefinitely hoping that a special adopter will appear.

## Intake, Exit, and Shelter Buddy Procedures

### Intake

Every dog, cat, or small mammal entering a BC SPCA shelter must receive an Asilomar Category Assignment upon completion of the Intake Physical Examination (within 24 hours of intake). The Asilomar Category Assignment should be recorded in the designated area on the Physical Examination Form, then entered into Shelter Buddy.

This category may change as new medical or behavioural information becomes available, but it must be assigned at intake based on the examiner's best determination of the animal's condition(s). If the category changes during the shelter stay, the Physical Examination Form should not be changed; rather, the new category assignment can be entered directly into Shelter Buddy.

Determination of adoptability should be made as soon as possible, but is not tracked specifically as it is based on a number of factors and is already updated in Shelter Buddy when animals are made available.

Refer to *SOP: Entering and Updating Asilomar Status in Shelter Buddy*.



**Exit**

During the shelter stay, the Asilomar Category may change (see above). At exit, the category assignment should be checked to ensure that it reflects all conditions identified during the shelter stay. The status does not necessarily need to be changed at exit, except to be updated if this has not yet occurred.

**Questions**

Please contact Dr. Emilia Gordon, Senior Manager, Animal Health at [egordon@spca.bc.ca](mailto:egordon@spca.bc.ca) or 604-709-4657 with any questions about the application of this information, including the Medical sections. Please contact Kim Monteith, Manager, Animal Welfare at [kmonteith@spca.bc.ca](mailto:kmonteith@spca.bc.ca) or 604-709-4672 with questions about the Behaviour sections.

## Appendix A: BC SPCA Asilomar Accords and Adoptability Evaluation Matrix

### GENERAL: Organization

Condition	Supporting Details/Criteria		Asilomar Category	Adoptability Category
Kennel Stress	Animals with a marked change in behaviour due to stress as a result of stay in the Facility.		Mild: TR	A
	A if reasonable changes can be made to housing which alleviates the stress (e.g. foster home, remote adoption site, environmental enrichment).		Severe: UU	NA
	NA and euthanasia may be recommended for extreme cases where no solutions can be found and all options exhausted.			
Dog Assessment	Dog's temperament is assessed using Dog Temperament Assessment IV; validation of DTAIV indicated which behavioural responses were associated with behaviour problems in the new home. We consider the relationship between the risk of a problem occurring, the severity of the problem and the degree of behaviour modification required to successfully address the problem when considering adoptability of a dog.			
	Green	Low risk for behaviour problems and welfare problems. Easily re-homed when no other behaviour or medical issues present.	H	A
	Yellow	Moderate to high risk for behaviour & welfare problems. Requires welfare & behaviour support to prevent suffering & development of problems while at the shelter. See specific behaviour traits - fear, aggression, excitable for more detail.	TR	A

	Orange	Dogs assessed orange require in shelter behaviour modification & evaluation of progress before adoption. They already have behaviour problems & are at high risk for poor welfare. Treatment is required to prevent return and/or increased severity of problem. Dogs assessed orange will need to be managed.		TM	PA
		Decision to provide behaviour modification depends on Society's ability to match needed resources with problem, for example, foster with knowledge, experience, and/or trainer with expertise. History and in shelter behaviour/progress will help with decision to place orange zone dogs.			
		Excitableness	Adequate matching & behavioural support rather than treatment may be acceptable for dogs scoring orange for excitable.		
		Fearfulness	Behaviour modification and placement should be determined case by case for fearful dogs. Post adoption behavioural support must be provided. Some dogs who score orange for fear are not good candidates for adoption due to poor welfare prognosis and/or risk to humans ( <i>see fearful behaviour</i> ).	TM/UU	PA/NA

		Aggression people dogs	<p>Dogs scoring orange for aggression to people or dogs cannot be adopted until sufficient &amp; appropriate behaviour modification is provided at the shelter or in foster so that adopter can take over treatment at home.</p> <p>If there is sufficient behaviour modification these dogs must not pose a risk to people or other animals to be considered adoptable and will require life-long management.</p> <p>Dogs who pose a risk to people or other animals are not candidates for adoption. (see aggression)</p>	<p>TM</p> <p>UU</p>	<p>PA</p> <p>NA</p>
	Red	<p>At very high risk for poor welfare at the shelter. Dogs in red zone need special management &amp; handling to prevent poor welfare &amp; injury to people.</p> <p>Dogs can be put in red zone category without temperament assessment based on the dog having either a medical condition placing them in critical distress, or medical condition determined by veterinarian to be non-treatable. And/or behavioural conditions that place people and other companion animals at risk (may be classified as dangerous). They may suffer from severe emotional distress that cannot be decreased with available resources and decision to attempt</p>		<p>UU</p>	<p>NA</p>

		to modify behaviour or place in a “willing” rescue home is not an option. Their quality of life and safety of the community takes priority.  Not for adoption.		
Cat Assessment	BC SPCA does not have a validated cat assessment, cats are classified into green, orange or red zone based on their physical, emotional and behavioural health.		H	A
	Green	Good physical, emotional and behavioural health.  Behaviour is easily managed by staff and volunteers, and cat adapts quickly to shelter environment. Cat responds positively to positive interaction with familiar caregiver and health is good enough to undergo elective surgery.		
	Orange	Cats in orange zone are determined on case by case. Cats that have medical &/or welfare &/or behavioural condition that is treatable. Decision to provide treatment needed within the orange category depends on prognosis for recovery from their condition and expected quality of life if condition is chronic. Resources must be available for treatment. For some cats, adequate matching rather than treatment is acceptable, if guardian has the experience, life style, management skills, and level of tolerance necessary to manage and improve cat's behaviour without compromising welfare.  Resources for treatable conditions may vary per shelter and include: availability of: people	TM	PA

		(qualified staff/volunteers), adequate environmental conditions to meet the five freedoms, animal /people ratio to ensure proper care and assessments, availability of needed veterinary care, &/or availability of foster care.		
	Red	<p>Cats determined to be in red zone and therefore non-adoptable are euthanized.</p> <p>Cats have a medical condition placing them in critical distress or with poor prognosis for recovery. They are not socialized to people and do not have a colony or caretaker they can be released to. They are suffering from chronic emotional distress that has not been successfully remediated with adequate enrichment &amp; therapy. Keeping these cats in shelter is not a good welfare decision.</p>	UU	NA
Hybrid		<p>A dog or cat that is a cross between wild and domestic animals. Providing for needs can be difficult for hybrids.</p> <p>Contact Regional Manager for possible transfer to qualified sanctuary or rescue.</p>	UU	NA
Farm Animals		See BC SPCA Policy Species Suitability for Adoption	UU	NA
Wildlife & Exotic Animals		See BC SPCA Policy Species Suitability for Adoption	UU	NA



## GENERAL: Species Suitability for Adoption

Concern	Supporting Details/Criteria		Asilomar Category	Adoptability Category
Species Suitability for Adoption	<b>GREEN</b>	Domesticated species* that can make suitable companion animals when guardian is able to meet 5 freedoms; BC SPCA accepts these species as suitable for placement as companion animals with <b>new or experienced</b> guardian.		A
		Dog ( <i>Canis lupus</i> ), Cat ( <i>Felis catus</i> ) European rabbit Hamster Gerbil Guinea pig Mouse*, Rat* Goldfish, Guppy		
	<b>YELLOW</b>	Farm, and domesticated species* that should only be re-homed with an <b>experienced guardian or rescue</b> that is able to meet 5 freedoms; BC SPCA does not promote the keeping of these animals as companions, however, we recognize that many of these animals are widely kept in BC communities and require a greater degree of care commitment. Horse, Donkey, Mule		PA  <i>BM has discretion to accept into shelter and may adopt out to an experienced guardian or one that has shown demonstrated knowledge of the species and preparedness to accommodate its needs</i>



		<p>Cattle, Sheep, Goat</p> <p>Pig, Pot-bellied pig</p> <p>Chicken, Turkey, Duck*, Goose*</p> <p>Pigeon*, Dove*, Pheasant*, Quail*</p> <p>Llama, Alpaca</p> <p>Chinchilla, Hedgehog, Degu, Ferret</p> <p>Canary, Finch, Lovebird, Cockatiel, Budgie (Parakeets)</p> <p>Peacock, Peahen</p> <p>Freshwater fish (Siamese fighting fish, neon tetra, etc.)</p>		<p><i>and agrees not to breed the animal; Contact Farm Animal Supervisor for all farm animal adoptions</i></p>
	<p><b>ORANGE</b></p>	<p>Only be placed with <b>specialist guardians or rescue/sanctuary</b>, demonstrated knowledge and experience, can provide 5 freedoms, and has existing facilities for such species.</p> <p>BC SPCA does not support the keeping of these animals as companions, however, we recognize these animals are in BC communities and deserve best possible care by most knowledgeable caregivers for their lifetime in captivity</p>		<p>PA</p> <p><i>BM needs approval and assistance from Regional Manager to place or if euthanasia recommended; Contact Farm Animal Supervisor for all farm animals</i></p>
		<p>Emu, Ostrich, Rhea, Bison, Zebu</p> <p>Sugar gliders</p>		

		<p>All turtles and tortoises including red-eared slider turtles</p> <p>Large and medium parrots (Macaws, Cockatoos, African greys, Amazons, Eclectus, Quakers, Conures, Ringnecks)</p> <p>Small non-venomous/poisonous reptiles and amphibians - such as bearded dragons, chameleons, geckos, snakes (boas, pythons &lt; 3 meters), frogs, axolotls</p> <p>Iguanas and monitor lizards &lt; 2 meters</p> <p>Non-venomous/poisonous invertebrates – such as spiders, praying mantis, stick bugs</p> <p>Saltwater fish (clown fish, etc.) &amp; invertebrates (hermit crabs etc.)</p> <p>Small rodents – such as spiny mice, soft-furred rats</p>		
	RED	<p>Not suitable as companion animals, <b>may not be adopted to public under any circumstance</b></p> <p>Danger to humans, <b>many illegal</b> to possess, 5 freedoms cannot be met</p> <p>BC SPCA does not support the keeping of these animals in captivity</p> <p>Family Felidae such as lions, tigers, jaguars, leopards, cougars, cheetah, lynx,</p>		<p>NA</p> <p><i>Branch Manager to notify Regional Manager and Senior Manager Scientific Programs immediately for direction on the options of sanctuary or euthanasia</i></p>

		<p>bobcat, servals, caracals (except domesticated cat, <i>Felis catus</i>)</p> <p>Family Canidae such as dingos, jackals, wolves, coyotes, fennec foxes and wolf hybrids (except domesticated dog, <i>Canis lupus familiaris</i>)</p> <p>Lagomorphs such as wild rabbits and hares (except domesticated rabbit, <i>Oryctolagus cuniculus</i>)</p> <p>Primates such as lemurs, marmosets, slow loris, vervets, bushbabies, monkeys, apes</p> <p>Mustelidae such as skunks, weasels, otters (except domesticated ferret, <i>Mustela putorius furo</i>)</p> <p>Viverridae such as civets and genet</p> <p>Marsupialia such as opossums, wallabies and kangaroos</p> <p>Ungulata such as zebras, moose, gazelles, rhinos, hippos and giraffes (except domesticated species: horse, donkey and llama)</p> <p>Rodentia such as maras and capybaras (except domesticated species: mouse, rat, hamster, guinea pig, gerbil)</p> <p>Procyonidae such as raccoons and coatimundis</p>		
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		<p>Herpestidae (mongooses)</p> <p>Dermoptera (Colugos “flying lemurs”) and Hyracoidea (hyraxes)</p> <p>Xenarthra such as sloths, anteaters, armadillos and tamanduas</p> <p>Monotremata such as echidnas and platypuses</p> <p>Chiroptera (bats)</p> <p>Raptors (owls, hawks, eagles) and Cassowary (bird)</p> <p>Eranicids (tenrecs except hedgehogs)</p> <p>Scandentia (tree shrews)</p> <p>Family Ursidae (bears)</p> <p>Proboscidea (elephants)</p> <p>Family Hyaenidae (hyenas)</p> <p>All venomous/poisonous reptiles (vipers, cobras, adders, etc.), amphibians and invertebrates</p> <p>Poison arrow dart frogs</p> <p>Anaconda and Python species, Boas &gt;3 meters adult size</p> <p>Order Crocodilia such as alligators, crocodiles, caimans and gavials</p>		
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		Family Varanidae such as monitor lizards >2 meters adult size		
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## CANINE: Behaviour

Condition	Supporting Details/Criteria	Asilomar Category	Adoptability Category
Aggression, Dog-dog Dog-cat Dog-human	<p>Aggression is a threat or harmful behaviour directed at another animal, person or object. Most types of aggression are treatable but many are not curable.</p> <p>The dog has displayed or there is a history of biting, attacking, or threatening behaviour (Level 2 or less – contact no puncture – <i>see Dr. Dunbar Bite Assessment Scale</i>) towards animals or people with no other behaviour issues. History and provocation is known.</p> <p>Can the dog be managed reasonably and responsibly, consider circumstances, age, and during evaluation. Will the behaviour change with desensitization and counter conditioning? Has the animal had adequate socialization within window of species socialization process so they can experience 5 Freedoms in a home? Will dog be risk to other animals (cat) or to humans?</p>	TM	PA
	<p>The dog has displayed or there is a history of biting, attacking, or threatening behaviour (Level 3 or greater bite – contact, puncture or more severe injury) towards animals or people.</p> <p>Dogs assessed red or orange for aggression on DTAIV pose a high risk of displaying aggression in a home/community and extensive rehabilitation is</p>		

	<p>required with chances of successful rehabilitation being low.</p> <p>NA if the dog has severely injured or killed another animal or person or in such a manner that provocation is irrelevant (e.g. level 3+ bites – see Dr. Dunbar Bite Assessment Scale)</p>	UU	NA
Aggression, Fear/Pain	<p>Fear or pain related aggression is triggered by something the dog feels is threatening to them. They display fearful behaviour to keep themselves safe and/or to remove the threat.</p> <p>Mild to moderate display of fearful behaviour by dog as result of fear/pain towards humans. No contact or puncture wounds (Level 2 or less – see Dr. Dunbar Bite Assessment Scale). Incident/history documented and it has been determined there is pain.</p> <p>PA if behaviour has a good prognosis for treatment with behaviour modification or can be safely managed during medical treatment with good prognosis for behaviour modification. Aggression is predictable in a few situations (not unpredictable or predictable in lots of situations), has low intensity and not a long history of aggression.</p> <p>NA if dog cannot be managed or provided medical treatment due to threatening behaviours and risk to staff or veterinarian providing treatment and/or Level 3 bite or higher. Aggression is unpredictable, of high intensity and dog has long history of aggression.</p>	<p>TR</p> <p>TM</p> <p>UU</p>	<p>A</p> <p>PA</p> <p>NA</p>
Aggression, History	The dog has a history of aggressive behaviour towards animals or people. Complete history is taken with verification and/or documentation (animal control has documentation of incidents; guardian has		

	<p>provided statements with contact of witness, victim, etc.)</p> <p>PA based on complete verifiable history, intake, observation and assessment with no other behaviour issues – see bite history criteria and aggression criteria to other animals or humans.</p> <p>The dog has a history of biting or attacking and endangering animals or people. Level 3 or greater bite – contact, puncture or more severe injury. The dog has severely injured or killed another animal.</p>	<p>TM</p> <p>UU</p>	<p>PA</p> <p>NA</p>
Aggression, Redirected	<p>Aggressive behaviour that is directed at a person or objects that is not the cause of the aggressive response and is a result of frustration or interpretation of other aggression.</p> <p>PA if few incidents, no bites or Level 2 or less – see Dr. Dunbar Bite Assessment Scale and the cause of underlying aggression can be identified and treated.</p> <p>NA if dog has high aggressive arousal, the cause of the aggression cannot be identified or access to trigger for aggression cannot be prevented, the aggression is frequent, the dog cannot be handled safely or the dog has bit (level 3 or higher on Bite Assessment Scale) or injured an animal or person.</p>	<p>TM</p> <p>UU</p>	<p>PA</p> <p>NA</p>
Aggression, Resource guarding	<p>Dogs are evaluated on level of severity through history and observation.</p>		

	MILD	The animal has displayed aggression over food bowl or possessions, (with no other aggression problems).	TR	A
	MODERATE	The animal has displayed aggression over food bowl or possessions moderate to severe (with no other aggression problems).	TM	PA
	SEVERE	The animal has displayed severe aggression over food bowl or possessions with other aggression problems, and has resulted in injury to humans or companion animal.  Dogs that guard multiple things like food bowl, resting areas, space, car, etc., will often be difficult to live with and difficult to modify behaviour. These dogs often pose a risk to the guardian making it difficult to live with the dog and poor prognosis for good welfare.	UU	NA
Anxiety	Anxiety is an emotional state that enables animals to carefully evaluate a situation that may put them at risk. It's a feeling of anticipation of a threat; they're worried and not sure if something is a danger or threat. Signs of anxiety are physiologic and behavioural. Anxiety can be caused by a specific situation or generalized.			





	Unprovoked bite	<p>Bite has occurred without provocation causing injury to another animal or human.</p> <p>History of biting or attacking and endangering people and/or animals has been collected through history/incident. Bite has been determined to be unprovoked (unexplainable) Dog has killed another companion animal or bite has causes significant injury. (Refer to Dr. Dunbar's Bite Scale for Level a 4 – 6 bite).</p>	UU	NA
Compulsive disorders	<p>Behaviours derived from normal categories such as grooming and self-care, feeding, predation etc. but now occur excessively and repetitively, are out of context, and no longer serve the original function. Examples include: circling, spinning, chasing tail, hind end checking, over grooming, light/shadow chasing, fly-snapping (hallucinogenic), flank sucking, ingesting objects (rocks), etc. Treatment usually requires qualified professional and ongoing management. Compulsive behaviour may never disappear however it may decrease. In very rare cases, the condition may be resolvable with treatment (only these cases are TR).</p> <p>Medical exam by veterinarian required to diagnose compulsive disorder and to rule out medical issues.</p> <p>PA if mild to moderate and condition is manageable with treatment and support by qualified professional.</p> <p>NA if severe and behaviour causes injury to dog, cannot be interrupted or redirected. Dog is not</p>		<p>TR</p> <p>TM</p> <p>UU</p>	<p>PA</p> <p>NA</p>

	responding to treatment by qualified professional, not manageable and/or poor quality of life.		
Depression	Dog does not respond to or engage in social interaction, chooses not to eat, drink or grooming. Determined healthy by veterinarian, place in foster home as soon as possible.	TR	PA
Destructive behaviour	Normal behaviours like chewing, scratching and digging that result in damage to a home, other objects or the dog. Destructive behaviours are seen for many different reasons, for example: boredom, separation anxiety, puppy chewing, etc.  The dog has displayed or has a history of displaying extreme destructive behaviours and has been seen by a veterinarian who has determined the dog is physically healthy.  A if the behaviour does not result in self-mutilation, can be interrupted or re-directed and adoption restrictions include appropriate management and remediation.  Is this in home or shelter? Is complete history available and separation anxiety has been ruled out?	TR	A
	NA if the behaviour results in repetitive self-mutilation, is long-term (i.e. not puppy-related), attempts to redirect or interrupt have been unsuccessful, or if it appears the problem cannot be managed in a home. Affects quality of life. Not responding to treatment recommended by qualified professional.	UU	NA

Escape behaviour	<p>The animal has displayed extreme escaping behaviours (beyond what is normal for species). May be due to phobia or associated with a specific trigger (i.e. Fireworks) and is not a confinement issue.</p> <p>PA if the behaviour does not result in self-mutilation or present a threat to public safety (e.g. dogs getting into traffic), and if the behaviour has not developed into a strong pattern persisting over a long period of time. Extreme escaping behaviour includes climbing out of an uncovered run repeatedly; excessive digging, chewing, biting of enclosure to the point of injury; extreme flight behaviour where opening an enclosure results in the animal escaping and this happens repeatedly.</p>	TM	PA
	<p>The animal has displayed extreme escaping behaviours (hard to confine).</p> <p>NA if the behaviour results in self-mutilation, the animal presents a threat to public safety, or if the behaviour has developed into a strong pattern persisting over a long period of time.</p>	UU	NA
Fearful behaviour	<p>A negative emotional state of psychological and physiological responses to the presence or proximity of an object, noise, person, location or situation the animal perceives as a threat or danger.</p> <p>The dog may have a hard time adjusting to new people or situations because they are either unfamiliar or because the dog has had previous negative experiences in the past. Behaviour displayed may be the dog shuts down (learned helplessness), avoidance and/or warnings like growling, barking, lip curl, and/or aggression. See Ladder of Aggression for behaviours.</p>		

	MILD	The animal has displayed mild fearful behaviour previously or during the evaluation process with no aggression.	TR	A
	MODERATE	<p>Dog is having difficult time adjusting to new situations and new people, but is showing social signs toward many individuals once they become familiar with those individuals. Behaviour may be related to the need to adapt to environment or may be due to animal being younger under-socialized animal. Animal may show signs of aggression (lip curl, growling).(See ladder of aggression for behaviours).</p> <p>PA if behaviour is not threatening to people or other animals and has a good prognosis for remediation with training / counter conditioning or can be safely managed. See Aggression details and criteria for Dogs and Cats.</p>	TM	PA
	SEVERE	NA if behaviour is threatening to people or other animals and has a poor prognosis for remediation with training / counter-conditioning or can't be handled. The animal is not able to experience the Five Freedoms due to level of fear, lack of socialization and poor quality of life expected.	UU	NA

Feral	Domesticated animals who have partially or fully readapted to natural, wild habitats.		TR  TM/UU	A  PA*/NA
	Puppy is > 4 weeks and < 12/14 weeks, foster home is available.  Puppy is < 4 weeks with no mother or >12/14 weeks, adult dog without caregiver.  *Non-aggressive community dogs with caregiver(s) may be placeable back into community after sterilization (i.e. on a reserve).			
High Arousal	Dogs in highly aroused state can respond to stimuli unconsciously or irrationally due to their emotional state and therefore are at higher risk of aggression.  PA if behaviour is moderate where the dog may be jumpy, mouthy with no injury to humans, behaviour			

	<p>can be difficult to interrupt, but manageable, and dog calms down easily.</p> <p>NA if behaviour is severe where the dog is jumpy, mouthy, behaviour is difficult to interrupt and/or manage, with physical injury to humans and unmanageable environmental circumstances. Behaviour doesn't stop when there is a lack of interaction.</p>	<p>TM</p> <p>UU</p>	<p>PA</p> <p>NA</p>
House Soiling behaviour	<p>The dog has a history of incomplete house soiling that is managed by treatment or by environment. May include submissive, excitement urination and urine marking.</p> <p>A if dog has had a health exam by a veterinarian and it's determined no medical issues. Separation anxiety has been ruled out as a cause of urination.</p> <p>PA if dog has a history of chronic house soiling (problem persists over a long period of time with poor success at behaviour modification) and there are community resources, environmental change along with professional support available.</p> <p>NA if the behaviour cannot be resolved in a different environment and/or with different behaviour modification strategies from the ones previously tried or if there is an underlying chronic medical cause. Does not respond to treatment by a qualified professional and significantly decreases quality of life.</p>	<p>TR</p> <p>TM</p> <p>UU</p>	<p>A</p> <p>PA</p> <p>NA</p>
No behaviour problems	<p>No behaviour issues at intake or previous history.</p> <p>Normal levels of species specific typical behaviours.</p>	<p>H</p>	<p>A</p>

	For example: playing, digging, barking, initial shyness when exposed to new people, objects, and situations.		
Phobia	<p>Phobia is an excessive fear response of a specific stimulus that occurs without a true threat or out of proportion to what is needed to deal with a threat. Phobias interfere with normal function and are maladaptive. Dog may have mild to severe phobias (noise, thunderstorm).</p> <p>PA if environment can be managed while behavioural modification and medical treatment (if required) is provided. Prognosis and treatment will depend on duration of phobia, can adopter manage environment (exposure to noise), individual dog, etc.</p> <p>NA if severe phobia where treatment by a qualified professional has been attempted without success and poor quality of life expected.</p>	<p>TM</p> <p>UU</p>	<p>PA</p> <p>NA</p>
Prey drive	<p>Dog engages in chasing, stalking, pouncing on another animal with intent to kill or catch without other aggression issues.</p> <p>PA if dog is able to be distracted and engaged in other activities, easy management. Has not injured another animal or person.</p> <p>NA if dog focuses on other animals or humans chasing, pouncing and injuring, difficult to interrupt, redirect or manage environment. Risk to other animals or humans. Has injured or killed another companion animal.</p>	<p>TM</p> <p>UU</p>	<p>PA</p> <p>NA</p>
Separation anxiety	The dog experiences distress (shows signs of severe anxiety for example: vocalizing, urinating, destructiveness) when caregivers are absent or the		





	<p>Adult and young adult dogs having difficulty adapting to new situations, new people, they are not able to bond or show social signs with familiar people. They may show signs of extreme fear, learned helplessness (shut down) or aggression.</p> <p>NA if animal will not be able to experience five freedoms, poor quality of life expected and/or no caregiver. See Fear and Aggression Criteria.</p> <p>*Non-aggressive community dogs with caregiver(s) may be placeable back into community after sterilization (i.e. on a reserve).</p>	UU	PA*/NA
Multiple conditions at TM level	<p>Any behaviour issue in the treatable-manageable category which does not respond to treatment by a qualified professional and significantly decreases quality of life.</p> <p>Three or more conditions in TM category.</p>	UU	NA

## CANINE: Medical

Condition	Supporting Details/Criteria	Asilomar Category	Adoptability Category
Addison's Disease	Hypoadrenocorticism: adrenal gland deficiency. Severe, life-threatening endocrine condition requiring expensive lifelong medication. Exacerbated by stress.	TM	NA
Allergies	Skin and/or gastrointestinal reaction to food, environment, or external parasites. Range from mild	TM	PA

	to severe. Adoptable if can be controlled with food, supplements, topicals, intermittent oral medications, or environmental change. Severe cases with generalized hair loss, recurrent infection, or requiring chronic steroids or Atopica are generally not adoptable. Consideration must be given to welfare and length of stay.		
Amputee	One limb amputated with otherwise good overall function; completely healed from surgery.  Function is reduced but quality of life is good overall and concurrent conditions (i.e. arthritis) can be managed.	H  TM	A  PA
Arthritis	Range from mild to severe. Adoptable if can be controlled with food, supplements, and oral medication. Not adoptable if severe/ unresponsive to medication and/or negatively affecting welfare.	TM	PA
Autoimmune Disease	Range from mild to severe. Adoptable if can be controlled with intermittent medication or flare ups are limited to mild clinical signs relating to skin. Not adoptable if requires chronic immune-suppressive medication or involves severe internal disease (such as severe anemia).	TM	PA
Bite Wounds (except severe)	If non-life-threatening, can be resolved with antibiotics/surgery.	TR	A
Bladder Stones	May be associated with genetic/metabolic/diet reasons or may be due to infection. Generally treatable with surgery +/- antibiotics but often requires long term diet change and periodic urine testing.	TR  TM (if known long-term management needed)	PA
Blindness	Various causes; one or both eyes. If eye(s) are still present, a veterinarian must confirm that blindness is	TM	A

	not associated with pain. Most animals adapt extremely well.		
Bloat	Gastric Dilatation-Volvulus (GDV): severe, life-threatening condition where the stomach twists. Treatment requires immediate emergency surgery and significant mortality rates occur even with treatment. Generally not treatable in shelter setting.	If good surgical candidate: TR  If severe/advanced: UU	NA
Broken Jaw or Limb	See: Fractures		
Broken Tooth	See: Dental – Fractures		
Burns	Range from mild-severe. Mild burns may be treated with medications in shelter upon direction from a veterinarian. Moderate-severe burns will require hospitalization and extensive supportive care.	Mild: TR  Moderate: TM  Severe: UU	PA  PA  NA
Cancer	Range from mild-severe. Mild cases involve skin masses that can be removed and cured surgically. Moderate-severe cases involve cancer that cannot be cured surgically, has spread internally, or is compromising welfare.	Mild, surgically curable: TR  Moderate-Severe: TM/UU	PA  NA
Cardiomyopathy	Disease of the heart muscle; generally severe when occurs in dogs. Can be diagnosed only with echocardiogram. Requires ongoing cardiac monitoring and medications. Generally shortens lifespan. Risk of sudden death.	If no clinical signs: TM  With clinical signs: UU	NA
Cataracts	Range from mild-severe. Unless causing eye pain, can be monitored. May eventually require treatment (medication or surgery).	TM	PA
Cherry Eye	Prolapse of the gland of the third eyelid. Common in dogs with shallow eye sockets. Can be surgically corrected, but sometimes recurs.	TR	A

Conjunctivitis	Mild inflammation of the membranes around the eyes. May be contagious/ caused by viral or bacterial infection or caused by allergy. Very common in dogs and usually responds to medication. Adoptable unless part of a more serious medical problem (like canine distemper).	TR	A
Cushing's Disease	Hyperadrenocorticism: Overactive adrenal gland(s). Signs include excessive drinking/urinating, hair loss, and panting. Diagnosed with laboratory tests combined with abdominal ultrasound. Treatment is possible but very expensive and requires lifelong medication. Without treatment, secondary complications will occur. Generally not treatable in shelter setting.	TM	NA
Deafness	Various causes; one or both ears. A veterinarian must confirm that deafness is not associated with pain (i.e. from ear infection or foreign body). Most animals adapt extremely well.	TM	A
Dehydration	May be due to food/water deprivation or heat, or may be due to internal problem (infection, organ failure, etc). If due to known external cause, fluid therapy should cure. If due to internal cause, may be treatable depending on cause. If due to organ failure (kidney, liver, etc), or unknown cause but not responsible to fluid therapy, is not considered treatable.	Known external cause: TR Known internal cause, treatable: TR Organ failure or unresponsive to therapy: UU	A PA NA
Dental- Abscessed Tooth or Teeth	Infection around tooth root or roots. May occur after a tooth is broken or as a result of chronic periodontal disease. In dogs with broken large upper premolars, may appear as a swelling/draining tract under the eye. Painful condition requiring treatment including full tooth extraction.	TR	A

Dental- Fractured Teeth	<p>Teeth that have been broken through trauma (intentional or unintentional). Generally only affects one or a few teeth. If all teeth are affected, teeth are more likely to be worn as opposed to broken. If front teeth are affected, may be due to traumatic injury or cage chewing. If upper largest tooth (4<sup>th</sup> premolar) is affected, likely due to chewing on a hard object (antler, rolled rawhide, bone).</p> <p>If pulp (vital structure in centre of tooth) is not exposed, no treatment is necessary. Usually these appear as “chipped” teeth with just the tip missing.</p> <p>If pulp is exposed (appears as red, brown, or black spot or hole in centre of tooth; sometimes entire tooth is discoloured), the tooth must be extracted due to current or future pain/infection. Usually these teeth are broken closer to the gumline.</p> <p>Veterinary exam may be necessary to determine whether pulp is exposed.</p>	H  TR	A
Dental- Oral Mass	Severity ranges from mild-severe. Oral masses should be assessed by a veterinarian. Small masses arising from the edge of the gums are likely benign and may not require treatment. Occasionally malignant masses are seen and these dogs are generally not adoptable.	If mild and surgically curable: TR  TM	PA
Dental- Periodontal Disease	Chronic disease of the gums/ attachment structures surrounding the teeth (periodontium). Common in toy and small dogs. Teeth may have brown tartar (calculus) and gums may be inflamed, swollen, or receding. A primary condition such as tooth crowding may be present and would need to be identified and treated. Halitosis usually present.		PA

	<p>Stage I: Gingivitis only (redness of the gums) with normal tooth attachment structures. Probably not constantly painful; not treated in shelter.</p> <p>Stage II: Mild periodontitis. Up to 25% loss of attachment. Usually mild calculus. Probably not constantly painful; generally not treated in shelter.</p> <p>Stage III: Moderate periodontitis. Up to 50% loss of attachment. Usually moderate calculus and gingivitis. This stage represents a painful condition requiring treatment.</p> <p>Stage IV: Advanced periodontitis. Some teeth have more than 50% attachment loss and are loose. Often severe calculus and gingivitis. This stage represents a painful condition requiring treatment.</p> <p>While treatable under anesthesia (oral exam, scaling, polishing, extractions as necessary), advanced periodontal disease is a chronic, progressive condition. Animals are generally adoptable if resources permit treatment.</p>	<p>TR</p> <p>TM</p> <p>TM</p> <p>TM</p>	
Dental- Worn Teeth	<p>Teeth that are chronically worn due to attrition (teeth wearing against one another due to orthodontic issue) or abrasion (teeth wearing due to chewing on balls, hair, or other objects).</p> <p>Often affects multiple teeth. If chronic, generally does not require treatment. A brown or dark spot may be visible in middle of tooth but will be smooth and glassy and tooth colour will be otherwise normal. Some cases may result in discomfort or tooth loosening. A vet exam may be necessary to determine dental wear vs fracture and necessity of treatment.</p>	<p>Chronic, mild, not requiring treatment: H</p> <p>Moderate-severe:TM</p>	A

	If only upper and lower incisors are affected, consider possibility of allergic or other skin problem.		
Diabetes	Diabetes in dogs always requires insulin and long-term monitoring. This is quite costly and it can be difficult to stabilize the dog initially. Generally not treatable in a shelter setting.	TM	NA
Diarrhea	Ranges from mild to severe. Treatment depends on underlying cause. Generally treatable unless part of a more serious medical condition (such as parvovirus). May be due to a chronic condition (such as Inflammatory Bowel Disease) requiring ongoing prescription diet and medication.	Responds to treatment/known cause: TR  Chronic but managed successfully: TM  Severe and unresponsive to treatment: UU	A  PA  NA
Distemper	Canine Distemper Virus: Highly contagious virus causing severe respiratory, gastrointestinal, and sometimes neurologic signs. Relatively difficult to diagnose (no simple test exists). Decisions may need to be made based on degree of suspicion after veterinary exam.	UU	NA
Dry Eye	Keratoconjunctivitis Sicca (KCS): Chronic autoimmune process causing insufficient tear production. Diagnosed by vet using simple tear test. Lifelong treatment (eye ointment or drops) is required and is moderately expensive.	TM	PA
Ear Infection	See: Otitis Externa		
Emaciation	Generally treatable if due to starvation, neglect, or treatable disease. Not treatable if associated with severe internal disease (i.e. organ failure).	In absence of untreatable underlying disease: TR	A



Fleas	Easily treatable external parasite	TR	A
Foreign Body (GI)	Potentially serious condition requiring surgery to resolve. In most cases, surgery can cure problem. Treatable if resources permit.	TR	PA
Fracture(s)	Traumatic injury or injuries. Range from mild-severe. Mild, single, or simple fractures may be treatable with cage rest, splinting, or surgery. Decisions will depend on diagnosis, cost/resources, likelihood of recovery, and ability to maintain welfare during treatment.	Mild- Moderate: TR If long-term function will be affected: TM Severe: UU	PA  NA
Frostbite	Treatable with supportive care.	TR	A
Heart Murmur	Underlying cause and severity variable.  Grade I/VI- Grade IV/VI in an <u>dog over 12 weeks</u> with NO clinical signs of heart disease (coughing, trouble exercising, weakness)  Grade V/VI - VI/VI in a <u>dog over 12 weeks</u> with NO clinical signs of heart disease (more likely to progress to clinical signs in near future)  Grade I/VI to III/VI in a young <u>puppy under 12 weeks</u> (likely to be an “innocent” murmur that will be outgrown)  Grade IV/VI to VI/VI in a young <u>puppy under 12 weeks</u> (more likely to be due to severe congenital cardiac condition)  Murmur of any grade accompanied by clinical signs of heart disease	TM  TM  TR  TM  UU	PA  NA  A  NA  NA
Heartworm	Contagious disease that is difficult and expensive to treat and requires prolonged exercise restriction; often not detected until severe damage to heart and lungs has occurred. Treatment drug is currently hard	Mild, no clinical signs: TR	NA

	to obtain. Generally not treatable, exceptions may be made for otherwise healthy dogs if drugs become more readily available.	With clinical signs: TM	
Hernia	Various types (umbilical and inguinal are most common). Can usually be fixed surgically unless severe and involving internal organs.	TR	PA
Hypothyroidism	Insufficient thyroid hormone production. Clinical signs include weight gain, sluggishness, hair loss, anemia, and increased rate of infections. Treatable with oral medication but will require lifelong medication and monitoring. Dogs who are otherwise behaviourally and physically healthy are generally adoptable with this condition.	TM	PA
Illness, Other	Range from mild-severe. Decisions will depend on diagnosis by a veterinarian.	Mild: TR Moderate: TM Severe: UU	A PA NA
Incontinence	Urine leakage (not conscious urination). If occurring in a middle-aged to geriatric female spayed dog, can likely be controlled with medication. Other forms of incontinence are harder to control. All cases must be evaluated by a veterinarian to rule out underlying infection/other issues.	TM	PA
Injury	Traumatic injury. Range from mild-severe. Decisions will depend on diagnosis, cost/resources, likelihood of recovery, and ability to maintain welfare during treatment.	Mild- Moderate: TR Severe: UU	PA NA
Kennel Cough	Canine Infectious Respiratory Disease Complex, Bordetella. Highly contagious but treatable respiratory disease in dogs. Needs to be assessed	TR	A

	by veterinarian to rule out other, more serious causes of cough.		
Kidney Failure	Renal Failure: Diagnosed by veterinarian based on blood and urine testing (IRIS Stages 3-4). Progressive, not treatable in shelter setting. In home setting, may be manageable with diet and supportive care.	Manageable with treatment: TM Severe/advanced: UU	NA
Lameness	Must be assessed by veterinarian to determine underlying cause. See also Arthritis (most common cause). Can also be caused by injury, infection, congenital disease, cancer, etc. Treatable and adoptable if resources allow it to be fixed or managed with medication/surgery while maintaining good welfare.	If cause can be fixed: TR  If can be managed: TM	A  PA
Lice	Contagious external parasite, species-specific, common in winter months and in dogs who board, attend daycare, or are housed with other dogs. Easily treatable but treatment takes several weeks.	TR	A
Lipoma(s)	Common “benign fatty tumour” of dogs. Ideally should be confirmed by a veterinarian via fine needle aspiration, as malignant tumours can appear identical. Lipomas are a cosmetic issue and do not require surgical removal unless large enough to bother the dog.	Small, no treatment required; or completely surgically removed: TR  Large or in locations requiring treatment or monitoring: TM	A
Luxating Patella	Congenital problem where kneecaps slide out of place. Common in toy and small breed dogs. Generally dogs compensate well, but severe cases involving pain or loss of leg function may require surgery (if resources allow).	TM	PA
Mange	Two forms in dogs:		

	<p>Sarcoptic mange (contagious but easily treated; very itchy)</p> <p>Demodectic mange (not contagious but may be harder to treat; variably itchy). If present in puppies/dogs under 18 months who are otherwise healthy, treatment may be attempted under veterinary guidance. If present in moderate-severe form in dogs over 18 months or not responding to treatment, an underlying condition may be present and must be investigated. Treatment/adoptability decisions should be made based on underlying condition, response to treatment, and welfare assessment during treatment.</p>	<p>TR</p> <p>TM</p>	<p>A</p> <p>PA</p>
Obesity	Generally due to overfeeding, but may also be related to underlying disease such as hypothyroidism. Should be assessed by vet if dog does not respond to appropriate weight loss regimen. Untreated obesity can cause a number of health problems and shorten the dog's lifespan.	TR	A
Otitis Externa	Ear infection caused by bacteria or yeast. Clinical signs include discharge, odour, itching, and pain. Usually highly treatable with topical medication. Must see a veterinarian so eardrums can be examined and proper treatment determined. In rare cases, may be related to underlying allergy and require chronic management. Adoptable if no underlying issue present or underlying issue can be managed.	<p>TR</p> <p>If chronic: TM</p>	<p>A</p> <p>PA</p>
Pancreatitis	Inflammatory condition ranging from mild to life-threatening. May be treatable under veterinarian guidance as resources allow. Often will require a prescription diet long term.	TM	PA
Parasite, Internal	Gastrointestinal parasites: Roundworm, Hookworm, Whipworm, Coccidia, Giardia. All are contagious and	TR	A

	hard to eradicate from environment. Staff and adopters should practice excellent sanitation and hygiene. The above parasites are highly treatable.		
Parvovirus	Highly contagious virus affecting the GI tract and immune system. Most common in puppies under 20 weeks. Signs range from mild to life-threatening. Mild to moderate cases are often treatable off-site in isolation at a veterinary practice (if veterinary capacity and budget allow). Mild cases deemed suitable for outpatient treatment by a DVM may be treatable in a shelter environment if resources (isolation, staffing, staff training) allow.	Mild-moderate: TR Severe: UU	PA/NA
Pneumonia	Infection of the lungs, usually caused by bacteria. Generally treatable as resources allow but may require intensive care.	TR	PA
Pregnant	If foster home is available, friendly dogs may be allowed to give birth in a foster home with the puppies coming back into the shelter for adoption at 8 weeks. Pregnant dogs and dogs with puppies under 8 weeks may not be kept in the shelter. Pregnant dogs may also be spayed, but there is an increased risk of surgical complications and false pregnancy.	H	A
Prolapsed Rectum	Often due to underlying gastrointestinal or neurologic issue. If can be treated with medication and supportive care including temporary suture, generally treatable (i.e. secondary to parasites in a young puppy). If uncontrolled underlying condition or surgical treatment necessary, not treatable.	Easily curable underlying issue: TR Controllable underlying issue: TM Cannot be controlled: UU	A PA NA
Proptosed Eye	Eye out of socket; occurs after trauma in dogs with shallow eye sockets. Treatable with surgery (replacement of eye if not damaged, or removal of	TR	A

	eye if irreversibly damaged). Must be treated as an emergency.		
Pyometra	Uterine infection in unspayed female dog. Signs include lethargy, abdominal discomfort, increased drinking, and sometimes pus coming from vulva. Generally treatable with spay surgery, but advanced cases may not respond fully to treatment. Must be treated as an emergency.	TR	A
Rabies (Suspected)	Fatal neurologic disease. Animal must be euthanized and submitted for testing.	UU	NA
Ringworm	Contagious fungal skin infection. Generally not as concerning in dogs as compared to cats, but still requires isolation and prolonged treatment course. Generally treatable unless concurrent medical or behavioural condition present or welfare cannot be maintained adequately.	TR	PA
Sebaceous Cyst/Adenoma	Benign cyst or growth arising from glands in skin. Very common in dogs. Must be diagnosed by veterinarian. Treatment not necessary unless inflamed or bothering dog (would require surgical excision).	TR	A
Seizures	Occur for a variety of reasons. Must be assessed by veterinarian. Unless easily treatable or manageable cause is found or suspected, generally not treatable in a shelter setting.	If easily managed: TM  If uncontrolled: UU	PA  NA

Smoke Inhalation	Ranges from mild-severe. All animals with smoke inhalation, even if initially appearing mildly affected, must be seen by a veterinarian on an emergency basis for assessment and decontamination. Generally treatable in early stages. Moderate stages may require intensive care. Severe smoke inhalation generally not treatable.	If early/mild: TR  If moderate/severe: UU	PA  NA
Tick(s)	External parasite. Should be removed manually if attached. External parasite control that kills ticks (Revolution, Advantix) must be given. In rare cases may carry disease; screening tests are not performed in shelter setting unless dog is sick. Adopters should be advised to take dog to vet if any unusual signs of illness are observed (signs and timing vary greatly).	TR	A
Underage/ Unweaned Puppies	If <u>orphaned and unweaned</u> (solid food can be offered starting at 4 weeks) but otherwise healthy: bottle feeding can be attempted if foster/resources available. Behaviour problems can result from lack of normal early socialization to dogs. Keep littermates all together or in small groups.  If <u>not orphaned but unweaned</u> : can stay with mother in foster home until 8 weeks of age if resources allow and mother is friendly.  If <u>orphaned but weaned</u> : can stay in foster home until 8 weeks of age; keep littermates all together or in small groups.	TR  TR  TR	PA  A  A
Urinary Tract Infection	Usually highly treatable bacterial infection. If not responding to treatment, may be associated with bladder stones, bladder cancer, or other medical issue. Should be worked up if not responding to	TR	A

	treatment and decisions made based on underlying issue.		
Vomiting	Ranges from mild to severe. Treatment depends on underlying cause. Generally treatable unless part of a more serious medical condition (such as parvovirus). May be due to a chronic condition (such as Inflammatory Bowel Disease) requiring ongoing prescription diet and medication.	Responds to treatment/known cause: TR  Chronic but managed successfully: TM  Severe and unresponsive to treatment: UU	A  PA  NA
Wounds	See: Injury		

### FELINE: Behaviour

Condition	Supporting Details/Criteria	Asilomar Category	Adoptability Category
Aggression, Cat - cat	Aggression is a threat or harmful behaviour directed at another individual. Aggression between cats living in the same house may be between new housemates or long-term housemate and can be diagnosed as territorial, fear, redirected, pain or hormonally induced aggression.	TR	A
	PA if cat has aggression towards other cats, limited or no social experiences with other cats.  Ensuring good introductions, knowing cat's social experience with cats and temperament will help with adoption.  NA if aggression to other cats is severe.	TM	PA



		UU	NA
Aggression, Cat - human	<p>Aggression is a threat or harmful behaviour directed at another individual. The cat has displayed or has a history of biting, attacking, scratching or threatening behaviour towards people.</p> <p>PA if during holding period and through history it has been determined that the aggressive behaviour is not a threat to people.</p> <p>NA if the cat has severely injured a person without provocation (i.e. no explanation) or in such a manner that provocation is irrelevant (injury to the person required extensive medical care).</p>	<p>TM</p> <p>UU</p>	<p>PA</p> <p>NA</p>
Aggression, Fear	<p>Fear aggression is a threat or harmful behaviour directed at another individual and is triggered by something the cat feels is threatening to them. They display fearful behaviour to keep themselves safe and/or to remove the threat especially when there is no escape. Given the opportunity most fearful cats will flee.</p> <p>A if cat is an adult from a home (socialized), the fear response has a short duration, stimuli causing the arousal are identified and injuries to another animal or person are minimal.</p> <p>NA if fear eliciting stimuli cannot be identified, severe display of attacking, threatening behaviour where another animal or person has been seriously injured and/or cat cannot be handled due to risk to staff or public.</p>	<p>TR</p> <p>UU</p>	<p>A</p> <p>NA</p>

Aggression, history	<p>The cat has a history of threatening, biting or attacking and/or endangering animals and/or people. Complete history is taken with verification and/or documentation (animal control has documentation of incidents; guardian has provided statements with contact of witness, victim, etc.).</p> <p>PA based on complete verifiable history, intake, observation and assessment with no other behaviour issues – see bite history criteria and aggression criteria to other animals or humans.</p> <p>NA if the cat has a history of biting or attacking and endangering animals or people. The cat has severely injured another cat or person.</p>	<p>TM</p> <p>UU</p>	<p>PA</p> <p>NA</p>
Aggression, petting	<p>The cat uses aggression to let a person know they no longer want to be pet, they may solicit petting for a time before a sudden bite or scratch.</p> <p>PA if bite is inhibited, cat displays clear signs of unease, signs cat is becoming over stimulated are easily identified, behaviour is predictable. Behaviour may never change and adopters will need to know cat doesn't like physical contact.</p> <p>NA if bite has severely injured a person, the cat's arousal is extreme, tolerance for any physical contact is low, and poses a risk to people and/or cannot be handled safely.</p>	<p>TM</p> <p>UU</p>	<p>PA</p> <p>NA</p>

Aggression, play	<p>Unsolicited attacks with scratching, pouncing, biting, stalking seen in kittens and young cats towards people or other cats in context of play.</p> <p>A if no injuries to person or another cat, play aggression is determined to be normal for age and development stage of kitten/cat.</p> <p>PA if biting or scratching caused deep wounds and were directed at the face or hands. Treatment is available, ability to avoid harsh training and staff ability to handle &amp; provide treatment with minimum risk.</p>	<p>TR</p> <p>TM</p>	<p>A</p> <p>PA</p>
Aggression, redirected	<p>Target of cat's aggression is not the cause of the aggressive attack or threat. Many different stimuli can cause aggressive arousal in a cat, for example: odor, sound or site of another cat, noise, people, unfamiliar environment, etc.</p> <p>PA if cause of re-direction can be identified, exposure to stimuli can be reduced, threat or attack did not severely injury another animal or person.</p> <p>NA if cat's threshold for arousal is low, stimuli causing arousal cannot be identified nor exposure to stimuli. Bite or attack has severely injured another animal or person; cat cannot be handled safely by people.</p>	<p>TM</p> <p>UU</p>	<p>PA</p> <p>NA</p>
Anxiety	<p>Anxiety is an emotional state that enables cats to carefully evaluate a situation that may put them at risk. It's a feeling of anticipation of a threat; they're worried and not sure if something is a danger or threat. Signs of anxiety are physiologic and behavioural. Anxiety can be caused by a specific situation or generalized. Hiding and/or aggression can be a response anxious cats have when they can't</p>		

	<p>escape from something they perceive may be a threat or dangerous.</p> <p>A if no other behavioural conditions, triggers may be identified and treatment is provided. Behaviour modification is likely to improve condition so cat can relax and live a normal life. Known history will aid in decision to re-home and assist in predicting future behaviour. TR if cat can likely live a relaxed normal life. TM if cat can be managed with continual improvement.</p> <p>NA if a cat is in a state of extreme anxiousness and it's continuous, and/or it has other anxiety conditions like separation anxiety, compulsive disorders or noise phobias. Cat is not able to relax and live a normal life.</p>		<p>TR</p> <p>TM</p> <p>UU</p>	<p>A</p> <p>PA</p> <p>NA</p>
Bite history	Provoked bite	<p>Bite occurred as result of pain or provocation (can be explained) no serious injury to another animal or human. Information collected through incidents and/or history. Bite occurred with minimal injury and no other behavioural concerns.</p>	H	A
	Unprovoked bite	<p>Bite has occurred without provocation causing injury to another animal or human.</p> <p>History of biting or attacking and endangering people and/or animals has been collected through history/incident. Bite has been determined to be unprovoked (unexplainable). Cat has killed another cat or bite has caused significant injury.</p>	UU	NA

Compulsive disorders	<p>Behaviours derived from normal categories such as grooming and self-care, feeding, predation etc. but now occur excessively and repetitively, are out of context, and no longer serve the original function. Examples include: wool sucking, fabric eating, overgrooming, self-mutilation, persistent vocalization, etc. Treatment usually requires qualified professional and ongoing management. Compulsive behaviour may never disappear however it may decrease. In very rare cases, the condition may be resolvable with treatment (only these cases are TR).</p> <p>Medical exam by veterinarian required to diagnose compulsive disorder and to rule out medical issues. Recent studies show that most overgrooming problems in cats are caused by underlying medical skin disorders.</p> <p>PA if mild to moderate and condition is manageable with treatment and support by qualified professional.</p> <p>NA if severe and behaviour causes injury to cat cannot be interrupted or redirected. Cat is not responding to treatment by qualified professional, not manageable and/or poor quality of life.</p>	<p>TR</p> <p>TM</p> <p>UU</p>	<p>PA</p> <p>NA</p>
Depression	<p>Depression is an affliction experienced by many animals living in captivity. Often it is after repeated attempts to escape an aversive situation or after repeated failure to achieve a specific goal (i.e. engage in a behaviour they are driven to do.)</p> <p>A if no underlying medical conditions. Depressed cats are priority to get into a foster home where they generally recover well.</p>	<p>TR</p>	<p>A</p>

Escape behaviour	<p>The animal has displayed extreme escaping behaviours (outside of what is considered normal for species). May be due to phobia or associated with a specific trigger (i.e. Fireworks) and is not a confinement issue or un-socialized cat.</p> <p>PA if the behaviour does not result in self-mutilation or present a threat to public safety and if the behaviour has not developed into a strong pattern persisting over a long period of time. Extreme escaping behaviour includes climbing out of an uncovered run repeatedly; excessive digging, chewing, biting of enclosure to the point of injury; extreme flight behaviour where opening an enclosure results in the animal escaping and this happens repeatedly.</p> <p>NA if the behaviour results in self-mutilation, the animal presents a threat to public safety, or if the behaviour has developed into a strong pattern persisting over a long period of time.</p>	<p>TM</p> <p>UU</p>	<p>PA</p> <p>NA</p>
Excessive vocalization	<p>There are many causes of excessive vocalization from breed, attention seeking, territorial, hunger, pain etc. Veterinarian exam is required to eliminate any health concerns.</p> <p>Adoptable provided no medical concerns causing vocalization, thorough history taken to identify potential cause of vocalization and management plan can be developed.</p>	<p>TR</p>	<p>A</p>
Fearful behaviour	<p>A negative emotional psychological and physiological response to the presence or proximity of an object, noise, person, location or situation the animal perceives as a threat or danger. A frightened cat commonly shows defensive aggression to defend</p>		

	himself and protect vulnerable body parts during the anticipated fight for his life.		TR	A
	MILD	<p>The animal has displayed mild fearful behaviour previously or during the evaluation process with no aggression. The animal will show social signs toward many individuals once they become familiar with those individuals. Behaviour may be related to the need to adapt to environment or may be due to being a younger under-socialized animal. Animal may show signs of aggression (hissing, growling) no over signs of aggression (swatting, snapping or biting). (See ladder of aggression for behaviours).</p> <p>A if no other aggression issues, behaviour appears to be natural response to perceived threat, not long lasting and/or of low intensity, no threat to people or other animals.</p>		
	MODERATE	PA if behaviour is not threatening to people or other animals and has a good prognosis for remediation with training / counter-conditioning or can be safely managed. See Aggression details and criteria for Dogs and Cats.	TM	PA
	SEVERE	NA if cat cannot adapt to shelter, no caretaker to release to and/or the cat is un-socialized to people.	UU	NA
Feral kitten	Domesticated animals who have partially or fully readapted to natural, wild habitats. Kitten is > 4 weeks and < 12/14 weeks, foster home is available.			

	Under 4 weeks	No mother or available foster home.	UU	NA
	4 – 12 weeks	In good medical health, can be socialized though may be difficult to handle in beginning.	TR	PA
	Over 12 weeks	With caregiver, can be sterilized and released to caregiver. Extremely difficult to socialize kittens over 12 weeks.  No caregiver, in shelter	TM  UU	PA  NA
Feral adult cat	There is no “typical” behaviour that can help us differentiate a true feral from one gone wild because of prolonged homelessness. A true feral is not likely to show any reduction in fear response towards humans. A cat that has been previously socialised will still show fear (for quite a while) but a slight reduction in fear response should occur when the cat is provided with fear reducing therapy.			
	With caregiver	Cat that is not able to be handled safely, unlikely to have lived as a companion, no early socialization to humans.  PA if cats can be sterilized and released to caregiver or managed colony.	TM	PA
	Without caregiver	Cat that is not able to be handled safely, unlikely to have lived as a companion, no early socialization to humans.  NA if cats must remain in shelter.	UU	NA*



		*Cat may be able to be released as part of a return to field program in a community where Shelter-Neuter-Release (SNR) has been implemented		
Frustration	<p>The arousal caused by the anticipation of an expected event, when an expected event does not occur, the cat can feel frustrated. Cats have an internal drive to engage in certain behaviours. When animals in captivity are not able to engage in the behaviour normal to their species, they become frustrated.</p> <p>Cats express frustration differently depending on their personality. <i>Extrovert</i> –moody, scratching, escape behaviour, pacing, vocal, etc. <i>Introvert</i> - over grooming, self-mutilation, kneading, etc. Left with no means to engage in behaviour causing frustration cat may become depressed.</p> <p>A if staff/volunteers are able to provide treatment for frustration following CatSense protocols, environment can be managed and medical concerns have been eliminated.</p> <p>PA if environment can be managed while behavioural modification and medical treatment (if required) is provided for over grooming and/or self-mutilation. <i>See Psychogenic alopecia.</i></p>	<p>TR</p> <p>TM</p>	<p>A</p> <p>PA</p>	
High Arousal	<p>Cat is in a state of high arousal (reactivity) where behaviour is difficult to interrupt. Arousal can be reaction to another cat, new environment, sound, fear, etc. Aggression is likely to be seen in this state. Some cats can remain in a state of high arousal for twenty-four hours. Behaviour is problematic in</p>			

	<p>average home environment and exceeds what is normal for species.</p> <p>PA if eliciting stimuli (triggers) can be identified and environment manageable. Potential problems when arousal is quick or cat is slow to recover from arousal.</p> <p>NA if eliciting stimuli cannot be identified; severe display of attacking, threatening behaviour where another animal or person has been seriously injured and/or cat cannot be handled due to risk to staff or public.</p>	<p>TM</p> <p>UU</p>	<p>PA</p> <p>NA</p>
Inappropriate elimination	<p>The cat has a history of eliminating (urine and/or feces) outside the litter box (problem persists over several months with poor success at behaviour modification).</p> <p>In rare cases, may resolve with simple environmental modifications feasible for an average home.</p> <p>PA if the behaviour is not due to chronic health condition (has been examined by a veterinarian) and no other behaviour or medical issues. Friendly social cats with history of long term inappropriate elimination, no medical causes found for behaviour and professional treatment has been attempted without success can be placed in approved barn program. (See Barn Cat Policy).</p>	<p>TR</p> <p>TM</p>	<p>A</p> <p>PA</p>
	<p>The cat has a history of chronic house soiling (problem persists over several months with poor success at behaviour modification).</p> <p>NA if reasonable attempts have been made to resolve the problem in the home with limited or no success or if the behaviour is due to a chronic health condition. Cats in constant state of anxiety with</p>	<p>UU</p>	<p>NA</p>

	inappropriate elimination are not candidates for barn programs (see Barn Cat Policy).		
No behaviour problems	No behaviour issues at intake or previous history. Normal levels of species specific typical behaviours.	H	A
Phobia	<p>Phobia is an excessive fear response of a specific stimulus that occurs without a true threat or out of proportion to what is needed to deal with a threat. Phobias interfere with normal function and are maladaptive. Cat may have mild to severe phobias (noise, thunderstorm). Noise phobia may trigger other problems.</p> <p>PA if environment can be managed while behavioural modification and medical treatment (if required) is provided. Prognosis and treatment will depend on duration of phobia, can adopter manage environment (exposure to noise), individual cat, etc.</p> <p>NA if severe phobia where treatment by a qualified professional has been attempted without success and poor quality of life expected.</p>	<p>TR (mild, resolvable)</p> <p>TM</p> <p>UU</p>	<p>PA</p> <p>NA</p>
Psychogenic alopecia (over grooming)	<p>Over grooming to point there is hair loss and it has been determined by a veterinarian there is no underlying dermatological or physiological condition causing the over grooming. Recent studies have found that most cases of overgrooming in cats do involve underlying medical skin conditions.</p> <p>PA if cause of stress can be determined and eliminated or managed and treatment by a qualified professional can be provided with success.</p>	TM	PA
Scratching, humans	See Aggression Criteria, cat - human		

Scratching, furniture	<p>Scratching is a normal behaviour for cats used to mark territory and take exterior nail layers off.</p> <p>History of preferred scratching surfaces and locations along with cat's drive to scratch will aid in treatment, management and placement (tolerance of adopter).</p>	TR	A
Separation anxiety	<p>The cat experiences distress (shows signs of severe anxiety for example: vocalizing, urinating, destructiveness) when caregivers are absent or the cat doesn't have access to them. A veterinarian has determined there are no underlying medical issues.</p> <p>Mild cases may be resolvable with treatment and not require long-term management (TR), but many cases will require some level of long-term management (TM).</p> <p>PA if veterinarian examined, has no other medical or behavioural issues and is responding to behaviour modification.</p> <p>NA if severe separation anxiety, where cat is self-injuring, not responding to behaviour modification, and/or treatment by a qualified professional with or without medications is not improving anxiety.</p>	<p>TR</p> <p>TM</p> <p>UU</p>	<p>PA</p> <p>NA</p>
Spraying	<p>Type of urine marking that has been found to decrease or stop following neutering and can be caused by social stress.</p> <p>PA if cause of problem has been identified, environment can be managed including limiting exposure to cause of problem and/or neutering will decrease behaviour. Treatment by a qualified professional may be required.</p>	TM	PA
Un-socialized	The cat has not been properly socialized to humans and/or other cats and therefore behaves fearfully or		

	<p>aggressively. Cat may exhibit extreme fight or flight tendencies when conflicted (lack of coping skills is evident) and is a risk to itself or to staff.</p> <p>Many young un-socialized animals can successfully be counter conditioned to overcome their fear. These animals are potential candidates for fostering or counter-conditioning in-Facility during the holding period, then re-evaluated before going to Adoption. See Fear and Aggression Criteria.</p> <p>It's important to determine if cat/kitten is feral or under socialized.</p> <p>NA if the cat is older than 12 weeks of age, the cat is not part of a return to field program, or if its behaviour is not likely to change during the legal holding period.</p> <p>Staff/volunteers have provided treatment for anxiety/fear and determined cat is under socialized.</p>	<p>TM</p> <p>UU</p>	<p>PA</p> <p>NA</p>
Multiple conditions at TM level	<p>Any behaviour issue in the treatable-manageable category which does not respond to treatment by a qualified professional and significantly decreases quality of life.</p> <p>Three or more conditions in TM category.</p>	UU	NA

## FELINE: Medical

Condition	Supporting Details/Criteria	Asilomar Category	Adoptability Category
Abscess	Subcutaneous infection, usually due to a previous cat bite. Generally treatable with antibiotics +/- surgery. If underlying condition is present, decisions should be based on underlying condition.	TR	A

Allergies	Skin, respiratory, and/or gastrointestinal reaction to food, environment, or external parasites. Range from mild to severe. Adoptable if can be controlled with food, supplements, topicals, intermittent oral medications, or environmental change. Severe cases with generalized hair loss, recurrent infection, or requiring chronic steroids or Atopica are generally not adoptable. Consideration must be given to welfare and length of stay.	TM	PA
Amputee	One limb amputated with otherwise good overall function; completely healed from surgery.  Function is reduced but quality of life is good overall and concurrent conditions (i.e. arthritis) can be managed.	H  TM	A
Arthritis	Range from mild to severe. Adoptable if can be controlled with food, supplements, and oral medication. Not adoptable if severe/ unresponsive to medication and/or negatively affecting welfare.	TM	PA
Asthma	See: Allergies		
Autoimmune Disease	Range from mild to severe. Adoptable if can be controlled with intermittent medication or flare ups are limited to mild clinical signs relating to skin. Not adoptable if requires chronic immune-suppressive medication or involves severe internal disease (such as severe anemia).	TM	PA
Bite Wounds (except severe)	If non-life-threatening, can be resolved with antibiotics/surgery.	TR	A
Bladder Stones	May be associated with genetic/metabolic/diet reasons or may be due to infection. Generally treatable with surgery +/- antibiotics but often	TR	PA

	requires long term diet change and periodic urine testing.	TM (if known long-term management needed)	
Blindness	Various causes; one or both eyes. If eye(s) are still present, a veterinarian must confirm that blindness is not associated with pain. Most animals adapt extremely well.	TM	A
Broken Jaw or Limb	See: Fractures		
Broken Tooth	See: Dental – Fractures		
Burns	Range from mild-severe. Mild burns may be treated with medications in shelter upon direction from a veterinarian. Moderate-severe burns will require hospitalization and extensive supportive care.	Mild: TR Moderate: TM Severe: UU	PA PA NA
Cancer	Range from mild-severe. Mild cases involve skin masses that can be removed and cured surgically. Moderate-severe cases involve cancer that cannot be cured surgically, has spread internally, or is compromising welfare.	Mild, surgically curable: TR Moderate-Severe: TM/UU	PA NA
Cardiomyopathy	Disease of the heart muscle; variable severity in cats. Can be diagnosed only with echocardiogram. Mild-moderate cases may not shorten lifespan or require medication. Risk of eventual heart failure, clot formation, or sudden death.	No clinical signs: TM Clinical signs present: UU	PA NA
Cataracts	Range from mild-severe. Unless causing eye pain, can be monitored. May eventually require treatment (medication or surgery).	TM	PA
Cerebellar Hypoplasia	Neurologic disease in kittens who are infected with panleukopenia in utero. Not contagious once cat is born. Ranges from mild-severe. Clinical signs include incoordination, unusual gait, and intention tremor prior to starting movement (especially eating).	TM	PA

	Often affects multiple kittens in litter. Should be assessed by veterinarian to rule out more serious neurologic disease. In mild form, cats generally adapt well. Adoptable to indoor home if cat is very functional and resources allow.		
Conjunctivitis	Inflammation of the membranes around the eyes. Generally caused by URI in cats. See URI (Upper Respiratory Infection).	TR	PA
Deafness	Various causes; one or both ears. A veterinarian must confirm that deafness is not associated with pain (i.e. from ear infection or foreign body). Most animals adapt extremely well.	TM	A
Dehydration	May be due to food/water deprivation or heat, or may be due to internal problem (infection, organ failure, etc). If due to known external cause, fluid therapy should cure. If due to internal cause, may be treatable depending on cause. If due to organ failure (kidney, liver, etc), or unknown cause but not responsive to fluid therapy, is not considered treatable.	Known external cause: TR Known internal cause, treatable: TR Organ failure or unresponsive to therapy: UU	A PA NA
Dental- Fractured Teeth	Teeth that have been broken through trauma (intentional or unintentional). Generally only affects one or a few teeth. In cats, canine teeth are most affected.  If pulp (vital structure in centre of tooth) is not exposed, no treatment is necessary. Usually these appear as “chipped” teeth with just the tip missing.  If pulp is exposed (appears as red, brown, or black spot or hole in centre of tooth; sometimes entire tooth is discoloured), the tooth must be extracted due to current or future pain/infection. Usually these teeth are broken closer to the gumline.	H  TR	A



	Veterinary exam may be necessary to determine whether pulp is exposed.		
Dental- Oral Mass	Severity ranges from mild-severe. Oral masses should be assessed by a veterinarian. Most oral masses in older cats are malignant. If a malignant mass is diagnosed or suspected (often under the tongue) these cats are not adoptable.	If known to be surgically curable: TR  If caused by a manageable condition: TM  If advanced/malignant: UU	PA
Dental- Periodontal Disease	<p>Chronic disease of the gums/ attachment structures surrounding the teeth (periodontium). Teeth may have brown tartar (calculus) and gums may be inflamed, swollen, or receding. A primary condition such as tooth crowding may be present and would need to be identified and treated. Halitosis usually present.</p> <p>Stage I: Gingivitis only (redness of the gums) with normal tooth attachment structures. Probably not constantly painful; not treated in shelter.</p> <p>Stage II: Mild periodontitis. Up to 25% loss of attachment. Usually mild calculus. Probably not constantly painful; generally not treated in shelter.</p> <p>Stage III: Moderate periodontitis. Up to 50% loss of attachment. Usually moderate calculus and gingivitis. This stage represents a painful condition requiring treatment.</p> <p>Stage IV: Advanced periodontitis. Some teeth have more than 50% attachment loss and are loose. Often</p>	<p>TR</p> <p>TM</p> <p>TM</p> <p>TM</p>	PA

	<p>severe calculus and gingivitis. This stage represents a painful condition requiring treatment.</p> <p>While treatable under anesthesia (oral exam, scaling, polishing, extractions as necessary), advanced periodontal disease is a chronic, progressive condition. Animals are generally adoptable if resources permit treatment.</p>		
Dental- Resorptive Lesion	Common in cats. Appears as a red hole or dot in tooth at gumline. When lesion is touched, cat will often chatter/ display a pain reaction. Because of the pain involved, teeth with these lesions must be extracted. All cats with these lesions must receive dental care by a veterinarian.	TM	PA
Dental- Stomatitis	Also known as gingivostomatitis. Painful condition where oral tissues around teeth and in back of mouth become severely inflamed. Treatment generally requires full mouth dental extractions and short-term medication. Some cats (up to 20%) have ongoing inflammation and pain despite treatment. Usually NA. Can be PA if resources allow treatment and good response is seen, but in shelter setting resources generally do not allow such extensive treatment with uncertain outcome.	<p>TM if responding to treatment</p> <p>UU if ongoing pain despite treatment</p>	<p>PA</p> <p>NA</p>
Diabetes	Diabetes in cats generally requires insulin and long-term monitoring. Occasionally obese cats will respond to prescription diet alone after a few months on insulin. Treatment is quite costly and it can be difficult to stabilize the cat initially. Generally not treatable in a shelter setting.	TM	NA
Diarrhea	Ranges from mild to severe. Treatment depends on underlying cause. Generally treatable unless part of a more serious medical condition (such as parvovirus). May be due to a chronic condition (such	Responds to treatment/known cause: TR	A

	as Inflammatory Bowel Disease) requiring ongoing prescription diet and medication.	Chronic but managed successfully: TM  Severe and unresponsive to treatment: UU	PA  NA
Ear Infection	See: Otitis Externa		
Ear Mites	Contagious external parasite causing severe itchiness in/around ears. Easily treated. If ear discharge/itchiness persist after treatment, cat should be checked for ear infection or other cause of clinical signs.	TR	A
Eosinophilic Granuloma Complex	Also known as “rodent ulcer.” Thickened, ulcerated areas on lips (usually upper), tongue, or inside mouth. Severity varies from mild-severe. Mild cases are those that respond to one-time or very intermittent medication or diet change. Moderate-severe cases may require ongoing medication that is expensive and/or carries a high risk of side effects (Atopica, daily steroids, repeated Depo-Medrol injections). When uncontrolled, this condition is painful.	TM	If mild: PA  If moderate-severe: NA
Emaciation	Generally treatable if due to starvation, neglect, or treatable disease. Not treatable if associated with severe internal disease (i.e. organ failure).	In absence of untreatable underlying disease: TR	A
Feline Idiopathic Cystitis/Lower Urinary Tract Disease	Most common urinary tract disease in cats, especially young to middle aged cats. A common reason for cats to enter shelters. Affected cats will urinate frequent small amounts and/or urinate outside litterbox. May involve a combination of very concentrated urine, crystals, inflammation, and bleeding. Is not caused by bacterial infection. In	TM  If complete urinary obstruction or repeated urinary	PA

	severe cases (male cats) can cause life-threatening urinary blockage. Generally treatable once other causes of urinary disease are ruled out (cats will need, at minimum, urine testing and possible x-rays/ blood testing). Treatment involves dietary change, environmental and litterbox management, stress reduction, and in some cases supplements/medication. Male cats who have urinary blockage requiring hospitalization/ catheterization or recurrently block despite appropriate management generally cannot be treated in a shelter environment and are not adoptable. Any cat displaying urinary pain must be treated by a veterinarian. Male cats who are straining and do not produce urine during a 12 hour period must receive emergency treatment by a veterinarian.	obstruction in male cats: UU	
Feline Immunodeficiency Virus (FIV)	Virus transmitted via bodily fluid exchange that can eventually cause immunosuppression. Many cats live normal lifespan but require regular veterinary visits and monitoring. Diagnosed via blood test. Not contagious casually (through shared living, eating, litterboxes). Requires mating, fighting, etc. to be transmitted. FIV positive cats can live safely with FIV negative cats in a home environment as long as they do not fight, but should not be co-housed in communals as they cannot be monitored for fighting when staff are not on site.	TM	PA
Feline Infectious Peritonitis (FIP)	Severe viral disease caused by mutation within an individual cat of a common feline coronavirus. In mutated form, not thought to be directly contagious between cats. However, genetically related cats may share a predisposition to the disease, and certain strains may be more likely to mutate, so sometimes multiple cases are seen within a litter or shelter.	UU	NA

	Clinical signs vary greatly based on age and form of disease in an individual cat. Always fatal.		
Feline Leukemia Virus (FeLV)	Contagious virus transmitted via direct intimate or prolonged contact. Can be transmitted via shared living. There are three clinical types of infection: progressive, regressive, and abortive. Progressive infection generally shortens lifespan due to increased susceptibility to infections and cancer. Cats with progressive type of FeLV should not be adopted out, but cats with regressive and abortive types are potentially adoptable. Kittens under 4 months with a positive initial blood test may be fostered out (as long as no contact with negative cats) and retested in 1-2 months if resources allow, as the test will often become negative. If persistently positive, confirmatory testing should be done. See Shelter Medicine Quick Reference for detailed protocol.	No clinical signs: TM  Clinical signs (sick): UU	If otherwise healthy and regressive or abortive infection confirmed by diagnostic testing: PA with waiver  If progressive infection confirmed by PCR or adult sick cat testing initially positive: NA
Fleas	Easily treatable external parasite	TR	A
Foreign Body (GI)	Potentially serious condition requiring surgery to resolve. In most cases, surgery can cure problem. Treatable if resources permit.	TR	PA
Fracture(s)	Traumatic injury or injuries. Range from mild-severe. Mild, single, or simple fractures may be treatable with cage rest, splinting, or surgery. Decisions will depend on diagnosis, cost/resources, likelihood of recovery, and ability to maintain welfare during treatment.	Mild- Moderate: TR  If long-term function will be affected: TM  Severe: UU	PA  NA
Frostbite	Treatable with supportive care.	TR	A

Heart Murmur	Underlying cause and severity variable.		
	Grade I/VI- Grade IV/VI in a <u>cat over 12 weeks</u> with NO clinical signs of heart disease (coughing, trouble exercising, weakness)	TM	PA
	Grade V/VI-VI/VI in a <u>cat over 12 weeks</u> with NO clinical signs of heart disease (more likely to progress to clinical signs in near future)	TM	NA
	Grade I/VI to III/VI in a young <u>kitten under 12 weeks</u> (likely to be an “innocent” murmur that will be outgrown)	TR	A
	Grade IV/VI to VI/VI in a young <u>kitten under 12 weeks</u> (more likely to be due to severe congenital cardiac condition)	TM	NA
	Murmur of any grade accompanied by clinical signs of heart disease	UU	NA
Hernia	Various types (umbilical and inguinal are most common). Can usually be fixed surgically unless severe and involving internal organs.	TR	PA
Hyperthyroidism	Common endocrine disease in middle-aged to geriatric cats. Clinical signs include weight loss despite high/normal appetite, vomiting, vocalization, restlessness. Diagnosed via blood test. If no other concurrent disease, highly treatable with daily medication (prescription diet also available but long-term effects not well-established). Requires ongoing bloodwork monitoring. Can also be treated definitively with radioactive iodine (expensive; facility located in Vancouver) or surgery (expensive, high risk). These latter options are generally not appropriate for shelter animals.	TM	PA (if well-managed on medication)
Illness, Other	Range from mild-severe. Decisions will depend on diagnosis by a veterinarian.	Mild: TR Moderate: TM	A PA

		Severe: UU	NA
Incontinence	Rare in cats unless due to an underlying urinary or neurologic issue. Unless easily diagnosed or controlled, generally not adoptable.	TM	PA
Injury	Traumatic injury. Range from mild-severe. Decisions will depend on diagnosis, cost/resources, likelihood of recovery, and ability to maintain welfare during treatment.	Mild- Moderate: TR Severe: UU	PA NA
Kidney Failure	Renal Failure: Diagnosed by veterinarian based on blood and urine testing.	UU	NA
Kidney Insufficiency	Renal Insufficiency: Early kidney disease where urine shows signs of kidney compromise (is dilute) but bloodwork is normal. Very common in older cats. No treatment necessary but will need regular monitoring by veterinarian. These cats are adoptable unless more serious concurrent issues are present.	TM	PA
Lameness	Must be assessed by veterinarian to determine underlying cause. See also Arthritis (most common cause). Can also be caused by injury, infection, congenital disease, cancer, etc. Treatable and adoptable if resources allow it to be fixed or managed with medication/surgery while maintaining good welfare.	If cause can be fixed: TR  If can be managed: TM	A  PA
Lice	Contagious external parasite, common in kittens. Species-specific. Easily treatable but treatment takes several weeks.	TR	A
Lipoma(s)	"Benign fatty tumour." Ideally should be confirmed by a veterinarian via fine needle aspiration, as malignant tumours can appear identical. Lipomas are a cosmetic issue and do not require surgical	Small, no treatment required; or completely surgically removed: TR	A

	removal unless large enough to bother the cat. Much less common in cats than in dogs.	Large or in locations requiring treatment or monitoring: TM	
Obesity	Generally due to overfeeding, but may also be related to underlying disease. Should be assessed by vet if cat does not respond to appropriate weight loss regimen. Untreated obesity can cause a number of health problems and shorten the cat's lifespan.	TR	A
Otitis Externa	Ear infection caused by bacteria or yeast. Clinical signs include discharge, odour, itching, and pain that persists despite ear mite treatment. Usually highly treatable with topical medication. Must see a veterinarian so eardrums can be examined and proper treatment determined. In rare cases, may be related to underlying allergy and require chronic management. Adoptable if no underlying issue present or underlying issue can be managed.	TR If chronic: TM	A PA
Pancreatitis	Inflammatory condition ranging from mild to life-threatening. May be treatable under veterinarian guidance as resources allow. May require a prescription diet long term.	TM	PA
Panleukopenia	Highly contagious virus affecting the GI tract and immune system. Most common in kittens under 20 weeks and unvaccinated cats. Signs range from mild to life-threatening. Not treatable in a shelter environment.	Mild- Moderate: TR Severe: UU	NA
Parasite, Internal	Gastrointestinal parasites: Roundworm, Hookworm, Tapeworm, Coccidia, Giardia. All are contagious and hard to eradicate from environment. Staff and adopters should practice excellent sanitation and hygiene. The above parasites are highly treatable.	TR	A



Pneumonia	Infection of the lungs, usually caused by bacteria. Generally treatable as resources allow but may require intensive care.	TR	PA
Pregnant	Pregnant cats must be spayed to prevent the birth of kittens, unless the Branch meets the list of criteria in the Spaying Pregnant Cats Memo to send the cat to a foster home.	H	A
Prolapsed Rectum	Often due to underlying gastrointestinal or neurologic issue. If can be treated with medication and supportive care including temporary suture, generally treatable (i.e. secondary to parasites in a young kitten). If uncontrolled underlying condition or surgical treatment necessary, not treatable.	Easily curable underlying issue: TR  Controllable underlying issue: TM  Cannot be controlled: UU	A  PA  NA
Pyometra	Uterine infection in unspayed female cat. Much more common in dogs than cats. Signs include lethargy, abdominal discomfort, increased drinking, and sometimes pus coming from vulva. Generally treatable with spay surgery, but advanced cases may not respond fully to treatment. Must be treated as an emergency.	TR	A
Rabies (Suspected)	Fatal neurologic disease. Animal must be euthanized and submitted for testing.	UU	NA
Ringworm	Contagious fungal skin infection. Requires strict isolation and prolonged treatment course. Generally treatable unless concurrent medical or behavioural condition present or welfare cannot be maintained adequately.	TR	PA
Seizures	Occur for a variety of reasons. Must be assessed by veterinarian. Unless easily treatable or manageable	If easily managed: TM  If uncontrolled: UU	PA

	cause is found or suspected, generally not treatable in a shelter setting.		NA
Smoke Inhalation	Ranges from mild-severe. ALL animals with smoke inhalation, even if initially appearing mildly affected, must be seen by a veterinarian on an emergency basis for assessment and decontamination. Generally treatable in early stages. Moderate stages may require intensive care. Severe smoke inhalation generally not treatable.	If early/mild: TR  If moderate/severe: UU	PA  NA
Underage/ Unweaned Kittens	If <u>orphaned and unweaned</u> (solid food can be offered starting at 4 weeks) but otherwise healthy: bottle feeding can be attempted if foster/resources available. Behaviour problems can result from lack of normal early socialization to cats. Keep littermates all together or in small groups.  If <u>not orphaned but unweaned</u> : can stay with mother in foster home until 8 weeks of age if resources allow and mother is friendly.  If <u>orphaned but weaned</u> : can stay in foster home until 8 weeks of age; keep littermates all together or in small groups.  Note: kittens under the age of 8 weeks should not be housed in the shelter.	TR  TR  TR	PA  A  A
Upper Respiratory Tract Infection (URI)	Very common contagious viral or bacterial infection in cats. Stress and crowding are the most important contributors to this illness and must be addressed as part of treatment. Vaccination with FVRCP vaccine aids in control but cannot prevent all cases. Treatable per Feline URI Protocol. In rare cases can become chronic and require chronic management (these cases may be adoptable if resources allow).	TR  If chronic: TM	A  PA

Urinary Tract Infection (UTI)	Usually highly treatable bacterial infection. Very rare in cats. If not responding to treatment, may be associated with bladder stones, bladder cancer, or other medical issue. Should be worked up if not responding to treatment and decisions made based on underlying issue.  See also: Feline Idiopathic Cystitis/Lower Urinary Tract Disease (often misdiagnosed as UTI)	TR	A
Vomiting	Ranges from mild to severe. Treatment depends on underlying cause. Generally treatable unless part of a more serious medical condition (such as parvovirus). May be due to a chronic condition (such as Inflammatory Bowel Disease) requiring ongoing prescription diet and medication.	Responds to treatment/known cause: TR  Chronic but managed successfully: TM  Severe and unresponsive to treatment: UU	A  PA  NA
Wounds	See: Injury		

### SMALL MAMMAL: Behaviour

Condition	Supporting Details/Criteria	Asilomar Category	Adoptability Category
Aggression	Aggression is a threat or harmful behaviour directed at another animal or person. Aggression can be diagnosed as territorial, fear, redirected, pain or hormonally induced aggression. Aggression is a normal behaviour.  Medical issues should be ruled out initially to ensure aggression isn't due to pain. Highly probable that aggression displayed by small mammals is due to fear of humans, lack of handling and/or socialization.	If normal for species: H	

	<p>PA if aggression is due to fear, lack of handling and or socialization.</p> <p>NA if animal has caused injury to humans repeatedly making it difficult to house and or handle.</p>	<p>TM</p> <p>UU</p>	<p>PA</p> <p>NA</p>
Aggression, Ferrets	Sneaking up and nipping or biting is normal ferret behaviour where they either seek attention or are trying to play and should not be considered aggression. Decision not to re-home would be considered if the ferret could not be safely handled by staff due to aggressive behaviour where the ferret was attacking and causing severe injury to a person.	TR	A
Aggression, Mice	Aggressive behaviour towards another male mouse (housemate). Removal and single house for adoption.	TR	A
Aggression, Rabbits	<p>When not caused by a medical condition human directed aggression is generally due to fear. Not a huge difference intact vs. neutered, male or female human directed aggression. Sterilizing has shown to decrease aggression, though won't decrease fear aggression if fear is due to humans (proximity, handling, etc.).</p> <p>A if there is a history of socialization with humans and desensitization and counter-conditioning can be provided by someone familiar with rabbits.</p> <p>PA if behaviour modification can be provided by a qualified person. Relapse may occur following treatment, especially with rabbits who have had a traumatic experience with humans.</p>	<p>MILD –TR</p> <p>SEVERE – TM</p>	<p>A</p> <p>PA</p>

Aggression, Rat – human	Aggression directed at a human can be result of fear, where the rat is startled or not use to handling by people. Aggression in defense of cage or from pregnant/lactating females may also be seen in rats.	TR	A
	Offensive aggression – males who bite humans without provocation may be reduced by neutering. Rats who are offensive aggressive and have repeatedly injured a person and are difficult to handle should not be adopted out due to prognosis of poor welfare and risk to people.	UU	NA
Barbering (whisker trimming) Mice	Removal of whiskers or other fur of cage mates or self. Many causes of barbering, such as physical and social environment. May be a sign of compulsive disorder. Adoptable if no medical conditions, not a compulsive disorder and cause of behaviour can be identified and treated.	TR	A
	NA if behaviour is compulsive disorder where treatment is not available by a qualified professional.	UU	NA
Bar-biting, Mice	Mouse bar-bites enclosure, may be the result of an aggressive cage mate or impoverished environment. If no medical conditions found causing behaviour and environment enrichment can be provided and/or separation.	TR	A
Destructive behaviour, Ferrets	Digging and/or chewing carpet or other house old items. Digging and chewing are normal behaviours for ferrets. These behaviours can cause damage in a home. Ferret proofing along with enrichment opportunities to express natural behaviours will help prevent destruction.	TR	A
Destructive behaviour,	Digging and chewing are normal behaviours for rabbits, if not provided with opportunities to engage	TR	A

Rabbits	in these behaviours using safe materials rabbits will dig carpet, chew wires, etc. Provided with safe materials and opportunities to engage in normal behaviour with management plan and adopters familiar with rabbit behaviour will add to success.		
Litter training, Ferrets	Eliminating out of the litter box. Veterinarian has ruled out medical cause. Ferrets can be litter trained, consistency and noticing preferences are key to success. Adoptable for people with ferret knowledge and experience.	TR	A
Litter training, Rabbits	Eliminating out of the litter box. Veterinarian has ruled out medical cause. Not generally a problem for people familiar with rabbits. Species needs and preferences will aid in training rabbit to use box.	TR	A
Fearful behaviour	<p>A negative emotional psychological and physiological response to the presence or proximity of an object, noise, person, location or situation the animal perceives as a threat or danger.</p> <p>A if the animal has displayed mild fearful behaviour previously or during the evaluation process with no aggression. The animal will show social signs toward many individuals once they become familiar with those individuals. Behaviour may be related to the need to adapt to environment or may be due to being a younger under-socialized animal.</p> <p>PA if behaviour is not threatening to people or other animals and has a prognosis for remediation with training/ counter-conditioning or can be safely managed. See Aggression details and criteria.</p> <p>NA if behaviour cannot be modified or animal is un-socialized to humans, prognosis is poor and risk to people due to fear aggression is high; animal has</p>	<p>TR</p> <p>TM</p> <p>UU</p>	<p>A</p> <p>PA</p> <p>NA</p>

	caused injury to humans; or animal cannot experience the 5 Freedoms in a typical home environment due to fear.		
No behaviour problems	No behaviour issues at intake or previous history. Normal levels of species specific typical behaviours	H	A
Un-socialized	A small mammal that is not properly socialized to humans and therefore behaves fearfully or aggressively to familiar or unfamiliar people, objects and/or situations.  PA depending on age, history and available resources to provide behaviour modification.  NA if animal is not coping or adapting to shelter environment (or other) due to extreme fear of humans.	TM  UU	PA  NA
Multiple concerns at TM level	Any behaviour issue in the treatable-manageable category which does not respond to treatment by a qualified professional and significantly decreases quality of life.  Three or more conditions in TM category.	UU	NA

### SMALL MAMMAL: Medical

Condition	Supporting Details/Criteria	Asilomar Category	Adoptability Category
Abscess	Subcutaneous infection, often due to an animal bite. Generally treatable with antibiotics +/- surgery. If underlying condition is present, decisions should be based on underlying condition. Note: Abscesses in rabbits tend to be more severe and must be treated	TR  If rabbit and related to dental disease: UU	PA  NA

	surgically. If related to dental disease (most facial abscesses in rabbits), rabbit is not adoptable.		
Cancer	Range from mild-severe. Mild cases involve skin masses that can be removed and cured surgically. Moderate-severe cases involve cancer that cannot be cured surgically, has spread internally, or is compromising welfare.	Mild, surgically curable: TR  Moderate-Severe: TM/UU	PA  NA
Dental- Incisor Overgrowth (Small Rodents)	May be due to variety of underlying causes. In rare cases, if due to poor husbandry/diet, a single incisor trim that restores normal function may suffice. Generally treatable with frequent incisor trims that can be done awake, but will need to be done for life (often every 1-3 months). Adoptable if resources allow.	If due to neglect and can be resolved with single incisor trim: TR  TM	PA
Dental- Incisor Overgrowth (Rabbits, Degus, Chinchillas, Guinea Pigs)	In these species, almost always due to a concurrent molar malocclusion. Unless a qualified veterinarian has ruled this out, see below.	TM	NA
Dental- Molar Overgrowth or Malocclusion	Rabbits, Guinea Pigs, Chinchillas. Symptoms include drooling, dropping food, decreased appetite, weight loss, dehydration. Severe disease that can affect welfare and requires anesthesia and specialized care to treat and manage. Will require periodic lifelong dental care under anesthesia (generally every 2-12 months). May require special diet and medications. Not treatable in shelter setting.	TM	NA
Diarrhea	All species. Ranges from mild to severe. Treatment depends on underlying cause. Often due to inappropriate diet. May be treatable unless part of a more serious medical condition. Treatment decisions should take resource availability,	Responds to treatment/known cause: TR  Chronic but managed successfully: TM	A  PA



	likelihood of adoption, and welfare during treatment into consideration.	Severe and unresponsive to treatment: UU	NA
Emaciation	Generally treatable if due to starvation, neglect, or treatable disease. Not treatable if associated with severe internal disease (i.e. organ failure).	In absence of untreatable underlying disease: TR	A
Ear Mites	Rabbits/Ferrets. Contagious mites cause intense itchiness and are easily treatable with Revolution.	TR	A
Fur Mites	See: Parasites, External		
Gastric Stasis	Rabbits, guinea pigs, chinchillas. Clinical signs include reduced appetite, lethargy, reduced fecal production, and palpable firm stomach in abdomen. Serious medical emergency requiring immediate, aggressive supportive care. Often due to underlying dental disease or other concurrent illness. Treatable if resources allow; adoptable if no underlying condition present.	Responds to treatment, no underlying condition: TR  Poor response, debilitated, or underlying condition: UU	PA  NA
Head Tilt	Common in rabbits; less common in other species. In rabbits, generally due to severe inner ear or brain infection (bacterial, parasitic). Treatment is difficult and costly; these animals are not generally treatable in a shelter setting. If ears also itchy- treat for ear mites before making euthanasia decision.	TM	NA
Illness, Other	Range from mild-severe. Decisions will depend on diagnosis by a veterinarian, resource availability, and ability to maintain welfare during treatment.	Mild: TR  Moderate: TM  Severe: UU	A  PA  NA
Injury	Traumatic injury. Range from mild-severe. Decisions will depend on diagnosis, cost/resources, likelihood	Mild- Moderate: TR  Severe: UU	PA  NA

	of recovery, and ability to maintain welfare during treatment.		
Mammary Mass(es)	<p>Common in rats and usually benign. May be removed surgically if large enough to bother rat and resources allow. Although benign, many mammary masses eventually outgrow their blood supply, become necrotic, and cause suffering and/or death. Treatment is surgical removal and spay should be performed at same time if possible.</p> <p>Mammary masses in other species are more concerning and should be evaluated by a veterinarian.</p>	<p>TR/TM (Rats)</p> <p>TM/UU (other species)</p>	<p>PA</p> <p>PA/NA</p>
Obesity	<p>Generally due to overfeeding or inappropriate diet (i.e. all pelleted or seed mix diet in small herbivores). Should be assessed by vet if severe or not responding to appropriate diet for species. Additional opportunities for exercise and enrichment/activity in cage should be provided. Untreated obesity can cause a number of health problems.</p>	TR	A
Parasites, External	<p>Rodents commonly have “fur mites.” Common clinical signs include itchiness and scabs around scruff area. In severe cases, weight loss and secondary infection may occur. Generally treatable with Revolution and careful environmental decontamination. Treat even if mites are not evident microscopically.</p> <p>Fleas may also be seen in all species; treatable with Revolution. Contact veterinarian for dose.</p>	TR	A
Pregnancy	<p>If possible, these animals should be spayed and the pregnancy terminated (possible in rabbits and rats, depending on comfort of local veterinarian). Otherwise, decisions should be based on resource</p>	<p>Uncomplicated: H</p> <p>Complicated: TR</p>	PA

	availability. If animals are allowed to give birth, ideally they would be housed in foster homes until the babies are about 4 weeks old. Euthanasia is recommended if the shelter is already overpopulated with small mammals. Note that guinea pigs are prone to dystocia (birth complications) which requires emergency treatment.		
Respiratory Infection	Common in rats, rabbits, and guinea pigs. In rabbits and guinea pigs, may be related to dental disease. Generally tends to be a chronic, managed, progressive condition in small mammals. Affected animals often require lifelong care/antibiotics and/or dental work. Generally not treatable or adoptable in a shelter setting unless responds immediately to antibiotics without recurring. Antibiotics must be prescribed by a veterinarian due to limited options based on species.	Mild, easily resolved cases: TR  Most cases; moderate to severe or recurrent: TM	PA  NA
Ringworm	Contagious fungal infection; may be seen as individual case or part of shelter outbreak. Generally treatable with topical therapy, but decision should be made based on ability to tolerate treatment, resource availability, and welfare considerations.	TR	PA
Skin Mass	Varies depending on species, location, size. Should be assessed by veterinarian. Treatable/ adoptable only if can be surgically removed and/or confirmed to be benign or unlikely to spread/recur. Decisions should take resource availability and welfare into consideration.	If surgically curable: TR  If determined to be benign and not affecting animal: TM  If cannot be addressed surgically or affecting welfare: UU	PA  PA  NA
Stasis	See: Gastric Stasis		

Vomiting	Ferrets. Ranges from mild to severe. Treatment depends on underlying cause. Foreign bodies and hairballs are very common in ferrets. May be treatable unless part of a more serious medical condition. Treatment decisions should take resource availability, likelihood of adoption, and welfare during treatment into consideration.	Responds to treatment/known cause: TR  Chronic but managed successfully: TM  Severe and unresponsive to treatment: UU	A  PA  NA
Urine Scald	Most common in rabbits. May be due to poor husbandry or underlying disease condition (urinary, renal, gastrointestinal, mobility-related, or neurologic). Skin around rear end will be very painful, often sloughing off, sometimes with maggot infestation. Hair is often matted or absent. Very painful, requires emergency treatment (supportive care and pain relief). Generally not treatable or adoptable unless condition is clearly due to neglect only.	If due to neglect alone: TR  If underlying condition: TM or UU (depending on underlying condition)	PA  NA
Wounds	See: Injury		

## Appendix B: BC SPCA Asilomar Accords and Adoptability Evaluation Matrix: Dental Only

### Dental Conditions: Canine

Condition	Supporting Details/Criteria	Asilomar Category	Adoptability Category
Dental- Abscessed Tooth or Teeth	Infection around tooth root or roots. May occur after a tooth is broken or as a result of chronic periodontal disease. In dogs with broken large upper premolars, may appear as a swelling/draining tract under the eye. Painful condition requiring treatment including full tooth extraction.	TR	A
Dental- Fractured Teeth	<p>Teeth that have been broken through trauma (intentional or unintentional). Generally only affects one or a few teeth. If all teeth are affected, teeth are more likely to be worn as opposed to broken. If front teeth are affected, may be due to traumatic injury or cage chewing. If upper largest tooth (4<sup>th</sup> premolar) is affected, likely due to chewing on a hard object (antler, rolled rawhide, bone).</p> <p>If pulp (vital structure in centre of tooth) is not exposed, no treatment is necessary. Usually these appear as “chipped” teeth with just the tip missing.</p> <p>If pulp is exposed (appears as red, brown, or black spot or hole in centre of tooth; sometimes entire tooth is discoloured), the tooth must be extracted due to current or future pain/infection. Usually these teeth are broken closer to the gumline.</p> <p>Veterinary exam may be necessary to determine whether pulp is exposed.</p>	<p>H</p> <p>TR</p>	A
Dental- Oral Mass	Severity ranges from mild-severe. Oral masses should be assessed by a veterinarian. Small masses arising	TM	PA

	from the edge of the gums are likely benign and may not require treatment. Occasionally malignant masses are seen and these dogs are generally not adoptable.		
Dental- Periodontal Disease	<p>Chronic disease of the gums/ attachment structures surrounding the teeth (periodontium). Common in toy and small dogs. Teeth may have brown tartar (calculus) and gums may be inflamed, swollen, or receding. A primary condition such as tooth crowding may be present and would need to be identified and treated. Halitosis usually present.</p> <p>Stage I: Gingivitis only (redness of the gums) with normal tooth attachment structures. Probably not constantly painful; not treated in shelter.</p> <p>Stage II: Mild periodontitis. Up to 25% loss of attachment. Usually mild calculus. Probably not constantly painful; generally not treated in shelter.</p> <p>Stage III: Moderate periodontitis. Up to 50% loss of attachment. Usually moderate calculus and gingivitis. This stage represents a painful condition requiring treatment.</p> <p>Stage IV: Advanced periodontitis. Some teeth have more than 50% attachment loss and are loose. Often severe calculus and gingivitis. This stage represents a painful condition requiring treatment.</p> <p>While treatable under anesthesia (oral exam, scaling, polishing, extractions as necessary), advanced periodontal disease is a chronic, progressive condition. Animals are generally adoptable if resources permit treatment.</p>	<p>TR</p> <p>TM</p> <p>TM</p> <p>TM</p>	PA

## Dental Conditions: Feline

Condition	Supporting Details/Criteria	Asilomar Category	Adoptability Category
Dental- Fractured Teeth	<p>Teeth that have been broken through trauma (intentional or unintentional). Generally only affects one or a few teeth. In cats, canine teeth are most affected.</p> <p>If pulp (vital structure in centre of tooth) is not exposed, no treatment is necessary. Usually these appear as “chipped” teeth with just the tip missing.</p> <p>If pulp is exposed (appears as red, brown, or black spot or hole in centre of tooth; sometimes entire tooth is discoloured), the tooth must be extracted due to current or future pain/infection. Usually these teeth are broken closer to the gumline.</p> <p>Veterinary exam may be necessary to determine whether pulp is exposed.</p>	<p>H</p> <p>TR</p>	A
Dental- Oral Mass	Severity ranges from mild-severe. Oral masses should be assessed by a veterinarian. If a malignant mass is diagnosed or suspected (often under the tongue) these cats are not adoptable.	TM	PA
Dental- Periodontal Disease	<p>Chronic disease of the gums/ attachment structures surrounding the teeth (periodontium). Teeth may have brown tartar (calculus) and gums may be inflamed, swollen, or receding. A primary condition such as tooth crowding may be present and would need to be identified and treated. Halitosis usually present.</p> <p>Stage I: Gingivitis only (redness of the gums) with normal tooth attachment structures. Probably not constantly painful; not treated in shelter.</p> <p>Stage II: Mild periodontitis. Up to 25% loss of</p>	TR	PA

	<p>attachment. Usually mild calculus. Probably not constantly painful; generally not treated in shelter.</p> <p>Stage III: Moderate periodontitis. Up to 50% loss of attachment. Usually moderate calculus and gingivitis. This stage represents a painful condition requiring treatment.</p> <p>Stage IV: Advanced periodontitis. Some teeth have more than 50% attachment loss and are loose. Often severe calculus and gingivitis. This stage represents a painful condition requiring treatment.</p> <p>While treatable under anesthesia (oral exam, scaling, polishing, extractions as necessary), advanced periodontal disease is a chronic, progressive condition. Animals are generally adoptable if resources permit treatment.</p>	<p>TM</p> <p>TM</p> <p>TM</p>	
Dental- Resorptive Lesion	<p>Common in cats. Appears as a red hole or dot in tooth at gumline. When lesion is touched, cat will often chatter/ display a pain reaction. Because of the pain involved, teeth with these lesions must be extracted. All cats with these lesions must receive dental care by a veterinarian.</p>	TM	PA
Dental- Stomatitis	<p>Also known as gingivostomatitis. Painful condition where oral tissues around teeth and in back of mouth become severely inflamed. Treatment generally requires full mouth dental extractions and short-term medication. Some cats (up to 20%) have ongoing inflammation and pain despite full treatment. Usually NA. Can be PA if resources allow treatment and good response is seen, but in shelter setting resources generally do not allow such extensive treatment with uncertain outcome.</p>	<p>TM if responding to treatment</p> <p>UU if ongoing pain despite treatment</p>	<p>PA</p> <p>NA</p>



## Dental Conditions: Small Mammal

Condition	Supporting Details/Criteria	Asilomar Category	Adoptability Category
Abscess	Subcutaneous infection, often due to an animal bite. Generally treatable with antibiotics +/- surgery. If underlying condition is present, decisions should be based on underlying condition. Note: Abscesses in rabbits tend to be more severe and must be treated surgically. If related to dental disease (most facial abscesses in rabbits), rabbit is not adoptable.	TR  If rabbit and related to dental disease: UU	PA  NA
Dental- Incisor Overgrowth (Small Rodents)	May be due to variety of underlying causes. In rare cases, if due to poor husbandry/diet, a single incisor trim that restores normal function may suffice. Generally treatable with frequent incisor trims that can be done awake, but will need to be done for life (often every 1-3 months). Adoptable if resources allow.	If due to neglect and can be resolved with single incisor trim: TR  TM	PA
Dental- Incisor Overgrowth (Rabbits, Degus, Chinchillas, Guinea Pigs)	In these species, almost always due to a concurrent molar malocclusion. Unless a qualified veterinarian has ruled this out, see below.	TM	NA
Dental- Molar Overgrowth or Malocclusion	Rabbits, Guinea Pigs, Chinchillas. Symptoms include drooling, dropping food, decreased appetite, weight loss, dehydration. Severe disease that can affect welfare and requires anesthesia and specialized care to treat and manage. Will require periodic lifelong dental care under anesthesia (generally every 2-12 months). May require special diet and medications. Not treatable in shelter setting.	TM	NA

## Appendix C: BC SPCA Asilomar Accords and Adoptability Evaluation Matrix: Quick Reference by Condition

### General: Organization

Condition	Asilomar Category	Adoptability Category
Kennel Stress	TR/UU	A/NA
Dog Assessment	H/TR/TM/TM/TM/UU	A/A/PA/PA/PA/NA
Cat Assessment	H/TM/UU	A/PA/NA
Hybrid	UU	NA
Wildlife	UU	NA

### CANINE: Behaviour

Condition	Asilomar Category	Category
Aggression, dog-cat, dog-dog, dog-human	TM/UU	PA/NA
Aggression, fear/pain	TR/TM/UU	A/PA/NA
Aggression, history	TM/UU	PA/NA
Aggression, redirected	TM/UU	PA/NA
Aggression, resource guarding	TR/TM/UU	A/PA/NA
Anxiety	TR/TM/UU	A/PA/NA
Attention seeking behaviours	TR	A
Barking	TR	A
Bite, history – provoked, unprovoked	H/UU	A/NA
Compulsive disorders – mild to moderate, severe	TR/TM/UU	PA/NA
Depression	TR	PA
Destructive behaviour – mild, severe	TR/UU	A/NA
Escape behaviour – mild, severe	TM/UU	PA/NA
Fearful behaviour– mild, moderate to severe	TR/TM/UU	A/PA/NA
Feral	TR/TM/UU	A/NA
High arousal – moderate, severe	TM/UU	PA/NA
House soiling – mild, moderate, chronic	TR/TM/UU	A/PA/NA

No behaviour problems	H	A
Phobia – moderate, severe	TM/UU	PA/NA
Prey drive – moderate, severe	TM/UU	PA/NA
Separation anxiety	TR/TM/UU	PA/NA
Un-socialized	TR/TM/UU	PA/NA
Multiple concerns at TM level	UU	NA

## CANINE: Medical

Condition	Asilomar Category	Adoptability Category
Addison's Disease	TM	NA
Allergies	TM	PA
Amputee	H/TM	A
Arthritis	TM	PA
Autoimmune Disease	TM	PA
Bite Wounds (except severe)	TR	A
Bladder Stones	TR/TM	PA
Blindness	TM	A
Bloat	TR/UU	NA
Broken jaw or limb (See: Fractures)		
Broken tooth (See: Dental- Fractured Teeth)		
Burns	TR/TM/UU	PA/NA
Cancer	TR/TM/UU	PA/NA
Cardiomyopathy	TM/UU	NA
Cataracts	TM	PA
Cherry Eye	TR	A
Conjunctivitis	TR	A
Cushing's Disease	TM	NA
Deafness	TM	A
Dehydration	TR/UU	A/PA/NA
Dental- Abscessed Tooth or Teeth	TR	A

Dental- Fractured Teeth	H/TR	A
Dental- Oral Mass	TR/TM	PA
Dental- Periodontal Disease	TR/TM	PA
Dental- Worn Teeth	H/TM	A
Diabetes	TM	NA
Diarrhea	TR/TM/UU	A/PA/NA
Distemper	UU	NA
Dry Eye	TM	PA
Ear Infection (See: Otitis Externa)		
Emaciation (if no underlying disease)	TR	A
Fleas	TR	A
Foreign Body (GI)	TR	PA
Fracture(s)	TR/TM/UU	PA/NA
Frostbite	TR	A
Heart Murmur	TR/TM/UU	A/PA/NA
Heartworm	TR/TM	NA
Hernia	TR	PA
Hypothyroidism	TM	PA
Illness, Other	TR/TM/UU	A/PA/NA
Incontinence	TM	PA
Injury	TR/UU	PA/NA
Kennel Cough	TR	A
Kidney Failure	TM/UU	NA
Lameness	TR/TM	A/PA
Lice	TR	A
Lipoma(s)	TR/TM	A
Luxating Patella	TM	PA
Mange	TR/TM	A/PA
Obesity	TR	A
Otitis Externa	TR/TM	A/PA

Pancreatitis	TM	PA
Parasite, Internal	TR	A
Parvovirus	TR/UU	PA/NA
Pneumonia	TR	PA
Pregnant	H	A
Prolapsed Rectum	TR/TM/UU	A/PA/NA
Proptosed Eye	TR	A
Pyometra	TR	A
Rabies (Suspected)	UU	NA
Ringworm	TR	PA
Sebaceous Cyst/Adenoma	TR	A
Seizures	TM/UU	PA/NA
Smoke Inhalation	TR/UU	PA/NA
Tick(s)	TR	A
Underage/ Unweaned Puppies	TR	A/PA
Urinary Tract Infection	TR	A
Vomiting	TR/TM/UU	A/PA/NA
Wounds (See: Injury)		

## FELINE: Behaviour

Condition	Asilomar Category	Adoptability Category
Aggression cat-cat,	TR/TM/UU	A/PA/NA
Aggression, cat – human	TM/UU	PA/NA
Aggression, fear	TR/UU	A/NA
Aggression, history	TM/UU	PA/NA
Aggression, petting	TM/UU	PA/NA
Aggression, play	TR/TM	A/PA
Aggression, redirected	TM/UU	PA/NA
Anxiety	TR/TM/UU	A/PA/NA
Bite history – provoked, unprovoked	H/UU	A/NA

Compulsive disorders	TR/TM/UU	PA/NA
Depression	TR	A
Escape behaviour	TM/UU	PA/NA
Excessive vocalization	TR	A
Fearful behaviour – mild, moderate to severe	TR/TM/UU	A/PA/NA
Feral kitten	TR/TM/UU	NA/A/PA/NA
Feral adult cat	TM/UU	PA/NA
Frustration	TR/TM	A/PA
High Arousal	TM/UU	PA/NA
Inappropriate elimination	TR/TM/UU	PA/NA
No behaviour problems	H	A
Phobia	TR/TM/UU	PA/NA
Psychogenic alopecia (over grooming)	TM	PA
Scratching, humans – see Aggression Criteria, cat - human		
Scratching, furniture	TR	A
Separation anxiety mild & moderate severe	TR/TM/UU	PA/NA
Spraying	TM	PA
Un-socialized	TM/UU	PA/NA
Multiple conditions at TM level	UU	NA

## FELINE: Medical

Condition	Asilomar Category	Adoptability Category
Abscess	TR	A
Allergies	TM	PA
Amputee	H/TM	A
Arthritis	TM	PA
Asthma (See: Allergies)		
Autoimmune Disease	TM	PA
Bite Wounds (except severe)	TR	A
Bladder Stones	TR/TM	PA

Blindness	TM	A
Broken jaw or limb (See: Fractures)		
Broken tooth (See: Dental-Fractured Teeth)		
Burns	TR/TM/UU	PA/NA
Cancer	TR/TM/UU	PA/NA
Cardiomyopathy	TM/UU	PA/NA
Cataracts	TM	PA
Cerebellar Hypoplasia	TM	PA
Conjunctivitis	TR	PA
Deafness	TM	A
Dehydration	TR/UU	A/PA/NA
Dental- Abscessed tooth or teeth	TR	
Dental- Fractured Teeth	H/TR	A
Dental- Oral Mass	TR/TM	PA
Dental- Periodontal Disease	TR/TM	PA
Dental- Resorptive Lesion	TM	PA
Dental- Stomatitis	TM/UU	PA/NA
Diabetes	TM	NA
Diarrhea	TR/TM/UU	A/PA/NA
Ear Infection (See: Otitis Externa)		
Ear Mites	TR	A
Eosinophilic Granuloma Complex	TM	PA/NA
Emaciation (if no underlying disease)	TR	A
Feline Idiopathic Cystitis/Lower Urinary Tract Disease	TM/UU	PA
Feline Immunodeficiency Virus (FIV)	TM	PA
Feline Infectious Peritonitis (FIP)	UU	NA
Feline Leukemia Virus (FeLV)	TM/UU	PA/NA
Fleas	TR	A
Foreign Body (GI)	TR	PA
Fracture(s)	TR/TM/UU	PA/NA

Frostbite	TR	A
Heart Murmur	TR/TM/UU	PA/NA
Hernia	TR	PA
Hyperthyroidism	TM	PA
Illness, Other	TR/TM/UU	A/PA/NA
Incontinence	TM	PA
Injury	TR/UU	PA/NA
Kidney Failure	UU	NA
Kidney Insufficiency	TM	PA
Lameness	TR/TM	A/PA
Lice	TR	A
Lipoma(s)	TR/TM	A
Obesity	TR	A
Otitis Externa	TR/TM	A/PA
Pancreatitis	TM	PA
Panleukopenia	TR/UU	NA
Parasite, Internal	TR	A
Pneumonia	TR	PA
Pregnant	H	A
Prolapsed Rectum	TR/TM/UU	A/PA/NA
Pyometra	TR	A
Rabies (Suspected)	UU	NA
Ringworm	TR	PA
Seizures	TM/UU	PA/NA
Smoke Inhalation	TR/UU	PA/NA
Underage/ Unweaned Kittens	TR	A/PA
Upper Respiratory Tract Infection (URI)	TR/TM	A/PA
Urinary Tract Infection (UTI)	TR	A
Vomiting	TR/TM/UU	A/PA/NA
Wounds (See: Injury)		



## SMALL MAMMAL: Behaviour

Condition	Asilomar Category	Adoptability Category
Aggression	H/TM/UU	PA/NA
Aggression, ferrets	TR	A
Aggression, mice	TR	A
Aggression, rabbits	TR/TM	A/PA
Aggression, rats to humans	TR/UU	A/NA
Barbering (whisker trimming), mice	TR/UU	A/NA
Bar-biting, mice	TR	A
Destructive behaviour, ferrets	TR	A
Destructive behaviour, rabbits	TR	A
Fearful behaviour	TR/TM/UU	A/PA/NA
Litter training, ferrets	TR	A
Litter training, rabbits	TR	A
No behaviour problems	H	A
Un-socialized	TM/UU	NA
Multiple concerns at TM level	UU	NA

## SMALL MAMMAL: Medical

Condition	Asilomar Category	Adoptability Category
Abscess	TR/UU	PA/NA
Cancer	TR/TM/UU	PA/NA
Dental- Incisor Overgrowth (Small Rodents)	TR/TM	PA
Dental- Incisor Overgrowth (Rabbits, GP, etc)	TM	NA
Dental- Molar Overgrowth or Malocclusion	TM	NA
Diarrhea	TR/TM/UU	A/PA/NA
Ear Mites	TR	A
Emaciation (if no underlying disease)	TR	A
Fur Mites (See: Parasites, External)		
Gastric Stasis	TR/UU	PA/NA

Head Tilt	TM	NA
Illness, Other	TR/TM/UU	A/PA/NA
Injury	TR/UU	PA/NA
Mammary Mass(es)	TR/TM/UU	PA/NA
Obesity	TR	A
Parasites, External	TR	A
Pregnancy	H/TR	PA
Respiratory Infection	TR/TM	PA/NA
Ringworm	TR	PA
Skin Mass	TR/TM/UU	PA/NA
Stasis (See: Gastric Stasis)		
Urine Scald	TR/TM/UU	PA/NA
Vomiting (ferrets only)	TR/TM/UU	A/PA/NA
Wounds (See: Injury)		

**Appendix D: BC SPCA Asilomar Accords and Adoptability Evaluation Matrix: Quick Reference by Asilomar Category\***

**PAGE 1: CANINE**

<b>Healthy (H):</b> No medical or behavioural problems, over 8 weeks of age.		<b>Treatable- Rehabilitatable (TR)</b>	
Aggression, fear/pain Aggression, resource guarding Anxiety Attention-seeking Barking Compulsive disorder Depression Destructive behaviour Fearful behaviour Feral (< 12 weeks) House soiling Separation anxiety Unsocialized		Bite wounds Bladder stones Bloat Burns Cancer Cherry eye Conjunctivitis Dehydration Dental- abscess Dental- fractured teeth Dental- oral mass Dental- periodontal disease Diarrhea Emaciation	Foreign body Fracture(s) Frostbite Heart murmur Heartworm Hernia Illness, other Injury Kennel cough Lameness Lice Lipomas Mange Obesity Otitis externa Parasite, internal Parvovirus
<b>Treatable- Manageable (TM)</b>  Aggression, dog-dog, dog-cat, dog-human Aggression, fear/pain Aggression, history Aggression, redirected Aggression, resource-guarding Anxiety Compulsive disorder Escape behaviour Fearful behaviour Feral High arousal House soiling Phobia Prey drive Separation anxiety Unsocialized Addison's disease Allergies Amputee Arthritis Autoimmune disease Bladder stones		<b>Unhealthy &amp; Untreatable (UU)</b> <b>(When a condition also appears as TR and/or TM, UU only applies to severe version of condition: danger to other animals/self/humans, unresponsive to treatment, or involving severe underlying factors)</b>  Aggression, dog-dog, dog-cat, dog-human Aggression, fear/pain Aggression, history Aggression, redirected Aggression, resource guarding Anxiety Bite, history, unprovoked Compulsive disorder Destructive behaviour Escape behaviour Fearful behaviour Feral High arousal House soiling Phobia Prey drive Separation anxiety Unsocialized	
		Blindness Burns Cancer Cardiomyopathy Cataracts Cushing's disease Deafness Dental- oral mass Dental- periodontal disease Dental- worn teeth Diabetes Diarrhea Dry eye (KCS) Fracture(s) Heart murmur Heartworm Hypothyroidism Illness, other Incontinence Kidney failure Lameness Lipoma(s) Luxating patella Mange, recurrent Otitis externa Pancreatitis Prolapsed rectum Seizures Vomiting	
		Pneumonia Prolapsed rectum Proptosed eye Pyometra Ringworm Sebaceous cyst/adenoma Smoke Inhalation Ticks Underage/unweaned Urinary tract infection (UTI) Vomiting	

**\*Where a condition appears in multiple categories, please consult full Evaluation Matrix (Appendix A) for details. In general, the TR version of a condition is mild and fully resolvable, the TM version is moderate and can be managed, and the UU version is severe (see above note).**

Healthy (H): No medical or behavioural problems, over 8 weeks of age.		Treatable- Rehabilitatable (TR)	
Aggression, cat-cat Aggression, fear/pain Aggression, play Anxiety Compulsive disorder Depression Excessive vocalization Fearful behaviour Feral (< 12 weeks) Frustration Inappropriate elimination Phobia Scratching, furniture Separation anxiety		Abscess Bite wounds Bladder stones Burns Cancer Cherry eye Conjunctivitis Dehydration Dental- abscess Dental- fractured teeth Dental- oral mass Dental- periodontal disease Diarrhea Ear mites Emaciation Fleas	Foreign body Fracture(s) Frostbite Heart murmur Hernia Illness, other Injury Kennel cough Lameness Lice Lipomas Obesity Otitis externa Panleukopenia Parasite, internal Pneumonia Prolapsed rectum Pyometra Ringworm Smoke Inhalation Ticks Underage/ unweaned Upper respiratory tract infection (URI) Urinary tract infection (UTI) Vomiting
Treatable- Manageable (TM)		Unhealthy & Untreatable (UU) (When a condition also appears as TR and/or TM, UU only applies to severe version of condition: danger to other animals/self/humans, unresponsive to treatment, or involving severe underlying factors)	
Aggression, cat-cat, cat-human Aggression, history Aggression, petting Aggression, play Aggression, redirected Anxiety Compulsive disorder Escape behaviour Fearful behaviour Feral Frustration High arousal Inappropriate elimination Phobia Psychogenic alopecia Separation anxiety Spraying Unsocialized Allergies Amputee Arthritis Autoimmune disease Bladder stones Blindness Burns		Aggression, cat-cat, cat-human Aggression, fear/pain Aggression, history Aggression, petting Aggression, redirected Aggression, resource guarding Anxiety Bite, history, unprovoked Compulsive disorder Escape behaviour Fearful behaviour Feral High arousal Inappropriate elimination Phobia Separation anxiety Unsocialized Burns Cancer	
Cancer Cardiomyopathy Cataracts Cerebellar hypoplasia Deafness Dental- oral mass Dental- periodontal disease Dental- resorptive lesion(s) Dental- stomatitis Diabetes Diarrhea Eosinophilic granuloma complex Feline idiopathic cystitis/ FLUTD FeLV (Feline Leukemia) FIV (Feline AIDS) Fracture(s) Heart murmur Hyperthyroidism Illness, other Incontinence Kidney insufficiency Lameness Lipoma(s) Otitis externa Pancreatitis Prolapsed rectum Seizures Upper respiratory infection (URI) Vomiting		Cardiomyopathy Dehydration Dental- stomatitis Diarrhea Distemper Feline idiopathic cystitis/ FLUTD Feline infectious peritonitis (FIP) FeLV (Feline Leukemia) Fracture(s) Heart murmur Illness, other Injury Kidney failure Panleukopenia Prolapsed rectum Rabies (suspected) Seizures Smoke inhalation Vomiting	

\*Where a condition appears in multiple categories, please consult full Evaluation Matrix (Appendix A) for details. In general, the TR version of a condition is mild and fully resolvable, the TM version is moderate and can be managed, and the UU version is severe (see above note).

<b>Healthy (H):</b> No medical or behavioural problems, over 8 weeks of age.	<b>Treatable- Rehabilitatable (TR)</b>		
	Aggression, ferrets Aggression, mice Aggression, rabbits Aggression, rats to humans Barbering, mice Bar-biting, mice Destructive behaviour, ferrets Destructive behaviour, rabbits Fearful behaviour Litter training, ferrets Litter training, rabbits	Abscess Cancer Dental- incisor overgrowth, rodents Diarrhea Ear mites Emaciation Gastric stasis	Illness, other Injury Mammary mass(es) Obesity Parasites, external Pregnancy, guinea pigs Respiratory infection Ringworm Skin mass Urine scald Vomiting
<b>Treatable- Manageable (TM)</b>		<b>Unhealthy &amp; Untreatable (UU)</b> <b>(When a condition also appears as TR and/or TM, UU only applies to severe version of condition: danger to other animals/self/humans, unresponsive to treatment, or involving severe underlying factors)</b>	
Aggression Aggression, rabbits Fearful behaviour Unsocialized	Cancer Dental- incisor overgrowth Dental- molar overgrowth Diarrhea Head tilt Illness, other Mammary masses Respiratory infection Skin mass Urine scald Vomiting, ferrets	Aggression Aggression, rats to humans Barbering, mice Fearful behaviour Feral Unsocialized	Abscess Cancer Diarrhea Gastric stasis Illness, other Injury Mammary mass(es) Skin mass Urine scald Vomiting, ferrets

\*Where a condition appears in multiple categories, please consult full Evaluation Matrix (Appendix A) for details. In general, the TR version of a condition is mild and fully resolvable, the TM version is moderate and can be managed, and the UU version is severe (see above note).