
Asilomar Accords and Adoptability Guidelines

EXECUTIVE SUMMARY



THE BRITISH COLUMBIA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Animal Care Services 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 the BC SPCA Animal Health team at animalhealth@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 35 Community Animal Centres across the province of British Columbia that rescue an average of 20,000 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 improvement in live release rates, which, for 2023, are at 91% for dogs and 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 on 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, 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.

This information is included in these Guidelines to provide a consistent reference for Community Animal Centre 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 Community Animal Centres started 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. Data gathered through this process allows for a deeper understanding of the health statuses and needs of animals entering our facilities, as well as the outcomes we are able to provide to animals in each category. The results indicate that although the proportion of animals entering shelter care with medical and behavioural conditions has increased, our ability to provide care and live outcomes has increased or remained excellent over time. These annual statistics can be viewed here: <https://spca.bc.ca/programs-services/leaders-in-our-field/professional-resources/for-shelters/>.

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 offer a consistent reference in determining adoptability. This is a necessary step as the BC SPCA ensures equitable care to animals entering shelters, maximizing life-saving capacity. The adoptability section will be updated regularly 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.

Asilomar Accords and Adoptability Guidelines

All BC SPCA Community Animal Centres



THE BRITISH COLUMBIA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

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Asilomar Accords and Adoptability Guidelines

All BC SPCA Community Animal Centres

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 Community Animal Centres.

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.
- **Appendix E:** Medical Pathway Decisions Flowchart: An infographic to aid in navigating the determination of medical adoptability.

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).

If an animal has 3 or more TM conditions, this animal is generally unadoptable, as their needs typically exceed the care provided by an average, reasonable and caring pet owner.

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 Community Animal Centres 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 the BC SPCA Animal Health team at animalhealth@spca.bc.ca 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 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). NA and euthanasia may be recommended for extreme cases where no solutions can be found and all options exhausted. | | Severe: UU | NA |
| 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 |

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| | 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 |

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| | | Aggression people dogs | <p>Dogs scoring orange for aggression to people or dogs cannot be adopted until sufficient & 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 & handling to prevent poor welfare & 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> | | UU | NA |

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| | | 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 |

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| | | (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 & 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. Wolf-dog hybrids should not be adopted out.</p> <p>Contact Senior 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 | GREEN | <p>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 new or experienced guardian.</p> <p>Dog (<i>Canis lupus</i>), Cat (<i>Felis catus</i>)</p> <p>European rabbit</p> <p>Hamster</p> <p>Gerbil</p> <p>Guinea pig</p> <p>Mouse*, Rat*</p> <p>Goldfish, Guppy</p> | | A |
| | YELLOW | <p>Farm, and domesticated species* that should only be placed with an experienced guardian or rescue that is able to meet 5 freedoms.</p> <p>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.</p> | | <p>PA</p> <p><i>Community Animal Centre Manager can admit into centre and may place with an experienced guardian or one that has</i></p> |

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| | | <p>Ability to place depends on centres' availability of resources including appropriate facilities, veterinary care, staffing, knowledge and experience with species and likelihood of finding a suitable placement.</p> <p>Euthanasia may be required if appropriate resources or placement options are unavailable due to high likelihood of poor welfare in these situations.</p> | | <p><i>demonstrated knowledge of the species; potential guardian must show preparedness to accommodate the needs of the animal(s) and agree not to breed the animal(s); also contact Program Manager, Farm & Equine for all farm animal admissions</i></p> |
| | | <p>Horse, Donkey, Mule</p> <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> | | |
| | ORANGE | <p>Only be placed with specialist guardians or rescue/sanctuary, demonstrated knowledge and experience, can provide 5 freedoms,</p> | | |

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| | | <p>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>Ability to place depends on centres' availability of resources including appropriate facilities, veterinary care, staffing, knowledge and experience with species and likelihood of finding a suitable placement.</p> <p>Euthanasia may be required if appropriate resources or placement options are unavailable due to high likelihood of poor welfare in these situations.</p> | | <p>PA</p> <p><i>Notify Senior Director, Community Animal Centres & Senior Manager, Community Animal Centre immediately; Animal Centre Manager needs approval and assistance from both to admit, place or if euthanasia recommended; also contact Program Manager, Farm & Equine for all farm animal admissions</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</p> | | |

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| | | <p>dragons, chameleons, geckos, snakes (boas, pythons < 3 meters), frogs, axolotls</p> <p>Iguanas and monitor lizards < 2 meters</p> <p>Non-venomous/poisonous invertebrates – such as spiders, praying mantis, stick bugs</p> <p>Saltwater fish (clown fish, etc.) & invertebrates (hermit crabs etc.)</p> <p>Small rodents – such as spiny mice, soft-furred rats</p> | | |
| | RED | <p>Wild and exotic animals that are not suitable as companion animals and cannot be kept without permits.</p> <p>Must not be housed in BC SPCA facilities or foster homes due to safety risks, legal restrictions, permit requirements and inability to meet five freedoms.</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, 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>NA</p> <p><i>Notify Senior Director, Community Animal Centres, Senior Manager, Community Animal Centre and Senior Director, Science & Policy immediately for direction on which government agency responsible</i></p> |

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| | | <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 genets</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> <p>Herpestidae (mongooses)</p> <p>Dermoptera (Colugos “flying lemurs”) and Hyracoidea (hyraxes)</p> <p>Xenarthra such as sloths, anteaters, armadillos and tamanduas</p> | | |
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| | | <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 >3 meters adult size</p> <p>Order Crocodilia such as alligators, crocodiles, caimans and gavials</p> <p>Family Varanidae such as monitor lizards >2 meters adult size</p> | | |
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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 – see <i>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 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</p> | | |

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| | provocation is irrelevant (e.g. level 3+ bites – see Dr. Dunbar Bite Assessment Scale) | 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 | <p>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 provided statements with contact of witness, victim, etc.)</p> <p>PA based on complete verifiable history, intake, observation and assessment with no other behaviour</p> | <p>TM</p> | <p>PA</p> |

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| | <p>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> | | UU | NA |
| 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> | | TM | PA |
| | | | UU | NA |
| Aggression, Resource guarding | Dogs are evaluated on level of severity through history and observation. | | | |
| | MILD | The animal has displayed aggression over food bowl or possessions, (with no other aggression problems). | TR | A |

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| | MODERATE | The animal has displayed aggression over food bowl or possessions moderate to severe (with no other aggression problems). | TM | PA |
| | SEVERE | <p>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.</p> <p>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.</p> | UU | NA |
| Anxiety | <p>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.</p> <p>A if no other behavioural conditions, triggers may be identified and treatment is provided. Behaviour modification is likely to improve condition so dog can relax and live a normal life. Known history will aid in decision to re-home and assist in predicting future behaviour. TR if dog can likely live a relaxed normal life. TM if dog can be managed with continual improvement.</p> | | TR TM | A PA |

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| | NA if a dog 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. Dog is not able to relax and live a normal life. | | UU | NA |
| Attention seeking behaviours | Behaviours that may help the animal communicate or obtain information about the environment or social situation. Sometimes described as jumps on person, barking, pawing, may mouth with no pressure. A if no other underlying condition that is causing behaviour. | | TR | A |
| Barking | Normal level of barking in response to environmental noises (doorbell, someone walking by house). | | TR | A |
| Bite history | Provoked bite | 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. (Refer to Dr. Dunbar's Bite Scale for Level 2 -3 bite) | H | A |
| | Unprovoked bite | Bite has occurred without provocation causing injury to another animal or human. 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 | UU | NA |

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| | | another companion animal or bite has causes significant injury. (Refer to Dr. Dunbar’s Bite Scale for Level a 4 – 6 bite). | | |
| 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 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 | 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 | |

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| Destructive behaviour | <p>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.</p> <p>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.</p> <p>A if the behaviour does not result in self-mutilation, can be interrupted or re-directed and adoption restrictions include appropriate management and remediation.</p> <p>Is this in home or shelter? Is complete history available and separation anxiety has been ruled out?</p> | TR | A |
| | <p>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.</p> | 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</p> | TM | PA |

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| | 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>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> | | TR | A |
| | MILD | The animal has displayed mild fearful behaviour previously or during the evaluation process with no aggression. | | |
| | MODERATE | 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 | | |

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| | | <p>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 | <p>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.</p> | UU | NA |

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| Feral | Domesticated animals who have partially or fully readapted to natural, wild habitats. | | TR | A |
| | 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. | | TM/UU | PA*/NA |
| | *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. | | TM | PA |
| | PA if behaviour is moderate where the dog may be jumpy, mouthy with no injury to humans, behaviour can be difficult to interrupt, but manageable, and dog calms down easily. | | | |
| | 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. | | UU | NA |

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| 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>For example: playing, digging, barking, initial shyness when exposed to new people, objects, and situations.</p> | <p>H</p> | <p>A</p> |
| 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> | | |

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| | <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 | <p>The dog experiences distress (shows signs of severe anxiety for example: vocalizing, urinating, destructiveness) when caregivers are absent or the dog 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 dogs are experiencing mild to moderate separation anxiety, for example whining, barking, scratching at doors, house soiling, behaviour occurs when left alone and for short time span. Minimal</p> | <p>TR</p> <p>TM</p> | <p>PA</p> |

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| | <p>damage in home and no harm to dog. Some dogs may require treatment by a professional including medication and management. Medical assessment required before treatment for SA.</p> <p>NA if the dog has a history of severe destructive behaviour like eating through walls, doors, crates, excessive vocalizing, occurring when left alone. Harm to dog may occur through ingestion of material, chewing, digging, etc. Treatment by qualified professional has been attempted, poor quality of life.</p> | UU | NA |
| Un-socialized | <p>The dog has not been properly socialized and therefore behaves fearfully or aggressively to familiar or unfamiliar people, objects and/or situations.</p> <p>Puppies > 4 weeks and < 12/14 weeks may be treatable with socialization in foster home (TR).</p> <p>PA when 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>TR</p> <p>TM</p> | PA |
| | <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> | UU | PA*/NA |

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| | *Non-aggressive community dogs with caregiver(s) may be placeable back into community after sterilization (i.e. on a reserve). | | |
| Multiple conditions 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 |

CANINE: Medical

| Condition | Supporting Details/Criteria | Asilomar Category | Adoptability Category |
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| Addison's Disease | Hypoadrenocorticism: adrenal gland deficiency. Severe, life-threatening endocrine condition requiring expensive lifelong medication. Exacerbated by stress. | TM | NA |
| Allergies | Skin, ear 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 or single ongoing medication, and/or environmental change. Severe cases with generalized hair loss, uncontrolled itching, and/or recurrent infection are generally not adoptable. Animals on drugs that suppress the immune system (Apoquel, Atopica, high doses of steroids) must not be housed in the shelter due to increased individual and population-level risk of infectious disease; if treatment is attempted, these animals must be in foster. | TM | PA |

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| | Consideration must be given to welfare, resources and length of stay. Refer to BC SPCA Guidelines: Skin Conditions in Animals in Shelter Care. | | |
| Anemia | Anemia means a decrease in the number of red blood cells in the blood. Anemia can be caused by different types of processes such as blood loss, various types of chronic illness, infectious disease, autoimmune disease, nutrient deficiency, cancer, or toxins. Treatment and adoptability depend on severity, underlying cause and resources. Note that treatments requiring suppression of the immune system (for primary autoimmune causes) cannot be given in the shelter and are generally not feasible in care overall due to risk of relapse even in foster. | TR: If easily treatable cause identified (such as fleas) TM: If chronically manageable cause found UU: If severe or not amenable to successful management | A PA NA |
| 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 medication. Not adoptable if severe/ unresponsive to medication and/or negatively affecting welfare. | TM | PA |
| Autoimmune Disease | Range from mild to severe. Management generally requires immunosuppressive medications. Adoptable if clinical signs are mild, related to the skin and can be easily controlled with medication, and animal can be housed in foster. Not adoptable if condition involves severe internal disease (such as severe anemia). See also: Anemia, Eosinophilic Granuloma Complex. | TM | PA |

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| Bite Wounds | If non-life-threatening, can be resolved with antibiotics/surgery. Severe, life-threatening bite wounds requiring major surgery are dependent on prognosis, quality of life considerations and resource availability including fosters if longer recovery is anticipated. | If amenable to surgical/medical intervention: TR Severe/ life-threatening wounds with no viable treatment option: UU | A NA |
| Bladder Stones | Bladder stones are dense formations of minerals within the urinary bladder. There may be one or multiple stones present. In some cases (usually in males), urinary stones can cause urinary blockage, which is an emergency and can cause secondary problems to kidneys and other body systems. These stones can occur because of urinary tract infection, liver disease, kidney disease and can have dietary and genetic factors. In most cases with multiple or large stones, surgery may be required to remove these. In cases of struvites in low numbers and smaller stones, dietary therapy may be considered. With small stones, a non-surgical anesthetic procedure called urohydropulsion may sometimes be considered. Addressing bladder stones also require assessing and managing the underlying cause, such as infection, etc. In addition, many dogs with bladder stones will require a veterinary diet long-term for prevention of recurrence of the stones. Treatment and adoptability depend on resources, the type and cause of the stones, presence of underlying issues. | TM | PA |
| Blindness | Various causes; one or both eyes. If eye(s) are still present, a veterinarian must confirm that blindness is not associated with pain or systemic disease. Most animals adapt extremely well to blindness acquired due | TM | A (if no pain or systemic disease) |

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| | to eye disease or eye removal, but blind dogs require extra support (training, stable and safe environment, being leashed when outside). Generally adoptable unless associated with serious underlying or systemic disease or associated with pain that cannot be feasibly addressed with surgery. | | PA (if pain, systemic disease, or underlying issue that cannot feasibly be treated) |
| 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 care. Dogs with no other medical or behavioural problems who are young to middle age (based on breed) and are considered to have a good prognosis by the attending veterinarian may be treated surgically if resources allow. | If good surgical candidate: TR If severe/advanced: UU | PA NA |
| Broken Jaw or Limb | See: Fractures | | |
| Brachycephalic obstructive airway syndrome (BOAS) | BOAS occurs in brachycephalic (short-faced) dogs and involves obstruction of the upper airways. It involves up to 5 anatomic abnormalities affecting the nose and throat, and is often associated with significant abnormalities of the teeth, eyes, skin and skeleton. Bulldogs (English and French) and Boston Terriers are most frequently affected, but any brachycephalic dog can be affected due to having a compressed face. Dogs with this condition struggle to breathe and have “noisy” breathing (snorting, snoring, gagging) and an inability to exercise normally. Exercise, stress, obesity, and hot/humid temperatures (bc they cannot pant normally) can make the condition worse. Affected dogs experience suffering and can go into an acute, life-threatening crisis from things like going for a walk or being left outside on a hot day. All dogs with suspected BOAS should see a veterinarian for assessment. | TM (if surgery is not indicated, or surgery is performed but ongoing respiratory difficulty is expected) | PA (if surgery is not needed, or surgery is feasible within shelter resources and expected to lead to a good prognosis) |

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| | Moderate-severe cases may need surgery to correct some of the anatomic abnormalities present. All brachycephalic dogs should be considered at risk and should be maintained at a healthy weight, exercised only lightly and during cool hours of the day, and have excitement/stress minimized. Adoptability depends on prognosis, severity, welfare, and resources. Because surgery is costly, complication rates are high, and surgery cannot always fix all of the problems present, not all dogs will be candidates for surgery within a shelter resource setting. Dogs with severe BOAS affecting quality of life may need to be euthanized if surgery is infeasible or carries a poor prognosis. | UU (if disease is severe and surgery is not a feasible option, if dog is experiencing episodes of collapse, or concurrent conditions prevent surgical treatment) | NA (if severe disease affecting QOL and surgery is not feasible within shelter resources or is not expected to lead to a good QOL, or if serious concurrent conditions affecting QOL or surgical feasibility are present) |
| 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 or localized 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. If a mass is first detected internally (e.g. in the abdomen), treatability and adoptability depend on resource availability and a veterinarian's assessment of whether surgery may be curative. Common types of cancer include: Mast cell tumours (potentially adoptable if location and size make them amenable to surgical removal with "clean" margins) | Mild, surgically curable: TR Moderate-Severe: TM/UU depending on condition TR TM UU | PA NA PA |

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| | <p>Lymphosarcoma (lymphoma) (cancer of the immune system and lymph nodes - not adoptable)</p> <p>Osteosarcoma (bone cancer; very painful and usually has spread internally by the time of detection- not adoptable).</p> <p>See also: Oral Mass, Mammary Masses.</p> | <p>TM UU</p> <p>TM UU</p> | <p>NA</p> <p>NA</p> |
| Cardiac Arrhythmias | A cardiac arrhythmia is an irregular heartbeat. They may be innocent, or related to heart disease or other illness. Arrhythmias can range from harmless to potentially fatal. Workup for this may involve bloodwork, x-rays, EKG, echocardiography or Holter monitoring. Arrhythmias originating from heart disease and requiring treatment are generally not treatable in a shelter setting. | <p>Normal sinus arrhythmia: H</p> <p>Chronic but manageable: TM</p> <p>Severe, impacting QOL with no treatment options: UU</p> | <p>A</p> <p>NA</p> <p>NA</p> |
| 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. | <p>If no clinical signs: TM</p> <p>With clinical signs: UU</p> | <p>NA</p> |
| Cataracts | Opacity in the lens of the eye. Range from mild-severe. All animals with suspected cataracts should see a veterinarian for an eye exam. Unless associated with eye inflammation or pain, can usually be monitored. If eye inflammation/ pain is present, may require treatment (eye meds, surgery). Cataracts being monitored can eventually progress and require treatment (medication or surgery), so should be adopted with waiver. Generally adoptable unless | <p>TM (if does not require treatment or can be managed with medication)</p> | <p>PA</p> <p>NA</p> |

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| | associated with serious underlying condition or secondary to diabetes. | | |
| Chronic Bronchitis | This condition involves irreversible swelling or inflammation of the small airways. This is an inflammatory condition where no cause can be identified. Chronic bronchitis causes coughing, wheezing and/or difficulty breathing. Severity and response to treatment can range from mild to severe and life-threatening. Disease can sometimes be controlled with inhalers, though sometimes oral medications and/or cough suppressants may be required. Adoptability depends on prognosis and whether symptoms can be controlled well with medication. | TM | PA |
| Cherry Eye | Prolapse of the gland of the third eyelid. Common in dogs with shallow eye sockets. Causes discomfort and should be surgically corrected (gland replaced into correct position) before adoption, but sometimes recurs. Should be adopted with a waiver. | TR (if surgically repaired with no expectation of recurrence) TM (if recurrent or due to underlying conformation with high risk of recurrence) | A |
| Cleft Palate/Cleft Lip | Generally refers to a birth defect of the palate or lip. These defects often involve communication between the mouth and nasal cavity. Significant defects lead to troubles nursing or eating and secondary aspiration pneumonia. Other than very mild cases, most cases require surgery to repair. Surgery may be pursued if prognosis is good and resources allow. | If surgery will be curative: TR If will require chronic management: TM | PA |

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| Cognitive Dysfunction | This is a progressive degenerative brain disorder of older dogs. Symptoms may include disorientation, loss of toilet training, altered sleep-wake cycles and increased vocalizations. A medical workup is required to determine health and help rule out other causes. May be manageable in mild cases where symptom(s) do not significantly affect the animal's or owner's quality of life. Not adoptable in shelter care in most cases. | If deemed manageable by a DVM: TM If severe and impacting QOL: UU | PA NA |
| Congenital Cardiac Disease | There are several forms of heart disease present from birth. Two main forms are defects between compartments (shunts) of the heart, and defective heart valves that cause abnormal blood flow. These abnormalities are often first discovered when a heart murmur is heard on physical examination in a young animal. Prognosis depends on the type and severity of the heart defect; in most cases, severity of murmur reflects severity of the defect (see: Heart Murmur). Animals with symptoms will have a reduced quality and quantity of life and need for ongoing medical evaluations and therapies. The majority of puppies with patent ductus arteriosus (PDA), which is one of the most common cardiac defects in puppies, will not survive to one year of age without surgical intervention. Diagnostic workups (xrays, echocardiogram, bloodwork, cardiology referral, etc) should be reserved for animals with a possible good prognosis (not those with NA conditions based on severity of murmur or clinical signs of cardiac disease). Puppies under 12 weeks with a grade I/VI to III/VI murmur may not have congenital cardiac disease; these are likely to be "innocent" murmurs that will be | TM (if mild defect, no clinical signs, and/or expected to remain stable over time) UU (if clinical signs of heart failure are present) | PA NA |

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| | <p>outgrown. These puppies can be monitored and rechecked after 12 weeks of age unless they have clinical signs.</p> <p>Puppies under 12 weeks with a grade IV/VI murmur – cause and adoptability may vary, may need diagnostics and/or monitoring as determined by attending vet.</p> <p>Puppies under 12 weeks of age with any grade V-VI (out of 6) murmur and puppies with clinical signs of congenital heart disease, regardless of murmur/age, are not adoptable.</p> | | |
| Conjunctivitis | <p>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. Allergic conjunctivitis may require ongoing management (intermittent medications and environmental management). Adoptable unless part of a more serious medical problem (like canine distemper).</p> | <p>If resolvable: TR</p> <p>If chronically manageable: TM</p> | A |
| Cruciate Ligament Rupture | <p>A painful condition involving tearing of one of the stabilizing ligaments of the knee, the cranial cruciate ligament. Can result from trauma or sometimes may result from degenerative changes. In dogs, the other knee's cranial cruciate ligament may rupture within a year of the first one. This is the most common cause of hind leg lameness in dogs. This rupture results in instability in the knee joint and will lead to osteoarthritis if not treated by surgical stabilization. Osteoarthritis can also occur even if surgery is performed and will require chronic management. For small to medium-sized dogs, multi-modal medical management instead of surgery is sometimes considered long-term at the veterinarian's discretion if adequate function can be maintained and</p> | TM | PA |

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| | pain can be controlled. Treatable depending on resources and prognosis with treatment as determined by a veterinarian, and ability to prevent pain. | | |
| Cushing's Disease | Hyperadrenocorticism: Overactive adrenal gland(s). Signs include excessive drinking/urinating, hair loss, pot-bellied appearance and panting. Diagnosed with laboratory tests combined with abdominal ultrasound. Treatment is possible but very expensive and requires lifelong medication. Without treatment, secondary complications and impaired quality of life will occur. Generally not treatable in shelter care. | 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 | 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 | | A |

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| | <p>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 (4th 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> | |
| Dental- Oral Mass | <p>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 severe and/or malignant masses are seen; these case may involve significant oral pain, and these dogs are generally not adoptable.</p> | <p>If mild and surgically curable: TR</p> <p>If chronically manageable: TM</p> <p>If severe/malignant and impairing quality of life: UU</p> | <p>PA</p> <p>PA</p> <p>NA</p> |
| 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>PA</p> |

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| | <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 |

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| | If only upper and lower incisors are affected, consider possibility of allergic or other skin problem. | | |
| Diabetes Insipidus | A rare condition characterized by excessive thirst, drinking and urination. Urine concentration is most commonly even lower than with kidney disease. There are two types of DI, one resulting from a kidney abnormality (NDI), and the other from an abnormality of the pituitary gland in the brain (CDI). Some animals may be born with an abnormality, but more commonly, it is acquired later in life secondary to other diseases. Though medical therapies exist that may help to control clinical signs, these do not help the underlying disease. Most underlying diseases that cause diabetes insipidus are not treatable in a shelter setting. Young, otherwise healthy dogs who have been determined by a DVM to be treatable with desmopressin may be adopted out if they respond to treatment and resources allow. | If candidate for and well-managed on desmopressin: TM Severe or not candidate for treatment: UU | PA NA |
| Diabetes Mellitus | 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 shelter care. | 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. Diagnosis can be difficult, | If mild and recovery possible: TR | NA |

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| | but typically is diagnosed on PCR or a combination of tests. Mildly affected dogs without neurologic involvement can recover with supportive care, but may have neurologic complications later in life. Decisions may need to be made based on degree of suspicion after veterinary exam. Dogs with confirmed CDV are not normally adoptable, but if part of a protective custody case, may need to be held. If recovery occurs during custody, they may be adoptable after a period of isolation and follow-up PCR testing. | Cases requiring chronic management: TM Severely affected dogs (severe pneumonia, neuro signs): UU | NA 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 | Ear infection caused by bacteria or yeast. Clinical signs include discharge, odour, itching, and pain. If limited to external canal, 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 middle/inner ear infection or underlying allergy or other cause and require chronic management or advanced diagnostics or treatment. Adoptable if no underlying issue present or underlying issue can be managed within available resources. | TR If chronic: TM | A PA |
| Ectopic Ureter | In this condition, the tube that carries urine from the kidneys to the bladder terminates in an abnormal location. Animals are born with ectopic ureters, but symptoms may be noticed in juveniles or may have adult-onset. It most commonly causes urinary incontinence, and can also result in urinary infections | TR (if curative treatment is theoretically possible) | PA |

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| | and kidney disease. After a basic workup, advanced imaging procedures are often necessary to confirm the diagnosis. If resources allow, specialist treatment (surgery or scoping depending on details of case) may resolve the condition, but complications, including ongoing incontinence, are common. Generally not feasible to treat in a shelter system. | TM (if no curative tx option) | NA |
| Emaciation | Generally treatable if due to starvation, neglect, or treatable disease. Not treatable if associated with severe internal disease (i.e. cancer, organ failure). Animals with no known dietary history of food deprivation, especially if they are older and/or single animals found emaciated, should not be assumed to be emaciated due to simple starvation. These animals, especially if they have a poor appetite, must be worked up to determine or rule out an underlying cause. | In absence of untreatable underlying disease: TR If due to severe internal disease: UU | A NA |
| Entropion | Entropion is a condition where the upper and/or lower eyelid rolls inwards, irritating the surface of the eye. This condition is usually congenital/developmental (primary condition related to anatomy of the head and eyelids) but can also occur secondary to other eye conditions. If not treated, ongoing eye pain, ulceration, and damage can occur. Animals with entropion should see a veterinarian to determine the cause and treatment. In puppies under 20 weeks of age with entropion, temporary tacking (with staples or suture, under sedation) may need to be performed several times before the need for corrective surgery can be assessed; sometimes puppies outgrow this condition, and this temporary procedure keeps them comfortable and prevents long-term eye damage until this can be | TR (if resolvable with surgical correction) TM (if secondary to another eye condition or not fully resolvable with surgery) | A PA |

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| | determined. Most forms of entropion are treatable with corrective surgery, and animals with this condition are typically adoptable if resources allow surgery to be performed and there is no serious underlying condition present. | | |
| Exocrine Pancreatic Insufficiency (EPI) | This disease is a result of insufficient production of pancreatic digestive enzymes by the pancreas. Symptoms involve cow-pie type stools and low body condition score. Fasted blood tests are required to diagnose this condition. Treatment involves life-long supplementation with pancreatic enzymes. Improvement should be noted within 1 week of starting supplementation in most cases. In older dogs, this condition may be secondary to other serious diseases. Treatable if easily controlled with enzyme supplementation and resources allow. | TM | PA |
| Eye ulcer (Corneal ulcer) | Corneal ulcers involve loss of the outer layers of the cornea (surface of the eye). These are painful and can be caused by trauma or a variety of underlying conditions affecting eye health. Clinical signs include squinting, eye pain, eye discharge, and small lesions on the surface of the cornea. Ulcers can be uncomplicated, (healing quickly with topical medications), or complicated (requiring more extensive treatment, investigation, or surgery). All animals with eye pain should see a veterinarian, who will assess and stain the eye to look for an ulcer. Type of treatment depends on whether the ulcer is complicated or uncomplicated. Uncomplicated ulcers can be easily treated, and for complicated ulcers the treatment/prognosis depends on severity/underlying cause. Dogs with eye ulcers are typically adoptable once the ulcer is treated and any underlying disease is managed. | TR (uncomplicated) TM (complicated) | A PA |

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| 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 |
| Glaucoma | Glaucoma is a painful condition of high pressure inside the eye. It is usually secondary to another condition, such as inflammation inside the eye, luxation of the lens, or cancer. Sometimes glaucoma can be managed with topical medications. In this case, ongoing medication and regular rechecks of the eye and eye pressure are required and animals can be adopted out with a waiver. Glaucoma is often associated with pain and blindness, especially when not controlled. In cases where pressure remains high despite medications, especially if the eye is blind and/or painful, surgical removal of the eye (enucleation) should be pursued. | A | |
| Heart Murmur | Underlying cause and severity variable. Prognosis depends on underlying cause of murmur. For juvenile animals, see Congenital Cardiac Disease. Animals with clinical signs of cardiac disease or those who fall into the NA category based on severity of murmur should not have resources expended on diagnostic workups. Diagnostic workups (xrays, bloodwork, etc) should be reserved for animals with a possible good prognosis. Advanced diagnostics and referral are not generally feasible in a shelter setting. | | |

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| | <p>Grade I/VI to III/VI in a young <u>puppy under 12 weeks</u> (more likely to be an “innocent” murmur that will be outgrown). These puppies can be monitored and rechecked after 12 weeks of age unless they have clinical signs.</p> <p>Grade IV/VI in a young puppy <u>under 12 weeks</u> – cause may vary, may need diagnostics and/or monitoring as determined by attending vet</p> <p>Grade V/VI to VI/VI in a young <u>puppy under 12 weeks</u> (more likely to be due to severe congenital cardiac condition)</p> <p>Grade I/VI- Grade IV/VI in a <u>dog over 12 weeks</u> with NO clinical signs of heart disease (coughing, trouble exercising, weakness)</p> <p>Grade V/VI- Grade 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)</p> <p>Murmur of any grade accompanied by clinical signs of heart disease</p> | <p>TR</p> <p>TM</p> <p>TM</p> <p>TM</p> <p>TM</p> <p>UU</p> | <p>A</p> <p>PA</p> <p>NA</p> <p>PA</p> <p>NA</p> <p>NA</p> |
| Heartworm | <p>Contagious disease transmitted through mosquitos requiring several months of costly treatment and prolonged exercise restriction; often not detected until severe damage to heart and lungs has occurred. Treatment drug may be hard to obtain. Dogs known to be imported from high risk areas should be tested. It can take 7 months after infection for test to become positive; these dogs should be on monthly preventative and retested 7 months after last exposure. Dogs with confirmed infection and minimal to no clinical signs may</p> | <p>No to mild clinical signs: TR</p> <p>If clinical signs are expected to be chronic: TM</p> | <p>PA</p> <p>PA</p> |

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| | be treatable/adoptable if resources allow, but must be treated in a foster home that can follow treatment guidelines including exercise restriction. The treating veterinarian should follow current American Heartworm Society (AHS) Guidelines. | Severe disease, heart failure: UU | NA |
| Hernia | <p>Hernias are defects or holes in muscle walls that result in structures or organs being at risk of being in an abnormal location in the body, risking possible strangulation or compromise of organ function. Depending on size and location, hernias may be simple or very complex to surgically repair. Treatability and adoptability vary depending on type of hernia and prognosis. Adoptable if DVM determines that it can be easily repaired. More complex cases may be adoptable if resources allow.</p> <p>Umbilical – usually a birth defect in abdominal wall near the belly button. Commonly repaired at the time of spay or neuter.</p> <p>Inguinal – defect in the belly wall in the groin area. Can be congenital or can be acquired later in life.</p> <p>Perineal – protrusion of the rectal wall, pelvic or abdominal organs through the pelvic diaphragm to the subcutaneous tissues below the anus. Usually occurs in older animals as a result of other disease.</p> <p>Hiatal/diaphragmatic - an opening in the diaphragm, the muscle wall between the abdominal and chest cavities, which allows parts of abdominal organs to enter the chest cavity. This can be congenital or can occur secondary to trauma. Mild cases can be managed medically. Surgery is indicated for severe cases.</p> | <p>If surgically fixable: TR</p> <p>If requires chronic management: TM</p> | <p>PA</p> <p>PA</p> |

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| Hip Dysplasia | A developmental disorder involving hip joint malformation. This results in increased looseness of the joint and leads to osteoarthritis. This condition is common in large breed dogs. It may be discovered on a physical examination in a young animal, or an animal may be brought in for abnormal walking, limping or pain moving around. Prognosis depends on severity of the dysplasia. Mildly affected dogs may require little or no intervention, moderately affected dogs may be medically managed in many cases, and more severely affected dogs may require surgery. In small to medium sized dogs, a salvage surgery to prevent pain is femoral head ostectomy, or removal of the head of the femur. In large dogs, the recommended surgery is a total hip replacement, which is not feasible for a shelter animal. As arthritis and pain are progressive, dogs where pain and quality of life cannot be well-managed and surgery is not an option are not adoptable. | TM (if medically manageable) UU (if severe/unresponsive to medical management) | PA NA (if cannot be medically or surgically managed) |
| Hydrocephalus in puppies | This is a congenital condition involving accumulation of cerebrospinal fluid inside the skull, also known as 'water on the brain'. Animals born with this condition often have a dome-shaped head. Symptoms may include blindness, abnormal gait, circling, pacing, pain or seizures. Degree of severity varies from mild to severe. Mildly affected animals with no pain or neurologic impairment may be adopted out with a waiver; moderately-severely affected animals with neurologic or ocular signs, pain, or anticipated progression are not adoptable. | TM (if stable and/or can be medically managed) UU (if severe with neurologic and/or ocular signs) | PA NA |
| Hypothyroidism | Insufficient thyroid hormone production. Clinical signs include weight gain, sluggishness, hair loss, anemia, and increased rate of infections. Treatable with oral | TM | PA |

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| | medication but will require lifelong medication and monitoring. Dogs who are otherwise behaviourally and physically healthy are generally adoptable with this condition. | | |
| Illness, Other | Range from mild-severe. Decisions will depend on diagnosis by a veterinarian. | Mild: TR Moderate: TM Severe: UU | A PA NA |
| Incontinence, Fecal | Inability to control defecation resulting in involuntary passage of feces. Causes are variable, including neurological, cognitive and other causes. All cases must be evaluated by a veterinarian to rule out underlying infection/other issues. Dogs with incontinence that can be controlled with diet and/or medication with no anticipated long-term concerns are generally adoptable. In cases where the veterinarian is concerned about the underlying cause for incontinence, or if incontinence is severe and/or unresponsive to treatment, these dogs are not adoptable. | TM | PA |
| Incontinence, Urinary | 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 with full recovery likely: 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 by veterinarian | TR | A |

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| | to rule out other, more serious causes of cough; this may include taking swabs for diagnosis as directed by AH. All cases should be reported to AH as soon as they are identified for a population-level plan. | | |
| Kidney Disease (aka kidney/renal insufficiency or chronic kidney disease or chronic renal failure) | <p>IRIS Stages 1-2: Early kidney disease where urine shows signs of kidney compromise (is dilute) but bloodwork is normal to mildly affected. May require ongoing treatment and will need regular monitoring by veterinarian. Clinical condition will be an important guide for treatment and adoptability. These dogs are generally adoptable unless more serious concurrent issues are present, such as anemia, high phosphorus, high blood pressure, protein in the urine or low body condition score, or symptoms of kidney disease.</p> <p>IRIS Stages 3-4: late-stage, progressive, requiring multiple treatments and frequent diagnostics. These dogs are not adoptable.</p> | <p>Stages 1-2: TM</p> <p>Stages 3-4: TM or UU depending on severity and clinical signs</p> | <p>PA</p> <p>NA</p> |
| 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. | <p>If cause can be fixed: TR</p> <p>If can be managed: TM</p> | <p>A</p> <p>PA</p> |
| 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. | Small, no treatment required; or completely surgically removed: TR | A |

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| | Lipomas are a cosmetic issue and do not require surgical removal unless large enough to bother the dog. | Large or in locations requiring treatment or monitoring: TM | |
| Liver Disease | Liver disease can occur due to various underlying causes, including birth defect (including portosystemic shunt), toxic insult, cancer, infection or inflammation, fibrosis or cirrhosis, or secondary to other illness. Degree of severity can also vary significantly. Symptoms of liver disease include reduced appetite, vomiting or diarrhea, yellowing of the tissues, and/or neurological signs. Treatability and adoptability depend on underlying cause, treatment options, prognosis, and resources. | If can be easily managed medically: TM If severe or no treatment options: UU | PA NA |
| 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 |
| Mammary Masses | In dogs, tumors originating from mammary (breast) tissue may be benign or malignant. Dogs with tumors under 3 cm have a better prognosis for survival than those with larger tumor(s). Tumors can be mixed, so needle aspirates/ biopsies may not always differentiate between benign and malignant. Some dogs may have multiple tumors, and it may be that some are benign while others malignant. Histopathology of all tumours is required to determine this after surgery. Malignant tumors may metastasize to distant tissues, so chest x-rays should be done prior to surgery and veterinarians may recommend bloodwork. Dogs with no serious concurrent issues and masses that are confirmed to be completely removed surgically with no internal spread | Surgically curable with no internal spread: TR Not curable but signs are manageable as determined by a DVM: TM Severe/ metastatic and impairing QOL: UU | PA NA NA |

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| | are potentially adoptable. Dogs with severe or metastatic disease are not adoptable. | | |
| Mange | <p>Two forms in dogs:</p> <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> |
| Megaesophagus secondary to Persistent Right Aortic Arch (PRAA) | <p>Abnormal blood vessels around the heart constrict the esophagus, resulting in dilation of part of esophagus. This usually appears around weaning when puppies start to eat solid food. Regurgitation from megaesophagus and coughing or fever from secondary pneumonia may be the clinical signs noticed. Advanced imaging and advanced specialty procedures (usually open-chest surgery) are required to resolve this life-threatening condition. If surgery is delayed, clinical signs may not fully resolve. If treatment is attempted, animal must be in foster. May be adoptable in rare cases if resources for surgery allow and adopter is willing to take on long-term management.</p> | <p>If amenable to curative surgery: TR</p> <p>If requires chronic management: TM</p> <p>If severe complications that are not readily treatable or</p> | <p>PA</p> <p>NA</p> <p>NA</p> |

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| | | surgery not an option: UU | |
| Megaesophagus | Chronic dilation of the esophagus. This condition is diagnosed more commonly in juvenile animals but can show up at any age. It can be genetic or secondary to another condition. Regurgitation from megaesophagus and coughing or fever from secondary pneumonia may be the clinical signs noticed. Ruling out underlying disease is important for treatment of this condition. Treatability depends on presence/absence of underlying conditions (some cases may resolve with treatment), if easily controlled with supportive therapy, and if no aspiration pneumonia evident on x-rays. If treatment is attempted, animal must be in foster. Often not adoptable in shelter care. May be adoptable in rare cases if resources allow and adopter is willing to take on long-term management. | If cause is resolvable: TR If cause is manageable: TM If severe complications that are not readily treatable: UU | PA NA |
| Missing Teeth | Absence of teeth may be due to various causes. In young animals, this may be from never having formed, unerupted teeth or abnormal/malformed teeth. If redness, swelling, discharge or pain is present, this should be addressed immediately. If the gum looks normal, dental x-rays should be performed at the time of spay/neuter to determine if any action is required. In older animals, common causes include previous extraction, or from falling out due to periodontal disease. If the gums look otherwise normal and there is no pain, animals can be adopted with a waiver. | TR | A |
| Obesity | Animals are considered overweight (10-20% above ideal body weight) when BCS is 6-7/9 and obese (>20% above ideal body weight) when BCS is 8-9/9. Generally | TR | A |

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| | <p>due to overfeeding, but may also be related to underlying disease such as hypothyroidism; diagnostics may be needed in severe cases. Obesity and overweight body condition can have adverse health consequences. However, because length of stay in BC SPCA shelters is relatively short, we generally do not attempt to achieve optimal weight in care. Overweight or obese animals anticipated to have a length of stay (in shelter or foster) that is longer than average or who are so obese that it is causing discomfort or medical problems should be started on a weight loss plan prescribed by a veterinarian</p> <p>and should be re-assessed by vet if dog does not respond to appropriate weight loss regimen within 2-3 weeks. See: BC SPCA Guidelines for Feeding Animals in Care</p> | | |
| Otitis Externa | See Ear Infection | | |
| Parasite, Intestinal | Gastrointestinal parasites: Roundworm, Hookworm, Whipworm, Tapeworm, Threadworm, Coccidia, Giardia. All are treatable but contagious and may be hard to eradicate from environment. Staff and adopters should practice excellent sanitation and hygiene. See BC SPCA Shelter Medicine Quick Reference: Common Infectious Diseases. | TR | A |
| 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 |
| Pannus (Chronic Superficial Keratitis) | This is an autoimmune eye condition in dogs that causes progressive changes in the cornea (surface of the eye) and third eyelid. Signs include areas of | TM | PA |

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| | <p>discolouration on the cornea that start at the edge of the eye, thickened third eyelid, and can also include eye discharge and irritation of the membranes around the eyes. It is more common in German Shepherd and Greyhounds. Dogs with this condition are usually diagnosed in early to mid-adulthood and require lifelong topical therapy to minimize progression. Minimizing exposure to UV light through the use of goggles or other protective eyewear can also help long-term (as long as dogs are trained to wear them comfortably). These dogs are generally adoptable as long as an adopter willing to provide chronic medical treatment can be found.</p> | | |
| Parvovirus | <p>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.</p> | <p>Mild-moderate: TR Severe: UU</p> | PA/NA |
| Pectus Excavatum | <p>A condition that puppies can be born with in which the breast bone is sunken in, causing a narrowing of the chest. Some animals with this deformity show no symptoms. Others may have breathing issues, or heart problems. For cases without symptoms, treatment is not needed. For symptomatic cases, treatment is needed and may involve a minor surgery with splinting for many weeks, or major surgery may be required. Adoptability depends on severity and resources. Dogs requiring major surgery are typically not adoptable.</p> | <p>No clinical signs or fixable with minor treatment or surgery: TR Significant clinical signs impairing QOL:</p> | PA |

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| | <p>difficult breathing. Animals with possible pneumonia must see a veterinarian urgently as this condition can be life-threatening. Generally treatable and adoptable as resources allow but may require hospitalization followed by prolonged oral medications. Because they require close monitoring, animals with pneumonia should not be housed in the shelter (treatment should be done at a vet hospital or in foster). Some causes of viral and bacterial pneumonia are directly contagious between animals, so appropriate handling and biosecurity should be followed if a veterinarian is concerned about this.</p> | | |
| Pneumothorax | <p>This condition involves accumulation of air within the chest cavity outside of the lungs. It causes difficulty breathing, where breathing may be laboured or rapid. Pneumothorax usually occurs due to trauma, but can sometimes be spontaneous or due to other underlying illness within the chest cavity. It is an emergency condition as it prevents the lungs from being able to expand during breathing. In very mild non-progressive cases, this may resolve on its own. Otherwise, emergency care, hospitalization or advanced procedures are indicated, and prognosis is guarded. In cases without a history of trauma, diagnosis and treatment of underlying disease is required. Treatability and adoptability depend on resources as well as cause and prognosis as determined by a veterinarian.</p> | <p>If treatable and/or self-resolving: TR</p> <p>If underlying disease or severe trauma requiring surgery: UU</p> | <p>PA</p> <p>NA</p> |
| Polycystic kidney disease | <p>This is an inherited form of kidney disease that results in development of multiple cysts through the kidneys that gradually replace functional kidney tissue. It is rare in dogs (more common in cats). Animals may develop signs of kidney disease at different stages in life. There</p> | <p>TM: Stage 1 or 2 kidney disease</p> | <p>PA</p> |

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| | is no cure for this condition. Treatability and adoptability are based on kidney disease stage (see: Kidney Disease). | UU: Stage 3 or 4 kidney disease or signs of rapid progression | NA |
| 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 |
| Portosystemic Shunt or microvascular dysplasia | This condition involves the presence of abnormal blood vessel(s), which results in blood from the intestines bypassing the liver (meant to detoxify the blood) and entering the bloodstream. A shunt is a larger blood vessel (can be inside or outside of the liver), where microvascular dysplasia consists of tiny blood vessels within the liver (inoperable). Usually found in young dogs as dogs are usually born with this, but sometimes can occur later in life. Signs include slow growth, weight loss, vomiting or diarrhea, drinking and urinating more than normal, and/or neurological signs such as abnormal mental state (especially after eating) or seizures. Bloodwork including bile acids panel will be abnormal, and ultrasound or other advanced imaging is required to confirm the diagnosis. For microvascular dysplasia, biopsy may be required to definitively diagnose. Mild cases may be controlled with diet change and medications. More severe cases with the blood vessel being outside the liver (extrahepatic) require surgery. Surgery must be done by a specialist and carries significant risks. If resources allow, these | If surgically fixable: TR If chronically manageable according to a DVM: TM If clinical signs impair QOL and there is no treatment option: UU | PA PA NA |

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| | animals may be treatable/adoptable if a veterinarian feels they have a good prognosis and the shelter is confident in finding an adopter. Surgical cases usually not treatable in shelter care. | | |
| Pregnant | If foster, staff support, expected shelter capacity and spay/neuter resources allow, pregnant dogs may be allowed to whelp in foster if they can remain in foster until 8 weeks. Otherwise, pregnant dogs should be spayed (terminating the pregnancy). Late-stage pregnant dogs and dogs with puppies under 8 weeks cannot be kept in the shelter (dogs must not give birth in the shelter and neonates cannot be kept in the shelter due to short- and long-term risks). | H | A |
| 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 eye if irreversibly damaged). Must be treated as an emergency. | TR | A |
| Pyometra | Infection of the uterus in an un-spayed 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, zoonotic neurologic disease. Risk is increased for animals with bat exposure or animals imported from areas with high rabies risk. Suspect animals should be euthanized (if still alive). Suspect cases, whether euthanized or spontaneously deceased, should be submitted for testing in accordance with current BC CDC guidelines. Cases should be reported to AH. Exposed animals and people may require immediate | UU | NA |

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| | vaccination and/or post-exposure prophylaxis as directed by public health officials. | | |
| Ringworm | Contagious and zoonotic fungal skin infection. Generally not as common or concerning in dogs as compared to cats, but still requires isolation and prolonged treatment course. All cases must be reported to AH and the BC SPCA Ringworm Protocol followed. 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 | A neurological symptom that can occur for a variety of reasons. Must be assessed by veterinarian. Seizures may be secondary to other conditions; in these cases, treatability and adoptability depend on underlying condition. Young, otherwise healthy dogs suspected to have idiopathic epilepsy (no other underlying cause found) are potentially adoptable if can be housed in foster until adoption, resources allow, prognosis is good, and seizures are well-controlled on a single medication. Advanced imaging is typically beyond shelter resources. If dogs are kept in care pending treatment or during attempted treatment, they must be in foster care, as it is not safe to have dogs with seizure disorders in the shelter unsupervised overnight. Older dogs and dogs with other health problems often have serious underlying conditions leading to seizures. These dogs are generally not treatable or adoptable. | <p>If condition is manageable or theoretically manageable as per a DVM: TM</p> <p>If severe/ uncontrolled/ serious underlying condition(s): UU</p> | <p>If young, healthy, with fixable cause or easily managed: PA</p> <p>If older with underlying conditions confirmed or suspected or if uncontrolled on single medication: NA</p> |

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| 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 |
| Swimmer Puppies | The condition "Swimmer Puppy Syndrome" is a congenital hindlimb problem where the puppy's rear legs are splayed out to the sides, and the puppy cannot walk. Clinical signs include limbs that are stiff and splayed out to the sides, reduced/weak high limb muscles, and flattened chest (secondary to lying on the chest all the time). Affected puppies may also be overweight and panting/ "out of shape" because they cannot walk. The condition can be detected by several weeks of age and if treatment is attempted, should be treated immediately at the time of diagnosis for the best chance of recovery. If foster and veterinary resources allow, these puppies can be treated and have a good prognosis for being able to walk (though they may have a slightly abnormal gait or appearance long-term). Treatment consists of three parts: housing on a substrate such as fake sheepskin on a nonslip surface, tape hobbles (applied at a veterinarian and changed as the puppy grows), and physiotherapy ("tunnel therapy" about three times a day. Typically adoptable if proper treatment is feasible; if not, these puppies should be euthanized to prevent suffering. | TR (if vet thinks prognosis is good with treatment) TM/UU (if more severely affected and vet believes there will be long-term problems) | PA NA |
| Tick(s) | External parasite. Should be removed manually wearing gloves or using tick twister or forceps if | TR | A |

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| | attached. Important to assure head and mouthparts removed completely and seek veterinary care if not. External parasite control that kills ticks (see Shelter Medicine Quick Reference) must be given. In rare cases, ticks may carry disease; screening tests are not performed in shelter care 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). | | |
| Tracheal Collapse | Tracheal collapse is a narrowing of the windpipe, or tube that carries air down to the lungs. This condition is more common in small-breed dogs, and may cause coughing or difficulty breathing. Symptoms usually start in middle age to senior dogs. This condition can range from mild to severe. Treatments include medications that dilate the airways or steroidal anti-inflammatories, as inhaled or oral medications. Cough suppressants may also be prescribed. Adoptable if easily controlled with medications. | If QOL is manageable with treatment: TM Severe/ late stage and impairing QOL: UU | PA NA |
| Underage/ Unweaned Puppies | For health, behaviour, and safety reasons all animals under adoption age must be in foster homes and cannot be kept in the shelter. If <u>orphaned and unweaned</u> but otherwise healthy: bottle feeding can be attempted in foster care if foster/resources available. Keep littermates all together or in small groups- behaviour problems can result from lack of normal early socialization to dogs. Must leave the shelter to go to foster by the end of the day of intake. If <u>not orphaned but unweaned</u> : can stay with mother in foster home until weaning age (and when fully weaned) | TR TR | PA A |

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| | <p>if resources allow and mother is healthy and social. These animals should leave the shelter by the end of the day of intake with a maximum of 72 hours between intake and going to foster if safe housing is available (if no safe housing is available, must go to foster by the end of the day of intake).</p> <p>If <u>orphaned but weaned</u>: can stay in foster home until appropriate adoption age; keep littermates all together or in small groups. These animals should leave the shelter by the end of the day of intake with a maximum of 72 hours between intake and going to foster if safe housing is available (if no safe housing is available, must go to foster by the end of the day of intake).</p> | TR | A |
| Urinary Crystals | <p>The importance of a finding of crystals in the urine depends on the specifics of the situation. Some types of crystals can be present in the urine of normal, healthy animals, while other types of crystals most often indicate illness (urinary tract infection, bladder stones, liver disease, toxin ingestion, etc.) In some cases, bloodwork may be recommended to rule out underlying liver or kidney disease, and/or x-rays or ultrasound to look for urinary stones from the crystals may be warranted. In cases where formation of urinary stones is a concern, a urinary crystal preventative diet specific to the type of crystals found may be required long-term. Treatment and adoptability depend on the type and cause of the crystals. Dogs are potentially adoptable if crystal type is not reflective of organ failure or serious toxicity and case can be managed medically.</p> | <p>H: If veterinarian determines crystals are not pathologic</p> <p>TM: if treatment required</p> | <p>A</p> <p>PA</p> |
| Urinary Tract Infection | <p>Usually highly treatable bacterial infection. If not responding to treatment, may be associated with bladder stones, bladder cancer, or other medical issue.</p> | TR | A |

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| | Should be worked up if not responding to treatment and decisions made based on underlying issue. | | |
| Vaginal Prolapse | This condition involves vaginal tissue protruding out of the vagina. It can often be related to hormonal changes or sometimes associated with birthing (in which case a cesarian section is needed). Some cases may be mild, while others may be more severe and prevent urination or result damage to the tissue. This condition calls for immediate veterinary care for replacement of the tissue. Spaying is used as a treatment and prevention for recurrence. Generally treatable unless severe complications occur that are expected to cause long-term problems. | TR | PA |
| Vomiting | Ranges from mild to severe. Treatment depends on underlying cause. Generally treatable unless part of a more serious medical condition that falls into an untreatable/ not adoptable category. May be due to a chronic condition (such as Inflammatory Bowel Disease) requiring medication and/or ongoing prescription diet. Animals with vomiting due to a chronic condition are potentially adoptable if the condition can be managed successfully with diet and a single ongoing medication, quality of life is good, and resources allow. Animals on drugs that suppress the immune system (Atopica, chlorambucil, high doses of steroids) must not be housed in the shelter due to increased individual and population-level risk of infectious disease; if treatment is attempted, these animals must be in foster. Consideration must be given to welfare and length of stay. | <p>Responds to treatment/known cause: TR</p> <p>Chronic but managed successfully: TM</p> <p>Severe and unresponsive to treatment: UU</p> | <p>A</p> <p>PA</p> <p>NA</p> |

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| Wobblers Syndrome | Abnormal neck vertebrae result in compression of the spinal cord and often progressive neurological signs such as pain, weakness or wobbly gait. This condition usually affects large-breed dogs. Severity is variable. Sometimes medical therapy may be recommended in mildly affected dogs. Surgery is often required in more significantly affected dogs, but prognosis is guarded. Surgical treatment is typically not feasible in a shelter setting (requires advanced imaging, neurosurgical specialist, and extensive aftercare). | TM (if mild and managed medically, or if surgery is a theoretical option for good quality of life) UU (if severe with reduced QOL and no realistic treatment options) | PA (if mildly affected and medically managed with no pain) NA (if requires surgery and/or severely affected) |
| Wounds | See: Injury | | |

FELINE: Behaviour

| Condition | Supporting Details/Criteria | Asilomar Category | Adoptability Category |
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| Aggression, Cat - cat | <p>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.</p> <p>PA if cat has aggression towards other cats, limited or no social experiences with other cats.</p> <p>Ensuring good introductions, knowing cat's social experience with cats and temperament will help with adoption.</p> <p>NA if aggression to other cats is severe.</p> | <p>TR</p> <p>TM</p> | <p>A</p> <p>PA</p> |

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| | | 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> |

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| 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> |

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| 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 & 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> | | |

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| | <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 |

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| 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> |

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| 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> | | |

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| | 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. | | | |

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| | 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* |

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| | | *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> | | | |

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| | <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> |

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| | 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 | | |

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| 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 | | |

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| | <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 |
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| 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 |

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| Allergies | Skin, ear 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 or single ongoing medication, and/or environmental change. Severe cases with generalized hair loss, uncontrolled itching, and/or recurrent infection are generally not adoptable. Animals on drugs that suppress the immune system (Apoquel, Atopica, high doses of steroids) must not be housed in the shelter due to increased individual and population-level risk of infectious disease; if treatment is attempted, these animals must be in foster. Consideration must be given to welfare and length of stay. Refer to BC SPCA Guidelines: Skin Conditions in Animals in Shelter Care. | 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 |
| Anemia | Anemia means a decrease in the number of red blood cells in the blood. Anemia can be caused by different types of processes such as blood loss, various types of chronic illness, infectious disease, autoimmune disease, nutrient deficiency, cancer, or toxins. Cats can get a red blood cell infection called hemotropic mycoplasma from fleas; this is treatable with doxycycline. Treatment and adoptability depend on severity, underlying cause, and resources. Note that treatments requiring suppression of the immune system (for primary autoimmune causes like “immune mediated hemolytic anemia [IMHA]”) cannot be given | TR: If easily treatable cause identified (such as fleas) TM: If chronically manageable cause found | A PA |

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| | in the shelter and are generally not feasible in care overall due to risk of relapse even in foster. | UU: If severe or not amenable to successful management | NA |
| Arthritis | Range from mild to severe. Adoptable if can be controlled with food, supplements, and 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. Management generally requires immunosuppressive medications. Adoptable if clinical signs are mild, related to the skin and can be easily controlled with medication, and animal can be housed in foster. Not adoptable if condition involves severe internal disease (such as severe anemia). See also: Anemia, Eosinophilic Granuloma Complex. | TM | PA |
| Bite Wounds | If non-life-threatening, can be resolved with antibiotics/surgery. Cats bitten by other cats may have abscesses or swelling/cellulitis requiring medical or surgical treatment and testing for FeLV/FIV at the time of the bite and several months later (as recommended by a DVM). Severe, life-threatening bite wounds requiring major surgery are dependent on prognosis, quality of life considerations and resource availability including fosters if longer recovery is anticipated. | If amenable to surgical/medical intervention: TR Severe/ life-threatening wounds with no viable treatment option: UU | A NA |
| Bladder Stones | Bladder stones are dense formations of minerals within the urinary bladder. There may be one or multiple stones present. In some cases (usually in | TM | PA |

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| | <p>males), urinary stones can cause urinary blockage (see also urinary blockage). These stones can occur because of urinary tract infection, liver disease, kidney disease and can have dietary and genetic factors. In most cases with multiple or large stones, surgery is required to remove these. In cases of struvites in small numbers and smaller stones, dietary therapy may be considered. Addressing bladder stones also requires assessing and managing the underlying cause, such as infection, etc. In addition, many cats with bladder stones will require a veterinary diet long-term for prevention of reoccurrence of the stones.</p> | | |
| Blindness | <p>Various causes; one or both eyes. If eye(s) are still present, a veterinarian must confirm that blindness is not associated with pain or systemic disease. Most animals adapt extremely well to blindness acquired due to eye disease or eye removal, but blind cats require extra support (training, stable and safe environment, being kept indoors). Generally adoptable unless associated with serious underlying or systemic disease or associated with pain that cannot be feasibly addressed with surgery.</p> | TM | <p>A (if no pain or systemic disease)</p> <p>PA (if pain, systemic disease, or underlying issue that cannot feasibly be treated)</p> |
| Brachycephalic obstructive airway syndrome (BOAS) | <p>BOAS occurs in brachycephalic (short-faced) cats and involves obstruction of the upper airways. It involves up to 5 anatomic abnormalities affecting the nose and throat. Persians, Himalayans, and Exotic Shorthairs are most frequently affected, but any brachycephalic cat can be affected due to having a compressed face. Cats with this condition struggle to breathe and have “noisy” breathing (snorting, snoring, gagging) and an inability to exercise normally. Exercise, stress, obesity, and hot/humid temperatures can make the condition</p> | <p>TM (if surgery is not indicated, or surgery is performed but ongoing respiratory difficulty is expected)</p> | <p>PA (if surgery is not needed, or surgery is feasible within shelter resources and expected to lead to a good prognosis)</p> |

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| | <p>worse. All cats with suspected BOAS should see a veterinarian for assessment. Moderate-severe cases may need surgery to correct some of the anatomic abnormalities present. All brachycephalic cats should be considered at risk and should be maintained at a healthy weight, care should be used when initiating strenuous play, and excitement/stress should be minimized. Adoptability depends on prognosis, severity, welfare, and resources. Because surgery is costly, complication rates are high, and surgery cannot always fix all of the problems present, not all cats will be candidates for surgery within a shelter resource setting. Cats with severe BOAS affecting quality of life may need to be euthanized if surgery is infeasible or carries a poor prognosis.</p> | <p>UU (if disease is severe and surgery is not a feasible option, if animal is experiencing episodes of collapse, or concurrent conditions prevent surgical treatment)</p> | <p>NA (if severe disease affecting QOL and surgery is not feasible within shelter resources or is not expected to lead to a good QOL, or if serious concurrent conditions affecting QOL or surgical feasibility are present)</p> |
| 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. | <p>Mild: TR</p> <p>Moderate: TM</p> <p>Severe: UU</p> | <p>PA</p> <p>PA</p> <p>NA</p> |
| Cancer | Range from mild-severe. Mild cases involve skin or localized 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. If a mass is first detected internally (e.g. in the abdomen), treatability and adoptability depend on resource availability and a veterinarian's assessment of whether surgery may be curative. Common types of cancer include: lymphosarcoma (cancer of the immune system and lymph nodes - not adoptable); | <p>Mild, surgically curable: TR</p> <p>Moderate-Severe: TM/UU depending on condition</p> | <p>PA</p> <p>NA</p> |

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| | mast cell tumours (potentially adoptable if location and size make them amenable to surgical removal with “clean” margins, and resources allow), and osteosarcoma (bone cancer; very painful and usually has spread internally by the time of detection- not adoptable). See also: Oral Mass, Mammary Masses. | | |
| Cardiac Arrhythmias | A cardiac arrhythmia is an irregular heartbeat. They may be innocent, or related to heart disease or other illness. Arrhythmias can range from harmless to potentially fatal. Workup for this may involve bloodwork, x-rays, EKG, echocardiography or Holter monitoring. Arrhythmias originating from heart disease and requiring treatment are generally not treatable in shelter care. | Normal sinus arrhythmia: H Chronic but manageable according to a DVM: TM Severe, impacting QOL with no treatment options: UU | A NA 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 | Opacity in the lens of the eye. Range from mild-severe. All animals with suspected cataracts should see a veterinarian for an eye exam. Unless associated with eye inflammation or pain, can usually be monitored. If eye inflammation/ pain is present, may require treatment (eye meds, surgery). Cataracts being monitored can eventually progress and require treatment (medication or surgery), so should be adopted with | TM (if does not require treatment or can be managed with medication) | PA NA |

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| | waiver. Generally adoptable unless associated with serious underlying condition or secondary to diabetes. | | |
| 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). 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. | TM | PA |
| Cherry Eye | Prolapse of the gland of the third eyelid. Common in cats with shallow eye sockets. Causes discomfort, can cause dry eye and should be surgically corrected (gland replaced into correct position) before adoption, but sometimes recurs. Should be adopted with a waiver. | TR (if surgically repaired with no expectation of recurrence) TM (if recurrent or due to underlying conformation with high risk of recurrence) | A |
| Cleft palate / cleft lip | Generally refers to a birth defect of the palate or lip. These defects often involve communication between the mouth and nasal cavity. Significant defects lead to troubles nursing or eating and secondary aspiration pneumonia. Other than very mild cases, most cases require surgery to repair. Surgery may be pursued if prognosis is good and resources allow | If surgery will be curative: TR If will require chronic management: TM | PA |

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| Chronic rhinitis | <p>Chronic rhinitis involves long-term inflammation affecting the nasal passages/sinuses. Cats with this condition often have chronic congestion, sneezing, loud breathing, and nasal discharge. This condition is often secondary to a severe viral upper respiratory condition as a younger cat that damaged the lining (and sometimes the cartilage and bone) inside the nose.</p> <p>Other causes of these clinical signs include a polyp, dental disease, fungal infection (see also Cryptococcosis), allergies, or cancer. If other conditions have been ruled out or are not suspected, cats with chronic rhinitis will usually respond to chronic medical management; there are a variety of oral and nasal medications that can be attempted. However, these cats generally have some ongoing clinical signs and flare-ups that may require antibiotics. Generally adoptable if the cat has no systemic signs (lethargy, reduced appetite) and quality of life can be feasibly supported with ongoing or intermittent medication. Cats with severe disease who do not respond to medication or severe concurrent conditions (such as otitis media) are generally not adoptable.</p> | <p>TM (if can be managed with ongoing or intermittent meds)</p> <p>UU (if systemic signs/ severe concurrent disease/ poor QOL)</p> | <p>PA</p> <p>NA</p> |
| Cognitive Dysfunction | <p>This is a progressive degenerative brain disorder of older cats. Symptoms may include disorientation, loss of toilet training, altered sleep-wake cycles and increased vocalizations. A medical workup is required to determine health and help rule out other causes like hyperthyroidism and kidney disease. May be manageable in mild cases where symptom(s) do not not significantly affect the</p> | <p>If deemed manageable by a DVM: TM</p> <p>If severe and impacting QOL: UU</p> | <p>PA</p> <p>NA</p> |

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| | animal's or owner's quality of life. Not adoptable in shelter care in most cases. | | |
| Congenital Cardiac Disease | <p>There are several forms of heart disease present from birth. Two main forms are defects between compartments (shunts) of the heart, and defective heart valves that cause abnormal blood flow. These abnormalities are often first discovered when a heart murmur is heard on physical examination in a young animal. Prognosis depends on the type and severity of the heart defect; in most cases, severity of murmur reflects severity of the defect (see: Heart Murmur). Animals with symptoms will have a reduced quality and quantity of life and need for ongoing medical evaluations and therapies. Animals with clinical signs of cardiac disease or those who fall into the NA category based on severity of murmur should not have cardiac workups. Diagnostic workups (xrays, bloodwork, etc) should be reserved for animals with a possible good prognosis. Advanced diagnostics and referral not generally feasible in shelter care.</p> <p>Kittens under 12 weeks with a grade I/VI to III/VI murmur may not have congenital cardiac disease; these are likely to be “innocent” murmurs that will be outgrown. These kittens can be monitored and rechecked after 12 weeks of age unless they have clinical signs.</p> <p>Kittens under 12 weeks with a grade IV/VI murmur – cause and adoptability may vary, may need diagnostics and/or monitoring as determined by attending vet</p> | <p>TM (if mild defect, no clinical signs, and/or expected to remain stable over time)</p> <p>UU (if clinical signs of heart failure are present)</p> | <p>PA</p> <p>NA</p> |

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| | Kittens under 12 weeks of age with any grade V-VI (out of 6) murmur and kittens with clinical signs of congenital heart disease, regardless of murmur/age, are not adoptable. | | |
| Conjunctivitis | Mild-severe inflammation of the membranes around the eyes. Generally caused by URI in cats (See: Upper Respiratory Infection). May require topical and/or systemic therapy; may be contagious. Some cases may require chronic medical management. Generally adoptable. | If resolvable: TR If chronically manageable: TM | A |
| Cryptococcus | This is a fungal disease that occurs when animals inhale spores from the environment. It commonly causes upper respiratory symptoms and or swelling of the bridge of the nose in cats. Some cats may develop changes inside of the eye or neurological signs. Cryptococcus is treated with antifungal medications, and cats without neurological involvement have a good prognosis. Because medications are expensive and must be given for months, these cats should be treated in foster if they are being treated in shelter care. Cats with nasal/ocular cryptococcus are potentially adoptable if resources allow; cats with neurologic cryptococcus are not adoptable. | If no neuro involvement: TR If neuro involvement: TM | PA 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 | Known external cause: TR | A PA |

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| | 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 internal cause, treatable: TR Organ failure or unresponsive to therapy: UU | NA |
| 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 must be assessed by a veterinarian to determine a suspected or confirmed cause. 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. | <p>If mild and surgically curable: TR</p> <p>If chronically manageable: TM</p> <p>If severe/malignant</p> | <p>PA</p> <p>PA: If chronically manageable, able to eat and clean normally without pain (and is not cancer)</p> <p>NA</p> |

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| | | and impairing quality of life: UU | |
| 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 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 |

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| 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. | TM if responding to treatment UU if ongoing pain despite treatment | PA NA |
| Diabetes | Diabetes in cats generally requires insulin injections and long-term monitoring. Treatment is quite costly and it can be difficult to stabilize the cat initially. It is not safe to risk diabetic animals being housed in the shelter due to the risk of life-threatening hypoglycemia (low blood sugar) occurring when no staff are on site. Diabetic cats have high care needs out of reach of a significant proportion of adopters. Diabetes is generally not treatable in shelter care. | 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 | A PA |

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| | | Severe and unresponsive to treatment: UU | NA |
| Distemper, Feline | See: Panleukopenia (Feline Parvovirus) | | |
| Ear Infection | Ear infection caused by bacteria or yeast. Clinical signs include discharge, odour, itching, and pain. If limited to external canal, 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 middle/inner ear infection or underlying allergy or other cause and require chronic management or advanced diagnostics or treatment. Adoptable if no underlying issue present or underlying issue can be managed within available resources. | TR If chronic: TM | A PA |
| 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. Refer to Shelter Medicine Quick Reference. | TR | A |
| Ectopic Ureter | In this condition, the tube that carries urine from the kidneys to the bladder terminates in an abnormal location. Animals are born with ectopic ureters, but symptoms may be noticed in juveniles or may have adult-onset. It most commonly causes urinary incontinence, and can also result in urinary infections and kidney disease. After a basic workup, advanced imaging procedures are often necessary to confirm the diagnosis. If resources allow, specialist treatment (surgery or scoping depending on details of case) may resolve the condition, but | TR (if curative treatment is theoretically possible) TM (if no curative tx option) | PA NA |

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| | complications, including ongoing incontinence, are common. Generally not feasible to treat in a shelter system. | | |
| Emaciation | Generally treatable if due to starvation, neglect, or treatable disease. Not treatable if associated with severe internal disease (i.e. cancer, organ failure). Animals with no known dietary history of food deprivation, especially if they are older and/or single animals found emaciated, should not be assumed to be emaciated due to simple starvation. These animals, especially if they have a poor appetite, must be worked up to determine or rule out an underlying cause. | In absence of untreatable underlying disease: TR If due to severe internal disease: UU | A NA |
| Entropion | Entropion is a condition where the upper and/or lower eyelid rolls inwards, irritating the surface of the eye. This condition is usually congenital/developmental (primary condition related to anatomy of the head and eyelids) but can also occur secondary to other eye conditions. If not treated, ongoing eye pain, ulceration, and damage can occur. Animals with entropion should see a veterinarian to determine the cause and treatment. Mild forms of entropion in brachycephalic cats (at inner corner of eye) may be able to be treated with medical management as determined by a DVM and not require surgery; other forms are treatable with corrective surgery. Animals with this condition are typically adoptable if resources allow surgery to be performed and there is no serious underlying condition present. | TR (if resolvable with surgical correction) TM (if secondary to another eye condition or not fully resolvable with surgery) | A PA |

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| Eosinophilic Granuloma Complex | Also known as “rodent ulcer.” Thickened, ulcerated, reddened areas often on lips (usually upper), tongue, or inside mouth but can occur on other areas of the skin. Severity varies from mild-severe. Mild cases are those that respond to one-time or very intermittent medication (and may also require diet change as determined by veterinarian). 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. Animals on drugs that suppress the immune system must not be housed in the shelter due to increased individual and population-level risk of infectious disease; if treatment is attempted, these animals must be in foster. Consideration must be given to welfare and length of stay. Refer to BC SPCA Guidelines: Skin Conditions in Animals in Shelter Care. | TM | If mild and can be controlled with one medication intermittent or ongoing, with or without special diet: PA If moderate-severe: NA |
| Exocrine Pancreatic Insufficiency (EPI) | This disease is a result of insufficient production of pancreatic digestive enzymes by the pancreas. Symptoms include cow-pie type stools and low body condition score. Fasted blood tests are required to diagnose this condition. Treatment involves life-long supplementation with pancreatic enzymes. Improvement should be noted within 1 week of starting supplementation in most cases. In older animals, this condition may be secondary to other serious diseases. Treatable if easily controlled with enzyme supplementation and resources allow. | TM | PA |
| Eye ulcer (Corneal ulcer) | Corneal ulcers involve loss of the outer layers of the cornea (surface of the eye). These are painful and | TR (uncomplicated) | A |

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| | <p>can be caused by trauma, infectious disease, or a variety of underlying conditions affecting eye health. Clinical signs include squinting, eye pain, eye discharge, and small lesions on the surface of the cornea. Ulcers can be uncomplicated, (healing quickly with topical medications), or complicated (requiring more extensive treatment, investigation, or surgery). All animals with eye pain should see a veterinarian, who will assess and stain the eye to look for an ulcer. Treatment depends on whether the ulcer is complicated or uncomplicated. Uncomplicated ulcers can be easily treated, and for complicated ulcers the treatment/prognosis depends on severity/underlying cause. Cats with eye ulcers are typically adoptable once the ulcer is treated and any underlying disease is managed.</p> | TM (complicated) | PA |
| Feline Asthma | <p>This condition involves swelling or inflammation of the small airways. This is an allergic condition that can be a reaction to various allergens. Feline asthma typically causes coughing, wheezing and/or difficulty breathing. Severity and response to treatment can range from mild to severe and life-threatening. For mild to moderate cases, long-term therapy with an inhaler can be very effective in controlling the condition. Adoptable if can be managed on an inhaler alone. These cats may need initial systemic therapy (such as oral steroids) during initiation of topical treatment; if any systemic steroids are used, the cat must be in a foster home during this phase. Cats requiring ongoing systemic therapy are not generally adoptable.</p> | TM | <p>PA</p> <p>NA (if severe or requires ongoing systemic therapy)</p> |

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| 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 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. | TM If complete urinary obstruction or repeated urinary obstruction in male cats: UU | PA |
| 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 communal spaces as they cannot be monitored for fighting when staff are not on site. | TM | PA |

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| 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. Clinical signs vary greatly based on age and form of disease in an individual cat. Generally fatal. Treatment is highly costly, not commercially available in Canada, takes months to work, and requires repeated bloodwork monitoring. With an uncertain outcome, treatment is not generally feasible for shelters due to cost and welfare concerns with prolonged duration. | TR TM UU | NA |
| 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. 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 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 | Mild- Moderate: TR | PA |

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| | treatable with cage rest, splinting, or surgery. Decisions will depend on diagnosis, cost/resources, likelihood of recovery, and ability to maintain welfare during treatment. | If long-term function will be affected: TM Severe: UU | NA |
| Frostbite | Treatable with supportive care. | TR | A |
| Glaucoma | Glaucoma is a painful condition of high pressure inside the eye. It is usually secondary to another condition, such as inflammation inside the eye, luxation of the lens, or cancer. Sometimes glaucoma can be managed with topical medications. In this case, ongoing medication and regular rechecks of the eye and eye pressure are required and animals can be adopted out with a waiver. Glaucoma is often associated with pain and blindness, especially when not controlled. In cases where pressure remains high despite medications, especially if the eye is blind and/or painful, surgical removal of the eye (enucleation) should be pursued. | TM | PA |
| Heart Murmur | Underlying cause and severity variable. Prognosis depends on underlying cause of murmur. For juvenile animals, see Congenital Cardiac Disease. Animals with clinical signs of cardiac disease or those who fall into the NA category based on severity of murmur should not have resources expended on extensive workups. Diagnostic workups (xrays, bloodwork, etc) should be reserved for animals with a possible good prognosis. Advanced diagnostics or referral generally not feasible in shelter care. Grade I/VI to III/VI in a young kitten <u>under 12 weeks</u> (more likely to be an “innocent” murmur that will be | TR | A |

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| | <p>outgrown). These kittens can be monitored and rechecked after 12 weeks of age unless they have clinical signs.</p> <p>Grade IV/VI in a young kitten <u>under 12 weeks</u> – cause may vary, may need diagnostics and/or monitoring as determined by attending vet</p> <p>Grade I/VI- Grade IV/VI in a cat <u>over 12 weeks</u> with NO clinical signs of heart disease (coughing, trouble exercising, weakness)</p> <p>Grade V/VI- Grade VI/VI in a cat <u>over 12 weeks</u> with NO clinical signs of heart disease (more likely to progress to clinical signs in near future)</p> <p>Grade V/VI to VI/VI in a young kitten <u>under 12 weeks</u> (more likely to be due to severe congenital cardiac condition)</p> <p>Murmur of any grade accompanied by clinical signs of heart disease</p> | <p>TM</p> <p>TM</p> <p>TM</p> <p>TM</p> <p>UU</p> | <p>PA</p> <p>PA</p> <p>NA</p> <p>NA</p> <p>NA</p> |
| Heartworm | Contagious disease carried by mosquitoes; not directly contagious between animals. Unlike dog heartworm, there are no feasible treatments for cat heartworm. Cats known to be imported from high | No to mild clinical signs: TM | No clinical signs: PA |

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| | <p>risk areas should be tested. It can take 7 months after infection for test to become positive; these cats should be on monthly preventative and retested 7 months after last exposure. Cats who have no clinical signs and test positive may need additional diagnostics and can be adopted with a waiver if resources allow. Cats with any clinical signs (coughing, breathing difficulty, fluid in the abdomen, collapse, etc.) of heartworm disease and a positive test are not adoptable. Veterinarians can refer to American Heartworm Society (AHS) Guidelines.</p> | Severe disease, heart failure: UU | Clinical signs of any severity: NA |
| Hernia | <p>Hernias are defects or holes in muscle walls that result in structures or organs being at risk of being in an abnormal location in the body, risking possible strangulation or compromise of organ function. Depending on size and location, hernias may be simple or very complex to surgically repair. Treatability and adoptability vary depending on type of hernia and prognosis. Adoptable if DVM determines that it can be easily repaired. More complex cases may be adoptable if resources allow.</p> <p>Umbilical – usually a birth defect in abdominal wall near the belly button. Commonly repaired at the time of spay or neuter.</p> <p>Inguinal – defect in the belly wall in the groin area. Can be congenital or can be acquired later in life.</p> | <p>If surgically fixable: TR</p> <p>If requires chronic management: TM</p> | <p>PA</p> <p>PA</p> |

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| | <p>Perineal – protrusion of the rectal wall, pelvic or abdominal organs through the pelvic diaphragm to the subcutaneous tissues below the anus. Usually occurs in older animals as a result of other disease.</p> <p>Hiatal/diaphragmatic - an opening in the diaphragm, the muscle wall between the abdominal and chest cavities, which allows parts of abdominal organs to enter the chest cavity. This can be congenital or can occur secondary to trauma. Mild cases can be managed medically. Surgery is indicated for severe cases.</p> | | |
| Hip Dysplasia | <p>A developmental disorder involving hip joint malformation. This results in increased looseness of the joint and leading to osteoarthritis. It may be discovered on a physical examination in a young animal, or an animal may be brought in for abnormal walking, limping or pain moving around. Prognosis depends on severity of the dysplasia. Mildly affected animals may require little or no intervention, moderately affected animals may be medically managed in many cases, and more severely affected cats may require surgery. In cats, the surgery often performed is femoral head ostectomy, or removal of the head of the femur. Adoptability depends on prognosis and resource availability.</p> | <p>TM (if medically manageable or good prognosis with surgery)</p> <p>UU (if severe/unresponsive to medical/surgical management)</p> | <p>PA</p> <p>NA</p> |

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| Hydrocephalus | This is a congenital condition involving accumulation of cerebrospinal fluid inside the skull, also known as 'water on the brain'. Animals born with this condition often have a dome-shaped head. Symptoms may include blindness, abnormal gait, circling, pacing, pain or seizures. Degree of severity varies from mild to severe. Mildly affected animals with no pain or neurologic impairment may be adopted out with a waiver; moderately-severely affected animals with neurologic or ocular signs, pain, or anticipated progression are not adoptable. | TM (if stable and/or can be medically managed) UU (if severe with neurologic and/or ocular signs) | PA NA |
| Hyperesthesia Syndrome in Cats | In this syndrome, cats' skin is highly sensitive often focused along the lower back area. Symptoms can range from preening the area excessively or attacking the tail to running around screaming, or even seizures. Symptoms can often show up at times the cat is feeling stressed or conflicted in a situation. With this condition, it is important to rule out conditions through bloodwork, ruling out conditions such as spinal pain, food and flea allergies (treating/preventing fleas and hypoallergenic diet). Medications to control the behaviours and discomfort, or seizures if present, and reducing stress, are also important. These cats are adoptable if they can be managed with medications and diet with no or minimal episodes/discomfort. Severe cases, those involving aggression toward other cats or people, and those which do not respond to diet/medical treatment are not adoptable. | If can be managed with medication/diet: TM Severe/ unresponsive to tx/ aggression as a component: UU | PA NA |
| Hyperthyroidism | Common endocrine disease in middle-aged to geriatric cats. Clinical signs include weight loss | TM | PA (if well-managed on medication) |

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| | 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. | | |
| Illness, Other | Range from mild-severe. Decisions will depend on diagnosis by a veterinarian. | Mild: TR Moderate: TM Severe: UU | A PA NA |
| Incontinence, Fecal | Inability to control defecation resulting in involuntary passage of feces. Causes are variable, including neurological, cognitive and other causes. All cases must be evaluated by a veterinarian to rule out underlying infection/other issues. Cats with incontinence that can be controlled with diet and/or medication with no anticipated long-term concerns are generally adoptable. In cases where the veterinarian is concerned about the underlying cause for incontinence, or if incontinence is severe and/or unresponsive to treatment, these cats are not adoptable. | TM | PA NA |
| Incontinence, Urinary | Urine leakage (not conscious urination). Incontinence is rare in cats unless there is an underlying neurologic or urinary issue. All cases must be evaluated by a veterinarian to assess possible/known cause. Cats with neurological abnormalities preventing them from being able to | TM | PA |

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| | urinate on their own, usually resulting in overflow incontinence have an increased risk of urinary infections, and are difficult to manage and are not adoptable. Cats with incontinence that can be controlled with medication with no anticipated long-term concerns are generally adoptable (note that this is rare). In cases where the veterinarian is concerned about the underlying cause for incontinence, or if incontinence is severe and/or unresponsive to treatment, these cats are not adoptable. See also Ectopic Ureter. | | NA (if cannot fully urinate on own or severe/unresponsive to treatment) |
| 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 with full recovery likely: TR Severe: UU | PA NA |
| Kidney Disease (aka kidney/renal insufficiency or chronic kidney disease or chronic renal failure) | IRIS Stages 1-2: Early kidney disease where urine shows signs of kidney compromise (is dilute) but bloodwork is normal to mildly affected. Very common in older cats. May require some ongoing treatment and will need regular monitoring by veterinarian. These cats are adoptable unless more serious concurrent issues are present, such as anemia, high phosphorus, high blood pressure, protein in the urine or low body condition score, or symptoms of kidney disease. IRIS Stages 3-4: late-stage, progressive, requiring multiple treatments and frequent diagnostics; not treatable in shelter care. These cats are not adoptable. | Stages 1-2: TM Stages 3-4: TM or UU depending on severity and clinical signs | PA NA |

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| 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. Refer to Shelter Medicine Quick Reference. | 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 removal unless large enough to bother the cat. Much less common in cats than in dogs. | Small, no treatment required; or completely surgically removed: TR Large or in locations requiring treatment or monitoring: TM | A |
| Liver Disease | Liver disease can occur due to various underlying causes, including birth defect (including portosystemic shunt), toxic insult, fatty liver syndrome, cancer, infection or inflammation, fibrosis or cirrhosis, or secondary to other illness. Degree of severity can also vary significantly. Symptoms of liver disease include reduced appetite, vomiting or diarrhea, yellowing of the tissues, and/or neurological signs. Treatability and adoptability depend on underlying cause, treatment options, prognosis, and resources. | If can be easily managed medically: TM If severe or no treatment options: UU | PA NA |
| Lungworm | This is a parasite of cats’ lungs caused after a cat eats an infected intermediate host, a snail or slug. Some cats may have no clinical signs, while others | TR | PA |

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| | may have coughing or wheezing. If detected early, lungworms are easily treated with antiparasitic medications. Some cases are serious and present as an emergency with abnormal breathing and may even be fatal. Generally highly treatable unless severe pneumonia and respiratory distress are present. All littermates should be treated even if they have no clinical signs. | | |
| Mammary Hyperplasia | Feline mammary hyperplasia is a condition where multiple mammary glands become severely enlarged, but there is no milk, infection, or cancer present. The skin over the mammary glands can become stretched or ulcerated, and in severe cases the hind limbs can swell. This condition occurs in un-spayed cats due to hormone presence and is highly treatable with spaying. Supportive care, including pain meds, may be needed for several weeks but the glands will regress to normal size after surgery. This condition is generally highly treatable and the spay should be done as soon as possible. If possible, a veterinarian should do a “flank spay” as opposed to a traditional spay (so that the mammary tissue does not need to be cut). | TR | PA |
| Mammary Masses | In cats, tumors originating from mammary (breast) tissue are malignant in 80-96% of cats. This means that cells reproduce uncontrollably and can invade nearby tissues, or metastasize to distant sites, such as the lungs. Cats with mammary masses are not adoptable. Note that mammary hyperplasia (firm enlargement of all mammary glands in a young, un-spayed cat) is not a type of cancer and should be | UU | NA |

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| | considered separately (see: Mammary Hyperplasia). | | |
| Megacolon | Megacolon is a severe, irreversible dilation of the colon, causing the colon to be unable to function normally. Symptoms are chronic constipation that doesn't respond well to treatment. Megacolon can result from underlying conditions such as neurologic (eg. Manx syndrome), tumors, strictures, pelvic fractures etc. Diagnosis of megacolon is by x-ray. Cats with this diagnosis can sometimes experience successes with medical therapy and diet, but relapse and progression of the condition is common. Specialty surgery to remove part of the colon is possible, though various serious complications are common. This condition is potentially adoptable if resources allow, and if medical and dietary management is successful and ongoing enemas/additional treatment are not needed. Cats with severe/longstanding disease or who cannot be managed with diet and medical therapy are not adoptable. | <p>If medical/dietary management is successful: TM</p> <p>Severe disease that cannot be managed medically: UU</p> | <p>PA</p> <p>NA</p> |
| Megaesophagus | Chronic dilation of the esophagus. This condition is diagnosed more commonly in juvenile animals but can show up at any age. It can be genetic or secondary to another condition. Regurgitation from megaesophagus and coughing or fever from secondary pneumonia may be the clinical signs noticed. Ruling out underlying disease is important for treatment of this condition. Treatability depends on presence/absence of underlying conditions (some cases may resolve with treatment), if easily controlled with supportive therapy, and if no | <p>If cause is resolvable: TR</p> <p>If cause is manageable: TM</p> | <p>PA</p> <p>PA</p> |

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| | aspiration pneumonia evident on x-rays. If treatment is attempted, animal must be in foster. May be adoptable in rare cases if resources allow and adopter is willing to take on long-term management. | If severe complications that are not readily treatable: UU | NA |
| Missing Teeth | Absence of teeth may be due to various causes. In young animals, this may be from never having formed, unerupted teeth or abnormal/malformed teeth. If redness, swelling, discharge or pain is present, this should be addressed immediately. If the gum looks normal, dental x-rays should be performed at the time of spay/neuter to determine if any action is required. In older animals, common causes include previous extraction, or from falling out due to periodontal disease. If the gums look otherwise normal and there is no pain, animals can be adopted with a waiver. | TR | A |
| Obesity | Animals are considered overweight (10-20% above ideal body weight) when BCS is 6-7/9 and obese (>20% above ideal body weight) when BCS is 8-9/9. Generally due to overfeeding, but may also be related to underlying disease; diagnostics may be needed in severe cases. Obesity and overweight body condition can have adverse health consequences. However, because length of stay in BC SPCA shelters is relatively short, we generally do not attempt to achieve optimal weight loss in care. Overweight or obese animals anticipated to have a length of stay (in shelter or foster) that is longer than average or who are so obese that it is causing discomfort or medical problems should be | TR | A |

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| | started on a weight loss plan prescribed by a veterinarian and should be re-assessed by vet if cat does not respond to appropriate weight loss regimen within 2-3 weeks. See: BC SPCA Guidelines for Feeding Animals in Care. | | |
| Osteochondrodysplasia | This genetic disease of bone and cartilage causes progressive joint disease in Scottish fold cats. Cats usually have a short, inflexible tail and sometimes visible abnormalities of limbs or spine. Pain medication and joint supplements may help to control clinical signs in mildly affected cats and prognosis should be considered in adoptability decisions. Cats with two copies of the Fold gene often experience more severe signs and ongoing pain. Scottish Fold kittens who are not yet showing signs can be tested to determine if they have two copies of the Fold gene. Severely affected animals and those with two copies of the Fold gene are not adoptable. | Mildly affected with management possible: TM Severely affected, progressive, impaired QOL or homozygous (two copies) of Fold gene: UU | PA NA |
| Otitis Externa | See: Ear infection | | |
| 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, Intestinal | Gastrointestinal parasites: Roundworm, Hookworm, Tapeworm, Whipworm, Coccidia, | TR | A |

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| | Giardia. All are treatable but contagious and may be hard to eradicate from environment. Staff and adopters should practice excellent sanitation and hygiene. See BC SPCA Shelter Medicine Quick Reference: Common Infectious Diseases. | | |
| Pectus Excavatum | A condition that kittens can be born with in which the breast bone is sunken in, causing a narrowing of the chest. Some animals with this deformity show no symptoms. Others may have breathing issues, or heart problems. For cases without symptoms, treatment is not needed. For symptomatic cases, treatment is needed and may involve a minor surgery with splinting for many weeks, or major surgery may be required. Kittens may be treated if resources allow and can be housed in foster. Kittens requiring major surgery are typically not adoptable. | No clinical signs or fixable with minor treatment or surgery: TR Significant clinical signs impairing QOL: UU | PA NA |
| Pneumonia | Infection of the lungs, usually caused by bacteria (but viral and parasitic pneumonias also occur). Clinical signs include coughing, fever, lethargy, and rapid or difficult breathing. Animals with possible pneumonia must see a veterinarian urgently as this condition can be life-threatening. Generally treatable and adoptable as resources allow but may require hospitalization followed by prolonged oral medications. Because they require close monitoring, animals with pneumonia should not be housed in the shelter (treatment should be done at a vet hospital or in foster). Some causes of viral and bacterial pneumonia are directly contagious between animals, so appropriate handling and | TR | PA |

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| | <p>biosecurity should be followed if a veterinarian is concerned about this.</p> <p>For parasitic pneumonia, see Lungworm.</p> | | |
| Pneumothorax | <p>This condition involves accumulation of air within the chest cavity outside of the lungs. It causes difficulty breathing, where breathing may be laboured or rapid. Pneumothorax usually occurs due to trauma, but can sometimes be spontaneous or due to other underlying illness within the chest cavity. It is an emergency condition as it prevents the lungs from being able to expand during breathing. In very mild non-progressive cases, this may resolve on its own. Otherwise, emergency care, hospitalization or advanced procedures are indicated, and prognosis is guarded. In cases without a history of trauma, diagnosis and treatment of underlying disease is required. Treatability and adoptability depend on resources as well as cause and prognosis as determined by a veterinarian.</p> | <p>If treatable and/or self-resolving: TR</p> <p>If underlying disease or severe trauma requiring surgery: UU</p> | <p>PA</p> <p>NA</p> |
| Polycystic Kidney Disease | <p>This is an inherited form of kidney disease that results in development of multiple cysts through the kidneys that gradually replace functional kidney tissue. Certain cat breeds are predisposed (Persians, Himalayans). Animals may develop signs of kidney disease at different stages in life. There is no cure for this condition. Treatability and adoptability are based on kidney disease stage (see: Kidney Disease).</p> | <p>TM: Stage 1 or 2 kidney disease</p> <p>UU: Stage 3 or 4 kidney disease or signs of rapid progression</p> | <p>PA</p> <p>NA</p> |

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| Portosystemic Shunt or microvascular dysplasia | This is abnormal blood vessel(s) which results in blood from the intestines bypassing the liver (meant to detoxify the blood) entering the bloodstream. Usually found in young cats, as cats are usually born with this, but sometimes can occur later in life. Signs include slow growth, weight loss, copper-coloured irises, vomiting or diarrhea, drinking and urinating more than normal, and/or neurological signs such as abnormal mental state (especially after eating) or seizures. Bloodwork including bile acids panel will be abnormal, and ultrasound or other advanced imaging is required to confirm the diagnosis. Mild cases can be controlled with diet change and medications. Severe cases may require surgery. Surgery must be done by a specialist and carries significant risks. If resources allow, these animals may be treatable/adoptable if a veterinarian feels they have a good prognosis and the shelter is confident in finding an adopter. Surgical cases are usually not treatable in shelter care. | If surgically fixable: TR If chronically manageable according to a DVM: TM If clinical signs impair QOL and there is no treatment option: UU | PA PA NA |
| Pregnant | Pregnant cats must be spayed to prevent the birth of kittens, unless the Community Animal Centre meets the list of criteria in the Spaying Pregnant Cats Memo to send the cat to a foster home. If a foster home is available and criteria are met, pregnant cats who are healthy and social can be allowed to give birth in a foster home with the kittens being adopted directly from foster or coming back into the shelter for adoption at 8 weeks. Late-stage pregnant cats and cats with kittens under 8 weeks cannot be kept in the shelter (cats must not give birth in the shelter and neonates cannot be kept in the shelter due to short- and long-term | H | A |

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| | risks). If an early pregnancy is discovered unexpectedly during a routine spay, the spay should proceed. | | |
| 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 un-spayed 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, zoonotic neurologic disease. Risk is increased for animals with bat exposure or animals imported from areas with high rabies risk. Suspect animals should be euthanized (if still alive). Suspect cases, whether euthanized or spontaneously deceased, should be submitted for testing in accordance with current BC CDC guidelines. Cases should be reported to AH. Exposed animals and people may require immediate vaccination and/or post-exposure prophylaxis as directed by public health officials. | UU | NA |
| Ringworm | Contagious and zoonotic fungal skin infection; more common in cats than any other companion animal. Requires isolation and prolonged treatment course. All cases must be reported to AH and the BC SPCA | TR | PA |

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| | Ringworm Protocol followed. Generally treatable unless concurrent medical or behavioural condition present or welfare cannot be maintained adequately. | | |
| Seizures | Neurological symptom that can occur for a variety of reasons. Must be assessed by veterinarian. Seizures may be secondary to other conditions; in these cases, treatability and adoptability depend on underlying condition. Young, otherwise healthy cats (no other underlying cause found on basic diagnostics) are potentially adoptable if resources allow, prognosis is good, and seizures are well-controlled on a single medication. Advanced imaging is typically beyond shelter resources. If cats are kept in care pending treatment or during attempted treatment, they must be in foster care, as it is not safe to have cats with seizure disorders in the shelter unsupervised for long periods of time. Older cats and cats with other health problems often have serious underlying conditions leading to seizures. These cats are generally not treatable or adoptable. | If condition is manageable or theoretically manageable as per a DVM: TM If severe/ uncontrolled/ serious underlying condition(s): UU | If young, healthy, with fixable cause or easily managed : PA If older with underlying conditions confirmed or suspected or if uncontrolled on single medication: 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 |
| Stomatitis | Also known as gingivostomatitis. Painful condition where oral tissues around teeth and in back of mouth become severely inflamed. Treatment | TM if responding to treatment | PA if resources allow, FIV negative and |

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| | requires full mouth dental extractions (or all teeth caudal to canines) and short-term medication in most cases. Some cats have ongoing inflammation and pain despite treatment and require long-term medication and management. Can be PA if FIV negative, resources allow extensive dental extractions, can be housed in foster, and good response is seen to extractions. In shelter system resources generally do not allow such extensive treatment with uncertain outcome. | UU if ongoing pain despite treatment | positive response to treatment. NA in many cases. |
| Swimmer Kitten | The condition "Swimmer Kitten Syndrome" is a congenital hindlimb problem where the kitten's rear legs are splayed out to the sides, and the kitten cannot walk. Clinical signs include limbs that are stiff and splayed out to the sides, reduced/weak high limb muscles, and flattened chest (secondary to lying on the chest all the time). The condition can be detected by several weeks of age and if treatment is attempted, should be treated immediately at the time of diagnosis for the best chance of recovery. If foster and veterinary resources allow, these kittens can be treated and have a good prognosis for being able to walk (though they may have a slightly abnormal gait or appearance long-term). Treatment consists of three parts: housing on a substrate such as fake sheepskin on a nonslip surface, tape hobbles (applied at a veterinarian and changed as the kitten grows), and physiotherapy ("tunnel therapy" about three times a day. Typically adoptable if proper treatment is feasible; if not, these kittens should be euthanized to prevent suffering. | TR (if vet thinks prognosis is good with treatment) TM/UU (if more severely affected and vet believes there will be long-term problems) | PA NA |

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| Ticks | External parasite. Should be removed manually wearing gloves or using tick twister or forceps if attached. Important to assure head and mouthparts removed completely and seek veterinary care if not. External parasite control that kills ticks (see Shelter Medicine Quick Reference) must be given. In rare cases, ticks may carry disease; screening tests are not performed in shelter care unless cat is sick. Adopters should be advised to take cat to vet if any unusual signs of illness are observed (signs and timing vary greatly). | TR | A |
| Underage/ Unweaned Kittens | <p>For health, behaviour, and safety reasons all animals under adoption age must be in foster homes and cannot be kept in the shelter.</p> <p>If <u>orphaned and unweaned</u> but otherwise healthy: bottle feeding can be attempted in foster care if foster/resources available. Keep littermates all together or in small groups- behaviour problems can result from lack of normal early socialization to cats. Must leave the shelter to go to foster by the end of the day of intake.</p> <p>If <u>not orphaned but unweaned</u>: can stay with mother in foster home until weaning age (and when fully weaned) if resources allow and mother is healthy and social. These animals should leave the shelter by the end of the day of intake with a maximum of 72 hours between intake and going to foster if safe</p> | <p>TR</p> <p>TR</p> | <p>PA</p> <p>A</p> |

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| | <p>housing is available (if no safe housing is available, must go to foster by the end of the day of intake).</p> <p>If <u>orphaned but weaned</u>: can stay in foster home until appropriate adoption age; keep littermates all together or in small groups. These animals should leave the shelter by the end of the day of intake with a maximum of 72 hours between intake and going to foster if safe housing is available (if no safe housing is available, must go to foster by the end of the day of intake).</p> | TR | A |
| Upper Respiratory Tract Infection (URI) | <p>Routine URI: Very common contagious viral or bacterial infection in cats (except virulent calicivirus, see below). 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 Shelter Medicine Quick Reference.</p> <p>Chronic cases: In rare cases can become chronic and require chronic management (these cases may be adoptable if resources allow).</p> <p>Virulent calicivirus: More virulent strains may cause icterus, facial and limb edema, epistaxis (nosebleed), and ulceration of the body, feet, and haired portions of the face. Mortality for these cases is high, so treatment is not recommended. These cats are not adoptable.</p> | <p>If fully resolved or expected to fully resolve: TR</p> <p>If chronic management is needed: TM</p> <p>If virulent systemic calicivirus or other severe/ complicated disease: UU</p> | <p>A</p> <p>PA</p> <p>NA</p> |

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| Urinary Crystals | <p>The importance of a finding of crystals in the urine depends on the specifics of the situation. Some types of crystals can be present in the urine of normal, healthy animals, while other types of crystals are most often indication of illness (urinary tract infection, bladder stones, liver disease, toxin ingestion, etc.) In some cases, bloodwork may be recommended to rule out underlying liver or kidney disease, and/or x-rays to look for urinary stones from the crystals may be warranted. In cats, urinary crystals can sometimes be a component of FLUTD. In cases where formation of urinary stones are a concern, a urinary crystal preventative diet specific to the type of crystals found may be required long-term. Treatment and adoptability depend on the type and cause of the crystals. Cats are potentially adoptable if crystal type is not reflective of organ failure or serious toxicity and case can be managed medically.</p> | <p>H: If veterinarian determines crystals are not pathologic</p> <p>TM: if treatment required</p> | <p>A</p> <p>PA</p> |
| Urinary Tract Infection (UTI) | <p>Usually highly treatable bacterial infection. Very rare as a primary condition in cats but is more common in females as well as cats who are older and/or have kidney issues. If recurrent or 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.</p> <p>See also: Feline Idiopathic Cystitis/Lower Urinary Tract Disease (often misdiagnosed as UTI)</p> | <p>If uncomplicated URI with no underlying issue: TR</p> <p>If underlying issue: TM</p> | <p>A</p> <p>PA</p> |

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| Vomiting | Ranges from mild to severe. Treatment depends on underlying cause. Generally treatable unless part of a more serious medical condition that falls into an untreatable/ not adoptable category. May be due to a chronic condition (such as Inflammatory Bowel Disease) requiring ongoing prescription diet or medication. Animals with vomiting due to a chronic condition are potentially adoptable if the condition can be managed successfully with diet and a single ongoing medication, quality of life is good, and resources allow. Animals on drugs that suppress the immune system (Atopica, high doses of steroids) must not be housed in the shelter due to increased individual and population-level risk of infectious disease; if treatment is attempted, these animals must be in foster. Consideration must be given to welfare and length of stay. | 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 |
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| Aggression | <p>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.</p> <p>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.</p> | If normal for species: H | |

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| | <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> |

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| 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 |

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| 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> |

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| | 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 |
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| 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 |

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| | surgically. If related to dental disease (most facial abscesses in rabbits), rabbit is not adoptable. | | |
| Adrenal gland disease (AGD) ferrets) | <p>Adrenal gland disease is common in middle-age ferrets. It is caused by endocrine tumours that produce sex hormones, even in neutered ferrets. Clinical signs typically begin with hair loss starting at the tail and progressing over the body; it is symmetrical and main initially appear to be seasonal. Females may develop enlargement of the mammary glands and vulva; males may develop enlargement of the prostate associated with urinary difficulty. These tumours are difficult to treat and even when treated, the opposite adrenal gland can become affected. This condition is not typically treatable in a shelter setting.</p> <p>See also: Urethral blockage (male ferrets)</p> | <p>TM (if theoretically treatable according to DVM)</p> <p>TR (if vet thinks prognosis is good with treatment)</p> <p>TM/UU (if more severely affected and vet believes there will be long-term problems)</p> <p>UU (if not theoretically treatable)</p> | NA |
| 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 |
| Bladder sludge/Hypercalciuria (rabbits) | Common condition in rabbits; clinical signs include depression, decreased appetite, lethargy, blood in urine, straining, hunched posture, and urine scald. Occurs more often in rabbits who are sedentary, obese, or on inappropriate diets (primarily pellets, or alfalfa hay in adults). Is characterized by the presence of large amounts of thick sand in the bladder (small amounts of sand or calcium crystals can be normal in rabbits). Requires veterinary exam, x-rays, urine testing, and treatment. | TM | PA |

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| Bladder stones (urolithiasis) | May be associated with genetic/metabolic/diet reasons. Guinea pigs and chinchillas are especially prone and are relatively high-risk surgical candidates. Rabbits can also have stones but are more likely to have sludge/sand (see Bladder sludge/Hypercalciuria). May be treatable with surgery +/- medication but requires long-term diet change (increased water and reduced calcium intake); often requires long term monitoring and periodic urine testing. Stones may be recurrent and these animals are not typically adoptable. | TR TM (if known long-term management needed) | PA (if good prognosis with surgery, recurrence not expected, and resources allow) NA (if poor or unknown prognosis or concurrent illnesses) |
| Blindness | Various causes; one or both eyes. If eye(s) are still present, a veterinarian must confirm that blindness is not associated with pain or systemic disease. Most animals adapt extremely well to blindness acquired due to eye disease or eye removal, but blind small mammals require careful management (safe enclosures, monitoring around other animals, minimize loud noises, etc). Generally adoptable unless associated with serious underlying or systemic disease or associated with pain that cannot be feasibly addressed with surgery. | TM | A (if no pain or systemic disease) PA (if pain, systemic disease, or underlying issue that cannot feasibly be treated) |
| 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. Rats, mice, and hedgehogs are particularly prone to cancer. All cases of suspected cancer should be discussed with a DVM and treatment/adoptability decisions should be based on prognosis and resource availability. | TR: Mild, surgically curable TM/UU: Moderate-Severe | PA NA |

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| Cataracts (sugar gliders, rabbits, guinea pigs) | <p>Cataracts are opacities of the lens inside the eye. They can occur for many reasons. Some cataracts can cause blindness or inflammation that can be associated with pain. All animals with cataracts should see a veterinarian to be assessed for cause, secondary complications, or pain and determine treatment options. In general, if the cataract is small (incipient or immature) and is not causing discomfort, no treatment is needed. Cataracts that are causing inflammation/pain should be treated by enucleation if resources allow and there are no concurrent systemic diseases. Note that some cataracts can be caused by diabetes and if this is suspected, animals should undergo further diagnostics prior to surgery. In rabbits, E. cuniculi is the most common cause of cataracts (this requires additional systemic treatment)</p> <p>Rabbits: see E. cuniculi</p> | <p>TR (if enucleation can fully address)</p> <p>TM (if treatment is not needed, but monitoring is needed, or if associated with other chronic condition)</p> | <p>PA</p> <p>PA</p> <p>NA</p> |
| Cheek pouch impaction or eversion (hamsters) | <p>Hamsters have very large cheek pouches and these can become impacted with food (presenting as swelling and pain) or everted (presenting as dried up skin protruding from the mouth because the pouch is “inside out”). This can occur due to suboptimal feeding practices or underlying disease (cancer, dental disease). Treatment involves anesthesia and flushing out/replacing the affected pouch(es). A species-appropriate hamster diet should be fed with food available at all times to allow frequent small meals. Typically highly treatable unless an underlying cause is identified</p> | <p>TR (if no underlying cause)</p> <p>TM or UU (if underlying cause present, depending on cause)</p> | <p>PA</p> <p>NA</p> |

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| | that would cause recurrence or necessitate ongoing treatment. | | |
| Congenital deafness (ferrets) | Congenital deafness is increasingly recognized in ferrets with unusual coat colours (white markings, white faces, and/or premature greying). This condition may affect one or both ears. It is not painful and does not require treatment, however, if detected in care adopters should be informed via a waiver so that they can make lifestyle adjustments accordingly. | TM | A |
| Conjunctivitis | Inflammation of the membranes around the eyes. May be contagious (caused by viral or bacterial infection), related to environment, caused by another medical problem (allergies, cancer, etc), or related to dental disease in species with continuously growing teeth. Conjunctivitis can occur as part of Upper Respiratory Infections, particularly in rats. All animals with conjunctivitis should see a veterinarian. Both the conjunctivitis and the underlying cause (if present) should be treated. See: Respiratory Infection, Dental- Incisor Overgrowth, Dental- Molar Overgrowth or Malocclusion | TR (if easily treatable cause is identified) TM (if chronic or chronic underlying cause) | PA PA |
| Dental- abscess | Dental abscesses can occur due to trauma (see Dental-Fractured teeth) in any species. If due to trauma, affected teeth can be extracted (but in species with continuously growing teeth, this can lead to the need for ongoing care of the “opposite” tooth). In species with continuously growing cheek teeth (rabbits, guinea pigs, degus, chinchillas), dental abscesses that are not due to trauma are | TR (if secondary to fracture or foreign material and can be fully resolved with extraction) | PA |

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| | typically due to molar malocclusion (see Molar Overgrowth or Malocclusion) and can be severe, affecting bone and requiring extensive repeated surgeries to treat. For this reason, animals with continuously growing teeth who have dental abscesses are generally not treatable in a shelter setting. Other abscesses (due to dental fracture or foreign material) may be treatable if resources allow. | TM (if can be theoretically resolved but would require chronic maintenance dental procedures) UU (if severe/advanced and painful with no surgical option that can lead to full resolution) | NA NA |
| Dental- Fractured Teeth (Ferrets, hedgehogs) | <p>Teeth that have been broken through trauma (intentional or unintentional). Generally only affects one or a few teeth.</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 or tooth is abscessed (appears as red, brown, or black spot or hole in centre of tooth; sometimes entire tooth is discoloured or there is swelling at the base of the tooth), the tooth must be extracted due to current or future pain/infection. Usually these teeth are broken closer to the gumline. Potentially treatable if resources allow.</p> | <p>H</p> <p>TR</p> | <p>A</p> <p>PA</p> |

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| | A veterinary exam is necessary to determine whether pulp is exposed and what treatment may be required. | | |
| 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 (with continuously growing cheek teeth), 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, Degus. Brachycephalic (short-faced) rabbits (such as Lionhead, Netherland Dwarf, and lop-eared breeds) are especially predisposed to malocclusion. Symptoms include drooling, dropping food, decreased appetite, weight loss, dehydration, and may include ocular discharge. 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 |
| Dental- Oral Mass | Severity ranges from mild-severe. Oral masses must be assessed by a veterinarian. Treatment (i.e. surgery) should only be attempted if there is a high likelihood of permanent cure. | If known to be surgically curable: TR | PA |

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| | | If advanced/malignant: TM/UU | NA |
| Dental- Periodontal Disease | Ferrets, Hedgehogs. 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. 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 and long-term complications are not anticipated. | TR/TM (depending on anticipated future management) | PA |
| Dermatophytosis | See: Ringworm | | |
| Diabetes (degus, gerbils, chinchillas, ferrets, guinea pigs) | Diabetes is rare in most small mammal species and underlying causes and prognosis are variable, but prognosis is generally poor. The care required for insulin and monitoring is typically not feasible in a shelter setting. | TM (if a theoretically manageable cause is confirmed) UU (if severe disease or unknown cause) | 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, 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 |
| Ear Infection | Clinical signs include discharge, odour, itching, and pain that persists despite ear mite treatment. If | TR | PA |

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| | <p>limited to the external canal, is usually treatable with medication. Must see a veterinarian so eardrums can be examined and proper treatment determined. In some cases, may involve the middle/inner ear or be related to underlying condition and require chronic management. Adoptable if no underlying issue present or underlying issue can be managed and infection resolved.</p> <p>If head tilt present, see Head Tilt.</p> | If chronic and/or underlying condition present: TM | PA |
| Ear Mites | <p>Rabbits/Ferrets. Contagious mites cause intense itchiness and are typically easily treatable with Revolution. All in-contact animals of the same species should be treated, with deep cleaning occurring at the time of treatment (see Small Animal Revolution Dosing Chart). If cause is uncertain, or if animals are severely affected/painful, should see a veterinarian in addition to receiving Revolution. If a group is treated as a “herd” without each member of the group seeing a vet, any animals who are not responding or have recurrent clinical signs after ear mite treatment would need to see a vet. If secondary infection, see Ear Infection.</p> | TR | A |
| Emaciation | <p>Generally treatable if due to starvation, neglect, or treatable disease. Not treatable if associated with severe internal disease (i.e. organ failure).</p> | In absence of untreatable underlying disease: TR | A |
| Encephalitozoon cuniculi (rabbits) | <p>E. cuniculi is a common infectious organism in rabbits. It can affect multiple organ systems (neurologic, eyes, kidneys) and clinical signs depend on the target organ. Animals with kidney disease generally have a poor prognosis. Adoptability dependant on prognosis as</p> | <p>TR (if infection is considered curable by a DVM)</p> <p>TM (if infection can be treated but not cleared, rabbit can</p> | <p>PA</p> <p>PA</p> |

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| | determined by a vet, ability to maintain normal functions, as well as adoption resources. | maintain normal functions, has a good prognosis and is free from pain) UU (if severe organ damage has already occurred or a DVM determines treatment will not achieve good function, quality of life and prognosis) | NA |
| Foreign body (ferrets) | More common in ferrets under 1-2 years of age in good body condition. Clinical signs include reduced appetite, abdominal pain, lethargy, and diarrhea (ferrets rarely vomit due to foreign bodies). In most cases, surgery can cure problem. Treatable if resources permit. | TR | PA |
| Fractures | Traumatic injury or injuries. Range from mild-severe. Mild, single, or simple fractures may be treatable with cage rest, splinting, or surgery. Rabbits and chinchillas have thin, fragile bones and fractures can occur from getting caught in cage bars or inappropriate restraint. Rabbits may fracture their backs with trauma or when startled or frightened; spinal injuries that result in paralysis and have a poor prognosis/ are not treatable in a shelter setting. In general, decisions about fractures for all species 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 |
| Fur Mites | See: Parasites, External | | |

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| Fur ring (male chinchillas) | A fur ring can occur around the base of the penis in male chinchillas due to buildup of hair and penile discharge over time. Clinical signs include frequent urination, excessive licking of the prepuce, and straining to urinate. In severe cases, a fur ring can cause complete urinary obstruction and swelling of the penis. Treatment involves removal of all hair and application of topical medications. While in care, all male chinchillas should have the penis area examined during any veterinary examinations that occur while in care to try and catch this problem early. | TR | PA |
| Fur slip (chinchillas, degus) | Fur slip occurs when an animal tries to escape while they are scruffed or roughly restrained, or if they are grabbed by the back while trying to escape. A large area of fur can come off, leaving smooth hairless skin. The fur will grow back, but it takes 1-2 months for good coverage and can take up to 6 months to look normal. Fur slip generally can be prevented with appropriate low-stress handling methods. | TR | A |
| Gastric Stasis (rabbits, guinea pigs, chinchillas, degus) | Clinical signs include reduced appetite, lethargy, reduced fecal production, decreased size of fecal pellets, tooth grinding (pain) and palpable firm stomach in abdomen. Serious medical emergency requiring immediate, aggressive supportive care. Often due to inappropriate diet (not enough fibre), underlying dental disease, or other concurrent illness. Treatable if resources allow and treatment can be done in trained foster home or vet hospital (due to need for close monitoring); adoptable if no underlying condition present. Rabbits with full | TR: Responds to treatment, no underlying condition: UU: Poor response, debilitated, or underlying condition: | PA NA |

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| | gastric obstruction requiring surgery are not adoptable. | | |
| Hairball | See Trichobezoar | | |
| Hair loss (ferrets) | <p>Hair loss can occur for multiple reasons, similar to other species. These include external parasites, ringworm, and seasonal shedding. Seasonal shedding typically occurs gradually twice a year and does not result in massive hairless areas (but the coat can look patchy). External parasites are typically easy to treat. Adrenal Gland Disease is the most common cause of significant hair loss in ferrets.</p> <p>See also: Adrenal Gland Disease, Ringworm</p> | <p>TR: if easily treatable cause found</p> <p>TM/UU: if chronic condition such as Adrenal Gland Disease</p> | <p>PA</p> <p>NA</p> |
| Head Tilt | <p>Common in rabbits and gerbils; less common in other species.</p> <p>In rabbits, generally due to serious inner ear or brain infection (bacterial, parasitic) and generally not adoptable in shelter setting. Diagnosis and treatment is often difficult and costly and should only be pursued if a veterinarian feels there is a good prognosis, risk of persistent pain and suffering is low and resources are available. If ears also itchy- treat for ear mites before making euthanasia decision. Rabbits who do not respond to medical therapy or who are severely affected (rolling, twisted neck) are not adoptable. (See also Encephalitozoon cuniculi)</p> <p>In older gerbils, generally due to aural cholesteatoma (tumour inside the ear; these occur in 50% of gerbils over the age of 2 years). This type</p> | <p>TR: If underlying cause is fixable</p> <p>TM: If underlying condition is theoretically manageable</p> <p>UU: If underlying cause is severe or suspected to be a tumour.</p> | <p>PA</p> <p>PA: If animal is mildly affected, no other neurological symptoms, no evidence of ongoing pain or significant underlying disease, condition is stable and animal has a good quality life</p> <p>NA</p> |

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| | of tumour is not treatable in gerbils in a shelter setting. | | |
| Heart disease | Heart (cardiac) disease can have many different causes, but tends to only be detected and diagnosed in small mammals when it has progressed to heart failure. Clinical signs may include lethargy, loss of appetite, rapid breathing, and fluid buildup in the chest or abdominal cavities. Cardiac failure is not typically treatable in a shelter setting. | TM (if theoretically manageable with treatment) UU (if severe/ not theoretically treatable) | NA NA |
| Hibernation attempt (hedgehogs) | Hedgehogs in captivity do not need to hibernate, and hibernation is unsafe in a home environment. Hedgehogs exposed to cold temperatures (below 15 degrees) or excessive darkness may attempt to enter a state of hibernation. Early signs of this include lethargy, lack of coordination, decreased appetite, and decreased water intake. Later signs include staying rolled up into a ball, feeling cold to the touch, and having a low heart rate/ breathing rate. Hedgehogs showing signs of attempted hibernation should have environmental factors corrected (gradually increase ambient temperature, 12-hour light-dark cycles, avoidance of drafts) and if the problems persist, should be taken to a veterinarian. Shelter team members should not attempt direct supplemental warming, as this can be unsafe. | TR (if caught early and treated) UU (if severe metabolic problems have occurred) | A 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 |

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| Influenza types A and B (ferrets) | Ferrets can become infected with human influenza viruses. Clinical signs include fever, sneezing, watery eyes, nasal discharge, lethargy, and loss of appetite. Severe infection with a secondary bacterial component can occur in neonates and can be fatal. Clinical signs in adults are generally mild-moderate and prognosis is good unless severe signs are present. Treatment consists of supportive care. Transmission from human to ferret is far more likely than ferret to human, though the latter may rarely occur. Infected ferrets should be isolated from other ferrets (unless a bonded pair) and handled with PPE. Humans with influenza should not handle ferrets in shelter care. | TR (most cases- mild to moderate) UU (severe infections) | PA NA |
| 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 |
| Insulinoma (ferrets) | An insulinoma is a tumour in the pancreas that produces insulin, causing the animal's blood sugar to drop. Insulinomas are the most common type of cancer in ferrets. Clinical signs include progressive lethargy, weight loss, and weakness as well as neurologic signs (depression, incoordination, seizures) and sometimes, signs of nausea (drooling, pawing at the mouth). Signs are intermittent and resolve temporarily with feeding. Any ferrets with suspected insulinoma must see a veterinarian for diagnosis. Due to poor survival times with both surgical and medical treatment, ferrets with this condition are not typically treatable in shelter care. | TM (if theoretically manageable and surgical and/or medical treatment) UU (if advanced and no treatment options) | NA NA |

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| Kidney (renal) disease | Renal disease and renal failure can occur in all small mammal species, similar to other animals. Renal failure is a progression of renal disease to the point where the majority of kidney function has been lost. It may be acute or chronic and has a variety of causes. Clinical signs include increased drinking and urination, lethargy, and loss of appetite, and may include neurologic and GI signs, pain, urine scald, and other clinical signs depending on species and cause. Unless an easily treatable cause is found, renal disease and renal failure are not typically treatable in a shelter setting. | TR (if easily treatable and fixable cause is found) TM (if chronically manageable cause is found) UU (if severe, advanced, or no treatable cause found) | PA NA NA |
| Mammary Mass(es) | 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. Mammary masses in other species are more concerning and should be evaluated by a veterinarian. | TR/TM (Rats) TM/UU (other species) | PA PA/NA |
| Obesity | 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. | TR | A |

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| Otitis | See: Ear infection | | |
| Ovarian cysts (guinea pigs) | Ovarian cysts are common in guinea pigs over one year of age. These cysts may be “functional” (hormone-producing) or nonfunctional (not hormone-producing). They are usually benign but rarely, cancer can cause the same clinical signs. Both types of cysts can cause abdominal bloating and discomfort, and functional cysts can cause bilateral alopecia (hair loss) along the sides of the body, as well as crusting around the mammary glands. Treatment involves surgical removal of the ovaries (and usually the uterus). Any guinea pigs with suspect ovarian cysts must see a veterinarian for diagnosis and to determine next steps. Surgery can be pursued if resources allow and the prognosis is deemed good by a veterinarian. Tissue removed should ideally be sent for biopsy to make sure there is no cancer present. | TR (if surgery is expected to be curative, spay available and resources allow) UU (if complicated or malignancy suspected) | PA NA |
| Parasites, External | 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. Hedgehogs can have treatable skin mites (see Quill/Spine Loss). Fleas may also be seen in all species and lice may be seen in some species (rats, mice, ferrets, guinea pigs, [extremely rare in rabbits/chinchillas]); | TR | A |

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| | treatable with Revolution. Contact veterinarian for dose. | | |
| Parasite, Intestinal | Gastrointestinal parasites: varies by species; intestinal worms, Coccidia, Giardia, cryptosporidium. All are treatable but contagious and may be hard to eradicate from environment. Staff and adopters should practice excellent sanitation and hygiene. | TR | A |
| Pododermatitis (rabbits, guinea pigs) | This condition is commonly seen in rabbits and guinea pigs who have hair loss and mild-to-severe inflamed lesions on the plantar surfaces of the feet (the bottom part of the foot/hock that touches the ground). In severe cases, the skin may be ulcerated and the tissue beneath infected, including the bone. Poor husbandry (inappropriate bedding and flooring, poor hygiene), obesity, and other concurrent diseases can be predisposing factors. In guinea pigs, scurvy is a predisposing factor. Mild cases are treatable by addressing husbandry and weight management, and with topical treatment. More severe cases may require systemic antibiotics and pain meds, with very severe or unresponsive cases occasionally requiring surgery. Treatment in a shelter setting depends on underlying cause(s) and resource availability, with most shelters able to treat mild cases. | TR (if underlying causes can be resolved) TM (if underlying causes can be managed but not resolved) UU (if severe and/or unresponsive to treatment) | A PA NA |
| Pregnancy | If possible, these animals should be spayed and the pregnancy terminated (possible in rabbits, rats, some others depending on comfort of veterinarian). Otherwise, decisions should be based on resource availability. Animals in the late stages of pregnancy | Uncomplicated: H Complicated: TR | PA |

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| | should be sent to foster to ensure they do not give birth in the shelter. If animals are allowed to give birth, babies should stay with mother in foster home until weaning age (and when fully weaned) if resources allow and mother is healthy and social (see Underage/Unweaned). Euthanasia may be considered as a last resort if the shelter is already overpopulated with small mammals and transfer to another shelter for adoption is not possible. Note that guinea pigs are prone to dystocia (birth complications) which requires emergency treatment. | | |
| Proptosed eye (hedgehogs, hamsters) | Hedgehogs and hamsters are prone to eye damage, including proptosis (where the eye pops out due to trauma). Inappropriate restraint can cause this condition in hamsters. This condition is very painful and these animals must see a veterinarian immediately. Occasionally, this can occur due to underlying disease (neurologic disease, cancer, dental disease [hamsters]). If there is no underlying disease and resources allow, the proptosed eye can be removed surgically. Animals with only one eye typically have an excellent quality of life. | TR (if surgically fixable) TM (if underlying chronic manageable cause) UU (if underlying cause that is not treatable) | PA NA NA |
| Quill/spine loss (hedgehogs) | Hedgehogs with “quill loss” may have scaly skin and loss of intact spines (where they are noted to fall out). The hedgehog may also be itchy. The most common cause of this is contagious mites, but fungal and other infections can also cause this. Any hedgehog with spine loss or other skin lesions should see a veterinarian for diagnosis and treatment. Mites are generally species-specific and | TR (if easily treatable cause suspected or confirmed) | PA |

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| | highly treatable, but can spread between hedgehogs, so the environment must be decontaminated and all exposed hedgehogs treated at the same time. | TM/UU (if more severe underlying cause is found, depending on cause) | PA/NA (depending on diagnosis) |
| Rabbit hemorrhagic disease (RHD) | RHD is caused by Rabbit Hemorrhagic Disease Virus 2 (RHDV2), a highly contagious calicivirus with high mortality rates. The most common clinical sign is sudden death, but affected rabbits can also show signs of lethargy, decreased appetite, bleeding from orifices, and difficulty breathing. Refer to BC SPCA RHD protocols for additional information for shelter and field officers. Suspect cases (live and deceased) should be handled with full PPE. Live suspected cases should not enter the shelter, and should be taken directly to a veterinarian. Treatment is generally not successful and should not be attempted; these animals should be euthanized and remains should be held for possible testing. If animals are in protective custody and cannot be euthanized (unless in critical distress), follow direction from Animal Health. RHD is a federally notifiable disease and all cases must be reported immediately to Animal Health. | UU | NA |
| Renal disease | See kidney disease | | |
| Respiratory Infection | Common in rats, rabbits, guinea pigs, mice, and hedgehogs. Can be exacerbated by poor environmental conditions (high ammonia, dust, etc.). In rabbits and guinea pigs, may be related to dental disease. Generally tends to be a chronic, managed, progressive condition in small mammals. Antibiotic selection is based on safety for the | TR: Mild, easily resolved cases TM: Moderate to severe or recurrent | PA NA |

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| | species and suitability for the disease as determined by a veterinarian. 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. | | |
| Ringworm | Contagious fungal skin infection. Requires isolation and prolonged treatment course. Generally treatable and adoptable unless concurrent medical or behavioural condition present or welfare cannot be maintained adequately. Ringworm is rare in most small mammal species and suspect animals should see a local veterinarian to rule out another problem. All cases should be reported to Animal Health for guidance on species-appropriate treatment. | TR | PA |
| Scurvy (hypovitaminosis C) (guinea pigs) | Guinea cannot synthesize vitamin C and require sufficient dietary vitamin C to prevent illness. If a vitamin C deficiency occurs, they will develop scurvy. This condition occurs more frequently in young guinea pigs. Clinical signs include poor haircoat, loose teeth, respiratory infection, lameness, diarrhea, delayed wound healing, and lethargy. All guinea pigs with suspected scurvy must see a veterinarian. Treatment is with vitamin C (often given by injection, followed by oral administration). Once clinical signs resolve, a veterinarian should be consulted to advise on a long-term diet with adequate supplemental vitamin C. This condition can be prevented by feeding species-appropriate quantities of hay, pellets, and fresh produce. Animals are typically treatable unless | TR | PA |

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| | they have advanced disease with complicating factors that cannot be resolved with treatment. | | |
| Seizures (gerbils) | <p>Seizures of genetic origin are common in gerbils (20-40% of animals affected) because all gerbils in North America descended from a very small number of imported animals. Affected gerbils show signs starting around 2 months of age. Seizures are triggered by handling, exploring, and new environments (a cage change is a common trigger). Seizures are not painful or progressive and do not require treatment. Unlike other forms of seizures/ seizures in other species, gerbil seizures induced by novel environments do not mean an animal is not adoptable (but if this is observed, adopters should be informed via a waiver).</p> <p>Seizures with onset later in life in gerbils or other species are likely due to another, more serious problem. Other types of seizures cannot typically be diagnosed or treated in a shelter setting.</p> | <p>TM</p> <p>TM- UU (depending on severity and cause)</p> | <p>A</p> <p>NA</p> |
| 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. | <p>If surgically curable: TR</p> <p>If determined to be benign and not affecting animal: TM</p> <p>If cannot be addressed surgically or affecting welfare: UU</p> | <p>PA</p> <p>PA</p> <p>NA</p> |

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| Splay leg (rabbits) | Splay leg occurs in juvenile rabbits and is thought to have both genetic and environmental (if rabbits are kept on a slippery floor with poor traction) components. It typically affects the hind limbs. It ranges from mild to severe. Juvenile rabbits with splay leg should see a veterinarian to determine prognosis and whether treatment (splinting/hobbling and improved traction) is an option. Senior rabbits can develop a similar condition, often involving the front legs, which typically occurs secondary to obesity, arthritis, and a sedentary lifestyle. This condition is not curable in senior rabbits and may or may not be manageable depending on quality of life and underlying condition(s). | TM (if a veterinarian determines that it can be managed or sufficiently improved) UU (if severe or a veterinarian determines that treatment is not likely to help significantly) | PA NA |
| Stasis | See: Gastric Stasis | | |
| Syphilis (rabbits) | Rabbit syphilis is a bacterial infection that affects both wild and domestic rabbits, but cannot be transmitted to other species. It is transmitted through direct contact, especially sexual contact, so it is more common in intact adult animals. Clinical signs include crusting and scabbing around the genital area, face, and paws. Sneezing, pawing at the face, and excessive grooming may also be seen. This infection is highly treatable with injectable penicillin and all rabbits in an affected group must be treated. Infected rabbits can continue to be cohoused with bonded rabbits during treatment in a shelter or foster home but should be isolated from other rabbits; PPE should be used until the treatment course is complete. These rabbits are usually adoptable but depends on resources such as isolation. | TR | PA |

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| Tail de-gloving (degus, gerbils, chinchillas, rats) | Tail degloving occurs most frequently in gerbils but can also be seen in other small mammals. It often occurs due to inappropriate restraint (by the tip of the tail) or if the tail is caught in something. Tail degloving is typically a highly treatable injury; amputation of the degloved/dead part of the tail is a simple surgery and is almost always required. Attempts to treat medically with serial bandage changes are not recommended in a shelter setting, as healing is uncertain and can take several months. Adoptability depends on resources for surgery. | TR | PA |
| Trichobezoar (hairball) (ferrets, rabbits, chinchillas) | <p><u>Ferrets:</u> More common in older ferrets over 1-2 years (as opposed to foreign bodies, which occur most frequently in younger ferrets). Clinical signs may be acute or chronic and include lethargy, reduced appetite, abdominal pain, and diarrhea (ferrets rarely vomit due to foreign bodies). In most cases, surgery or endoscopy can cure problem (but the problem will not resolve with medical supportive care alone). Prevention includes regular use of a hairball laxative preparation during active shedding seasons. Treatable if resources permit.</p> <p><u>Rabbits/Chinchillas:</u> Clinical signs of trichobezoars are nonspecific and include lethargy and loss of appetite. These may be more common in animals on inappropriate diets (insufficient hay) or who have dental or skin disease. Unlike in ferrets, medical supportive care is the first-line treatment for rabbits/chinchillas with trichobezoars. This includes</p> | <p>TR</p> <p>TR (if due to an easily correctable issue like diet)</p> | <p>PA</p> <p>PA</p> |

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| | fluids, high-fibre supplemental feeding (e.g. herbivore critical care), laxatives, and other medications to support GI motility. Underlying causes must also be diagnosed and addressed. Treatability and adoptability vary depending on severity and underlying cause. | TM (if due to chronic underlying disease) | |
| Underage/unweaned | <p>For health, behaviour, and safety reasons all animals under adoption age must be in foster homes and cannot be kept in the shelter.</p> <p>If <u>orphaned and unweaned</u> but otherwise healthy: bottle feeding can be attempted in foster care if foster/resources available; however, this is typically not feasible in most locations. Keep littermates all together or in small groups. Must leave the shelter to go to foster by the end of the day of intake.</p> <p>If <u>not orphaned but unweaned</u>: can stay with mother in foster home until after weaning age if resources allow and mother is healthy and social. Must leave the shelter to go to foster by the end of the day of intake, unless the mother has given birth that day; in that case, if safe housing is available the litter and mother can stay in the shelter for up to 24 hours to allow maternal bonding. For newborn litters of small mammals, euthanasia of all but one offspring (kept for maternal welfare) within 24 hours of birth may be necessary depending on resources.</p> | <p>TR</p> <p>TR</p> | <p>PA</p> <p>PA</p> |

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| | If <u>orphaned but weaned</u> : can stay in foster home until appropriate adoption age for species; keep littermates all together or in small groups. Must leave the shelter to go to foster as soon as possible, with a maximum of 72 hours between intake and going to foster. | TR | A |
| Urethral blockage (male ferrets) | Urethral blockage in middle-aged male ferrets typically occurs due to an advanced-stage adrenal tumour producing hormones that cause the prostate to enlarge. These tumours are difficult to treat and even when treated, the opposite adrenal gland can become affected. This condition is not typically treatable in a shelter setting. See also: Adrenal disease | TM (if theoretically treatable according to DVM) UU (if not theoretically treatable) | 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 |
| Visible cecotropes (rabbits) | Normal rabbits produce cecotropes (soft, shiny, dark, nutrient-dense pellets produced in small bunches) and immediately re-ingest them, so the caregiver should never see these. If a team member or foster believes they are seeing cecotropes, the first step is for a veterinarian to determine whether these are cecotropes or soft stool (if soft stool, refer to Diarrhea section). Cecotropes may be seen if a | TR (if cause is easy to address) | PA PA |

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| | rabbit cannot effectively reach their anus to re-ingest them (obesity, arthritis, other muscle/skeletal problem, e-collar) or if the diet is not balanced. Treatment depends on the underlying cause and how easy it is to correct. | TM (if cause requires chronic management) | |
| 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 |
| Wobbly Hedgehog Syndrome | This is a progressive neurological condition with no cure. Affected hedgehogs are typically 18-24 months old at the time of onset, but can be any age. Clinical signs include weakness, incoordination, and stumbling progressing to paralysis and death. Disease progression can vary from weeks to months. In a shelter setting, affected animals should be euthanized at the time of diagnosis. | UU | 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 Tooth or 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 (4th 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 | If mild and surgically curable: TR | PA |

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| | <p>arising from the edge of the gums are likely benign and may not require treatment. Occasionally severe and/or malignant masses are seen; these case may involve significant oral pain, and these dogs are generally not adoptable.</p> | <p>If chronically manageable: TM</p> <p>If severe/malignant and impairing quality of life: UU</p> | <p>PA</p> <p>NA</p> |
| 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</p> | <p>TR</p> <p>TM</p> <p>TM</p> <p>TM</p> | <p>PA</p> |

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| | periodontal disease is a chronic, progressive condition. Animals are generally adoptable if resources permit treatment. | | |
| Cleft Palate/cleft lip | See appendix A | | |
| Missing teeth | Absence of teeth may be due to various causes. In young animals, this may be from never having formed, unerupted teeth or abnormal/malformed teeth. If redness, swelling, discharge or pain is present, this should be addressed immediately. If the gum looks normal, dental x-rays should be performed at the time of spay/neuter to determine if any action is required. In older animals, common causes include previous extraction, or from falling out due to periodontal disease. If the gums look otherwise normal and there is no pain, animals can be adopted with a waiver. | TR | A |

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</p> | <p>H</p> <p>TR</p> | A |

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| | <p>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> | | |
| Dental- Oral Mass | <p>Severity ranges from mild-severe. Oral masses must be assessed by a veterinarian to determine a suspected or confirmed cause. 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.</p> | <p>If mild and surgically curable: TR</p> <p>If chronically manageable: TM</p> <p>If severe/malignant and impairing quality of life: UU</p> | <p>PA</p> <p>PA: If chronically manageable, able to eat and clean normally without pain (and is not cancer)</p> <p>NA</p> |
| 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>TR</p> <p>TM</p> <p>TM</p> | <p>PA</p> |

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| | <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> | TM | |
| 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 requires full mouth dental extractions (or all teeth caudal to canines) and short-term medication in most cases. Some cats have ongoing inflammation and pain despite treatment and require long-term medication and management. Can be PA if FIV negative, resources allow extensive dental extractions, can be housed in foster, and good response is seen to extractions. In shelter system 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 if resources allow, FIV negative and positive response to treatment.</p> <p>NA in many cases.</p> |
| Cleft palate/cleft lip | See appendix A | | |
| Missing teeth | Absence of teeth may be due to various causes. In young animals, this may be from never having formed, unerupted teeth or abnormal/malformed teeth. If redness, swelling, discharge or pain is | TR | A |

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| | present, this should be addressed immediately. If the gum looks normal, dental x-rays should be performed at the time of spay/neuter to determine if any action is required. In older animals, common causes include previous extraction, or from falling out due to periodontal disease. If the gums look otherwise normal and there is no pain, animals can be adopted with a waiver. | | |
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Dental Conditions: Small Mammal

| Condition | Supporting Details/Criteria | Asilomar Category | Adoptability Category |
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| Cheek pouch impaction | See appendix A | | |
| Dental - abscess | Dental abscesses can occur due to trauma (see Dental-Fractured teeth) in any species. If due to trauma, affected teeth can be extracted (but in species with continuously growing teeth, this can lead to the need for ongoing care of the “opposite” tooth). In species with continuously growing cheek teeth (rabbits, guinea pigs, degus, chinchillas), dental abscesses that are not due to trauma are typically due to molar malocclusion (see Molar Overgrowth or Malocclusion) and can be severe, affecting bone and requiring extensive repeated surgeries to treat. For this reason, animals with continuously growing teeth who have dental abscesses are generally not treatable in a shelter setting. Other abscesses (due to dental fracture or foreign material) may be treatable if resources allow. | TR (if secondary to fracture or foreign material and can be fully resolved with extraction) TM (if can be theoretically resolved but would require chronic maintenance dental procedures) UU (if severe/advanced and | PA NA |

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| | | painful with no surgical option that can lead to full resolution) | NA |
| Dental- Fractured Teeth | <p>(Ferrets, hedgehogs). Teeth that have been broken through trauma (intentional or unintentional). Generally only affects one or a few teeth.</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 or tooth is abscessed (appears as red, brown, or black spot or hole in centre of tooth; sometimes entire tooth is discoloured or there is swelling at the base of the tooth), the tooth must be extracted due to current or future pain/infection. Usually these teeth are broken closer to the gumline.</p> <p>A veterinary exam is necessary to determine whether pulp is exposed and what treatment may be required.</p> | <p>H</p> <p>TR</p> | <p>A</p> <p>PA</p> |
| Dental- Incisor Overgrowth (Small Rodents) | <p>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.</p> <p>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.</p> | <p>If due to neglect and can be resolved with single incisor trim: TR</p> <p>TM</p> | PA |
| Dental- Incisor Overgrowth (Rabbits, Degus, Chinchillas, Guinea Pigs) | In these species (with continuously growing cheek teeth), almost always due to a concurrent molar malocclusion. Unless a qualified veterinarian has ruled this out, see below. | TM | NA |

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| Dental- Molar Overgrowth or Malocclusion | Rabbits, Guinea Pigs, Chinchillas, Degus. Brachycephalic (short-faced) rabbits (such as Lionhead, Netherland Dwarf, and lop-eared breeds) are especially predisposed to malocclusion. Symptoms include drooling, dropping food, decreased appetite, weight loss, dehydration, and may include ocular discharge. 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 |
| Dental- Oral Mass | Severity ranges from mild-severe. Oral masses must be assessed by a veterinarian. Treatment (i.e. surgery) should only be attempted if there is a high likelihood of permanent cure. | If known to be surgically curable: TR If advanced/malignant: TM/UU | PA NA |
| Dental- Periodontal Disease | Ferrets, Hedgehogs. 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. 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 and long-term complications are not anticipated. | TR/TM (depending on anticipated future management) | PA |

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 |
| Anemia | TR/TM/UU | A/PA/NA |
| Amputee | H/TM | A |
| Arthritis | TM | PA |
| Autoimmune Disease | TM | PA |
| Bite Wounds | TR/UU | A/NA |
| Bladder Stones | TM | PA |
| Blindness | TM | A/PA |
| Bloat | TR/UU | PA/NA |
| Brachycephalic Obstructive Airway Syndrome | TM/UU | PA/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 |
| Cardiac Arrhythmias | H/TM/UU | A/NA/NA |
| Cardiomyopathy | TM/UU | NA |
| Cataracts | TM | PA/NA |
| Chronic Bronchitis | TM | PA |
| Cherry Eye | TR/TM | A |
| Cleft Palate/Cleft Lip | TR/TM | PA |

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|---|----------|---------|
| Cognitive Dysfunction | TM/UU | PA/NA |
| Congenital Cardiac Disease | TM/UU | PA/NA |
| Conjunctivitis | TR/TM | A |
| Cruciate Ligament Rupture | TM | PA |
| 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/UU | PA/NA |
| Dental- Periodontal Disease | TR/TM | PA |
| Dental- Worn Teeth | H/TM | A |
| Diabetes Insipidus | TM/UU | PA/NA |
| Diabetes Mellitus | TM | NA |
| Diarrhea | TR/TM/UU | A/PA/NA |
| Distemper | TR/TM/UU | NA |
| Dry Eye | TM | PA |
| Ear Infection | TR/TM | A/PA |
| Ectopic Ureter | TR/TM | PA/NA |
| Emaciation | TR/UU | A/NA |
| Entropion | TR/TM | A/PA |
| Exocrine Pancreatic Insufficiency (EPI) | TM | PA |
| Eye Ulcer (Corneal Ulcer) | TR/TM | A/PA |
| Fleas | TR | A |
| Foreign Body (GI) | TR | PA |
| Fracture(s) | TR/TM/UU | PA/NA |
| Frostbite | TR | A |
| Glaucoma | TM | A |
| Heart Murmur | TR/TM/UU | A/PA/NA |
| Heartworm | TR/TM/UU | PA/NA |

| | | |
|--|----------|---------|
| Hernia | TR/TM | PA |
| Hip Dysplasia | TM/UU | PA/NA |
| Hydrocephalus in Puppies | TM/UU | PA/NA |
| Hypothyroidism | TM | PA |
| Illness, Other | TR/TM/UU | A/PA/NA |
| Incontinence, Fecal | TM | PA |
| Incontinence, Urinary | TM | PA |
| Injury | TR/UU | PA/NA |
| Kennel Cough | TR | A |
| Kidney Disease | TM/UU | PA/NA |
| Lameness | TR/TM | A/PA |
| Lice | TR | A |
| Lipoma(s) | TR/TM | A |
| Liver Disease | TM/UU | PA/NA |
| Luxating Patella | TM | PA |
| Mammary Masses | TR/TM/UU | PA/NA |
| Mange | TR/TM | A/PA |
| Megaesophagus secondary to Persistent Right Aortic Arch (PRAA) | TR/TM/UU | PA/NA |
| Megaesophagus | TR/TM/UU | PA/NA |
| Missing Teeth | TR | A |
| Obesity | TR | A |
| Pancreatitis | TM | PA |
| Pannus | TM | PA |
| Parasite, Intestinal | TR | A |
| Parvovirus | TR/UU | PA/NA |
| Pectus Excavatum | TR/UU | PA/NA |
| Perianal fistulas | TM | PA/NA |
| Pigmentary Keratitis | TM | PA |
| Pneumonia | TR | PA |

| | | |
|--|----------|---------|
| Pneumothorax | TR/UU | PA/NA |
| Pregnant | H | A |
| Polycystic Kidney Disease | TM/UU | PA/NA |
| Portosystemic Shunt or microvascular dysplasia | TR/TM/UU | PA/NA |
| 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 |
| Swimmer Puppies | TR/TM/UU | PA/NA |
| Tick(s) | TR | A |
| Tracheal Collapse | TM/UU | PA/NA |
| Underage/ Unweaned Puppies | TR | A/PA |
| Urinary Crystals | H/TM | A/PA |
| Urinary Tract Infection | TR | A |
| Vaginal Prolapse | TR | PA |
| Vomiting | TR/TM/UU | A/PA/NA |
| Wobblers Syndrome | TM/UU | 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 |
| Brachycephalic Obstructive Airway Syndrome | TM/UU | PA/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 |

| | | |
|--|----------|---------|
| Anemia | TR/TM/UU | A/PA/NA |
| Arthritis | TM | PA |
| Asthma (See: Allergies) | | |
| Autoimmune Disease | TM | PA |
| Bite Wounds (except severe) | TR | A |
| Bladder Stones | 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 |
| Cardiac Arrhythmias | H/TM/UU | A/NA |
| Cardiomyopathy | TM/UU | PA/NA |
| Cataracts | TM | PA/NA |
| Cerebellar Hypoplasia | TM | PA |
| Cherry Eye | TR/TM | A |
| Cleft Palate/Cleft Lip | TR/TM | PA |
| Cognitive Dysfunction | TM/UU | PA/NA |
| Congenital Cardiac Disease | TM/UU | PA/NA |
| Conjunctivitis | TR | PA |
| Chronic Rhinitis | TM/UU | PA/NA |
| 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 |
| Distemper, Feline (See: Panleukopenia (Feline Parvovirus)) | | |
| Ear Infection | TR/TM | A/PA |
| Ear Mites | TR | A |
| Ectopic Ureter | TR/TM | PA/NA |
| Emaciation | TR/UU | A/NA |
| Entropion | TR/TM | A/PA |
| Eosinophilic Granuloma Complex | TM | PA/NA |
| Exocrine Pancreatic Insufficiency (EPI) | TM | PA |
| Eye Ulcer (Corneal Ulcer) | TR/TM | A/PA |
| Feline Asthma | TM | PA/NA |
| Feline Idiopathic Cystitis/Lower Urinary Tract Disease | TM/UU | PA |
| Feline Immunodeficiency Virus (FIV) | TM | PA |
| Feline Infectious Peritonitis (FIP) | TR/TM/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 |
| Glaucoma | TM | PA |
| Heart Murmur | TR/TM/UU | PA/NA |
| Heartworm | TM/UU | PA/NA |
| Hernia | TR/TM | PA |
| Hip Dysplasia | TM/UU | PA/NA |
| Hydrocephalus | TM/UU | PA/NA |
| Hyperesthesia Syndrome in Cats | TM/UU | PA/NA |
| Hyperthyroidism | TM | PA |
| Illness, Other | TR/TM/UU | A/PA/NA |
| Incontinence, Fecal | TM | PA/NA |

| | | |
|--|----------|---------|
| Incontinence, Urinary | TM | PA/NA |
| Injury | TR/UU | PA/NA |
| Kidney Disease/Insufficiency/Failure | TM/UU | PA/NA |
| Lameness | TR/TM | A/PA |
| Lice | TR | A |
| Lipoma(s) | TR/TM | A |
| Liver Disease | TM/UU | PA/NA |
| Lungworm | TR | PA |
| Mammary Hyperplasia | TR | PA |
| Mammary Masses | UU | NA |
| Megacolon | TM/UU | PA/NA |
| Megaesophagus | TR/TM/UU | PA/NA |
| Missing Teeth | TR | A |
| Obesity | TR | A |
| Osteochondrodysplasia | TM/UU | PA/NA |
| Otitis Externa: (See Ear Infection) | | |
| Pancreatitis | TM | PA |
| Panleukopenia | TR/UU | NA |
| Parasite, Intestinal | TR | A |
| Pectus Excavatum | TR/UU | PA/NA |
| Pneumonia | TR | PA |
| Pneumothorax | TR/UU | PA/NA |
| Polycystic Kidney Disease | TM/UU | PA/NA |
| Portosystemic Shunt or microvascular dysplasia | TR/TM/UU | PA/NA |
| 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 |
| Stomatitis | TM/UU | PA/NA |
| Swimmer Kitten | TR/TM/UU | PA/NA |
| Ticks | TR | A |
| Underage/ Unweaned Kittens | TR | A/PA |
| Upper Respiratory Tract Infection (URI) | TR/TM/UU | A/PA/NA |
| Urinary Crystals | H/TM | A/PA |
| Urinary Tract Infection (UTI) | TR/TM | A/PA |
| 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 |
| Adrenal gland disease (AGD) ferrets) | TM/TR/UU | NA |
| Arthritis | TM | PA |
| Blindness | TM | A/PA |
| Bladder sludge/Hypercalciuria (rabbits) | TM | PA |
| Bladder stones (urolithiasis) | TR/TM | PA/NA |
| Cancer | TR/TM/UU | PA/NA |
| Cataracts (sugar gliders, rabbits, guinea pigs) | TR/TM | PA/NA |
| Cheek pouch impaction or eversion (hamsters) | TR/TM/UU | PA/NA |
| Congenital deafness (ferrets) | TM | A |
| Conjunctivitis | TR/TM | PA |
| Dental Abscess | TR/TM/UU | A/NA/NA |
| Dental- Fractured Teeth (Ferrets, Hedgehogs) | H/TR | A/PA |
| Dental- Incisor Overgrowth (Small Rodents) | TR/TM | PA |
| Dental- Incisor Overgrowth (Rabbits, GP, etc) | TM | NA |
| Dental- Molar Overgrowth or Malocclusion | TM | NA |
| Dental- Oral Mass | TR/TM/UU | PA/NA |
| Dental- Periodontal Disease | TR/TM | PA |
| Dermatophytosis (See Ringworm) | | |
| Diabetes (degus, gerbils, chinchillas, ferrets, guinea pigs) | TM/UU | NA |
| Diarrhea | TR/TM/UU | A/PA/NA |
| Ear Infection | TR/TM | PA |
| Ear Mites | TR | A |
| Emaciation (if no underlying disease) | TR | A |
| Encephalitozoon cuniculi (rabbits) | TR/TM/UU | PA/NA |
| Foreign body (ferrets) | TR | PA |

| | | |
|---|----------|---------|
| Fractures | TR/TM/UU | PA/NA |
| Fur Mites (See: Parasites, External) | | |
| Fur ring (male chinchillas) | TR | PA |
| Fur slip (chinchillas, degus) | TR | A |
| Gastric Stasis (rabbits, guinea pigs, chinchillas, degus) | TR/UU | PA/NA |
| Hairball (See Trichobezoar) | | |
| Hair loss (ferrets) | TR/TM/UU | PA/NA |
| Head Tilt | TR/TM/UU | PA/NA |
| Heart Disease | TM/UU | NA |
| Hibernation attempt (hedgehogs) | TR/UU | A/NA |
| Illness, Other | TR/TM/UU | A/PA/NA |
| Influenza types A and B (ferrets) | TR/UU | PA/NA |
| Injury | TR/UU | PA/NA |
| Insulinoma (ferrets) | TM/UU | NA |
| Kidney (renal) Disease | TR/TM/UU | PA/NA |
| Mammary Mass(es) | TR/TM/UU | PA/NA |
| Obesity | TR | A |
| Otitis (See ear infection) | | |
| Ovarian cysts (guinea pigs) | TR/UU | PA/NA |
| Parasites, External | TR | A |
| Parasites, Intestinal | TR | A |
| Pododermatitis (rabbits, guinea pigs) | TR/TM/UU | A/PA/NA |
| Pregnancy | H/TR | PA |
| Proptosed eye (hedgehogs, hamsters) | TR/TM/UU | PA/NA |
| Quill/spine loss (hedgehogs) | TR/TM/UU | PA/NA |
| Rabbit hemorrhagic disease (RHD) | UU | NA |
| Renal Disease (See kidney disease) | | |
| Respiratory Infection | TR/TM | PA/NA |

| | | |
|---|----------|---------|
| Ringworm | TR | PA |
| Scurvy (hypovitaminosis C) (guinea pigs) | TR | PA |
| Seizures (gerbils) | TM/UU | A/NA |
| Skin Mass | TR/TM/UU | PA/NA |
| Splay Leg (rabbits) | TM/UU | PA/NA |
| Stasis (See: Gastric Stasis) | | |
| Syphilis (rabbits) | TR | PA |
| Tail de-gloving (degus, gerbils, chinchillas, rats) | TR | PA |
| Trichobezoar (hairball) (ferrets, rabbits, chinchillas) | TR/TM | PA |
| Underage/Unweaned | TR | PA/A |
| Urethral blockage (male ferrets) | TM/UU | NA |
| Urine Scald | TR/TM/UU | PA/NA |
| Visible cecotropes (rabbits) | TR/TM | PA |
| Vomiting (ferrets only) | TR/TM/UU | A/PA/NA |
| Wobbly Hedgehog Syndrome | UU | NA |
| Wounds (See: Injury) | | |

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

PAGE 1: CANINE

| Healthy (H): | | Treatable- Rehabilitatable (TR) | |
|---|---|--|---|
| Cardiac arrhythmias | Anemia | Entropion | Parvovirus |
| Pregnant | Bite wounds | Eye ulcer (corneal ulcer) | Pectus excavatum |
| Urinary crystals | Bladder stones | Fleas | Pneumonia |
| | Bloat | Foreign body | Pneumothorax |
| | Burns | Fracture(s) | Portosystemic shunt |
| Aggression, fear/pain | Cancer | Frostbite | Prolapsed rectum |
| Aggression, resource guarding | Cherry eye | Heart murmur | Proptosed eye |
| Anxiety | Cleft palate/cleft lip | Heartworm | Pyometra |
| Attention-seeking | Conjunctivitis | Hernia | Ringworm |
| Barking | Dehydration | Illness, other | Sebaceous cyst/ adenoma |
| Compulsive disorder | Dental- abscess | Injury | Smoke Inhalation |
| Depression | Dental- fractured teeth | Kennel cough | Swimmer puppies |
| Destructive behaviour | Dental- oral mass | Lameness | Ticks |
| Fearful behaviour | Dental- periodontal disease | Lice | Underage/ unweaned |
| Feral (< 12 weeks) | Diarrhea | Lipomas | Urinary tract infection (UTI) |
| House soiling | Distemper | Mange | Vaginal prolapse |
| Separation anxiety | Ear infection | Megaesophagus (PRAA) | Vomiting |
| Unsocialized | Ectopic ureter | Missing teeth | |
| | Emaciation | Obesity | |
| | | Parasite, intestinal | |
| 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, dog-dog, dog-cat, dog-human | Dental- worn teeth | Aggression, dog-dog, dog-cat, dog-human | Emaciation |
| Aggression, fear/pain | Diabetes Insipidus | Aggression, fear/pain | Exocrine pancreatic insufficiency (EPI) |
| Aggression, history | Diabetes mellitus | Aggression, history | Fracture(s) |
| Aggression, redirected | Diarrhea | Aggression, redirected | Heart murmur |
| Aggression, resource-guarding | Distemper | Aggression, resource guarding | Heartworm |
| Anxiety | Dry eye (KCS) | Anxiety | Hip dysplasia |
| Compulsive disorder | Ear infection | Bite, history, unprovoked | Hydrocephalus in puppies |
| Escape behaviour | Ectopic Ureter | Compulsive disorder | Illness, other |
| Fearful behaviour | Emaciation | Destructive behaviour | Injury |
| Feral | Entropion | Escape behaviour | Kidney disease |
| High arousal | Exocrine pancreatic insufficiency (EPI) | Fearful behaviour | Liver disease |
| House soiling | Eye ulcer (corneal ulcer) | Feral | Mammary masses |
| Phobia | Fracture(s) | High arousal | Megaesophagus (PRAA) |
| Prey drive | Glaucoma | House soiling | Parvovirus |
| Separation anxiety | Heart murmur | Phobia | Pectus excavatum |
| Unsocialized | Heartworm | Prey drive | Pneumothorax |
| | Hernia | Separation anxiety | Polycystic kidney disease |
| | Hip dysplasia | Unsocialized | Portosystemic shunt |
| Addison's disease | Hydrocephalus in puppies | | Prolapsed rectum |
| Allergies | Hypothyroidism | | Rabies (suspected) |
| Amputee | Illness, other | | Seizures |
| Arthritis | Incontinence (fecal, urinary) | | Smoke inhalation |
| Autoimmune disease | Kidney disease | | Swimmer puppies |
| Bladder stones | Liver disease | | Tracheal collapse |
| Blindness | Lameness | | Vomiting |
| Brachycephalic obstructive airway syndrome (BOAS) | Lipoma(s) | | Wobblers syndrome |
| Burns | Luxating patella | | |
| Cancer | Mammary masses | Anemia | |
| Cardiac arrhythmias | Mange, recurrent | Bloat | |
| Cardiomyopathy | Megaesophagus (PRAA) | Bite wounds | |
| Cataracts | Otitis externa | Brachycephalic obstructive airway syndrome (BOAS) | |
| Cherry Eye | Pancreatitis | Burns | |
| Chronic bronchitis | Pannus | Cancer | |
| Cleft palate/cleft lip | Perianal fistulas | Cardiac arrhythmias | |
| Cognitive dysfunction | Pigmentary Keratitis | Cardiomyopathy | |
| Congenital cardiac disease | Polycystic kidney disease | Cognitive dysfunction | |
| Conjunctivitis | Portosystemic shunt | Congenital cardiac disease | |
| Cruciate ligament rupture | Prolapsed rectum | Dehydration | |
| Cushing's disease | Seizures | Dental – oral mass | |
| Dental- periodontal disease | Swimmer puppies | Diabetes insipidus | |
| | Tracheal collapse | Diarrhea | |
| | Urinary crystals | Distemper | |
| | Vomiting | | |
| | Wobblers syndrome | | |

*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).

PAGE 2: FELINE

*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): | | Treatable- Rehabilitatable (TR) | |
|--|--|---|---|
| Dental – fractured teeth Pregnancy | | Encephalitozoon cuniculi Foreign body (ferrets) Fractures Fur ring (chinchillas) Fur slip (chinchillas, degus) Gastric stasis Hairloss (ferrets) Head tilt Illness, other Injury Kidney disease Mammary mass(es) Obesity Ovarian cysts (guinea pigs) Parasites, intestinal Parasites, external Pregnancy Pododermatitis (rabbits, guinea pigs) | Prolapsed eye (hedgehogs, hamsters) Quill/spine loss (hedgehog) Respiratory infection Ringworm Scurvy Skin mass Syphilis (rabbit) Tail de-gloving (degus, gerbils, chinchillas, rats) Trichobezoar (ferrets, rabbits, chinchillas) Underaged/unweaned Urine scald Visible cecotropes (rabbits) Vomiting |
| 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 Adrenal gland disease Bladder stones Cancer Cataracts Cheek pouch impaction Conjunctivitis Dental abscess Dental- incisor overgrowth, rodents Dental – fractured teeth Dental – oral mass Dental – periodontal disease Diarrhea Ear infection Ear mites Emaciation | | |
| 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 Aggression, rabbits Fearful behaviour Unsocialized Adrenal gland disease Arthritis Bladder sludge Bladder stones Blindness Cancer Cataracts Cheek pouch impaction Congenital deafness Conjunctivitis Dental abscess Dental- incisor overgrowth Dental- molar overgrowth Dental – oral mass Dental – periodontal disease Diarrhea | Ear infection Encephalitozoon cuniculi Fractures Hair loss (ferrets) Head tilt Heart disease Hibernation attempt (hedgehogs) Illness, other Influenza A/B (ferrets) Insulinoma (ferrets) Kidney disease Mammary masses Pododermatitis (rabbits, guinea pigs) Prolapsed eye (hedgehogs, hamsters) Quill/spine loss (hedgehog) Respiratory infection Seizures (gerbils) Skin mass Spay leg (rabbits) Urethral blockage (male ferrets) Urine scald Visible cecotropes (rabbits) Vomiting, ferrets | Aggression Aggression, rats to humans Barbering, mice Fearful behaviour Feral Unsocialized Abscess Cancer Cheek pouch impaction Dental abscess Dental – oral mass Diarrhea Encephalitozoon cuniculi Fractures Gastric stasis Hair loss (ferrets) Head tilt Heart disease | Hibernation attempt (hedgehogs) Illness, other Influenza A/B (ferrets) Injury Insulinoma (ferrets) Kidney disease Mammary mass(es) Ovarian cysts (guinea pigs) Pododermatitis (rabbits, guinea pigs) Prolapsed eye (hedgehogs, hamsters) Quill/spine loss (hedgehog) Rabbit hemorrhagic disease (RHD) Seizures (gerbils) Skin mass Spay leg (rabbits) Urethral blockage (male ferrets) Urine scald Vomiting, ferrets Wobbly hedgehog syndrome |

*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).

Appendix E: BC SPCA Asilomar Accords and Adoptability Guidelines Medical Pathway Decisions Flowchart

