BC SPCA Guidelines for Feeding Animals in Care

For BC SPCA Community Animal Centre Staff

BCSPCA

SPEAKING FOR ANIMALS

THE BRITISH COLUMBIA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

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Guidelines for Feeding Animals in Care

For BC SPCA Community Animal Centre Staff

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

Purpose of this Guide

This document describes: (1) routine feeding protocols for companion animals in BC SPCA care, and (2) actions to take in special circumstances, including unweaned animals, animals entering care with a history of starvation, underweight animals, animals who are not eating on their own, overweight animals, and animals experiencing unintentional weight changes in care. This information is intended to ensure that animals receive nutrition and feeding that optimizes physical and emotional welfare, and to minimize risk.

The document is divided into sections (hyperlinked from the Table of Contents) with each section meant to be usable as a standalone reference.

Who to Contact?

If you have any questions related to these guidelines, please contact Mandi Idle at midle@spca.bc.ca for diet, product, and protocol questions, or Hannah Weitzenfeld at hweitzenfeld@spca.bc.ca for clinical questions.

Related Materials and How to Use Them

1. **SOP: Hills Maintenance Diets**
2. **SOP: Hills Rx Diets (Canine and Feline)**
3. **Feline foster manual: Page 6 (food puzzles) and Page 10 (orphan kitten feeding)**
4. **Appetite and Elimination Monitoring Chart**
5. **Appendix A: Body Condition Scoring Charts (Canine and Feline)**
6. **Appendix B: Starvation and Refeeding**
7. **Appendix C: Fillable Template for DVM: Feeding Plan for Starved Animal**
8. **Appendix D: Fillable Template for DVM or Staff: Feeding Plan for Underweight Animal**
9. **Appendix E: Flow Chart for Inappetant Animals (pending)**
10. **Appendix F: Assisted Feeding Information Sheet for Veterinarians**

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Key Feeding Highlights

- All cats and dogs in the care of the BC SPCA should be fed Hill's Science Diet dry food as their primary diet, unless they are undergoing a diet transition or if directed otherwise by a veterinarian (Page 5).
- Wet food also may be used under certain circumstances as described in this document (Page 5).
- If a veterinarian or protocol requires an animal to be fed with a prescription diet, Hill's prescription diets should be selected preferentially because they can be obtained at no cost (Page 5).
- Unweaned animals must be in foster care and ideally would be fed by their mother. If this is not possible, species-appropriate formula feeding should be used (Page 8).
- Animals with a history of starvation must have a veterinarian-prescribed refeeding plan to prevent refeeding syndrome, a serious medical problem (see definitions in Glossary) (Page 11).
- Animals who are underweight (BCS < 3.5/9, see Glossary) also require special feeding with frequent adjustments based on weight (Page 13).
- Animals who are not eating on their own must undergo reasonable diagnostic and therapeutic measures to determine the underlying cause (e.g., physical, behavioural, environmental), and the underlying cause must be addressed (Page 14).
- The use of appetite stimulants for companion animals is controversial. If an appetite stimulant is used, it should not replace appropriate diagnostic measures to determine the underlying cause of reduced appetite (refer to Assisted Feeding Information Sheet for Veterinarians to assist with these decisions) (Page 14).
- **Force feeding is never indicated for cats and dogs and must not be performed**. Assisted feeding using a "one hand technique" may be indicated in very specific circumstances (Page 15).
- For animals who are overweight, weight loss typically is not a priority while in shelter, but adopters should be counselled about the need for a weight loss plan long-term. (However, if a longer than average Length of Stay is anticipated, then the animal should see a veterinarian for a weight loss plan.) (Page 16)
    - Overweight cats must be monitored very closely because reduced food intake can cause hepatic lipidosis (fatty liver), a life-threatening medical condition.
- If staff have questions about feeding in general or for a specific animal, they should reach out to a veterinarian (Animal Health or the attending DVM on the case) for support.

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Section 1- Handling of Animal Food

- No expired food should be used.
- Food preparation areas should be kept uncluttered and should be regularly cleaned and disinfected according to BC SPCA sanitation protocols.
- Handwashing should occur prior to and after handling animal food.
- Dry food should be stored in sealed bags or sealed secondary containers, and should not be accessible by the public, shelter animals, visiting animals, or rodents.
- For cats and dogs, at least once a day, dry food should be removed from kennels and replaced with fresh food.
- Ideally, canned food should be used immediately upon opening. If this is not possible, the can should be labeled with the date of opening and placed in a refrigerator that is dedicated for animal food and supplies. Open cans must be discarded after 3 days.
- Uneaten canned food should be removed from kennels after 4-6 hours. If the weather is warm/hot, removal after 2 hours is recommended. If canned food is left in kennels overnight (e.g. for cats who will not eat during the day), fresh food should be placed just before staff leave in the evening and removed first thing in the morning.
- Once offered to an animal, food and treats should not be shared or offered to another animal, unless that animal is housed in the same primary enclosure and ongoing direct contact is present.
- Raw food should never be fed to BC SPCA shelter or foster animals. Studies show that raw diets are frequently contaminated with potentially dangerous bacteria, and are often not nutritionally balanced. **For the protection of both public health and animal health, raw diets are not allowed in BC SPCA facilities.**
- Fresh food, such as fruit and vegetables for small mammals and exotics, should be stored in a refrigerator and washed thoroughly before use. Refrigerators should be checked periodically so older produce can be used or discarded before it wilts, develops mould, or spoils. Items that are wilted, have mould, or are spoiled should be discarded immediately.
- Special precautions are necessary for rabbit food (due to Rabbit Hemorrhagic Disease [RHD] risk).
    - Fresh greens for rabbits should not be collected from areas frequented by feral or wild rabbits.
    - Hay intended for rabbit feeding should be harvested from areas that are not frequented by feral or wild rabbits and should only be stored in areas where complete exclusion of feral rabbits, wild rodents, and ideally birds and insects is possible. Oxbow products are considered safe, as this company has procedures in place to reduce RHD risk.

Section 2- Routine Feeding for Animals with BCS > 4/9

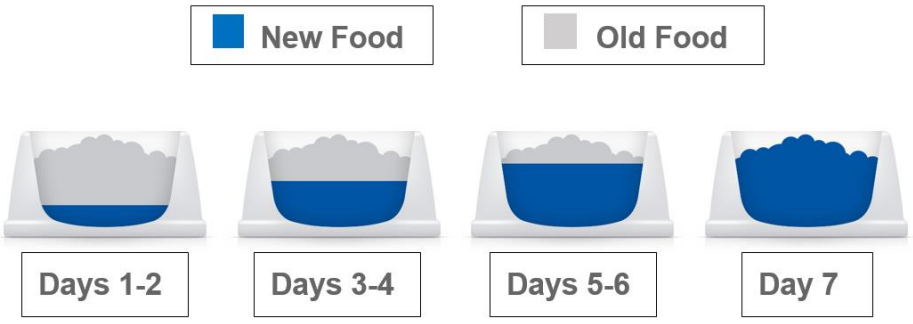
Cats, dogs, puppies, and kittens

- Cats, dogs, puppies, and kittens who are healthy as well as those with no medical conditions requiring prescription diets should be fed Hill's Science Diet according to the BC SPCA SOP- Hill's Maintenance Diets. Prescription diets may be fed according to the protocols described within this document or when recommended by a veterinarian.
    - The quantity in the feeding guide should be split into two or more daily portions. The metabolism of individual animals may vary considerably, so the amount may need to be adjusted.
        - Animals who are young, intact, or very energetic/active may have higher caloric needs.
        - Animals who are altered, older, and sedentary may have lower caloric needs.
    - Quantities in excess of the feeding guide should not be routinely offered, unless an animal finishes all of their food and has BCS < 5.5/9. If additional food is offered, it should be offered in small quantities that are recorded in the daily welfare sheet.
    - The amount offered may be reduced slightly to avoid waste if the animal routinely leaves some of the food, if the animal seems healthy, has BCS > 4.5/9, and has a stable weight.
    - Canned food may be offered one to two times daily and may be used for behaviour modification. All cats should receive at least a small quantity of canned food in the morning to assess appetite and kittens should receive canned food twice daily. If a cat does not like wet food, an alternate process (such as offering treats) should be used to assess appetite.
    - If a significant amount (more than 1 spoonful) of canned food is offered, dry food should be proportionally reduced (by approximately the same number of calories).
    - Canned food should be offered in a separate bowl. It should not be mixed with or placed on top of dry food, except for dogs who prefer to eat wet and dry mixed together and will not eat them separately.
    - Prescription diets may only be used on the recommendation of the attending veterinarian or a veterinarian in Animal Health (either individually recommended or according to the "Green Diet protocol"). Considerations specific to prescription diets include:
        - Preferential use of prescription diets available from Hill's because they can be obtained at no cost (our Letter to Vets explaining this can be given to your vet),
        - Referring to the Hill's website for feeding information (found under the Feeding Guidelines tab on individual diet page) or individual DVM instructions for quantity and feeding information (as this may not be on the package),
        - Referring to the Hills "Green" Diet Quick Reference for "green" diet recommendations that can be used "per protocol" from Animal Health, and

- Consulting the attending veterinarian for strategies and/or an alternative diet if an animal will not eat the prescribed diet.

All animals

- Treats and “human food” should generally comprise no more than 10-15% of total caloric intake, with the exception of vegetables fed to small herbivores as a foundational part of the diet and animals under behaviour modification receiving more palatable food and treats. Intake of treats and human food should be tracked daily.
- The use of species-appropriate food puzzles and stuffable toys is highly encouraged for all species (Enrichment Manual pending; link will be added when available). Food puzzles and stuffable toys encourage physical activity, allow the expression of normal behaviour, provide mental stimulation, and can reduce frustration and boredom. Considerations for the use of food puzzles and stuffable toys are:
    - All or a portion of the daily ration can be offered from a food puzzle.
    - Treats can be offered from food puzzles.
    - Animals receiving food puzzles should be monitored closely to ensure that the level of difficulty is appropriate. If animals are showing signs of frustration, the puzzle should be made easier or removed entirely. In general, it is best to teach the animal how to use the puzzle first. Start with easier puzzles/settings and progress to more difficult ones.
    - If animals are pair- or group-housed and food puzzles or other high-value treats are used, they should be separated and/or monitored closely during feeding as appropriate for the species to ensure that they are both eating and that there is no aggression that could compromise physical or psychological safety.
    - Food puzzles and stuffable toys should be inspected at every washing for signs of disrepair that could compromise safety (e.g., small pieces coming off, deep grooves that could trap debris and bacteria).
    - Non-disposable food puzzles should be washed, disinfected, and rinsed between uses according to the Accelerated Hydrogen Peroxide (AHP) Quick Reference Guide.
- Transitions between diets (such as from kitten food to adult food, or from a maintenance diet to a prescription diet) should be performed gradually. If the new diet is a prescription diet, veterinary instructions for the transition should be followed.



Source: https://www.hillspet.ca/en-ca/cat-food/ha-kitten-dry

- General guidelines for transitioning diets are:
    - The transition should occur over approximately one week.
    - The proportion of new food to old food should gradually be increased during the transition.
    - The animal should be monitored closely for changes in appetite, health, or other indications that the plan may require adjustment.
    - A veterinarian may recommend more abrupt transitions for certain prescription diets, such as offering a/d to a cat who is not eating or switching to i/d for a dog with diarrhea.

Small mammal and exotic species

- Small mammal and exotic species should be fed species-appropriate diets according to the packaging on the diet and BC SPCA protocols. Special considerations regarding the feeding of small mammal and exotic species are:
    - In general, small mammals and exotic species should have food present in their enclosures at all times.
    - Fresh hay should be offered daily to rabbits, guinea pigs and chinchillas, and there should always be an ample quantity present in the enclosure.
    - Weekly weights should be monitored closely, as these animals have a longer average length of stay and are at risk for becoming overweight if caloric balance is not maintained.

Section 3- Unweaned Animals and Their Mothers

- Definition of weaning: varies; can be used to describe complete separation from the mother, removal of nursing support alone, or removal of nursing/formula support (start of solid food).
- Definition of weaning *for the purposes of this document*: the removal of nursing/formula support and period when the animal begins to rely on solid food as a sole source of nutrition
- Animals who are not yet fully weaned or too young for adoption (i.e., cats and dogs under 8 weeks of age, and small mammals under 4 weeks of age) must be housed in foster care and cannot remain in the shelter. Ideally, for both social and nutritional reasons, these animals should be housed with their own mother where possible and nursed until they naturally and gradually wean.
    - Puppies and kittens should ideally stay with their mother and littermates until they are removed gradually for adoption after the age of 8 weeks. It is normal for kittens who are still with their mother to nurse occasionally until up to 12 weeks of age.
    - Mothers who are nursing puppies or kittens should be fed puppy or kitten food (at least three meals each day), and should be offered additional food if they eat it all and still seem hungry.
    - Beginning at 4 weeks of age, puppies and kittens should be offered canned food mixed with a small amount of warm water as well as small amounts of dry food (increasing as they begin to eat it reliably). Solid food can be free fed or offered at least 4 times daily. All food offered should be appropriate for the puppy/kitten life period.
    - Puppies and kittens who are nursing or formula-fed will continue to need formula or milk for calories between 4 and 6 weeks of age as they gradually consume more solid food. If bottle-fed, offer food prior to every bottle.
    - By 6-7 weeks, puppies and kittens should be eating both types of food easily on their own.
    - By 8 weeks, puppies should be fed dry food 3-4 times daily according to the Hill's Puppy Feeding Requirements Chart, and kittens should be free-fed dry food according to the Hill's Kitten Feeding Requirements Chart and offered canned food twice daily.
- If unweaned animals cannot stay with their mother (e.g., orphaned, maternal rejection, illness), they can be kept together as a litter or separated into groups of at least 2-3 animals per group so that none are alone, and housed in foster. Singleton unweaned animals of similar ages who are free of apparent signs of infectious disease may be able to be paired together for social/behaviour benefit, but this must be approved by Animal Health.
    - If unweaned orphan kittens or puppies enter care and they are cold, they must be slowly warmed before bottle-feeding is attempted.
    - If unweaned orphan kittens or puppies are too sick or weak to voluntarily nurse from a bottle, they must see a veterinarian. **Never use a syringe (except with a nursing nipple) or dropper to offer formula to kittens**, as they lack a gag reflex at this age and can easily aspirate (which can be fatal).

        - If they cannot drink from a bottle, the best and safest option is to tube feed. This should only be done under direction from a veterinarian who has seen the animal, provided supplies, and trained the foster.
        - For kittens under 2 weeks of age, a syringe with a kitten nursing nipple can be used if the veterinarian recommends it over tube feeding. The kitten should latch and suckle onto the nipple, drawing the syringe plunger down through suction (the plunger should NOT be depressed by the operator). The use of a nursing nipple may promote natural feeding behaviour, aid in measuring small formula volumes, and help the kitten transition to a regular bottle. However, even with precautions, the use of a syringe may be associated with a higher aspiration risk than the proper use of a feeding tube.
    - Animals too young for introduction of solid food should be fed formula specific to their species. Cow's milk and human formula should never be used.
    - Formula must be made up, stored, and handled according to instructions on the product label. Refer to Kitten Bottle Feeding and Stomach Capacity Chart for detailed direction on formula volume and frequency by age. Until a canine foster manual is developed, refer to UC Davis Koret Shelter Medicine Program Guide to Raising Orphan Puppies for puppy guidelines.
    - Solid food should be offered as above starting at 4 weeks of age. Do not mix formula with canned food unless the kittens will not eat the canned food mixed with warm water alone.
    - Euthanasia should be considered for the following animals:
        - Orphan kittens and puppies under 6 weeks of age where no foster is available or who are severely ill or in critical distress
        - Any orphan small mammals too young for solid food introduction, as formula availability and bottle-feeding fosters are very limited and these animals are often very compromised at the time of entry.

- If unweaned puppies and kittens are with their mother and the mother is not nursing, not producing enough milk (which is more common with large litters), or one or more neonates are unable to latch, the foster may notice that the animals may need more calories.
    - Signs of this include frequent vocalization, active "seeking" behaviour, and weight loss. Animals losing weight must see a veterinarian to rule out illness and determine whether supplemental feeding is appropriate. Weights can fluctuate slightly throughout the day, but a trend of weight loss or lack of weight gain for more than 24 hours, especially if associated with signs of insufficient caloric intake or illness, indicate an immediate (same-day) veterinary exam as neonates can die rapidly.
    - If supplemental bottle-feeding is needed, animals should be allowed to nurse prior to being offered the bottle so that they get as much nutrition as possible from the mother.
    - Bottle-feeding should proceed as described in this document, but the volumes on the chart may need to be adjusted downward to account for nutrition received by the mother.
    - If the mother shows signs of aggression toward the offspring or the foster at any point, consult Animal Health and Behaviour & Welfare immediately. If the mother has deliberately killed or injured any of the offspring, separate them while awaiting further consultation.

- Unweaned animals should not be separated from their mothers deliberately unless there is a risk of severe injury or death from keeping them together. In the event that they are separated prior to intake or need to be separated for medical or behavioural reasons, if this is done abruptly (especially between 1- 8 weeks of age and with large litters) the mom may experience painful mammary engorgement.
    - If painful mammary engorgement is noted, it is appropriate in dogs and cats (but not in other companion species) to do a drying-off protocol of withholding food for 24 hours and leaving free access to water, then giving the standard maintenance diet for weight/species. This should be extremely rare and it should not be done prophylactically (i.e. do not do this just because a mother is being separated from her babies). Never withhold food from small mammals for any period of time.
    - During and after this time, there can be NO stimulation of the mammary glands. Do not use warm compresses or any clothing or compression items unless directed by a veterinarian. Do not allow the mother to hear, see, or smell the babies (or any babies of that species). If having babies of the same species in the same building is unavoidable, they must be placed in a different room as far from the mother as possible.
    - If a mom comes in with mammary engorgement and is producing milk, she likely has an unweaned litter somewhere and every effort should be made to reunite them by either return-to-owner, shelter intake of the litter, or—for community cats—release of the mom back to the originating site. If the litter cannot be found or the mom cannot be released, monitor closely for discomfort and follow the above protocol as needed.
    - If a mom comes in with enlarged mammary glands that are not engorged/leaking, or the babies have gradually weaned or are over the 8-week mark, this is most likely normal residual enlargement and drying off is not necessary. Warm compresses and any manipulation of the mammary glands should also be avoided in these cases.
    - Rarely, mastitis (inflammation of the mammary glands) can occur in mothers who are currently nursing as well as those separated from their babies. If this occurs, in addition to swelling, the dog or cat will be in pain and there may be redness, discolouration, or ulceration of the skin. There also may be blood or pus in the milk. If signs of mastitis are seen, the animal must see a veterinarian as soon as possible.

Section 4- Animals Entering Care with a Known or Suspected History of Starvation

- Animals (of any species) who are starving can develop a life-threatening syndrome called “refeeding syndrome” if they are fed too much too quickly.
- Definition: "Refeeding syndrome" refers to the metabolic derangements that occur with the reintroduction of food after a prolonged period of malnutrition. Clinical signs of refeeding syndrome include weakness, neurologic disease (seizures, coma, neurological abnormalities), and compromised heart function. These usually develop within 3-7 days of reintroduction of food.
- Animals at risk of refeeding syndrome include those with a known or suspected history of starvation, either as part of a cruelty/neglect case or due to being trapped in a space without food for more than 5 days, including animals meeting the below Definition.
- Definition of at-risk animals:
    - Any animal with a body condition score of < 3.5/9 and an unknown dietary history, or
    - Animals who have fasted for > 5-10 days regardless of body condition score, or
    - Animals who have lost > 10% body weight over < 2 months, or
    - Animals with a history of food deprivation and concurrent medical conditions, such as hepatic lipidosis, diabetic ketoacidosis and hyperadrenocorticism (Cushing’s disease).
- **Animals of any species who meet the definition of at-risk animals must have a documented veterinarian-prescribed gradual feeding plan in place from the time of intake to prevent refeeding syndrome**, particularly when there is a known history of starvation in a cruelty or abandonment case with a legal component.
- Starving animals often are clinically dehydrated, and may require fluid therapy. Weight calculations should be based on “rehydrated” weight, not intake weight.
- Starving animals may need more frequent weighing, serial bloodwork monitoring/ physical examinations, thiamine supplementation, and other special veterinary care. Dogs should have abdominal radiographs to look for foreign material (particularly items large enough to cause obstruction).
- Diet selection is up to the attending veterinarian, but veterinary nutritionists usually recommend highly palatable “recovery” type diets for initial feeding, such as Hill’s a/d.
- Note that **a truly starving animal should not gain weight in the first 1-2 weeks**; the goal is to gradually restore gastrointestinal function and normal metabolism with small amounts of food. Fecal production may also be minimal and fecal scores may vary. Dogs are prone to ingestion of non-nutritive substances when starving and foreign material may be observed in the feces.
- This is an example of calculations for a basic feeding plan; a template using these calculations can be found in Appendix C. Veterinarians may also elect to use different formulas or templates. Online calculators can also be used to determine daily calorie requirements (appears to be equivalent to RER; please note values obtained may be slightly different due to using a more complicated formula: canine, feline).
    a. Day 1: Feed ¼ of Resting Energy Requirement (RER) total, divided into 6 tiny meals

i. RER = (30 x BW in kg) + 70

b. Increase amount by 1/8 to ¼ RER each day over several days

c. Gradually continue to increase amount at each feeding and decrease frequency of feedings over 10 days until feeding guide is reached

d. At the 10-day mark, veterinarian should prescribe a feeding plan for further weight gain (see Underweight Animals for basic information)

- Refer to Appendix C: Fillable Template for DVM: Feeding Plan for Starved Animal

Section 5- Underweight Animals

- It is common for underweight animals to enter shelter care.
- Definition: animal with BCS 3.5-4.5/9 or animal with BCS < 3.5/9 *with a known history of intermittent feeding* and/or *illness* that causes loss of body condition. These animals do not meet the requirements to be considered at risk of Refeeding Syndrome as noted above.
- Animals who have a BCS <3.5/9 and/or are showing signs of weakness, illness, injury or lack of appetite need to see a veterinarian. Otherwise, if they appear healthy, were not seized, and have a BCS >3.5/9, they may not need to see a veterinarian, and can be fed a modified feeding plan for weight gain.
- This is an example of calculations for a basic feeding plan. A template using these calculations can be found in Appendix D. If a veterinarian is involved, they may also elect to use different formulas or templates. Online calculators can also be used to determine daily calorie requirements (will determine RER, so need to multiply by 1.3 to obtain DER; please note values obtained may be slightly different due to using a more complicated formula: canine, feline).
    1. Day 1: Feed up to ½ of Daily Energy Requirement (DER) or feeding guide, divided into 3-4 small meals. If the animal does not eat the standard maintenance diet but seems hungry and interested in eating, it is possible they prefer a different food and a variety of foods can be offered.
    2. If animal does not eat the entire amount of any type of food or shows any sign of nausea or illness, the animal should see a veterinarian immediately.
    3. If animal is eating well and doing well overall, gradually increase amount fed to DER or feeding guide over a period of 3-4 days.
    4. If animal continues to do well, the animal should be offered up to 1.5 times DER or the total per day amount in the feeding guide, divided into 2-4 meals throughout the day. If the animal will not eat that quantity, it is fine as long as the animal is eating at least the amount in the feeding guide.
    5. If an animal is eating 1.5 times DER or the feeding guide amount and still seems ravenously hungry or is not gaining weight, a veterinarian should be consulted about whether to further increase or change the food or consider additional diagnostics.
    6. The feeding plan for an underweight animal can be continued until BCS > 5/9, at which point the food should be reduced back down to the feeding guide amount over approximately 1 week and then adjusted according to weekly weight trends.
- Refer to Appendix D: Fillable Template for DVM: Feeding Plan for Underweight Animal

Section 6- Animals Who Are Not Eating on Their Own

- Shelter and foster animals who are past weaning age may be reluctant to eat due to illness, injury, psychological distress, medication side-effects, or food preferences. Note:
    - In general, **kittens and puppies will not stop eating due to stress or food preferences alone** and a medical problem should always be extensively investigated in these animals.
    - If an animal is acting "normal," but is reluctant to eat, this is a red flag. Animals who are not eating for behavioural reasons usually show signs of fear, anxiety, stress, or frustration and are not acting otherwise "normal."
    - Animals who are just "picky" (food preferences) will usually readily eat their preferred foods in a sufficient quantity to maintain body condition and overall health. If an animal is suspected to be picky, but is eating very little or continually rejects preferred foods after previously being willing to eat them, an underlying problem must be investigated.
- **It is critical to obtain a diagnosis from a veterinarian** to identify or rule out underlying medical problems. The medical workup may include bloodwork (Complete Blood Count, Chemistry, infectious disease testing, other testing), urine testing, imaging (chest/abdominal x-rays, abdominal ultrasound), other tests, and empiric treatment ("educated guess based on the vet's experience").
    - Empiric treatment with an anti-nausea drug, such as Cerenia, is an appropriate first-line strategy unless contraindicated (e.g., suspected gastrointestinal foreign body)
    - Empiric treatment with other medications, such as appetite stimulants, should never be done in lieu of appropriate diagnostics. Appetite stimulants may be used judiciously while diagnostics are pending. In addition, appetite stimulants rarely result in adequate caloric intake and carry risks. Refer to Appendix E: Info Sheet for Veterinarians: What to do when an animal won't eat
- Even if a medical cause is suspected, the emotional state of the animal should be monitored closely, as there may be combined medical and behavioural reasons for inappetence.
- If an animal is showing signs of psychological distress, steps must be taken to alleviate the distress (see BC SPCA Psychological Distress Protocol).
- Animals who are not eating should be offered a variety of wet and dry food options, hand-feeding, meatballs and a variety of bowl types/food locations in kennel, sitting with the animal and coaxing them to eat (particularly cats), and warming of food (cats).
- Gentle **assisted feeding may be beneficial in limited circumstances**. This method may be appropriate for animals with a known injury or disease that has a good prognosis, such as a jaw fracture or severe congestion due to URI. Examples of assisted feeding are:
    - For animals who will not eat food out of a bowl, food that is provided in a syringe held near the mouth so they may voluntarily lick & swallow small amounts.
    - Gently placing a small amount of food on the animal's lips or nose can also be attempted. They will normally lick it off, and sometimes if the taste is agreeable, they will accept more.
    - The 'One Hand Rule' for assisted feeding should be practiced: feeding patients from a syringe can only be done with one hand. This method guarantees that the patient is

not restrained and is a willing participant in syringe feeding sessions. See photo in Appendix E.

- Definition: Force feeding refers to syringe or hand feeding an unwilling animal using physical restraint and is a controversial practice with many drawbacks.
- **Force feeding should never be used in BC SPCA shelter or foster cats or dogs.**
    - Force feeding puts the animal at risk for aspiration (inhalation of food and liquid into the airways), which can be life-threatening.
    - Force feeding is usually very stressful for the animal and the caregiver, leading to conditioned fear, food aversions, and potentially defensive aggression.
    - If force feeding is the only option for an animal as determined by a veterinarian, the animal should be euthanized (or a feeding tube should be placed if the animal cannot be euthanized due to a legal custody hold).
    - Small mammals (such as rabbits) may be force fed when a “critical care” type product has been ordered by a veterinarian as part of a comprehensive treatment plan for a condition with a good prognosis. These products typically are dispensed as a fine powder that is mixed with water and fed via syringe to a gently restrained (e.g., towel wrapped) small mammal patient.

Section 7- Overweight animals

- Definition: 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.
- 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 started on a weight loss plan prescribed by a veterinarian.
    - Animals meeting the above criteria may need bloodwork if there is a suspicion for a medical problem either causing or resulting from the weight gain (e.g., hypothyroidism, diabetes)
    - If animals on a weight loss plan do not start losing weight within 2-3 weeks, the plan should be re-evaluated
- It is very rare for animals to become obese in short-term shelter care. Overweight and obese animals are nearly always adults who entered care that way.

1. Animals entering care overweight or obese should be **fed according to the feeding guide for their ideal body weight**, not their current body weight. The ideal body weight can be calculated based on the BCS using these example formulas, determined with the help of a veterinarian, or calculated using online calculators (canine, feline; please note values obtained may be slightly different due to using a more complicated formula).
    - Overweight animal (10-20% above ideal body weight)
        i. 10%: Ideal body weight = current body weight ÷ 1.1
        ii. 20%: Ideal body weight = current body weight ÷ 1.2
    - Obese animal (> 20% above ideal body weight; recommended to start at or just above the amount for 20% to avoid drastic reduction in calories)
        i. 21%: Ideal body weight = current body weight ÷ 1.21
        ii. 23%: Ideal body weight = current body weight ÷ 1.23
    - Example: a 13 kg dachshund with a BCS of 7/9 (approximately 20% overweight) at entry
        i. Ideal body weight = 13 ÷ 1.2 = 10.8 kg
        ii. The dog should be fed the amount in the feeding guide for a 10.8 kg dog
- Wherever possible, some meals should be provided in food puzzles and physical activity gradually increased (walking, play time out of kennel/cage, interactive toys).
- **Cats who are overweight or obese should be monitored very closely** and stress should be minimized wherever possible. **If they stop eating or consume less than 50% of the amount recommended in the feeding guide for their ideal weight, or develop yellow**

discolouration of the whites of the eyes, ears and mucus membranes, they must see a veterinarian immediately. Overweight and obese cats who lose weight too quickly can develop a life-threatening condition called hepatic lipidosis (fatty liver disease).

- If weight loss occurs intentionally while in shelter care, it should generally be approximately 0.5-1.0% of the animal's body weight per week and no more than 2% of the body weight per week. If an animal is losing weight faster than this (either when fed per the guidelines in this section or a veterinarian-prescribed plan), a veterinarian should be consulted.
- Adopters should be counselled about the need for ongoing weight loss after adoption. Staff should recommend that the adopter consult their veterinarian regarding further weight loss for the animal.
- Prevention of obesity and modelling appropriate feeding practices for visitors is important. This is why dry food should always be measured and not given in excess, and feeding guidelines followed for small mammals and exotics.

Section 8- Animals with Unexpected/ Unintentional Weight Changes in Care

- The Weighing Shelter Animals SOP must be followed for all animals in shelter and foster care, including entering weights into Shelter Buddy.
- There should be one or more staff members in each shelter assigned to monitor weight trends and report concerns to a manager; the **information gained from weekly (or daily where indicated) weights must be critically evaluated** and not just recorded/entered. Shelter systems that support monitoring these trends include daily rounds and regular review of in-care inventories.
- In the event of one of the following, refer to the Appetite, Weight and Elimination Monitoring guide for additional details and a veterinarian should be consulted:
    - Juvenile animals who are not gaining weight, or are losing weight (growing animals, especially those under 4 months of age, should gain weight consistently).
    - Any animal with unintentional weight loss over time, especially if BCS < 4.5/9 and/or coupled with appetite changes.
- Each animal is ideally weighed on the same scale each week. The scale must be placed on a flat surface.
- If a scale is nonfunctional for any reason, it should be repaired or replaced in a timely manner (within a few weeks). If there are concerns about a scale's accuracy, unopened bags of food in various sizes can be weighed on the scale to check whether the labelled weight matches the display.
- If an animal is gaining weight unexpectedly, food should be gradually reduced in increments of 10% and physical activity increased. However, if the animal is showing signs of illness or changes in expected behaviour, or the food has been reduced below the "low end" of the feeding guide range, a veterinarian should be consulted.

Glossary

1. **Assisted feeding**: Gentle hand or syringe- feeding of a willing animal using the “One Hand Rule”
2. **Body Condition Score (BCS):** A quantitative method for evaluating body fat in animals. The BC SPCA uses the Purina 9-point scoring system, where animals are assigned a score of 1 (emaciated) to 9 (obese) out of 9.
3. **Daily Energy Requirement for weight gain (DER):** Daily calorie requirement for weight gain; 1.3 x RER
4. **Force feeding**: Syringe or hand feeding an unwilling animal using physical restraint
5. **Resting Energy Requirement (RER)**: Daily calorie requirement for maintenance; ([30 x BW] + 70)
6. **Starvation/ at risk for refeeding syndrome**: animal with a known or suspected history of food deprivation, either as part of a cruelty/neglect case or due to being trapped in a space without food for more than 5 days, including animals who meet the following:
    - Any animal with a body condition score of < 3.5/9 and an unknown dietary history, or
    - Animals who have fasted for > 5-10 days regardless of body condition score, or
    - Animals who have lost > 10% body weight over < 2 months, or
    - Animals with a history of food deprivation and concurrent medical conditions, such as hepatic lipidosis, diabetic ketoacidosis and hyperadrenocorticism (Cushing’s disease).
7. **Underweight animal**: BCS 3.5-4.5/9 or BCS < 3.5/9 *with a known history of intermittent feeding* and/or *illness* that causes loss of body condition. These animals do not meet the requirements to be considered at risk of Refeeding Syndrome as noted above.
8. **Weaning (general):** definition varies; can be used to describe complete separation from the mother, removal of nursing support alone, or removal of nursing/formula support (start of solid food).
9. **Weaning (for the purposes of this document):** the removal of nursing/formula support and period when the animal begins to rely on solid food as a sole source of nutrition

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