



LIFE AFFIRMATION POLICY AND EUTHANASIA PROTOCOL

January 2014

Our Mission:

The Auburn Valley Humane Society is dedicated to providing shelter, quality care and love for all the lost, mistreated and abandoned animals in Auburn. AVHS utilizes all available resources to ensure each animal is placed into a loving and forever home and promotes responsible pet ownership through education and outreach.

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PREFACE

The word “euthanasia” means the intentional causing of a painless and merciful death. Animal sheltering agencies have a mandate to provide a humane death for those animals whose lives must be ended. Each organization will have different standards, directive and challenges affecting their ability to mitigate euthanasia. The Asilomar Accords were developed to create transparency and accurate recording of shelter data among these varied groups. Auburn Valley Humane Society has elected to follow and record shelter statistics using the parameters set forth in the Accords.

The Auburn Valley Humane Society is committed to preventing the euthanasia of healthy and reasonably well adjusted animals, as well as those animals where reasonable medical treatment or behavior modification will enable them to become healthy, socialized pets. Exceptions include animals that are fractious to people or animals, or animals that are suffering from or afflicted with a medical condition that cannot be remedied with reasonable efforts, and animals whose owners request euthanasia. AVHS is dedicated to providing shelter, quality care and love for lost, mistreated and abandoned animals in Auburn. AVHS utilizes available resources to ensure these animals are placed into a loving and forever home and promotes responsible pet ownership through education and outreach.

POLICY

When assessing an animal’s status, the Primary Euthanasia Reason (outcome subtype) must be objective and based solely on an animal’s health and behavior, and not other criteria such as age, color, length of stay at the shelter, number of similar animals at the shelter or housing space.

By properly documenting the assessment of each animal and accurately categorizing those that are euthanized, the Auburn Valley Humane Society can provide the public with more complete and accurate information on the disposition of impounded animals, and report euthanasia statistics in context. If an animal must be euthanized it is important to enter accurate data by selecting the most appropriate “Primary Euthanasia Reason” for each euthanized impounded animal, and no attempt should be made to skew data or manipulate statistics.

The following “Primary Euthanasia Reasons” are modified from the Asilomar Accords and are used in cases when an animal is euthanized. Animals are assessed based on the following criteria:

Healthy: 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 behavioral 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. AVHS does not euthanize healthy animals.

Treatable: The term "treatable" means and includes all dogs and cats that are "rehabilitatable" and all dogs and cats that are "manageable." To be considered “treatable”, an animal need not be

fully rehabilitated within the applicable holding period. It is the reasonableness of the behavior modification or medical treatment and the likelihood of remediation, rather than the cost or availability of such resources in the shelter environment that is determinative. Reasonable procedures are generally considered the accepted, prevailing, usual and customary remedial measure for the particular condition among veterinarians or behaviorists (as distinguished from unconventional, untried, or experimental procedures).

Rehabilitatable: 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, behavioral, or other care equivalent to the care typically provided to pets by reasonable and caring pet owners/guardians in the community.

Manageable: 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, behavioral, 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.

Medical - Treatable: animals have some manageable medical condition that is typically responsive to reasonable medical treatment that would enable them to become healthy pets. These animals will not be euthanized. Exceptions are made if the treatment is not readily available through reasonable effort, readily administered due to animal's reception or limitations of the shelter and/or staff or has become ineffective, and the animal's condition or quality of life has deteriorated to an unacceptable level. Reasonable medical treatment implies that such procedure(s) do(es) not pose undue risk or stress to the animal or caregiver.

Behavior - Treatable: are animals with some manageable behavioral defect that is typically responsive to reasonable behavior modification that would enable them to become socialized pets. Behaviorally treatable animals will not be euthanized. Exceptions may be made in cases where the treatment needed by the animal is not readily available or affordable, or has been ineffective, and the animal's condition or quality of life has deteriorated to an unacceptable level.

Animals that exhibit severe distress in the shelter environment may be candidates for euthanasia. This may take the form of not eating, self mutilation such as lick granulomas, constant vocalization, pacing, or cage spinning, elimination problems, depression, etc. Efforts to improve their environment to provide relief should be attempted and documented. If no way to make the animal more at ease can be found, euthanasia may be the only option to avoid lessening the animal's quality of life.

“Safety” factors focus on the risk of injury to the animal, other animals, staff members/volunteers, a prospective adopter or family, and members of the general public. Assessment is based primarily on the animal's responsiveness to training, the degree of potential harm, and the likelihood of eventual placement in a responsible, knowledgeable home. The overriding consideration is whether this animal poses an unreasonable risk of harm to people or

animals even if housed and cared for in a responsible manner. Examples may include but are not limited to: food aggression, fear biting, provoked biting, fear of men, women, children, etc.

With any treatable behavior condition, the veterinarian or their designee shall ensure that the animal receives the appropriate training, provided that resources are available through reasonable efforts. In cases where the animal has been removed from the shelter for such training, the animal will be re-assessed by either the veterinarian or their designee before re-entry to the adoption program.

Unhealthy/Untreatable: The term "unhealthy" and/or "untreatable" means and includes all dogs and cats who, at or subsequent to the time they are taken into possession,

1) Have a behavioral 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.

Medical - Unhealthy/Untreatable: are animals that are irremediably suffering from a serious illness or severe injuries, animal with a poor prognosis or protracted painful recovery, or animals that are suffering from or afflicted with some medical condition that is not likely to be remedied with reasonable efforts. Animals that are irremediably suffering from a serious illness or severe injury may be euthanized to alleviate unnecessary suffering without being held for owner redemption or adoption. In general, the veterinarian in charge or his/her designee determines euthanasia due to irremediable suffering. Animals requiring medical treatment that are feral or fractious and pose a public health or safety risk in trying to treat, are candidates for euthanasia. The severity of the condition is irrelevant and the decision is based on the animal's acceptance of treatment procedure.

In cases involving medical emergencies and/or the need to alleviate severe or irremediable suffering, the veterinarian, or appointed designee, should be contacted to determine if the animal should be transported for off-site treatment or euthanized.

Examples of conditions that may necessitate euthanasia include: fading/collapsing kittens, organ failure, feline immunodeficiency virus, feline leukemia virus, chronic debilitation, certain congenital abnormalities or defects, or any chronic illness with a poor prognosis or not reasonably responsive to treatment. A condition that may not necessitate euthanasia on its own, when present in combination with other factors may lead to the decision to euthanize. Quality of life and risk to the health of other animals or people will be considered in the decision.

Neonatal animals are newborns unable to survive without maternal care. These animals may be euthanized without being held for owner redemption or adoption if no maternal, foster or rescue care can be given. Attempts to obtain foster or rescue care will be documented and the unweaned animal(s) held as long as they are not under distress or their stability compromised.

Behavior - Unhealthy/Untreatable: Examples include feral animals, or other animals observed to be dangerous or fractious to people or other animals. Animals that at any time prior to or subsequent to impoundment have exhibited threatening behavior towards a person or another animal, or have inflicted injury to a person or another animal through biting or severe scratching may be candidates for euthanasia. Each incident should be promptly reviewed and assessed on a case-by-case basis by the veterinarian or their designee.

Such animals whose behavior is considered an isolated incident (protecting its litter, response to threatening behavior initiated by another animal, uncertain reaction by young animal to frightening situation, inadvertent contact during play, puppy bites, etc.) may be made or remain available for adoption immediately following any required quarantine period. Such animals should be subject to increased observation and behavior assessed by the veterinarian or designee, prior to re-release for adoption. Any animal determined to pose an unreasonable risk of harm to people or animals may be euthanized.

NOTE: Aggressive behavior displayed by a dog or cat while in its enclosure, towards another animal (inside or outside of the enclosure) may not be a fair indication of its behavior or suitability for adoption. Since the same animal may (or may not) interact satisfactorily with other animals when out of its enclosure, an animal's behavior needs to be assessed after it is removed from its enclosure. Also, a final determination of behavior will not be made until after a minimum of 72 hours have elapsed, unless the animal is of such severe danger to itself or surrounding people or animals.

Any animal requiring on-going, extreme safety precautions such as muzzling in public, the need for avoidance of everyday situations or lifetime behavior modification medication to ensure safety, do not meet the criteria for adoptability and are potential candidates for euthanasia.

Animals that cannot tolerate normal handling or kennel housing procedures, demonstrated by extreme fearfulness or extremely rough or inappropriate responses, requiring more accommodation than is reasonable, are considered "Behavior – Unhealthy/Untreatable". Reasonable accommodations include but are not limited to slower handling, use of treats or other motivations, removal from kennel for cleaning procedures, guillotine kennels, changing location for handling procedures, environmental enrichment, limited muzzling for medical procedures, etc. These animals may be candidates for euthanasia.

A recommendation for euthanasia may be generated by a concern that the animal poses an unmanageable or unreasonable threat to staff, public safety, other animals, or by concern for the quality of life an animal is likely to achieve when available behavior modifications regimes do not lessen the exhibition of severe distress. In these cases, euthanasia is the only reasonable option to ensure safety and to avoid lowering the animal's quality of life.

Owner Requested Euthanasia: Owners may sign a written request for “fee for service” euthanasia of their animal(s) and, in general, such animals may be immediately euthanized. AVHS does not provide convenience euthanasia. Such requests that involve questionable circumstances, an inadequate reason, or treatable animal(s) should be brought to the attention of the veterinarian or designee for review, prior to surrender. Owner requested euthanasia must be pre-scheduled. If the veterinarian or designee deems an animal surrendered for euthanasia treatable, the following options can be discussed:

1. **Surrender with intent to treat:** If resources permit, the animal may be surrendered with intent to treat and adopt. The original owner, related or peripherally involved individuals will NOT be allowed to re-adopt the animal following treatment. If there is not adequate resource available, the animal can be placed on a wait list for contact when resource is available.
2. **Refute Acceptance:** AVHS reserves the right to refuse acceptance of owner surrendered animals for any reason.
3. If the above options do not provide accepted solution, the owner can be referred to their local veterinarian or behaviorist for further medical or behavioral options.

Legal Mandate: This is most common where euthanasia for a laboratory (pathological) examination for rabies is appropriate or required by law. Other instances may include legal mandate due to investigation.

PROTOCOL

Our commitment to responsible sheltering practices requires that we use and document reasonable efforts to place treatable animals in an adoptive home or with an adoption organization. Reasonable efforts are documented attempts by the Auburn Valley Humane Society throughout an animal's stay in treating or placing a treatable animal. These include documentation of contacting other shelters or rescue groups, and efforts by staff or volunteers to modify animal behavior. If all efforts fail the animal is euthanized as Treatable.

The procedure for determining the need for euthanasia is a three-step process. If consensus is not reached, a fourth step is available for mediation.

Each animal admitted to the shelter will have a medical examination by a veterinarian upon entry or at the earliest convenience. Staff is expected to document any notable behavior or medical condition and treatment of each animal while at the shelter. Behavior tests may be conducted on or after an animal's Hold Date (minimum of 72 hours after admission).

Step One - Hold Review Assessment

The veterinarian or designee is assigned to review animals completing stray hold on a regular basis. At the end of the stray holding period unclaimed animals become available for disposition and become property of AVHS. Owner surrendered animals are property of AVHS immediately following intake.

Animals that are irremediably suffering or newborns requiring maternal care may be euthanized without being held for owner redemption and feral cats may be euthanized after 72 hours with proper observation documentation. Such animals may be euthanized with the approval of the veterinarian or designee.

To avoid overcrowding, the potential consequence of unnecessary euthanasia of adoptable and/or treatable animals and reduce average length of stay, the veterinarian or designee should evaluate animals within 24-48 hours of completing their stray hold. To help limit overcrowding and needless stress and suffering certified euthanasia technicians are expected to euthanize any applicable non-rehabilitatable animals each day, including holidays. The veterinarian or designee will identify and approve these animals ahead of time.

Step Two – Adoption Review and Pre-adoption Audit

Completion of the Hold Review Assessment identifies all “AVHS Property” animals available for disposition. The veterinarian or designee reviews the Animal Profile, including memos, holds and owner relinquish questionnaires for each animal.

1. Healthy, unaltered and behaviorally appropriate animals will be scheduled for surgery & microchip followed by pre-adoption audit. The veterinarian will then approve a post-surgery release for the animal to adoptions.
2. Healthy, altered and behaviorally appropriate animals will be microchipped (if needed) and approved for pre-adoption audit. The Front Desk Coordinator will audit approved animals. The veterinarian or designee will determine when an available pet can be moved onto the adoption floor.
3. In cases where an available animal is found to be Behavior/Medical - Treatable, other avenues will be fully explored to manage or rehabilitate. Resources such as medical treatment, foster, transfer, training, etc. will all be assessed and documented prior to marking and animal for Euthanasia.
4. Animals deemed as Unhealthy/Untreatable at the end of their stray hold, will be marked for euthanasia.

Step Three –Consensus/Concurrence

The veterinarian in most cases makes final approval for euthanasia of Unhealthy/Untreatable animals. In the event the veterinarian is unavailable, the following can make approval:

1. Certified Euthanasia Technician *and* Executive Director or Director of Operations
2. Relief Veterinarian *and* Executive Director or Director of Operations

Final approval for euthanasia of treatable animals requires the consensus of the acting veterinarian, Executive Director and Director of Operations. Before considering euthanasia of Treatable animals, reasonable efforts are required. Reasonable efforts and documentation should, at a minimum, include:

- Behavior modification is attempted (provided that resources are available with reasonable efforts) and such attempts or efforts have been documented in an Animal Memo or Exam Notes in the Medical Summary.
- Any medical condition, intervention level (if applicable), and any treatment, is documented as an Exam note in the Medical Summary.

- Contact with one or more rescue groups and one or more other sheltering agencies is made and documented in an Animal Memo.
- Animal memos are reviewed and attempts to contact any group or shelter with a “last resort” interest have been documented in an Animal Memo.
- Placement through one or more offsite adoption locations and/or relocating the animal to another County shelter is considered and documented in an Animal Memo.

Step Four –Mediation

If consensus is not reached, all documentation is reviewed by and opinions are discussed amongst the acting veterinarian, Executive Director and Director of Operations. If after careful re-evaluation, consensus is still not reached or all individuals cannot meet agreement on pursuing additional steps to avoid euthanasia, a two-week furlough will be instated at which time additional steps toward mitigation will be pursued. If at the end of the furlough, consensus cannot be attained and no reasonable options for mitigation have been identified, then the majority decision will rule. Each level of review should take place within a reasonable period of time and should be expedited if it is in the best interest of the animal or shelter animal population.

Euthanasia Protocol

All Auburn Valley Humane Society staff members directly responsible for the euthanasia process are to be euthanasia certified and must perform a minimum of five euthanasias under the direct supervision of the veterinarian prior to performing this task alone. They are expected to perform this responsibility in a humane and respectful manner with compassion toward the animals. We advocate the use of pre-euthanasia sedation to mitigate stress associated with the process and animals are to be handled with care and respect before, during and following euthanasia.

When the decision is made to perform euthanasia, it must be performed with the same skill and compassion that we would expect to see if we brought our own suffering animal into that facility or to a veterinarian for a final act of mercy. When possible, animals selected for euthanasia should be provided a quiet, safe and comfortable area for the procedure. Other animals should not be directly present or causing stress to the animal selected for euthanasia nor should that animal cause stress to other animals. AVHS employees in the immediate area should speak in quiet and calming tones and move slowly and fluidly while carrying out the following procedures:

1. Verify that ID collar and physical attributes of animal match ARN#, description and photo in PetPoint.
2. Verify selected animal has appropriate approval for euthanasia (see Life Affirmation Policy)
3. Check animal(s) to be euthanized to make sure there are no holds or memos requiring further action in the computer. Verify stray hold status is completed.
4. Scan animal for a microchip. If a microchip is found and not previously noted, STOP procedure and research microchip.
5. Verify there is a medical note outlining the reason for euthanasia.
6. Select Outcome and Euthanasia
 - a. Input ARN and select patient
 - b. Select 'details' tab
 - c. Select 'Primary Euthanasia Reason', 'Asilomar Status' and 'Secondary Reason 1' (if applicable).
 - d. Under 'Euthanasia Status', select 'Immediate'.
 - e. Under 'Method', select 'Injection'
 - f. Enter the 'Substance' and 'amount used'. For controlled substances, enter the bottle #.
 - g. 'Submit Outcome'
7. Completely log controlled drugs in the Controlled Drug Logbook
8. Administer pre-euthanasia sedation cocktail (see Pre-Euthanasia Sedation chart). The preferred method is IM, but SQ is acceptable.
9. Euthanize animal (see Euthanasia Solution chart)
 - a. Choose an injection site.*
 - i. IV- preferred route.
The cephalic vein is the most common for IV injections in dogs.

The saphenous, is located on the medial and lateral surface of the hindlimbs. The medial saphenous is the most common injection site for the cat.

- ii. IP – often used in cats due to ease of administration
- iii. IC – only in anesthetized or deeply sedated animals
- iv. PO – only in extremely fractious animals that cannot be sedated without risk to staff. Usually only enough to sedate animal for further injectable sedation and final IV euthanasia injection.
* Technical skills for injection are taught in the euthanasia certification course and are beyond the scope of this document.

10. Verify death by cardiac auscultation.
11. Securely bag animal's body in thick black plastic.
12. Tag animal with Date, ARN#, and Weight.
13. Retire animal's body to the freezer for pick-up and cremation.

IF at any point you have any doubts about the animal or reason to euthanize STOP and see your supervisor immediately.

Pre-Euthanasia Sedation (Xylazine + Ace)

| Weight (lbs) | Xylazine (20mg/mL) | Xylazine (100mg/mL) | Acepromazine (10mg/mL) |
|---------------------|---------------------------|----------------------------|-------------------------------|
| 1 | 0.06 | | 0.05 |
| 5 | 0.12 | | 0.05 |
| 10 | 0.25 | | 0.1 |
| 20 | 0.5 | | 0.2 |
| 30 | 0.75 | | 0.3 |
| 40 | 1 | | 0.4 |
| 50 | | 0.25 | 0.5 |
| 60 | | 0.3 | 0.5 |
| 70 | | 0.35 | 0.5 |
| 80 | | 0.4 | 0.5 |
| 90 | | 0.45 | 0.5 |
| 100 | | 0.5 | 0.5 |
| 110 | | 0.55 | 0.5 |
| 120 | | 0.6 | 0.5 |
| 130 | | 0.65 | 0.5 |
| 140 | | 0.7 | 0.5 |
| 150 | | 0.75 | 0.5 |
| 160 | | 0.8 | 0.5 |
| 170 | | 0.85 | 0.5 |
| 180 | | 0.9 | 0.5 |
| 190 | | 0.95 | 0.5 |
| 200 | | 1 | 0.5 |

Euthanasia Solution (Sodium Pentobarbital)

| Weight | IV/IC | IP/PO |
|---------------|---------------------|--------------------|
| (#) | Volume (mLs) | Volume(mLs) |
| | (0.1mLs/#) | (0.3mLs/#) |
| 1 | 1 | 2 |
| 5 | 1 | 3 |
| 10 | 1 | 3 |
| 20 | 2 | 6 |
| 30 | 3 | 9 |
| 40 | 4 | 12 |
| 50 | 5 | 15 |
| 60 | 6 | 18 |
| 70 | 7 | 21 |
| 80 | 8 | 24 |
| 90 | 9 | 27 |
| 100 | 10 | 30 |
| 110 | 11 | 33 |
| 120 | 12 | 36 |
| 130 | 13 | 39 |
| 140 | 14 | 42 |
| 150 | 15 | 45 |
| 160 | 16 | 48 |
| 170 | 17 | 51 |
| 180 | 18 | 54 |
| 190 | 19 | 57 |
| 200 | 20 | 60 |

GLOSSARY OF TERMS

Beginning Shelter Count (date): The number of dogs and cats in the shelter or in our care including fosters at the beginning of the reporting period. The reporting period is annual—either a calendar year or a fiscal year. (date) refers to the first day of the reporting period written in the following format: month/day/year.

From Owners/Guardians Requesting Euthanasia: The number of dogs and cats turned in or surrendered to the shelter or animal group by their owners/guardians for the purpose of euthanasia. By AVHS policy, this includes dogs and cats deemed Unhealthy/Untreatable only.

From the Public: The number of live dogs and cats the shelter or animal group received from the public. This includes dogs and cats turned in or surrendered by their owners/guardians; stray dogs and cats turned in by the public; stray dogs and cats picked up in the field; and dogs and cats impounded for cruelty investigation, custody care, and statutory/ordinance impoundment.

Incoming Transfers from Organizations outside Community/Coalition: The number of dogs and cats your shelter or animal group received from animal organizations that are not participating in your collaborative group. NOTE: If you are not part of a collaboration that is compiling statistics, then all your incoming transfers would be listed here.

Incoming Transfers from Organizations within Community/Coalition: The number of dogs and cats the shelter or animal group received from other animal organizations participating in your collaborative group. (This only applies if the reporting organization is working collaboratively with other shelters/groups in their area.) NOTE: On the community or coalition level, C (Incoming Transfers from Organizations within Community/Coalition) should equal J (Outgoing Transfers to Organizations within Community/Coalition).

Intake (Live Dogs & Cats Only): This table only deals with live dogs and cats for which the shelter or animal group assumed responsibility. Dogs and cats categorized as "dead on arrival" or DOA are not included in these statistics. For intake animals, status is determined at the time paperwork is initiated.

Irremediable Suffering: Any condition the negatively affects the quality of life without solution or the solution is beyond available shelter resources.

Total Intake: This includes all live dogs and cats for which the shelter or animal group assumed responsibility.

Legal Mandate: the number of dogs and cats ordered to be euthanized by legislative, judicial or administrative action.

Adjusted Total Intake: Total Intake minus the number of Unhealthy/Untreatable dogs and cats the shelter or animal group euthanized at the request of their owners/guardians.

Adoptions: The number of dogs and cats the shelter or animal group placed with members of the public. Do not include dogs and cats in foster homes or dogs and cats transferred to other animal welfare organizations.

Pre-Adoption Audit: A review to verify each animal meets all criteria necessary for adoption.

Reasonable Treatment: The treatment necessary to maintain a satisfactory quality of life, if given medical, foster, behavioral, or other care, including long-term care, equivalent to the care typically provided to pets by reasonable and caring owners/guardians in the community.