



The Mighty To-Don't List

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

- ☀ Don't vaccinate at intake or the time of adoption for diseases that are low risk for in-shelter transmission (basically anything **other** than DHPP and Bordetella in dogs, FVRCP in cats, and rabies for dogs and cats)
- ☀ Don't worry too much about disease transmission between healthy adult animals that have been vaccinated at least 3-5 days ago with a modified live vaccine for DHPP/FVRCP
- ☀ Don't wait on boosters to move animals through the system!
- ☀ Don't worry too much about biosecurity between casual contacts (such as petting or carrying) with individual adult animals within a population, such as healthy adult cats or cats with routine URI
- ☀ Consider not screening for FeLV/FIV in healthy cats with no special risk factors
- ☀ Don't move cats with mild URI signs to isolation
- ☀ Don't treat for a set time period for routine URI
- ☀ Don't hold chronically sneezy cats back from adoption
- ☀ Don't rotate disinfectant products
- ☀ Don't bother with foot baths
- ☀ Don't clean housing thoroughly while cats are in residence
- ☀ Don't spend time on formal behavioral assessments that aren't predictive
- ☀ Don't keep cats behind glass or prohibit the public from touching friendly healthy cats
- ☀ Don't compromise care, housing or staff capacity in order to try to serve more animals over time. It always backfires in the end!





To-Do: High-Yield Efforts Worth the Investment

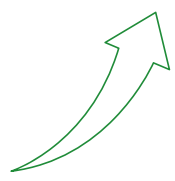
- ✓ Right-size the population and length of stay, provide good housing for all, and ensure staff and volunteer resources to provide friendly daily interaction tailored to each animal's preference
- ✓ Vaccinate with core vaccines immediately upon intake if not sooner
- ✓ Vaccinate all animals > 4-6 weeks old with few exceptions; including mildly ill and injured animals
- ✓ Revaccinate youngsters every 2 weeks as long as they're in the shelter or other high risk environment
- ✓ Continue vaccine series in youngsters until they are 5 months old (and recommend this to adopters even if the animal is no longer in the shelter or other high risk environment)
- ✓ Perform careful exams by trained staff at the time of intake, including a good Woods lamp exam for all cats
- ✓ Engage in good biosecurity practices between "dirty" and "clean" activities or populations, including a change of top and thorough handwashing or change of gloves
- ✓ Screen high-risk cats for FeLV/FIV
- ✓ Regardless of screening practices, have conversations with adopters about the natural history of FeLV/FIV, including that status can't be known for sure until ~ 60 days after last known exposure
- ✓ Invest in high-quality housing in treatment areas
- ✓ Start treatment with antibiotics immediately **if (and only if)** the great majority of animals under treatment eventually progress to requiring antibiotics
- ✓ Where this is the case, reevaluate housing and environment in treatment areas, and ensure spacious enriched housing, natural light, good air quality, a quiet environment and comfortable conditions for sick animals

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

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

✔ LET PEOPLE PET THE KITTEHS!

Do it.



increase adoptions without increasing disease risk!

