

## New Columnist Joins *Animal Sheltering*

Meet the new Doc—not the same as the old Doc.

In response to the success of Dr. Kate Hurley's veterinary column, *Animal Sheltering* is increasing its coverage of shelter medicine issues. This department will run in every issue, with authorship rotating between Dr. Hurley and our new columnist, Dr. Lila Miller of the ASPCA. Your shelter veterinary news source is now bicoastal!

We're delighted to have Dr. Miller sharing the space with Dr. Hurley, and we look forward to learning from their columns.



BY LILA MILLER, DVM

I was very flattered when the editor of *Animal Sheltering*, one of the most respected venues for information about shelter medicine, asked me to share the writing of the regular shelter medicine column with Kate Hurley. One of the biggest challenges of such an assignment is selecting one topic from the hundreds I could write about. But for my first column, I decided to follow the precedent set by Dr. Hurley by providing some information about my background in the field.

I confess that I never envisioned a career working with shelter animals. My only experience with a shelter was when my family adopted a puppy from the ASPCA when I was about five years old. At six, I decided to become a veterinarian,

but when I eventually graduated from Cornell University's College of Veterinary Medicine, I had no long-term career goals. I knew I wanted to return to New York City to work, but I didn't want to plunge into private practice. Nor did I want to intern at another venue where I would learn more of the same "high tech" medicine that I knew the clients I most wanted to serve—those in inner-city neighborhoods—would not be able to afford.

After performing sterilizations through a veterinary student externship program at the ASPCA's Henry Bergh Memorial Hospital, I wanted to return to do an internship. The program ended just before my graduation, but another job opportunity presented itself through the ASPCA's animal control contract with New York City. But after accompanying the supervising veterinarian on a few very depressing visits, I thought it was one of the last places I wanted to work. So when he first suggested I work with him to develop shelter health care protocols, I was very hesitant. Shelter medicine was unheard of at the time. There were no guidelines available for providing veterinary care for shelter animals, so we would be basically on our own,

armed only with the support of the organization, his years of practical experience, and my new degree to guide us. Although resources were limited, improving the care of the animals was a priority for the organization, which was handling more than 85,000 animals in five shelters that were open 24 hours a day, 7 days a week. I agreed to give it a try, planning to be there for a year or so while I figured out what I really wanted to do.

That was more than 25 years ago. The challenges were enormous, and, needless to say, we were sometimes very discouraged. Changes didn't happen overnight, and the staff and volunteers didn't always cooperate—I am sure this sounds familiar to many of you. We weren't always sure that our improvements would actually work, for what seemed good in theory or on paper didn't always work out in practice. But we persevered. All animals received complete physical examinations almost as soon as they entered the facility. We identified and segregated adoptable animals from the general population, then vaccinated and dewormed them. Sick animals were either isolated and treated or euthanized. Treatment protocols and better

# Dr. Gwen Hawtof runs PetPoint



The Florida Keys SPCA was badly affected by Hurricane Wilma in 2005. Water levels within the building approached four feet. As the shelter was then running a traditional server based software program, Wilma resulted in an almost total loss of their computer hardware and servers. More importantly, all their data relating to the pets in the shelter was badly affected.

Before the creation of PetPoint, animal welfare organizations were restricted largely to traditional software programs which required them to maintain their own server networks and databases on site, thus leaving their IT infrastructure vulnerable to hurricanes, tornadoes and other possible disasters.

In May 2006, Florida Keys SPCA became one of the over 400 organizations that have made the move to PetPoint, now the most widely used web based animal management system. Now, should Dr. Hawtof's shelter face another emergency forcing evacuation, her staff will only need to take their laptops with them to their temporary accommodation. Simple access to the Internet will allow them to fully resume their work using PetPoint, the emergency response software of choice. Even better, PetPoint is **FREE** to animal welfare organizations running the 24PetWatch microchip program and promoting the ShelterCare Pet Insurance Programs. Just ask Dr. Hawtof or call us at 1-866-630-PETS (7387).

  
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**THE WORK WAS DIFFICULT, AND HEARTBREAKING AT TIMES, BUT ALSO ENORMOUSLY SATISFYING.**

recordkeeping systems were put in place. Although several “experts” said it couldn’t be done because of the sheer number of animals we handled, we switched from euthanasia by decompression chamber to intravenous injection of pentobarbital—at a time when it was not unusual for more than 100 animals to be euthanized daily. We categorized animals by health status for adoption, and we held training classes in animal handling and basic behavior assessment for all staff. A large part of my job was examining and treating animals held for longer periods due to ongoing cruelty cases. The work was difficult, and heartbreaking at times, but also enormously satisfying.

After I’d spent five years doing hands-on work in the shelter, the ASPCA asked me to run a small out-

patient clinic in its new shelter in one of New York City’s most impoverished neighborhoods in Brooklyn while continuing to supervise the shelter health program. The clinic was designed to provide better care for the shelter animals and low-cost care for already owned pets. We got off to a slow start, with one technician and one receptionist working with me in one exam room, but the demand for service quickly proved to be extraordinary. The Brooklyn clinic added a surgical suite, installed radiographic equipment, set up contracts to

perform blood work and EKGs, and hired additional staff.

After 15 years of providing low-cost quality care and spay/neuter services to the community and shelter, the Brooklyn clinic closed; the ASPCA had relinquished the contract for animal control two years earlier. I was then offered another job as veterinary advisor and director in the newly formed animal sciences department of the ASPCA. I invited several prominent veterinary behaviorists, dog trainers, and public policymakers to a Dangerous Dog Summit to probe the issues of handling dangerous dogs, and I wrote an article for American Humane about how veterinarians could recognize and document animal abuse. I provided veterinary expertise for a variety of ASPCA projects and visited shelters around the country to



The Los Angeles County Department of Animal Care and Control (DACC) cares for more than 85,000 animals each year in its six animal care centers located throughout Los Angeles County. DACC patrols more than 3,200 square miles, including all unincorporated County areas as well as 50 incorporated cities that contract with DACC for services. With over 320 staff, hundreds of volunteers, and a \$25 million budget DACC has many employment opportunities available for persons interested in a career in animal welfare. Please visit these websites for more information:

<http://animalcontrol.co.la.ca.us/html/Main1.htm>

<http://dhr.lacounty.info/>



**DEPUTY DIRECTOR-SPECIAL PROGRAMS AND OUTREACH**

Has responsibility for all special programs within the Department, e.g. Volunteer Program, Major Case Unit, Dangerous Dog Prevention and Education Program, Community Outreach, Animal Business Licenses, and the Emergency Response and Disaster Preparedness Program. Annual Salary: \$75,968 to \$113,951

**CHIEF, ADMINISTRATIVE AND CONTRACT SERVICES, ANIMAL CARE AND CONTROL**

Has immediate responsibility for directing the Administrative Branch with personnel involved in contract services, human resources, budget, finance, information technology, communication, facility services, performance measurements, vehicles and animal licensing services. Annual Salary: \$75,968 to \$113,951



**ANIMAL CONTROL MANAGER**

Plans, organizes and directs the total operation, programs and services of an animal shelter and all field animal care and control services in an assigned geographical area. Annual Salary: \$52,916 to \$79,373

**ANIMAL CONTROL MANAGER**

Plans, organizes and manages the Major Case Unit, handling all priority animal abuse and neglect cases; dangerous dog investigations; animal facility license inspections and other specialized functions. Annual Salary: \$52,916 to \$79,373

**REGISTERED VETERINARY TECHNICIAN**

Requires a valid Registered Veterinary Technician Certificate issued by the California State Board of Examiners in Veterinary Medicine. Under the supervision of a licensed veterinarian conducts physical examinations to determine the nature of illness, injury and abnormality; administers medications and immunizations prescribed; assists in spay/neuter clinics with surgeries. Annual Salary: \$35,544 to \$44,028

**VETERINARIAN**

Requires California State License to Practice Veterinary Medicine. Performs professional medical work such as diagnosis and emergency treatment of animals at animal care shelters; spay/neuter surgeries; supervision of technician and support staff regarding the care of sick animals and conducts vaccination clinics. Annual Salary: \$70,452 to \$92,400

help them deal with their medical problems. My days were filled with requests for information about a variety of veterinary topics.

In 1998, I was asked to co-teach an elective course with Dr. Janet Scarlett at Cornell University. It was called "Issues and Opportunities in Shelter Medicine," and although I was concerned about my ability to lecture professionally at my alma mater, I jumped at the chance to be the first to bring a formal course in shelter medicine to a veterinary college. The first class was held in 1999 with 9 students. (In 2005 there were 30.) After the first year, we could see there was a definite need for a textbook in shelter medicine, so Dr. Stephen Zawistowski and I drew up a proposal to edit a text that was accepted by Iowa State Press (now Blackwell Publishing).

*Shelter Medicine for Veterinarians and Staff* became a reality in 2004, and Kate Hurley and I have begun collaboration on another shelter medicine textbook that will focus solely on the management of infectious disease in shelters.

My current position at the ASPCA is Vice President of Veterinary Outreach and Veterinary Advisor. In addition to advising, lecturing, and writing about shelter medicine, I also teach about the veterinarian's role in investigating and reporting animal cruelty. I supervise a program that focuses on bringing spay/neuter programs to local communities and universities, and I serve as president of the Association of Shelter Veterinarians and on the National Board of Veterinary Medical Examiners and the board of the

American Association of Human-Animal Bond Veterinarians.

I don't think that anyone could have predicted that my first position as an animal care supervisor in a shelter, a job that was once deemed a final resting place for retired or incompetent veterinarians, would become a respectable career choice; nor could anyone have foreseen that shelter medicine would become recognized as a veterinary specialty. As I think back to the seemingly insurmountable obstacles the ASPCA had to overcome in order to realize its potential to become a national leader in the movement to improve the lives of animals, my message to other shelters that are facing similar, overwhelming circumstances is to continue to persevere—because anything is possible. 🍀



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