

**THE HUMANE SOCIETY
OF THE UNITED STATES**

Animal Care Expo Online

Treating the whole animal through medical and behavior evaluation

**Maria Solacito, DVM, Senior Veterinarian, Los Angeles
County Department of Animal Care and Control**

**Alison Waszmer, CTC, CDBC, Behavior Division Manager, Los Angeles
County Department of Animal Care and Control**

TREATING THE WHOLE ANIMAL: A Medical & Behavior Collaboration



Overview

Introduction

The DACC
Story

Physical Well-
Being through
Medical Care

Mental Well-Being
through Behavior
& Enrichment

Shared
Goals

Case Review

Take Away

Q&A

Learning Objectives

- Provide a better understanding of the processes involved in the medical & behavior programs
- Identify shared goals
- Share our story in forming a cohesive shelter program
- Share practices developed and lessons learned from collaborative processes.



The DACC Story

- Established in 1946, 1st shelter built in Downey, CA
- Services LA County Unincorporated areas and 44 Contract Cities
- Covers 4,083 sq. miles with more than 10 million inhabitants (2019)
- Seven (7) Animal Care Centers with total Animal Intake (2019) : 60,011
 - Live Outcomes : 86.9 % (dogs) ; 50.5% (Cats)
- Standardized core medical programs : 2012
- Creation of behavior program : 2017



What do we believe to be true about our Subject ?

◦ **Veterinary Medicine**

- The science and art that deals with the maintenance of health and the prevention, alleviation, and cure of disease and injury in animals and especially domestic animals
- Evidence-based
- Peer-approved
- Prevent, treat and/or alleviate animal illness/suffering
- We are the Subject Matter Experts on the Physical wellbeing of animals

◦ **Behavior & Enrichment Program**

- The science of how animals interact with each other and their environments, and why they behave the way they do.
- Evidence-based
- Peer-approved
- Focused on quality of life through prevention and intervention
- We are the Subject Matter Experts on the Mental Wellbeing of animals



DACC Medical
Program



Maria Solacito, DVM

- Shelter Veterinarian, Lancaster Animal Care Center (DACC) 2008-2012
- Senior Veterinarian, County of Los Angeles Department of Animal Care & Control 2012-present*
 - 7 Animal Care Centers
 - 11 veterinarians/28 vet technicians
 - 7 acc managers
 - Developed & implemented medical programs
 - Standardized operational practices
 - Shared Leadership : bridging the gap between OPs and Medical
 - Since November 2019 : North County & Outreach



Medical Programs

Wellness & Preventive Care

Infectious Disease Surveillance &
Control

Medical & Surgical Intervention

Animal Welfare






How Do We Evaluate (S.O.A.P.)

- **Subjective Findings**
 - Patient History /Staff Observations
 - Needs standard and needs documentation
- **Objective Findings**
 - Measurable data
 - Vital signs vs Systemic evaluations
- **Assessment**
 - Conclusion based on Subjective & Objective findings
 - Quick summary of symptoms
 - Working or Differential diagnosis
- **Plan**
 - Doctor's orders aka Treatment Plan



MEDICAL HANDLING BEHAVIOR CODING

CATS:

- 1**  Cat showed no concerning behavior during the medical exam.
Cat was relaxed, perhaps even purring throughout. Minimal or no restraint was needed.
Example: Cat purred and solicited attention throughout exam.
Did not attempt to escape from table even when not restrained.
- 2**  Cat was tense and nervous, but mostly still during the medical exam.
May have appeared shut down, some restraint may have been used (scruffing).
Example: Cat crouched on table, trembling slightly with ears back.
- 3**  Cat was nervous and actively resisted being examined.
May have struggled, attempted to get away, but showed no aggression.
Restraint was needed (scruffing, possibly gloves).
Example: Cat resisted scruffing and continued scrambling to get away, even when restrained.
- 4**  Cat hissed, spit, swatted or tried to bite during evaluation.
Restraint was needed.
Example: Cat was hissing, attempting to bite, and was difficult to remove from carrier.
Difficult to restrain.
- 5**  Cat was impossible or very difficult to examine.
May have shown severe aggression or extreme feral-type escape behavior.
Needed to be sedated to be examined.
Example: Cat was frantic, trying to escape from carrier- needed sedation to examine.

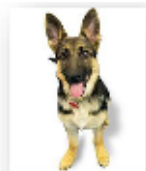
Note : Make sure to document the animal's specific observation in the medical record, such as "ears back, hissing and striking".

***** Stay away from vague terms, such as "aggressive" or "unpredictable". *****

Observation-
based
Assessment
CATS

Observation- based Assessment DOGS

1



Dog showed no concerning behavior during the medical examination.
Dog was relaxed, wiggly and sociable throughout. No muzzle was needed.

Example: Dog wags tail and licks the handler throughout the exam. Muzzle not needed.

2

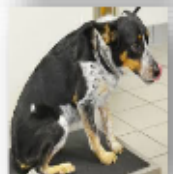


Dog was tense and nervous, but mostly still during the medical exam.
May have appeared shut down but allows restraint hug, if necessary.

No muzzle was needed.

Example: Dog on table throughout exam, trembling, with ears back and tail tucked.

3



Dog was nervous and actively resisted being examined.

May have struggled, attempted to get away, but showed no aggression.

Displacement behavior may have been seen. Muzzle may have been used.

**Example: Dog struggled during muzzling, then attempts to jump off exam table repeatedly.
Difficult to restrain.**

4

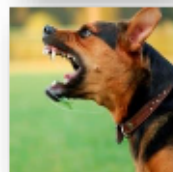


Dog growled, snarled, snapped or tried to bite during evaluation.

Muzzle was needed.

Example: Dog growled whenever handled, tried to whip head around and show teeth when given injections.

5



Dog was very difficult to examine, or showed severe aggression inside or outside of the cage.

Rabies catch pole and muzzle were needed. Fight response.

Example: Dog was extremely difficult to get out of cage, rabies pole was needed.

Make sure to document the animal's specific observation in the medical record, such as "Dog bears teeth"

***Patient
History***

**Physical
Examination**

**Clinical
Pathology**

Bloodwork
Urine Analysis
Cytology (Ear, Skin)
C/S, Etc...

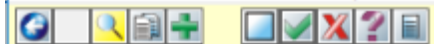
**Diagnostic
Imaging**

Xrays
Ultrasound
CT Scan/MRI

**TOOLS OF THE
TRADE**



**DIAGNOSIS
&
TREATMENT**



Date: 02/14/20 Time: 12:16 Treatment No: T20-953529 Animal ID: A5353240 JACKSON 1Y 4M MED DOG BROWN N PIT BULL



Image 1 of 1

Date	VisitType	Ct
03/25/20 00	VET EXAM	NC
03/13/20 00	VET EXAM	OT
03/12/20 00	EXAM	OT
02/25/20 00	SX EXAM	NC
02/14/20 00	VET EXAM	IN
02/14/20 00	INTAKE EXAM	IN

Exam Type: INTAKE EXAM Reason: GENERAL Condition: INJURY ETF No: Treat By: 289 Med Handling: 5 Caduceus: Y

Weight: 65.0 Temp: Review: Diagnosis: Resolved: Duration: Lot#: Price: .00 Receipt No:

Description: RVT exam : STray from field no microchip found on scan intact male

PHYSICAL EXAMINATION
 Behavior: Grade 5, alligator rolls, growling, difficult to examine
 Temp-UTO Pulse-UTO Respiration-16 MM-UTO CRT-UTO Mentation-BAR BCS- 5/9
 Weight- approx 65 Lbs
 EENT- unable to examine

Treatment Type	Provider	Price	Extra4
Type	SubType	Treat	

Medication	Dose	Unit	Qty	Times #Day	Price	Extra5
BORDETEL	1.00	EACH	1.00	1	1.00	T2C
DHLPP	1.00	EACH	1.00	1	1.00	T2C
CANINE FLU	1.00	EACH	1.00	1	1.00	T2C
FRTLINE PI	1.00	EACH	1.00	1	1.00	T2C
CEPHALEXI	1.00	EACH	1.50	2	7.00	T2C
VETPROFE	1.00	EACH	1.00	1	3.00	T2C

To Do

X	Task	Date
	DOXYCYCLI 10	03/15/20 00
	CEPHALEXI 50	02/14/20 00
	VETPROFEN 1	02/15/20 00
	VETPROFEN 1	02/16/20 00
	CEPHALEXI 50	02/16/20 00
	CEPHALEXI 50	02/16/20 00
	CEPHALEXI 50	02/18/20 00
	CEPHALEXI 50	02/15/20 00
	CEPHALEXI 50	02/15/20 00
	CEPHALEXI 50	02/17/20 00
	VETPROFEN 1	02/17/20 00
	CEPHALEXI 50	02/17/20 00
	CEPHALEXI 50	02/19/20 00
	CEPHALEXI 50	02/19/20 00

COMPLETE Cancel

Medical Records

"If it's not written down, it did not happen"

Concerns of your Veterinarian



- What is the prognosis?
- Ability to apply treatment?
- Is the medical treatment sustainable?
- Cost vs human resources?
- Duration of treatments?
- What is the Quality of Life?
- Any animal welfare concerns?
- Any Public Health concerns
- Any biohazard concerns?
- Did I document it ?
- Should I have euthanized?
- Was I wrong to euthanize?

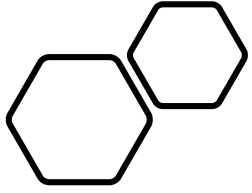


DACC Behavior &
Enrichment Program

Alison Waszmer, CTC, CDBC

- Hired as DACC Behavior Manager in July 2017
 - Began as a division of one
 - Covered all seven care centers
 - No formal enrichment or behavior program
- May 2018 Behavior team expanded to 7 people
 - Became an 8-person team in July 2019
- September 2018 came interim Care Center Manager at BP, as well as managing the Behavior program
- March of 2020 transition to Baldwin Park Care Center Manager





How Do We Evaluate?



Subjective Findings

History

- From previous owner
- From field unit
- From the finder



Objective Findings

What behaviors are they exhibiting

- Multiple context

Responsiveness to interventions

Measurable data



Assessment

Conclusion of the Subjective & Objective findings.

Create recommendations for placement and handling while in care



Plan

Prevention or intervention plan

Medical Behavior
Designation

Kennel Handling

Playgroup
Observations
Surrender Info
Other observations

Tools of the Trade

- Assessments
- Enrichment
 - Interactions with humans
 - Interactions with other dogs
 - Opportunity to engage in species specific behaviors
- Behavior Modification

Communications

Animal - E638610 at CARSON **CARSON**

File Commands Procedures Reports Extras Help

Animal ID: A Animal Name: Sex: DOB: Yr: Mon: Current Age: Condition: PENDING Status: ACTIVE Status: 06/02/20 Bites:

Type: DOG Primary Color: Breed: Secondary:

SCENT Matching: Examples Size: Coat: Ears: Nose:

Collar: Collar Type: Remarks: Tattoo:

Temperamen: PG Eligible: Play Style: Pre Alter Cand:

Spay/Neuter: Due: Completed Proof: Voucher No: Contract Exp:

Name	Type	Size	Sex	Color	Breed

VT_PG_ELIGIBLE

YES
NO
SMALL GROUP BEHAVIOR
SMALL GROUP MEDICAL
SMALL DOG
NEW ASSESSMENT
ALONE TIME
URI

Abbrev. OK Cancel Help

Behavior Team's Concerns

- **Pathway planning- Public adoption, rescue placement, etc**
- **Quality of life**
- **Ability to meet pets behavior needs**
- **Is this animal safe to handle?**
- **Sustainability of behavior interventions**
 - **Cost**
 - **Human resource**
- **Community Safety**
- **Liability concerns**
- **Did I document it ?**
- **Should we have recommended euthanasia?**
- **Was it wrong to recommend euthanasia?**

Case Studies



CASE 1:
Mozart
A5109433



- 9/10 Came in with abrasions & alopecia on eyelids; Fearful but able to handle ; assessed as a 2 on Intake. Treated for skin & eye lesions
- 9/19 Diagnosed and Treated for CIRDC. Prohibited from joining Playgroup
- 9/28 CIRDC not resolved, continued treatment adding new meds
- 10/10 Severe mucopurulent nasal discharge. Sent out plea to Adoption Partners . Humane Euthanasia was being considered. Decided to start Playgroups daily*.
- 10/13 CIRDC still not resolved despite continued treatment but improved clinical symptoms.
- 10/17 CIRDC cleared.
- Final Outcome : Ultimately dog was adopted.



CASE 2: Juice A5046582

- Intake 1/03 as part of a humane case
 - Provided enrichment while being held as evidence
 - In-kennel and one-on one time with staff
- 2/14 released from evidence hold
- 2/17 Weight loss and happy tail also noted
 - Start of compulsive behavior
 - Prescribed Trazadone by vet
- 2/17 Brought out for playgroup
 - Report to be social in playgroup
 - High energy
 - Starts participating in playgroup daily
- 2/22 received full assessment, scores “B”
- 2/23 taken off Trazadone
 - Gaining weight
 - Tail healed
- Outcome: Placed with rescue on 3/26/18

CASE 3: Sassy A5356750



- 3/2 Sassy , 2yo F Stray Blue Pit noted to have grade 4 behavior on intake
- 3/9 Developed diarrhea, treated. Also assessed by BET as grade 2 (friendly); recommend for middle-school age or older.
- 3/19 BET noted during PG , highly aroused and became rough & rowdy with other dogs then started chasing tail in circles. Recommended Vet Check to rule out medical concerns
- 3/20 DVM noted kennel stress behavior/anxiety with happy tail and placed on Trazadone for 3 days; 3/27 RVT noted excessive barking & jumping 3-4 ft in kennel, placed on Trazadone again
- 4/3 Exit exam by RVT noted friendly dog, grade 1 . Adopted by family with 10 yr old child
- 4/20 Returned to ACC because of dog "biting child" . On Intake dog was noted as Grade 1 by medical
- 4/22 Behavior Team assessed during PG, noted to be rough/rowdy given grade 3
- 4/24 Noted signs of anxiety (excessive barking & compulsive spinning)
- 4/28 Started on Trazadone again, sent out Rescue Plea (Networking)
- 4/29 Dog was noted to be more calm & wagging tail as she approaches kennel
- 5/5 Sassy was humanely euthanized (LOS >30 days)






CASE 4: Cat Evaluation Process

- Cat behavior noted on Day 1 (Medical Intake)
- Monitored Behavior daily x 3 days
 - If consistent unsocialized behavior ... PTS after 72 hours, unless there's medical reason to further evaluate then its observation is extended
 - If grade 3 further monitoring (48 hours)
 - If grade 1-2 ... moved to adoptables immediately and pre-alter on available date
- Note : Current Status of implementation is not consistent yet



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Feline Behavior & Wellness Checklist
 These behaviors help us know who could potentially be a friendly companion for adopters

A#:	Intake Day	Day 2	Day 3	Day 4	Day 5
BEHAVIOR					
Plays with a toy or object					
Rubs any body part against anything in the kennel					
Touches the front of the cage or the person					
Reaches a paw towards the person but doesn't make contact					
Shows underside (rolls over or has belly visible)					
Standing up in the kennel (anywhere)					
Grooms or gives a shake or body shimmy					
Sniffs towards the person or a toy					
Blinking					
NO NOTED BEHAVIORS					
Additional Notes:					
WELLNESS					
Urinated					
Defecated					
Ate all/most food					
Ate small amount of food					
Eyes & nose appear clear & free of discharge					

PLEASE DO NOT REMOVE THIS CARD

My ID # A5369322 My Name is: _____
 I'll be available on : 6/6/2020 12:00:00AM

I'm a female, flame pt, Domestic Shorthaired. My friends at the shelter think I'm about 3 YEARS old. I came to the shelter as a stray on June 02, 2020.

My friends here haven't had a chance to get to know me yet. I will be able to spend some one-on-one time with you as soon as I am available. Please ask a staff member for more information.

MONITOR BEHAVIOR

Feline Behavior/Wellness Checklist					
AP: A 5369322	Intake Day	Day 2	Day 3	Day 4	Day 5
BEHAVIOR					
Plays with a toy or object					
Touches the front of the cage or the person					
Rubs any body part against anything in the kennel					
Tail is up in the air					
Reaches a paw towards the person but doesn't make contact					
Shows underside (rolls over or has belly visible)					
Stays at the front of kennel (within the front 1/3)					
Approaches the front 1/3 of the kennel					
Standing up in the kennel (anywhere)					
Walking around in the kennel (but not running to the back)					
Chirps					
Kneels					
Grooms or gives a shake or body shimmy					
Sniffs toward the person or a toy					
Blinking					
NO NOTED BEHAVIORS					
WELLNESS					
Urinated					
Defecated					
Ate all/most food					
Ate small amount of food					
Eyes & nose appear clear & free of discharge					

Handwritten notes on the form: "Very nervous but not aggressive", "Wants to rub head", "Stays at front of kennel".

Source: <https://aspca.box.com/s/pzozyjneemzw32jy6xjcrk0a0lpyhxp>

- Surrender on 2/27/19
- Mother (Loca 2 y/o), Father (Lobo 2 y/o), and four 3 week old puppies
- Limited information from officer. Reported that Loca was involved in bite incident and was quarantined at home
- Surrendered as family felt unsafe
- Potentially Dangerous Dog notification sent to Critical Case Processing Unit *
- Puppies are kept with mom for 1 additional week
- Social media clamor regarding separation of puppies
- Investigation reveals details of the incident and severity of the bite
- Loca continues to be difficult to handle even after separation from puppies
- Outcomes:
 - Lobo adopted!
 - All 4 puppies adopted!
 - Loca euthanized



CASE 5 : It's Complicated



Our Key Take-aways

ONE:

Recognize shared goals

TWO:

Communication :
difficult conversations
lead to great decisions

THREE:

Standardize your
communication tools

FOUR:

Demonstrate respect
in words and actions

FIVE:

Know your circle of
control versus your circle
of concern

SIX:

Collaboration is an on-
going process



Conclusion

Collaboration between different experts, Medical, Behavior and Operations result to happier & healthier animals and safer communities !

Thank You !


Maria's Email : Msabio-solacito@animalcare.lacounty.gov


Ali's Email:
Awaszmer@animalcare.lacounty.gov


DACC
Website www.animalcare.lacounty.gov


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MEDICAL HANDLING BEHAVIOR CODING

DOGS:

1



Dog showed no concerning behavior during the medical examination.
Dog was relaxed, wiggly and sociable throughout. No muzzle was needed.

Example: Dog wags tail and licks the handler throughout the exam. Muzzle not needed.

2



Dog was tense and nervous, but mostly still during the medical exam.
May have appeared shut down but allows restraint hug, if necessary.
No muzzle was needed.

Example: Dog on table throughout exam, trembling, with ears back and tail tucked.

3



Dog was nervous and actively resisted being examined.
May have struggled, attempted to get away, but showed no aggression.
Displacement behavior may have been seen. Muzzle may have been used.

**Example: Dog struggled during muzzling, then attempts to jump off exam table repeatedly.
Difficult to restrain.**

4



Dog growled, snarled, snapped or tried to bite during evaluation.
Muzzle was needed.

Example: Dog growled whenever handled, tried to whip head around and show teeth when given injections.

5



Dog was very difficult to examine, or showed severe aggression inside or outside of the cage.
Rabies catch pole and muzzle were needed. Fight response.

Example: Dog was extremely difficult to get out of cage, rabies pole was needed.

Make sure to document the animal's specific observation in the medical record, such as "Dog bears teeth and lunges. Once muzzled, dog continued growling, showing teeth and trying to bite."

***** Stay away from vague terms, such as "aggressive" or "unpredictable" *****