

# NYS Agriculture & Markets Article 26C

**Shelter Standards** 

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#### License Requirements:

#### Does Include:

Rescues and Shelters (including foster based rescues and municipal shelters)

#### Does **NOT** Include:

- Pet dealers: breeders who offer/sell 25 or more cats/dogs within a 12-month period
- Animal sanctuaries who do not adopt animals

### **Record Keeping and Protocols**

Written protocols for:

- Animal Handling
- Behavioral Assessment
- Enrichment and Stress Reduction
- Management of Bite & Scratch Cases
- Sanitation

Written protocols approved by a veterinarian for:

- Nutrition and Feeding
- Physical Examination
- Emergency Vet Care
- Pain Management
- Vaccinations
- Parasite Control
- Anesthesia and/or Surgery (if done on site by the organization)
- Humane Euthanasia
- Outbreak Management/Control of Infectious Diseases

Clear management structure

https://nysapfedfund.org/standard-operating-procedures-sops/

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#### **Veterinary Care**

- All incoming animals shall be assessed within two hours after intake
- Complete physical examination by trained staff within 24 hours of intake
- Animals in shelter rescue for more than 30 days shall be weighed and examined at least once a month (at least every 6 months for foster care animals)
- Healthy animal must be examined by veterinarian at least every 6 months or more frequently if problems are identified
- All drugs must be documented and dispensed according with applicable local, state, and federal laws and regulations

## Documentation

#### Health Assessment: Article 7 Seized Dog

| Dog Name (if known): Date:   | _                |      |
|--|------------------|------|
| Location Found:  |                  |      |
| Time of Pick up: Time of drop off:   |                  |      |
| Description of Dog (Breed, Sex, Color):  |                  |      |
| DCO/Officer name:  Contact information (phone number):   |                  |      |
|  |                  |      |
|  |                  |      |
|  | YES              | NO   |
| Did you see or do you suspect dog was hit by car?  |                  |      |
| Are there any obvious wounds, blood present on the dog, or active bleeding?  |                  |      |
| Have you observed any blood in stool, urine, or vomit?   |                  |      |
| Has the dog vomited?   |                  |      |
| Is the dog having trouble breathing?   |                  |      |
| Have you observed any coughing, sneezing, or discharge from the nose?  |                  |      |
| Is there any swelling anywhere?  |                  |      |
| Is there any significant limp or walking abnormality?  |                  |      |
| Have you observed any seizures or are they mentally abnormal?  |                  |      |
| Is the stomach bloated?  |                  |      |
| Did the dog receive any emergency medical care/ was there reason to believe to<br>was an imminent risk to the animal's life? | here             |      |
| If you responded yes to any of the following please provide fu   | rther details be | low: |
|  |                  |      |
|  |                  |      |
| Signature Date   | e                |      |

#### **Documentation**

Physical Exam

Staff Name:

Date of exam:

Animal Name/ ID: Description:

| Assessment        | Physical findings                                  | Notes/Descriptions |
|-------------------|--|--------------------|
| Species           | o Dog  |                    |
|                   | o Cat  |                    |
|                   | o Other  |                    |
| ID present        | o Collar   |                    |
|                   | o Tag  |                    |
|                   | Microchip #  |                    |
| Sex               | o Male   |                    |
|                   | o Female   |                    |
|                   | o Unknown  |                    |
| Neutered/Spayed   | o Yes  |                    |
|                   | o No   |                    |
|                   | <ul> <li>Not sure</li> </ul>                       |                    |
| General attitude  | <ul> <li>Bright, Alert and Responsive</li> </ul>   |                    |
|                   | <ul> <li>Quiet but Alert and Responsive</li> </ul> |                    |
|                   | <ul> <li>Depressed, Not Very Responsive</li> </ul> |                    |
| Weight            | o Thin   | Weight:            |
| -                 | o Average  |                    |
|                   | <ul> <li>Overweight</li> </ul>                     |                    |
| Skin/coat         | Bare patches                                       |                    |
|                   | o Matting  |                    |
|                   | o Fleas  |                    |
|                   | o Ticks  |                    |
|                   | <ul> <li>Other skin issues</li> </ul>              |                    |
|                   | o Normal   |                    |
| Walking           | o Limping  |                    |
| •                 | <ul> <li>Other abnormal movement</li> </ul>        |                    |
|                   | o Normal   |                    |
| Infectious        | <ul> <li>Discharge from nose</li> </ul>            |                    |
| respiratory       | <ul> <li>Coughing</li> </ul>                       |                    |
| disease           | o Sneezing   |                    |
|                   | o Normal   |                    |
| Infectious bowel  | o Diarrhea   |                    |
| disease           | o Vomiting   |                    |
|                   | o Normal   |                    |
| Body              | o Lumps  |                    |
| •                 | o Swelling   |                    |
|                   | o Wounds   |                    |
|                   | o Bloating   |                    |
|                   | o Other  |                    |
|                   | o Normal   |                    |
| Emergency         | <ul> <li>Trouble breathing</li> </ul>              |                    |
| conditions – seek | <ul> <li>Active bleeding that is not</li> </ul>    |                    |
| medical           | stopping   |                    |
| attention ASAP    | <ul> <li>Hit by a car or other serious</li> </ul>  |                    |
|                   | trauma   |                    |
|                   | o Seizure  |                    |
|                   |  |                    |
| Other notes:      |  |                    |



## **Vaccines and Deworming**

- Animals must be vaccinated with core vaccines
- All dogs, cats, and ferrets must be vaccinated for Rabies prior to release (public health law)
- All animals must be treated for hookworms and roundworms (minimum)



#### **Spay and Neuter**

No dog or cat shall be released for adoption to any person unless the dog or cat has been spayed or neutered **OR** per Agriculture & Markets Law Section 377-A the animal can be released or adopted with a \$35 deposit and a written agreement with the shelter that the animal will be spayed or neutered within 30 days of adoption or if not sexually mature within 30 days of reaching 6 months of age **OR** they can create a foster to adopt program until the animal can be spayed or neutered.

If brick and mortar shelter rescue has surgery capabilities:

- Examination by a duly licensed veterinarian within 24 hours of surgery/anesthesia if performed by the shelter rescue.
- Written anesthetic protocol (including pre/post op care and related emergencies), a dedicated surgical area, & aseptic technique (including sterile & proper working equipment).
- Permanent tattoo placed on ventral abdomen of all shelter owned cats & dogs at time of spay or neuter.



## **QUESTIONS?**

