

ANIMAL RESCUE STANDARDS OF PRACTICE

ANIMAL WELFARE OF BC
ADVISORY NETWORK

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PURPOSE

The purpose of the Animal Rescue Standards of Practice is:

1. To professionalize community-based companion animal rescue organizations
2. To identify shared goals within the rescue community
3. To provide rescues with resources
4. To support best practices
5. To inform and protect the public
6. To establish an accreditation process to ensure compliance

This is the first edition of the Animal Rescue Standards of Practice, developed by the Animal Welfare Advisory Network of BC (AWANBC). An extensive review of literature on animal welfare, as well as existing standards in other jurisdictions, provide the basis for this document. Animal welfare professionals were consulted in order to ensure the standards have scientific rigour. The standards are designed to apply to community-based companion animal rescue organizations. Rescue organizations include those that provide assistance to animals without owners and owned animals or conduct trap-neuter-return.

The sections of the standards include:

- Organizational management and recordkeeping
- Financial management and fundraising
- Animal intake
- Animal care and enrichment
- Medical health and physical well-being
- Behavioural health and mental well-being
- Animal transport
- Animal pathways and outcomes
- Emergencies and disasters
- Feral cat standards

The standards aim to provide feasible and scientifically informed approaches for rescues to meet animal health and welfare needs. They also ensure that rescue organizations are operating such that they meet legal requirements. Individuals interested in adopting from and volunteering with rescues that meet the standards will be able to trust that the organization is acting in the best interests of both the animals they serve and the community.

These standards are not meant to replace existing shelter standards as defined by the Association of Shelter Veterinarian (ASV) Guidelines for Standards of Care in Animal Shelters. The intention of this document is to establish minimum standards of care and is not to provide a detailed operational manual. This recognizes the diversity of organizations and their resources, and acknowledges that standards of care can be applied to any rescue organization of any size.

Where **IDEAL** is indicated, it represents a best practice. As rescue groups follow best practices, they become more effective. Where **SHOULD** is indicated, it serves as a strong recommendation. All other standards are considered a requirement, with particular emphasis where **MUST** is used—rescue organizations will be expected to meet these standards. Where a practice is deemed **UNACCEPTABLE**, it will be identified as such.

While this document does not serve as legislation, it may set a standard for the courts to use to define ‘generally accepted practices of animal management’. This means that, where a standard exists that is considered required, an individual may not use non-compliance with that standard as defense for what constitutes the normal treatment of animals in animal rescue work.

ABOUT AWANBC

The AWANBC is a Paws for Hope Animal Foundation initiative. The purpose of the AWANBC is to enable organizations to work together and to support strategies around specific projects and initiatives associated with companion animal welfare.

Organizations should not discriminate against a person or group on the basis of race, religion, colour, national origin, sex, age, gender identity, disability, status as a disabled veteran, political preference, sexual orientation, pregnancy, membership or non-membership in any lawful organization, or other basis prohibited by local laws or regulations.

THANK YOU

Thank you to the **Vancouver Foundation** for funding the development of the Animal Rescue Standards of Practice.

STANDARDS

I. ORGANIZATIONAL MANAGEMENT AND RECORDKEEPING

A. ESTABLISHED POLICIES AND PROCEDURES

- Organization **MUST** have a clearly defined mission statement.
- Policies and procedures **MUST** be recorded as stand-alone documents that are readily available to stakeholders.
- Organization **SHOULD** have a conflict of interest policy for board members.
- Organization **MUST** have board liability insurance.
- Organization **IDEALLY** has a strategic plan.

B. ORGANIZATIONAL STRUCTURE

- Organization **MUST** be an incorporated society and/or registered charity in good standing.
- Governance **MUST** comply with the Societies Act of BC and consist of the following:
 - I. Members (if applicable)
 - II. Board of Directors
 - a. Executive Positions (at minimum)
 - i. Chairperson or President
 - ii. Vice Chairperson or Vice President
 - iii. Secretary
 - iv. Treasurer
 - b. Directors at Large
- Depending on the size of the organization, administration **MUST** consist of the following:
 - I. Chief Executive Officer, Executive Director, or President
 - II. Paid staff (if applicable)
 - III. Volunteers

C. RECORDS MANAGEMENT AND CONFIDENTIALITY

SOCIETY DOCUMENTS

- Societies in good standing **MUST** keep records as required under the Societies Act of BC.

FILE MANAGEMENT

- Records are **IDEALLY** stored in a cloud-based system.
- Organization **MUST** follow the guidelines outlined in BC's Personal Information and Protection Act to ensure the privacy of information gathered.
- Organization **SHOULD** have clear policies and procedures for record-keeping that are outlined in its procedures manual and accessible for the public to view, either on its website or by request in writing.

D. HUMAN RESOURCES

- All staff and volunteers, including board members and fosters, **SHOULD** receive training in the duties and responsibilities expected of them.
- A position description **MUST** exist for each position in the organization (e.g., staff, board members, volunteers).
- Health and safety protocols **SHOULD** be in place as applicable, including compassion fatigue awareness and support.

E. ANNUAL REPORTING

- An annual report that includes financial and program information **SHOULD** be published and made publicly available.

F. SUCCESSION PLAN

- Organization **SHOULD** have specific term durations for board members and board roles.
- Organization **IDEALLY** has a succession plan for executive board roles, senior staff (if applicable), and key volunteer roles.

II. FINANCIAL MANAGEMENT AND FUNDRAISING

A. FINANCIAL ACCOUNTABILITY

Financial accountability involves the proper management of the society's funds to ensure the funds are being used to promote the activities of the society. Proper records, filing systems, and following generally accepted accounting standards will keep a society in good standing.

- ❑ Organization **MUST** ensure there are written financial policies and procedures in their operations manual, which may include:
 - I. Financial reporting procedures and responsibilities
 - II. Budgeting
 - III. Banking
 - IV. Day-to-day operations/cash management

B. FUNDRAISING, GIFT ACCEPTANCE, AND TAX RECEIPTING

- ❑ Agencies that fundraise **MUST** have clear and transparent policies that adhere to the guidelines set out by the Societies Act of BC and Canada Revenue Agency.

III. ANIMAL INTAKE

A. ACQUISITION

- Animals **MUST** be taken in by the organization for the purpose of rehabilitation, adoption, compassionate boarding, sanctuary, or euthanasia.
- It is **UNACCEPTABLE** to obtain animals illegally.
- Organization **MUST** adhere to local animal control bylaw requirements, where applicable, regarding reporting and/or relinquishing stray animals.
- Pet owners **MUST** sign relinquishment documents (i.e., owner surrenders).
- If animal cruelty is suspected, it **MUST** be reported to the British Columbia Society for the Prevention of Cruelty to Animals (BC SPCA).
- All animals **MUST** be checked for identification upon intake (e.g., microchip, tattoo, tags).
- Identification registration **SHOULD** be transferred to the organization.
- If identification registration information does not match that of the relinquishing person, or the surrenderer is not the owner, the organization **MUST** attempt to contact the owner.
- Transfer of ownership **MUST** be transparent and documented.

B. TRANSFER IN

- Animals **SHOULD** be transferred into the organization's care from another organization or a shelter if there is a benefit to the animal (e.g., improve welfare or increase chance of adoption).
- Organization **MUST** consider the maximum number of animals it can care for humanely and does not transfer in new animals if doing so negatively impacts the animals already in its care.

C. RETURN

- A return policy **MUST** be stated on all adoption application and contract forms.
- If, for any reason and at any time, an animal cannot be kept by the adopter, the organization **SHOULD** accept the animal back into its care or assist in finding alternate placement/support.

IV. ANIMAL CARE AND ENRICHMENT

The Animal Rescue Standards of Practice are grounded in the Five Freedoms. The concept of the Five Freedoms originated in 1965 in the UK and was developed for animals in agricultural settings. The Five Freedoms are now widely considered by experts in all types of animal care to be minimal animal welfare guidelines for all animals under human care.

FREEDOM	APPLICATION IN COMPANION ANIMALS
Freedom from hunger and thirst	Animals have access to fresh water and food that meets their individual species, age, and health needs.
Freedom from discomfort	Animal living conditions meet their individual needs and include shelter and a resting area. Environmental factors such as noise, temperature, ventilation, and light are appropriate for species' needs.
Freedom from pain, injury, and disease	Preventive care is provided and physical health is monitored regularly. Rapid diagnosis and treatment of illness or injury are provided.
Freedom to express normal behaviour	Every animal has sufficient space and environmental choice, including places to exercise, play, interact with people, rest, and hide. Social species have the option of interacting (or not) with their own kind.
Freedom from fear and distress	Environmental conditions and treatment that cause mental suffering, such as rough handling, are avoided.

A. CAPACITY FOR HUMANE CARE

The organization overall, as well as its foster homes and facilities, has a maximum capacity for humane care based on its ability to meet the Five Freedoms. This capacity is influenced by a number of factors, including animals' physical and behavioural needs; physical space; caregiver training, time, and ability; presence of other animals; adoption and transfer options; funding and other resources; and foster coordination and other administrative resources. An organization's capacity may fluctuate depending on these factors.

- At any given time, the organization **MUST** know its overall capacity and that of each of its foster homes and facilities.
- Exceeding the organization's capacity for humane care results in animal suffering and is **UNACCEPTABLE**.

B. HOUSING

Rescues using foster homes may allow animals access to all or part of a home. For animals under confinement in a home or other facility, the “primary enclosure” is defined as the area where an animal spends the majority of his or her time, including eating and sleeping.

- ❑ Primary enclosures **MUST** provide sufficient space for confined animals to move around, make normal postural adjustments (including stretching), eat, drink, and eliminate.
- ❑ For most species, the elimination area **SHOULD** be separate from the feeding and resting areas. For example, for cats, litter boxes, food/water dishes, and resting areas are separated by 2 feet of space, and a minimum of 11 square feet per cat (single housing) and 18 square feet per cat (group housing) are provided (Canadian Standards of Care in Animal Shelters: Supporting ASV Guidelines).
- ❑ Housing **SHOULD** include areas for: eating, drinking, sleeping, elimination, activity, hiding, interacting with humans, interacting with other animals (if desired by the animal), and other species-specific needs (e.g., scratching for cats, dust bathing for chinchillas).
- ❑ In some cases, these areas **SHOULD** be included in the primary enclosure (e.g., for rodents); for others, these areas may be separated into a primary housing area and one or more activity areas.
- ❑ Animals who are in care long-term (more than 2 to 3 weeks) or permanently (e.g., sanctuary housing) **MUST** have substantial additional space.
- ❑ Portable crates are **UNACCEPTABLE** long-term primary enclosures.
- ❑ Tethering is **UNACCEPTABLE** as a means of primary confinement.
- ❑ Group or pair housing is **IDEALLY** used for social species if animals are bonded or are expected to enjoy being housed together, are not showing any signs of infectious disease, and do not have a history of aggressive behaviour towards other animals.
- ❑ Caregivers **MUST** monitor animals’ behaviour and body language carefully to ensure they are comfortable in a group-housed setting.
- ❑ Organization **SHOULD** have protocols in place for introducing animals to other animals in foster homes or facilities (both resident and other rescue animals). These protocols address safe practices including initial separation, gradual introductions, regular monitoring, and the provision of resources such that each animal’s needs are met.
- ❑ Ambient temperature in animal housing areas **MUST** be maintained in an appropriate range for the needs of that species.

C. DAILY CARE

- ❑ Fresh food of an appropriate type and quantity **MUST** be provided on a schedule that is appropriate to the species and age of the animal to meet daily caloric needs and maintain an appropriate body condition.
- ❑ Fresh water **MUST** be provided daily.
- ❑ It is **UNACCEPTABLE** for primary water sources to be frozen or contaminated, or for food sources to be functionally inaccessible due to contamination, competition (crowding), or other reasons.
- ❑ Food and water intake **MUST** be monitored daily, particularly in animals housed in groups.
- ❑ Where appropriate, some food will **IDEALLY** be provided in ways that are mentally stimulating and mimic natural feeding behaviour (e.g., food puzzles) while ensuring that:
 - I. The feeding method allows for consumption of a normal food quantity across the entire day
 - II. The feeding method prevents frustration
- ❑ Animals **MUST** have an opportunity for safe daily exercise appropriate for individual needs (i.e., species, age, breed).
- ❑ All animal handling, training, and daily care **MUST** be done in a gentle, humane, and low-stress manner.

D. CLEANING AND DISINFECTION

Cleaning refers to the process of removing organic debris, and disinfection refers to the process of killing most of the contaminants in a given area. Sanitation is defined as the combination of cleaning and disinfection. Note that many household cleaners are not effective against the primary pathogens of concern in animal care.

- ❑ Foster homes and facilities **MUST** be maintained in a sanitary fashion to minimize disease transmission between animals or to humans.
- ❑ Sanitation protocols **MUST** be designed to address the primary pathogens of concern in that species and population (e.g., parvovirus, ringworm).
- ❑ In general, cleaning **SHOULD** occur at least once daily.
- ❑ Housing, equipment, and supplies **MUST** be disinfected between animals who are not already in direct contact.
- ❑ Sanitation protocols **SHOULD** be developed in consultation with a veterinarian.
- ❑ Cleaners and disinfectants **MUST** be safe to use around animals and used according to manufacturer instructions.

E. GROOMING

- ❑ Animals' coats and nails **MUST** be maintained regularly to ensure comfort based on individual needs, and may include bathing, brushing, nail trimming, and clipping of hair by either regular caregivers or professional groomers.
- ❑ It is **UNACCEPTABLE** for animals to become matted or chronically soiled.
- ❑ If matting or soiling is detected, it **MUST** be addressed immediately.
- ❑ Animals **MUST** be handled in a gentle, humane, and low-stress manner for grooming.
- ❑ Techniques to hold or restrain animals for grooming that cause fear and stress **SHOULD** be avoided, including scruffing of cats and using dorsal hypnosis (tonic immobility) in rabbits.
- ❑ It is **UNACCEPTABLE** to use physical force in anger or as punishment when an animal is resistant to being groomed.

F. ANIMAL RECORDKEEPING

- ❑ Records **MUST** follow the animal and the organization **MUST** keep a copy for the average lifespan of the species.
- ❑ All records are **IDEALLY** cloud-based.
- ❑ Each animal **MUST** be given an identifying number and/or name.
- ❑ Each animal who has entered care **MUST** have a detailed record regardless of length of stay.
- ❑ All animal records **MUST** include information regarding the people connected to them (e.g., surrenderer, foster, adopter).
- ❑ The movements of all animals in care **MUST** be recorded regardless of length of stay, including the following:
 - I. **Intake:** date in, origin
 - II. **Veterinary visits:** date in and out, veterinarian's information
 - III. **Fostering:** date in and out, foster's information
 - IV. **Adoption:** date out, adopter's information
 - V. **Transfers:** date out, organization's information
 - VI. **Returns:** date in, reason for return, returner's information
 - VII. **Euthanasia or death:** date deceased, method of euthanasia (if applicable), reason for euthanasia or cause and location of death, disposal method
- ❑ If the animal has permanent identification (microchip or tattoo), it **MUST** be recorded.
- ❑ Each animal **SHOULD** be photographed upon intake and the photo **SHOULD** be attached to the animal's file.

- Each animal **MUST** have a detailed medical record consisting of the following:
 - I. All medications and vaccinations administered, including dose and frequency
 - II. All health issues or concerns listed
 - III. All veterinary visits recorded, including the veterinarian's notes

V. MEDICAL HEALTH AND PHYSICAL WELL-BEING

A. HEALTH ASSESSMENT

- Organization **SHOULD** make every effort to obtain as much historical medical information as possible.
- A standard physical examination/assessment **SHOULD** be used.
- The intake health assessment **MUST** be done by a veterinarian or someone trained by a veterinarian (registered veterinary technician (RVT), staff, volunteer, or foster) in evaluating all body systems and determining when an animal needs to see a veterinarian.
- Identified health needs **MUST** be disclosed to the adopter or, in the case of transfers, the receiving organization, with a written agreement that the necessary care will be provided.

B. HEALTH PROTOCOLS

HEALTH PLAN

- Organization **MUST** develop health plans and protocols in collaboration with a veterinarian.

VACCINATION

- All cats and dogs **MUST** receive core vaccines according to the Canadian Standards of Care in Animal Shelters, American Association of Feline Practitioners (AAFP), or American Animal Hospital Association (AAHA) guidelines.
- Additional/elective vaccines **SHOULD** be given based on local/regional risk as determined by a veterinarian.
- Puppy/kitten vaccines **SHOULD** start by 6 to 8 weeks of age depending on risk and then be given at 2- to 4-week intervals until the animal is 16 weeks of age or older as recommended by a veterinarian.
- Adult vaccines **SHOULD** be given if there is no vaccine history.
- Adult vaccine boosters and/or titres **SHOULD** be performed in accordance with the above guidelines and the attending veterinarian's recommendations.
- Rabbit hemorrhagic disease (RHD) vaccines **SHOULD** be given to rabbits over 10 weeks of age in affected areas.

PARASITE CONTROL

- All cats and dogs **MUST** receive treatment for roundworm and hookworm as these pose a zoonotic risk (ASV Guidelines for Standards of Care in Animal Shelters).
- All visible or diagnosed parasites **MUST** be treated.
- Parasite prevention for parasites common in the region **SHOULD** be used.

TREATMENT

- Protocols **MUST** be in place to ensure that all animals suffering from illness or injury are evaluated by a veterinarian, diagnosed, and treated in a timely way.
- All medical conditions causing pain or other forms of suffering (e.g., nausea, itchiness) **MUST** be treated promptly to ensure animals are not in distress.
- Prescription medications **MUST** be used only on the order of a veterinarian for a particular animal.
- Decisions about what treatment to pursue **SHOULD** be made in collaboration with a veterinarian while considering the organization's resources.

ROUTINE DISEASE TESTING

Decisions about testing for diseases that are present in British Columbia and are not easily transmissible (e.g., feline immunodeficiency virus) balance the cost of testing against the risk of disease, and may vary between organizations.

- Animals from regions where severe infectious diseases are endemic as determined by a veterinarian (e.g., heartworm) **SHOULD** be tested for these diseases prior to adoption.
- Routine disease testing decisions **SHOULD** be made in collaboration with a veterinarian.
- Information about what tests were or were not performed **SHOULD** be given to adopters.

C. SPAY/NEUTER

- Surgeries **MUST** be conducted by a licensed veterinarian.
- All adult dogs, cats, and rabbits **MUST** be spayed or neutered prior to adoption unless medically or behaviourally contraindicated according to a veterinarian.

- For juvenile cats, dogs, and rabbits who may be too young to be altered before adoption, there **MUST** be a stipulation included in the adoption contract for the animal to be altered by a certain date, including a voucher or other arrangement, and the financial responsibility lies with the organization.
- Other animal species (e.g., rats) are **IDEALLY** spayed or neutered prior to adoption where feasible.
- Animals in the organization's care **MUST** not be bred.
- Spaying of pregnant animals **SHOULD** be performed at the individual discretion of the organization based on consultation with a veterinarian and capacity to care for and place offspring.

D. PERMANENT IDENTIFICATION

- All dogs, cats, and rabbits placed for adoption **SHOULD** have a form of permanent identification (tattoo or microchip).
- IDEALLY**, microchips are used.
- IDEALLY**, other animal species are microchipped where practical based on animal size.

E. INFECTIOUS DISEASE CONTROL PROTOCOLS

- Animals displaying signs of a contagious disease (a disease that spreads between animals) **MUST** not be housed with healthy animals.
- If contagious disease is widespread or spreading within a population, a veterinarian **MUST** be consulted and a treatment plan implemented.
- If contagious disease is suspected or confirmed in an animal, the prospective foster or adopter **MUST** be notified prior to them receiving the animal into their care.
- Fosters and adopters **SHOULD** be counselled that they are to immediately notify the organization of any contagious health concerns arising with the animal.

QUARANTINE

Quarantine refers to a period where an animal is separated from others and monitored for potential infectious disease to which he or she may have been exposed.

- The quarantine period **MUST** be equal to the maximum incubation period of the disease of concern.
- Quarantine procedures **MUST** be designed in consultation with a veterinarian and may include quarantine periods in a home or facility.

- ❑ The necessity of routine quarantine of apparently healthy animals **SHOULD** be evaluated based on their history and origin.

ISOLATION

Isolation refers to a space where animals with suspected or confirmed infectious disease are held until they are no longer sick and no longer pose an infectious risk to others.

- ❑ Isolation procedures **MUST** be designed in consultation with a veterinarian and may include isolation periods in a home or facility.
- ❑ Animals **SHOULD** not be in isolation and quarantine in the same space at the same time.

ZOONOTIC DISEASES

Zoonotic diseases are those transmissible from animals to humans (and vice versa) and include various viral, bacterial, parasitic, and fungal infections.

- ❑ A written plan **SHOULD** be in place to mitigate zoonotic disease risk including precautions to prevent transmission to humans or other animals.
- ❑ Animals with known or suspected zoonotic disease **MUST** not be placed in foster or other living situations where at-risk (immunocompromised) humans may be exposed.
- ❑ All cases of reportable zoonotic disease **MUST** be reported to the appropriate public health authorities.

F. VETERINARY RELATIONSHIP AND COMMUNICATION

- ❑ Organization **MUST** have an ongoing relationship with a veterinarian or veterinarians familiar with its protocols and procedures.

VI. BEHAVIOURAL HEALTH AND MENTAL WELL-BEING

A. SOCIAL HISTORY

It is often said that the best predictor of future behaviour is past behaviour. This is especially true in foster-based organizations that house animals in home environments. Caregiver observations are invaluable in these situations.

- ❑ Organization **SHOULD** make every effort to obtain as much historical behaviour information as possible from the previous owner, previous foster, shelter, and rescue placements.
- ❑ All information, including any instances of aggression (threat of harm to an animal or human, including lunging, barking, snarling, growling, snapping, and biting) and the context in which they occurred, **MUST** be communicated and recorded in an honest and transparent fashion.

B. ASSESSMENTS, OBSERVATIONS, AND EVALUATION

Evaluation of behaviour begins at intake. Standardized assessments may be useful to help describe animals' personalities, determine how to best meet their behavioural needs in care, and best match them into homes. It should be noted, however, that there are no temperament assessments for dogs that have been scientifically validated to comprehensively predict behaviour in a future home. Recent research highlights the potential shortcomings of temperament assessments. For other species, few standardized evaluation tools exist.

- ❑ All behaviour observations relevant to the animal's emotional/mental health or safe care and handling **MUST** be recorded.
- ❑ Recent stressful circumstances, such as transfer, **SHOULD** be taken into consideration when evaluating overall behaviour.
- ❑ If standardized assessments are performed, they **SHOULD** be done in a consistent and humane way by an evaluator trained in their use. The results **SHOULD** be recorded and shared with other caregivers and the adopter.

C. BEHAVIOUR PROTOCOLS, MONITORING, AND DECISION-MAKING

- ❑ Organization **SHOULD** have basic behaviour protocols outlining how it maintains behavioural wellness (including socialization, enrichment, training, and daily routines) and how it handles various types of common behaviour problems in each species under care.
- ❑ Staff, fosters, and volunteers **MUST** be trained to recognize animal body language and use humane, science-based behaviour modification and behaviour monitoring protocols.
- ❑ Behaviour and behaviour trends **MUST** be monitored daily by caregivers while in care.
- ❑ Animals displaying signs of psychological distress, behavioural deterioration, or posing a danger to staff, volunteers, or other animals in care **MUST** be assessed and action **MUST** be taken (i.e., treated promptly or euthanized).
- ❑ Failure to take action with an animal displaying serious behaviour issues as stated above is an **UNACCEPTABLE** practice.

PATHWAY PLANNING FOR ANIMALS WITH BEHAVIOUR ISSUES

- ❑ When considering whether to move forward with animals who display signs of aggression, overall risk **MUST** be assessed, including the following:
 - I. Size of the animal and likelihood of the animal causing injury to a human or other animal
 - II. Welfare of the animal (e.g., whether he or she is experiencing ongoing fear and anxiety, and whether that can be mitigated)
 - III. Resources available for treatment and management
 - IV. Indicators that help predict future behaviour, such as bite severity, predictability of triggers, chronicity, emotional motivation, level of management/behavioural expertise needed, and response to treatment
- ❑ Appropriate management techniques and precautions for animals with behaviour challenges **MUST** be used to optimize animal welfare and minimize risk to public safety, and may include avoidance of triggers, temporary confinement, muzzles, leashes, exercise, and maintaining a consistent routine.
- ❑ Organization **MUST** identify professionals such as veterinary behaviourists, certified applied animal behaviourists, veterinarians with behaviour expertise, and professional trainers certified in humane, science-based training techniques, and know when to seek outside help.

- ❑ In general, professional assistance **MUST** be sought when animals in care have behaviour concerns that are affecting their quality of life or pose a risk to others.
- ❑ Placing animals with known aggression into a situation where they may injure a person or animal is an **UNACCEPTABLE** practice.
- ❑ If behaviour modification (treatment techniques such as desensitization and counterconditioning) is used, records **SHOULD** be kept of each animal's behavioural condition, training methods used, and the animal's response.
- ❑ Records **SHOULD** be kept for each training or behaviour modification session.
- ❑ Complete behaviour records **MUST** be kept and a full behavioural history **MUST** be provided to the adopter.
- ❑ Appropriate options for post-adoption support **MUST** be provided to the adopter when adopting animals with known or suspected behavioural issues.

D. TRAINING METHODS

Studies show that training methods using punishment, intimidation, and equipment that causes pain and distress are less effective than humane, science-based training methods. Studies also show animals trained using punishment-based methods are more likely to show signs of aggression. Positive, reward-based training methods are more effective and do not pose a risk to animal welfare.

- ❑ All training methods **MUST** be humane and science-based.
- ❑ The use of aversive training methods, including the use of shock or prong collars (with the exception of the use of vibration for deaf animals), is an **UNACCEPTABLE** practice.
- ❑ Appropriate socialization (balanced with risk for infectious disease) **MUST** be provided for all young animals in care during their critical socialization period.

VII. ANIMAL TRANSPORT

Animal transport typically refers to programs in which animals are transferred over some distance from one organization or individual to another. However, the standards outlined in this document should apply regardless of the purpose, distances, or parties involved, as careful management and planning are always required to ensure an animal's comfort and safety and to minimize the risk of disease transmission (ASV Guidelines for Standards of Care in Animal Shelters).

When planning transport partnerships, organizations should consider the responsibility they have within their local, regional, and broader communities. They should also take into account their maximum capacity for humane care levels. Organizations do not transfer animals in if it negatively affects animals already in their care. Another important factor is whether the animals' needs will be met in the new location, and their chances of adoption improved by the move (e.g., transporting a dog who was kept outside in a rural environment to a busy city environment is not ideal). Organizations should also be aware of the risk of introducing infectious diseases that are uncommon or nonexistent at the destination location.

A. RESPONSIBILITIES AND COMMUNICATION IN TRANSFER PARTNERSHIPS

SHARED RESPONSIBILITIES

- Origin and receiving organizations **MUST** establish a solid working partnership.
- A memorandum of understanding (MOU) is **IDEAL**.
- Both organizations **SHOULD** commit to clear communication in the best interest of the animals' welfare.
- Both organizations **IDEALLY** adhere to the Animal Rescue Standards of Practice.

RESPONSIBILITY AT ORIGIN

- Origin organization **MUST** confirm with the receiving organization that each animal has left on transport.
- Origin organization **MUST** provide the receiving organization with a detailed list of the animal(s) being transported, the contact information for the transporter (volunteer or company), and the approximate itinerary.
- Each animal's health and behaviour status **SHOULD** be accurately described and communicated.

- Each animal **SHOULD** be identified by a collar, tag, tattoo, microchip, or any combination of these methods.
- Health records and a copy of the animal's record **MUST** accompany each animal.

RESPONSIBILITY AT DESTINATION

- There **MUST** be sufficient trained staff or volunteers ready to receive and evaluate animals upon arrival.
- Receiving organization **MUST** confirm with the origin organization that each animal has been received.
- Receiving organization **MUST** intake each animal, checking against the list provided by the origin organization.
- Each animal **SHOULD** receive a physical examination by a trained volunteer or staff member upon arrival.
- If necessary, veterinary services and/or ongoing treatment **SHOULD** be provided as soon as possible.

B. PRIOR TO TRANSPORT

- Animals selected for transport:
 - I. **MUST** be in good overall health (exceptions may occur for animals with existing treatment plans who have been cleared for transport by a veterinarian)
 - II. **MUST** have received a physical examination by a trained volunteer or staff member within 24 hours of transport
 - III. **MUST** have received a veterinary examination if required by state/provincial or federal transportation regulations
 - IV. **SHOULD** be vaccinated and treated for internal/external parasites, whenever possible
 - V. **SHOULD** be spayed/neutered and microchipped, whenever possible
- Extra measures **MUST** be taken during transport to provide for the comfort, health, and safety of animals who are under 8 weeks of age, geriatric, pregnant, have anxiety, or have serious medical conditions.
- Screening, prevention, and quarantine plans **SHOULD** be developed and carried out for each disease of concern (e.g., heartworm, rabies, canine influenza) in consultation with a veterinarian familiar with regional disease patterns.
- Every effort **SHOULD** be made to identify infected animals and prevent introduction and transmission of infectious disease between regions.

C. DURING TRANSPORT

- Animals **MUST** not be sedated unless recommended by a veterinarian, as sedation can make animals more vulnerable to hypothermia, dehydration, and injury.
- Depending on the age, species, and duration of transport, the following **MUST** be provided:
 - I. Adequate water and food (affixed securely to prevent spillage)
 - II. Appropriate bedding
 - III. Opportunity to appropriately eliminate (e.g., access to a litter box, toileting breaks)
 - IV. Regular observation and appropriate rest time
- Maximum transport time (measured from the start to end of confinement) to an intermediate or final destination **SHOULD** be no more than 12 hours.

D. PHYSICAL ENVIRONMENT

- There **MUST** be adequate ventilation in the vehicle as well as in each enclosure.
- The vehicle (including cargo space) **MUST** be heated and cooled as needed to allow animals to thermoregulate properly.

ENCLOSURES

- Adult dogs and cats **SHOULD** be housed individually (unless separation of familiar animals would cause extreme distress).
- Other animal species **SHOULD** be housed based on existing social bonds.
- Littermates who are bonded **SHOULD** be housed together with appropriately sized enclosures.
- Animals **MUST** be able to stand, sit upright, turn around normally while standing, and lie in a natural position.
- If more than one animal is in the enclosure, all animals **MUST** be able to lie down at the same time without needing to lie on top of each other.
- Animals **MUST** be safely confined within the enclosure.
- Doors on enclosures **MUST** be secured to prevent accidental opening.
- Floor area **SHOULD** have non-slip material to prevent animals from slipping during transport.
- Enclosures **SHOULD** be secured to prevent movement within the vehicle during transport.

E. INTERNATIONAL TRANSPORT

Importing animals from another country can result in risks to public health and animal health and welfare. Animals from foreign countries may have diseases that may not already occur in Canada. Additionally, animal welfare issues may arise from transporting animals with questionable physical and mental health. Behavioural issues may be present, for example, in imported animals who are not well socialized and may have never lived in a home (CVMA Veterinarian's Dog Importation Checklist).

HEALTH

- Federal Canadian Food Inspection Agency (CFIA) regulations, which depend on several factors such as the origin country and animal species, **MUST** be followed.
- Canadian Veterinary Medical Association (CVMA) recommendations for dogs **MUST** be followed, including:
 - I. Veterinary examination before departure and upon arrival
 - II. Rabies vaccination (depending on species, age)
 - III. Other core vaccinations including distemper and parvovirus for dogs
 - IV. Deworming, including with a medication that treats tapeworm
 - V. External parasite treatment, including with a medication effective against ticks
 - VI. Heartworm testing (if from an affected area)
 - VII. Tests for diseases that may be present in the country of origin but not present or uncommon in Canada (e.g., *Leishmania* species, *Brucella canis*)
- For other species, a veterinarian **MUST** be consulted regarding core vaccines and health requirements for that species.
- The animal **MUST** have an ISO microchip.
- The animal **SHOULD** have visual identification (e.g., collar, tag).

BEHAVIOUR

Consideration of behaviour and welfare risks associated with long-distance transport must be balanced against the individual benefit to the animal. Risks include stress during transport and possible increased likelihood of some clinical behaviour problems (e.g., phobias, anxiety).

- Animals with known aggression who are considered at risk (see **VI. Behavioural Health and Mental Well-Being**) of injuring or killing humans **MUST** not be selected for international rehoming.

- ❑ Animals with known aggression who are considered at risk (see **VI. Behavioural Health and Mental Well-Being**) of injuring or killing domestic animals **MUST** not be selected for international rehoming.
- ❑ Animals with pre-existing behaviour problems including, but not limited to, fear, anxiety, frustration, intolerance to confinement, or any other condition that may make international travel unusually stressful or unsafe **SHOULD** not be selected for international rehoming.

POST-ARRIVAL PROCEDURES

- ❑ All animals **SHOULD** be quarantined for a period of time based on regional disease risk from the exporting country (typically 1 week to 30 days).
- ❑ Quarantine **SHOULD** occur in a house or facility away from other animals and high-risk people (e.g., young, elderly, immune-compromised).
- ❑ Dogs **SHOULD** receive follow-up heartworm tests 6 months after the first test.
- ❑ Medical and behaviour records **MUST** accompany an animal into the new home.

COMMUNICATION BETWEEN ORGANIZATION AND FOSTERS AND ADOPTERS

- ❑ Fosters and adopters **SHOULD** be counselled that they are to immediately notify the organization of any contagious health or serious behaviour concerns arising with the animal.
- ❑ Records of contact information **MUST** be kept so that fosters and adopters can be contacted immediately if an urgent public health concern arises with another animal from the same origin (e.g., rabies, brucellosis).
- ❑ Any provincially or federally reportable or notifiable diseases **MUST** be reported to the appropriate agencies.

VIII. ANIMAL PATHWAYS AND OUTCOMES

A. FOSTERING

Even for organizations with a brick-and-mortar facility, having a foster system in place is crucial. Shelter-type facilities are often not suitable for neonates, sick or injured animals, and animals with behaviour issues.

BEFORE THE FOSTER PLACEMENT

- ❑ Organization's application process:
 - I. **MUST** ensure the suitability of prospective foster homes
 - II. **MUST** include an application form to collect personal information
 - III. **SHOULD** include an interview to discuss specific concerns or questions
 - IV. **IDEALLY** includes a home visit to ensure a safe physical environment
- ❑ Organization **MUST** have a foster contract that outlines the responsibilities and rights for both the foster and the organization, including the following:
 - I. Information about legal ownership of the animal
 - II. Expected duration of the foster period
 - III. Expenses
 - IV. Veterinary partners
 - V. Contact information
- ❑ Organization **SHOULD** have policies that outline protocols for different situations, such as the foster going on vacation, moving, or needing to return the animal, or when the foster animal requires medical care, including emergency care.
- ❑ The foster applicant **MUST** be allowed to review the contract, policies, and protocols prior to taking in an animal.
- ❑ If the foster is approved, they **MUST** be supplied with a copy of the above contract, policies, and protocols.
- ❑ The foster household members and the animal **SHOULD** meet to ensure a suitable match.
- ❑ Organization **MUST** not place an animal in a foster home that is unsuitable for the animal's medical or behavioural needs.

DURING THE FOSTER PLACEMENT

- ❑ Organization **MUST** monitor the foster placement periodically to ensure the animal is thriving and the foster is supported.

- Organization **MUST** be easily accessible for the foster should they have any questions or concerns and provide prompt correspondence.
- Organization **MUST** provide the foster with support and training for medical, behavioural, and general care of the animal.
- Organization **MUST** monitor the foster animal's health, such as vaccine schedules, wellness exams, and bloodwork.
- If issues arise, including the need to return the animal, the organization **SHOULD** provide timely assistance with making appropriate changes to rectify concerns.
- Organization **IDEALLY** considers return of the animal to find a more suitable foster placement.

B. ADOPTION

The intent of adoption is to place all adoptable animals in caring, stable, and long-term homes suitable for the animal.

BEFORE THE ADOPTION PLACEMENT

- Organization **MUST** have an application process to ensure the suitability of prospective adopters, including the following:
 - I. An application form to collect personal information
 - II. An interview to discuss specific concerns or questions
- The potential adopter **SHOULD** meet the animal to ensure a suitable match.
- All household members, including resident animals (depending on species), **IDEALLY** meet the animal to ensure a suitable match.
- If in-person or virtual home visits are part of the organization's adoption process, a consistent procedure **MUST** be followed.
- Organization **MUST** not knowingly place an animal in a home that is unsuitable for the animal's medical or behavioural needs.
- Organization **SHOULD** have an adoption contract that outlines the responsibilities and rights for both the adopter and the organization, such as veterinary care provided, standard of care expected, and the return policy.
- Organization **MUST** disclose to the prospective adopter all known behaviour or medical concerns.

AFTER THE ADOPTION PLACEMENT

- The adopter **MUST** be supplied with a copy of the animal's health records.
- Organization **SHOULD** check in with the adopter at least once to ensure the placement is suitable.

- ❑ Organization **MUST** be easily accessible for the adopter should they have any questions or concerns and provide prompt correspondence.
- ❑ Organization **MUST** have a clear return policy in place should the adoption not be successful.
- ❑ The adopter **MUST** be advised of the return policy at the time of adoption or before.
- ❑ Organization **SHOULD** be prepared to accept or arrange placement for all returned animals.
- ❑ In urgent circumstances where there is a public safety risk or risk to the animal, the organization **MUST** admit the returned animal immediately.

OFF-SITE ADOPTION PARTNERS

- ❑ If the organization partners with an off-site adoption centre, such as a retail store, animal café, or veterinary clinic, to showcase adoptable animals, there **MUST** be a clear policy regarding the adoption process, standards of care (adhering to the standards of care outlined in this document), and legal ownership of the animals.
- ❑ Animals selected for off-site adoptions **MUST** be in good health and up to date on vaccinations, and every effort made to ensure they are free of infectious disease.
- ❑ Animals who are placed in a communal adoption area **MUST** have undergone screening and/or a quarantine period to ensure they are disease-free.
- ❑ Animals **MUST** be free of behaviour problems where welfare would be compromised by the adoption setting or that could pose a risk to the public.
- ❑ If adoption events are held at these sites, the Animal Rescue Standards of Practice **MUST** still be upheld in the interests of public safety and animal welfare.

C. EXTERNAL TRANSFER PARTNERSHIPS

Transfer partnerships with other organizations may be beneficial for some animals. Some organizations have more/different resources (financial, species- or breed-specific experience, physical space, etc.) that will allow for a better outcome for the animal. Also, some organizations do not have a mandate to conduct adoptions.

- ❑ If animals are transferred to other organizations, the receiving organization **IDEALLY** meets the Animal Rescue Standards of Practice.

- Transfers **SHOULD** be done to improve the animal's welfare and/or chance of adoption.
- Origin organization **MUST** review the animal's medical and behaviour needs before deciding whether to transfer the animal to another organization.
- All of the animal's records (health, behaviour assessments, etc.) **MUST** be sent with the animal to the receiving organization.

D. SANCTUARY

For a variety of reasons, some animals who end up in an organization's care are not suitable for adoption or have very little chance of being adopted. If the organization feels the animal's quality of life is good (i.e., he or she can be provided with the Five Freedoms) and there is little to no danger to the public, it is appropriate to consider a sanctuary or permanent foster placement.

- Organization **MUST** be responsible for the animal's medical and behaviour needs for the remainder of his or her life, whether the animal is in a sanctuary or a private foster home.
- The animal's welfare **MUST** be monitored regularly as determined by their individual needs.
- A sanctuary facility **MUST** meet the Animal Rescue Standards of Practice.

E. EUTHANASIA

Whether for physical or mental health issues, euthanasia is a necessary part of working with animals. Organizations also have a responsibility to ensure the animals in their care do not pose a health or safety risk to the public or other animals. The most appropriate method of euthanasia may vary depending on animal species, age, weight, temperament, and health status.

- Organization's euthanasia policy **SHOULD** be transparent and available to stakeholders.
- All euthanasia **MUST** be conducted or overseen by a licensed veterinarian.
- Death **MUST** be quick using a method that causes the least possible pain and distress.

EUTHANASIA FOR PHYSICAL WELFARE/MEDICAL REASONS

- Organization **MUST** euthanize animals who are suffering from untreatable illness or injury, and who cannot experience the Five Freedoms.

EUTHANASIA FOR MENTAL WELFARE/BEHAVIOUR REASONS

- ❑ Organization **MUST** euthanize:
 - I. Animals who are suffering from untreatable behaviour issues that prevent them from experiencing the Five Freedoms
 - II. Animals who have severely injured or attacked humans or otherwise pose a risk of human injury when managed by an average adopter
- ❑ Organization **SHOULD** euthanize animals who pose a severe risk to other companion animals when managed by an average adopter.

IX. EMERGENCIES AND DISASTERS

Whether operating out of foster homes or facilities, organizations need a detailed plan in place to ensure their animals are cared for in time of emergency or disaster. For further information or assistance regarding animals and disasters, please contact established organizations that specialize in animal emergency response, such as the Canadian Disaster Animal Response Team (CDART) and Pet Safety Coalition Society of Canada.

A. MITIGATION

- Organization **SHOULD** have identified areas of risk and types of emergencies/disasters (e.g., large and small, natural and manmade).
- Organization **SHOULD** have identified who could be affected and what type of effects are expected.
- Organization **SHOULD** have defined its relevant stakeholders, which may include staff and volunteers, foster homes, adoptive homes, other animal agencies, and local government.

B. PREPARATION FOR ORGANIZATIONS WITH A FACILITY

- Organization **MUST** have prepared response kits that include documentation, contact information, and checklists.
- Organization **MUST** have prepared adequate resources for response, including the following:
 - I. Shelter and supplies for staff/volunteers caring for animals
 - II. Sufficient equipment and supplies to confine and care for shelter animals safely
 - III. Documentation, including photographs, for animals in care
 - IV. Sufficient training and resources for worker care (e.g., briefings, debriefings, emotional support, availability for respite, safe workplace)
 - V. Transportation to safe location
- Organization **MUST** store adequate inventory for easy retrieval, if needed.
- Organization **MUST** plan alternate locations for sheltered animals who are out of the affected area and not reliant on emergency shelter.

C. PREPARATION FOR ORGANIZATIONS WITH FOSTERS

- ❑ All fosters **SHOULD** have sufficient resources for their own animals and fostered animals, including the following:
 - I. Food, water, and shelter for shelter-in-place
 - II. Supplies for moving animals in the event of evacuation (e.g., crates, leashes)
 - III. Emergency animal first-aid supplies and training
 - IV. Handling skills for stressed and/or injured animals
 - V. Transportation to safe location
- ❑ Organization **SHOULD** provide adequate support to their fosters, including the following:
 - I. Emotional support, during and after
 - II. Access to supplies for fostered animals
 - III. Additional equipment to provide safe confinement during emergencies
- ❑ Organization **SHOULD** ensure fosters are aware that duration of stay may be longer than normal after a disaster due to fewer adoptions.
- ❑ Organization **SHOULD** plan alternate locations for fostered animals who are out of the affected area and not reliant on emergency shelters.

X. FERAL CAT STANDARDS

Rescue organizations are crucial in feral cat management, including Trap-Neuter-Return (TNR) programs. TNR is an accepted, humane, and effective approach to controlling feral cat populations. Feral cats are humanely trapped, spayed or neutered, vaccinated, and returned to their outdoor homes. TNR improves the cats' health, stabilizes the colony population, and allows the cats to live out their lives. Public opinion generally supports TNR over lethal control of feral cats.

A. TRAPPING

- Traps **MUST** be humane live traps.
- Traps **MUST** be disinfected after use.
- Traps that have been set **MUST** be monitored at all times, either by the organization or by the resident.
- Trapping **MUST** be conducted in accordance with any local animal control bylaws.
- In extreme weather, traps **MUST** be monitored more closely to ensure that animals are not subjected to freezing or excessively hot temperatures.
- Cats in traps **MUST** be transported as soon as possible and not left in a trap outdoors longer than 8 hours.

B. VETERINARY CARE

By nature, feral cats cannot be easily handled while conscious. Sedating cats reduces their stress and minimizes the risk of escape, as well as injury to the cats and staff. Therefore, the following procedures are conducted while cats are sedated.

- Veterinary care **SHOULD** be provided by a veterinarian knowledgeable of feral cats.
- If there is a marked difference between indoor and outdoor temperature, cats **SHOULD** be allowed to acclimate to the indoor temperature prior to surgery.
- Cats **SHOULD** be sedated while still in the trap or a suitable cage/ carrier.
- Once sedated, cats **MUST** be examined and checked for identification.
- While at the veterinarian:
 - I. Cats **SHOULD** ideally receive permanent identification (tattoo and/or microchip)
 - II. If necessary, cats **SHOULD** receive ear tipping or notching

- III. Cats **SHOULD** receive a Feline Viral Rhinotracheitis-Calicivirus-Panleukopenia (FVRCP) vaccine
- IV. Cats **SHOULD** receive a rabies vaccine (if in an area where rabies is a concern)
- V. Cats **SHOULD** receive parasite control (a topical multi-parasite control product is **IDEAL**)
- VI. Cats **MUST** receive pain medication during surgery and post-operatively based on sex and age
- Only absorbable sutures or inert, nonabsorbable material **MUST** be used so that suture removal is not necessary.
- If antibiotics are needed beyond the day of surgery, long-acting injectable versions **SHOULD** be given the day of surgery.
- Other health concerns **SHOULD** be addressed at the same time of the spay/neuter surgery (e.g., dental disease, wound treatment).

C. POST-OPERATIVE CARE

It is a best practice to monitor feral cats in post-operative care for several days, but the duration of confinement may vary based on the individual cat's needs. Being confined is generally very stressful for feral cats. If there are signs of extreme stress (attempting to escape repeatedly, not eating), the cat can be released immediately. Otherwise, the guidelines below should be used.

- Cats **MUST** be kept in care post-surgery for a duration of time recommended by the attending veterinarian (generally 12-72 hours depending on organization resources).
- In recovery, feral cats **MUST** be monitored regularly and housed in a quiet and temperature-controlled environment and, if in care longer than 12 hours, housed following the guidelines in **IV. Animal Care and Enrichment**.
- Each feral cat trapped **SHOULD** be logged by the organization with the following information:
 - I. **Date of trapping**
 - II. **Exact address/location of trapping**
 - III. **Caretaker's contact information:** name, phone number, email address
 - IV. **Detailed description of cat:** sex, age, state of health, coat/colour and markings
 - V. **Date of spay/neuter surgery and the clinic**
 - VI. **Detailed list of veterinary care provided:** tattoo/microchip number, if ear tipped, vaccines, flea and parasite treatment, dental care, wound treatment, medications
 - VII. **Date returned**
 - VIII. **Exact return address/location**

D. RETURN

- ❑ Feral cats **SHOULD** be returned to the exact spot they were trapped.
- ❑ If the original location is unsafe or has been demolished, feral cats may be relocated to a suitable environment with the following conditions:
 - I. Cats should **IDEALLY** be relocated in familiar groups where possible
 - II. All resident cats **SHOULD** be sterilized, identified, vaccinated, dewormed, and healthy
 - III. There **SHOULD** be a plan to acclimate the cat(s), such as temporary confinement in a smaller space
 - IV. The caretaker **MUST** agree to provide fresh food and water daily and to monitor the cats' health
 - V. The caretaker **IDEALLY** has a succession plan/contact person in the event they are no longer able to care for cats

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