

Standard Operating Procedures



DHARAMSALA
ANIMAL RESCUE

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Letter to the Staff

This is Dharamsala Animal Rescue’s Standard Operating Procedures (SOPs) Manual. SOPs are a key tool for how we operate and run Dharamsala Animal Rescue (DAR) by establishing a baseline for how all staff and volunteers perform routine shelter tasks. By having consistent SOPs we hope to make life less stressful for the animals — and for the people working at DAR, too.

The Standard Operating Procedures were written with input from the staff and Trustees, and all staff are accountable for following them. These SOPs enable us to be consistent about expectations for every employee and to determine whether performance meets, exceeds, or falls short of expectations. Be sure to read the entire document and then review the sections that relate to your job. If you have any questions, please ask the management team.

The SOP manual is a work in progress, meaning the document will be updated as we identify better ways of doing our jobs, and responding to the needs of the animals in our care and the human community we serve. The formal procedure for suggesting and making changes to SOPs is outlined below. The Director of Operations will have the master and current copy of the SOPs.

Process for changes, updates, or clarifications to the SOPs:

To avoid confusion and inconsistency, only the Director of Operations can make the actual written changes to the SOPs. However, all staff can suggest changes as described below:

- If you have suggestions for change, deletions, or additions, ask your supervisor to include SOPs on the agenda of the staff meeting.
- After discussion with the entire team, the Manager/Trustee will advise the Director of Operations of his/her team’s suggestions, or needed clarification.
- The Director of Operations will evaluate the requested change and if necessary discuss it with the Executive Director (ED), Finance Director, and Trustees.
- If the Director of Operations, the ED, Finance Director, and Trustees agree to make the change, that section of the master SOP manual (both electronic and physical copy) is updated with the new wording and instructions.
- Any changes will be announced at the following staff meeting with a printed copy of the new revised section for the staff member to update their own manual.

This manual is the foundation for the continued excellent performance of our staff and the organization. The manual will be used as a training document for existing and new employees, as well as volunteers. Please make sure to review the SOPs from time to time

so you keep updated.

Thank you for all the hard work you do each day for the animals in our care.

Sincerely,

Pratibha Rana

(Director)

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Administrative SOPs

The following SOPs provide a guide to the administrative side of running DAR. By understanding the importance of the administrative duties at DAR, you will understand the reasons for, and importance of, many of the tasks you are required to do, such as filling in various forms, and doing tasks in a particular way.

SOP # 1: Working Hours

Hours of Operation

General

The hours of operation are designed to ensure that all domestic and wild animals are properly and humanely cared for and that the public has adequate and ample opportunity to conduct business at Dharamsala Animal Rescue.

Business Hours

The clinic is open from 09:00 to 17:00, Monday to Saturday. During this time the DAR helpline number is turned on to receive phone calls from the public regarding sick or injured animals, to ask questions or find out information about the work we carry out, and to schedule appointments for surgeries.

The clinic is open for all animal-related services during these hours.

Emergency Service Hours

The clinic has minimal staff during non-business hours, and we only take extreme emergency cases off hours at the discretion of the Manager/Trustee. On Sundays, we also have limited staff and do not use our vehicles (except at the discretion of our Manager/Trustee), but the community are welcome to bring an animal to DAR when a domestic or wild animal is in danger, or is creating a danger to the community.

Monday to Saturday Working Hours - Daytime

- Staff will arrive at DAR for 09:00
- Staff are entitled to a one-hour lunch break, to be taken when they are free.
- The working day finishes at 17:00, but some staff may be required to stay slightly longer if an emergency rescue arrives late in the day.

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Sunday Working Hours – Daytime

Although Sunday is closed to the public, two staff members are required to work from 09:00 to 17:00. All staff members will take it in turns to work on Sundays

Staff duties include, but are not limited to:

Inpatient treatments, extra-feeding, evening feeding, cleaning, inpatient walks, emergency walk-in cases,, and preparing surgery kits for the week ahead.

Night Duty

- The night duty staff works from Tuesday to Sunday and has Monday night off. Monday night duty is rotated among the other staff members.
- Night duty starts at 17:00 - the manager or assistant manager should hand over any relevant information for the night duty staff before they leave.
- Night duty finishes at 09:00 – the night duty staff should hand over any relevant information to the manager or assistant manager before leaving.

Overtime

On official DAR holidays, two members of staff are required to work during the day to give treatments, feed the inpatients and oversee the welfare of the animals on site. One member of staff is required to work the night shift.

Each staff member will be paid overtime for the extra days they work. Overtime is calculated as your day rate depending on your salary.

On nights that the regular night duty staff is off on annual leave or sick leave, another member of staff is required to do the night duty.

Each staff member will take it in turns to cover these nights, but will be paid overtime.

SOP # 2: Official Holidays, Annual Leave, and Sick Leave

Official DAR Holidays

DAR will be closed on the following nine official government holidays. However, two members of staff will be required to work from 09:00 to 17:00. They will be onsite to do inpatient treatments, feeding, cleaning, and overseeing the general welfare of the animals that are onsite.

One staff member will be required to work the night duty.

- Lohri – Date varies, usually in mid-January
- Republic day - 26th January
- Holi – Date varies, usually in March
- Independence day - 15th August
- ShivaRatri – Date varies, usually in mid-February
- Raksha Bandhan - Date varies, usually in August
- Diwali – Date varies, usually in October or November
- Bhai Dooj – 2 days after Diwali
- Mahatma Gandhi's Birthday - 2nd October
- Dussehra – Date varies, usually in September or October

Annual Leave

All staff are entitled to 12 days off each calendar year. This is in addition to the 10 official DAR holidays.

This is the total number of days allowed off, which includes sick leave. Any days taken over this number will not be paid.

If you require a day off, for reasons other than sickness, please give at least two days' notice, so that cover can be arranged, or the schedule for surgeries, catching, and other duties can be arranged accordingly.

No more than two members of staff should be off at the same time.

Sick Leave

If you are sick and are unable to come into work please inform the Manager by 09:00. Inform the Manager each day that you will not be at work, unless you know you will need a certain number of days off, which you can tell the Manager on the first day of sick leave.

Unauthorised Absence

Any staff member taking a day off work without asking permission beforehand will be put down as taking unauthorised absence. The staff member will not be paid for the day, and a verbal warning will be issued for the first offense, and then written warnings for the second and third offenses.

SOP # 3: Volunteers and Visitors

Volunteers

Volunteers are a vital part of DAR, as they help us to carry out many of the day-to-day tasks, freeing up staff members for more specific duties, such as rescues and treating the inpatients.

Due to its size, it is the policy of Dharamsala Animal Rescue to limit the number of volunteers to two general volunteers (non-medical) and two vets or vet students (medical) at any one time.

We require that all volunteers commit to a minimum of two weeks, so that the time invested in training them makes it worthwhile. This is mentioned in the application form. We can make exceptions to this rule, but in general we do not accept requests to volunteer for short visits, such as an afternoon or a day.

In addition, all volunteers must be over 18 years of age, and have had a full course of pre-exposure anti-rabies vaccinations before starting (see SOP# 08: Anti-rabies Vaccinations for Staff and Volunteers).

Volunteers are invited to come from around the world including within India. Any enquiry received by phone, email, or social media should be directed to the Volunteer Co-ordinator who will ask them to complete the online application form.

When the application has been received, the Volunteer Co-ordinator will coordinate the dates of their intended visit to ensure we have space. They will be added to the DAR calendar so we have a clear idea of who is coming and when.

The Volunteer Co-ordinator will keep staff updated of the volunteers we have lined up to visit.

Volunteers are informed of DAR's dress code. Upon arrival, the Volunteer Co-ordinator will meet them and go through all of DAR's programmes and what they will be expected to do while they are here.

Each volunteer must sign a liability waiver and arrival form, and provide copies of their passport and visa.

They will also be allocated a treat bag to use while they are at DAR.

After orientation, volunteers will be introduced to the team and all non-medical volunteers will be handed over to the Animal Welfare Assistant responsible for showing volunteers how to do many of the tasks while they are here. The medical volunteers will work with the vet or vet assistants depending on their experience.

Visitors

When a visitor comes to the shelter, they will be greeted by the Volunteer Co-ordinator who will give them a brief introduction about DAR and what we do, along with a tour of the premises.

SOP # 4 : Donations

Indian Donations

There are three donation receipt books, Clinic, Mobile Clinic, and Large Ambulance. The Mobile Clinic and Large Ambulance books handle donations received while our staff are out in the Dharamsala community. The Clinic book deals with donations received from people who bring animals to the clinic for treatment along with any online donations received within India.

Any cash or cheque donations received need to be written in the appropriate book, the person's name, address, contact phone number, and the amount should be written clearly. If it is in the form of a cheque, we need to record the bank name, branch and cheque number. If it is an online donation, we also need to note the payment reference number and email address of the donor. It is then signed by an authorised member of staff.

Donations in excess of rs10,000 must be received by cheque or online. Cash is not permitted under any circumstances. We also need to record the FULL address, and the donors PAN card number must be written on the receipt. If we are presented with a doantion in excess of rs10,000 in cash we must divide it up and write donation slips in multiple names of the donors.

We are not allowed to receive foreign currency under any circumstances. If the donor only

has foreign currency, we must convert it to rupees first and then issue a receipt which can then be emailed to the donor.

We cannot write foreign addresses on the donation receipts, it must be a local address where the person is staying.

Clinic & Online Donations

The clinic donation book must be kept in the clinic and handled by one member of staff, who is responsible for writing and receiving donations.

At the end of each day, that person brings it to the Finance Director who will balance it up and tick off the receipts.

Online donation receipts need to be scanned and emailed to the donor. This is only handled by the Finance Director.

Mobile Clinic & Large Ambulance Donations

The small and large ambulance donation books need to be returned at the end of each day, and the money handed over to the Finance Director the following day.

Staff should not hold the money under any circumstances for more than the allocated time it takes to hand over to the Finance Director.

Once the money has been balanced, the receipt is ticked to confirm we have received it.

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All donations are recorded in the relevant excel spread sheet, and should be banked approximately every two weeks.

Donations in Kind

When someone wants to donate non-monetary items, we need to keep a record of the donor's name, address, phone number, items being donated, estimated total value, and signature.

A form can be obtained from the Finance Director, which the person donating needs to fill out and sign.

If the item is received in the post we need to ask the donor to write an email with the above information, which should be sent to the Finance Director.

The details are then entered into the Donations In Kind database, and the form is filed in the appropriate folder.

SOP # 5 : Bills

Whenever possible bills should be paid online through the vendor's bank account. The member of staff collecting the bill from a new vendor should try to encourage online payments, rather than cash payments.

They should ask for the following information;

- Bank name
- Bank account number,
- Name of account holder,
- IFSC code
- Whether the account is a current or savings account.

If they are unable to do this they need to get a phone number. so the Finance Director can

obtain the account details.

The bill needs to be dated and written in the name of Dharamsala Animal Rescue Trust. Wherever possible it must be written on the vendors official headed bill with an invoice number.

We should not accept scraps of paper. If the vendor is unable to provide a proper bill the Finance Director will write a voucher, which is to be signed by the vendor, or if a staff member has used their own cash, then they will be asked to sign the voucher when they are reimbursed.

When a member of staff collects a bill, they must pass it immediately to the Finance Director to avoid any delays in payment.

If the Finance Director is not available, the bill is to be placed in the jar on his desk and payment will be made on the next working day.

SOP # 6 : Database Management

Keeping up to date databases of all our work is vital. The databases serve several functions:

- 1) Allow us to gather statistics so we know the impact we are having on the community.
- 2) Enable us to keep track of inpatients, their medical conditions, treatments, and vaccinations.
- 3) Enable us to keep a registry for pets, so that their medical histories can be obtained easily.

Inpatient Database

The inpatient database is a record of every new rescue and holds important information. For example, the name assigned upon arrival, registration number, date of arrival, current age, location, reason for being rescued, medical conditions, treatments, vaccinations given while at the clinic, reminders for any vaccinations due while at the clinic, sterilisation status and date of surgery, and date and details of any general surgeries.

Each new rescue becomes an inpatient. An Inpatient Registration Form (Appendix # 01) must be filled in for all new inpatients upon arrival at the clinic (SOP # 10: Intake of New Rescues – Inpatients). The form should be filled in by the person helping the vet assess and treat the new rescue. It is the vet's responsibility to ensure this form that been filled in by the assigned person. Once complete, the form should be given to Director of Operations, who is responsible for keeping the Inpatient Database up to-date. Place the completed form on their desk.

Pet Database

The pet database is a record of all the pets that are brought to DAR for treatment or surgery. Every pet gets a registration number. Whoever is assisting the vet to treat the pet should fill out a Pet Registration form (Appendix # 06) if it is a new pet, never seen at the clinic before. New pets also receive a registration card with details of the pet's name, species, breed, and owner details. The owner is required to bring the card with them on all subsequent visits so that their pet's medical records can be found and obtained easily.

For each new problem requiring a visit to DAR, a Pet Health Record (Appendix # 07) form must be filled out.. This form contains details of the current condition, such as symptoms, diagnosis, treatment, and any tests that have been advised. It is the vet's responsibility to ensure this form has been filled out accurately in detail.

For each new problem, if the pet requires multiple visits for treatment, an Ongoing Treatment Record form (Appendix # 08) should be completed with details of the medications needed, the days needed, and doses. This ensures that whoever is at the clinic when the pet arrives knows exactly what treatment the pet needs.

In the event of an owner forgetting their registration card, the patient's info can be obtained by searching the pet database using the pet's name, owner's name or phone number. The Director of Operations will do this, or the Finance Manager.

Statistics Database

DAR keeps a database of our monthly statistics to keep track of our targets and goals and make sure we are achieving them each month and annually. This also assists in writing grant applications and proposals.

The database consists of the following Inpatients, Outpatients, Mobile Clinic, ABC/AR, Adoptions, Humane Education programs.

Each individual medical case is recorded by its sex, age, type of animal, location, diagnosis, treatment, and outcome (excluding ABC/AR program).

- ABC/AR is tracked by the total number of dogs by sex that have been sterilised and vaccinated against rabies. This is also split into three sub categories; Strays, Pets and ABC camps.
- Inpatients is tracked by the total number of inpatients, along with the number of follow-up treatments.
- Outpatients is tracked by the total number of pets, along with the number of follow-up treatments.
- Mobile Clinic is tracked by the total number of mobile clinic cases, new and follow-ups.
- Adoptions is tracked by the name of the dog, location, adoption form filled out, follow up visit.
- Humane Education program is tracked by the name of the school, date of program, and how many children/people attended the program.

A separate monthly record of the following data is also recorded;

- Total number of general surgeries, the type of surgery, and if it is a pet or stray.
- Total number of anti-rabies vaccinations given, across all projects.
- Total number of 5-in-1 vaccinations given, across all projects.
- Total number of de-wormers given, across all projects.
- Total number of animals euthanized.
- Total number of rabies cases.

At the beginning of each month, the Finance Director shares the previous month's achievements to keep staff updated on our goals and target achievements. This also assists in motivating the team, or highlights where improvements need to be made.

It is the duty of every staff member to use the medicines and medical supplies responsibly, to minimise waste of products, and to avoid the misuse of any medicines. The system in place at DAR has been designed to account for the use of all drugs and medical supplies.

SOP # 7 : Stock Management

Central Stock

The central stock of medicines and medical supplies are kept in a lockable metal cupboard in the office building. Any new orders are unpacked and stored in these cupboards, and the

quantity of each item is added to the Stock Management Database.

No item must be taken from the central stock without the item and quantity being recorded for the database. The location the item is being used for must also be recorded as one of the following:

- 1) Treatment Room – for any items being used on inpatients or pets
- 2) Surgery – for items being used specifically during surgeries
- 3) Mobile Clinic – for items going into the mobile clinic kit
- 4) Large Ambulance – for items going into the Large Ambulance kit

Item Allocation

Do not take individual drugs from the treatment room for other locations, such as Mobile Clinic, Surgery, or Rescue Ambulance. Always get a new bottle of drug from the central stock. This ensures that management can keep track of how quickly drugs are being used up and in what areas. It also ensures that when a drug is needed in the treatment room it is always there.

Whenever commonly used drugs or medical supplies have run out, get a new supply from the central stock, and record it on the board. Only take full boxes or packets of products, e.g. syringes, catheters, masks, caps. This is so that accurate stock can be counted

At the end of each day, the electronic database is updated with the information on the board by the Director of Operations. This keeps track of the total usage and remaining stock for ordering purposes.

The following protocol is as per the World Health Organization's recommendations Pre-Exposure Prophylaxis Schedule

Three doses of rabies vaccine: either intra-muscular or intra-dermal

- Dose 1: Day 0
- Dose 2: Day 7
- Dose 3: Day 21 or 28

Post-Exposure Schedule

Clean the wound immediately using soapy water and then flush with running water for at least 10 minutes.

Previously Vaccinated

Two doses of rabies vaccine - intra-muscular or intra-dermal.

- Dose 1: As soon as possible - Rabies ImmunoGlobulin is NOT needed.
- Dose 2: Day 3

Not Previously Vaccinated

Five doses of rabies vaccine - intra muscular.

- Dose 1: Immediately + rabies ImmunoGlobulin
- Dose 2: Day 3
- Dose 3: Day 7
- Dose 4: Day 14
- Dose 5: Day 28

Immunoglobulin Administration (Available from Zonal hospital, Dharamsala)

No staff or volunteer should need this, as anybody working at DAR should have completed their pre exposure vaccinations before starting.

20 IU/kg of Human Rabies ImmunoGlobulin (HRIG)

or

40 IU/kg of Equine RIG (ERIG).

The following SOPs are aimed at ensuring the daily tasks at DAR are completed in accordance with the Management's expectations and requirements.

SOP # 9: Rescuing an Animal

After receiving a phone call or Facebook message from a member of the public informing the manager that an animal is in need of being rescued, the rescue team should promptly leave in the rescue ambulance to the location of the animal. Before leaving for a rescue, the rescue team must hand over any duties to another staff member.

A fully stocked medical kit is kept in the rescue ambulance at all times and should be checked and restocked at the start of each day by the driver assigned to the ambulance that day (# 11 – Ambulance Kit Contents).

A large cage with a blanket must be kept inside the holding area of the ambulance.

Two members of staff should attend each rescue, with a third person sometimes going to film the rescues.

Upon arriving at the scene, the rescue team should assess for the least stressful and/or painful way to get the animal into the ambulance. Sometimes it is very straightforward, with the animal being friendly and in an easily accessible place, such as the side of the road. However when the animal is in a more difficult place, such as in a drain or stuck somewhere, the rescue team must establish the best way to reach the dog, while maintaining safety towards themselves and the animal. Each situation is very different, so only the team can determine the most appropriate methods for rescuing the animal.

Once the animal has been safely caught, it must be placed gently into the cage in the back of the ambulance. This ensures that animals with broken bones are not needlessly moving around in the back of the ambulance, potentially making their injuries worse.

SOP # 10: Intake of New Rescues – Inpatients

Stray dogs (and occasionally cats) become inpatients if they are rescued by our staff members (see SOP # 9 - Rescuing an Animal), or if a member of the public brings a sick or injured animal into the clinic.

After arriving at DAR the animal is seen by a member of the veterinary team for an assessment of the animal's condition.

- 1) One member of staff assisting the veterinarian should complete an Inpatient Registration Form (Appendix # 01), detailing the animal's age, sex, sterilisation status, immediate health conditions, and any treatment given on the rescue. Obtain information regarding the location of the rescue, the caller's name and phone number from the manager or a member of the rescue team. It is the vet's responsibility to ensure this form has been completed.
- 2) In the occasional event that staff numbers are low and the clinic is busy, if the forms are unable to be filled, the staff members who received the animal must write the details of the animal on the notice board in the treatment room. The next available staff member must then complete the forms and ensure a vet has been notified about the new inpatient.
- 3) All animals receive a name and a registration number, which is then used for all subsequent documentation, and is used in the inpatient electronic database.
- 4) The animal's information is also put on the Inpatient board by a vet, which details the name, age, colour, diagnosis, and treatment of the animal. It also states the date the animal can come out of quarantine, whether the animal needs extra-feeding, and whether the animal can be returned to the street, or needs to be found a home.
- 5) A member of the veterinary team must assess each dog upon arrival using the Inpatient Initial Health Check (Appendix # 02). Do not leave anything blank. Do a thorough health check to establish all baseline parameters. It is the staff member's responsibility to ensure a veterinarian has examined the patient.
- 6) The veterinarian must ensure a treatment plan be established and documented on the Initial Health Check form. After the treatment plan has been established, fill out a Weekly Treatment Record (Appendix # 03), listing all medicines to be administered for the rest of the week, including the dosage and frequency.
- 7) The animal should be given any necessary treatment to stabilise it before being dewormed and vaccinated according to the Vaccination and Deworming Schedule (SOP # 21).
- 8) Once stable, the animal is given a YELLOW collar and transferred to the quarantine area, and in a suitable sized cage if needed (e.g. dogs with broken bones, dogs with

possible infectious diseases). Puppies under four months old are transferred to the puppy quarantine area, and dogs over four months old are transferred to the adult quarantine area. Each dog should stay here for 10 days to assess for any signs of infectious diseases. The yellow collar must stay on

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until the dog can come out of quarantine. Any dog with a yellow collar MUST be in quarantine.

- 9) After their quarantine period, dogs over four months are moved to the —Adult Penll, and puppies under four months old are moved to the —Puppy Penll. Dogs remain here, during the day, for the duration of their stay, until healthy and deemed fit for release.

SOP # 11: Daily Inpatient Treatments

General Inpatients

All animals undergoing on-going treatment at DAR receive treatment in the morning, and if necessary in the evening. Two people are assigned to treat the patients after they have been assessed and their treatment plan established by a member of the veterinary team.

A weekly treatment sheet (Appendix 03) is written out for every patient, detailing all the medications and treatment needed for the week, or until a member of the veterinary team reassesses the patient's condition and amends the treatment plan.

A new sheet is written up on arrival of the patient after a treatment plan has been established by a member of the veterinary team.

Every Saturday, a member of the veterinary team writes out the treatment for each inpatient for the following week. The following weeks treatment is based on the progress or deterioration of the patient and the relevant treatment needed.

Infectious Inpatients

Any patients that are known to have an infectious condition, such as parvo, giardia, or other gastrointestinal condition should be treated in the quarantine area after all the non-infectious patients have been treated OR by a separate third person, so that there is no risk of the infection being passed to other inpatients.

All items and medicines being used to treat infectious patients must remain in the quarantine area. Any item to be thrown away must be placed into an appropriate bio-waste bag in the quarantine area. The bio-waste bag is then disposed of according to the bio-waste regulations.

SOP # 12: Mobile Clinic

The Mobile Clinic is a vital part of DAR's work, and allows us to treat many more animals than would be possible without it. It also enables us to interact with the community and involve them in caring for the stray animals that they live with.

Community members call the DAR helpline when they see a sick or injured animal, or if animals need to be de-wormed, flea treatment, or vaccinated. The Mobile Clinic is for non-critical cases. The Mobile Clinic is meant only for stray dogs, pets are required to be brought into the clinic by their owners.

Two staff members go on the Mobile Clinic Monday to Saturday and leave depending on the number of cases that they will be attending.

The Mobile Clinic register is completed each morning detailing the cases to be attended that day – case number, caller details (location, phone number, and name), and the animal's symptoms.

Case Number Nomenclature:

E.g.: N-3/10 -888

- New case starting on 3rd October; 888th new case since 1st of Jan of the current year. E.g.: F-29/09 – 832

- Follow-up case that started on 29th September; 832nd new case since 1st of Jan of the current year.

The staff attending the Mobile Clinic must fill in ALL other sections while on the Mobile Clinic, after each case.

This is a record of each animal's symptoms and treatment. As different people attend the Mobile Clinic on different days, the register must be filled out completely and with as much information as possible so that other staff members know exactly what the problem is and how it is being treated. Include dose rates in the treatment when injections are given.

In addition the information from the Mobile Clinic register is used for statistics, so management needs all of the information for the Mobile Clinic database.

Below gives details of the information required in the Mobile Clinic register.

Vet/Assistant Attending :		Date:		___/___/___				
Case #, Caller Details	M/F	Desexed Y/N	Age	Weight	Symptoms	Diagnosis	Treatment	Notes

SOP # 13: Catching and Releasing for the ABC Program

When dogs are caught for our Animal Birth Control (ABC) program, they are suddenly removed from their home, put into a vehicle, probably for the first time in their lives, then placed into a kennel with strange dogs, strange sounds and smells.

It is a very traumatic experience for them. Therefore the catching process and transition to their kennel at DAR must be as humane and gentle as possible, with as little stress to the animal as possible.

Catching

Dogs should be caught from specific locations to make an impact on the population of the street dog in the Dharamsala area. Taking dogs at random, one here and one there will have no impact on the overall population. We must aim to sterilize and vaccinate at least 70% of the dogs in any one area.

- If you know the dogs are friendly, use treats to get the dogs.
- DO NOT approach with the net straight away... the dogs smell the net and run off. • If you know the dogs will not respond to treats, then approach slowly, with the net hidden as much as possible.
- Once the animal is safely secure in the net, lift the animal gently into the back of the ambulance • The catching pole is only used to restrain a dog, allowing you to muzzle it, or pick it up without being bitten.
- Never lift a dog using a catching pole.

Releasing

Dogs must be returned to where they were caught.

Take the dog gently out of the ambulance and place the animal in a safe place, as far from

the road as possible, to avoid the dog running into traffic as soon as it is released.

SOP # 14: Cleaning

Dharamsala Animal Rescue is a working hospital for sick and injured animals. Therefore, it must be kept to a very high standard of cleanliness. This is to prevent sick animals from becoming even sicker during their stay. It also ensures that infections do not spread, wounds do not become infected at the clinic, and the staff and volunteers have minimal exposure to any zoonotic diseases, such as intestinal worms, ringworm, and giardia.

Certain bacteria, viruses and parasite eggs are able to survive in the environment for a very long time without proper cleaning. These environmental pathogens infect the animals, allowing the cycle to continue.

Cleaning is the removal of dirt, grease, soil, urine, faecal matter, blood, vomit, food etc., usually with a detergent (e.g. soap) and water.

Disinfecting is applying a product to kill bacteria, viruses and other —germsll. Disinfection does not necessarily kill all microorganisms, especially resistant bacterial spores; it is less effective than sterilisation.

Sterilisation is the process of killing all living organisms on an item or within an area. This is especially important for surgical equipment and any items in the surgery room

Items must be cleaned to remove foreign debris before they are disinfected, otherwise any remaining debris will re-contaminate the area/item

Cleaning and Disinfectant Products



LYSOL – Cleaner and Disinfectant used to kill bacteria and certain viruses on floors and surfaces.

Add 5 capfuls of Lysol to 20 litres of water



PHENYL – Disinfectant used to kill bacteria and certain viruses on floors and surfaces. Add 5 capfuls of Phenyl to 20 litres of water



BLEACH – Used to kill the Parvo virus.

Use to clean floors, surfaces, metal bowls, floor cloths, and cages.

****IMPORTANT**** - Requires 10 minutes of contact time to kill the virus effectively

Make up a 0.5% solution using bleaching powder.

Add 10 g bleach powder to a small volume of Dog Waste water, dissolve completely then make up to 20 litres of water.

- Pick all dog waste up as soon as possible and dispose of it in the large bin for dog waste. • Clean the area with disinfectant, using a stiff yard brush.
- If any dog is seen to have diarrhoea, notify a member of the veterinary team. • Make sure the vet has seen the diarrhoea to assess for any potential diagnostic characteristics, then clean it up and disinfect the area.
- Move the animal responsible to its own cage until the vet has assessed the animal.

Each week one person will be assigned the duty of keeping the clinic clean of any dog waste. However if any other staff member notices any dog waste, then it is your job to clean it up as well.

Daily Cleaning

Each morning clean all floor areas of the clinic using disinfectant to kill any bacteria and certain viruses.

- Remove all visible dirt and solid waste
- Make up the required number of buckets of disinfectant (1 per area)
- Clean the examination tables using a clean cloth – leave to air dry
- Clean the floors using the various cleaning utensils – mops, floor squeegees, brushes • Move through the clinic in the following order:

- 1) Treatment Room – after letting dogs out
- 2) Puppy Quarantine
- 3) Adult Quarantine – before putting dogs in
- 4) ABC Room
- 5) Adult Pen
- 6) Puppy Pen
- 7) Outside Yard area
- 8) Upper Shed

This order ensures that any dirty water from the floors moves through the compound from back to front; meaning that no dirty water is washed into clean areas.

Additional cleaning of the treatment room shelves and storage boxes is done on Wednesdays and Saturdays

- Remove all of the plastic storage boxes from the shelves.
- Use a clean cloth to wipe the shelves and boxes with a 0.5% bleach solution. • Leave for 10 minutes.
- Rinse off with clean water.
- Allow to air dry.
- Replace boxes and items on shelves.

Areas where sick/injured animals do not go include the bathrooms, kitchen, office, and laboratory. Clean these areas on Wednesdays and Saturdays.

- Sweep the floors
- Clean and disinfect all tables and surfaces, sinks and toilets.
- Empty, clean and disinfect all waste bins.

Equipment

After each use, disinfect any items used on animals, such as stethoscopes, thermometers, claw clippers, scissors, and fur trimmers with 70% ethanol (Medispirit).

Allow to air dry before using on the next patient

Cages

Clean mobile cages and ABC pens every morning and between each new patient.

- Remove dirty blankets and place in the laundry basket.
- Clean the cage by removing any waste, then wash with soapy water and a stiff hand brush • Disinfect with diluted Lysol.
- Allow to dry completely before using again.

Food & Water Bowls

- After each feeding, clean all bowls with soap and water at the cleaning station. • Disinfect any bowl used by a dog with an infectious disease using diluted disinfectant.

Place all soiled blankets in the laundry basket.

Take up to the laundry area and wash in the washing machine with an appropriate quantity of washing detergent.

Blankets should be washed for 45 minutes at 70 °C

Once the washing cycle has finished, the blankets should be hung up outside to dry. Small and Large Ambulances

The small ambulance is used for the mobile clinic, so rarely has dogs inside it. All medical waste must be disposed of in a bio-waste bag, which is then disposed of accordingly.

The ambulance should be cleaned inside and outside once a week using disinfectant.

The large ambulance must be cleaned every day after any rescue, or any catching and releasing for the ABC program. Disinfectant should be used each time.

If any dog suspected of having parvo, distemper, or rabies is transported in the ambulance, the holding area must be cleaned using the bleach protocol, then disinfected.

The ambulance must be thoroughly dry and aired before placing another dog inside.

SOP # 15: Waste Disposal

It is extremely important to keep the entire clinic premises as clean as possible, which includes disposing of all waste appropriately and frequently. All bags of waste are placed into the large coloured bins in the fenced off area at the back of the clinic.

General Waste

Any general waste from the kitchen, office, laboratory, or treatment room bins (non-contaminated outer packaging) should be placed into the large general waste bin located at the back of the clinic.

The general waste must be removed once a week, preferably on a Saturday, and taken to a waste disposal facility in Dharamsala.

The designated day may change based on how busy the clinic is, or how many drivers are available. Bio-Waste

There are three coloured bins in the clinic treatment room reserved specifically for bio-waste, and a sharps bin for needles and scalpel blades.

Yellow – for all contaminated paper waste and animal tissue

- Cotton
- Gauze
- Dressings & Bandages
- Plaster Casts
- Surgical Tape
- Animal tissue, e.g. from surgeries
- Aspirated body fluids
- Expired drugs

Red – for all contaminated plastic waste

- IV infusion set tubing
- Used gloves
- Catheters
- Syringes (without the needle)
- Bottles

Blue – Used for glass waste

- Glass medicine ampoules
- Broken glass
- Contaminated glass

Sharps Bin - Used exclusively for needles and scalpel blades.

When full, the bags and sharps bin should be securely sealed. The person changing the bins should write the following information on each full bio-waste bag and Sharps Bin:

- Date:
- Type of Waste:
- Organisation: Dharamsala Animal Rescue
- Organisation's telephone number:
- Contact Person: Organisation's Manager

After sealing the bags or Sharps bin, they must be weighed, and the following information recorded in the Bio-waste Register (found next to the bins).

- Date
- Weight
- Type of waste

Full bio-waste bags and sharps bins are placed in the large bins in the sealed off area at the back of the clinic with all other waste.

The bio-waste collection company comes twice a week to collect the bio-waste and dispose of it accordingly.

Dog Waste

The bucket reserved for dog waste must be lined with a biodegradable bag.

The dog waste must be disposed of on a Saturday before the bin gets full.

SOP # 16: Night Duty

17:00 – 09:00

The person working night duty is responsible for the welfare of the dogs throughout the night, and must ensure that each animal is safe.

They must give medical treatment if needed, such as fluids, pain medication, and antibiotics if needed. Standard Duties - Evening:

- Put the resident dogs inside just before it gets dark
- Ensure there is one blanket for each dog to sleep on and a large bowl of fresh water
- Put the inpatient dogs inside the sleeping room just before it gets dark.
- Lay blankets on the floor for them to sleep on if they want to
- Adult dogs are loose in the treatment room – Ensure there is nothing that they can reach on the bottom level shelves.
- Dogs under six months sleep in cages lined with blankets. Two to four puppies per cage, depending on the cage size.
- Ensure each dog has access to fresh water
- If any dogs are in the ABC kennels, make sure they have clean blankets and fresh water.

Standard Duties – Morning:

- Check each dog to make sure they are OK

- Let the dogs out to go to the toilet.
- Clean up any solid waste from the cages, ABC kennels and sleeping areas
- Remove all blankets from the night and put in the laundry basket
- Feed the resident dogs
- Cook the evening food according to SOP #017: Feeding
- Bring clean blankets down to the clinic area
- Feed the inpatients and any ABC dogs (DO NOT feed those having surgery that day – Dogs wearing RED collars).
- Clean and disinfect the clinic as described in SOP# 014: Cleaning
- Put fresh water down for all the dogs (except those having surgery that morning).

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Animal Welfare SOPs

DAR is here for the welfare of the animals in our community. Everything we do is done to improve the health and wellbeing of the animals. These welfare protocols have been established to ensure that while any animal is at DAR, it is looked after in the best possible way, is free from as much discomfort as possible, and has as an enjoyable stay as possible.

SOP # 17: Feeding

All animals get two meals a day; one in the morning at 08:00 and one in the evening at 16:00. In addition, some inpatients receive a third meal at 12:00, known as extra-feeding.

Quantity of Food to Cook for Each Morning and Evening Meal

Prepare the following amount of food for each meal (Based on 35 dogs, average weight of 15 kg) A bowl is kept in the storage containers of rice and soya, use these for measuring the quantity to cook. While the permanent dogs are eating, prepare the next meal for cooking.

In the large rice pot, cook:

- Rice – 1 bowl + 3 bowls water (3 litres)

In the pressure cooker, cook:

- Soya Chunks – 4 bowls + 4 bowls water (4 litres)
- Fresh Meat (chicken, goat, or sheep) – 1.5 kg

Morning & Evening Feed

The night duty staff member feeds the dogs in the morning and cooks the food for the evening meal. A day staff member feeds the dogs in the evening and cooks the food for the following morning meal. Prepare the food in the upper shed, where the permanent residents live.

Prepare the permanent resident dogs' food:

- Place half the cooked rice and half the cooked meat & soya in a bucket.
- Mix well to evenly distribute the meat and soya.

Separate the dogs as much as possible when feeding. Some dogs should be placed into cages and others chained up so that no dog can steal another dog's food.

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Feed the permanent residents first, according to Table 1.

Table 1: Daily Feeding Guide. Feed each dog according to their body weight as follows:

	Weight (kg)	Morning (bowls)	Extra-Feeding – Puppies and Underweight Adults only Meat only (bowls)	Evening (bowls)
Adults	10	Half bowl	Quarter to half	Half
	15	Just over half	Quarter to half	Just over half
	20	1	Quarter to half	1
	25	Just over 1	Quarter to half	Just over 1
Puppies Under 4 months	2	Quarter	Quarter	Quarter bowl
	4	Half	Quarter	Half
	6	Just over half	Quarter	Just over half
	8	1	Quarter	1

Prepare the Inpatient and ABC dog's food:

- In a smaller bucket place some of the meat and soya mix for dogs with demodectic mange that do not eat rice.
- Mix the remainder of the rice and meat & soya in the main bucket for the inpatient dogs.
- Take the buckets down to the inpatient yard and feed according to Table 1.

Extra-Feeding

Puppies up to the age of four months, and adult dogs that are underweight also receive an extra meal at 12:00 midday.

Puppies receive a quarter of a bowl of meat

Adults receive a quantity that depends on how underweight they are, but in general an extra 100 calories should be fed during extra-feeding, which is one of the following:

- 50 g chicken
- 100 g tripe
- 2 eggs

Bowl Cleaning

When each dog has finished their meal, remove the bowl and take to the cleaning station. Wash each bowl with soap and water.

Disinfect any bowl used by a dog with an infectious disease using diluted disinfectant (see SOP # 014: Cleaning).

Dogs Wearing RED Collars

DO NOT feed any dog wearing a red collar in the morning. These dogs require surgery or sedation for treatment.

In the evening red collars will be placed on the dogs that need them. The surgical and treatment team are responsible for placing the collars on the appropriate dogs before going home in the evening.

SOP # 18: Exercise

Each dog that is able to walk needs exercise every day. This helps to keep the dog healthy and helps rehabilitate dog that have been injured. Certain dogs, such as those on cage rest for broken bones, or those that are too weak or sick do not need to be walked until they are

healthier.

Permanent Resident Dogs

The permanent residents are taken out each afternoon for 1 hour.

During the morning meeting, two or three staff members are assigned to walk the permanent resident dogs.

Always take treats on the walks, so that the dogs can be distracted if needed, and to reward them for returning when called.

Certain dogs must be walked on the leash until reaching the forest where they are then let off and allowed to run around off-leash.

If, when reaching the forest, there are any grazing animals, such as cows, goats, or mules then the dogs should not be let off-leash. Instead they need to be taken for a longer walk, away from the grazing animals, so that they receive the exercise they need.

Inpatient Dogs

Inpatients are suffering from a variety of medical conditions, and at different stages of recovery. Some will need to be walked, whereas others will not be walked until they are in better health.

During the morning meeting, staff are assigned to walk the inpatient dogs that are able to be walked. The inpatients are walked in the morning, and are taken for a gentle 30 minute walk.

SOP # 19: Grooming & Routine Animal Welfare

All of the dogs on site should receive a standard of care that goes beyond their immediate medical condition. This is especially true for the permanent residents who live at the clinic until they are adopted or pass away, which could be as long as 10 years.

Each month a full welfare check must be carried out on each dog at the clinic. For the sake of consistency this should be done within the first week of each month.

Each dog must have an Inpatient Welfare form (Appendix # 04).

The following procedures should be carried out and recorded on the welfare sheet.

- Weight
- Rectal Temperature
- Flea & tick Treatment
- De-wormer (every 3 months for adults)
- Claw check (clip if needed)
- Ears & eyes cleaned
- Bath
- Brush

Record any observation made regarding the animal, such as any wounds from scratching, fur loss, signs of ear or eye problems, etc.

The staff member performing the check should initial at the bottom of the month's column.

SOP # 20: Dog Training

Some dogs stay at DAR for a few months, and in the case of permanent residents, indefinitely. Therefore it is always advantageous to try and do some basic training with the dogs. This is especially important for the permanent residents and any puppies that we feel could be adopted.

Basic Leash Walking

Many puppies and street dogs have never been on a leash before, so it is important to get them used to a collar and leash so that they can go on walks.

Once the dog is comfortable with the leash and enjoying going for walks they may start to pull. This should be trained out of the dog so that walking the dog is easier, more enjoyable and prevents the dog from causing possible damage to its throat area from pulling.

Any dogs that do pull should have a harness rather than a collar for walks.

To stop a dog from pulling on the leash, take the dog out on its own

- When the dog pulls in front of you stop and stand still until the leash becomes loose. When the leash is loose, continue walking. Repeat this each time the dog pulls. It may take many attempts.
- Alternatively, you can try the reverse direction method. When the dog pulls in front, tell the dog 'Let's Go' then turn around and walk in the other direction. Do not jerk on the leash.
- You can motivate the dog to follow you with an excited voice to get his attention. When s/he is following you and the leash is relaxed, turn back and continue on your way.
- It might take a few turns, but your vocal cues and body language will make it clear that pulling will not result in forward movement, but walking calmly by your side or even slightly in front of you on a loose leash will allow your dog to get to where s/he wants to go.

Sit

Teaching a dog to sit and lie down is very useful as it gets their attention and makes them focus on you and calm down.

- Hold a treat in front of the dog's nose to get the dog's attention.
- When the dog is fully focussed on you and the treat, slowly move it back over the dog's head. The dog should sit as s/he follows the treat.
- As the dog begins to sit, firmly say —Sitll and when the dog is fully sit, reward with the treat. • Repeat until the dog associates the word —sitll with the action.

Lie Down

Hold a treat in your flinger and place your hand on the floor in front of the dog. Allow the dog to smell, lick, or paw at your hand but do not give the treat. As soon as the dog lies down, give the treat.

Repeat until the dog lies down quicker.

Start to say —Downll whenever the dog lies down and reward with the treat. Repeat until the dog associates the word —Downll with the action.

Medical SOPs

The following SOPs should be strictly adhered to, and have been written with the best interests of the animal in mind. If the veterinarians feel that for particular individual cases an alternative protocol is in the best interests of the animal being treated, then they can treat that animal accordingly. No other staff members should change the way they treat routine cases without approval from the senior veterinarian.

De-worming

Any puppies under the age of four weeks need to be dewormed with albendazole at a dose of 25 mg/kg/day for three days. When the puppy reaches four weeks of age, deworm with Eazypet at the appropriate dose:

Table 2: Eazypet Deworming Doses According to Weight.

Dog's Weight (kg)	Number of Eazypet tablets
2.5	1/4
5	1/2
7.5	3/4
10	1
>10	Scale up accordingly

Each Eazypet tablet contains:

- Praziquantel 50 mg - effective against nearly all tapeworms (Diplydium, Taenia, Echinococcus, Diphylobothrium, and at a higher dose, Spirometra).
- Pyrantel Pamoate 144 mg - effective against roundworms and hookworms.
- Fenbendazole 500 mg - effective against roundworms, hookworms, and some tapeworms (Taenia).

Continue to deworm according to Table 3.

Table 3: Deworming Schedule for Inpatients Based on Age of the Dog.

Dog's Age	Dewormer
Less than 4 weeks old	Albendazole (25mg/kg) every day for 3 days.
4 weeks to 4 months old	Eazypet tablet every 2 weeks.
Over 4 months old	Eazypet tablet on intake. Eazypet tablet 2 weeks later. Eazypet tablet every 3 months.

5-in-1 Vaccinations

The 5-in-1 vaccine consists of:

- Distemper (CDV)
- Adenovirus-2 (CAV-2/hepatitis)
- Parvovirus (CPV)
- Parainfluenza (CPiV)

The schedule used by DAR has been designed using the global guidelines compiled by the VACCINATION GUIDELINES GROUP (VGG) OF THE WORLD SMALL ANIMAL VETERINARY ASSOCIATION (WSAVA) for shelter animals, but modified to account for being in a high-risk location for rabies exposure.

All dogs over six weeks of age are given a 5-in-1 vaccine upon arrival at DAR.

A booster vaccination is given two weeks later.

Ideally for puppies younger than 16 weeks, 5-in-1 boosters are then given every month up to the age of 16 weeks.

Anti-Rabies Vaccinations

Puppies arriving at DAR aged between three and six months of age receive an anti-rabies vaccine 7 days after their 5-in-1 vaccine (given at time of intake), then a booster vaccine four weeks later.

Puppies arriving at DAR younger than three months old receive an anti-rabies vaccine at the age of 3 months.

Dogs arriving at DAR aged over six months old receive an anti-rabies vaccine and a 5-in-1 vaccine at intake

Table 4: Vaccination Schedule for Inpatient Dogs at DAR

Age of Dog	Vaccine	Timing
Puppies < 12 weeks old	5 in 1	On arrival, booster every 2 weeks until 4 months old
12 weeks to 6 months	ARV	On arrival, booster 1 month later if still at the clinic
	5 in 1	1 week after ARV, booster 1 month later if still at the clinic
6 months and older	ARV & 5 in 1	Both on arrival, boosters 1 month later if still at the clinic

SOP # 22: Sedation for Treatment

Some procedures are painful and/or stressful for the animal, such as wound cleaning and debridement, cleaning and re-bandaging of severe de-gloving wounds and positioning for x-rays.

Any treatments that subject the animal to moderate- severe pain or stress should be preceded with sedation of the animal. This makes the task at hand more efficient and

safer for both animal and person.

An animal must be stabilised prior to sedation. Therefore if an animal is severely dehydrated or in shock, it must receive intravenous fluid therapy as per SOP #26 prior to being sedated.

Use xylazine and butorphanol for sedation.

- Ensure the animal is fasted as xylazine can induce vomiting
- Obtain temperature, pulse, and respiration rate (TPR) prior to sedation.
- If the muzzle needs to be tied for the administration of the sedative, remove the muzzle immediately afterwards in case the animal vomits.
- Use 0.1 mL /kg of butorphanol + xylazine at the dose given in Table 5 below. • The xylazine should be adjusted depending on the dog. Calm dogs will need less xylazine than a more agitated or aggressive dog.
- xylazine has an impact on the circulatory system, resulting in a lowered heart, respiratory rate and blood pressure. Therefore, if the dog already has a low heart rate, do not use a dose rate of 2 mg/kg for sedation, lower the dose to 1 mg/kg.
- Allow the dog to succumb fully to the sedative before attempting any kind of treatment. This usually takes 10 to 15 minutes.

Table 5: Doses for Sedating Dogs for Treatment

Dog's Weight (kg)	Xylazine (1-2 mg/kg), depending on the HR, RR, and agitation level of the dog. Quantity to give in mL	Butorphanol (0.2 mg/kg) Quantity to give in mL
5	0.25 – 0.5	0.5
6	0.3 – 0.6	0.6
7	0.35 – 0.7	0.7
8	0.4 - 0.8	0.8
9	0.45 – 0.9	0.9
10	0.5 – 1.0	1.0
11	0.55 – 1.1	1.1
12	0.6 – 1.2	1.2
13	0.65 – 1.3	1.3
14	0.7 – 1.4	1.4
15	0.75 – 1.5	1.5
16	0.8 – 1.6	1.6
17	0.85 – 1.7	1.7
18	0.9 – 1.8	1.8
19	0.95 – 1.9	1.9

20	1.0 – 2.0	2.0
>20	1.0 – 2.0 (Max 2.0 mL)	2.1

SOP # 23: X-Rays

Radiographs are required for any dogs who are lame and suspected of having fractures in order to decide whether the leg requires amputation or can heal with bandaging.

Prior to considering x-rays, the animal must first be stabilised at the clinic if required via intravenous fluid therapy as per SOP # 26

The animal must be placed in a cage with a blanket that is then placed into the back of the vehicle that will transport the animal to the x-ray facility.

Good x-ray technique requires proper positioning without having to restrain the animal physically. Therefore all radiographs require sedation as per SOP # 22 - sedation is performed once the animal reaches the x-ray facility.

If a staff member must hold an animal, an x-ray gown, thyroid protector and gloves must be worn. These are provided at the x-ray facility. Hands should not be in the direct x-ray beam at any point.

The animal must first be given a full physical exam to ensure no injuries are missed.

Once it is decided which areas need to be radiographed – TWO VIEWS ie lateral and AP or lateral and DV/VD of EACH AREA radiographed must be taken in order to obtain adequate information.

In the case of distal limb injuries, radiographs of the contralateral limbs are also required for comparison.

Sand bags, radiolucent v-shaped trays and bricks are used to prop the animal up and hold its legs in position. This allows minimal exposure of the staff member to the x-ray beam.

One must ensure the radiograph is labelled with a right or left marker during x-ray by placing the supplied markers on top of the x-ray cassette.

In case of limbs, the right or left marker will depend on which leg is being radiographed. In the AP view always place the marker on the lateral aspect of the limb.

In case of the pelvis or spine, a lateral radiograph is labelled according to whichever side is in contact with the table. In case of a ventrodorsal or dorsoventral position, the left marker must be placed lateral to the left side of the animal on the x-ray cassette.

Once the film is developed, it must be labelled with the animal's name and date written on a piece of tape that is stuck onto the film.

The x-rays must then be provided to the veterinarian for assessment.

SOP # 24: General Wound Care

At DAR we see a variety of different wounds, such as de-gloving wounds, maggot wounds, wire-trap wounds, and dog bite wounds. Each wound will be assessed on an individual basis by the veterinary team, but the general protocols for each type of wound are as follows.

Upon arrival at DAR complete the Initial Health Check, including measuring the TPR and hydration status of the patient.

If the dog requires stabilisation according to SOP # 26, it's wound can be covered with a light temporary bandage using a non adhesive dressing and a gauze wrap.

Maggot Wounds

Any wound, no matter the cause can become infested with maggots, this is especially common during the summer months from April to September.

Any wounds with maggots will most likely be severe and very painful, therefore sedate the dog according to the sedation protocol (SOP # 22).

- Upon arrival, apply diluted topical ivermectin – 0.2 ml ivermectin mixed in 10ml water in a 10 ml syringe - into the wound. Allow to sit for 30 minutes in order for all maggots to die.
- While waiting 30 mins, address dehydration by putting the animal on IV fluids as per SOP # 26 if needed. Give a dose of meloxicam. Let the animal settle.
- Once the animal is stabilised or rehydrated, sedate as per SOP # 22.
- Shave a 10 cm wide margin of fur around the wound – use a NEW shaving blade and lather the fur with dettol soap.
- Flush the wound with water or normal saline (NS)(use 20 ml syringe with an 18 gauge needle) • Clean the wound to remove any gross dirt and debris.
- Remove any visible maggots using forceps.
- Surgically debride the wound using forceps, a new scalpel blade and sharp surgical scissors to remove any dead tissue. Ensure fresh clean edges of the wound are made. If you are unsure about the viability of any skin, leave it for the next day to reassess.

- If the animal is not sedated enough for surgical debridement, use full general anaesthesia protocol as per SOP # 33
- If there is concern that more maggots remain in underlying tissue, apply more topical ivermectin and reassess the next day.
- An impression smear is done to check for signs of bacterial infection – if many cocci are seen the animal is started on 12.5mg/kg amoxicillin/clavularic acid PO BID for 7 days minimum. If only a small amount of cocci are seen, antibiotics can be withheld. If any rods are seen, it is up to the vet's discretion whether or not to include the use of enrofloxacin at 10mg/kg SID.
- Bandage the wound - Use wet-to-dry bandaging for 4 days to help debride the wound.
 - Primary layer - Wet 2 layers of gauze in NS and squeeze out excess moisture. Apply this layer in contact with the wound.
 - Secondary layer - Apply 4 layers of dry gauze over the wet.

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Tertiary layer – Apply a thick outer layer of gauze to hold the bandage in place. For difficult to bandage areas, a loop bandage method can also be used.

- After 4 days of wet to dry bandaging, a decision regarding surgical closure or closure by secondary intention is made by the vet. An impression smear must always be made just prior to surgery in order to check for presence of bacteria and avoid closing an infected wound. • Sutures must be left in for at least 10-14 days.
- Wounds heal best when kept moist and covered, therefore if it is decided to close the wound via secondary intention, a layer of silversulfadiazine is applied to the wound and a moisture retaining bandage material is used as the primary layer . The type of bandage varies depending on what is available in the clinic at the time. Gauze is poorest at retaining moisture however it is often the only option.
- Bandage change frequency can decrease to every third to fifth day depending on the amount of discharge produced by the wound and the bandage material used.
- If strike through is seen at any point, then the bandage must be changed immediately.

Medications

Pain Relief;

- Meloxicam (5 mg/mL); 0.2 mg /kg – 1st dose = 0.04 mL/kg SC
 0.1 mg /kg – following doses, every 24 hours = 0.02 mL/kg SC
 0.2
- Antibiotics if needed - Amoxicillin/Clavularic acid; 12.5 mg/kg every 12 hours for 7 days
 Enrofloxacin 5mg/kg every 24 hours for 7 days if rods are present.

De-Gloving Wounds and Wire-Trap Wounds

Sedate the dog for severe cases after stabilisation as per SOP # 22 and 26. It may be possible to treat minor de-gloving wounds in adult dogs without sedation, but always assess each patient individually. Ensure the animal is stabilised prior to sedation.

- Sedate if needed.
- Shave the fur around the wound using dettol soap and warm water.
- Clean the wound with diluted Savlon or NS to remove any dirt and debris. • Do an impression smear to assess for infection.
- Assess the wound and choose an appropriate dressing – wet to dry bandaging, Bactigras, silver nitrate ointment, etc.
- Bandage the wound.
- Change bandages when strike-through appears – usually once, but up to twice daily. • At day 4 of bandaging, a decision is made by the veterinarian in regards to surgical closure or closure via secondary intention

Medications

Pain Relief;

- Meloxicam (5 mg/mL); 0.2 mg /kg – 1st dose = 0.04 mL/kg SC

0.1 mg /kg – following doses, every 24 hours = 0.02 mL/kg SC

- Tramadol (50 mg/mL) – 2 to 5 mg/kg BID as needed = 0.04 to 0.1 mL/kg SC

or IM Antibiotics if needed - amoxicillin/clavularic acid; 12.5 mg/kg every 12 hours.

Dog Bite Wounds

- Shave the fur surrounding the wound.
- Flush/lavage the wound thoroughly with diluted chlorhexidine or NS
- Perform an impression smear to assess for infection
- For minor wounds, clean with Savlon and apply topical antibiotic
- For deeper and more extensive wounds, or for older wounds that appear infected start systemic antibiotic therapy.
- A veterinarian should decide whether surgical exploration of the wound is required.

Medications

Pain Relief;

Meloxicam (5 mg/mL); 0.2 mg /kg – 1st dose = 0.04 mL/kg SC

0.1 mg /kg – following doses, every 24 hours = 0.02 mL/kg SC

Tramadol (50 mg/mL); 2 to 5 mg/kg BID as needed = 0.04 to 0.1 mL/kg SC or IM

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Antibiotics if needed - amoxicillin/clavularic acid; 12.5 mg/kg every 12 hours.

The most common skin conditions we see at DAR are demodectic mange and flea allergy dermatitis.

A skin scrape will be performed to confirm any diagnosis of mange, and to determine whether it is demodectic or sarcoptic mange. Keep isolated until you can rule out sarcoptic mange.

Demodectic Mange

The standard treatment of choice for demodectic mange is ivermectin. However, we often have donations of new drugs that are effective against mange mites, but are less toxic to the liver and only require 1 tablet a month.

- If the case is mild, use one of the new drugs (NexGard or Simparica); 1 tablet per month until 2 consecutive negative skin scrapes.
- For severe cases start with ivermectin (10 mg/mL); 0.4 mg/kg = 0.04 mL/kg every four days for two weeks, then weekly for four weeks.
- Give NexGard or Simparica (if available) before releasing or monthly if the dog stays in the clinic for longer than two months.
- Clean any scratch wounds with diluted Savlon antiseptic on a daily basis

Sarcoptic Mange

Any dog with confirmed sarcoptic mange must be isolated from all other dogs.

- Wear gloves whenever touching or treating dogs with sarcoptic mange.
- Wash all bedding separately.
- Treat with ivermectin (10 mg/kg); 0.4 mg/kg = 0.04 mL/kg every four days for two weeks. • Give NexGard or Simparica (if available) before releasing or monthly if the dog stays in the clinic for longer than two months.

Clean any scratch wounds with diluted Savlon antiseptic on a daily basis.

Generalised Skin Infections

For superficial pyoderma, treat with oral antibiotics:

- 1st choice – amoxicillin/clavularic acid; 12.5 mg/kg every 12 hours for 14 days
- 2nd choice – cefpodoxime; 5 to 10 mg/kg every 24 hours, for 7-10 days, or 2 to 3 days beyond clinical signs.
- Clean any scratch wounds with diluted Savlon antiseptic on a daily basis.

Yeast/Fungal Infections

Many dogs with mange will also have a secondary yeast infection.

- A sticky tape prep should be done to confirm the presence of yeast or other fungi. • Wash the dog twice a week using an anti-fungal shampoo, such as Micodin or Ketochlor, for 2 weeks, then once weekly.
- If unresponsive, start systemic anti-fungal therapy – itraconazole; 5 mg/kg every 24 hours for a minimum of 10 days (4 to 20 weeks maybe needed in some cases). Some dogs may require oral prednisolone to reduce the extent of dermatitis – start at 1mg/kg for 5 days, reduce to ½ mg/kg for 5 days, then 0.5 mg/kg every second day for a week.
- If the animal is older ie over 6 years old, a basic biochemistry panel including ALT, Alk Phos, BUN, and Creat should be done prior to starting antifungal therapy.
- Monitor with sticky tape preps every two weeks.

Flea Allergy Dermatitis

Upon arrival all dogs should be given anti-flea and tick treatment, even if they do not have signs of fleas. Dogs should receive anti-flea and tick treatment on a monthly basis while at the clinic.

- No-Tix power for puppies and adults to kill any visible fleas.
- Monthly flea spot-on or tablets, thereafter (when available). If none are available, use fipronil spray.
- If dermatitis is severe and demodectic mange is ruled out via skin scrape, oral prednisilone can be started for symptomatic relief.

Clean any scratch wounds with diluted Savlon antiseptic on a daily basis.

SOP # 26: Fluid Therapy

Fluids are given to sick animals for a variety of reasons: dehydration and animals in shock being the main two.

Dehydration

First assess the percentage of dehydration. The fluid of choice is Lactated

Ringers/RL. Table 6: Percentage Dehydration According to Clinical Signs

Percent Dehydration	Clinical Signs
< 5	No abnormalities detected
5 to 8	Decreased skin turgor, dry mucous membranes
8 to 10	Decreased skin turgor, dry mucous membranes, sunken eyes, CRT slightly over 2 sec.
10 to 12	Severe skin tenting, dry mucous membranes, sunken eyes, CRT over 2 sec.
>12	All of the above + signs of shock

- Calculate the maintenance rate of fluid for each patient using the following

$$\text{formula: (Body weight (kg) x 30) + 70}$$

For example a 10 kg dog needs approximately 370 mL /day for maintenance

- Calculate the deficit of a dehydrated patient using the following formula:

$$\text{Body weight (kg) x percentage dehydration = deficit (L)}$$

- Calculate ongoing losses by estimating the amount of fluid lost in vomit, diarrhoea, or exudation from severe wounds.
- Finally calculate the total amount of fluid :

$$\text{deficit (L) + estimated on-going losses (mL) (urination, vomiting, diarrhoea) + maintenance (mL)}$$

Provided the dog does not have a heart murmur/congestive heart failure or oliguric/anuric renal failure, the deficit should be replaced in 4-6 hours and the remaining amount over 24 hours.

The drip rate is calculated according to 1 drop/sec = 180 mL/hr.

Shock

Dogs that have just been hit by a car or anaphylaxis (white, pale mucus membranes, elevated heart-rate or bradycardic, thready/weak femoral or cardiac pulse, recumbent, unconscious).

Always check the temperature of the dog – fluids reduce the core body temperature.

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Check heart rate, respiratory rate, dehydration status, capillary refill time, etc.

Give an initial bolus of Ringer's Lactate (RL) – 40-90 mL /kg over 15 to 30 minutes.

Re-assess the heart rate every 10 minutes – if heart rate is reducing then reduce to maintenance fluid rate as per

$$(\text{Body weight (kg)} \times 30) + 70$$

Be careful not to fluid overload, therefore check the dog's respiration and ensure it is also reducing. If the animal's respiration is increasing, consider slowing down the fluid rate.

For example, a 10 kg dog would need:

Initial bolus – 400 mL RL IV over 15 – 30 minutes (rate of 6-8 drops/sec)

Then decrease to 1 drop every 1-2 sec.

Hypovolaemic Shock

A dog that is severely dehydrated, or one that has had an acute bleed may present in hypovolaemic shock. Therefore the same principles are to be applied as above.

- Aggressive fluid therapy in a dog with an active bleed should be avoided – therefore it is vital to obtain a history eg trauma, and a CBC to check haematocrit. If a dog has a PCV of under 10 and is presenting in hypovolaemic shock, euthanasia should be considered.

Particular attention must be paid to the capillary refill time which will be prolonged prior to therapy - >3secs. As shock is addressed via IV fluid therapy, the CRT should be reduced to < 2 secs.

Septic Shock

A dog in septic shock will present depressed/obtunded, with a CRT <1 and hyperaemic gums. Pyrexia is likely.

Fluids should be given as per above, and IV ceftriaxone at 25mg/kg should be given slow IV. This should be given for 5 days if the dog survives.

If the dog's pyrexia does not respond to this treatment within 2 hours, a dose of MELOXIFREE may be used to reduce its fever.

SOP # 27: Diarrhoea & Vomiting

This is the protocol for general diarrhoea and vomiting, not parvo virus infections

There are many reasons that a dog could have diarrhoea and be vomiting, some more serious than others. Assess each dog individually, based on its history and symptoms.

Dehydration is the key symptom that must be addressed immediately, especially in puppies. Follow SOP # 26 for fluid therapy.

Diarrhoea

If possible, obtain a faecal sample prior to treatment.

- 1) Perform a wet prep with a drop of faeces mixed with NS and apply a cover slip on top - this allows visualisation of motile organisms.
- 2) Perform a faecal smear using fields stain - if a large number of neutrophils are seen, then systemic broad spectrum antibiotics are indicated.
- 3) Deworm the dog.
- 4) Give metronidazole – Tablets at 25 mg/kg every 12 hours for 5 to 7 days

OR IV at 15 mg/kg BID until tablets can be started.

(only use IV if the dog is vomiting and/or unable to receive tablets)

Tablets: 200 mg/tablet

IV: Stock is 5 mg/mL, therefore administer 3 mL/kg SLOWLY over 30

minutes Syrup: 40 mg/mL, therefore administer 0.625 mL/kg

- 5) If neutrophils are present on a smear, start either amoxicillin+clavulanic acid 12.5 mg/kg BID or enrofloxacin 5 mg/kg SID for 5 to 7 days.

Vomiting

- Ondansetron (2 mg/mL); 0.5 mg/kg = 0.25mL/kg slow IV, SQ, every 12 to 24 hours.
- Metoclopramide (5 mg/mL); 0.5 to 1 mg/kg = 0.1 to 0.2 mL/kg IV, IM, or SQ, every 8 to 12 hours.
- If vomiting continues or if fresh pink or digested dark blood is observed in vomitus, add pantoperazole (4 mg/mL); 1 mg/kg = 0.25 mL/kg slow IV every 24 hours.

SOP # 28: Tick Fever

Ticks fever can manifest with the following symptoms:

- Lethargy
- Anorexia
- Vomiting
- Diarrhoea
- Fever
- Weight loss
- Uveitis
- Jaundice
- CBC: Low platelets, low Hgb, low PCV/haematocrit, pancytopenia in chronic Erlichia
- Biochemistry: can be normal or increased liver and renal parameters if Erlichia

Treatment

OPTION 1:

Diminazine Aceturate – 3.5 – 5 mg/kg – 0.5 -1 mL/10 kg IM. Repeat in 2 weeks.

Doxycycline 10mg/kg SID PO for 4 weeks.

OPTION 2:

Day 1 & 2: Oxytetracycline - 10 mg/kg diluted in 100 mL N.S, IV, BID.

Day 3 & 4: Oxytetracycline – 7.5 mg/kg diluted in 100 mL N.S, IV, BID.

Day 5 onwards: Doxycycline tablets – 5 mg/kg BID for 2 to 4 weeks.

Monitor progress with weekly CBC.

Oxytetracycline comes in various concentrations – ALWAYS check the concentration being used. 50 mg/mL – administer 0.2 mL/kg days 1 & 2, and 0.15 mL/kg on days 3 & 4
100 mg/mL - administer 0.1 mL/kg days 1 & 2, and 0.075 mL/kg on days 3 & 4
200 mg/mL - administer 0.05 mL/kg days 1 & 2, and 0.0375 mL/kg on days 3 & 4

Vincristine:

0.02 mg/kg IV ONCE - if platelet count is below 10.

SOP # 29: Anaphylaxis

Although this is not a common problem, anaphylactic shock is a life-threatening condition that requires immediate intervention.

It usually occurs after an animal is bitten or stung by an insect, e.g., snakes, wasps, spiders. Symptoms

- Dermal: erythema (redness), urticaria (hives), angioedema (swelling under skin)
- Gastrointestinal: nausea, vomiting, diarrhoea
- Cardiovascular: tachycardia (rapid heart rate), hypotension (low blood pressure), dysrhythmia (abnormal heart rhythm)
- Respiratory: nasal congestion, stridor (high pitched breathing sound), dyspnea (laboured breathing), bronchospasm, tachypnea (rapid breathing)
- Neurologic: weakness, seizures
- Ocular: pruritis (itching), lacrimation (runny eyes)

OBTAIN temperature, heart rate and respiration prior to treatment and then monitor values every 5-10 minutes. A decrease in heart rate, respiration and temperature to normal parameters are indications shock is resolving.

Treatment

Dexamethasone SP (4 mg/mL); 1 to 2 mg/kg = **0.25 - 0.5 mL/kg IV**

Antihistamine:

Pheniramine (Avil) (10 mg/mL); 2.5 to 10 mg per dog IM =

- **0.25 mL - small dogs - up to 5 kg**
- **0.5 mL - medium dogs 5 – 10 kg**
- **0.75 mL - medium large dogs 10 -20 kg**
- **1 mL - large dogs over 20 kg**

OR

Diphenhydromine (50 mg/mL); 2.2 mg/kg IM =

0.044 mL /kg IM

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Fluids

As per SOP #26

Seizures are a symptom of another underlying cause. Young or adult animals may have idiopathic epilepsy, older animals may have brain tumours. Hypoglycaemia, hypocalcaemia, severe uraemia, hepatic encephalopathy and infections such as toxoplasmosis can all cause seizures.

A full CBC and biochemistry profile should be run as soon as the animal is stable

(Appendix # 14). For seizures of unknown cause, the following medicines can be used until a diagnosis can be made.

- Diazepam IV Bolus: Place an IV catheter and then use 0.5-2 mg/kg (0.1 to 0.4 mL/kg) IV q5- 10 min.

This dose can be repeated 3 times before trying another drug. Since diazepam adheres to plastic, it is best to administer the medication as soon as it is drawn up. Diazepam has a very short half-life so if the seizures stop with IV injection and return within 15 minutes, injectable phenobarbital is probably needed.

- Phenobarbital IV Bolus: Dose is 5 – 8 mg/kg IV q 4-6 hours until seizures are under control (regardless of additional therapy)
- Propofol IV Bolus: Dose is 1-4 mg/kg IV. Give 25% of the calculated dose q 30 seconds until the desired effect is reached. Duration of action after a single bolus is 2-5 minutes. Only use for 1 or 2 boluses.
- Phenobarbitone tablets: Once the dog is able to eat/ingest tablets – give 2mg/kg phenobarbitone q 12h PO.
- Levetiracetam : If available, Levetiracetam may be preferred. Start with 60 mg/kg orally just after stabilizing the patient after a seizure. Or start out at 20 mg/kg every 8 hours orally with food if possible. If extended release, give the same dose every 12 hours.
- If there is still no response use prednisone at 2 mg/kg every 12 hours. This is used for refractory cases where a brain tumour is suspected, and the prednisolone helps to shrink it temporarily – however at this stage euthanasia should be seriously considered.

SOP # 31 Infectious Diseases

In India, there are three main infectious diseases that are of concern; parvovirus, canine distemper virus, and rabies.

Each one must be treated differently, and each one is transmitted differently, so requires different infection control measures. Any dog suspected of having an infectious disease should be checked in the rescue ambulance, which must then be decontaminated using the cleaning protocol.

Animals with active canine parvovirus and distemper carry a poor prognosis and are not to be treated in the hospital due to the risk of spread of infection. These animals are to be euthanized. However, less severe cases may be treated as outpatients on the mobile clinic if there are members of the community looking after them.

Animals suspected of having rabies are to be euthanized. If it is not clear whether the animal is rabid or not, it must be kept in a cage for observation for 1-5 days to assess progression of symptoms.

Canine Parvovirus

This is a highly contagious disease that poses the most risk to unvaccinated puppies between 6 weeks and 6 months of age.

An incubation period of 7–14 days follows oronasal exposure to virus-contaminated faeces i.e. when the nose and/or mouth comes into contact with infected faeces.

Blankets, clothes, toys, food and water bowls, the ground, and leashes can all become contaminated with the virus.

The virus can survive in the environment for many months and even years.

The virus can be transmitted from one animal to another on the paws of dogs, the shoes and clothes of people, etc.

Diagnosis:

Do a parvovirus snap test on any dog that is suspected of having parvovirus. A negative result is most likely true, however a positive result may be false. Isolation protocol should still be started if there is question as to whether the dog has parvovirus or not.

Symptoms

- Lethargy
 - Loss of appetite
 - Abdominal pain and bloating
 - high or low body temperature
 - Vomiting
- Diarrhoea – can initially be mild but can quickly progress to severe and often bloody diarrhoea.

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Persistent vomiting and diarrhoea can cause dehydration, and damage to the intestines and immune system can cause septic shock.

Most deaths from parvovirus occur within 48 to 72 hours following the onset of clinical signs. Treatment – only as outpatients

All treatment is supportive until the dog's own immune system can fight off the virus. Start treatment immediately. Treatment consists of intensive care efforts to combat dehydration by replacing electrolyte, protein, and fluid losses, controlling vomiting and diarrhoea, and preventing secondary infections.

- Fluid therapy with RL as per SOP#26
- Anti-emetics – ondansetron and/or metoclopramide
- Gastroprotectant – pantoperazole
- Antibiotics – amoxicillin & subclavam injection; 7 to 10 mg/kg IM or IV every 24 hours. • Attempt to feed the dog as soon as possible as enteric nutrition is needed for the gut to heal. Start with syringing warm chicken soup and then offer pieces of cooked chicken.

Canine Distemper Virus – only to be treated as outpatients

This is a highly contagious virus that affects the respiratory system and nervous system.

Transmissible through respiratory droplets, (sneezing or coughing from an infected dog or wild animal. The virus can also be transmitted by shared food and water bowls and equipment. Infected dogs can shed the virus for months, and mother dogs can pass the virus through the placenta to their puppies.

All dogs are at risk, but puppies younger than four months old and dogs that have not been vaccinated against canine distemper are at increased risk of acquiring the disease.

Diagnosis:

Do a distemper snap test on any dog that is suspected of having distemper. A positive test is most likely true, however a negative test may be a false negative. Therefore if clinical

suspicion is high then isolate the dog despite a negative test.

Symptoms

- Watery to pus-like discharge from eyes and nose
- Fever
- Coughing
- Lethargy
- Reduced appetite
- Vomiting

As the virus attacks the nervous system, infected dogs develop;

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- Circling behaviour
- Head tilts
- Muscle twitches – especially of the temporal muscles
- Convulsions with jaw chewing movements and salivation (—chewing gum fits!!) • Seizures
- Partial or complete paralysis
- The virus may also cause the footpads to thicken and harden, leading to its nickname —hard pad disease.!!

Treatment

Unfortunately distemper cannot be cured. Any secondary bacterial infections can usually be treated and supportive treatment will also be necessary.

- Antibiotic treatment to control any bacterial infections.
- Nursing care to remove soiling, eye/nose discharges etc.
- IV fluid therapy as per SOP # 26
- Support to encourage eating and drinking.
- Anti-inflammatories e.g. prednisolone at 1mg/kg if signs of encephalitis are present.

Any dog showing signs of seizures is in the contagious stage of the disease and if it is not a pet should be humanely euthanized.

Rabies

Rabies is an incurable viral disease spread in the saliva of infected animals.

Transmission from bites is via animals with canine teeth.

Symptoms

Clinical signs of rabies are rarely definitive. Rabid animals of all species usually exhibit typical signs of CNS disturbance, with minor variations among species.

The most reliable signs, regardless of species, include;

- Any sudden change in behaviour e.g. friendly puppy that is suddenly quiet.
- Unexplained progressive paralysis.
- Sudden anorexia,
- Signs of apprehension nervousness,
- Irritability and hyper-excitability
- The animal may seek solitude. ataxia, altered phonation, and changes in temperament are apparent.
- Uncharacteristic aggressiveness may develop—a normally docile animal may suddenly become vicious.

Furious Form:

There is rarely evidence of paralysis during this stage. The animal becomes irritable and, with the slightest provocation, may viciously and aggressively use its teeth, claws, horns, or hooves. The posture and expression is one of alertness and anxiety, with pupils dilated. Noise may invite attack. Such animals lose caution and fear of people and other animals. Carnivores with this form of rabies frequently roam extensively, attacking other animals, including people, and any moving object. They commonly swallow foreign objects, such as faeces, straw, sticks, and stones. Rabid dogs may chew the wire and frame of their cages, breaking their teeth, and will follow a hand moved in front of the cage, attempting to bite. Young pups can seek human companionship and are overly playful, but bite even when petted, usually becoming vicious in a few hours. As the disease progresses, muscular incoordination and seizures are common. Death results from progressive paralysis.

Paralytic Form:

This is manifest by ataxia and paralysis of the throat and masseter muscles, often with profuse salivation and the inability to swallow. Dropping of the lower jaw is common in dogs. These animals may not be vicious and rarely attempt to bite. Often their third eyelids are raised and red. The paralysis progresses rapidly to all parts of the body, and coma and death follow in a few hours.

Treatment

Any dog being rescued that shows signs of rabies must be humanely euthanized.

Any dog that develops signs of rabies while at the clinic must be humanely euthanized.

It is best to first sedate with xylazine at 2 mg/kg IM, wait 10 minutes and then euthanise the animal in order for the staff to not be at risk of getting bitten.

Each animal admitted into Dharamsala Animal Rescue (DAR) will be evaluated initially at intake. Evaluations are intended to identify:

- What the animal is suffering from: broken bones, skin disease, infectious disease, dehydration, etc.
- Animals with a poor prognosis, protracted painful recovery, incurable illness, are non responsive to treatment, or suffer from an affliction in which treatment is not reasonably available.
- Animals that are contagious and suffering from extremely infectious diseases, such as distemper, parvo, and rabies.
- Animals that have no quality of life.

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Medically Necessitated Euthanasia

- Animals suffering from a disease, injury, or congenital condition that adversely affects the animal's health,
- Animals suffering from severely contagious diseases that will impact the lives of other animals, even if treatment is given.

Quality of Life Euthanasia

- Animals who cannot live on the street successfully.
- Animals that we cannot provide a long-term home for due to serious health issues.
- Paralyzed animals who require intense long-term nursing care.

Dharamsala Animal Rescue is a no-kill shelter, meaning that we do not euthanize due to time or space constraints.

Euthanasia is strictly reserved for animals that are physically unable to survive on the street, terminally ill, or considered dangerous to themselves, other animals, and/or humans.

Surgery SOPs

The main surgeries carried out at Dar are routine de-sexing of dogs. However occasionally we are also required to perform amputations, hernia repairs, wound suturing, tumour removal, and other general surgeries when it is in the interests of the inpatients.

SOP

33: Preparing the Animal for Surgery

Sedation

Reasons for administering premedications:

- To calm the animal, making it easier to handle;
- To provide sedation before and during recovery from anaesthesia;
- To reduce pain;
- To reduce the total amount of anaesthetic needed for induction;

Before giving any sedation, take the weight, heart rate, respiration rate, and temperature. This is important baseline information, as it will be a guide to determine anaesthetic dosing. Record the information on the appropriate Surgery Case Record form (ABC or General Surgery, Propofol Protocol, see Appendix # 09 - 10).

Protocol (based upon weight of the animal and mixed in one syringe):

Xylazine (20 mg/mL); 1 to 2 mg/kg = 0.5 to 1 mL/10 kg IM

+

Butorphanol (2 mg/mL); 0.2 mg/kg = 1 mL/10 kg IM

For puppies, small dogs, old dogs, or sick dogs, doses of xylazine must be reduced.

- Administer the sedative and wait for 10 minutes before proceeding.

Animal Prep

Make sure that you have all necessary materials ready;

- Cotton balls, Dettol soap, new shaving blade, alcohol, 10% iodine
- IV-catheter – 20-22 gauge for dogs over 5 kg, 24 gauge to dogs under 5 kg.
- Tape;
- IV infusion set and warm NS IV-fluids;

- After the patient is asleep, take another heart rate, respiratory rate, and temperature. Verify the heart rate is above 60 bpm prior to giving any more anaesthetics or pain medications.

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- Using water and Dettol soap, shave a patch of fur over the cephalic vein and clean the area with surgical spirit.
- Place an IV- catheter and secure in place with surgical tape.
- Secure the IV infusion set into the IV catheter.

Fluids

Using 5mL/kg/hr in dogs and assuming 1 drop/sec is 180 mL/hr – adjust the IV drip accordingly. E.g. a 10 kg dog will need 50mL/hr, therefore approximately 1 drop per 3 seconds.

E.g. a 20 kg dog will need 100mL/hr therefore approximately 1 drop per 2

seconds. Anaesthetic Induction

Make sure there is a clean blanket on the metal table in the prep room.

Place the animal onto the table.

Administer the following drugs in the order given;

- 1) Diazepam (5 mg/mL); 0.25 mg/kg = 0.05 mL/kg IV, then flush with 1-2 mL NS
- 2) Take the heart and respiratory rate again to verify still within normal limits. Respiratory rate should ideally be above 8 per minute and heart rate above 60.
- 3) Place the pulse oximeter onto the dog's tongue.
- 4) Administer propofol (10 mg/mL); 1 mg/kg = 0.1 mL/kg IV slowly over 1 minute, then flush with 1-2 mL NS. Propofol given too quickly may cause apnoea.
- 5) Check heart rate, respiratory rate, palpebral reflex and pedal reflex, check jaw tone carefully ensuring you do not get bitten.
- 6) Tramadol (50 mg/mL); 4 mg/kg = 0.08 mL/kg IV, then flush with 1-2 mL NS
- 7) Administer ivermectin (10 mg/mL); 0.2 mg/kg = 0.02 mL/kg SQ – NOT IV
- 8) Administer amoxicillin antibiotic (150 mg/mL); 20 mg/kg = 0.13 mL/kg IV, then flush with 1-2 mL NS
- 9) Give the patient an anti-rabies vaccine, unless it is up to date (pets & inpatients)
- 10) Once the jaw is loose, insert an endotracheal tube – the largest possible diameter that passes comfortably into the animal's trachea.

Surgical Preparation of the Skin

- 1) For both spays and castrations place the animal in dorsal recumbency
- 2) For spays – incision will be 3-10 cm just caudal to the umbilicus. Shave 10 cm in all directions from the incision site. For castrations – incision site will be 2-4 cm of the prescrotal skin, therefore shave 10 cm in all directions from incision site.
- 3) Shaving must be as atraumatic as possible – use Dettol soap with warm water for lather, and use a brand new blade for each patient.
- 4) Remove all the fur and wipe Dettol soap away with an alcohol swab.

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- 5) Using cotton balls pre-soaked in 10% iodine, make circular motions starting from incision site and moving outwards. ONLY move in an outward direction.
- 6) After applying the first layer of iodine, disconnect the patient from IV fluids and the pulse oximeter, and move the patient onto the surgery table.
- 7) Place the animal in dorsal recumbency and tie the hind legs to the edges of the table. The thorax can be supported by bricks wrapped in plastic or sandbags placed on both sides of the dog.
- 8) Reconnect IV fluids, wrap all distal limbs in bubble wrap and reconnect pulse oximeter.
- 9) Check palpebral reflex and jaw tone, if the dog's jaw is tightening or it is blinking give a top up dose of IV propofol.
- 10) Once the dog is in a surgical plane of anaesthesia – continue skin preparation by two more rounds of outward circular scrubs with 10% iodine.
- 11) Finally spray the entire area with FINAL SPRAY, which is composed of 1 part 10% iodine and 3 parts alcohol. The area should be sprayed at least three times. The animal is now ready to be surgically draped by the surgeon.

SOP # 34: Anaesthetic Monitoring & Maintenance

Anaesthesia Maintenance

Top-up Anaesthesia maintenance is:

Propofol (10 mg/mL); 1 mg/kg = 0.1 mL/kg IV for dogs and cats.

- Administer the top-up slowly i.e. over 30 secs to 1 minute.
- Record the amount of top-up given and the time on the Surgery Case Record form. • Typically, top-ups will be needed every 5 to 10 minutes, more often for young dogs and less often for older dogs.
- Anaesthetic depth is checked via jaw tone, palpebral reflex and eye position. More detailed descriptions are given on the next page.

- The dog should sleep throughout the operation in a constant depth of anaesthesia. This means that it should NOT become too light, cry out, or move during the operation.
- Your main duty is to observe and monitor the level of anaesthesia and add top-up doses BEFORE the animal cries or tries to move ie maintain a surgical plane of anaesthesia
- Therefore the ideal plane of anaesthesia is one where the jaw is relaxed, there is no blink when checking the palpebral reflex and the eyeball position is looking downwards/ventrally.

Vital Signs

Monitor and record the animal's vital signs every five minutes throughout the surgery.

Table 7: Normal Values of Vital Parameters During Anaesthesia (WVS-ITC Guidelines).

Parameter	Normal (Anaesthetised)		Requires Treatment (WVS Guidelines)		Critical Level	
	DOG	CAT	DOG	CAT	DOG	CAT
Respiratory rate (RR) (breaths per min)	10-15	20-40	<12	<20	<8	<15
Heart Rate (HR) (beats per minute)	60-90	100-130	<60 or >100	<100 or >160		0 <80 or
Temperature	37-38°C	37-38°C	<37 or >39°C	<37 or >39°C	<35 or >40°C	<35 or >40°C

Anaesthetic Depth Assessments

Additional assessments of anaesthetic depth should be performed regularly after the initial anaesthesia is administered and throughout the surgical procedure:

- Colour of visible mucosae (gums, tongue, and conjunctiva) – blue indicates a lack of oxygen;

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- Capillary Refill Time (CRT): Press finger on the gum of the patient; when the finger is removed, the time taken for the area to return to its previous pink colour should be less than 2 seconds in a healthy patient. Prolonged refill time is suggestive of cardiovascular problems, potentially shock.
- Jaw Tone: Carefully open the jaws of the animal. If there is resistance, the patient is too light.
- Palpebral Reflex: Tap the inner corner of the eyelids near the nose. If the blink is strong, the patient is in a light anaesthesia. If it is absent, the patient is in deep anaesthesia.
- Pedal Reflex: Gently extend the limb and pinch the webbed skin between

the toes to inflict pain. If the leg moves away from the stimulus, the patient is in a light anaesthesia. • **Eyeball Position:** Open the eyelids and assess how the eyeball is positioned. If the eyeball is rotated downward, this is usually consistent with an appropriate level of surgical anaesthesia.

NOTE:

- If the eyelids are open and the eyes are staring straight ahead, the level of anaesthesia may be too light or too deep.
- Immediately test the Palpebral Reflex (tap the medial corner of the eyelid). • If it is present, the patient is too light.
- If there is no Palpebral Reflex, the patient is probably too deep and at risk of respiratory and cardiac arrest.
- In either instance, check the Jaw Tone and other reflexes, and take appropriate action.

If there is a blinking reflex or tight jaw tone or the heart or respiration rate increases, these are indicators that the anaesthesia is too light and you need to give a top-up or inform the surgeon who may suggest other medications. Be sure to inform the surgeon how many minutes since the last top-up and the indications.

Shivering: Confirm that the hot water bottle on the IV-line is still warm. Also, place hot water bottles covered in blankets on each side of the patient's shoulders, under the drape and avoiding the surgical area. When the patient is shivering, it becomes more difficult to monitor the heart and respiratory rates – ask for assistance if needed. Ensure all distal limbs are covered in bubble wrap to prevent heat loss.

Emergency Situations

Patient is not breathing: i.e. has not taken a breath in 30-60 secs

- The most common reason for apnoea is due to giving propofol too quickly, therefore avoid this by giving boluses of propofol over 30-60 secs.
- Inform the doctor immediately and do not give any more propofol until further advised. • Check heart rate – if over 50 bpm then pinch nose in between the nostrils with your fingers and pull out the tongue – this will often stimulate breathing;
- If HR is below 50 bpm and dropping inform doctor and give atropine at Atropine at 0.04 mg/kg IV

No Heartbeat:

- Inform the doctor immediately;
- Increase the speed of the drip;
- Give adrenaline at 0.1 mg/kg IV. Repeat dose every 3–5 min prn
- Press chest with your hands, avoiding the topside of the drape and the sterile field. • If there is no IV access then 2–3 mg per dog in 5–10 mL of physiological saline can be administered via endotracheal tube

Too deep anaesthesia can cause the heart-beat or breathing to stop. A sign that the patient is in too deep of anaesthesia is if the eyeball is central, but there is no blinking reflex.

In all cases of previously ill or old animals, be extra careful in the anaesthesia monitoring.

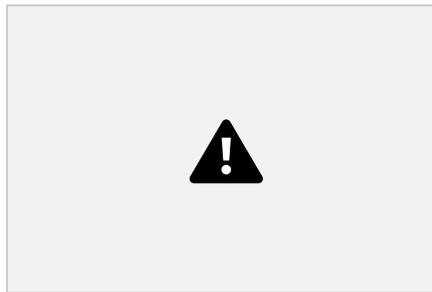
Certain breeds, like Boxers and Pugs, always have a higher risk in anaesthesia because of the anatomy of their upper respiratory system. These breeds should always be intubated for anaesthesia.

SOP # 35: Spay & Castration Protocols

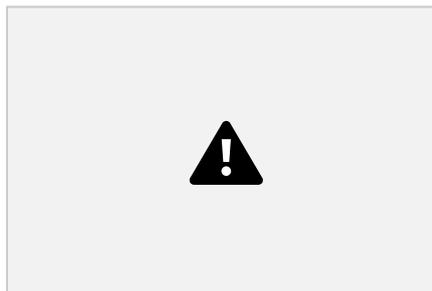
Spay Protocol

Arrange the instruments from the autoclaved set on top of the

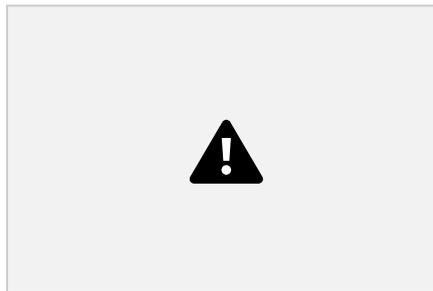
instrument drape. Ensure the appropriate suture material and a new sterile blade is ready.



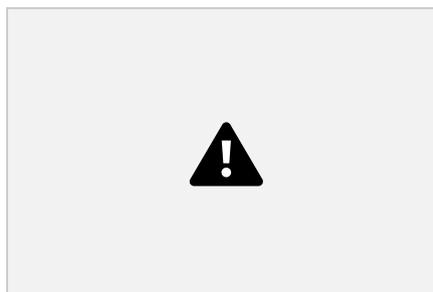
Lay the window drape on the patient and secure it with towel drapes.



Make a skin incision 1 cm below the umbilicus on the ventral midline at least 2-3 inches long. Wound lips should be separated uniformly on both sides.

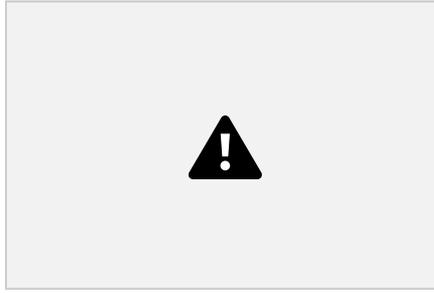


Dissect the subcutaneous tissue above the linea alba (identified as white line) and clear around 1 cm from linea alba laterally to see clear fascia.

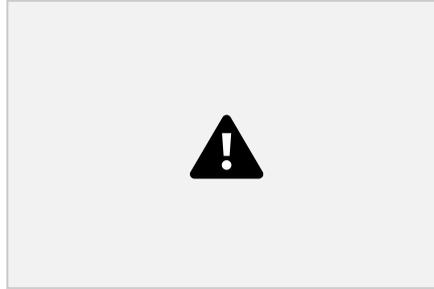


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Hold the linea alba high with rat tooth forceps and make a stab incision, holding the blade parallel to the abdomen.



Grab the omentum with thumb forceps to confirm the stab incision is inside the



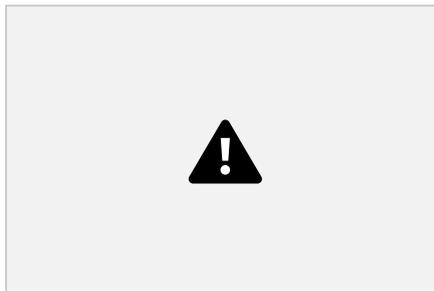
abdomen.

Extend the stab incision by holding the muscle up with thumb forceps and

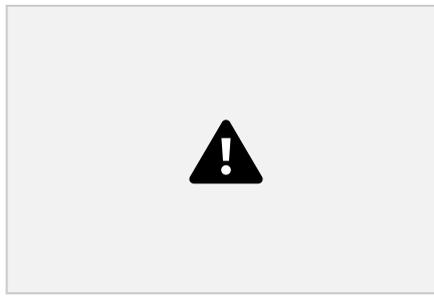
blunt scissors. Method for finding the Uterus

- 1) Find a round tubular organ under the bladder blindly.
- 2) Move intestine loops cranially and bladder caudally. Look for round tubular organ.

Once hooked and exposed check for middle uterine artery along the wall, bifurcation caudally and ovaries cranially.

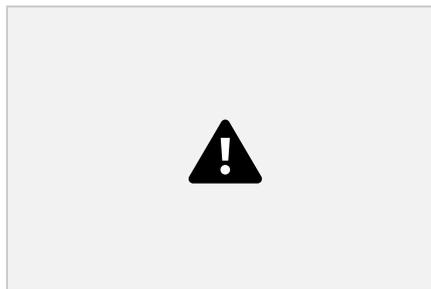


Catch the ovaries with bursa pushed laterally and bursal opening (red) pointing cranially.



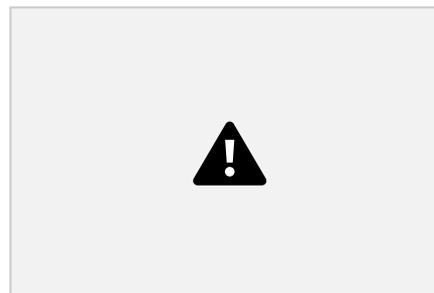
Press the abdomen dorsally and grab suspensory ligament with thumb and index finger to extend.

Place clamp under the ovary to place two mass ligatures with absorbable material (catgut) on ovarian pedicle prior to transection of the ovary

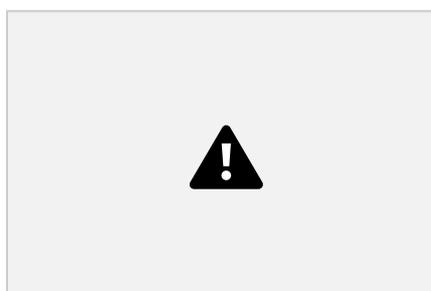


Isolate the middle uterine towards the uterus and separate broad ligament from

either side.



Clamp under the bifurcation and ligate above the cervix (identified as hard structure compared to uterus).



Checking for Haemorrhage

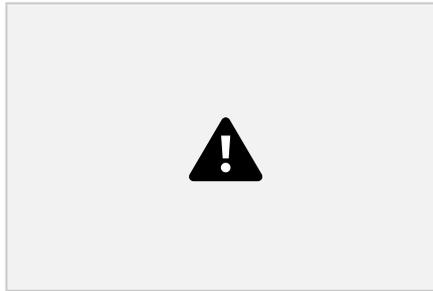
At left ovary: Move the colon medially caudal to the kidney.

At right ovary: Move the intestinal loops cranially caudal to the kidney.

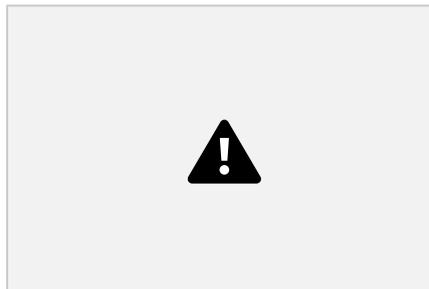
At uterus: Check under the bladder.

Closure

Closure of muscle: Close fascia with absorbable material (PGA) in simple continuous pattern and surgeons knot at both ends.



Closure of subcutaneous layer: Close with the same absorbable material in deep superficial pattern and surgeons knot at caudal end. Bury the knot towards the edge of the subcutaneous



Closure of skin: Close with continuous intradermal pattern and end with aberdens knot and bury in skin.

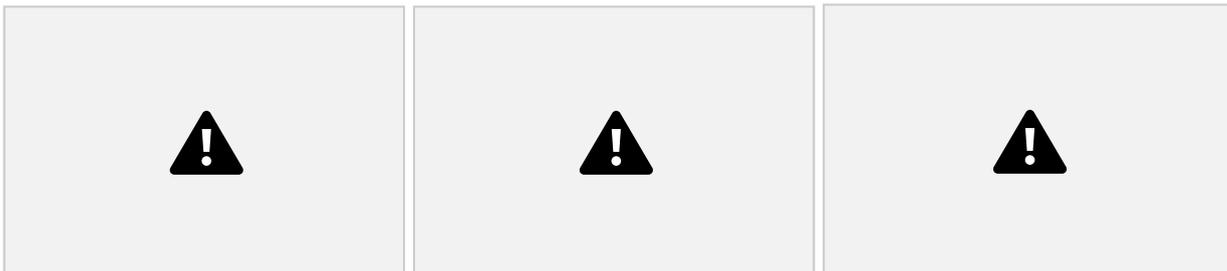
Arrange the instruments from the autoclaved set on top of the instrument drape. Ensure the appropriate suture material and a new sterile blade is ready.

Lay the window drape on to the patient exposing the prescrotal area and secure it with towel drapes. Place sterile swab over prepucial area to avoid contamination.

Isolate the testicle prescrotal area with non-dominant hand and incise over

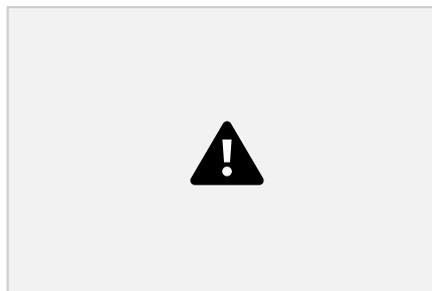


Strip the fascia caudal to the spermatic cord. Place clamp and make 2 mass ligatures with absorbable suture material on the spermatic cord.



Repeat the same steps for the other testicle.

Closure of Subcutaneous layer: Deep superficial pattern with absorbable suture material (PGA) and close at surgeons knot at both ends.



Closure of Skin: Close with continuous intradermal pattern and end with aberdens knot and bury in skin.

SOP # 36: Recovery of the Patient

The recovery period is just as important as the surgery itself. Animals recovering from anaesthetic are unable to regulate their body temperature properly, so close monitoring is still required until the animal is awake, responsive and able to walk about unassisted.

- Mark the surgery end time on the Surgery Case Record form.
- Unless the doctor advises otherwise, uncuff the ET tube and turn off the flow of IV-fluids and remove the catheter by cutting off the tape, remove the catheter, then press on the wound with cotton to stop the bleeding. Place a cotton ball securely with tape if needed.
- Untie the dog from the table and carry it with the head slightly lower to prevent aspiration from swallowing saliva, then place gently onto the recovery pallets on its left side (heart-side down). • Cover the dog and place at least one hot water bottle next to its back, but with no direct contact with its body.
- If wet or bloody, dry with newspaper or used drapes so that the dog doesn't get cold nor attract flies from the blood.
- Take the post-operative temperature of the animal and mark it on the Surgery Case Record Form.
- Administer meloxicam (5 mg/mL); $0.2 \text{ mg/kg} = 0.04 \text{ mL/kg}$ and mark it on the Surgery Case Record Form
- Remain with the patient until the ET tube is removed – the dog should show obvious signs of swallowing before the tube is removed. Ensure it is uncuffed.
- After 10 minutes, take the temperature again to see if it has risen.

NOTE:

If the animal has not lifted its head after 20 minutes and then every 10 minutes, take vital signs – note the results and time on the Surgery Case Record form and compare to previous results. Ensure the animal is not hypothermic, place the animal in front a heater if necessary and stimulate by rubbing it's body vigorously. Be cautious as the dog may suddenly wake and bite. Flip the animal over onto the opposite lateral recumbency as this may stimulate the vestibular centres and help it wake up.

As a last resort, one can blow air into the animal's ear to stimulate it – be careful not to get bitten.

Cats: After surgery, wrap the cat in bubble wrap and place it in back in the basket. Ensure the basket is secured as cats can attempt jumping out when they are still very sedated from anaesthesia.

SOP# 36: Post SOP # 37: Post-Operative Care of the P -Operative Care of the Patient
atient

Every dog and its wound must be checked daily to observe for any signs of bleeding, swelling, or infection.

Write the wound score on the Surgery Case Record form.

Table 8: Wound Scoring (ITC model)

Score	Wound Assessment	Intervention
0	No problem, perfect wound	None
1	Mild redness on wound edges	None
2	Infection – swelling, discharge, pain	Continue antibiotic course, analgesia, clean wound
3	Partial wound opening	As above and re-suture
4	Complete wound opening	As above and re-suture
5	Dead (as a result of the operation)	Complete assessment of the surgery protocol

The dog's general behaviour should also be observed:

- Bright and alert – fit to release
- Licking its wound – reassess wound
- Sleeping calmly – observe wound to decide if comfortable or if depressed post surgery.
- Showing signs of pain or distress – reassess wound and give extra pain relief if required eg tramadol
- Back hunched – Reassess – check gum colour, HR, RR, temp – if these parameters

are increased then start IV fluids and give extra pain relief and antibiotics.

- Lack appetite – As above
- Constant crying – As above

Administer any pain relief required. For both spays and castrations this will usually be 1 day of meloxicam at a dose rate of 0.1 mg/kg = 0.02 mL/kg.

Record all post-op medications administered, on the Surgery Case Record form

Release of the Animal

Before a patient is discharged/released, several factors should be considered:

- Is the patient alert?
- Is it's TPR – temperature, pulse and respiration- normal?
- Has the patient eaten well post-operatively?
- Is the surgical wound fit for release: no discharge or swelling?
- Does the animal have the correct ID, if a stray (ear notch)?
- Has the dog received its Anti-Rabies (AR) vaccination? Place a label on the ABC Surgery Case Record form.

Adoption SOPs

Finding a loving home for our amazing Desi dogs, and other animals, is one of the greatest things we can do, but also probably the most difficult. As we all know, finding homes for stray dogs can be nearly impossible. Most of the dogs we rescue will end up back on the street. Most of the time, the best we can hope for is that the dog becomes a community dog; meaning that it is fed and looked after by members of the community.

With our Animal Birth Control/Anti-rabies program, every dog we catch for sterilization and vaccination goes directly back on the street where they came from after they have healed. This is in accordance with the Animal Welfare Board of India laws.

SOP # 38: Determining Whether a Rescued Dog Needs to be Adopted

- Upon arrival at the clinic, each rescue is recorded on our Inpatient Board, and a note is made whether the animal can be returned to the street or we need to find it a home.
- We decide this by determining whether there is a human caretaker and feeder in the area who looks after the animal, if there are siblings, and if it is a safe place to live; not near a busy road.
- If the animal recovers to full health and has a safe place to live, we return the animal to that area.
- If the animal fully recovers and there is no home on the street, we first try to find a local home.

SOP # 39: Local (Dharamsala Area) Adoption

Adoption Area

- We only adopt animals out locally in India. We do not accept applications or requests from other parts of India.
- If we receive such requests, we suggest that they adopt a puppy off the street in their own area.

Animals for Adoption

- The animals at our clinic that are in need of a home can be found on Facebook.
- Staff are also encouraged to ask their friends and family if they know of anyone looking to adopt. The Manager/Trustee calls our local supporters to see if they can help find a home.

Family & Household Members.

- Because the decision to adopt a lifelong companion is a big step in one's life, it is recommended that family and household members participate in the selection of a pet.

Consultation

- Once an animal is selected, the application is completed with the Adoption Co-ordinator. It is their responsibility to ensure that the potential adopter understands the responsibilities of taking on a pet. The Adoption Co-ordinator and a member of the veterinary team must explain to the adopter the needs of the pet in terms of appropriate feeding, housing, exercise, vaccinations, medical care, and general care. If there are no issues at this point, then the adoption will move forward.

Adoption Application/Contract

- Potential adopters must complete an adoption application/contract once they are interested in adopting an animal.
- This information provides staff with a better understanding of the adopter's past animal history, their expectations of a pet, lifestyle, and the environment in which a new pet would be placed.
- The adoption process is designed to give all of the clinic staff more information to assist in making a good match between an animal and home.
- Staff should carefully review each application. In the event that an individual appears unstable, intoxicated, or does not agree to abide by reasonable adoption conditions, the application may be declined.
- If an application is declined, justification should be given to the individual. If handled tactfully, this can be an excellent opportunity to educate local individuals about animal welfare.
- We do not accept applications from the following:
 - People who want to keep a dog chained up all day for protection.
 - People who seem scared of dogs
 - People who only want a breed dog.

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People who do not want to provide shelter for the animal.

People who believe a dog can live on chapatti (bread) and milk.

Any other reasons identified during the adoption process that will not be in the best interests of the animal.

- The form is written in Hindi, with the following questions:

- 1) Why do you want to adopt a dog?
- 2) Do you think it is important to adopt a Desi dog? Yes or no. Why?
- 3) If you are irritated with any activity (barking, biting, pulling, chewing) of the dog, what will you do at that time?
- 4) Are you or anyone in your family allergic to dogs?
- 5) In what situation do you think you would return the dog? moving? job? marriage? new baby?
- 6) If you no longer want the dog, do you promise not to put it on the street?
- 7) Do you want the dog for yourself or for a gift? If it is a gift, will you let us talk to that person?
- 8) Does your whole family love dogs, or just you?
- 9) If nobody is at your home, who will take responsibility for caring for the dog, such as feeding, walking, etc.?
- 10) Where will your dog sleep at night? Will the dog be let into the house?
- 11) If your dog gets sick will you call us or your vet?

12) In what situation will you chain up your dog?

13) Do you promise that you will call us for vaccination, deworming, and sterilization?
If not us, then your local vet.

Contract: I promise to follow the above to ensure the best life for my new dog.

The adopter's Aadhar card or other form of identification must be provided, and a copy must be given to Dharamsala Animal Rescue Trust.

- If approved, the adopter signs, and the adoption process continues.

Sterilization, Vaccinations, & Deworming

- Most of the animals available for adoption have already been spayed or neutered, fully vaccinated, and dewormed prior to going to their new home; however, this must be verified by a vet.
- A Vet Record will be completed for each animal that is adopted, and given to the new owner. A member of the veterinary team explains to the new owner when each vaccination and deworming is due.
- The Vet Record contains important information on how to care for a new pet including: diet, exercise, grooming, fleas and ticks, and symptoms to watch for if the animal becomes sick.
- Anybody adopting an animal that has not been sterilized at DAR, due to its age, needs to sign the adoption survey/contract stating that they promise to have the surgery done when the animal is of age.

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Finalizing an Adoption

- Adoption Contract - Adopters are required to carefully read the adoption contract and affix their signatures to this document indicating agreement to its terms, conditions, and spay/neuter. A staff member will witness and date the contract.
- Medical Information - All medical information is kept current in the animal's record. This information is to be given to the new owners.
- Documentation - The animal's record in our Inpatient Database is updated to record the date of adoption, and the name, address, and telephone number of the adopter.

Post Adoption Checks

- Each animal that is adopted will receive a post-adoption check. If possible, the check will always be done at the home. If this is not possible due to distance, then a phone call is made to check in.
- If we notice that the animal is being tied up, or treated inappropriately, we will try to educate the family on how to care for the animal in a humane manner. If we check again and the condition or care of the animal has not improved, we will take the animal back.

- As we become the primary vet care provider for the majority of our adoptive animals, we establish a pet record in our Pet Record Database and maintain good relationships with each adoptive family.

SOP # 40: International Adoption

Dharamsala Animal Rescue is not a sanctuary. We do not believe that collecting animals off the street and putting them in an overcrowded facility is the right way to deal with the stray animal population of Dharamsala. We work daily to educate the community on how to care for the animals on the street kindly, in order to achieve our vision of the town being the sanctuary for the animals.

However, on occasion, we do need to keep dogs at DAR because of the following reasons:

- We cannot put them back on the street due to a disability.
- We cannot put them back on the street because they came to DAR at a very young age, so do not know how to survive on the streets.
- We cannot find a home for them and they do not have a safe place to live on the streets.

In these instances, the dogs become permanent residents of DAR. Our hope is to find homes for them eventually. In the 10 years of DAR, only one dog with a disability has ever been adopted locally. Therefore, we need to look outside of India to prevent DAR from becoming overcrowded, which would be detrimental to all animals at DAR.

DAR only adopts dogs to Canada and the United States.

For each dog traveling to the USA or Canada, we follow the protocols of that country for exporting dogs, and use Airpets, (<http://www.airpets.in/>), which is accredited by IATA (<https://www.iata.org/>), for all official processes.

We follow both countries rules and regulations for importing dogs from India.

- USA: <https://www.aphis.usda.gov/aphis/pet-travel/by-country/pettravel-india>
- Canada: <https://www.pettravel.com/immigration/canada.cfm>

As soon as it has been confirmed that a dog is going to be adopted in the USA or Canada, the following must be done;

- Ensure the animal is fully up to date with all vaccinations
- Ensure the animal is up to date with de-worming
- Ensure the animal is up to date with anti- flea & tick medication
- Complete a Welfare Check (appendix # 04)
- Complete a Health Check for Permanent Residents (Appendix # 05)

Both the USA and Canada currently report the presence of the following canine diseases: Table 9: Canine Diseases Currently Reported in the USA and Canada

	USA	Canada
Babesiosis	https://wagwalking.com/condition/babesiosis https://vcahospitals.com/know-your-pet/babesiosis-in-dogs	http://www.k2publishing.ca/bayer_conference_report_2014.pdf
Ehrlichiosis	https://www.addl.purdue.edu/newletters/2000/winter/ce.shtml	http://www.k2publishing.ca/bayer_conference_report_2014.pdf

Leishmaniasis	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2824922/ https://www.cdc.gov/parasites/leishmaniasis/dogs.html	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3291440/
Dirofilaria	https://www.cdc.gov/parasites/dirofilariasis/faqs.html	https://www.ncbi.nlm.nih.gov/pubmed/11143927

International Adoption Procedures.

The process of adopting animals to the USA and Canada is managed by the Executive Director.

All animals up for international adoption to the USA and Canada can be found on the DAR Facebook page.

Adoption Application/Contract

- Potential pet adopters must complete an adoption application form (Appendix # 13). They must provide photos of their living situation and provide references.
- This information provides staff with a better understanding of the pet adopter's past animal history, their expectations for a pet, lifestyle, and the environment in which a new animal would be placed.
- Most adopters are referred to us by Barb Gard of Desi Dogs of British Columbia (<https://www.facebook.com/desidogsbc/>), and are also pre-screened. We also have many repeat adopters.

Consultation

- Once an animal is selected, the application filled out, and/or a referral has been done by Barb Gard, current adopters, or volunteers, a relationship is established between the potential adopter and the Executive Director. Many conversations take place concerning the following: lifestyle, cost, procedure.

Spay/Neuter/vaccination

- Most of the animals available for adoption have been spayed or neutered. If they have not, the adopter promises to do so.
- Any animal going to the USA or Canada for adoption receives a 6-in-1 vaccine, rather than the usual 5-in-1. This vaccine has the additional coverage of leptospirosis.

Process with Airpets

- Airpets is contacted for a quote to send the considered dog to the selected airport in either Canada or the USA.
- Once the adopter, DAR, or a combination of the two, has signed off on the payment, the process is handed over to Airpets to co-ordinate.
- DAR provides the Vet Record to Airpets.
- DAR is responsible for taking the dog to Delhi for two days of boarding at Airpets' facility. Once in Delhi, they are micro-chipped, fitted for their crate, paperwork is completed, and the animal is signed off from the Delhi Airport Quarantine Station.
- DAR or the adopter pays Airpets to complete all of this and to ensure the animal is safely boarded onto the aircraft for travel.
- Pick-up at the destination airport is co-ordinated between Airpets and the adopter with the approval of DAR's Executive Director.

Medical Records

- Vet Records and paperwork are provided by Airpets. DAR sends any additional information required for the new owner, such as blood test results, x-rays, spay/neuter certificates, etc.

Declining an Applicant

- The Executive Director will decline applicants for any of the following reasons:
 - Funding.
 - Household requirements are not suitable for the animal.
 - Poor references.

Post Adoption Follow Up

- The adopter is required to send photos and communicate with the Executive Director upon arrival.
- The Executive Director does periodic checks throughout the life span of the dog and maintains good relations with the adopter.

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- The Executive Director provides answers to any questions regarding health, behaviour, and general questions about their new dog.

Full Disclosure:

We believe our adopters have the right to know all of the information about the history of the dog in order for them to make an informed decision. We also believe that it is our responsibility to inform potential adopters of the prominent diseases present in Dharamsala, and to offer testing to ensure that these diseases are not infecting the dog prior to adoption.

At DAR, we have our own lab facilities for blood panels, skin scrapes, and snap tests for the parvo and distemper viruses, but for specific disease testing, such as babesiosis, ehrlichiosis, leishmaniasis and dirofilaria, we work with Vet Labs in Delhi, where we can test for these diseases:

<http://www.vetlab.in/assets/pdf/Vet-Lab-Price-List.pdf>

Adopters will have the opportunity to request that their selected dog is tested prior to exportation. It will be up to the adopter, after the full assessment of our vet, to decide whether or not testing is needed for the adoption to be completed.

Europe/United Kingdom Adoption Exceptions

In certain situations, we do allow adoptions to Europe or to the United Kingdom. These cases are usually because a volunteer falls in love with one of our dogs. If this is the case, we will work with Airpets to ensure the proper protocol is followed to import the dog into the selected country, legally.

In these cases, it will be mandatory for each dog to be tested for the following diseases: babesiosis, ehrlichiosis, leishmaniasis and dirofilaria, using Vet labs in Delhi. There will be no exceptions.

