# Animal Services News

*May 21, 2014*

## *Updates*

### *RABIES*

- *So far in 2014 there have been 13 laboratory confirmed rabies cases--(10 raccoons, 1 skunk, 1 fox and 1 bat (and there are other reports of probably rabid animals as well).*
- *Our YTD count is as high as we've had in the last 5 years and may foreshadow 25+ confirmed cases which has only happened twice before since raccoon rabies started in the late 1990s*
- *Steps taken to raise public awareness include:*
  - *Coordinating with the Health Department to communicate with health care providers*
  - *Disseminating information to county vet clinics for posting, distribution, etc.*
  - *Coordinating with towns to communicate with their residents*
  - *Continuing media releases about rabies cases with prevention tips*
- *Rabies awareness information materials prepared for this purpose (Handouts)*
  - *Ask ASAB members to review and share with others (or return for department use)*

### *NORTH CAROLINA's ANIMAL WELFARE PROGRAM*

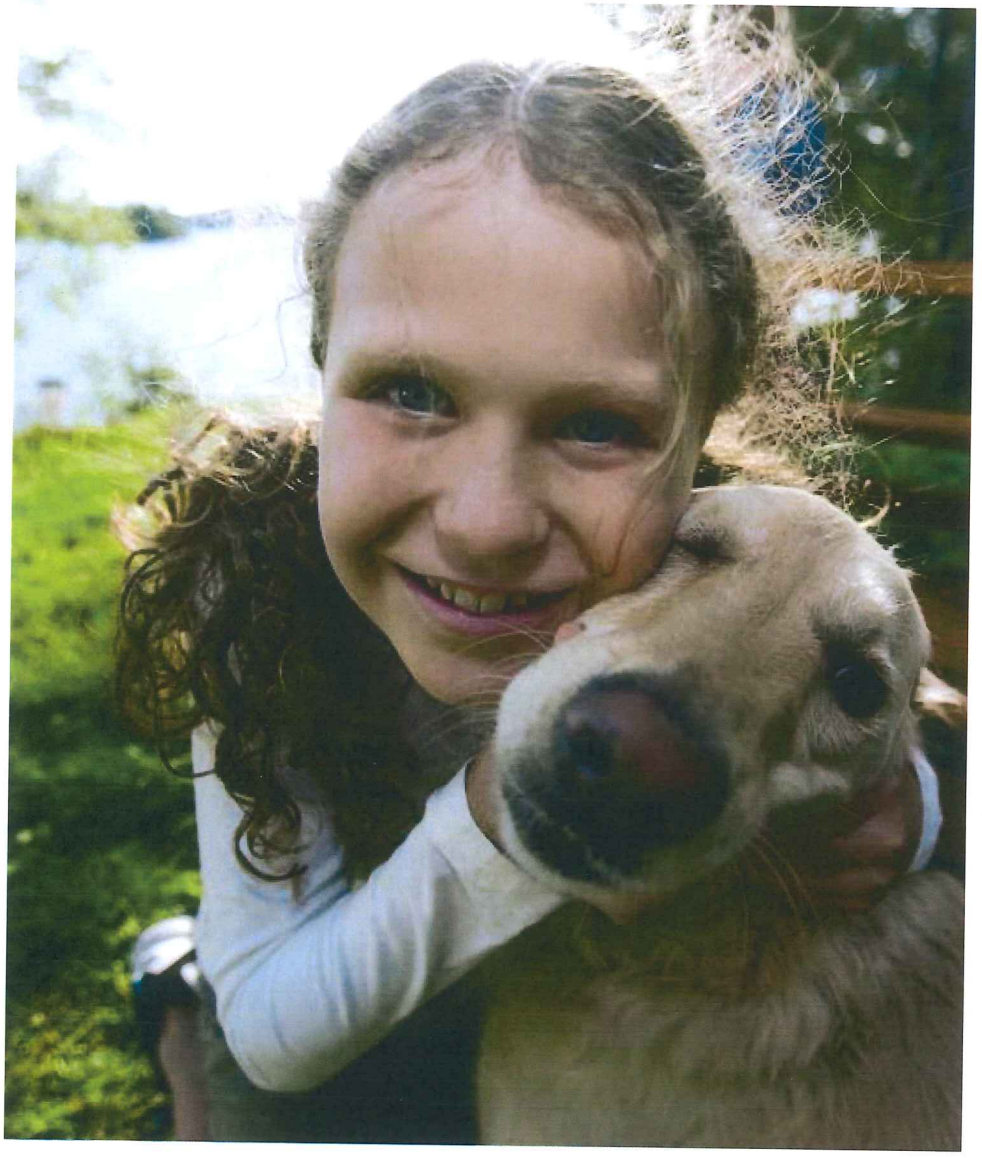
- *The governor has recommended moving the Animal Welfare Program from NC Agriculture & Consumer Services to the Department of Public Safety (DPS)*
- *Animal Welfare has responsibility for administering and enforcing the NC Animal Welfare Act and its responsibilities include*
  - *Inspecting and licensing animal shelters (public and private alike)*
  - *Inspecting and licensing kennels and boarding facilities*
  - *Administering the NC Spay Neuter Reimbursement Program*
- *A main concern is whether there will be a reduction in funds for the Reimbursement Program*
  - *It appears that "Ag" presently provides $250,000*
  - *The detail in the governor's budget refers to only $100,000*
  - *<u>This could adversely affect many local governments including Orange County</u>*
- *Another major concern is the "goodness of fit" between Animal Welfare and DPS*
  - *The recommendation is from the Governor's NC Government Efficient and Reform (GEAR) project*
  - *However, there appears to be no formal analysis for the recommendation*
- *Recognizing much is not known, concern and watchfulness are justified*

### *BUDGET*

- *Attachment I is the Manager's recommended budget for Animal Services*
- *A quick review of the financials on the first page are instructive*
- *Note that the component parts of the budget are different lines of services and the specific services provided within each "line" or "area of operation"*
- *In relation to these lines of service, there is an appraisal of performance during the last year and a plan for the coming year*
- *Fundamental to the work plan and the budget are "performance measures"*

Keeping Safe from

# RABIES



## Rabies is a deadly disease.

It is caused by a virus that attacks the nervous system of mammals (warm-blooded animals with fur that nurse their young). Pets, livestock, wildlife and people are all at risk.

### Rabies continues to be a serious problem

throughout many parts of the United States and is enzootic (present in the wildlife) in North Carolina. Several species of wildlife are reservoirs. That means they carry the disease and spread it to animals and humans. The wildlife most commonly infected with rabies virus in North Carolina are:

- Raccoons,
- Bats,
- Skunks,
- Bobcats,
- Red and gray foxes,
- Coyotes,
- Beavers, and
- Groundhogs (woodchucks)

***Stray dogs or puppies, cats or kittens, and ferrets may be infected with the rabies virus through contact with wild animals.***

## How is rabies spread?

**Rabies is spread *mainly* through bites from infected animals.** The disease can be spread in other ways, too.

The rabies virus is found in the saliva and nervous tissue of infected animals. An animal or human can be infected with rabies when saliva or nervous tissue from a rabid animal enters:

- Open fresh wounds
- Mucous membranes (the thin moist tissue that lines the eyes, nose, mouth, etc.)

Uncommon routes of spread include infection through corneal or organ transplants from an infected person; and airborne rabies virus infection in laboratory workers and cavers (bats).

## Steps you can take to protect you, your family, and your animals

- **Avoid contact with all wild animals.** Do not approach, feed, or handle any wild animals. NEVER keep wild animals as pets.
- **Avoid contact with all stray, feral or unfamiliar dogs, cats and ferrets.**
- **Report strays and wild animals showing unusual behavior** to your local animal control authority or local health department.
- **Protect your home from wildlife and bats.** Secure doors, windows, and maintain screens on windows and doors. Cap chimneys. Seal any opening to attics, basements and home interior.

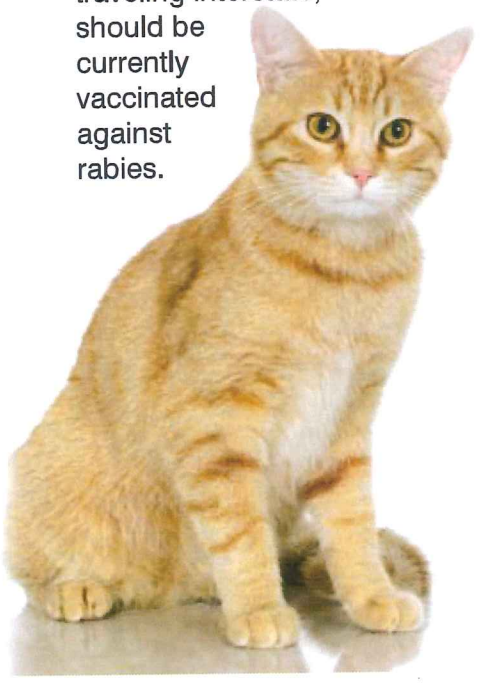
- **Secure trash**; use animal-proof containers.

## Keeping Your Animals Safe Keeps You Safe!

- **Visit your veterinarian regularly and keep your cats, dogs and ferrets currently vaccinated against rabies.** N.C. General Statute 130A-185 requires that all dogs, cats and ferrets in North Carolina be vaccinated against rabies by four months of age.

- **Do not feed pets outside. Do not store or leave open pet food outside.**

- Livestock that are valuable and/or have frequent contact with humans (like at petting zoos, fairs, public exhibitions), as well as horses traveling interstate, should be currently vaccinated against rabies.



- **Confine your animals to your property.**
- **If your animal is bitten or attacked by another animal**, contact your local animal control officer and your veterinarian. A rabies booster is required within 5 days of a bite to protect your currently vaccinated pet (N.C. General Statute 130A-197). Livestock producers should contact the North Carolina Department of Agriculture and Consumer Services regarding rabies exposures, vaccinations and quarantine procedures.

## Know the signs of rabies

***AVOID any animal (wild or domestic) that is showing unusual behavior.***

Report these animals to your local health department or local animal control authority immediately.

### There are two common forms of rabies:

- **Dumb rabies:** The animal may be shy or hide; be unusually approachable: slow, depressed and confused.
- **Furious rabies:** The animal may show erratic behavior: be excitable, irritable, or aggressive, or confused and calm; or suddenly attack when approached.

### Other Signs

- Daytime activity in animals normally active at night
- A change in the sound of the animal's voice
- Staggering, weakness or paralysis
- Inability to eat or drink
- Drooling
- Convulsions and frothing at the mouth

Ultimately rabies ends in paralysis, coma and death.

## Know what to do if you are bitten by a wild or stray animal, or a pet

1. **Wash the wound** thoroughly with soap and irrigate with warm water for 15 minutes.
2. **For wild animals and stray dogs or cats**, call animal control at once for safe capture. Only confine the animal if this can be done safely, and if it is necessary to kill the animal, do not damage the head. An intact brain is needed for rabies testing.

3. **For pets**, write down the owner's name and address. Ask for proof of current rabies vaccination.

4. **Contact your physician** to determine if you need treatment like rabies postexposure prophylaxis, a tetanus shot, or antibiotics. According to N.C. General Statute 130A-196, physicians who treat a person bitten by an animal known to be a potential carrier of rabies are required to report the incident within 24 hours to the local health department.

5. **Report the animal bite** to the local health department or animal control authority. A dog, cat or ferret that bites a person has to be captured, confined and observed for 10 days.

## For more information about rabies prevention and control, contact:

- Your veterinarian
- Local animal control authority
- Local health department

**North Carolina Division of Public Health**
**Veterinary Public Health Program**

During business hours:
**919-733-3410**

After hours:
**919-733-3419**

Email:
**DPH.vetpublichealth@dhhs.nc.gov**

## Stop Rabies!

When your veterinarian purchases rabies tags from NCDHHS the proceeds support rabies educational efforts in North Carolina!.

State of North Carolina
Department of Health and Human Services
Division of Public Health
www.rabies.ncdhhs.gov/epi/vet.html

N.C. DHHS is an equal opportunity employer and provider. 7/10

# PROTECT YOUR PET

## What You May Not Know About Rabies Vaccinations

### Vaccinate At 4 Months And After!

- All dogs, cats and ferrets are required to be vaccinated at **4 months of age** (even if they are indoor animals). All dogs are required to wear a current rabies tag. Cats and ferrets are subject to this requirement as well (unless a local exemption exists). Once vaccinated, contact your veterinarian and schedule a booster for your pet before their rabies vaccine becomes overdue to ensure your pet is current and that their vaccination never lapses.

### It Takes 28 Days For The *First* Shot To Protect

- An animal receiving its **first** dose of rabies vaccine is not protected until at least **28 days** after the vaccine is given, and is treated as unvaccinated until that time.

### After The First Shot, Vaccines Protect Immediately

- Animals that have been vaccinated before in their lifetime are considered protected immediately upon receiving subsequent vaccinations. This is true even if there is a lapse between vaccinations, unless the animal has already had a potential rabies exposure.

### A Current Vaccination Is *Not* Enough If Your Pet Is Exposed

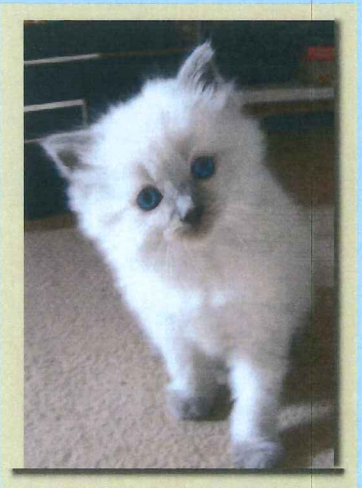
- **Vaccinated** animals that have **contact** with a rabid animal MUST be **re-vaccinated within 5 days** (120 hours) of the exposure. If not, the animal is treated as unvaccinated.

### Identify Your Pet!

- Roaming, unidentified animals that bite someone **can be euthanized** 72 hours after a bite. Wearing required tags, as well as personal ID tags and microchips, will help protect your pet.

### Unvaccinated Animals Must Be Euthanized Or Quarantined At Your Cost If Exposed

- **Unvaccinated** animals that could have contact with a rabid animal (or an animal that may carry rabies) MUST be euthanized or quarantined for 6 months (see below) to ensure that the animal is not going to develop rabies as a result of the exposure.



### Animals With Expired Vaccinations Are Treated As Unvaccinated

- An animal whose vaccination has **expired** must be euthanized immediately or quarantined for 6 months if exposed to rabies. Quarantines of this kind are almost always at a veterinarian's office and the owner is responsible for the cost, which can easily add up to thousands of dollars.

**These requirements are from North Carolina's General Statutes**

**Created by Orange County Animal Services** **www.orangecountync.gov/animalservices**

VACCINE INFORMATION STATEMENT

# Rabies Vaccine

## *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

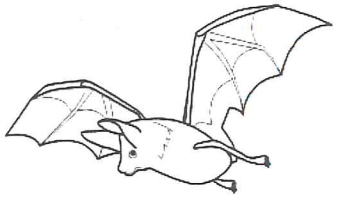
## 1 What is rabies?

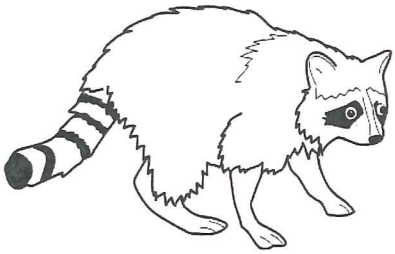
Rabies is a serious disease. It is caused by a virus.

Rabies is mainly a disease of animals. Humans get rabies when they are bitten by infected animals.

At first there might not be any symptoms. But weeks, or even months after a bite, rabies can cause pain, fatigue, headaches, fever, and irritability. These are followed by seizures, hallucinations, and paralysis. Human rabies is almost always fatal.

Wild animals—especially bats—are the most common source of human rabies infection in the United States.





Skunks, raccoons, dogs, cats, coyotes, foxes and other mammals can also transmit the disease.

Human rabies is rare in the United States. There have been only 55 cases diagnosed since 1990.

However, between 16,000 and 39,000 people are vaccinated each year as a precaution after animal bites. Also, rabies is far more common in other parts of the world, with about 40,000–70,000 rabies-related deaths worldwide each year. Bites from unvaccinated dogs cause most of these cases.

**Rabies vaccine can prevent rabies.**

## 2 Rabies vaccine

Rabies vaccine is given to people at high risk of rabies to protect them if they are exposed. It can also prevent the disease if it is given to a person after they have been exposed.

Rabies vaccine is made from killed rabies virus. It cannot cause rabies.

## 3 Who should get rabies vaccine and when?

### Preventive vaccination (no exposure)

- People at high risk of exposure to rabies, such as veterinarians, animal handlers, rabies laboratory workers, spelunkers, and rabies biologics production workers should be offered rabies vaccine.
- The vaccine should also be considered for:
  - People whose activities bring them into frequent contact with rabies virus or with possibly rabid animals.
  - International travelers who are likely to come in contact with animals in parts of the world where rabies is common.

The pre-exposure schedule for rabies vaccination is **3 doses**, given at the following times:

| | |
|---|---|
| Dose 1: | As appropriate |
| Dose 2: | 7 days after Dose 1 |
| Dose 3: | 21 days or 28 days after Dose 1 |

For laboratory workers and others who may be repeatedly exposed to rabies virus, periodic testing for immunity is recommended, and booster doses should be given as needed. (Testing or booster doses are not recommended for travelers.) Ask your doctor for details.

### Vaccination after an exposure

Anyone who has been bitten by an animal, or who otherwise may have been exposed to rabies, should clean the wound and see a doctor immediately. The doctor will determine if they need to be vaccinated.

A person who is exposed and has never been vaccinated against rabies should get **4 doses** of rabies vaccine—one dose right away, and additional doses on the 3rd, 7th, and 14th days. They should also get another shot called Rabies Immune Globulin at the same time as the first dose.

A person who has been previously vaccinated should get **2 doses** of rabies vaccine—one right away and another on the 3rd day. Rabies Immune Globulin is not needed.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

## 4 Tell your doctor if...

Talk with a doctor before getting rabies vaccine if you:

1. ever had a serious (life-threatening) allergic reaction to a previous dose of rabies vaccine, or to any component of the vaccine; tell your doctor if you have any severe allergies,
2. have a weakened immune system because of:
   - HIV/AIDS or another disease that affects the immune system,
   - treatment with drugs that affect the immune system, such as steroids,
   - cancer, or cancer treatment with radiation or drugs.

If you have a minor illnesses, such as a cold, you can be vaccinated. If you are moderately or severely ill, you should probably wait until you recover before getting a routine (non-exposure) dose of rabies vaccine.

**If you have been exposed to rabies virus, you should get the vaccine regardless of any other illnesses you may have.**

## 5 What are the risks from rabies vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small. Serious problems from rabies vaccine are very rare.

### Mild problems

- soreness, redness, swelling, or itching where the shot was given (30%–74%)
- headache, nausea, abdominal pain, muscle aches, dizziness (5%–40%)

### Moderate problems

- hives, pain in the joints, fever (about 6% of booster doses)

Other nervous system disorders, such as Guillain-Barré syndrome (GBS), have been reported after rabies vaccine, but this happens so rarely that it is not known whether they are related to the vaccine.

NOTE: Several brands of rabies vaccine are available in the United States, and reactions may vary between brands. Your provider can give you more information about a particular brand.

## 6 What if there is a serious reaction?

### What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

  Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

### What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

*VAERS is only for reporting reactions. They do not give medical advice.*

## 7 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Visit CDC's rabies website at **www.cdc.gov/rabies/**

# VACUNA CONTRA LA RABIA

## LO QUE USTED NECESITA SABER

Muchas de las declaraciones informativas sobre vacunas están disponibles en español y otros idiomas. Consulte www.immunize.org/vis.

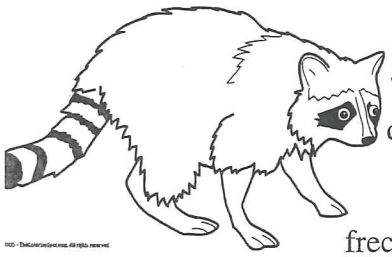
## 1 ¿Qué es la rabia?

La rabia es una enfermedad grave. Es causada por un virus.

La rabia es una enfermedad que principalmente afecta a los animales. Los humanos contraen la rabia cuando son mordidos por animales infectados.

Al principio puede que no haya ningún síntoma. Pero semanas, o incluso meses después de una mordida, la rabia puede causar dolor, fatiga, dolores de cabeza, fiebre e irritabilidad. Después de estos síntomas se presentan convulsiones, alucinaciones y parálisis. La rabia humana casi siempre es mortal.

Los animales salvajes (especialmente los murciélagos) son la fuente más común de la infección de la rabia humana en los Estados Unidos.



Zorrillos, mapaches, perros, gatos, coyotes, zorros y otros mamíferos también qq pue den transmitir la enfermedad.

La rabia humana es poco frecuente en los Estados Unidos. Solamente se han diagnosticado 55 casos desde 1990.

Sin embargo, entre 16,000 y 39,000 personas son vacunadas cada año como precaución después de haber sido mordidas por animales. Además, la rabia es mucho más común en otras partes del mundo, con aproximadamente 40,000 a 70,000 muertes relacionadas con la rabia a nivel mundial cada año. Las mordidas de perros que no han sido vacunados causan la mayoría de estos casos.

**La vacuna contra la rabia puede prevenir la rabia**

## 2 Vacuna contra la rabia

La vacuna contra la rabia se aplica a las personas que están en alto riesgo de contraer rabia para protegerlas si son expuestas. También puede prevenir la enfermedad si se aplica a una persona después de que haya sido expuesta.

La vacuna contra la rabia está hecha de virus muerto de la rabia. No puede causar rabia.

## 3 ¿Quién debe vacunarse contra la rabia y cuándo?

### Vacuna preventiva (sin exposición)

- A las personas con alto riesgo de contraer rabia, como veterinarios, encargados de cuidar animales, trabajadores de laboratorio que manipulan el virus de la rabia, espeleólogos y trabajadores de producción de compuestos biológicos relacionados con la rabia se les debe ofrecer la vacuna contra la rabia.
- La vacuna también debe considerarse para:
  - Las personas cuyas actividades las expongan a contacto frecuente con el virus de la rabia o con animales posiblemente rabiosos.
  - Los viajeros internacionales que podrían entrar en contacto con animales en lugares del mundo en donde la rabia es común.

El esquema de preexposición para la vacuna contra la rabia es de **3 dosis,** administradas en los siguientes momentos:

Dosis 1: Según corresponda
Dosis 2: 7 días después de la Dosis 1
Dosis 3: 21 o 28 días después de la Dosis 1

Para los trabajadores de laboratorios y otros que podrían estar expuestos de forma repetida al virus de la rabia, se recomiendan análisis periódicos de inmunidad y se deben aplicar dosis de refuerzo según sea necesario. (Los análisis o las dosis de refuerzo no se recomiendan para los viajeros). Pídale más detalles a su médico.

### Vacuna después de la exposición

Cualquier persona que haya sido mordida por un animal o que haya estado expuesta al virus de la rabia de otra forma debe limpiarse la herida y acudir con un médico de inmediato. El médico determinará si necesita vacunarse.

Una persona que haya estado expuesta y que nunca haya sido vacunada contra la rabia debe recibir **4 dosis** de la vacuna contra la rabia: una dosis de inmediato y dosis adicionales al 3.°, 7.° y 14.° días. También deben recibir otra inyección que se llama inmunoglobulina contra la rabia al mismo tiempo que la primera dosis.

Una persona que ha sido vacunada previamente debe recibir **2 dosis** de la vacuna contra la rabia: una de inmediato y otra al 3.° día. No es necesario que se le aplique la inmunoglobulina contra la rabia.

## 4 Informe a su médico si . . .

Hable con un médico antes de vacunarse contra la rabia si:

1) ha tenido alguna reacción alérgica grave (que pueda poner en peligro la vida) a una dosis anterior de la vacuna contra la rabia o a algún componente de la vacuna; informe a su médico si tiene alguna alergia severa.

2) su sistema inmunitario está debilitado a causa de:
   - VIH/SIDA u otra enfermedad que afecte al sistema inmunitario,
   - un tratamiento con fármacos que afectan al sistema inmunitario, como los esteroides,
   - cáncer o tratamiento para el cáncer con radiación o medicamentos.

Si tiene una enfermedad menor, como gripe, puede vacunarse. Si tiene una enfermedad modera o severa, tal vez debería esperar hasta recuperarse antes de recibir una dosis de rutina (sin exposición) de la vacuna contra la rabia.

**Si ha estado expuesto al virus de la rabia, debe vacunarse independientemente de cualquier otra enfermedad que pudiera tener.**

## 5 ¿Cuáles son los riesgos de la vacuna contra la rabia?

Una vacuna, al igual que cualquier medicina, puede provocar problemas graves, como reacciones alérgicas severas. El riesgo de que una vacuna ocasione un daño grave, o la muerte, es extremadamente pequeño. Los problemas graves provocados por la vacuna contra la rabia son muy raros.

### Problemas leves

- dolor, enrojecimiento, hinchazón o comezón en donde se aplicó la inyección (30% a 74%)
- dolor de cabeza, náuseas, dolor abdominal, dolores musculares, mareos (5% a 40%)

### Problemas moderados

- urticaria, dolor en las articulaciones, fiebre (aproximadamente 6% de las dosis de refuerzo)

Se han reportado otros trastornos del sistema nervioso, como el síndrome de Guillain Barré (Guillain Barré syndrome, GBS), después de recibir la vacuna contra la rabia, pero esto sucede con tan poca frecuencia que no se sabe si están relacionados con la vacuna.

NOTA: Muchas marcas de vacunas contra la rabia están disponibles en los Estados Unidos, y las reacciones pueden variar dependiendo de cada marca. Su proveedor le puede dar más información sobre una marca en particular.

## 6 ¿Qué hacer en caso de una reacción moderada o severa?

### ¿De qué debo estar pendiente?

De todo signo inusual, como una reacción alérgica severa o fiebre alta. Si ocurriera una reacción alérgica severa, esta debería presentarse en cuestión de minutos y hasta una hora después de la inyección. Los signos de una reacción alérgica grave pueden incluir dificultad para respirar, debilidad, ronquera o jadeos, pulso acelerado, urticaria, mareos, palidez o hinchazón de la garganta.

### ¿Qué debo hacer?

- **Llame** a un médico o lleve a la persona al médico de inmediato.
- **Dígale** al médico lo que ocurrió, la fecha y la hora en la que ocurrió, y cuándo le pusieron la vacuna.
- **Pídale** a su proveedor que reporte la reacción presentando un formulario del Sistema de reporte de eventos adversos derivados de las vacunas (Vaccine Adverse Event Reporting System, VAERS). O puede presentar este reporte a través del sitio web de VAERS en **www.vaers.hhs.gov** o llamando al **1-800-822-7967**.

*El VAERS no ofrece consejos médicos.*

## 7 ¿Dónde puedo obtener más información?

- Consulte a su médico o a otro proveedor de servicios médicos. Ellos pueden darle el folleto informativo de la vacuna o sugerirle otras fuentes de información.
- Llame al departamento de salud local o estatal.
- Comuníquese con los Centros para el Control y Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC):
  - Visite el sitio web sobre la rabia de los CDC en **www.cdc.gov/ncidod/dvrd/rabies**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Vaccine Information Statement
Rabies - Spanish 10/6/2009
Translation provided by the Immunization Action Coalition

## *RABIES TODAY IN ORANGE COUNTY*

*We should expect 2014 to rank among the highest on record for rabies cases in Orange County. Already 12 rabies cases have been confirmed by the North Carolina Public Health Laboratory as part of our standard surveillance procedures. In the last five years, by comparison, the rabies case count did not exceed 12 for the entire year.*

*If the incidence of rabies continues at the same pace, there could be upwards of 30 cases in 2014. That would rank with 2002 and 2006 as the only years in which the count has exceeded 25 since the onset of "raccoon rabies" in the latter part of the 1990s. If our County history is predictive, we should not be surprised to see a high number in 2015 and quite possibly beyond as well*

*The elevated number of confirmed rabies cases has caught our attention and we have every reason to believe that awareness and concern are growing among county residents as well. This is at it should be given that rabies is a fatal virus and often results in the unnecessary destruction of beloved pets who are not currently vaccinated against rabies at the time they have a suspected or actual exposure to rabies. We will be closely monitoring this situation in coordination with other public health officials given the notable bounce in rabies we appear to be experiencing in Orange County.*

*From a scientific standpoint, it is too early to tell whether the incidence of rabies in wildlife in Orange County is truly increasing and also whether it is representative of any broader trends in the area or the state. Available data year-to-date for counties adjacent to Orange County and the state as a whole are consistent with the proposition that there is a localized cluster of rabies in Orange County. It may be that the topography of the county and/or mixture of rural, residential and other spaces creating so-called "edge ecosystems" are more favorable than elsewhere to a robust raccoon population. .*

*By the same token, it would be premature to rule out that we are experiencing an upswing in the cycle of rabies in raccoons, the reservoir species for the virus in our region. This is suggested by data for confirmed rabies cases for Orange County for the period 1996-2013, which are available from the NC Public Health Laboratory (http://orangecountync.gov/AnimalServices/documents/ConfirmedRabiesCases96-13.pd).*

*From the height of "raccoon rabies" in the latter part of the 1990s, cresting in 1997 when there were 106 laboratory confirmed cases, rabies has ebbed and flowed roughly every three to five years in Orange County. There was a very sharp decrease after 1998, for instance, reaching a low of nine cases in 2000, followed by an upsurge of 28 confirmed cases in 2002. Similarly, there was a sharp dip in 2003 to only five confirmed cases, followed by a progressive increase over the following three years, reaching 27 in 2006. The latest crest in the cycle lasted from 2005 until 2008, followed by the long trough that brings us to the present.*

*Our concern with rabies mirrors the very real risks of a disease that is fatal to people and pets alike. Exposure will most likely occur to our animals through their contact with wildlife, but humans are also attacked by foxes, beavers, raccoons, and skunks. Witness the recent experience of two Hillsborough residents who were attacked by a rabid fox.*

*Timely medical treatment after an exposure can prevent rabies in humans. However, there is no such treatment for our animal companions. If a dog, cat or ferret is already vaccinated against rabies when exposed to rabies, North Carolina general statute 130A-197 requires that the animal be boostered with a rabies vaccine within five days of exposure to remain currently vaccinated. According to the same statute, however, if they are not currently vaccinated the only choices are to euthanize them or to confine them for a period typically lasting six months to be sure they have not contracted rabies.*

*Notable among the worst-case scenarios are the ones where there are multiple numbers of human and animal exposures to a rabid animal. In these situations, many individuals--sometimes scores—require rabies shots because they may have handled kittens or puppies from a litter with a rabid one. These are intensive and costly public health efforts and even still there is the persistent fear that someone may be missed with fatal consequences.*

*In our present context, owners of cats and dogs (and other animals) should recognize the very real risks of rabies exposure and we must be doubly sure to protect our own animals by conforming to the following guidelines. In doing so, we will be playing a pivotal role in protecting their pets, themselves, and the community as a whole from rabies.*

*Currently vaccinated!* Our pets must be currently vaccinated not only because this is a requirement of state law (an owner of a cat, a dog or a ferret "over four months of age shall have the animal vaccinated against rabies") but also because it protects the pet and the public. When an animal that is not current on its vaccination is exposed to rabies, it must be treated as unvaccinated and euthanized or quarantined for up to six months at a veterinary clinic at the owner's expense.

Courtesy reminders are wonderful but there can be glitches and the result can be devastating if the pet owner does not keep his or her own calendar for vaccinations. A number of animals are now under quarantine because their vaccinations had lapsed when they had an actual or suspected exposure to rabies. Notably, titer tests are unhelpful in these situations, not least because there is no way to tell whether a high titer is due to the exposure or the animal's prior vaccinations.

*Cats, too!* According to a CDC document, "cats are roughly three times more likely than dogs to be reported as rabid in our country," and North Carolina is no exception to this pattern. Indoor as well as outdoor cats are at risk of exposure to rabies. They may get outside unnoticed and come into contact with the same rabies carriers. Also, bats often enter the living space of dwellings through attics, uncapped fireplaces, open patio doors and windows without screens, and otherwise imperceptible cracks and crevices.

*Reporting!* Immediately reporting contact with wildlife is a fundamental responsibility. In the case of our pets, Animal Services will work with owners to be sure that appropriate measures are taken to protect the pet, family and community. A currently vaccinated cat, dog, or ferret that is exposed to an animal that is suspected of rabies or tests positive for rabies simply needs another rabies vaccination, but this booster must be received within five days (120 hours) of an exposure. Otherwise, the animal must either be euthanized or quarantined for a six month period.

In addition, it is imperative that human risks be assessed by qualified public health professionals at the local health department or by a health care provider. Often this means that these professionals work with the pet owner to assess whether any humans have been exposed to rabies through bites, scratches, or through contact with the saliva or nervous tissue of the wildlife. Public health professionals assess the risk of rabies in people and make recommendations about the need for rabies post-exposure prophylaxis

*(PEP). A person that is exposed to rabies will have to go to the Emergency Room to receive PEP shots to prevent rabies.*

*Now is the time for us to prepare ourselves to protect the health of our animal and human companions. Recognizing that rabies is a dynamic as well as deadly zoonotic disease, we must reinforce and fulfill our responsibilities for what is increasingly called "One Health," that is, the interdependent health of humans and all other animals. Unfortunately, human fatalities from rabies are not just part of our parents and grandparent's memories. In fact, our last human fatality from rabies in North Carolina occurred in 2011, when a young man in Jones County acquired raccoon variant rabies after being bitten by a raccoon. This case from North Carolina was only the second case of Eastern Raccoon Variant (ERV) rabies ever reported in the United States. The first human case of ERV occurred in our neighbor state, Virginia, in 2003.*

*Thus it is more important than ever for us to be very informed and very responsible pet owners and community members. We should be sure to report any and all incidences in which we or other members of our households are bitten or have contact with a wild animal. We must also make a concerted and active effort to keep all of our dogs, cats, and ferrets currently vaccinated against rabies and prevent them from having contact with wildlife through close supervision. These precautions can go a long way towards limiting the number of animals that must be quarantined or euthanized and preventing incidences of human exposures to a rabid domestic animal.*

***Robert A. Marotto***
***Animal Services Director,***
***Orange County Animal Services***

***May 13, 2014***

*Robert A. Marotto is the Director of Orange County Animal Services. Previously, he managed the City of Minneapolis Animal Care and Control Program. He can be reached bmarotto@orangecountync.gov*

# Animal Services

Phone Number: (919) 942 - 7387 Website: http://www.orangecountync.gov/animalservices

| | 2011-12 Actual Expenditures | 2012-13 Actual Expenditures | 2013-14 Original Budget | 2013-14 12-Month Estimate | 2014-15 Department Requested | 2014-15 Manager Recommended |
|---|---|---|---|---|---|---|
| ***By Category (General Fund)*** | | | | | | **Account: 215** |
| Personnel Services | 1,311,514 | 1,343,069 | 1,521,955 | 1,485,978 | 1,583,815 | 1,583,815 |
| Operations | 243,594 | 263,221 | 297,835 | 290,570 | 300,978 | 300,978 |
| Capital Outlay | 0 | 8,512 | 3,150 | 3,714 | 0 | 0 |
| **Total Expenditures** | $ 1,555,108 | $ 1,614,802 | $ 1,822,940 | $ 1,780,263 | $ 1,884,793 | $ 1,884,793 |
| *Offsetting Revenues* | *(547,753)* | *(583,593)* | *(635,884)* | *(632,837)* | *(654,893)* | *(654,893)* |
| **County Costs (net)** | $ 1,007,355 | $ 1,031,210 | $ 1,187,056 | $ 1,147,426 | $ 1,229,900 | $ 1,229,900 |
| ***Spay/Neuter Fund*** | | | | | | **Account: 2150** |
| Personnel Services | 2,095 | 10,520 | 6,300 | 5,890 | 0 | 0 |
| Operations | 42,146 | 45,345 | 70,300 | 82,190 | 66,350 | 66,350 |
| **Total Expenditures** | $ 44,241 | $ 55,865 | $ 76,600 | $ 88,080 | $ 66,350 | $ 66,350 |
| *Offsetting Revenues* | *(67,805)* | *(60,336)* | *(76,600)* | *(65,313)* | *(66,350)* | *(66,350)* |
| **County Costs (net)** | $ (23,564) | $ (4,471) | $ 0 | $ 22,767 | $ 0 | $ 0 |
| **Total Animal Services and Related Expenditures** | $ 1,599,349 | $ 1,670,668 | $ 1,899,540 | $ 1,868,343 | $ 1,951,143 | $ 1,951,143 |

## *Division Summary*

| | 2011-12 Actual Expenditures | 2012-13 Actual Expenditures | 2013-14 Original Budget | 2013-14 12-Month Estimate | 2014-15 Department Requested | 2014-15 Manager Recommended |
|---|---|---|---|---|---|---|
| ***By Program (General Fund)*** | | | | | | |
| Administration | 332,850 | 344,760 | 361,559 | 352,432 | 367,343 | 367,343 |
| Animal Control | 407,686 | 460,374 | 532,573 | 510,032 | 530,365 | 530,365 |
| Animal Shelter | 814,572 | 809,669 | 928,808 | 917,799 | 987,085 | 987,085 |
| **Total Expenditures** | $ 1,555,108 | $ 1,614,802 | $ 1,822,940 | $ 1,780,263 | $ 1,884,793 | $ 1,884,793 |
| *Offsetting Revenue* | *(547,753)* | *(583,593)* | *(635,884)* | *(632,837)* | *(654,893)* | *(654,893)* |
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| **Total Expenditures** | $ 1,555,108 | $ 1,614,802 | $ 1,822,940 | $ 1,780,263 | $ 1,884,793 | $ 1,884,793 |

### Mission Statement

The Animal Services Department strives to meet the needs of residents by working with volunteers and other partners to deliver cost-effective and integrated sheltering and animal control services that ensure the health, safety and wellbeing of humans, pets and the community as a whole. Addressing the problem of pet overpopulation with a proactive and positive approach is an integral ingredient of the department's mission.

## Animal Services: Administration and Programs

### Major Services

- Organizational Leadership and Oversight
    - Lead organizational and policy change and conduct policy and operational analysis as needed.
    - Shape a positive and proactive model of animal services based upon effective management of pet overpopulation.
    - Coordinate with County Manager, County Attorney and other county staff in regard to departmental affairs and assure sound financial management.
- Governance and Community Relations
    - Provide staff expertise and support to the Board of Commissioners and coordinate effectively with the Animal Services Advisory Board (ASAB).
    - Receive, respond to, and as needed refer citizen complaints, concerns and requests.
    - Maintain a positive community image through professional public relations.
- Program Development and Administration
    - Maintain an effective pet licensing program, including an online payment system.
    - Coordinate and develop a robust volunteer program.
    - Coordinate and manage a state-of-the-art spay/neuter program as part of strategic plan for managing pet overpopulation in the county.

### FY 2013-14 Outcomes

- Organizational leadership
    - Coordinated with DEAPR staff to develop and implement a work plan to remedy some landscape problems and the work is now well underway.
    - Sustained spay and neuter efforts while exploring different strategies to achieve desired outcomes in coming years.
    - Coordinated policies and practices to continue to control animal admissions, assure quality care and sheltering, and reduce the euthanasia of cats and dogs.
- Governance and community relations
    - Supported the ASAB and collaborated with the board regarding free roaming cats and other concerns.
    - Worked with the staff attorney, staff from the UNC-Chapel Hill School of Government and the ASAB to address vexing issues identified by the Board of Commissioners in the proposed unified animal control ordinance.
    - Managed high profile cases, coordinated with Public Affairs Office, sustained a strong web presence including a vibrant Facebook page, and overall, maintained a prominent and positive community image.

- Program administration and development
  - Oversaw a volunteer program averaging approximately 1000 hours per month and added a second staff member to create the basis for future growth.
  - Oversaw a community spay/neuter program responsible for more nearly 500 surgeries and involving close collaboration with the Department of Social Services and AnimalKind (which runs the $20 Fix).
  - Oversaw a pet registration program with a strong web-licensing component responsible for total revenues of approximately $250,000.

| Performance Measures | 2011-12 Actual | 2012-13 Actual | 2013-14 Budget | 2013-14 Projected | 2014-15 Budget |
|---|---|---|---|---|---|
| **Service: Provide low-cost or free spay/neuter surgeries to target audience** | | | | | |
| Number of low-cost spays and neuters | 520 | 410 | 625 | 500 | 550 |
| Percentage of target SN number (Target ≥ 5 per 1000 humans) | Goal = 675<br>77% | Goal = 675<br>61% | Goal = 675<br>93% | Goal=675<br>74% | Goal=675<br>81% |
| **Service: Pet Licensing Program** | | | | | |
| Total number | 20,902 | 20,600 | 21,000 | 21,000 | 22,000 |
| Online licensing percentage | 26% | 37% | 30% | 40% | 42% |
| **Service: Maintain strong Volunteer Program** | | | | | |
| Average weekly volunteer hours | 208 | 223 | 275 | 250 | 275 |
| Number of annual volunteers | 1,666 | 1,800 | 1,750 | 1,825 | 1,850 |
| **Service: Community Relations and Leadership** | | | | | |
| Admitted (cats and dogs)<br>• Per 1000 humans | 3,294<br>24 | 3,247<br>24 | 3,300<br>24 | 3,143<br>23 | 3,150<br>23 |
| Euthanasia (cats and dogs)<br>• Per 1000 humans | 1,217<br>9 | 921<br>7 | 1,100<br>8 | 925<br>7 | 900<br>7 |

**FY 2014-15 Objectives**

- Complete and implement a unified animal control ordinance for Orange County including the towns of Hillsborough, Chapel Hill and Carrboro.
- Begin process of proposing and implementing different recovery fees for reproductive and sterilized dogs and cats; a spay/neuter deposit for repeatedly recovered stray animals; and required micro-chips for stray cats and dogs recovered from Animal Services.
- Collaborate with the ASAB to develop a balanced and manageable plan to address free-roaming cats as part of the county's effort to effectively manage pet overpopulation.
- Coordinate with DEAPR staff to complete the landscape work that is underway and to develop a work plan for remaining landscape problems and maintenance.

**Budget Highlights**

- The increase in Operations is due to an increase in the countywide Motor Pool surcharge, an increase of $.03/mile (to a total of $.08/mile), to help offset future vehicle replacement costs and an increase of $1,500 in Postage, due to both an increase in postage and increase in the number of certified letters sent to owners for animal reclamations and/or Animal Control notifications.

**Animal Services: Animal Shelter Division**

**Major Services**

- Open Admissions Sheltering
  - Provide shelter to stray, relinquished, quarantined, and confiscated animals as an open-admission shelter pursuant to applicable regulations.
  - Facilitate owner recovery and placement of animals.
  - Euthanize stray, relinquished, quarantined, or confiscated animals as needed.
- Lost Pet Recovery
  - Perform microchip scanning and rabies tag searches to identify pet owners.
  - Maintain a website for online searches of lost pets.
  - Facilitate lost and found inquiries and lost pet searches.
- Animal Placement
  - Adopt medically and behaviorally sound animals from the Animal Services Center into permanent homes.
  - Transfer animals to placement partners for final re-homing.
- Animal Health
  - Address pet overpopulation by ensuring dogs and cats are sterilized prior to adoption in a cost-effective manner.
  - Manage infectious disease through health protocols and practices to ensure the health of sheltered, reclaimed, and adopted animals.

**FY 2013-14 Outcomes**

- Open Admissions Sheltering: Positively managed animal "flow-through" and initiated a cat caging conversion to increase the enclosure sizes in the holding area.
- Lost Pet Recovery: Modified website to display lost and found pets not housed at the Animal Services Center to facilitate recovery; increased the number of microchip clinics to four to enhance identification and recovery of lost pets by their owners.
- Animal Placement: Maintained strong overall placement and "live release" rates; continued six special events to promote pet adoption; continued to work closely with and build new relationships with placement partner organizations: coordinate more effectively with volunteers to provide quality customer service for adopters, support staff, and manage shelter workload.

- Animal Health: Sustained in-house sterilization surgeries for adoptable animals; continued to optimize hourly productivity and quality of in-house sterilization procedures. Redefined the Shelter Manager position as a Veterinary Health Care Manager to strengthen the health care program in order to boost adoptions and the overall live release rate as well as strengthen overall health care.

| Performance Measures | 2011-12 Actual | 2012-13 Actual | 2013-14 Budget | 2013-14 Projected | 2014-15 Budget |
|---|---|---|---|---|---|
| **Service: Serve as open admission shelter** | | | | | |
| Domestic animals admitted (cats & dogs) | 3,294 | 3,247 | 3,300 | 3,143 | 3,200 |
| • Cats admitted | 1,390 | 1,510 | 1,518 | 1,472 | 1,504 |
| • Dogs admitted | 1,904 | 1,737 | 1,782 | 1,671 | 1,696 |
| Average Length of Stay (cats & dogs) | | | | | |
| • Cats (Target ≤ 21 days) | 18.0 | 20.0 | -- | 25.6 | 21 |
| • Dogs (Target ≤ 14 days) | 12.5 | 12.1 | -- | 13.7 | 14 |
| **Service: Facilitate recovery of lost pets (dogs and cats)** | | | | | |
| Number of recoveries | 383 | 449 | 475 | 446 | 475 |
| Stray animal recovery (Target ≥ 20%) | 12% | 20% | 23% | 19% | 23% |
| Microchips per Adoption (Target ≥ 65%) | 63% | 65% | 70% | 66% | 70% |
| **Service: Maintain strong overall placement and "live release" rates *** | | | | | |
| Number of placements (cats & dogs) | 1,635 | 1,773 | 1,900 | 1,821 | 1,850 |
| • Cat placements | 796 | 848 | 931 | 919 | 925 |
| • Dog placements | 839 | 925 | 969 | 872 | 925 |
| Live Release rate (all animals) (Target ≥ 70.0%)+ | 71% | 82% | 75% | 83% | 80% |
| • Live release rate for cats | 73% | 74% | 75% | 75% | 80% |
| • Live release rate for dogs | 68% | 82% | 75% | 85% | 80% |
| **Service: Sustain high quality in-house sterilization surgeries for adoptable animals** | | | | | |
| Number of animals sterilized | 1,078 | 1,299 | 1,350 | 1,275 | 1,350 |
| Number of surgeries per DVM hour (Target ≥ 2.8) | 2.9 | 3.1 | 3.0 | 3.0 | 3.0 |

+The live release rate represents the sum of animals adopted, transferred to placement partners, and recovered by owners less unplaceable animals (aggressive or biting animals, animals exposed to rabies, animals surrendered for euthanasia, etc.) and then divided by the total number of animals that left the shelter

### FY 2014-15 Objectives

- Continue to advance animal placement through adoption special events and partnerships with placement partner organizations.
- Continue to advance animal care within the context of an open-admission facility oriented to the expeditious "flow through" of adoptable animals and begin to convert stainless steel cat enclosures to flexibly increase their size.

- Increase owner recovery of stray animals by offering more opportunities for pets to be microchipped, virtually managing lost and found records, leveraging social media to facilitate searches for lost pets, and requiring microchips as part of stray animal recovery.
- Sustain in-house sterilization services for adoptable animals by focusing on quality and maintaining hourly efficiency.
- Continue infectious disease control through preventative health care and examinations to ensure "herd health" for the benefit of pet owners and adopters.
- Address chronic staffing challenges resulting from turnover and leave with appropriate work redesign to ensure the best utilization of veterinary health care technicians and animal care technicians within a new staffing complement.

**Budget Highlights**

- The FY2014-15 Manager Recommended Budget includes a new Veterinary Health Care Technician (total Personnel Services cost of $42,288) to address the chronic and challenging shelter staffing gaps; approval of this position would allow for a decrease in Temporary Personnel of $10,250 making the total County cost for the new position $32,038
- Inclusion of new fee (Sale of Cat Carriers) – cat carriers are an item that have been frequently requested by the public and provides a safe means of transport for cats adopted from Orange County Animal Services

**Animal Services: Animal Control & Protection Division**

**Major Services**

- General Field Service
    - Respond to service requests in a timely manner, based upon their priority, working with residents to achieve compliance and enforcing animal laws; and by agreement provide animal control services to the towns of Chapel Hill, Hillsborough and Carrboro.
    - Impound and/or confiscate animals running at large, surrendered by their owner, behaving aggressively, and neglected or treated inhumanely; and attempt to identify stray or lost animals and return them to their owners whenever possible..
    - Confer with staff attorney and then coordinate with District Attorney regarding criminal matters.
- Public Health and Safety
    - Investigate animal bites and rabies exposures and implement proper public health protocols, e.g., rabies testing and quarantines
    - Review reported bites and aggressive incidents, deem dogs dangerous or vicious, and make available an appeal hearing pursuant to the requirements of NCGS.
    - Coordinate with Communicable Disease Nurses who are responsible for human risk assessment and advice in rabies exposure cases.

## *Animal Services – continued*

- Animal Protection
  - Investigate animal neglect and cruelty complaints and work with animal owners to achieve compliance with legal requirements.
  - Seize animals for their protection when necessary and institute appropriate legal action regarding their custody as well as criminal action.
  - Inform and educate owners on proper animal care under the requirements of the county's animal ordinances and North Carolina General Statutes.
- Community Service
  - Inform and educate pet owners and others in the course of normal duties.
  - Promote responsible pet ownership, faciliate public outreach regarding low cost rabies vaccination clinics and refer pet owners to the county's Community Spay/Neuter Program.
  - Provide basic information regarding wildlife and refer residents to area resources as well as the Wildlife Resource Commission for further assistance except when there are issues of public health and safety

### FY 2013-14 Outcomes

- General Field Services: Initiated efforts to integrate response times into our service compass; and provided animal control services to the Town of Carrboro for the first time while continuing to provide such services to the Towns of Chapel Hill and Hillsborough under a cost recovery agreement.
- General Field Services: Continued discussion of the priority need for integrated radios for field services with Emergency Management and the County Manager; and created new Training & Lead Animal Control Officer position to fortify staff training and development, coordinate specialized field assignments and share after hour ("on call") oversight.
- Public Health and Safety: Began review of standard operating guidelines for dangerous dog investigations and for rabies control responsibilities.
- Animal Protection: Continuing coordination with County Attorney, District Attorney and local law enforcement in various investigations, civil actions, and criminal actions.
- Community Service: Promoted the Community Spay/Neuter Program and low costs rabies vaccination clinics, and managed a service agreement with CLAWS, a county based organization, to assist residents with challenging wildlife issues and rehabilitate orphaned and injured wildlife.

| Performance Measures | 2011-12 Actual | 2012-13 Actual | 2013-14 Budget | 2013-14 Projected | 2014-15 Budget |
|---|---|---|---|---|---|
| **Service: General Field Services** | | | | | |
| Service Responses | 5,692 | 5,642 | 6,175 | 5,836 | 5,884 |
| • Responses per officer | 949 | 941 | 882 | 833 | 840 |
| Animal Impounds | 799 | 821 | 948 | 856 | 875 |
| Met stray animal response target (<120 minutes) | 65% | 78% | 75% | 72% | 75% |

## *Animal Services – continued*

| Performance Measures | 2011-12 Actual | 2012-13 Actual | 2013-14 Budget | 2013-14 Projected | 2014-15 Budget |
|---|---|---|---|---|---|
| **Service: Health and Safety** | | | | | |
| Exposure and bite investigations | 301 | 321 | 325 | 315 | 320 |
| • Met response target (< 90 minutes) | 47% | 58% | 66% | 60% | 60% |
| Positive Rabies Cases | 18 | 14 | 16 | 20 | 22 |
| **Service: Animal Protection** | | | | | |
| Investigations | 357 | 478 | 352 | 395 | 408 |
| Met response target (<90 minutes) | 47% | 50% | 65% | 55% | 60% |

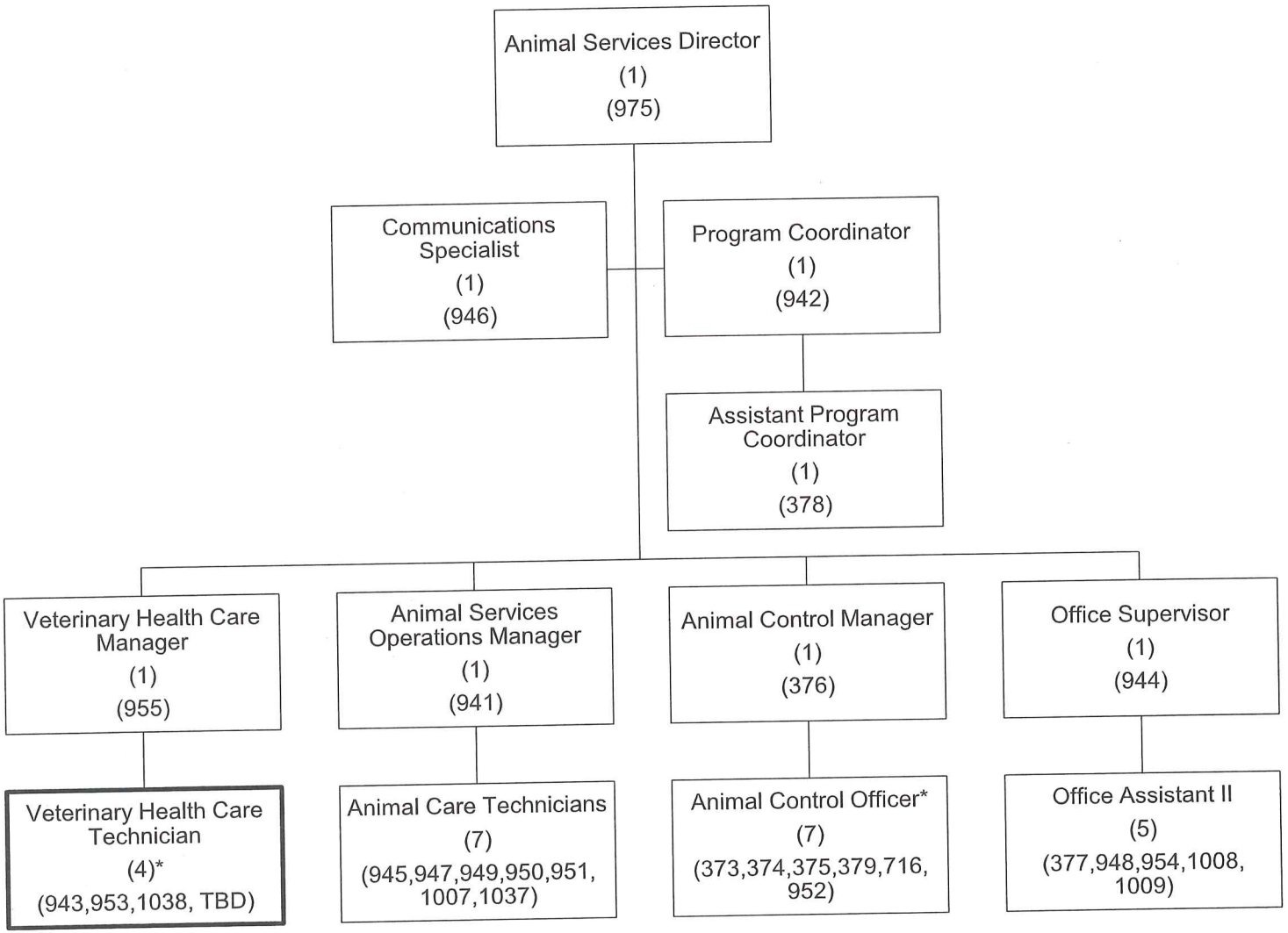
### FY 2014-15 Objectives

- To improve response times for select field services and coordinate with other county staff to establish an appropriate radio communication system for field services.
- To coordinate with others within the county and the towns to finalize and implement the unified animal control ordinance and complete the revision of standard operating guidelines for dangerous dogs and rabies control.
- To develop a more substantial and ongoing training program including not only basic elements but situational awareness and officer safety, chemical immobilization, and firearm use for field euthanasia of wildlife.
- To initiate public outreach about the kennel permit process based upon a dedicated webpage and informational handout and continue to provide basic information about wildlife and refer residents to others with more knowledge and expertise as needed.

### Budget Highlights

- Added the annualized cost of animal control vehicle replacement to the costs recovered from the towns under respective agreements with Hillsborough and Chapel Hill (with a plan to do the same with Carrboro next year).
- Increased the annual cost for animal control services for Carrboro from $58,222 to $67,768 in year two of a three year phase-in of total cost recovery for animal control services.
- Decreased the annual cost for animal control services for Hillsborough from $50,940 to $45,473, even with the addition of an annualized vehicle replacement cost, as a result of variations in their share of "county service" from 13 percent to 12 percent.
- Increased the annual cost for animal control services to Chapel Hill from $81,447 to $86,752, primarily as a result of the addition of an annualized vehicle replacement cost and an increased share of priority after hour services.

# Animal Services




FY2014-15 Recommended
*New position recommended

ORANGE COUNTY
NORTH CAROLINA

Orange County Animal Services
1601 Eubanks Road, Chapel Hill, NC 27516

## Information Provided to Adopters

- Adoption Contract
- Medical History Report
- Rabies Certificate and Tag / Rabies Voucher
- Surgery Voucher (if pet is not sterilized at the time of adoption)
- Microchip Enrollment (if applicable)
- Behavior Evaluation Score Sheet (if available)
- Adopter Resource Guide – This handout provides information and resources related to pet behavior and health)
- Pet Behavior Tips – These handouts provide specific information on managing common pet behavioral issues (e.g. housetraining, introducing a new pet to resident pets, dealing with destructive behavior, etc.). The handouts are provided to customers in response to questions that may come up during the adoption process or when staff deems they may be applicable.
- "Pet Identification" Brochure
- "Protect Your Pet from Rabies" Informational Brochure

## Screening Adopters

Orange County Animal Services utilizes an "Open Adoption" model rather than one that screens adopters. Extraordinary issues of concern that arise during the course of the adoption process are brought to a manager's attention for evaluation, but the process does not involve "approving" or "denying" adoptions outside these rare situations. This approach is consistent with the current best practices in animal sheltering as presented during the ASPCA's "Meeting the Adopters" training.

The historical model of adoption screening taken by shelters is often accompanied by lengthy applications and interviews for gathering information about customers to determine if they meet the criteria for adoption. These time consuming processes are not user friendly for staff or customers.

The open and learning-centered adoption models foster relationships with adopters as opposed to making them feel like they are being judged. By engaging in open discussions with customers instead of going through a rigid application process, staff can tailor the adoption interaction to the specific needs of the customer in a way that embraces principles of adult learning.

* Adoption packet provided alongside this document as example & is available by request.

ORANGE COUNTY
NORTH CAROLINA

# Orange County Animal Services

1601 Eubanks Road, Chapel Hill, NC 27516

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Orange County Animal Services
1601 Eubanks Road, Chapel Hill, NC 27516
919-942-PETS (7387)

# Animal Shelter Adoptions
## From ASCPA's "Meet the Adopters!"
## Thursday, September 8, 2011

I. **Adopting from shelters**
   - A. Numbers
     1. About 63% of US households have a pet
     2. 65% of pet owners acquire pets free or at low cost
     3. 21% of dogs and 18% of cats are acquired from shelters/rescues
   - B. Perceived benefits of adopting from shelters
     1. Low cost
     2. Animals may come with health work, vaccines, S/N, microchip
     3. Animals may be temperament tested
     4. Animals may be already trained, housebroken
     5. Diverse population of animals to pick from
     6. Feeling of helping an animal, saving a life

II. **Four approaches to adoptions**
   - A. Business transaction
     1. Collect adoption fees, info from owner
   - B. Adoption screening
     1. Gather information from adopter to determine if the agencies criteria are met
     2. Historically this is the approach taken by many shelters
     3. Exercise – Would you pass adoption screening?
   - C. Open adoptions
     1. Foster a relationship with adopters, help them adopt animals suited to their lifestyle.
     2. Few if any hard and fast adoption criteria
     3. Guidelines used as a checklist of things to discuss during counseling
   - D. Learning-centered adoptions
     1. Foster a relationship with adopters, create learning opportunities to equip them with info, critical thinking skills, resources for current/future use as pet owners
     2. Few if any hard and fast adoption criteria
     3. Example of learning-centered adoptions is ASPCA's "Meet Your Match"

III. **Principles of Adult Learning**
   - A. Respect
     1. Adults are more likely to learn when given acknowledgement for the wisdom, skills, and resources they bring to a new situation
     2. Ex. A person may have never owned a pet but experience raising children could translate to scheduling needs of housebreaking a new puppy
   - B. Relevance
     1. "Why do I need to know this?" If that question isn't answered for adult learners, they will likely decide the information is not useful and leave it behind.
     2. Ask people what they would like to learn and how that information will be useful to them.
     3. Adoption survey may have items noted the adopter wishes to discuss

C. Immediacy
1. Provides adult learners with a way to put their new knowledge into practice; gives a useful application for the information which increases the likelihood of retention
2. Adult learners shown respect and relevance may figure out the immediate applications of that information for themselves ("Aha" moments)
3. Answer adopters questions before covering general information you think is important

D. Safety
1. Adults are more capable of learning when they have a safe environment to do so
   a) *Supportive and free from judgment*
   b) *Meets some needs for comfort (temperature, seating, etc) and concentration (not too loud or chaotic)*
2. Avoid asking closed or "trick" questions where an adopter may feel that a wrong answer will adversely impact their chances of adopting
3. Learners are not set up to fail or embarrassed for their lack of skill or knowledge

E. Engagement
1. People learn best when they are actively involved with the information
2. Rates of retention for adult learners
   a) *20% of what they hear*
   b) *40% of what they hear and see*
   c) *80% of what they hear, see, and do*
3. People can be engaged by asking open questions (do not have a set, "correct" answer) that invite them to draw on their own experiences and think critically about a situation.

## IV. Learning preferences

A. Visual
1. Prefer to see what is learned
2. Think in pictures, prefer to read for themselves rather than being read to, prefers maps to printed or spoken directions

B. Auditory
1. Take in new information best via sound
2. Hear words in head / say words out loud when reading, prefer verbal to written directions, recognize changes in tone more readily than changes in facial expression

C. Kinesthetic
1. Learn best by doing
2. Prefer to jump in and try something, figure it out as they go and refer back to visual or auditory cues only as needed

D. People can learn from each approach, but most people have a preference for one of these

## V. Other takeaways with implications for adoptions

A. Socioeconomic status does not predict the level of care provided or attachment to a pet
1. Difficult to look at a person and judge whether or not they would be a good owner
2. Don't use income requirements during adoption process

B. The reason a person gets a pet is more important to attachment than where the pet came from, how much was spent on it
1. Fee waived / fee reduced adoptions can be successful

C. Returns can be reduced if adopters have realistic expectations
1. Provide full disclosure of an animal's health and behavior
2. Provide information/resources on what to expect and how to deal with situations
3. Ask open questions to identify expectations