Veterinary Hospital Policies and Procedures for Reporting Suspected Animal Abuse

The following pages contain a collection of Policies and Standard Operating Procedures defining procedures that veterinary hospital staff are expected to follow when they encounter cases that may indicate possible animal cruelty, abuse or neglect.

Included in this compilation are:

- The Ohio State University Veterinary Medical Center (2015; revised 2018)
- North Carolina State University Veterinary Health Complex (2007; revised 2013)
- Colorado State University College of Veterinary Medicine (1987; revised 2014)
- Veterinary Hospital of the University of Pennsylvania (1997)
- Animalia Health & Wellness, Franklin, Tenn. (undated)

This compilation is necessarily incomplete and we will expand it as more policies become known to us. We encourage other veterinary hospitals and clinics – both teaching hospitals and in private practice – who have policies and procedures for reporting suspected abuse to share them with us at the National Link Coalition so we may, in turn, share them with veterinary facilities nationally and worldwide.

In addition to these specific policies and procedures, several guidances have been published to help practitioners establish such procedures for identifying and reporting suspected animal maltreatment. These guidances also address clinical diagnoses and strategies for communicating with clients. They include:

- Reporting Animal Cruelty, The Role of the Veterinarian: Establishing Protocols to Identify and Report Suspected Animal Cruelty in Massachusetts (180-page guidance by the Animal Rescue League of Boston and the Tufts University Cummings School of Veterinary Medicine for Massachusetts practitioners; 2018)

- The Role of the Veterinarian Reporting Animal Cruelty (156-page guidance by the Kirkpatrick Foundation to guide Oklahoma DVMs in establishing protocols to identify and report suspected animal abuse; 2018)
**Reporting Animal Cruelty** *(146-page guidance by Animal Folks of Minnesota, updated in 2020, to guide DVMs in establishing protocols to identify and report suspected animal cruelty in Minnesota)*

**Recognising Abuse in Animals and Humans** *(24-page comprehensive guidance for the veterinary team by the British Veterinary Association and The Links Group UK; 2016)*

**Guidance for Veterinarians to Respond to Suspected Cruelty, Abuse and Neglect** *(56-page manual by American Veterinary Medical Association, the National Link Coalition & The Links Group UK; 2011)*

**Guidance for Veterinarians Dealing with Cases of Suspected or Actual Animal Abuse and Family Violence** *(30-page guidebook by the New Zealand Veterinary Council; 2013)*

The above guidances are available from the originating organizations and in the “Tools for Veterinarians” section of the National Link Coalition’s Resources web page at [https://nationallinkcoalition.org/resources/articles-research](https://nationallinkcoalition.org/resources/articles-research)
Introduction: It is the position of the OSU VMC that we encourage our clinicians and staff to recognize and report suspicion of animal cruelty or neglect to the appropriate agencies. Such reporting is supported by professional veterinary organizations including the American Veterinary Medical Association (AVMA) and the American Animal Hospital Association (AAHA).

Contents:
1. Rationale and Support for SOP
2. Recognizing Animal Abuse, Cruelty or Neglect
3. Ambiguous Situations
4. Handling Disagreements within the VMC team
5. Reporting Suspicion of Animal Abuse, Cruelty, or Neglect

Appendix/Appendices:
1. Regional Resources for Reporting Suspicion of Animal Abuse, Cruelty, or Neglect
2. Suspected Cruelty (Abuse and/or Neglect) Reporting Form

Procedures:
1) Rationale and Support for SOP: The veterinarian’s legal responsibility to report suspicion of animal cruelty/neglect varies by state. Currently (2018) veterinarians in Ohio are not mandated by law to report suspicion of animal cruelty/neglect. While one may not be legally mandated to report abuse, the veterinarian’s ethical and moral responsibility is different. Based on the following, it is the position that the VMC encourages the reporting of suspected animal abuse.

a) The Veterinary Oath: "Being admitted to the profession of veterinary medicine, I solemnly swear to use my scientific knowledge and skills for the benefit of society through the protection of animal health and welfare, the prevention and relief of animal suffering, the conservation of animal resources, the promotion of public health, and the advancement of medical knowledge."

b) Support from the AVMA:
“The AVMA recognizes that veterinarians may observe cases of animal abuse or neglect as defined by federal or state laws, or local ordinances. The AVMA considers it the responsibility of the veterinarian to report such cases to appropriate authorities, whether or not reporting is mandated by law. Prompt disclosure of abuse is necessary to protect the health and welfare of animals and people. Veterinarians should be aware that accurate, timely record keeping and documentation of these cases are essential. The AVMA considers it the responsibility of the veterinarian to educate clients regarding humane care and treatment of animals.”
https://www.avma.org/KB/Policies/Pages/Animal-Abuse-and-Animal-Neglect.aspx, retrieved February 2018

c) Support from AAHA:
https://www.aaha.org/professional/resources/animal_abuse_reporting.aspx retrieved February 2018
2) Recognizing potential animal abuse, cruelty or neglect

a) Every patient/situation is different and it may not be possible to differentiate accidental injury from intentional injury or to determine whether neglect was severe enough to constitute cruelty. The following is a list of possible findings that may suggest abuse, cruelty or neglect:

i) Unexplained injury or injury that does not match history provided by owner
ii) Obvious wounds, lesions, fractures, burns, or patches of missing hair without a reasonable explanation
iii) Signs of multiple injuries in various stages of healing
iv) Suffering caused by ongoing injury or illness that isn’t being treated
v) Extreme emaciation without medical reason
vi) An owner striking or otherwise physically abusing an animal and causing physical harm
   (1) This is witnessed by staff on the grounds of the VMC
   (2) The owner (or other person) reports that they caused harm
vii) Embedded collar
viii) Severe signs of inadequate grooming, such as extreme matting of fur, overgrown nails and dirty coat
ix) Severe parasite infestation (flea/tick, myiasis)
x) Abandonment of animal
xi) “Hoarding”: Signs that the owner may have more animals than they are able to care for adequately
xii) Dog fighting / numerous bite wounds and/or bite wounds in various stages of healing and/or overlapping scars typically localized to head, neck, and front legs
xiii) Signs, such as frost bite or heat stroke, that pets are kept outside in inclement weather without access to adequate shelter
xiv) Signs that the animal is kept in unsuitable housing, such as dogs who are repeatedly left alone without food and water, chained in a yard without proper shelter, etc.
xv) Sexual abuse of an animal
xvi) Suspicion of domestic/family violence

3) Potentially Ambiguous Situations

a) Refusal to euthanize and/or leaving against medical advice (AMA):
   i) Many owners choose not to euthanize, for a variety of reasons (cultural, moral, religious). Refusal to euthanize is not grounds, alone, for a report of medical neglect.
   ii) Refusal or inability to provide appropriate management of pain and/or suffering may be reason to report medical neglect. If an owner does not wish to euthanize, they need to provide a level of care in which the animal is not experiencing pain or suffering. In cases where suffering is not alleviated, a call to the Humane Agency is appropriate.

b) Owner “admits” that they caused harm to the animal, but is seeking medical services:
   i) It is common opinion that a report is not required because the owner has taken responsibility and brought their animal in for treatment. Admitting that one caused harm and/or seeking medical care after the harm has occurred DOES NOT NEGATE that abuse or neglect occurred. Injuries, especially blunt trauma, may be indicative of a larger abuse problem (domestic violence) occurring in the household. A report to the Humane Agency is warranted.

c) Cultural differences:
   i) There may be cultural differences that “explain” or “excuse” choices made regarding the animal. While it is important to be aware of and respect other cultures, the priority is the health and safety of an animal. Severe cases of harm to an animal warrant a report.

d) Client is uneducated about proper care of an animal:
   i) Severe cases of harm to an animal warrant a report, even if the owner “Just didn’t know any better.”
4) Handling Disagreements between VMC team
   a) When disagreements arise regarding the decision to report suspected cruelty, the following steps should be taken
      i) Team members involved in the case shall meet, as a group, to discuss the facts of the case. If available, include the Assistant Director of Client Services and/or the Honoring the Bond Social Worker to help facilitate this discussion.
      ii) If unable to resolve, the VMC Director should be notified.

5) Process for Reporting Suspicion of Abuse, Cruelty, and/or Neglect
   a) A reasonable suspicion of abuse or neglect is enough to warrant further action. It is the role of the humane agent to conduct investigations, not the veterinary team. You may always call the appropriate humane agency for consultation, if you are unsure if a report is warranted.
   b) A lack of education regarding proper animal care commonly underlies many cases of neglect. If mild or borderline concerns are present, it is appropriate to educate the client about their animal’s physical and emotional needs. Clearly document the discussion and your recommendations in the patient’s record.
      i) If the owner returns, and has disregarded your recommendations, a report is appropriate.
      ii) If the owner never returns, you are permitted to call the humane agency and ask for them to follow up with the owner.
   c) PRIOR to making an official report from the VMC:
      i) Clinicians must consult with their attending veterinarian/faculty member.
      ii) Staff must consult with their supervisor, the AD Client Services and/or the Honoring the Bond Social Worker.
   d) Every time an official report is made, the following people must be notified (in-person, phone or email):
      i) Section Head or Department Supervisor (if non-clinical)
      ii) VMC Director
      iii) VMC Assistant Director, Client Services
   e) Documentation
      i) Use the Suspected Cruelty (Abuse and/or Neglect) Reporting Form (Appendix 2)
      ii) Document your suspicions in a clear way, providing any evidence that you have to support your suspicions.
      iii) Write a concise, factual statement of what you observed—giving dates and approximate times whenever possible—to provide to law enforcement. Include owner’s explanation of how the injury or condition occurred
      iv) Make a copy for yourself
      v) Include comments by the owners about the situation, note whether this matches the animal’s presentation and note whether there were conflicting versions of the history
      vi) Include summary of thorough physical exam, even if findings do not seem to relate to the problem of concern
      vii) Take photographs if possible/applicable.
      viii) Include x-rays, previous records, lab work.
      ix) Have a technician or secondary witness to conversations with the owner
      x) Document observations of interactions between family members and children
      xi) Be prepared to testify in court, though this is unlikely
   f) Contact the Humane Society in the County in which the owner resides and be prepared to share the following:
      i) The exact address of the owner’s residence and the exact location where the animal can be found.
      ii) If able, provide law enforcement with the names and contact information of other people who have firsthand information about the abusive situation.
   g) How can you follow up on your report of animal cruelty?
      i) When you report animal cruelty, keep a careful record of exactly whom you contacted, the date of the contacts, and copies of any documents you provided to law enforcement or animal control, and the content and outcome of your discussion.
      ii) Humane agencies may not routinely contact reporting parties. You may have a right to contact the Humane Agency to determine the disposition of their investigation. However, due to confidentiality issues, humane officers may not always be permitted to share results of the investigations.
Appendix 1: Regional Resources for Reporting Suspected Animal Abuse/Neglect

(For extreme emergencies, when you cannot reach a humane agent, you may call the law enforcement agency in the jurisdiction in which the abuse occurred.)

Franklin County (Central Ohio)

- **Columbus Humane:** (614) 777-7387, ext. 250, OR email report to dispatch@columbushumane.org.
  - Sunday through Saturday, 9:00 am – 5:30 p.m. & Holidays (voice mail is available 24 hours a day)

- **Safe Haven Program:** (614) 980-2032
  - This program assists people seeking safety from family violence by providing an alternative to surrendering a pet, or leaving the pet behind in a potentially dangerous situation. Safe Haven temporarily boards and cares for pets at the shelter. Owners can then reclaim their pets when it is safe to do so. Pets must be spayed or neutered, microchipped, and vaccinated prior to reclaiming them. Agents at the Humane Society can also help people who are looking to escape a dangerous or violent domestic situation by putting them in contact with Safe Haven staff and other organizations that may be able to help them.

Delaware County (Delaware)

- Outside city limits: Humane Society of Delaware County at (740)369-7387
- Inside city limits: Delaware Animal Control at (740) 203-1111

Fairfield County (Lancaster)

- Fairfield Area Humane Society at (740) 687-0627

Licking County (Newark, Heath, Granville)

- Licking County Humane Society at (740) 644-2200

Madison County (London)

- Humane Society of Madison County at (740) 879-8368

Pickaway County (Circleville)

- Circle Area Humane Society at (740) 474-8690

Union County (Marysville)

- Union County Sheriff at (937) 645-4110
## Report of Suspected Animal Cruelty (Abuse and/or Neglect)

### Owner Information
- **Owner (Last, First):** 
- **Address:** 
- **City:** 
- **State:** 
- **Zip:** 
- **Phone:** 
- **Email:**

### Patient Information
- **Patient:** 
- **Species:** 
- **Breed:**

### Person Suspected of Cruelty
- **Name:** 
- **Address:** 
- **City:** 
- **State:** 
- **Zip:** 
- **Phone:** 
- **Email:**

### Reason for Report
- **An owner or person striking or causing harm (physically/sexually) to an animal**
- **Witnessed by VMC Employee (name of witness):** 
- **Witnessed by a non-VMC Employee (name of witness):** 
- **Owner (or other person) reports that they caused harm:**
- **Unexplained injury or injuries that do not match history provided by owner**
- **Signs of multiple injuries in various stages of healing**
- **Suffering caused by ongoing injury or illness that isn’t being treated**
- **Extreme emaciation - (without medical reason)**
- **Severe signs of inadequate grooming, such as extreme matting of fur, overgrown nails and dirty coat**
- **Severe parasite infestation (flea/tick, mylasis)**
- **Abandonment of animal**
- **Hoarding: Signs that the owner may have more animals than they are able to care for adequately**
- **Dog fighting / numerous bite wounds and/or bite wounds in various stages of healing and/or overlapping scars typically localized to head, neck, and front legs**
- **Other, please describe:**

### Additional Information
- **Medical Record attached?**
- **Yes**
- **No**
- **Photographs taken?**
- **Yes**
- **No**
  - If yes, where are photos located?
Physical Exam

General: Weight _______ Temp ________

Skin/Coat: □ WNL □ Hair Loss □ Dry □ Scaly □ Matted □ Ticks □ Fleas □ Abscesses □ Ulcer

Eyes: □ WNL □ Discharge □ Inflamed □ Cataracts □ Other:

Ears: □ WNL □ Dirty/Odor □ Yeast Infections L/R □ Inflamed L/R □ Mites L/R □ Bacterial Infections L/R

Nose/Throat: □ WNL □ Nasal discharge

Mouth/Teeth: □ WNL □ Gingivitis □ Ulcers □ Tartar □ Broken/Loose Teeth

Heart: □ WNL □ Murmur

Lungs: □ WNL □ Difficulty breathing □ Congestion □ Cough □ Abnormal Sounds

Muscle-Skeletal / Neurological: □ WNL □ Lame □ Broken Bones □ Swelling □ Weakness □ Muscle Wasting

□ Inappropriate Mentation □ Ataxia

Body Condition: □ Emaciated □ Very Thin □ Thin □ Ideal □ Overweight □ Obese

% underweight _________ Body Condition Score___/____

Notes and Diagnosis:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Communication Details (Please ensure documentation of EACH communication. Include additional sheets as needed)

Person giving communication:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Person receiving communication:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Required Notifications made to: □ Section Head □ VMC Director □ VMC AD Client Services

Treating Veterinarian/Reporting Person:

Signature: ____________________________ (Date)

Consulted Faculty Veterinarian/Supervisor (Required):

Signature (Optional): ____________________________ (Date)

Has owner been notified that a report is being made? □ Yes □ No

Report made to: ____________________________ on ____________________________ via □ Fax □ Email □ Verbal

[human agency in which the abuse occurred] [Date]

In Franklin County, Columbus Humane: 614) 777-7387, ext. 250 or dispatch@columbushumane.org
For other counties, see the Animal Abuse/Neglect SOP appendix or search online

Revised 2018-04
Introduction: It is the mission of the NC State Veterinary Health Complex (VHC) to provide the best medical care for animal patients and work to ensure their continued wellbeing. Veterinarians, students and support staff who, in the context of a veterinarian-client-patient relationship, suspect animal abuse and/or neglect should consult with their Section Chief or Service Head at the time the suspicion arises to determine whether such concerns should be communicated to the appropriate authorities.

Background: As a part of clinical practice, veterinarians, students and support staff may observe cases of animal abuse or neglect as defined by federal or state laws, or local ordinances. When these situations cannot be resolved through client education (particularly for neglect or passive abuse), the AVMA considers it the responsibility of the veterinarian to report such cases to appropriate authorities. Disclosure may be necessary to protect the health and welfare of animals and people. Veterinarians, students and support staff should be aware that accurate record keeping and documentation of these cases are invaluable.

Per NC General Statute 14-360 Cruelty to animals

a. If any person shall intentionally overdrive, overload, wound, injure, torment, kill, or deprive of necessary sustenance, or cause or procure to be overdriven, overloaded, wounded, injured, tormented, killed, or deprived of necessary sustenance, any animal, every such offender shall for every such offense be guilty of a Class 1 misdemeanor.

b. If any person shall maliciously torture, mutilate, maim, cruelly beat, disfigure, poison, or kill, or cause or procure to be tortured, mutilated, maimed, cruelly beaten, disfigured, poisoned, or killed, any animal, every such offender shall for every such offense be guilty of a Class I felony. However, nothing in this section shall be construed to increase the penalty for cockfighting provided for in G.S. 14–362.

c. As used in this section, the words "torture", "torment", and "cruelly" include or refer to any act, omission, or neglect causing or permitting unjustifiable pain, suffering, or death. As used in this section, the word "intentionally" refers to an act committed knowingly and without justifiable excuse, while the word "maliciously" means an act committed intentionally and with malice or bad motive. As used in this section, the term "animal" includes every living vertebrate in the classes Amphibia, Reptilia, Aves, and Mammalia except human beings. However, this section shall not apply to the following activities:

1. The lawful taking of animals under the jurisdiction and regulation of the Wildlife Resources Commission, except that this section shall apply to those birds exempted by the Wildlife Resources Commission from its definition of "wild birds" pursuant to G.S. 113–129(15a).

2. Lawful activities conducted for purposes of biomedical research or training or for purposes of production of livestock, poultry, or aquatic species.
2a. Lawful activities conducted for the primary purpose of providing food for human or animal consumption.

3. Activities conducted for lawful veterinary purposes.

4. The lawful destruction of any animal for the purposes of protecting the public, other animals, property, or the public health.

Per NC General Statute 14-360.1 **Immunity for veterinarian reporting animal cruelty** (Effective 10/01/07)

Any veterinarian licensed in this State who has reasonable cause to believe that an animal has been the subject of animal cruelty in violation of G.S. 14-360 and who makes a report of animal cruelty, or who participates in any investigation or testifies in any judicial proceeding that arises from a report of animal cruelty, shall be immune from civil liability, criminal liability, and liability from professional disciplinary action and shall not be in breach of any veterinarian-patient confidentiality, unless the veterinarian acted in bad faith or with a malicious purpose. It shall be a rebuttable presumption that the veterinarian acted in good faith. A failure by a veterinarian to make a report of animal cruelty shall not constitute grounds for disciplinary action under G.S. 90-187.8.

**HISTORY OR CLINICAL SIGNS SUGGESTIVE OF ABUSE AND/OR NEGLECT INCLUDE:**

- A history that is incongruous with the presenting complaint or clinical signs
- A direct confession or suspect signs of other forms of abuse in the home
- Medical treatments sought from a multiple, different veterinary practices
- Lameness or other injuries without histories supporting the severity of the clinical signs
- Injuries to pets where owners describe ongoing and upsetting toilet training "accidents"
- Multiple bite wounds in patients with numerous scars around the head, ears, and legs from previous injuries
- The presence of rubber bands around limbs tails, ears, and scrotums
- Severely matted animals where the animal’s condition is not consistent with its disposition and/or temperament
- Severe malnutrition from under-feeding
- Chronic, infected, untreated wounds, often present in pets where grooming has been neglected (maggots may or may not be present) or excessive ectoparasitism (ticks, fleas)
- Chains and collars that have cut through the skin and into the musculature of the neck; often related to rapidly growing medium to large breed dogs with inadequate owner attention
- Acute and serious medical crises where the client refuses to authorize euthanasia or veterinary care
- Unexplained chemical or thermal skin burns
- Stupor from possible drug or alcohol ingestion
- Changed hair color due to bleaching by ammonia from urine

**CONFRONTING SUSPECTED ANIMAL ABUSE**

1. If you suspect an animal is being abused, notify and consult first with your Service Chief or Section Head.

2. Gather as much information as possible in a non-confrontational manner.
   - Try to clarify any vague, incongruous medical histories
   - How did this happen? When did this happen? Who was involved?
   - Does the history make sense? Do the injuries match the history?
   - Does the animal have behavioral problems? Bite history?

3. Decide whether to educate client or report incident.
- Look at the number of problems, severity and duration
- Review medical records of client’s other animals
- Review medical record of this patient for previous injuries
- Assess the attitude of the client-indifferent? Concerned?
- Implement procedures for follow up on questionable cases
- Often passive neglect is the result of lack of information or competency to care for the animal (i.e. owners that are elderly, invalid, or otherwise disabled)

REPORTING AND INVESTIGATING SUSPECTED ANIMAL ABUSE

1. Contact the appropriate authorities. Animal abuse is criminal offense.
   NCSU Campus Police: 919-513-3000
   City of Raleigh Animal Control Unit: 919-831-6311

2. Preserve and document the evidence.
   - Perform a complete physical examination (or necropsy)
   - If appropriate, procure samples (matted hair, dirt, debris, semen, etc.) and label appropriately (date, time, patient id, sample description)
   - Take photographs to document the condition of the animal from multiple vantage points with a ruler or object in the frame to indicated the size of the lesion(s); label photos thoroughly and clearly by placing a clearly marked card next to the animal with the patient’s ID and date (this will ensure that the information is imprinted on the film and not added after the fact and therefore suspect).
   - If appropriate to the care, perform CBC, chemistry panel, fecal, urinalysis, etc. Diagnostics should be performed as would be necessary to work up any case, and then expanded.
   - If musculoskeletal injury is noted/suspected, radiograph the affected area. Consider additional images of thorax, abdomen, and appendicular skeleton to document previous injury or healing fracture.
   - Please be aware that veterinarians are not permitted to hold animals or perform treatments without owner consent. Contact the appropriate authority for assistance and appropriate intervention.

3. Maintain the chain of custody of the evidence.
   - Notify laboratories and other consultants in writing that this is a forensics investigation
   - Know the location of the evidence at all times (including the patient, if possible)

4. Maintain thorough, legible medical records as legal documents. Document all findings clearly in the medical record, listing abuse or neglect as a differential.

Portions of text taken from:
The Veterinarian’s Role in Handling Animal Abuse - ASPCA / veterinaryforensics.com
Penn Policy Regarding Animal Abuse and Neglect - University of Pennsylvania, School of Veterinary Medicine
Principles of Veterinary Medical Ethics of the American Veterinary Medical Association (AVMA)
North Carolina General Statute: Article 14 – Cruelty to Animals: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_14/Article_47.html

Additional resources:
http://www.pet-abuse.com/
VTH Policy: Animal Cruelty

Policy: Animal Cruelty

Owner: VTH Hospital Director

Policy ID#: VTHADM01-2014

Effective Date: Revised 1/1/2014 (original date: 1/1/1987)

Policy Purpose
The purpose of this policy, which requires that veterinarians report any suspected animal abuse, is to make sure that relevant facts related to the case are fully reported and that all reports of suspected cruelty are compliant Veterinary Practice Act.

Definitions
Animal: Any animal other than human and said term includes companion animals, livestock, fowl, birds, amphibians, fish, and reptiles, wild or domestic, living or dead.

Client: the patient's owner, the owner's agent, or a person responsible for the patient.

Cruelty: Suspected cases of animal cruelty can encompass knowingly, recklessly, or with criminal negligence overdrives, overloads, overworks, torments, deprives of necessary sustenance, unnecessarily or cruelly beats; allows to be housed in a manner that results in chronic or repeated serious physical harm; carries or confines in or upon any vehicles in a cruel or reckless manner; engages in a sexual act with an animal, or otherwise mistreats or neglects any animal, or causes or procurers it to be done, or, having the charge or custody of any animal; fails to provide it with proper food, drink or protection from the weather consistent with the species, breed, and type of animal involved, or abandons the animal. This also includes recklessly or with criminal negligence the torture, mutilation, or needless killing of an animal.

Designee: VTH Personnel specifically identified to act on behalf of the VTH Hospital Director including CVMBS Faculty, Section Head, Chief Medical Officer or other.

Mistreatment: every act or omission, with or without intention or knowledge, that causes or unreasonably permits the continuation or unjustifiable pain or suffering,
Patient: an animal that is examined or treated at the VTH and by a VTH veterinarian or otherwise affiliated with CSU-VTH.

VTH Personnel: CVMBS DVM student, intern, resident, clinician, staff, volunteer and/or faculty member.

Policy Statement
The CSU College of Veterinary Medicine and Biomedical Sciences has a long-standing commitment to the welfare of all animals. The VTH therefore acknowledges an obligation to report to the proper authorities when there are reasonable grounds to suspect that cruelty may have occurred. Absolute assurance is not required and any grounds for suspicion of cruelty warrant appropriate investigation. All suspected cases will be reported in writing to the Hospital Director or designee for review. All VTH personnel are required to follow this policy in event of a good faith suspicion of animal cruelty.

Procedure
Anytime VTH personnel has reasonable cause to know or suspect in good faith that an animal has been subjected to cruelty in violation of the statutes mentioned above, the Hospital Director or designee should be informed at the time the suspicion arises. Should the Hospital Director be unavailable, the designee, Section Head or clinician on duty should be informed. A written statement should be made citing the animal’s identity, the form of suspected cruelty, and the reasonable cause obtained by the reporting person. Additional evidence can be supplied, including but not limited to, histories, photographs, radiography, examination notes, and information in the patient’s medical record.

The Hospital Director or designee will review the situation and report any appropriate findings to the Director of the Larimer Humane Society, law enforcement agency and/or the bureau of animal protection. The reporting VTH personnel should not contact the Larimer Humane Society, law enforcement agency or the bureau of animal protection without first contacting the Hospital Director and/or designee.

The reporting VTH personnel should not inform the client that they are reporting the suspected cruelty/mistreatment to the Hospital Director. The Hospital Director or designee will take appropriate action and will address any necessary communication with the client regarding the suspected cruelty/mistreatment and subsequent actions.
Unless otherwise directed by the Hospital Director or designee, patient treatment and all other client communication regarding the patient’s visit and medical treatment should proceed following normal protocol.

References
Veterinary Practice Act.

Approval

By: (revised policy signature on file)
    Timothy Hackett
    VTH Director
Date: 1/1/2014
A Latham Foundation study of nearly 600 individuals in the field of child protection, domestic violence, animal welfare, animal control, and veterinary medicine showed that 90% of the respondents believed there is a connection between animal cruelty and family violence. Because of that report and subsequent discussion by VHUP's Ethics Committee, the hospital has developed a policy covering clinicians' responsibilities when animal abuse is suspected. Please understand that clinicians are not asked to be judges or juries sentencing clients to penalties for animal cruelty. Instead, they are medical investigators whose role is to represent the animals' and families' interests and request that appropriate agencies with knowledge of animal and/or child abuse review the facts and evaluate the environment into which their patients will be discharged after medical care has been provided.

It shall be Hospital policy that veterinarians and support staff who, in the context of a veterinarian-client-patient relationship, suspect animal abuse and/or neglect consult with their Section Chief or Service Head at the time the suspicion arises to determine whether such concerns should be communicated to appropriate humane agencies. If a Section Chief or Service Head is not on the premises, the senior person in the service should be notified. In instances when clinicians are on duty with other clinicians of equal status, documented consultations between them should occur. Clinicians who are on duty alone may call humane agencies without any consultations based on their own judgment.

Often a determination of suspected animal abuse or neglect is an educated guess and may be based on a pattern of activity over time involving specific clients. Furthermore, the law does not require absolute assurance of abuse to provoke a report to authorities, merely suspicions. It is important to understand that VHUP and its personnel have no legal jurisdiction to intervene on behalf of an animal's welfare. That role is the responsibility of the SPCA officers who have the police power to investigate reports of alleged animal abuse and take custody of such animals during the investigations and/or after they have made determinations of abuse or neglect. Signs suggestive of abuse and/or neglect include:

- Lameness or other injuries without histories supporting the severity of the clinical signs, injuries to pets where owners describe ongoing toilet training "accidents".

- Multiple bite wounds in patients with numerous scars around the head and legs from previous injuries (Note: suspected dog fighting is not addressed by this policy statement).

- Severely matted animals where the animal's condition is not consistent with its pleasant disposition and/or temperament.

- Severe malnutrition from under feeding.

- Chronic, infected, untreated wounds, often present in pets where grooming has been neglected (maggots may or may not be present).

- Chains and collars that have cut through the skin and into the musculature of the neck; often related to rapidly growing medium to large breed dogs with inadequate owner attention.

- Aggressive, defensive or other abnormal animal behavior with the caveat that reports shall be made only in situations where other evidence of abuse is also present.
• Unexplained chemical or thermal skin burns.
• Stupor from possible drug or alcohol ingestion.

Abuse or neglect can occur in the form of a) omissions, b) commissions and/or c) apparent use of animals in staged fights. Because the reporting of suspected staged animal fighting produces concerns for staff security, a Hospital policy on that issue is not addressed in this statement. Instead, clinicians are advised to report their suspicions to the Director’s office on the next business day to enable personnel there to pursue further investigations through local police and/or humane organizations.

Clinicians are asked NOT to inform clients that they are reporting the suspected abuse or neglect to local SPCAs. If SPCA officers instruct clinicians to detain animals until they can investigate, SPCA officers must notify clients of such action. When concerns about owner violence exist, campus police should be present at the time of any SPCA-owner or doctor-client interactions. In situations where owners request that animals be discharged before SPCA officers have time to investigate, such animals should be released and SPCA officers will be expected to pursue home investigations. Clinicians should document information regarding the suspected abuse or neglect using histories, photographs, examination notes, and all other avenues in gathering information.

(Legislation is being proposed in PA that allows veterinarians who report suspected abuse or neglect to be immune from criminal or civil action. Until that proposal is law, however, the University will defend any veterinarian and/or staff person who reports suspected animal abuse and/or neglect to proper authorities based on well-documented histories, thorough physical examinations, and supportive diagnostic work-ups).

The phone numbers of the various SPCAs and humane services resources in the Delaware Valley to call are as follows:

• Philadelphia - Pennsylvania SPCA; (215) 426-6300
• Women’s SPCA, Janice Mininberg; (215) 750-3100
• Bucks County SPCA - Anne Irwin; (215) 794-7425
• Delaware County SPCA; (610) 566-1370
• Chester County SPCA; (610) 692-6113
• Montgomery County SPCA; (610) 825-0111
• South Jersey, Charles Gerosky, President, NJSPCA; (609) 599-2869
• Delaware SPCA (302)-998-2281

In the event of suspected child or spouse abuse, clinicians and support staff are to inform the hospital’s social worker, Ms. Kathleen Dunn, of such information.

FOOTNOTE: As presented in proposed legislation and to assist staff with an understanding of terminology, abuse means every act, omission or neglect which causes or unreasonably permits unnecessary or unjustifiable pain, suffering or death to animals. Neglect is a flexible concept embracing matters such as failure to provide food, water, protection from the elements or veterinary and/or other care generally considered to be normal, usual and accepted for an animal’s health and well-being consistent with the species, breed, condition, use, and type of animal. Pain is the experience of stress from injury, disease or neglect and suffering is the condition of enduring the pain or distress.

(Adopted 1997)
Animalia Protocol for Addressing Potential Abuse or Neglect

All members of the Animalia team have a responsibility to advocate for the wellbeing of our patients and the people we encounter. This protocol is intended to help educate employees about possible signs of abuse and neglect, and to provide guidance for how to handle situations when these signs are present. This includes concerns such as starvation, refusal of basic humane care, non-hygienic environments, mishandling, and infliction of injury. The veterinarian involved and owner of practice will be final spokespersons in any legal issues/litigation.

Signs of Neglect

- Poor condition of hair coat, malnutrition, overgrown nails
- Unvaccinated, unaltered
- Ill-mannered, untrained
- Diseased teeth, poor diet
- No collar or collar too tight
- Mishandling by owner

Signs of Abuse

- Starvation, deliberate withholding of food and shelter
- Obvious wounds, lesions, fractures and burns
- Odd, inappropriate behavior, fearful, cowering, submissive
- Poor growth pattern, self mutilation
- Attachment disorders
- Deliberate infliction of pain by caregiver

Action

- Provide compassionate care to the patient
- Review state rules and regulations for animal abuse
- Bring your concerns to the attention of the Medical Director, Hospital Administrator, and/or practice owner as soon as possible
- Educate neglect cases, provide with written information, document all exchanges, include copies of materials provided to client in the patient’s chart
- Report flagrant animal abuse immediately to proper authorities
  - Williamson County Animal Center Animal Control dispatch: 615-790-5590

Document all Information Concerning Your Patients

- History and thorough physical exam
- Photo pictures, X-rays, previous records, lab work, etc.
- Have technician or secondary personal witness all care/exams given
- Listen to, and observe children and other family member interactions
- Record carefully and completely

In the state of Tennessee, anyone who witnesses possible child abuse or neglect is legally bound to report their suspicions.

What is child abuse and neglect?

**Physical Abuse** - Non-accidental physical trauma or injury inflicted by a parent or caretaker on a child. It also includes a parent's or a caretaker's failure to protect a child from another person who perpetrated physical abuse on a child. In its most severe form, physical abuse is likely to cause great bodily harm or death.

**Neglect** - Failure to provide for a child's physical survival needs to the extent that there is harm or risk of harm to the child's health or safety. This may include, but is not limited to abandonment, lack of supervision, life-endangering physical hygiene, lack of adequate nutrition that places the child below the normal growth curve, lack of shelter, lack of medical or dental that results in health-threatening conditions, and the inability to meet basic clothing needs of a child. In its most severe form, physical neglect may result in great bodily harm or death.

**Psychological Harm** - A repeated pattern of caregiver behavior or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only value in meeting another's needs and may include both abusive acts against a child and failure to act. Neglectful behavior when age-appropriate action is required for a child's health development (e.g. child is shown no affection) includes verbal assaults, ignoring and indifference or constant family conflict. If a child is degraded enough, the child will begin to live up to the image communicated by the abusing parent or caretaker.

Reporting Concerns About Child Maltreatment: TN Child Abuse Hotline
Phone: 1-877-237-0004
Web: https://reportabuse.state.tn.us/ - Non-emergent situations only

For other concerns about the wellbeing of clients, contact the Franklin Police Department for guidance