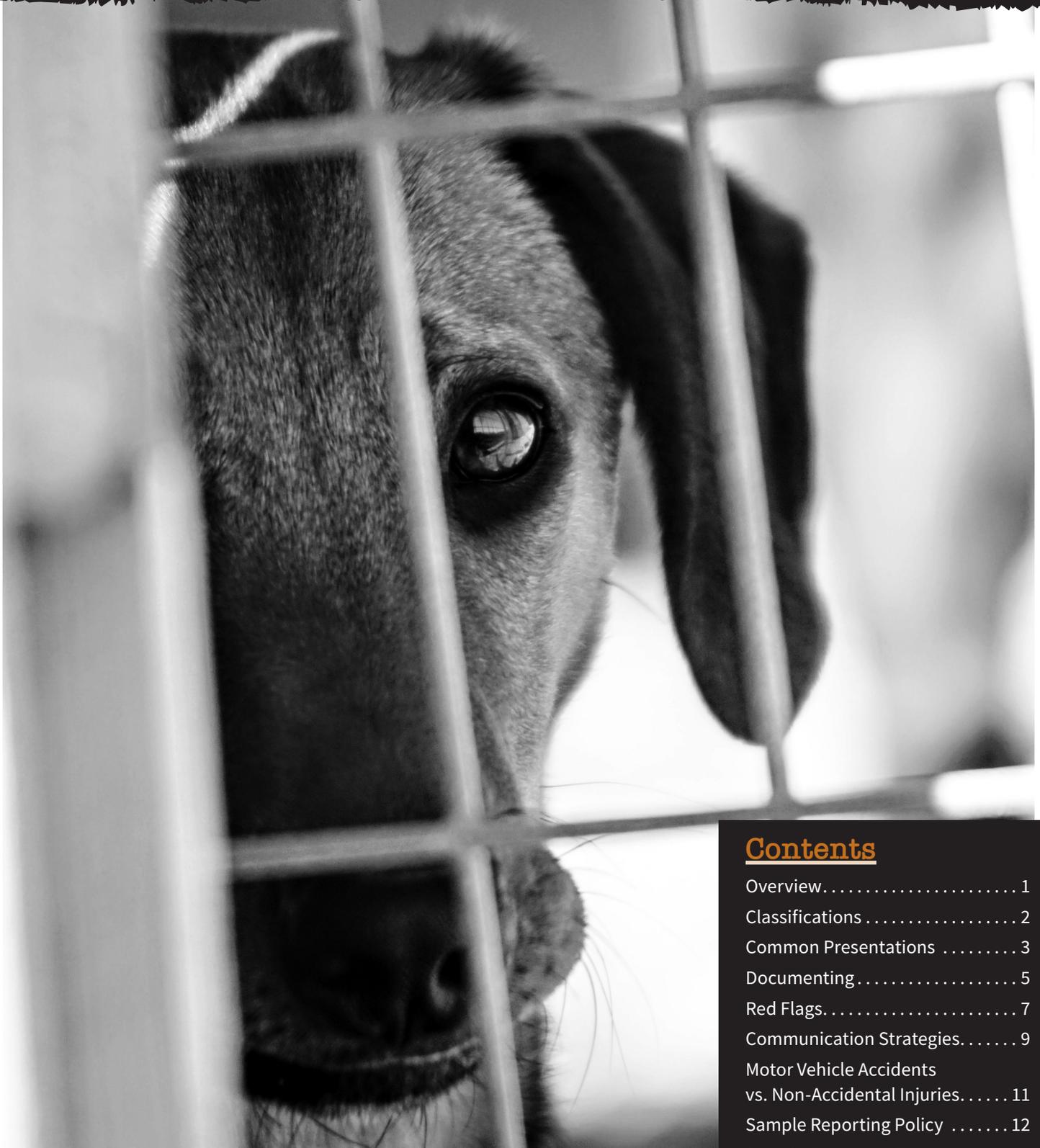


ANIMAL ABUSE

recognition & reporting

developed by the Ohio Veterinary Medical Association



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Provided by the Ohio Veterinary Medical Association Animal Abuse Recognition & Reporting Task Force
Additional resources available at www.ohiovma.org/abuse.

UPDATED 07/2021



WHAT IS ANIMAL ABUSE?

Veterinarians have taken an oath to protect animal welfare and have an ethical obligation to report suspected animal cruelty so that it can be investigated. In some states, they also have a legal obligation to report. In Ohio, reporting by veterinarians is not mandatory; however, pending legislation (HB 33) would make it a requirement.

Recognize

- common clinical presentations of animal cruelty, abuse, and neglect
- inconsistencies between the history and the examination findings
- the link between domestic violence and animal abuse¹

Record

- a detailed history, including the clients' narrative, all medical recommendations, and consent for treatment
- the animal's condition through clinical findings, photographs, diagrams, and diagnostics, including radiographs
- and preserve any potential evidence that was collected, such as biological samples and physical evidence

Report²

- reasonable suspicion of animal cruelty, abuse, or neglect
- to the designated humane agent in your county (animal shelter and/or local law enforcement)
- reasonable suspicion of domestic, elder, or child abuse or endangerment to the appropriate organization or agency in your area

1. For more information, visit <https://nationallinkcoalition.org>.

2. Visit <https://nationallinkcoalition.org/how-do-i-report-suspected-abuse/ohio> for contact information.

ohio's legal definition

“Cruelty,” “torment,” and “torture” include every act, omission, or neglect by which unnecessary or unjustifiable pain or suffering is caused, permitted, or allowed to continue, when there is a reasonable remedy or relief.

—Ohio Revised Code 1717.01



CLASSIFICATIONS OF ABUSE

1 **Simple or Gross Neglect** ▲

- The most common form of abuse encountered by veterinarians.
- Typically results from failure to provide for basic needs such as appropriate diet, shelter, or sanitation.
- *Examples:* Failure to provide necessary medical care, starvation, animal hoarding, embedded collars, extreme matting.

2 **Intentional Physical Abuse & Torture** ▲

- Non-accidental harm is perpetrated in anger, for personal enjoyment, or to intimidate others.
- *Examples:* Blunt force trauma, poisoning, scalding or burning, projectile trauma.

3 **Organized Animal Abuse** ▲

- Animals are intentionally fought against each other in competitive bloodsport events.
- *Examples:* Dogfighting, cock-fighting.

4 **Sexual Abuse, Bestiality, & Zoophilia** ▲

- Contact of the anus or genitalia with body or object, which may or may not result in physical injury to the animal.
- *Examples:* Fondling, masturbation, penetration.

5 **Ritualistic Abuse**

- Killing and/or mutilating an animal as part of a religious ceremony, often related to occult ideology.
- *Examples:* Blood-letting, dismembering, hanging.

6 **Emotional Abuse**

- Deliberate actions or inactions intended to inflict emotional distress.
- *Examples:* Social isolation, unpredictable/excessive violence intermixed with threats of violence that do not result in physical harm.

▲ Nationally reportable by law enforcement agencies to the FBI.





COMMON PRESENTATIONS



Some injuries and illnesses presenting to a veterinarian may raise suspicion of abuse, especially if they are inconsistent with the provided history. Veterinarians should report them when they have a reasonable suspicion, so that the proper authorities can investigate, rather than waiting until they feel they can prove a case. The investigation is greatly improved when veterinarians are aware of what to look for and what to document when abuse is suspected.

Common Presentations *(See next page for detailed chart)*

- Abrasions or Bruising
- Asphyxiation by Ligature
- Burns
- Dogfighting
- Drowning
- Drugs/Poisons
- Embedded Collar
- Eye Injuries
- Feet Injuries
- Gunshot Wound
- Head Trauma
- Internal Injuries
- Knife Wounds
- Repetitive Injuries
- Starvation



Presentation	Findings Suggestive of NAI	Documentation	Testing/Evidence Preservation
Abrasions or Bruising	Most commonly seen over the thorax, abdomen, head/neck. Fur frequently hides bruising.	Photos of injuries. A diagram should be used to record size and distribution. If bruising is suspected or seen, shaving the area may improve visualization. Size and shape of injury may correlate with weapon.	Evaluate for fractures, internal injury and bleeding. Chemistry profile may indicate elevated CK from muscle damage.
Asphyxiation by Ligature	There may be crushing of the trachea, edema of the laryngeal region, lips, tongue, and eyelids.	Evidence of ligature injury around neck. May need to shave to see erythema or bruising.	X-ray exam of cervical vertebrae.
Burns	Cigarette burns, burns to the feet, caustic or chemical burns. Odor from the chemical or accelerant may be present.	Photos of injuries. Distribution, size, and severity of burns should be indicated on a diagram.	Collect singed fur for potential accelerant testing.
Dogfighting	Characteristic puncture wounds on face, neck, and front legs. Overlapping scars indicating repeated activity and evidence of heavy chain use.	Photos of injuries and scars. A diagram (scar chart) should be used to document wounds. Use one color for new wounds and a contrasting color for scars.	Testing for steroids, hormones, analgesics, diuretics, and babesia may be considered; preservation of any collars and/or chains.
Drowning	Animal may display few signs. May present wet. May show signs of struggle.	Photos. Signs of struggle or forcible restraint.	
Drugs or Poisons	Stupor or abnormal behaviors may be noted, as well as physical manifestations of toxin ingestion.	Note behavior and presenting condition.	CBC, chem, coag panel. Preserve stomach contents (if available), blood, and urine for potential subsequent testing.
Embedded Collar	Evidence of chronic injury around neck. Odor of infection/necrosis. Collar may or may not be present or visible.	Photos before and after removal and treatment. Document diameter of neck and collar. Note depth of wound at various sites.	Leave fastener intact when cutting off the collar, then preserve.
Eye Injuries	Conjunctival or scleral hemorrhage. Proptosis.	Photos of eye injury and any accompanying injuries	Coag panel to rule in/out coag disorder.
Feet Injuries	Frayed nails. Damaged/injured pads.	Document lesions. If pads ulcerated from filthy housing, odor of old excrement may be noted.	Photos.
Gunshot Wound	Fur forced into or out of an entrance or exit wound. Singed fur.	Location of wounds on a diagram. Evidence of powder.	Photos, X-rays, preserve singed fur and bullet fragments.
Head Trauma	Asymmetry from fractures or contusions. Change in mentation.	Note wounds on diagram. Neuro exam.	X-rays, photos, CBC, chem to rule in/out other causes.
Internal Injuries	Vague signs of illness or injury	May be difficult to recognize due to absence of external injuries.	X-rays, ultrasound, CBC, chem, coag panel.
Knife Wounds	Penetrating trauma.	Document length of external wounds and depth of internal.	Photos.
Repetitive Injuries	Injuries at various stages of healing.	Behavior of animal toward owner, may seem fearful. Document injuries on diagram	X-rays, photos.
Starvation	Emaciation, evidence of pica.	BCS (be clear which scale is being used). A muscle condition score (MCS) may be helpful as well.	Photos, CBC, chem, stomach contents, feces.

A reasonable suspicion of abuse or neglect is enough to make a report. You may always call the appropriate humane agency for consultation, if you are unsure whether a report is warranted.



DOCUMENTING ANIMAL ABUSE

In addition to your typical medical recordkeeping, consider adding the following details to your documentation when you suspect animal abuse.

Note: See pages 14 to 17 for sample reporting forms.



1 Identify the person(s) bringing in the animal.

- Determine their relationship to the animal.
- Document where the animal primarily resides and with whom.
- Record their contact information (first and last name, address, phone number, etc.).
- Find out who else was recently around the animal and/or had access to it.

2 Describe the animal.

- Include sex, age, breed, color, microchip, etc.
- Unless known, avoid noting the animal's exact age and breed.
 - Instead, provide an age range, use "appears to be," and/or add "type" to the breed.
 - e.g., Appears to be 2-3 years of age, pit bull-type dog.

3 Record the owner's account of what happened.

- Where possible, record the account in their words.
- Note any/all of the following:
 - Changes to the story over time.
 - If the story differs between the people present.
 - If the account does not match the clinical findings.
- Use name(s) of anyone with whom you communicate (e.g., "Mr. Jones" or "The owner, Frank Jones").

4 Describe unusual behaviors or interactions.

- These could occur between the people present and/or between the animal and the people present.
- Look for signs of fear or deference.

5 Be thorough in the description of examination and diagnostic findings.

- Don't just focus only on the presenting complaint. Look for and record all abnormalities, as well as relevant findings that are within normal limits. (e.g., Bruising location, size, color, and whether venipuncture site clotted normally.)
- You may want to include a detailed assessment of your findings, possible differential diagnosis for the abnormalities, and how the exam findings may affect the comfort and well-being of the animal.



- 6** Photograph injuries as thoroughly as possible in the situation.
 - Also record measurements and diagram the locations for your records.
 - *Note: Photography is frequently used in practice to document injuries for verification of appropriate response to treatment, so this can be part of your normal recordkeeping procedure.*
- 7** Look for and record evidence of chronicity and/or repeated injuries.
 - For example, evidence of chronicity may include an embedded collar or emaciation.
 - Examples of repeated injuries include fractures that are healed or in various stages of healing.
- 8** Save physical evidence.
 - This may include things like an embedded collar, bullets that were surgically removed, a stick and tape used to splint a fracture, or hair clipped from around a burn.
 - A paper bag works best for most items.
- 9** Record your medical recommendations, including any the owner declines.
 - Obtaining a signature on your treatment plan is ideal.
 - Detail any education you provided to address issues that could worsen if not managed appropriately.
- 10** Document all follow-up.
 - Including communication that occurs by phone, email, or office visit.
 - Make note of any appointments that were missed or cancelled.



RED FLAGS OF ANIMAL ABUSE

The following red flags may raise the level of suspicion that abuse is occurring, and warrant further inquiry or reporting to the proper authorities. However, none of these alone constitutes proof of abuse.

small animal

History & Client Interaction

- The medical history is vague, changes during the visit, and/or differs between family members.
- The history does not reasonably match what you see on the physical exam (e.g., *a fall from the bed causing multiple fractures in the rear limbs*).
- Displaced priorities that seem to avoid the primary concern (e.g., *asking about tick prevention when discussing treatment for a fracture*).
- Clients who say their pets are “accident-prone” (e.g., *multiple accidental injuries to the same or multiple pets*).
- Refusal of pain medication and/or basic care.
- Delayed treatment.
- Frequent turnover of pets, which may come and go without much explanation.
- Known or suspected family and/or partner (domestic) violence.
- Owner admits to injuring the animal.
- Owner brings many animals in, typically when they are in crisis or with conditions seen in high-density settings (URI, KC, FeLV, diarrhea). The pet or client may smell of old urine or excrement.
 - These may be indicators of hoarding (large numbers of animals beyond capacity to provide basic care).

Evaluation & Diagnostics

- Chronic, untreated medical problems (e.g., *external parasites, wounds, tumors, matting*).
- New injuries that present with older injuries in various stages of healing.
- Evidence of multiple healed wounds, scars, fractures, etc.
- Poor body condition, weakness, chronic lameness.
- Injuries localized to the head, bilateral rib fractures.
 - Note: HBC tends to cause skin abrasions/degloving, pulmonary contusions, pneumothorax, hind limb injuries, unilateral rib fractures.
- Animal may seem fearful of the owner and/or relieved when away from the owner.

during the exam...

- Ask open-ended questions.
 - Tell me how he/she was injured.
 - Can you describe what happened?
 - What do you think caused the injury?
- Question the narrative from several angles and document both consistent and inconsistent responses.
- If children and other members of the family are present, ask them if they have anything to add about how the injuries occurred.
 - Understand other family members may be at risk if they give a different history.
- If able, ask these questions individually in private.
- If not possible, let them know they can contact you at a later time.
- Ask about other pets in the house (e.g., how many pets are in the home) and compare to existing records.

dogfighting

History & Client Interactions

- Pays for services in cash.
- Boasts of veterinary medical knowledge and/or states they self-vaccinate dogs.
- Requests wound care medicines and/or antibiotics.
- Evades questions and/or is reluctant to provide specific details.
- Behavior may be passive.
- Owns several pit bull terriers.

Evaluation & Diagnostics

Appearance

- Possibly cropped ears.
- Blunt, broken, or missing teeth.
- Dogs may be thin (BCS 3-4/9) yet well muscled.
- Pit bull terrier breed, typically smaller and agile.
- Heavy leather or logging chain collar.

Common Injuries

- Significant wounds and/or scarring to front legs, torso, neck, face, and ears.
- Wounds are typically puncture wounds or “ring lesions” (*circumscribing wounds typically seen on the limbs*).
- Wounds and/or fractures in various stages of healing, indicating dog may have been fought more than once.
- Abrasions on paw pads.

Other Signs

- Animal may test positive for Babesiosis
- Animal’s behavior may be aggressive while the human is passive.



cockfighting

History & Client Interactions

- Pays for services in cash.
- Has customized wood transport box.
- Boasts of veterinary medical knowledge.
- Requests testosterone or other performance-enhancing substances/stimulants.
- Evades questions and/or is reluctant to provide specific details.
- May have a disproportionate number of roosters with few to no hens.

Environment & Assessment

- Certain feathers (tail feathers, wing primaries, back, ventral feathers) are trimmed or removed.
- Wounds and/or scarring consistent with slashing (knives) or puncture (gaffs). Primarily located on the head.
- Combs and wattles and ear lobes removed.
- Natural spur removed, cut down, or sharpened.



PLANNING & COMMUNICATING IN SUSPECTED CASES OF ANIMAL ABUSE

Be proactive about suspected abuse and neglect cases.

- Develop a plan: Put policies in place regarding what to do when abuse is suspected, procedures and protocols for safety, and when to contact law enforcement.
- Take a team approach: Make sure that everyone knows their role in suspected abuse cases.
- Get to know your local humane agents and law enforcement officers.
- Take training classes from local, state, and/or national veterinary and other associations to learn how to recognize and report animal abuse.
- Role-play scenarios that might present to your practice—such as animal abuse, domestic violence, or elder abuse—so you and your team can practice handling these situations.

Communication strategies to use when you suspect a case of abuse or neglect.

- Ask open-ended questions so the client is prompted to tell their own story.
 - “Tell me what happened.”
 - “How did this injury occur?”
- Pause and be silent. Allow time for the client to answer your questions.
- Practice reflective listening: Repeat and confirm what you heard the client say to make sure you have accurate information.
- For key details, ask questions a couple of times in different ways and note whether the responses are consistent.
- Keep your nonverbal communication neutral.
 - Maintain a neutral tone: Speak in a calm, even voice.
 - Watch your body language: Don't cross arms, point fingers, or clench fists.
 - Make sure your facial expressions are relaxed: Don't frown or glare.

Techniques to reduce client defensiveness and encourage an accurate history.

Although it may be difficult to stay neutral, it is important to compartmentalize your feelings and remain clinical. We do this for the benefit of the animal. Examples include:

- Use non-judgmental language.
- Avoid using sarcastic comments.
- Use clear, honest, and sensitive language.
- Avoid blaming or using accusatory language.
- Empathize without approving of the behavior, as this builds trust.



VETERINARY STAFF SAFETY IN SUSPECTED CASES OF ANIMAL ABUSE

How to handle a client who becomes agitated, angry or defensive.

Keep in mind, not all situations will benefit from these techniques. Use your discretion and err on the side of safety.

- Momentarily shift away from sensitive subjects or questions. Once the client is calmer, address the subject again by using different language or approach.
- Be empathic and non-judgmental.
- Remain calm, controlled, and professional.
- Watch and listen carefully to the person's real message.
- Focus on client non-verbals
 - e.g., flushed face, posturing, elevated tone
- Acknowledge the client's non-verbals as you see them.
 - e.g., "It seems like you are getting upset."
- Use non-threatening nonverbals (body language, facial expressions, etc.)
- Don't match defensive posturing. Stay seated, uncross your arms, and remain neutral.
- Invite client to sit down.
- Talk quietly; don't raise your voice to match the client's.
- Allow silence for reflection.
- Ignore or redirect challenging behaviors.
- Set limits.
 - e.g., "I want to talk with you, and I can't do it when you are yelling at me."

Ensure your own and your staff's safety in volatile situations.

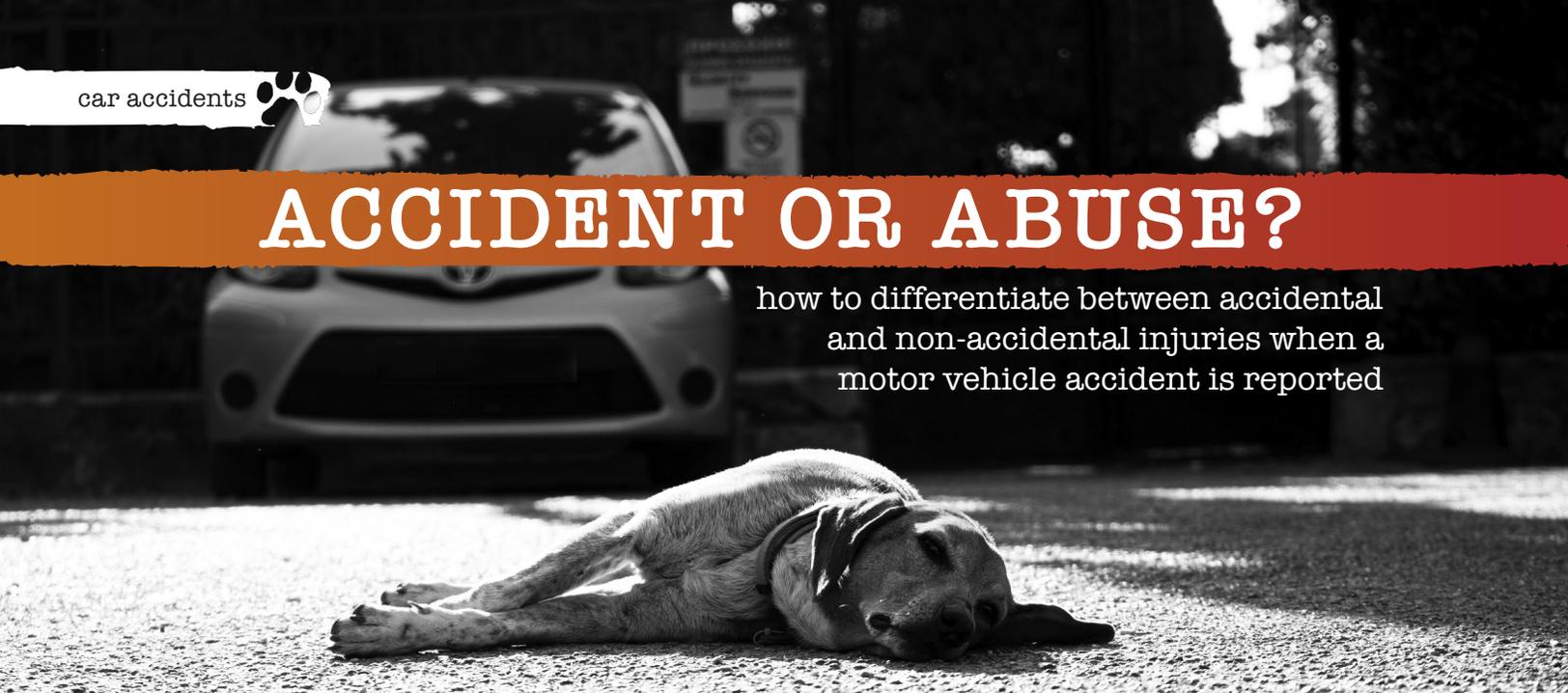
Remember, your safety and the safety of your staff is paramount.

- Make sure to have a clear exit from the room.
- Maintain a barrier (such as an exam table) between you and the client.
- Invite the client to sit, and only sit if they sit.
- Have another person in the room with you so they can summon help if necessary.
- Alternatively, have another person nearby monitoring the room so they can text, call, or enter the room to ask for your assistance, providing both an interruption and an excuse to leave.



ACCIDENT OR ABUSE?

how to differentiate between accidental and non-accidental injuries when a motor vehicle accident is reported



There are many types of injuries associated with blunt force trauma, and it can be difficult to distinguish between the various causes.

Both clients who do not know what happened to their injured pet *and* those who do know but don't want to divulge the cause may tell veterinary staff that the animal was hit by a car.

Non-accidental injuries (NAI) are the result of intentional harm inflicted on an animal and can look very similar to those sustained in a motor vehicle accident (MVA). Distinguishing accidental from non-

accidental injuries can be challenging and may not be possible based on physical signs alone.

Become familiar with the specific findings expected from common accidental injuries and pay careful attention to the history and narrative to see if they are consistent with the presentation. While none of the following are definitive proof, some injuries are more commonly associated with NAI or MVA than others.

Findings	Motor Vehicle Accident (MVA)	Non-Accidental Injury (NAI)
Abrasions	Usually present (road rash)	Usually absent
Frayed nails	Usually present	Usually absent
Intrathoracic trauma	Intrathoracic injury (pneumothorax, pulmonary contusions) more common than rib fractures due to large impact area.	Rib fractures common with NAI blunt force injury due to smaller impact area
Fractures – Ribs	Typically unilateral. When multiple are present, they are usually clustered. Cranial rib fractures are more common.	Can be unilateral, but bilateral is strongly suggestive of NAI. No cranial-caudal pattern. They can be both cranial and caudal
Fractures – Other	Pelvis, long bones.	Long bones, skull, teeth, vertebrae. Presence of older fractures is common.
Location of fractures	Usually cranial or caudal, not both.	Cranial or caudal (both is suggestive of NAI)
Other Injuries	Degloving wounds, dirt and debris in mouth/wounds.	Head injuries, scleral hemorrhage, damage to claws.
Location	Abrasions typically lateral on one side and medial on opposite due to contact with the ground.	May be located on recessed or protected areas of the body.
Timing	Injuries at same stage of healing.	Multiple injuries at various stages of healing.
Depth	Accidental blunt force injury is typically confined to one plane of the body.	Recessed or protected areas of the body.

A reasonable suspicion of abuse or neglect is enough to make a report. You may always call the appropriate humane agency for consultation, if you are unsure whether a report is warranted.

REPORTING SUSPECTED ABUSE

sample standard operating procedure



The veterinarian's legal responsibility to report suspicion of animal cruelty and neglect varies by state. While one may not be legally mandated to report abuse, the veterinarian's ethical and moral responsibility is different. Based on the following, the OVMA encourages the reporting of suspected animal abuse.

POSITIONS ON REPORTING

American Veterinary Medical Association

"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."

Source: <https://www.avma.org/resources-tools/avma-policies/animal-abuse-and-animal-neglect> (retrieved April 2020)

American Animal Hospital Association

AAHA "supports reporting of suspicions of animal abuse to the appropriate authorities."

Source: <https://www.aaha.org/about-aaha/aaha-position-statements/animal-abuse-reporting/> (retrieved April 2020)

“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. —The Veterinarian's Oath



HOW TO RECOGNIZE

Every situation is different, and it may not always be possible to differentiate accidental injury from intentional injury or to determine whether neglect is severe enough to constitute cruelty. The veterinarian does not need proof of abuse; reporting should occur whenever there is a reasonable suspicion that abuse has occurred.

Possible findings that may suggest abuse, cruelty or neglect:

- Abandonment of animal
- Animal fighting
 - *Dogfighting*: Numerous bite wounds and/or bite wounds in various stages of healing and/or overlapping scars typically localized to head, neck, and front legs
 - *Cockfighting*: Feathers trimmed or removed; head injuries consistent with slashing or puncture; combs, wattles, and ear lobes removed; natural spur removed, cut down, or sharpened.
- Animal hoarding
- Embedded collar
- Extreme emaciation with no clear medical reason
- Injuries and/or conditions (eg., wounds, lesions, fractures, burns, or patches of missing hair) without a reasonable explanation.
- Grooming, inadequate (*extreme matting of fur, overgrown nails, and/or dirty coat*)
- Multiple injuries in various stages of healing
- Physical abuse of/harm to an animal
 - This could be witnessed by staff, or
 - A client reports he/she caused harm.
- Severe parasite infestation (*flea, tick, maggots*)
- Sexual abuse of an animal
- Suffering caused by ongoing injury or illness that isn't being treated
- Unexplained injury(ies) that don't match history provided by owner.
- Unsuitable housing (e.g., *dogs repeatedly left alone without food and water, chained in a yard without proper shelter, frostbite, heat stroke, etc.*)

PROPER DOCUMENTATION

- Using an abuse reporting form will ensure you capture all relevant information. Your humane agency may have one for you to use, or you can customize your own.
- **» See Sample Abuse Reporting Forms, pages 14–17.**
- The reporting form should be kept as part of the medical record.
- Be aware that your documentation may become part of a legal record.
- Write concise, factual information (what you see and observe).
- Always have a second witness present during discussion with the owner (client) and document the witness' name.
- Document suspicions clearly and provide any evidence you have to support your assessment.
- Give dates and approximate times when possible.
- Include owner's explanation of how the injury or condition occurred and any comments about the situation. Note whether this matches the animal's presentation and/or whether there were conflicting versions of the history presented.
- Document observations of interactions between family members and children.
- Summarize a thorough physical exam, even if findings do not seem to relate to the problem of concern.
- Take photographs if possible/when applicable.
- Include x-rays, previous records, and lab work.



REPORTING ABUSE

Situations where reporting is warranted after consideration

Client refuses to euthanize and/or leaves against medical advice (AMA).

- Refusal to euthanize alone is not grounds for a report of medical neglect. Many owners choose not to euthanize for a variety of reasons (cultural, moral, religious).
- If an owner does not wish to euthanize, they need to provide a level of care that ensures the animal is not experiencing pain or suffering.
- However, refusal or inability to provide appropriate management of pain and/or suffering may be a reason to report medical neglect.
- **BOTTOM LINE: A call to the humane agency is encouraged in cases where suffering is not alleviated.**

Owner admits that they caused harm to the animal, but is seeking medical services.

- It is common opinion that a report is not required because the owner has taken responsibility and brought their animal in for treatment.
- However, admitting that one caused harm and seeking medical care after the harm has occurred DOES NOT NEGATE the abuse or neglect.
- Injuries, especially blunt trauma, may be indicative of a larger abuse problem (i.e., domestic violence) occurring in the household.
- **BOTTOM LINE: If a person purposely causes harm, a report to the humane agency is warranted.**

Client is uneducated about proper animal care.

- A lack of education regarding proper animal care commonly underlies many cases of neglect.
- In such instances, 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 record.
- **BOTTOM LINE: A report to the humane agency is warranted when:**
 - The owner claims he/she "just didn't know any better."
 - The owner returns to the clinic and has disregarded your recommendations.
 - The owner does not return. In this case, you are permitted to call the humane agency and request a "well check" to the client's residence.

Cultural differences.

- There may be cultural differences that a client may use to 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.
- **BOTTOM LINE: If you suspect abuse, a report to the humane agency is warranted.**

SUSPECTED ANIMAL CRUELTY REPORT

SMALL ANIMAL

CLINIC NAME AND CONTACT INFORMATION: _____

ANIMAL INFORMATION

Name/Identification: _____ Species/Breed: _____

DOB/Age: _____ Sex: Male Female Intact: Yes No

OWNER INFORMATION

Name (Last, First): _____

Address: _____

Phone: _____ Email: _____

PERSON SUSPECTED OF CRUELTY Owner Other person (provide details below)

Name (Last, First): _____

Address: _____

Phone: _____ Email: _____

INCIDENT DETAILS

Location: _____ Date/Time: _____

REASON FOR REPORT (Check all that apply, and add explanation with as much detail as possible below.)

- Abandonment of animal
- Dog fighting (e.g., numerous bite wounds in various stages of healing and/or overlapping scars localized to head, neck, and/or front legs)
- Extreme emaciation without apparent medical reason
- Hoarding (e.g., signs that the owner may have more animals than able to adequately care for)
- Grooming, severely inadequate (e.g., extreme matting of fur, overgrown nails, dirty coat)
- Multiple injuries in various stages of healing
- Owner/other person reports causing harm (self-disclosure)
- Parasite infestation, severe (e.g., flea, tick, myiasis)
- Person struck or caused physical/sexual harm to animal
- Suffering caused by ongoing, untreated injury or illness (e.g., embedded collar)
- Unexplained injuries that do not match owner history
- Other: _____

DESCRIPTION OF CONCERNS _____

SUSPECTED ANIMAL CRUELTY REPORT

SMALL ANIMAL

ADDITIONAL DOCUMENTATION

Medical records attached? Yes No

Photographs taken? Yes* No

*Location of photos: _____

PHYSICAL EXAM (WNL = Within Normal Limits)

General	Weight _____	Temp _____							
Skin/Coat	<input type="checkbox"/> WNL	<input type="checkbox"/> Hair Loss	<input type="checkbox"/> Dry	<input type="checkbox"/> Scaly	<input type="checkbox"/> Matted	<input type="checkbox"/> Ticks	<input type="checkbox"/> Fleas	<input type="checkbox"/> Abscesses	<input type="checkbox"/> Ulcer
Eyes	<input type="checkbox"/> WNL								
OS	<input type="checkbox"/> Discharge	<input type="checkbox"/> Inflamed	<input type="checkbox"/> Mild/Moderate/Severe						
OD	<input type="checkbox"/> Discharge	<input type="checkbox"/> Inflamed	<input type="checkbox"/> Mild/Moderate/Severe						
Sighted	<input type="checkbox"/> OS <input type="checkbox"/> OD								
Ears	<input type="checkbox"/> WNL								
AS	Dirty/Odor/Hypertrophy		<input type="checkbox"/> Mild/Moderate/Severe						
AD	Dirty/Odor/Hypertrophy		<input type="checkbox"/> Mild/Moderate/Severe						
Nose/Throat	<input type="checkbox"/> WNL <input type="checkbox"/> Nasal discharge								
Mouth/Teeth	<input type="checkbox"/> WNL	<input type="checkbox"/> Gingivitis	<input type="checkbox"/> Ulcer	<input type="checkbox"/> Tartar	<input type="checkbox"/> Broken/Loose Teeth				
Heart	<input type="checkbox"/> WNL <input type="checkbox"/> Murmur								
Lungs	<input type="checkbox"/> WNL	<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Congestion	<input type="checkbox"/> Cough	<input type="checkbox"/> Abnormal Sounds				
Muscle-Skeletal	<input type="checkbox"/> WNL	<input type="checkbox"/> Lamé	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Swelling	<input type="checkbox"/> Weakness	<input type="checkbox"/> Muscle Wasting	<input type="checkbox"/> Ataxia		
Neurological	<input type="checkbox"/> WNL <input type="checkbox"/> Dull <input type="checkbox"/> Demented <input type="checkbox"/> Moribound								
Body Condition	<input type="checkbox"/> Emaciated	<input type="checkbox"/> Very Thin	<input type="checkbox"/> Thin	<input type="checkbox"/> Ideal	<input type="checkbox"/> Overweight	<input type="checkbox"/> Obese			
	% underweight _____		Body Condition Score _____						

NOTES _____

COMMUNICATION DETAILS

Please ensure documentation of EACH communication. Include additional sheets as needed.

Person giving communication: _____ Person receiving communication: _____

Details: _____

REPORTING

Agency report made to: _____ Person taking report: _____

Report made on: Date _____ Time _____ Method: Fax Email Website Verbal/Phone

Report Filed By: _____

Signature: _____

OWNER NOTIFICATION

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

SUSPECTED ANIMAL CRUELTY REPORT

LARGE ANIMAL

CLINIC NAME AND CONTACT INFORMATION: _____

ANIMAL INFORMATION

Name/Identification: _____ Species/Breed/Use: _____

Markings, tattoos, brands: _____ DOB/Age: _____

Sex: Male Female Intact: Yes No Unknown

OWNER INFORMATION

Name (Last, First): _____

Address: _____

Phone: _____ Email: _____

PERSON SUSPECTED OF CRUELTY Owner Other person (provide details below)

Name (Last, First): _____

Address: _____

Phone: _____ Email: _____

INCIDENT DETAILS

Location: _____ Date/Time: _____

REASON FOR REPORT (Check all that apply, and add explanation with as much detail as possible below.)

- Abandonment of animal
- Animal fighting
- Extreme emaciation without apparent medical reason
- Hoarding (e.g., signs that the owner may have more animals than able to adequately care for)
- Inadequate condition, severe (e.g., overgrown hooves)
- Multiple injuries in various stages of healing
- Owner/other person reports causing harm (self-disclosure)
- Parasite infestation, severe
- Person struck or caused physical/sexual harm to animal
- Suffering caused by ongoing, untreated injury or illness
- Unexplained injuries that do not match owner history
- Unfit environment
- Other: _____

DESCRIPTION OF CONCERNS _____

SUSPECTED ANIMAL CRUELTY REPORT

LARGE ANIMAL

ADDITIONAL DOCUMENTATION

Medical records attached? Yes No

Photographs taken? Yes* No

*Location of photos: _____

PHYSICAL EXAM (WNL = Within Normal Limits)

General	Weight _____	Temp _____							
Skin/Coat	<input type="checkbox"/> WNL	<input type="checkbox"/> Hair Loss	<input type="checkbox"/> Dry	<input type="checkbox"/> Scaly	<input type="checkbox"/> Matted	<input type="checkbox"/> Ticks	<input type="checkbox"/> Fleas	<input type="checkbox"/> Abscesses	<input type="checkbox"/> Ulcer
Eyes	<input type="checkbox"/> WNL	Sighted		<input type="checkbox"/> OS	<input type="checkbox"/> OD				
OS	<input type="checkbox"/> Discharge	<input type="checkbox"/> Inflamed	<input type="checkbox"/> Mild/Moderate/Severe						
OD	<input type="checkbox"/> Discharge	<input type="checkbox"/> Inflamed	<input type="checkbox"/> Mild/Moderate/Severe						
Ears	<input type="checkbox"/> WNL	AS Dirty/Odor/Hypertrophy	Mild/Moderate/Severe	AD Dirty/Odor/Hypertrophy	Mild/Moderate/Severe				
Nose/Throat	<input type="checkbox"/> WNL	<input type="checkbox"/> Nasal discharge							
Mouth/Teeth	<input type="checkbox"/> WNL	<input type="checkbox"/> Gingivitis	<input type="checkbox"/> Ulcer	<input type="checkbox"/> Tartar	<input type="checkbox"/> Broken/Loose Teeth				
Heart	<input type="checkbox"/> WNL	<input type="checkbox"/> Murmur							
Lungs	<input type="checkbox"/> WNL	<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Congestion	<input type="checkbox"/> Cough	<input type="checkbox"/> Abnormal Sounds				
Muscle/Skeletal	<input type="checkbox"/> WNL	<input type="checkbox"/> Lameness	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Swelling	<input type="checkbox"/> Weakness	<input type="checkbox"/> Muscle Wasting	<input type="checkbox"/> Ataxia		
Neurological	<input type="checkbox"/> WNL	<input type="checkbox"/> Dull	<input type="checkbox"/> Demented	<input type="checkbox"/> Moribound					
Body Condition	<input type="checkbox"/> Emaciated	<input type="checkbox"/> Very Thin	<input type="checkbox"/> Thin	<input type="checkbox"/> Ideal	<input type="checkbox"/> Overweight	<input type="checkbox"/> Obese			
	% underweight _____		Body Condition Score _____						
Nutrition Information	Feed type/source/amount available: _____								

NOTES _____

COMMUNICATION DETAILS *Please ensure documentation of EACH communication. Include additional sheets as needed.*

Person giving communication: _____ Person receiving communication: _____

Details: _____

REPORTING

Agency report made to: _____ Person taking report: _____

Report made on: Date _____ Time _____ Method: Fax Email Website Verbal/Phone

Report Filed By: _____

Signature: _____

OWNER NOTIFICATION

Owner notified of report? Yes No

Knowledge of previous reports/complaints made? Yes* No

*Details if yes: _____



FREQUENTLY ASKED QUESTIONS

Am I ethically bound or mandated to report in the state of Ohio?

Yes. With the passage of Ohio House Bill 33 (133rd General Assembly) and its subsequent signing by Gov. Mike DeWine, veterinarians are now required to report suspected abuse of a companion animal to humane agents. Veterinarians reporting suspected animal abuse in good faith, are extended immunity from either civil or criminal legal action. On the other hand, if a veterinarian suspects but fails to report abuse, and a complaint is subsequently filed for such a failure, they may face penalties.

As far as ethics, the AVMA considers it the responsibility of the veterinarian to report suspected cases of animal abuse when an educational approach is inappropriate. The AVMA's Animal Welfare Position Statement on Animal Abuse and Animal Neglect

(1999) states that "disclosure may be necessary to protect the health and welfare of animals and people." AVMA's Principles of Veterinary Medical Ethics (2019) further declares that, while veterinarians and their

associates should protect the personal privacy of patients and clients, they should reveal confidences if required to by law or if it becomes necessary to protect the health and welfare of other individuals or animals.

Are veterinary records confidential?

Ohio law does not specifically address confidentiality of animal medical records. However, general aspects of common law create an expectation of confidentiality, which can and should be waived if there is a public health or safety risk or a court order.

I was not trained in veterinary school on how to identify animal abuse. How do I get training?

You may not have had formal training in veterinary forensics, but by the nature of your work, you are an expert in animal health. The key point to remember is that you do not need to prove a case when it comes to abuse or neglect; you simply need to recognize when an animal's condition is cause for concern and where education is not appropriate. A variety of organizations and conferences offer in-person and virtual courses, including the Midwest Veterinary Conference (www.mvcinfo.org).

How and to whom should I report animal abuse?

In Ohio, suspected animal abuse should be reported to the county humane agent, who is appointed by the court system. Every county has at least one; typically they are associated with a local humane society, but sometimes are affiliated with local law enforcement. Get to know your humane agent before you need to report animal abuse or cruelty. Having an established relationship with an agent can help you in the future when you have a question, and especially when you need to report.

For more information, the National Link Coalition (<https://nationallinkcoalition.org>) has an online directory of animal abuse investigating agencies in more than 6,500 cities and counties across the U.S.



What if I am not sure whether a case is actually animal abuse? Do I have to know for sure before I report?

No, you do not need to be certain or have definitive proof it is animal abuse. If you have a reasonable suspicion, do not hesitate to contact your county humane agent, who will conduct the investigation to find out for sure. The veterinarian's role is to document suspicious cases and report them to the appropriate authority. If in doubt, call and speak with the humane agent, or discuss your concerns with an experienced colleague.

Will I anger clients, lose clients, or get sued because I report?

While there is no data applicable specifically to veterinary medicine, we are able to extrapolate from findings in human medicine. There is little evidence that physicians have been sued or lost patients for reporting child or elder abuse. Because reporting suspected child abuse is mandated by law, medical professionals have been able to deflect criticism by letting those involved know that they are required by law to do so. Studies suggest that veterinarians who report suspected animal cruelty are respected by members of their community for doing so.

Ohio House Bill 33 specifies that when making an animal abuse report, veterinarians are immune from civil and criminal liability in connection with making the report, as long as it's made in good faith.

What happens if a staff member wants to report a case?

If HB 33 passes, the legislation specifies that a veterinarian should make the report, consistent with their advanced medical training. In the interim, establish a hospital protocol to cover who is authorized to report a suspicious case and to determine a course of action.

If I report suspected animal abuse, will I make the situation worse?

Veterinarians have an ethical responsibility and sometimes a legal requirement to report. Not reporting could certainly make the situation worse and potentially endanger not only the patient and other animals in the household, but people as well.

If I report suspected animal abuse, will I put myself, my staff, and my clinic in danger?

We cannot hypothesize what will happen in each individual circumstance. We recommend developing a protocol for handling potentially dangerous situations and to alert the hospital staff if a problem arises. It is also important to develop a relationship with your local law enforcement agency before a problem occurs. If you have questions or need help, contact law enforcement officers, who are trained to handle a range of situations and concerns.

If a client seeks veterinary care for their injured pet, does that mean it is probably not abuse?

Just because someone seeks veterinary care does not mean they did not abuse the animal. Studies suggest that some abusers actually do bring their animals to a veterinarian for treatment. A veterinarian should always document and report suspected animal abuse and cruelty to the local humane agent, who will determine whether it meets the legal definition of animal abuse, cruelty, or neglect and what the appropriate response is (e.g., legal intervention, client education, etc.).

Sources: Phil Arkow, The National LINK Coalition (<https://nationallinkcoalition.org>)

Melinda Merck, DVM, Veterinary Forensics Consulting, LLC (<http://www.veterinaryforensics.com>)

Diane Balkin, J.D., Animal Legal Defense Fund (<https://aldf.org/>)