



Shelter Medicine Times

“All the News That’s Fit to Sniff”

**Saving Lives &
Stompin’ Out Disease**



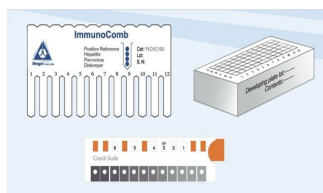
In House Antibody Titer Testing

In the face of an outbreak, using antibody titers in healthy animals who may have been exposed to viruses is an important part of assessing risk. Titers are most valuable in animals who have no clinical signs of disease; when animals are sick it is difficult to impossible to know if a positive antibody titer reflects protection or current infection. However, in an apparently healthy animal, a positive titer is a good indicator that the animal is at low risk of contracting certain illnesses. (For example, see our website at <http://www.sheltermedicine.com/shelter-health-portal/information-sheets/canine-parvovirus-cpv#Risk>). Titers are particularly helpful during outbreaks of feline panleukopenia, canine parvovirus, or canine distemper virus. Serum samples can be sent out to labs but turnaround time can be a problem when you really want to have

some answers right away. The TiterCheck™, from Synbiotics is designed to test for Canine Distemper Virus (CDV) or Canine Parvo Virus (CPV) antibodies in canine serum. We have posted a fair amount of information about this kit and have found it really helpful over the last several years. Shelters can usually get it delivered overnight and when the tests are run in house, you can get the answers the same day, often in a matter of minutes. The TiterCheck kit is a well test, which requires some lab skill to run. Each time the test is run two additional wells must be used to run a positive and negative control. So, since you need two wells for controls each time you run the test, it is most economical when you are running several tests at once. The results are compared to the control wells and give non-quantitative results (positive or negative).

More recently, another comparably priced in-house option has

come on the market in the US, the VacciCheck ImmunoComb™ test by Biogal.



The kits were designed to test for adequate response after vaccination with core vaccines. The Canine VacciCheck kit provides semi-quantitative antibody titer levels for CPV and CDV (and Canine Adenovirus). The Feline VaccineCheck evaluates titers for panleukopenia, feline calicivirus and feline herpesvirus. In general, we recommend the feline test be used for evaluating panleukopenia titers; titers for panleukopenia are the most useful since titers for the other feline viruses may not correlate with (cont. on page 2)

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A Note From the Director

When I first saw Dr. Loren Eslinger amidst the busy hub-bub of the 2009 California Animal Care Conference, I never imagined she was fighting for her life. With her bright smile and eager questions she seemed to have nothing on her mind but learning a few new ways to help the shelter animals at her local shelter in Long Beach, California. Less than a year later, when a generous donation was made to the shelter medicine program in her memory, I was shocked and saddened to learn that she had been battling cancer for years. At her memorial service, John Keisler (Director of the City of Long Beach Animal Control) remembered her with these words: “She regarded her work as a calling, and crafted a living lesson for us about forging our own way. Continual learning, healing and service to others was her compensa-

tion.” Sometimes, when the hours get long and the work gets hard, it helps to have a reminder like this. The opportunity to learn, teach, and serve is precious and fleeting. One of the ways that opportunity is being passed on is through the newly created Loren Eslinger Shelter Medicine Fellowship. In this issue of the Newsletter I’m delighted to introduce Dr. Erin Doyle, the first recipient of this Fellowship. I hope you enjoy the Newsletter and maybe take away a tidbit or two to help you in your work. And thanks for all your service to the homeless animals we all care about so much. ■
Dr. Kate Hurley



Dr. Eslinger with one of her rescued cats.

In House Antibody Titer Testing cont. from page 1

protection. The kits are “self contained” dot ELISA titer test kits, not needing any reagent preparation. The kit looks, not surprisingly, like a comb; each flat tooth of the comb is a test for an individual dog or cat and includes the positive and negative controls with each test tooth. Results can be scored by their shade relative to the positive on a scale from one to six. A positive test would be one that is darker than the positive control. Results develop for all three viruses on the same comb tooth simultaneously. The test provides results within about 20 minutes. The Maddie’s Institute and the Schultz lab at the University of Wisconsin have put together some nice videos demonstrating the test in action: <http://www.youtube.com/watch?v=wQ4o6gFzqiw>.

[v=wQ4o6gFzqiw](http://www.youtube.com/watch?v=wQ4o6gFzqiw). We have used the Vaccicheck™ for shelters recently and found it to be really helpful. (Stay tuned for our next Newsletter for our happy ending outbreak story.)

While assigning risk groups never gives an absolute guarantee of whether a particular animal will become infected or not, defining which animals are at low risk of becoming sick and which are at a higher level of risk helps us make decisions about who we can send safely on their way and who needs more attention. Often, identifying the low-risk animals and sending them happily along opens up resources for animals who are more at risk. Risk assessment can be used to minimize the amount of quarantine, euthana-

sia, and other drastic or costly measures taken, while still effectively controlling an outbreak. Establishing risk categories for exposed animals also limits the number who need quarantine, isolation, or special rescue. When the number who would need something special falls to only those who are really at risk, often the situation turns quickly from unimaginable to managed. ■

Dr. Sandra Newbury

Meet Our Newest Resident

Dr. Cynthia (Cindy) Karsten joins us after recently completing a shelter medicine internship at Colorado State University. Here are a few fast facts to help us get to know her a little bit better . . .



Harare, Zimbabwe.

Favorite Food: Sweet Corn (hands down).

Food I’d Never Want to Be Stuck In A Room With: Blue cheese.

Favorite Movie: I have two—The original Willy Wonka and the Chocolate Factory and Shawshank Redemption.

Favorite Song: Wildflowers (by Dolly Parton, Linda Ronstadt, and Emmylou Harris).

Dream Car: Jeep Grand Wagoneer from the ‘80’s even though totally impractical MPG.

Favorite Place to Hang Out: Garden Lake in northern WI.

Favorite Activities Outside of Work: cycling, hiking with the dogs, gardening, xc skiing and traveling both nationally and internationally (next stop, Thailand!).

Coffee Drinker: Absolutely.

Sports Fan: No, but occasionally you will catch me watching a Packer game, oh and the Tour de France.

Philosophy to Live By: Behold the turtle...who never gets anywhere until he sticks his head out.

Reason for Moving Half way Across the Country to Undertake the Shelter Medicine Residency at UC Davis: The reasons are many and lengthy, but bottom line is that I find the field of shelter medicine challenging and incredibly rewarding and frankly, I cannot imagine doing anything else.

And the Question That Everyone Wants Answered—Number of Animals You Live With: Five dogs, one cat (and one incredibly patient and understanding husband). ■



“The Future Dr. Karsten,” as she was known in her vet student days, helping out with one of our first shelter consultations.

Hometown: Madison, WI

Veterinary School attended: University of WI School of Veterinary Medicine.

Year graduated: 2010

Areas of interest: Infectious disease, the human-animal bond and international shelter medicine.

Undergraduate Degree: Forest Science (1999).

What I Wanted to Be When I Grew Up: A farmer (veterinarian was never on the table).

Interesting Places Lived: The White Mountains of NH, Skagway, Alaska and

Bequest From Maxine Adler to Benefit the Koret Shelter Medicine Program

In the last issue of the Newsletter, we described the pivotal role the Koret Foundation has played in supporting our program. The most recent grant from the Koret Foundation came in the form of a challenge: To raise \$400,000 from new sources over a two-year period. I remember exactly where I was when I got the phone call that a generous bequest from Maxine Adler would help us meet almost \$100,000 of that challenge: I was standing in the aisle of an office supply store, holding a stack of plastic clipboards and wondering how many we should purchase for an upcoming shelter consultation. (I bought five to celebrate, one of every color.) The story didn't end there—we've since learned that Ms.

Adler also elected to set up an endowment to provide ongoing support for shelter medicine, among other UC Davis programs. She was a woman with a feline and fashion sense after our own hearts, who reportedly livened up sober university proceedings by arriving festively attired in leopard print pants and rhinestone spangled sunglasses. We're delighted to be able to honor the memory of such an extraordinary woman through our work. And in case you were wondering, we still need your support too. The UC Davis Koret Shelter Medicine Program (UC Davis KSMP) depends entirely on private donations for all our operating costs and any amount is very much appreciated. We

especially love donations in honor of a loved pet or person, and recently launched a [tribute page](#) to share some photos and stories behind those gifts. If you'd like to support us, please visit our donation page, email sheltermedicine@ucdavis.edu, or fill in the form at back of newsletter. ■



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DONOR CONSENT

The University is grateful for the support it receives from alumni and friends. One of the ways our thanks is expressed is through listing the names of donors in various publications. Should you wish that your name not appear as a donor, please notify us if you have not already done so.

STIP POLICY

It is the policy of the University of California, Davis and the UC Davis Foundation to utilize a portion of the gift principal and/or the short-term investment income on current gifts and grants to support the cost of raising and administering gift funds.

Koret Shelter Medicine Program's Favorite Product

As we are a much smaller and less affluent entity than Oprah, we are not able to provide our favorite products to all of our faithful readers, however we do highly encourage you to check them out on your own!

This issue's favorite thing is—the Belly Band!

This product is for male dogs that have taken an interest in marking in the house or as they grow older, have a problem with incontinence. As with any behavior problem, all medical reasons for inappropriate urination should be ruled out before the band is used. The band is a piece of fabric, usually flannel or other cotton fabric that attaches with



Velcro. Absorptive pads can be placed within the band to keep the animals dry and the band clean. This can be a relatively easy solution to the problem that is the reason that an animal is surrendered to a shelter. That is, Belly Bands can save lives!

This product has become so popular that there are multiple places to purchase them in stores or on the internet, as well as YouTube videos and even an eHow video <http://www.ehow.com/video/4908348/information-belly-bands-dogs.html>. Go forth and spread the word about Belly Bands! ■ Dr. Cindy Karsten



Opinion Forum: What is a Community Cat?

For ten thousand years, cats have lived alongside human civilization, living on the fringes of society. A mutually beneficial relationship formed between human and felid those many years ago. It is thought that cats domesticated themselves, a difference that distinguishes this adaptable species from canine and bovine counterparts. Compared to dogs and cows, cats have maintained much of their “wildness” and have successfully integrated themselves into the lives of many communities, and are now found all over the world.

So what is a community cat? Traditionally, cat populations are defined by ownership status (owned versus stray), socialization status (feral versus tame), and indoor and/or outdoor lifestyle. The term *community cat* encompasses all un-owned cat populations. The term community cat also acknowledges the many lives of the cat. Over the course of a cat's life, thanks to their adaptive heritage, they can move from one lifestyle to another, and

sometimes even back to where they started. This is important for shelters to recognize because community cats are the most significant source of overpopulation in the U.S. There is an estimated 10 million to 90 million free-roaming un-owned cats in the U.S., and only about 2% are sterilized. This accounts for many kittens during the all too familiar kitten season.

There is great controversy in how to control the community cat population. Many opposing forces are at play. Stakeholders include environmental biologists, the public health sector, and animal welfare advocates, and they all need to be considered. Historic policies using culling and lethal practices have proven unsuccessful or unsustainable, and many communities across the country have since adopted a more progressive, humane approach. Cat overpopulation is not a shelter problem, but is a community problem and must be addressed as such. Shelter diversion at the point of intake has helped communities such as Jacksonville, FL, and San

Jose, CA, significantly decrease shelter intake and euthanasia, and improve the lives of numerous cats. Rather than taking these cats into the shelter, they are sterilized, vaccinated, and returned to the site where they were found.

Cats have been living alongside us for thousands of years. It is unlikely that they're going to go away any time soon. So, why not try to find a way to keep the cats in their home—whether that home is in a house or in a community. ■ Dr. Cristie Kamiya



Combatting Abuse: Hoarding

Over the last several years there has been growing awareness about assessing and maintaining adequate capacity for care in shelters. We have seen the amazing, life saving things that result from shelters who maintain their populations efficiently within their resources and recognize the dangers that come from exceeding our ability to provide for the needs of the animals in our care. We have also recognized the uncomfortably familiar connections inadequate capacity for care has to animal hoarding. The number of hoarding cases attributed to those identifying themselves as non-profit organizations or “shelters” has risen substantially.

In late July, I was lucky enough to participate in an inspiring think-tank type meeting on Animal Hoarding organized by Dr. Gary Patronek from the Animal Rescue League of Boston and Dr. Ken White from the University of Pennsylvania. The meeting was funded by the American Psychology—Law Society, an inter-disciplinary organization devoted to scholarship, practice, and public service in psychology and law. <http://www.ap-ls.org/> The goal of

the meeting was to identify key issues, opportunities, and barriers with respect to better protecting people, animals and communities dealing with animal hoarding.

Hoarding is such a complicated topic; there are so many pieces still to fit together. And yet there is so much that is already understood. What a great opportunity to engage thought leaders from so many fields to work together to find solutions! Participants included forensic psychiatrists; psychologists; hoarding experts; social workers; shelter veterinarians experienced in shelter standards, humane law enforcement, and forensics; prosecutors, pediatricians, and a judge, so the perspectives were diverse and the discussion lively. With such a wide range of collaborative and insightful individuals I couldn't help but feel that things must get better.

We aren't sure just yet what the product or outcome of the meeting will be. All of our heads are filled with possibilities. Thanks to Gary and Ken for organizing this meeting. ■

Dr. Sandra Newbury



The mother of these pups was rescued from a hoarding situation and fostered by our UC Davis KSMP team just days before giving birth.

Fast Facts About Animal Hoarding

- 50% to 75% of all hoarding cases are committed by women
- Approximately 75% of these women live alone
- Many animal hoarders are in their 60's, but quite a few begin hoarding as youth in their 20's and 30's
- Hoarders are often well-educated people in care-giving backgrounds
- In one study, 25% of hoarders identified themselves as breeders and another 25% identified themselves rescuers
- Almost 40% of people who hoard objects also hoard animals
- Cats are more commonly hoarded than dogs in urban studies whereas studies examining both rural and urban cases of animal hoarding found dogs to be more commonly hoarded
- People tend to hoard small dogs more than large dogs and cases involving small dogs tend to have more dogs involved (probably due to size constraints/space requirements for larger dogs)
- The recidivism rate for animal hoarding is nearly 100%
- The processing of animal hoarding cases can take hundreds of hours when all the tasks of the multiple departments involved are added: code enforcement, police, fire, animal control, adult protective services, and the legal system. In one scenario, we calculated a cost of over \$20,000 for initial processing of a single hoarding case involving 50 animals. Add up all the additional costs and the grand total goes well beyond \$20,000 and in some situations reaches \$100,000! ■
Dr. Jyothi Robertson

Journal Club

The Inside Scoop on shelter

URI: “Histologic and molecular correlation in shelter cats with acute upper respiratory [infection](#).” Rachel E. Burns, Denae C. Wagner, Christian M. Leutenegger and Patricia A. Pesavento. *Journal of Clinical Microbiology*, July 2011, pp 2054-60.

Sometimes it seems almost inevitable—a cat enters a shelter, and within a week or two starts sneezing. In the United States we call it Feline Upper Respiratory Infection, or URI. In other parts of the world, it has cuter

Remember URI can hurt

names like Cat Flu or Snuffles. “Like a common cold for cats” is a phrase you’ll often hear to describe it. But URI is actually a complicated disease with an assortment of viruses, bacteria and environmental factors all playing a theoretical role. In this study, researchers from UC Davis and Idexx Laboratories teamed up to take a closer look at shelter cats suf-

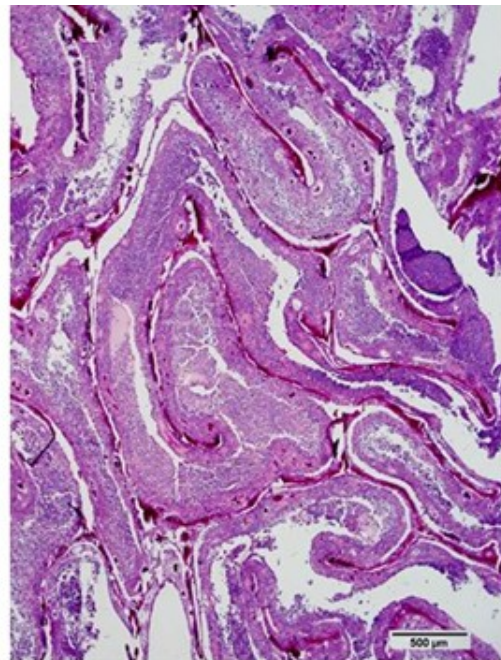
fering from “run of the mill” URI.

The pictures below show tissue from a normal cat's nose on the left, and a cat with URI on the right. All that extra purple represents the invasion of a huge mass of inflammatory cells. No wonder cats with URI sometimes look so miserable! More and more studies suggest that, although many factors play a role in URI, feline herpesvirus is the biggest culprit in most shelter infections. That was definitely born out in this study: 20/22 cats were identified to be positive for herpesvirus by PCR testing. Of the 20 PCR positive cats, 18 had microscopic tissue changes consistent with herpesviral infection. Other pathogens theoretically associated with URI, such as calicivirus, *Mycoplasma felis*, *Chlamydophila felis* and *Bordetella* were also identified by PCR; however there were no microscopic changes in the nasal biopsies indicating these germs were causing disease within the upper respiratory tract.

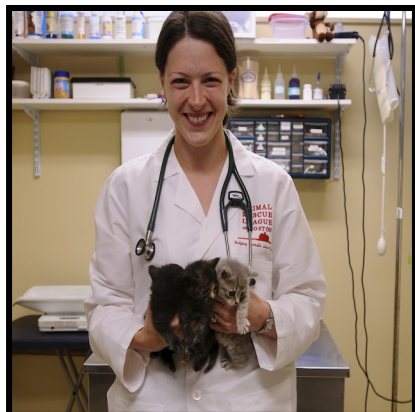
This serves as a good reminder that real-time PCR results have to be taken in the full context of the patient, history, and clinical signs. Because it's such a

sensitive test, PCR results can be positive for many of the common respiratory pathogens in healthy carrier cats, sick cats, or sometimes even recently vaccinated cats. However, the researchers did find a little more information that could help us interpret PCR results in the future. They were able to correlate the quantity of herpesviral particles in the PCR samples with the severity of microscopic injury to the tissue. If quantitative real-time PCR results become available commercially (like for canine distemper virus to differentiate vaccine virus from wild type infection), this may help veterinarians decide on the significance of PCR test results.

The biggest take-home message for now? Without a doubt herpesvirus was the primary cause of respiratory disease in these shelter cats. Learn more about the link between herpesvirus, stress and URI at our newly updated [URI information page](#). If you use doxycycline as one of your standby treatments, see our “fine dining section” for recipes and more for this common drug. And remember, URI can *hurt* - sometimes pain control and humidification will help cats feel better. ■



Introducing the First Ever Loren Eslinger Shelter Medicine



The Loren Eslinger Fellowship was created to give practicing veterinarians the opportunity to sharpen their skills and knowledge of shelter medicine, while bringing an infusion of practical experience to our program. This fellowship was made possible by a generous donation in honor of Dr. Loren Eslinger, a community veterinarian whose passion was helping her local shelter and working to solve the problems of companion animal overpopulation. The outpouring of amazing applications we received from all corners of North America certainly did justice to the field Dr. Eslinger chose as her calling. It was difficult to select among all the talented and compassionate veterinarians who inspired us with their commitment to this field, but we couldn't be more pleased to introduce Dr. Erin Doyle, the first recipient of the Loren Eslinger Shelter Medicine Fellowship. Here, our hard-hitting team of reporters got the inside story on what makes our new Fellow tick.

So, Dr. Doyle, can you tell us a little about your background?

I graduated from Tufts University School of Veterinary Medicine in 2004. I actually hadn't thought about shelter medicine or really had any significant shelter experience until a few of

years into private practice. Then in 2007 I read an article in JAVMA that Martha Smith, a veterinarian at the Animal Rescue League of Boston, co-wrote about shelter medicine. I decided I wanted a change in my career and that shelter medicine might fit. I contacted her to meet with her, she told me, incidentally, that the Animal Rescue League was hiring so, I decided to go for it and switch to shelter medicine. I've been at the Animal Rescue League ever since. I've been lucky that it's been a really great fit for me.

So many veterinary students are afraid that shelter medicine will be depressing, but as you know it can also be incredibly rewarding. What do you love most about shelter medicine?

I can't decide on one favorite thing about being a shelter vet so here are my top three things that I love about shelter medicine: 1. I love getting to have such a direct relationship with and impact on the animals in my care. While I liked many things about private practice, I felt that in many ways my job was very geared towards the client whereas now the animals are really front and center; 2. I really enjoy the people that I get to work with. Not that there aren't frustrations at times, but particularly the shelter staff and shelter veterinary staff that I've worked with are such wonderful people. I think the job draws people with a certain amount of compassion and humor; 3. From a practical standpoint, I really enjoy being able to do population medicine. My job is a great mix between still getting to work up individual cases but also manage the shelter population as a whole.

Good answers! Are there any little details about life at work that you'd like to share with our readers? Most embarrassing name you've ever given a pet, lucky socks you wear for surgery, anything like that?

Most embarrassing name given was to a cute fluffy little rabbit that came into the shelter that I (with some help from Jessica,

our shelter tech) named Pretty Pretty Princess. It was discovered at the time of "spay" that I'd sexed wrong, and Pretty Pretty Princess is actually a boy. To my credit, he was quite young with undescended testicles when I looked at him. :) Generally, I don't name too many animals at the shelter as it takes me forever to come up with names, perhaps having been scarred by the Pretty Pretty Princess incident.

I don't have any lucky socks, but do have an unlucky sweatshirt. If I ever get lazy or cold and wear my favorite red ARL sweatshirt while examining animals instead of my lab coat, invariably one of the animals I examine has ringworm, panleuk or something along those lines. It's to the point that Jessica will ask me to please grab my lab coat instead if I show up to the exam room wearing the sweatshirt.

Good to know! We won't invite you to name any pets as part of the fellowship and we'll look out if you show up in a red sweatshirt. And what do you like to do when you're NOT being a shelter vet?

Outside of work, my husband and I spend much of our time wrangling our crazy two-year old daughter, but also enjoy spending time with our two cats. We share our house with Min, our 11 year old tortie who perhaps has been glorified as she ages but we think is the best cat ever, and Edward, our slightly crazy six-year old singleton cat that we got at four weeks and just isn't quite right in the head but loves us dearly.

Wow, sounds like a full plate. Tell us what made you decide to take the plunge and apply for the Loren Eslinger Fellowship?

I hope that being able to experience shelter medicine outside of the Animal Rescue League will help to broaden my horizons as a shelter veterinarian and enable me the opportunity to share new information and ideas with those at the Animal Rescue League as well as other area shelters.

We hope so too! We sure look forward to working with you over the next year. ■

Dr. Kate Hurley

Fine Dining Section

“Ask Shelter Medicine”: Kitten food and diarrhea

Recently, we received this “FAQ” on the ever popular topic of the best food choices to prevent kitten diarrhea. Read on for shelter medicine resident Cindy Karsten’s answer, and let us know what you’ve found works best as a feeding protocol that pleases kittens and avoids diarrhea.

Dear Shelter Medicine,
We have been struggling with our kitten food protocol for some time. After trying many variations, we have decided that feeding small weaned kittens Science Diet Kibble that has been soaked with water and adding pro-biotic powder gives us the best results for controlling diarrhea and weight gain IF they eat it. We find that about 1/3 of the kittens are not eating this concoction well. We are looking for a good alternative that “tastes good” and doesn’t cause diarrhea. We do test kittens with diarrhea and do not feel we have a disease control problem with coccidia, giardia, or other common parasites.

Thank you for your time!

~ Susan Zeringue
Client Care Supervisor
Louisiana SPCA

Dear Susan,
Kittens certainly can be tricky. We have found that high protein/low grain has worked well as it is a more natural diet. Chicken flavored food has yielded good results. There are many grain-free diets available to try and see if the kittens are more interested in this type of food. Some common brands include Taste of the Wild, Blue Mountain, Innova and Wellness. We recommend that when young kittens are on hand you should have both dry kitten food, canned food and all-meat baby food (must not contain vegetables or onion powder) available for feeding. Unfortunately there is not one slam dunk perfect food that all kittens adore. If kittens are not eating the different foods that you are offering, maybe it is the way in which it is offered. Here are a few pointers that may help:
Create more privacy at mealtimes. Try feeding in a quiet area away from the hustle and bustle of the shelter (if possible).

- Make sure the bowls are clean. Many kittens will not eat out of a bowl that has bits of old food in it. Wash food and water bowls after each use.
- Some kittens prefer to use saucers ra-

ther than deep bowls.

- If he/she normally enjoys dry food, try replacing the food. Dry food absorbs moisture and becomes stale, especially in warm weather.
- Try to serve wet food at room temperature, as it smells more attractive and is easier to digest. This can take some time if the food is kept in the fridge, so you can microwave wet food for a short time until it’s warm (never hot) to the touch.
- Stronger smelling food may help tempt the fussy kitten.
- Vary food type (dry and wet) and flavor

To help make the process of weaning less stressful, wean the kittens onto the food his/her mother was eating while nursing (if known).

More resources can be found on our website at: <http://www.sheltermedicine.com/shelter-health-portal/information-sheets/feline-guide-to-raising-orphan-kittens#growth>



Although this kitten doesn’t seem to care, in general food dishes and litter pans should be as far apart as possible to enhance feline appetites.

Fine Dining Section cont.

Recipe corner: Doxycycline like grandma used to make.

Doxycycline is one of the most commonly used drugs for treatment of canine and feline respiratory infections in shelters. With relatively reliable effectiveness against some of the most common players in these diseases and once-a-day dosing an option, it can be a practical first choice in many situations. Unlike older tetracyclines, doxycycline does not tend to cause enamel staining in teeth and therefore is a safe choice even for those shelter pets that hope to go on to movie star careers where they'll need their pearly whites. However, we need to be cautious about its use in cats—tablets or capsules retained in the esophagus can lead to esophageal stricture formation, a potentially severe complication. Doxycycline monohydrate formulations are less acidic and therefore reportedly less likely to cause esophageal strictures than formulations containing doxycycline hyclate, but care should be used with any tetracycline. Pills can be coated with butter to facilitate swallowing but still need to be

flushed afterwards with water which can be messy and stressful for all concerned. Many cats hate commercially available suspensions, leading many to cook up their own mixtures. If you go this route, pharmacists recommend avoiding products such as “Val Syrup” that contain a heavy mineral load as these might bind up some of the drug and reduce availability. Dairy products are fine, as are commercially available compounding liquids provided they don't contain citric acid (citric acid can react with expired tetracyclines to create toxins which can cause kidney damage). Researchers from North Carolina State University recently demonstrated that doxycycline mixtures are only stable for about two weeks, so make yours fresh on a routine basis. Although commercially available mixtures claim a longer shelf life, we aren't aware of evidence to back up these claims. From our “FAQ” bank, here are some more [tips on compounding doxycycline](#): “The goal with compounding is to create a concentration that cats will tolerate the taste of, yet minimize the volume you

need to give. Higher concentration means less volume to administer but at a certain point cats will object to the taste. If you're trying to get powder to go into solution, our pharmacists tell us you can't go higher than 50 mgs/ml. However, if you use a viscous liquid for compounding, like Karo syrup or the like, you can create a suspension of up to 100 mgs/ml. Remember, store in a light proof container, use within 7-14 days, and always shake real well before administration.”

Do you have any tips on creating a doxycycline suspension that cats love to take? If so, please share them on our facebook page at

www.sheltermedicine.com/facebook. ■



Boonie is obviously happy to represent the “Dachsies for Doxy” Society

Shelter Medicine Event Round-Up

The American Society for the Prevention of Cruelty to Animals (ASPCA) Pro website has some exciting webinars in store for the upcoming months. First up on September 21, is Recognizing & Responding to Rescue Hoarders. After that, the ASPCA site continues with their year-long series of webinars examining common shelter practices in light of the Shelter Standards of Care, published in 2010. These informative seminars are hosted by leading shelter professionals, they are pre-approved for CAWA continuing education credit, you can view them in your underwear, and second best of all they are *free*. For more information or to register today visit the ASPCA pro site at www.aspcapro.org and enter “Webinars” in the search field.



Wanna get away? Head to sunny San Diego this October 28 & 29, for the CVC veterinary conference where our program's very own Dr. Deane Wager and Dr. Jyothi Robertson will present a series of lectures on managing ringworm and parvovirus outbreaks, on recognizing and reporting animal cruelty, and on humane dog and cat housings. For more information visit www.thecvc.com for those interested in attending, underwear and additional attire is strongly encouraged.

Still not satisfied? Keep up with the latest shelter medicine seminar and conference information by bookmarking our website's upcoming events calendar page. To get there from here select Education from the top menu of www.sheltermedicine.com and scroll down to “Event Calendar.” Don't see your event listed? Contact sheltermedicine@ucdavis.edu and we will add you to the list of upcoming events. ■



The Quest for 1,000-2,000 Facebook Fans!

They say the longest journey starts with a single step. Well, we've already taken 1,025 steps in our quest to catch up with the ASPCA in our number of Facebook fans. Score as of September 19, 2011:

ASPCA: 991,204

UC Davis Koret Shelter Medicine Program: 1,032

If we can reach 2,000 before they hit a million, we'll feel like real contenders. Help us catch up, and help your shelter keep up with all the latest news, journal club discoveries, shelter haikus, and the occasional obligatory YouTube cute pet video—follow us on [Facebook](#) and see if you can get 998,974 of your closest friends to do likewise! ■

Veterinary Student Quote of the Week

"As future veterinarians, it is so important to be a knowledgeable animal/shelter source in the community. I think it is important for us to realize that as much as we can do individually, so much more can be accomplished if we involve the community and others."



Haiku Corner

"Take two they're small"
Such innocent little words
Now I have twins

Share yours on our wall!

[www.facebook.com/
sheltermedicine](http://www.facebook.com/sheltermedicine)



Koret Shelter Medicine Personnel

Kate Hurley, DVM, MPVM
Program Director

Sandra Newbury, DVM
National Shelter Medicine Extension Veterinarian

Denae Wagner, DVM, MPVM
Shelter Medicine Associate Veterinarian

Cristie Kamiya, DVM
Shelter Medicine Resident

Cindy Karsten, DVM
Shelter Medicine Resident

Mike Bannasch, BS, RVT
Program Coordinator

Jyothi Robertson, DVM
Shelter Medicine Consultant

Erin Doyle, DVM
2011-12 Eslinger Shelter Medicine Fellow