



Companion Animal Services  
**Foster Care Manual**

**paws.**  
*people helping animals*

foster@paws.org | (425) 742-4009



- **Call the Foster Care line first.** Emergency information is at the end of the voicemail greeting.
- **Bring the animal to PAWS** during business hours.
- **Go to your nearest emergency clinic** to stabilize the animal outside of PAWS business hours.
- **Do not elect for diagnostic testing or procedures** unless it is absolutely necessary for the animal to get through the night.
- **Bring** a copy of your **contract** for that animal with you.
- PAWS can only reimburse foster parents **up to \$200.00**. Higher payouts may be allowed for pregnant animals.
- As a foster parent, **you have authorization** to permit euthanasia of a foster animal if that is the decision of the vet at the emergency clinic.

## Medical Information and Emergency Guidelines

**Animals sometimes become ill or injured outside of business hours.** Here are some guidelines we ask you to follow.

**First, determine if the situation is an emergency.** Some criteria for true emergencies are described below. However, please keep in mind that if the animal is still active, alert, eating and drinking, it is fine to wait until the next day to seek help. Please use your best judgment.

### Potential Emergencies:

- Lethargy and giving out a 'painful cry'
- Continuous diarrhea accompanied with vomiting
- Difficulty breathing
- Excessive bleeding of any kind
- A small amount of blood in the stool is not an emergency if the animal is otherwise doing well
- Any trauma (dropped, limp, unconscious, seizures)



## Phone Numbers and Extensions

**PAWS** (425) 742-4009

*Leave a voicemail if unable to immediately reach a team member*

**Client Services:** ext 800

**Front Desk:** ext 850

**PAWS Clinic:** ext 849

### Foster Business Hours

Monday–Friday 8-6

Saturday & Sunday 8-5

Closed for holidays



## Items that you will need:

- **Litter boxes** – Plain plastic, 2” high. For small kittens that are learning how to use the litter box use a cardboard box from a case of wet food.
- **Non-Clumping clay litter** (under 4 months old) – Tidy Cat or any generic brand is fine, unscented is best.
- **Ceramic or stainless-steel dishes** -- One for water all day; one for dry kibble all day; one for canned food 2-3 times a day.
- **Linens** – You can purchase these for very little money at your local thrift shop. Available to borrow upon request.
- **Toys** – Lots of cat and kitten toys can be inexpensive and easy to make on your own. Available to borrow upon request.
- **Cat food** (canned and dry) – Adult cats: please buy quality food such as Nutro, Royal Canin, etc. Always look at ingredient labels and avoid anything that lists “by products” as an ingredient. Kittens: Fancy Feast kitten wet food and Purina Kitten Chow. Available upon request.
- **4lb. Kitchen scale** – important for tracking kittens’ weight gain (or loss). This is required for kittens under 4 weeks of age. Loaners available upon request.



## Items that will come in handy:

- **Natures Miracle** – Excellent for removing odors and stains. You can find this at most pet stores.
- **Baby Gates** - To keep kittens out of off-limit areas.





Acclimation is the process of allowing your new cat the time and space to adjust to their new temporary home. Even confident, social cats can struggle with a big change. The shelter environment is stressful, and the transition can compound this—a cat carrier, the car ride, loud noises, and change can all cause your new foster cat to behave differently due to stress.

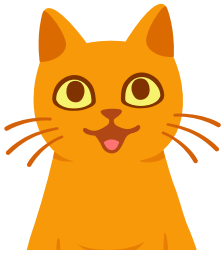
## WHAT DOES THIS STRESS LOOK LIKE:

- Fearfulness
- Hiding
- Hissing/Swattling
- Nocturnal Activity
- Vocalization
- Inability to Settle



- Decreased Appetite\*
- Boltiness/defensiveness
- Avoidance
- Increased Thirst
- Compromised Immune System
- Diarrhea\*

*\*While some decreased appetite or loose stool is common, contact your foster team if your cat doesn't eat for more than 2 days, or if there is persistent diarrhea. Any longer than this is dangerous! Please consult the foster team if your foster cat doesn't use the litter box shortly after arriving.*



These are just a few symptoms of stress that will decrease over time. Usually, after the first week or so, the stress will begin to abate, and they feel safe enough to start the process of settling into their new life. It's important that you give them the chance to learn to feel secure in your home.

## HOW CAN I HELP MY FOSTER CAT FEEL COMFORTABLE?

The best thing that you can do for your new foster cat is to **GIVE THEM TIME** and **SPACE**. It may be hard at the beginning, but we promise that if you stick it out, it will get better! Follow these steps to help your foster cat through this stage:



### STEP ONE: Set up for success.

1. Start small: choose a small, quiet space to confine them for a few days. Avoid noisy or highly trafficked areas such as laundry rooms or children's bedrooms. We recommend a bathroom or spare bedroom.
2. Just be sure to close toilet lids or block any unsafe areas before putting the cat in the room. A large space will feel overwhelming, and they will choose to hide if they feel out in the open. A small space will help them feel less vulnerable.
3. Place everything they need in the confined space including litter, food, water, bedding, etc. This will encourage good eating and litter box habits.
4. Keep the door closed and let it be their space! Give them the private time to settle in and feel safe.

### STEP TWO: Follow their lead.

1. Leave your new foster cat in their space until they let you know they're starting to feel comfortable and confident. This will look like them trying to follow you out of the room, wanting to explore more space, etc.
2. You can slowly make their world bigger; give access to another bedroom, another hallway, etc, always allowing them to return to their home base if they want. If they seem to want to stay put, don't force it.
3. Don't allow them to get stuck somewhere and hide. This will increase their stress and undo the work they've done to acclimate.

### STEP THREE: Give it time.

1. Progress is non-linear! While they may seem confident enough to explore one day, they may not feel up to it the next. Just take it slow and go off of how they're feeling on a day-to-day basis.
2. Stay consistent: routine and schedules will help the cat know what to expect.
3. Meals and play are a great opportunity to bond! Food, toys, and treats can go a long way to help them form a relationship with you in the confines of their safe space, which will make their transition easier.
4. Avoid new introductions to your other pets until they've settled in and are seeming confident.
5. Every cat is different! Some cats will go through this process quickly, others take longer.



**REMEMBER:** You **CAN'T** go too slow; you **CAN** go too fast! Don't rush it! It may seem contradictory, but going slow will actually speed up the introduction process and get them feeling settled faster! It can take weeks for the stress to pass and for your new cat to feel ready to interact.



**A**nimal care includes feeding, cleaning, providing shelter and/or confinement, as well as love and attention. Treatment of any health problems may be required, and careful and close observation of very young fosterlings is needed in order to provide adequate care and early detection of abnormalities. Specifics for each foster situation are listed below in order of most common need.

## Weaned and Mostly Weaned Kittens

### Feeding

Most commonly these kittens will be eating well on their own, but just need to gain weight. Offer dry food all day long and wet food (in a separate dish) 2-3 times a day. In some cases, these kittens may only be able to lap kitten milk replacer mixed with canned food. You will be informed of their needs when you are first contacted to foster.



**Suggested Foods:** Any foods that are formulated for kittens. Royal Canin BabyCat dry kibble works well for weaning and is an excellent formula. Note: No cow's milk!

**Feeding Tips:** Watch carefully to be certain all kittens are eating. Messy faces should be wiped with a damp, warm cloth after feeding to prevent food crusting and skin problems. To prevent accidental drowning, ensure the water bowl used is not excessively deep.

### Cleaning

The kittens' living area should be kept clean and free of food and litter waste. Change bedding if soiled. Litter box use begins at about 4 weeks of age. The cardboard from a case of wet food makes a good litter box for kittens who are just learning to go on their own. The low edges promote easy access. Do not use clumping litter for kittens under 4 months of age. Clean the litter box often to prevent excess soiling of kittens' feet.



Note quality of feces; be sure all kittens are defecating and having normal, formed stools. Any non-formed stool is "diarrhea." If the diarrhea appears when diet or environment changes, it is likely due to their systems adjusting and stool should firm up in a few days. If diarrhea persists, notify the PAWS foster care staff for advice.

Inspect rear ends of kittens for fecal mats, scalds, or raw anal areas. When youngsters are learning how to use a litter box, they don't always groom themselves, and diarrhea can lead to sores. A small amount of diaper cream on sore bottoms may be used to prevent irritation. Report problems to PAWS foster care staff.

## Medical Care

It is not uncommon for foster kittens to get Upper Respiratory Infections (URIs). Give any medications as directed and be sure to call or email the foster team before you run out to schedule a vet check or to get a refill.



Be watchful for signs of illness such as lethargy and weakness, lack of appetite, vomiting, diarrhea, congestion, watery eyes, hair loss, sneezing, and fleas or worms (see appendices for complete reference on signs of illness). Consult the foster team immediately for advice, care and treatments. Follow medical instructions carefully and monitor response/progress during treatment.

If your foster animal becomes ill, the foster period may be extended for recovery and treatment; be prepared for that possibility and consult with the foster team if you are unable to continue fostering.

Kittens receive routine vaccinations and preventive care beginning at 6 weeks of age. Contact the Foster Care Program to arrange appointments when necessary.

## Safety and Confinement

Kittens are messy to raise and confining them to a single, easily cleaned room is best; a crate or kiddie pool can work well for less mobile, young animals. A bathroom or laundry room works if floors can be easily cleaned. Set up the kitten's quarters with a sleeping box/ crate, bedding, food/water dishes, and litter pan.

Look for hazards; remove any plants, string, rubber bands, chemicals, etc. that could be swallowed. If you're not sure whether a toy is safe, do not provide it. Keep toilets, dryer doors, and windows closed! Kittens may try to go inside.



## Socialization

For more detailed information see appendix on Kitten Development. Kittens should be handled and played with several times a day. Shy kittens need more frequent handling; this helps them get adopted faster too!

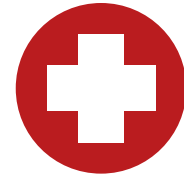
Supervise kids closely; small children may be unaware of proper holding and handling, even with repeated instruction. Toy play (ball and paper wad chasing), holding, cuddling, and brushing are all acceptable forms of socialization.

Avoid hand play, as this promotes play attacks and can lead to aggression. Tail twitching, ear flattening, and skin rippling are signs of over-stimulation. Stop handling the kitten and give it time to calm down. If a kitten scratches or bites say, "No," stop petting/playing, and move away. (Pulling hands away quickly stimulates the prey-chase-bite drive.)

## Upper Respiratory Infection (URI) in Cats

### Feeding/Cleaning

Foster cats with URI need separate quarters (spare room, etc.) if there are other household cats as URI is contagious to other felines. Place food, water, bedding and litter box in close proximity. Offer canned food to stimulate appetite .



### Medical Care

Care may include giving antibiotics orally each day. Occasionally eye medication may also be prescribed. Cats are generally treated until sneezing and ocular/nasal discharge stops, so length of treatment can vary. If symptoms worsen, call the Foster Care department to arrange an appointment with the PAWS veterinarian. Lack of appetite is the greatest concern, as it can lead to dehydration, lethargy or fever. Problems with the eyes or mouth (discharge or ulcers) may also require additional treatment. Refer to appendix on URI for additional details.

### Safety/Confinement/Socialization

All cats but especially sick cats, must be fostered entirely indoors for their safety, to reduce the spread of disease and speed recovery. Lap time, brushing, cuddling and petting on a daily basis also make the cat feel better. Be sure to wash your hands before touching your own animals; if possible, have a special shirt to wear when handling the sick foster cat.



## Items you will need:

- **Ceramic or stainless steel dishes** - One for water (provided all day) and one for each dog/puppy for feeding.



- **Dog and Puppy food (canned and dry)** - Puppies need to be fed a mixture of canned and dry food 3-4x a day. Please buy mid to high quality food and try to avoid dyes and by-products in the ingredients.

- **Plastic Crate** – To confine foster dog when unsupervised. Available to borrow on request.

- **Toys** – Only use toys made for dogs. Available to borrow on request.



- **Linens** – Towels and blankets for bedding. Thrift stores sell these for very little money. Available to borrow on request.

- **Collars and leashes** – Dogs must be walked with two points of contact; either two collars and two leashes or a collar, harness, and two leashes. PAWS provides these items. Do not use choke chains. Children should never walk a foster dog or puppy without adult supervision. Note: To prevent disease, foster puppies under 5 months of age cannot walk on the ground outside.



## Items that will come in handy:

- **Nature's Miracle** – Excellent for removing odors and stains. Available at most pet and grocery stores.

- **Baby Gates and/or x-pens** - To keep dogs and puppies out of off-limit areas. Limited number available to borrow on request.







Decompression is giving your new foster pet the time and space to “reset”- the shelter environment is scary and stressful! With all the changes in their life, your new foster pet needs a chance to get used to everything going on.

**DID YOU KNOW:** The stress hormone (cortisol) takes **72 hours** to leave your foster dog’s blood stream. That’s not from when they get home, that’s from when they stop being stressed! The transition itself can be stressful, so you need to give them at least 3 days, if not longer, to get this out of their system. This will make building your new foster relationship easier.

## WHAT DOES THIS STRESS LOOK LIKE:

These are just a few symptoms of stress that will decrease over time. Usually, after the first 3 days, these symptoms will begin to abate, and they feel safe enough to start the process of settling into their new life.

- Fearfulness/Stranger Danger
- Reactivity
- Destructive behavior
- Hyperactivity
- Hypersensitivity
- Resource Guarding



- Howling/barking
- Inability to settle
- Decreased appetite
- Increased thirst
- Compromised immune system
- Diarrhea

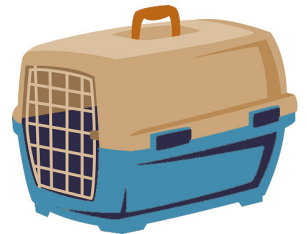


## HOW CAN I HELP MY DOG FEEL LESS STRESSED?

The best thing that you can do for your new foster dog is to **GIVE IT TIME**. It may be hard at the beginning, but we promise that if you stick it out it will get better! Follow these steps to help your foster dog through this decompression and new transition.

### STEP ONE: Minimize stressors.

1. Keep them safe and secure during transport. Consider a secure crate in the car, or a second person to manage their handling while you drive.
2. Go straight home. Avoid bringing them to high sensory areas like pet stores, parks, etc.
3. Keep them calm and avoid amping them up too high.
4. Keep them in your home except for potty walks.



### STEP TWO: Minimize stimulus.

1. It will be tempting to shower your new foster dog with toys, love, and snuggles. This will be really overwhelming for them, even if it seems they like it. Stick to a few new things at a time.
2. Give them time to settle. If they’re good staying in a bed or crate, give them time to just sit by themselves without interacting with you or other people/pets.
3. If they’re crate trained/not averse to going in a crate, consider giving them some “me” time in their den.
4. Avoid new introductions to people or pets until they’ve settled in.

### STEP THREE: Stick to the routine.

1. Keep your schedule regular so your new foster dog knows what to expect.
2. This also helps with potty training. Dogs feel calmer when they know what to expect.
3. Feed at regular intervals.
4. Provide lots of opportunities for short “business oriented” walks (i.e.: walks just to potty, not to meet other dogs or people or explore new places).



**STEP FOUR: Encourage the behaviors you want**, ignore the ones you don’t. Your foster dog is learning your lifestyle; be sure to let them know when they’re doing the right things. They’re eager to please, so they’ll want to make you happy!

**STEP FIVE: GIVE IT TIME!!!** While it can seem like things are not working out, it can take months for a dog to settle in and feel like themselves again. When in doubt feel free to reach out for support. If you come at this from a problem-solving standpoint rather than as a failure or a success, you will set yourself and your new foster dog up for success in the long run.

## Weaned Puppies (5-8 weeks of age)

### Safety and Confinement

Puppies are messy and noisy at times, so confining them to a single, easily cleaned room works well. Good choices include a laundry room, bathroom or spare bedroom with a hard floor. The area should be warm and draft free. A kennel or crate makes a good bed, and can help keep pups out of trouble during absences or overnight. A ticking alarm clock or softly playing radio may quiet a crying pup. Baby proof the pups living and play area. Look for hazards such as exposed cords, open toilet bowls, chewable/ingestible items, and small spaces where pups could get stuck.



Puppies will investigate and chew anything. If they swallow something, it could cause a blockage or stomach upset even if not toxic. Limit chewing to safe puppy toys only. Use of baby gates can allow pups to be near people (e.g. kitchen confinement) but keep them safely confined. Always keep puppies indoors for their safety and to prevent disease.

### Feeding

Weaned puppies eat solid food, starting with canned pate or water-soaked kibble. Foods that are formulated for puppies from pet supply stores are best. Dog food from grocery stores have more filler, which means more poop! Weaned puppies under 4 weeks of age should be fed 3 times a day.



### Potty Training

Keep the puppy area free of feces and urine. Covering a large area of the floor with potty pads may make it easier to clean.

Puppies often have to go after eating, sleeping or playing, so put them on a potty pad after these activities. Puppies can generally only hold it for one hour plus their age in months. If you must confine longer, be sure they have access to a potty pad. Play pens work well with young puppies that can only hold it an hour or two. Confining older puppies to a crate for short absences or for the night can help, as dogs don't like to soil where they sleep. Be sure to take them to relieve themselves as soon as you let them out.



## Weaned Puppies (5-8 weeks of age)

### Medical Care

If signs of illness develop, notify the foster care department immediately. Be especially watchful for coughing (choking/gagging noise), sneezing and nasal discharge, which may indicate kennel cough (see appendix on Kennel Cough). Kennel cough is a common but not serious condition that may require treatment and is contagious to other dogs. Also watch for lethargy, poor appetite, vomiting and diarrhea, which can be caused by parvovirus or parasites.



Report if worms are seen in the pups' stool so appropriate treatments can be given. Worms are contagious through fecal/oral transmission (i.e. your dog eats the puppy poop).

Hair loss may indicate mange, mites or ringworm (fungus). If you notice patchy hair loss, especially around the head, face and feet, notify the foster care department (see appendix on Mange, Ear Mites and Ringworm).

If your pups become ill, the foster period may be prolonged for recovery and treatment; be prepared for this possibility.

### Socialization

Puppies need a lot of human contact. Holding, talking, cuddling, brushing and active play with toys are all good social activities, and should be done often each day. Group play as well as individual play is important. Puppy biting is normal. To help them learn bite inhibition, say, "Ouch!" loudly when they bite hard, stop play momentarily and redirect to a toy. Exposure to a variety of people (adults, males, females and children) and noises is desirable. Discourage pups from jumping on people, and do not reward this behavior with petting. Never hit or shake a puppy. (See appendix on "Puppy Development" and "Puppy Socialization")



## Kennel Cough Cases

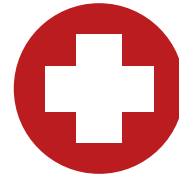
### Feeding/Cleaning

Foster dogs with kennel cough need separate quarters (spare room, heated basement, etc.) if there are other household dogs. Place food, water and bedding nearby. Offer canned food, and if the dog is unwilling to eat at all, call the foster team.



### Medical Care

Care may include antibiotics given several times daily. If a cough is not adequately controlled, or if yellow-green-brown nasal discharge develops, call the foster team to arrange a veterinary visit. Dogs rarely develop a fever and lethargy with kennel cough; in fact, it can be hard to keep them quiet. Too much or too strenuous activity can bring on coughing, so be sure to limit activity and encourage rest. No baths as they are too stressful. Read the appendix on Kennel Cough for full details.



### Safety/Confinement/Socialization

Dogs may be allowed out for short walks to eliminate only. Kennel cough is contagious (caught by close contact and is also airborne like a human cold), so do not allow contact with other dogs. Even if your dog has the proper vaccination (Bordatella), it may still become ill with kennel cough, especially if it's a young or older dog with a weaker immune system. Beneficial activities include brushing, petting, talking, and cuddling.

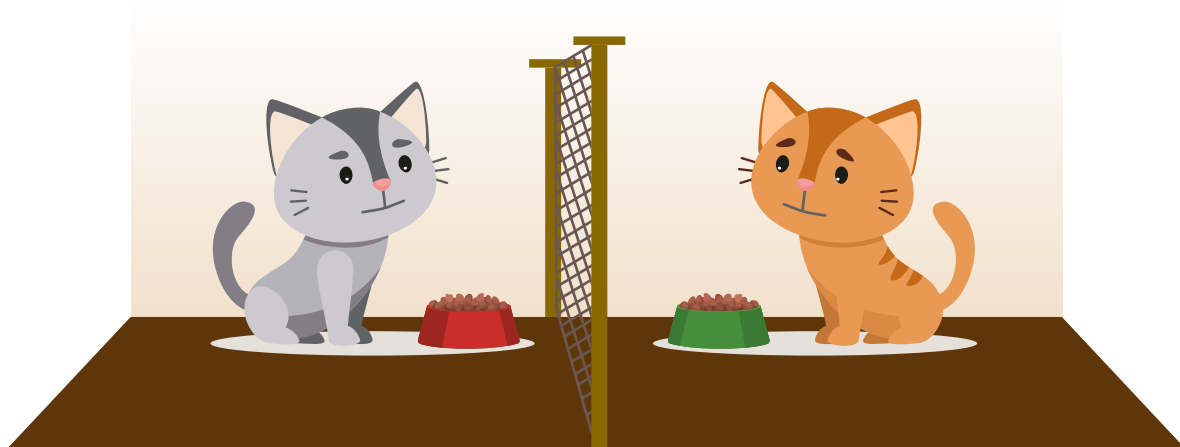


**W**henever you feel like there may be a conflict between your foster animal and resident animal, please keep them separated for the duration of the foster. Always confine foster animals and resident pets in separate areas when you are away or unable to supervise.

## Introducing Cats

**Let your foster cat and resident cat set the pace.**

1. Keep the foster cat in a confined space such as a bathroom or small bedroom at first.
2. Start by letting each cat sniff under the doorway to get used to each other's smell for several days. Place yummy wet food on either side of the door to create a positive association.
3. As each cat's body language becomes comfortable and confident, place a baby gate in the doorway and feed the cats on either side of it.
4. Eventually allow the cats to meet under your supervision. If at any point either cat's body language suggests it is uncomfortable, slow down and try again later.
5. Even if all cats get along, you still need to keep at least one litter box per cat and make sure they have their own dishes and hiding places.



## Introducing Dogs and Cats

**Disclaimer:** We often do not know if a dog in the shelter has had any exposure to cats or how they may react to them.

1. Keep cats and dogs in separate rooms a first.
2. Start by letting each animal sniff under the doorway to get used to each other's smell. Place yummy wet food on either side of the door to create a positive association.
3. When each animal's body language becomes comfortable and confident, place a baby gate in the doorway. Put the dog on leash and allow each animal to look at the other through the gate. Even if things go well, wait at least one day before proceeding to the next step.
4. With the dog on leash, open the door and let the cat come out and approach the dog. Take things slowly and continually assess if cats and dogs are comfortable around each other. Give soft, gentle praise and pets if things go well. If a dog shows any prey drive (intense staring, chasing, etc.) or a cat seems uncomfortable/uncertain, stop the introduction process immediately. Depending on the severity of the behavior, you may be able to try the introduction again after a day or two, or you may need to keep the cat and dog separated for the entirety of the foster.

### Tips for Household Pet Harmony

- Even if cats and dogs get along, keep them separated when they cannot be supervised.
- Feed dogs in a separate space from cats and don't leave toys down when cats and dogs are together.
- Take things slowly and continually assess if cats and dogs are comfortable around each other.
- Keep foster dogs on leash whenever around cats.



## Introducing Dogs

**Dog introductions should always be done on leash, outdoors in neutral territory.** PAWS may offer a meet between your resident dog and foster dog at the shelter before a placement.



1. Leash both dogs. It's helpful to have a friend or family member hold one dog on leash while you hold the other. Some dogs prefer "walking" introductions. Walking dogs together can take some of the stress out of the meet and greet.
2. Let the dogs sniff noses and rear ends, and praise them in a calm, even voice as they do. Let them set the pace. Pay close attention to the dogs' posture. Tail wagging, licking, and play bowing are good signs.
3. If the dogs start to growl or act aggressively/fearfully, back off and walk away. Allow the dogs to calm down and then slowly approach each other again. Try to keep a loose leash on the dogs and do not rush the process.
4. If things are going well drop the leashes (fenced area only) and allow the dogs to drag the leashes on the ground while they continue getting to know each other.
5. Next, take the leashes off and allow the dogs to play outside before venturing indoors.

### Tips for Household Pet Harmony

- Always feed dogs separately as food is a highly-valued item that dogs may be protective of.
- As a general rule, treat your dog and your foster dog as equals when they are together. Give toys and treats when they are separated.
- Keep toys out of reach when the dogs are together.
- Above all, take things slowly and pay attention to any shifts in the relationship as the dogs spend more time together. You are the best judge of whether things are working out or not.

**W**hile foster care is often a great experience for all family members, it is important to carefully introduce foster animals to children. The first day, give the foster pet plenty of space and time to settle in without a lot of stimulation from children. This transitional phase can be stressful for an animal, so keep an eye on body language.

## Dogs:

When meeting a dog for the first time, a child should sit or stand calmly and allow the leashed dog to approach him or her from the side. If either the child or the dog is uncomfortable, give them both space and try again later. Verbally praise the dog and the child gently for calm behavior. Treats may be used however, test how the dog takes treats from a hand first. If they aren't gentle it may be best not to have children feed treats just in case they take treats roughly.



## Cats:

When meeting cats and kittens for the first time, children should pet them slowly and quietly, going with the direction of hair growth. Avoid waking up a sleeping cat, and never pick up a cat or kitten very suddenly as this can startle them and lead to scratching and even biting. If either the child or the cat is uncomfortable, give them both their space and try again later.

## Never leave your children unsupervised around foster animals.

If you notice any stress on the part of your child or the foster pet, have everyone take a break. Never force an animal to interact with children if they appear uncomfortable or overwhelmed.

## Need Help?

Call or email the foster team for advice or support anytime.



## Animal Care

### **My animal has diarrhea, what do I do?**

Diarrhea can be caused by diet changes, stress, over-feeding and vaccinations. If your foster animal has diarrhea once, it is likely nothing to worry about. Diarrhea accompanied by vomiting, lethargy and lack of appetite could be a problem. If your foster animal has continuous diarrhea, contact the foster care department.

### **What if my foster animal starts sneezing?**

If your foster animal begins sneezing or has discharge from eyes and nose, contact the foster care team for advice. A veterinary appointment may be recommended. The animal may need antibiotics for URI or kennel cough.

### **There is blood in my animal's stool! What do I do?**

A little bit of blood in the animal's stool does not necessarily mean there is a problem. It could be from straining, stress, food or irritations of the anus. A good general rule is that if the blood is bright, it is external irritation. Ask the foster care department about ointments that may help soothe an irritated anus. If the blood is dark, it is internal and you should make an appointment to see clinic staff through the foster care department. If there is excessive blood in the stool, contact PAWS foster care department for advice (or an emergency clinic if after hours).

### **My bottle-feeding kitten/puppy has hiccups, what can I do?**

Your kitten/puppy needs to be burped. Place the kitten/puppy on its belly on the palm of your hand and lightly pat its back until it burps.

### **My bottle-feeding kitten/puppy has not had a bowel movement in 24 hours, what do I do?**

If it has only been 24 hours since the last bowel movement, this is not an emergency.

Continue trying to stimulate the kitten/puppy before and after each feeding. Remember that it can take up to 2 minutes of stimulation before a bowel movement. If your kitten or puppy has not defecated in 3 days, contact the foster department.

### **My kitten/puppy keeps crying, what can I do?**

Often young kittens/puppies will cry when they don't have littermates or mothers.

You can offer a ticking clock or watch wrapped in a piece of bedding to remind them of another animal's heartbeat. Snuggle kittens or puppies can be used; the foster team may have one you can borrow upon request. Your kittens/puppies may be hungry, need to be stimulated (if a bottle feeder) or just want some companionship.

## Animal Care

### **My kitten/puppy has vomited, what does this mean?**

If the vomit looks like undigested food, the animal ate its food too fast.

If the vomit is primarily bile, keep an eye on it and if it continues, alert the foster care department. If the vomit is accompanied by diarrhea, lethargy, lack of appetite, etc, contact the foster team.

## General Questions

### **How do I get foster animals?**

Animals that need foster care are added to the PAWS Foster Trello board. Check the board often as it is updated frequently. The foster team will also send out periodic "spotlight" and "urgent" need emails, or may call foster families for emergency placements. For kittens, puppies, or shelter space needs, foster parents can add their name to the 'available now' list by filling out the appropriate form on the Trello board. Please do not be discouraged if the animal(s) you offer to take has already been placed -- there are always more animals that need foster care!

### **How long do I keep them?**

Animals stay in foster care until they meet the requirements to be made available for adoption. This may be when they recover from an illness or when they are ready for spay/neuter surgery. Generally, young kittens and puppies stay in foster care until they are 8 weeks old and weigh at least 2 lbs. Puppies under 4 months of age need to go to foster for a "Puppy Quarantine". This is a 2-week period to keep it safe from shelter illnesses, while also monitoring for sickness. Kennel break animals may stay in foster short-term, or for longer-term periods. The expected timeframe will be provided on the Trello board or communicated by the foster team before you take the animal home.

### **Am I allowed to adopt one of my foster animals? Do I get a discount?**

We understand that foster parents sometimes get attached or find 'the one' while fostering. Foster parents still need to go through the adoption process just like a member of the public, but receive a 20% discount on the adoption fee. There may be some animals that are not eligible for adoption by a foster parent, such as when the animal is already on hold for someone else.

## General Questions

### **What if someone I know wants to adopt one of my foster animals?**

Finding an adopter for your foster pet is encouraged and appreciated, especially if it is an adult animal. The interested party must fill out an adoption application and then be approved by an adoption advisor. Friends of foster parents will be required to meet the animal at the shelter if they have not previously met in the foster home. There may be some animals that are not eligible for adoption by a friend of a foster parent, like an animal that is already on hold for someone else.

### **Can my own pets catch diseases from a foster animal?**

It is possible to bring diseases home to your own animals (most common URI for cats and kennel cough for dogs). PAWS highly recommends keeping animals separate and keeping your resident pets up to date on vaccinations.

### **How do I make appointments for vaccinations or to see the vet?**

The foster team regularly calls foster parents to schedule upcoming appointments, or you can contact the foster care team proactively. Vet visit times are limited so please understand if we cannot see your foster animal during your preferred time.

Vaccination times are flexible and done by the Foster team at the Lynnwood shelter. The Cat City location in Seattle may be available to accommodate some vaccine appointments upon request.

### **When do I return my foster animals to PAWS?**

Animals are generally ready to return to the shelter when old enough for spay/neuter or cleared from a medical condition. The foster team will schedule the surgery or vet check and arrange a drop-off time with you. For surgery, you can return your foster animal the night before or the morning of by 8:30 am.

### **What if I need to return my foster animals before they are ready for adoption?**

If you need to return your foster animals early due to an unexpected event, please notify the foster care team immediately so they can locate a new foster home. Avoid showing up unexpectedly, as we may not have a place for your foster animals to stay at the shelter. During summer PAWS is very full and housing is limited. Make sure to let the foster care team know of any planned timeframe restrictions before offering to take an animal.

### **Is it okay to take a break between foster animals?**

Of course it's okay to take a break! Just let us know that you'd like some time off.

- A.** Causes of Kitten Diarrhea
- B.** Feline Upper Respiratory Infection (URI)
- C.** Puppy Socialization
- D.** Puppy Development
- E.** Kitten Development
- F.** Flea Control
- G.** Roundworms
- H.** Common Tapeworm (*Diplydium caninum*)
- I.** Taenia Tapeworm
- J.** Kennel Cough
- K.** Coccidia
- L.** Ear Mites
- M.** Demodectic Mange
- N.** Sarcoptic Mange (scabies)
- O.** Hookworm
- P.** Whipworm
- Q.** Ringworm, (dermatophytosis)
- R.** Panleukopenia (Feline Distemper)
- S.** Parvovirus
- T.** Feline Infectious Peritonitis (FIP)
- U.** Feline Leukemia Virus (FeLV)
- V.** Feline Immunodeficiency Virus (FIV)
- W.** Lice (Pediculosis)
- X.** Puppy and Kitten Losses
- Y.** Giardia

## A. Causes of Kitten Diarrhea

There are many causes of kitten diarrhea. The most common causes are stress, diet change, and intestinal parasites. Kittens undergo many stressors including arriving at the shelter, separation from mom or siblings, and placement in a foster home.

Diarrhea in kittens is very common and often resolves on its own or with adjustments to diet. Be aware of the kitten(s)' situation (just arrived in your home), their diet (rich food, diet change, weaning) and their overall health. Antibiotics for illness can also cause diarrhea. If diarrhea is accompanied by lethargy, poor appetite or vomiting, please notify the foster care team right away as this can indicate a more serious illness. Even if your kitten is bright and alert with a good appetite, if the diarrhea last longer than 2-3 days, notify the foster care team.

### Diet

Generic and some name brand food can cause diarrhea, as well as canned food formulas that are very rich. Try feeding a chicken and rice formula. If diarrhea persists, contact the foster team.

## B. Feline Upper Respiratory Infection (URI)

### What is Feline Upper Respiratory Infection?

Feline upper respiratory infection (URI) is a contagious condition affecting the upper respiratory system (nose, mouth, sinuses) and commonly the eyes. It is common in animal shelters, catteries, multiple cat households, and free-roaming cat populations. There are multiple viruses and bacteria that can cause feline URI; however, the two most common agents are feline herpesvirus (also known as feline rhinotracheitis virus) and feline calicivirus. These two viruses are "species specific," meaning they infect only cats and kittens, not dogs or humans. Feline herpes virus infections, just like herpes virus infections in other species, are life-long. The symptoms of infection can resolve, but the virus is still present in the nerve tissue for the rest of a cat's life. During times of stress (like arriving in an animal shelter) reactivation of the virus can cause recurrence of URI signs.

### How is URI transmitted?

Feline URI is transferred between cats by fluid droplets discharged from the mouths and noses of infected cats or through fomites (inanimate objects) that get contaminated with droplets, similar to the transfer of the common cold between humans. Some of the most common routes of transfer include toys, food bowls, or hands/clothes of staff or visitors.

## What are the signs of URI?

Symptoms of feline URI include sneezing, nasal discharge, red watery eyes, nasal congestion, and oral or nasal ulcers. Cats can also develop secondary bacterial infections that may cause thick green/yellow or bloody nasal discharge or thick yellow/green eye discharge. Depression, lack of appetite, and fever occur in more severe cases. Kittens infected with feline calicivirus may develop what is known as “limping kitten syndrome,” featuring fever and painful swelling of the joints, especially in the rear legs. Symptoms are generally mild at first and worsen within one to three days. The incubation period (the time between infection and the first signs of illness) lasts from two to seventeen days. The illness itself typically lasts from one to four weeks, depending on each individual cat’s immune system.

## Which cats get it?

Any cat that is stressed by overcrowding, poor nutrition, poor air quality, cold/heat, or infection with another disease is susceptible to feline URI. Currently available vaccines help to reduce the severity and duration of illness but cannot prevent infection. So, although all cats that enter the shelter are vaccinated, vaccination is not 100% effective in controlling URI in a shelter setting.

## How is feline URI treated?

There is no specific treatment for feline URI; however, supportive care is very effective in most cases. Stress reduction, clean air, a warm bed and good food are often all that a cat needs to get over the infection. Antibiotics may be prescribed to prevent or treat secondary bacterial infections that can accompany the viral infection. Cats that stop eating may need to be prescribed appetite stimulant medication or even force fed and provided with supplemental fluids to give their body the support it needs to fight off the infection.

Almost all cats and kittens recover with proper care. A few cats may have chronic (long lasting) symptoms and some symptoms may recur whenever the cat is stressed or otherwise ill.

## How can feline URI be prevented?

Feline URI cannot be totally prevented in the shelter environment. The majority of adult cats have previously been exposed to Feline Herpes virus (FHV) and are therefore chronic carriers. With the stress of being in a shelter environment, reactivation of the virus can occur leading to full-blown disease and spread of the infection to other cats and kittens.

Management of URI involves stress-reduction, prevention of overcrowding, proper cleaning protocols, providing clean air, vaccination, routine deworming, and isolation and treatment of sick cats.

## Bringing the Cat Home

There is some risk of a residential cat contracting URI from a foster cat/kitten. If your cat has a healthy immune system and is up to date on vaccinations, you might notice some mild sneezing. This is more likely due to stress reactivation of the virus your cat already had, rather than a new infection passed from the foster animal. If your cat is immunosuppressed in any way (FIV or FeLV positive, on steroids or other immunosuppressive medication, or has cancer), please consult with your own veterinarian to see if fostering URI cats will be feasible. We recommend that you always keep your foster cat separated from your own cat to prevent URI, as well as other conditions. Contact your regular veterinarian if you don't know the vaccination status of your cat before you foster.

If you have further questions about URI, please contact PAWS or your regular veterinarian. If you suspect that your new foster cat has developed URI, please call your own veterinarian. PAWS cannot provide treatment for your own cat if it develops URI; it is your responsibility to have them treated at your vet if needed.

## C. Puppy Socialization

Fostering a mother dog and her newborns or young pups is a unique opportunity to take part in the development of these animals. Properly socializing a puppy is the most crucial step in the development of a happy, mentally healthy, adoptable pup.

Because the mother dog does a great deal of the teaching from 0-8 weeks, how we set up mom is important. She will require a private, quiet, warm and clean place in which to raise her pups, with plenty of fresh food and water.

All that is required from you in the way of puppy socialization from 0-4 weeks is gentle handling of the pups daily and gentle affection for the mother. This will help in the imprinting process to other animals (like humans) and will also serve to assure mom that she and her pups are in good hands.

Things get a little more interesting from 4-8 weeks. The puppies are going to become noticeably more active. They will interact with each other, Mom, and everything in your house. It is important that these interactions be positive and happy. Everyone in your household should handle each pup gently. If you have visitors, have them play with and handle the pups as well.

This is the time we want to discourage mouthiness on humans. Mouthiness on fellow pups and mom is OK. This is the way they learn bite inhibition, an important lesson. If the pups are mouthing people, encourage them to play with an appropriate mouthing object, i.e. a chew toy or stuffed animal, rather than on the person.

This is also a good time to start handling their feet, legs, tails etc. to prepare them to be placed into a home with children. Touching the puppies' feet and toes is crucial. This will help them, their vet and the adopter when it is time for a toe nail trim.

This is also the time to purposely introduce the pups to everything in your house. They are learning a lot about the world at this stage, and we can help them learn that the world is a positive and not a scary place to be. Of course, your main job during these little field trips is to watch them like a hawk! It seems as if a puppy's main job is to get into trouble.

Be sure to have an array of appropriate chewing and playing toys available.

Avoid using human objects as dog toys: no old socks, shoes, pillows, rugs, etc. Puppies are going to need to distinguish people's belonging from dog toys, so they may as well start now. The people who are lucky enough to adopt the puppy that you helped raise and socialize will benefit greatly from your time with each animal.

## D. Puppy Development

Age	Motor Skills	Physical Development	Eating Behavior	Social Development
0-1 week	<ul style="list-style-type: none"> <li>Suckling reflex</li> <li>Rely on mom to stimulate elimination</li> </ul>	<ul style="list-style-type: none"> <li>Cannot see or hear</li> <li>Can smell</li> <li>Cannot regulate body temperature</li> </ul>	<ul style="list-style-type: none"> <li>Nurse from mother</li> <li>Colostrum is absorbed thru milk in first 1-2 days</li> </ul>	<ul style="list-style-type: none"> <li>Handle gently for brief periods</li> </ul>
1-2 weeks	<ul style="list-style-type: none"> <li>Able to shiver</li> <li>Kneading 'milk tread' while nursing</li> <li>Starting to support weight</li> </ul>	<ul style="list-style-type: none"> <li>Eyes open at 10-14 days</li> </ul>	<ul style="list-style-type: none"> <li>Nurse exclusively</li> </ul>	<ul style="list-style-type: none"> <li>Can imprint on humans</li> </ul>
3 weeks	<ul style="list-style-type: none"> <li>Wobbling around, unsteady movements</li> <li>Leg strength is increasing</li> </ul>	<ul style="list-style-type: none"> <li>Vision becomes focused</li> <li>Ear canals open</li> <li>Hearing begins at 13-17 days</li> </ul>	<ul style="list-style-type: none"> <li>Able to lap fluid from a bowl</li> </ul>	
4-7 weeks	<ul style="list-style-type: none"> <li>Able to regulate body heat</li> <li>Able to stand, walk, and run</li> <li>Eliminate on own</li> </ul>	<ul style="list-style-type: none"> <li>Small temporary teeth appear</li> </ul>	<ul style="list-style-type: none"> <li>Begin weaning</li> <li>Able to eat wet food and softened kibble</li> </ul>	<ul style="list-style-type: none"> <li>Influence of littermates increases</li> <li>Learn bite inhibition</li> <li>Begin to form social attachments</li> <li>Provide rich sensory environment</li> <li>Expose to people, animals and noises</li> </ul>
8-12 weeks		<ul style="list-style-type: none"> <li>Mental capacity fully developed</li> </ul>	<ul style="list-style-type: none"> <li>Fully weaned</li> <li>Able to eat kibble</li> </ul>	<ul style="list-style-type: none"> <li>Most sensitive period in development: <i>what is experienced now remains for life</i></li> <li>Fear imprint stage: keep all experiences as pleasant as possible</li> <li>Learn dog body language</li> <li>Learn submission from mother</li> </ul>



## E. Kitten Development

Age	Motor Skills	Physical Development	Eating Behavior	Social Development
0-1 week	<ul style="list-style-type: none"> <li>Suckling and rooting reflexes</li> <li>Can't retract claws</li> <li>Rely on mom to stimulate elimination</li> </ul>	<ul style="list-style-type: none"> <li>Cannot see or hear</li> <li>Can smell and vocalize</li> <li>Cannot regulate body temperature</li> <li>Double birth weight</li> </ul>	<ul style="list-style-type: none"> <li>Mother stimulates kittens to nurse every 2-4 hours</li> <li>Nurse 25% of the time</li> <li>Colostrum is important</li> </ul>	<ul style="list-style-type: none"> <li>Handle gently for brief periods</li> <li>Rely on mother to groom</li> </ul>
1-2 weeks	<ul style="list-style-type: none"> <li>Kneading 'milk tread' while nursing</li> <li>Purring</li> <li>Start to support weight on front legs</li> </ul>	<ul style="list-style-type: none"> <li>Eyes and ears open around 10 days</li> <li>Still cannot regulate body temp</li> <li>Triple birth weight</li> </ul>	<ul style="list-style-type: none"> <li>Nurse exclusively</li> </ul>	<ul style="list-style-type: none"> <li>Self-play behaviors: bat, play bite</li> <li>Continued contact with mother and littermates</li> </ul>
3 weeks	<ul style="list-style-type: none"> <li>Begin to walk – weak, stiff, and unsteady</li> <li>Can retract claws</li> </ul>	<ul style="list-style-type: none"> <li>Sense maturing</li> <li>Better thermal regulation</li> <li>Quadruple birth weight</li> <li>Eye color may change</li> </ul>	<ul style="list-style-type: none"> <li>Begin to initiate nursing</li> </ul>	<ul style="list-style-type: none"> <li>Play with littermates,</li> <li>May try to include mother in play</li> </ul>
4-5 weeks	<ul style="list-style-type: none"> <li>Able to run &amp; climb</li> <li>Start using litterbox</li> </ul>	<ul style="list-style-type: none"> <li>Eye sight fully developed</li> <li>Better coordination</li> </ul>	<ul style="list-style-type: none"> <li>Begin weaning</li> <li>Able to eat wet food and softened kibble</li> </ul>	<ul style="list-style-type: none"> <li>Stalk, chase, arch, sidestep, pounce</li> <li>Wood scratching</li> <li>Fear of humans: lots of handling is important</li> <li>Mother disciplines by bat on nose or growl</li> </ul>
6-8 weeks	<ul style="list-style-type: none"> <li>Increasingly coordinated</li> </ul>	<ul style="list-style-type: none"> <li>Body taller &amp; longer</li> <li>1.5 – 2lb in body weight</li> </ul>	<ul style="list-style-type: none"> <li>Less reliant on mother's milk</li> <li>Able to eat kibble</li> </ul>	<ul style="list-style-type: none"> <li>Avoid playing with hands</li> </ul>

## F. Flea Control

Fleas can be a serious problem in animals arriving at the shelter. Problems such as anemia, weakness, lack of appetite and even death can occur if flea infestation is severe. Be sure to monitor for fleas throughout the foster period. Never treat an animal yourself for fleas because some flea products can be toxic. Please contact PAWS foster care staff if you believe your foster animal has fleas.

**Signs and Diagnosis:** Scratching at body and head. Flea dirt (flea feces) on body, fleas on body. A good way to distinguish flea dirt from regular dirt is to pick up some of it on a wet paper towel. Flea dirt will dissolve and turn a reddish-brown color.

**Treatment:** Advantage or Revolution – all animals over 6 weeks of age that arrive at PAWS receive flea treatment.

**Prognosis:** Excellent if animal is not anemic, debilitated or very young and depending on level of flea infestation.

## G. Roundworms

A very common intestinal parasite of dogs and cats.

**Transmission:** Fecal contamination of the environment. Readily transferred across the placenta to unborn fetuses and also in milk, therefore all puppies and kittens are assumed to be infected.

**Signs:** Abdominal distention, rough coat, poor body condition, weakness, abdominal pain, long, "spaghetti-like" worms seen in feces or vomit.

**Diagnosis:** ID worms in feces/vomit (based on description).

**Treatment:** Pyrantel or fenbendazole. All puppies and kittens are assumed to be infected, and multiple deworming treatments are needed to remove worms as they mature into the adult form over time.

**Prognosis:** Excellent

**Protocol at PAWS:** *All animals over 2 weeks of age are routinely given dewormers on arrival at PAWS. Kittens/puppies are dewormed every 2-3 weeks until 3-4 months old.*

**Zoonotic:** Yes. Serious conditions affecting the eyes, internal organs, or brain can occur due to migration of worms through the human body. Children are the most common victims since transmission occurs through ingestion of roundworm eggs from soil contaminated by feces. Foster parents with children should stress the importance of hand washing, especially after handling puppies or kittens.

**Note:** It takes about 1 week in the environment for roundworm eggs to become infective, so prompt removal of fecal material and proper disposal are very important.

## H. Common Tapeworm (*Diplyidium caninum*)

**Transmission:** Ingestion of infected fleas.

**Signs:** Animals typically have no symptoms, but mild weight loss or a poor hair coat may be noted.

**Diagnosis:** Tapeworm segments are observed in the feces or around rectum (look like sesame seeds/grains of rice/cucumber seeds). Tapeworm adults appear flat and ribbon-like.

**Treatment:** Praziquantal (Droncit)

**Prognosis:** Excellent, although animals who are under 6 weeks of age should not receive praziquantal unless absolutely necessary.

**Protocol at PAWS:** *Animals with tapeworms will be treated.*

**Zoonotic:** Yes. Humans can become infected the same way cats and dogs are, by eating an infected flea.

## I. Taenia Tapeworm

**Transmission:** Hunting or scavenging infected birds or rodents.

**Signs:** Animals may have no symptoms, or may show weight loss, or poor hair coat.

**Diagnosis:** Tapeworm segments are observed in the feces or around rectum (look like sesame seeds/grains of rice/cucumber seeds). Tapeworm adults appear flat and ribbon-like.

**Treatment:** Praziquantal (Droncit) or fenbendazole

**Prognosis:** Excellent, although animals who are under 6 weeks of age should not receive the tapeworm de-wormer unless absolutely necessary.

**Protocol at PAWS:** *Animals with tapeworms will be treated.*

**Zoonotic:** No.

**Note:** There are other rarer forms of tapeworm that can cause disease in humans. These are geographically not present in the Northwest. Some of these can be diagnosed on fecal floatation.

## J. Kennel Cough

**What is Kennel Cough?**

“Kennel cough” is the common name for a highly contagious upper respiratory disease of dogs. Veterinarians may refer to “kennel cough” by many different names including canine infectious respiratory disease complex (CIRDC), infectious tracheobronchitis (ITB), or canine upper respiratory infection (CURI).

Multiple causative agents can be involved including the viruses: canine parainfluenza virus, canine adenovirus, canine respiratory coronavirus, canine distemper virus, and canine influenza virus. Bacterial agents that may be involved include: Bordetella bronchiseptica, Mycoplasma spp., Streptococcus zooepidemicus and a variety of other secondary bacterial invaders.

“Kennel Cough” is a syndrome that typically presents with sneezing, nasal discharge, coughing, and mild ocular discharge. However, depending on the causative agent(s)

involved, other, more serious, signs can also be seen such as fever, pneumonia, anorexia, vomiting, diarrhea and neurological signs. As can be seen by the number of agents involved, and the variety of clinical signs, "kennel cough" is actually a very complex disease process. Stress and environmental factors also play a large role in the development of "kennel cough". Kennel cough is commonly seen in dogs exposed to many other dogs in places such as animal shelters or boarding kennels where stress, airway irritation due to barking or poor air flow, and close proximity to other dogs all come together.

## How is it transmitted?

Kennel cough is transferred between dogs by droplets from the mouth or nose of an infected dog (direct physical contact, or by fomites contaminated inanimate objects). Some dogs may be "silent carriers", carrying and spreading the infectious agents without showing any symptoms of the disease themselves.

## What are the Signs?

The most common signs of kennel cough are coughing, sneezing, and nasal discharge. The cough is often brought on by excitement, exercise, or pressure on the dog's trachea, such as that produced by a collar and leash. Gagging or retching up foam will frequently follow a bout of coughing. Affected dogs are usually otherwise alert and active, with a normal appetite and no fever. In more severe cases, fever, anorexia, purulent or bloody phlegm, or purulent nasal discharge may be seen. Death that may be very sudden in onset can occur with some of the agents such as canine influenza virus.

## Which animals get it?

Any dog that is stressed by overcrowding, poor nutrition, poor air quality, temperature extremes, or infection with another disease is susceptible to kennel cough. Dogs at risk for infection include all unvaccinated adults and puppies. Well-vaccinated dogs that have healthy immune systems may still be susceptible to the disease, but symptoms are very mild and short-term, usually limited to 5-10 days of coughing with no fever or loss of appetite. Cats and immunocompromised humans can also contract *Bordetella bronchiseptica* infections from infected dogs (although rare). PAWS recommends that foster dogs be kept separate from other animals in the home. Consult your physician if you are immunocompromised and are considering fostering kennel cough dogs.

## How is Kennel Cough Diagnosed?

Diagnosis in a shelter setting is usually made on clinical signs alone. If symptoms are unusually severe or chronic, or there is suspicion of canine influenza virus or canine distemper virus additional testing can be done. Testing options include bacterial culture, virus isolation, or PCR.

## How is Kennel Cough Treated?

Kennel cough is a “self-limiting” disease, meaning that most dogs can recover from the infection without any treatment. In a shelter setting, antibiotics are often prescribed to treat presumptive Bordetellosis, which will shorten the duration of illness, and limit the spread to other dogs. Different antibiotics may be prescribed to treat bronchitis or pneumonia that can develop secondary to the initial upper respiratory infection. Cough suppressants have not been shown to shorten the course of disease and are therefore not generally prescribed.

## How is Kennel Cough Prevented?

Kennel cough is a disease that cannot be totally prevented in the shelter environment. Some dogs enter the shelter already infected, and the stress of being sheltered will lead to full-blown disease and spread of infection to other dogs and puppies. Additionally, currently available vaccines cannot prevent the disease; at best they can reduce the severity and duration of clinical signs. Management of kennel cough in a shelter involves multiple strategies including stress reduction, prevention of overcrowding, proper cleaning protocols, providing clean air, vaccination, routine deworming, isolation and treatment of sick dogs. Programs aimed at improving the mental well-being of dogs also help to reduce stress and therefore disease. These include plenty of exercise, puzzle-type treats, and programs like “Click for Quiet” that reduce barking in the kennels which help to reduce airway irritation in dogs.

## K. Coccidia

A common intestinal protozoan parasite. Risk factors for disease include young age (kittens/puppies), co-infection, or stress from transport or weaning. Coccidia are species-specific and are not zoonotic (not transmissible to humans from animals).

**Transmission:** Fecal contamination of the environment spreads the disease. Most common in dirty, overcrowded environments.

**Signs:** Coccidia can be present without causing any symptoms. With larger parasite loads, diarrhea, weight loss (or failure to gain weight in kittens/puppies), and dehydration are the most common signs. Severe cases can have anorexia, vomiting, lethargy and death.

**Diagnosis:** Fecal examination

**Treatment:** Ponazuril (Marquis paste)

**Prognosis:** Very good. May require repeated treatment due to re-infection from the environment.

**Protocol at PAWS:** *Animals with Coccidia are treated.*

## L. Ear Mites

The ear mite, *Otodectes cyanotis*, is a common parasite of cats. Ear mites live and breed in the ear canal, feeding on tissue fluid and debris.

**Transmission:** Ear mites can be spread to other cats, as well as dogs, rabbits and ferrets by close contact and shared bedding. Ear mites cannot spread to humans. There is little likelihood of passing ear mites to pets at home if treatment is done before introducing your foster animal to the others. It is a good idea to check all your pets regularly for signs of ear mites.

**Signs:** Intense itching and discomfort in the ears; a reddish-brown crusty debris which builds up in the ear canal. Cats with ear mites frequently shake their heads and scratch at their ears. Untreated ear mites can lead to self-trauma, and even hearing loss.

**Diagnosis:** Examination of debris in ear canal for mites or mite eggs.

**Treatment:** Ivermectin, Acarexx or Revolution. Ear cleaning by veterinary staff is necessary to remove debris and mite eggs from the ear canals. Repeat treatment in 2 weeks is needed in some cases. Do not attempt to clean your foster pets ears as this can damage the ear canal.

**Prognosis:** Excellent

**Protocol at PAWS:** *Animals with ear mites will be treated at PAWS.*

## M. Demodectic Mange

Demodectic mange is caused by a microscopic insect that lives in the skin and hair follicles of dogs. This mite is present in small numbers in normal, healthy dogs. However, in some dogs, the mites proliferate and cause hair loss, red skin, and pustules (from secondary infections). It is not completely understood why some dogs get increased numbers of the mites that cause problems, however, immunosuppression, and genetics both play a role. Most cases are diagnosed in young dogs (usually less than 1.5 years). If demodectic mange is diagnosed in an older dog, an underlying condition should be suspected.

**Transmission:** Most dogs get the mite from their mother immediately after birth. It is possible, but less likely to be transmitted by close confinement with a dog with severe generalized demodex.

**Signs:** Hair loss, typically around the eyes, face, trunk, and limbs. Secondary bacterial skin infections are common which cause pustules, redness and skin irritation. Pruritis (itchiness) may or may not be noted.

**Diagnosis:** Skin scraping

**Treatment:** Treatment may involve oral, topical, or injectable medications

**Prognosis:** Good depending on severity of the condition.

**Protocol at PAWS:** *The animals are evaluated on a case-by-case basis and treatment decision is based on severity of clinical signs.*

## N. Sarcoptic Mange (scabies)

“Scabies” is an infectious skin condition of dogs caused by the microscopic mite, *Sarcoptes scabiei*.

**Transmission:** This type of mange is transmissible to other dogs, cats and to people by direct contact. In humans, the infection is typically self-limiting. Transmission via fomites (inanimate objects) is uncommon, but can occur.

**Signs:** Crusty lesions on the head, neck, legs, ears and abdomen, with hair loss and intense pruritis (itchiness) characterize Sarcoptic mange. Self-trauma due to scratching is common.

**Diagnosis:** Deep skin scraping. The mite is often difficult to find on skin scraping, so treatment may be initiated based solely on clinical signs and history (acute onset of intense itching after exposure to other dogs, or acute onset of intense itching in both dogs and humans in the household).

**Treatment:** Treatment involves oral, injectable, or topical medications.

**Prognosis:** Good

**Protocol at PAWS:** *These animals are evaluated on a case-by-case basis with consideration of severity of clinical signs, general health of the animal and space availability.*

## O. Hookworm

Hookworms are intestinal parasites of dogs and cats.

**Transmission:** Eggs are shed in feces which hatch in soil to become infective larvae. Animals acquire the infection by eating infective larvae or by penetration of the skin (usually on the feet) by the larvae. Humans can develop a skin infection if hookworm larvae penetrate the skin and start migrating.

**Signs:** Pale mucous membranes, dark tarry stool, constipation, loss of condition, poor appetite, and dry cough.

**Diagnosis:** Fecal examination.

**Treatment:** Pyrantel pamoate or fenbendazole

**Prognosis:** Excellent.

**Protocol at PAWS:** *Animals with hookworms will be treated at PAWS.*

## P. Whipworm

An intestinal parasite of dogs only.

**Transmission:** Infection is caused by ingestion of infective eggs from the environment. Eggs can persist in soil for months to years.

**Signs:** Mucoïd bloody diarrhea, anemia, and weight loss.

**Diagnosis:** Fecal examination. May require multiple examinations to detect the infection as few eggs are produced, and they may be produced intermittently.

**Treatment:** Oral fenbendazole for 3 days, repeat in 3 weeks and 3 months.

**Prognosis:** Excellent

**Protocol at PAWS:** *Animals with whipworms will be treated at PAWS*

## Q. Ringworm (dermatophytosis)

Ringworm is a fungal infection of the hair, skin and sometimes nails found in many animal species. People (usually people with lowered immune systems) can get ringworm from animals, although contact with other infected people or soil can be other routes of exposure. The disease is called ringworm due to the characteristic round or ring-shaped areas of hair loss and there is no actual worm involved in the disease. Younger animals, or those that are diseased or debilitated are the most likely to get ringworm.

**Symptoms:** The most common signs are areas of hair loss or broken hairs, scaly/flaky/powdery skin, or crusts on the face, ears, and feet. Cats can also be inapparent carriers, meaning they show no clinical signs but can still transmit ringworm to others.

**Transmission:** Ringworm is highly contagious to all species and very difficult to eradicate from the environment, especially a multi-animal environment. It is transmitted via direct contact with an infected animal and via contaminated clothing, furniture, bedding, carpets, brushes, toys, heaters, vents, etc. Fungal spores on animal hairs quickly contaminate the environment and can survive for years.



**Diagnosis:** Fungal culture and identification is definitive. Positive fluorescence of suspect lesions using a Wood's lamp is very highly suggestive.

**Treatment:** Most animals can clear the infection in about 3 months. Treatment is used to speed up resolution and minimize the risk of spread to other animals or people. There are several treatment options for ringworm although they can take up to 3 months to be effective.

**Protocol at PAWS:** *Ringworm is highly contagious to all species (including humans) and very difficult to eradicate from the environment, especially a multi-animal environment. PAWS has very limited ability to care for ringworm animals in house. If a foster home is available PAWS will utilize that resource. If foster is not available, we will attempt to look for rescue for the animals with ringworm, or directly exposed to ringworm. Not all animals are eligible for ringworm treatment at PAWS. Staff carefully consider an animals medical history and other illnesses to decide on the eligibility of treatment. Some animals diagnosed with ringworm may be euthanized.*

**Note:** Weaning kittens often are very messy and accumulate food crusts on face and muzzle. If not kept clean, these crusts can peel off and mimic ringworm. Please keep your foster animals clean. If one of your foster animals develops ringworm, PAWS will provide instructions on decontaminating your home.

## **R. Panleukopenia** (*Feline Distemper*)

Panleukopenia is a highly contagious viral infection of cats, closely related to Parvo virus in dogs. The virus attacks cells in the intestine leading to vomiting and diarrhea, and also affects production of white blood cells in the bone marrow causing immunosuppression.

The fatality rate with this disease is very high, with or without supportive treatment. This virus primarily affects kittens and young cats. Vaccinated adult cats are at very low risk for acquiring the disease. The Panleukopenia virus is very hardy in the environment and can live for months to years. The incubation period is from 2 to 14 days.

**Signs:** Vomiting, diarrhea, anorexia, and/or decreased activity level are the signs that may be noted. Often, no warning signs are noted, and kittens/young cats may die suddenly.

**Transmission:** The virus is shed in all body secretions, but the primary means of transmission is fecal/oral. Transmission by fomites (inanimate objects) is extremely common due to the hardy nature of the virus. Affected cats can start shedding the virus 2-3 days before clinical signs are noted.

**Diagnosis:** SNAP parvo test. Falsely negative tests can occur early in the course of infection if the virus is not yet being shed in the feces.

**Treatment:** There is no specific treatment for this infection. The prognosis for this disease is poor, even with intensive supportive care (hospitalization, IV fluids, and antibiotics).

**Protocol at PAWS:** *Due to the severity of illness and the highly infectious nature, PAWS does not treat cats and kittens with panleukopenia. Staff will attempt to coordinate a transfer to another rescue. If one cannot be found, positive kittens may be euthanized. Directly exposed (i.e. littermates) kittens may be euthanized and/or kept in strict quarantine. All other cats that may have been exposed are kept in strict quarantine. Cats and kittens in foster care that have tested positive for panleukopenia cannot be returned to the shelter.*

**Disinfecting Procedures:** If one of your foster animals develops Panleukopenia, PAWS will provide instructions for decontaminating your home.

## S. Parvovirus

Parvo is a highly contagious disease in dogs that is closely related to feline panleukopenia virus (FPV). In fact, it is thought that canine parvovirus developed from FPV sometime in the late 1970s. Canine parvovirus attacks cells in the intestine leading to vomiting and diarrhea and affects production of white blood cells in the bone marrow leading to immunosuppression. Less commonly, it affects cells in the heart muscle leading to heart failure. The fatality rate for untreated parvovirus infection is high. Puppies and unvaccinated adults are at highest risk for acquiring parvo virus infections. The incubation period is shorter than for FPV, typically 3-7 days.

**Symptoms:** Vomiting, diarrhea, lethargy, fever and anorexia are the common signs. The severity of signs can vary from mild diarrhea, to life-threatening vomiting, diarrhea and dehydration.

**Transmission:** The virus is shed in all body secretions, but the primary means of transmission is fecal/oral. Transmission by fomites (inanimate objects) is extremely common due to the hardy nature of the virus. Affected dogs can start shedding the virus 2-3 days before clinical signs are noted.

**Diagnosis:** SNAP parvo test. Falsely negative tests can occur early in the course of infection if the virus is not yet being shed in the feces.

**Treatment:** There is no specific treatment for this infection. Supportive care including subcutaneous or intravenous fluids, antibiotics, and anti-emetics are commonly used. The prognosis for recovery depends on the severity of disease and ranges from poor to fair.

**Protocol at PAWS:** *Due to the severity of illness and the highly infectious nature, PAWS does not treat dogs with parvovirus. Staff will attempt to coordinate a transfer to another rescue. If one cannot be found, positive puppies may be euthanized. Directly exposed (i.e.*

*littermates) puppies may euthanized and/or kept in strict quarantine. All other dogs that may have been exposed are kept in strict quarantine. Dogs and puppies in foster care that have tested positive for parvovirus cannot be returned to the shelter.*

## **T. Feline Infectious Peritonitis (FIP)**

FIP is a complex viral disease that primarily affects cats between three months to three years of age. FIP causes a chronic decline in a kitten or cat's condition, eventually leading to death. FIP is not generally considered to be a contagious disease, but outbreaks have been reported in shelter settings.

**Transmission:** FIP is a disease that develops after infection with the feline enteric coronavirus (FeCV). The corona virus itself is extremely common in cat populations, and generally causes no signs or mild diarrhea. FeCV is shed in the feces and is easily transmitted to other cats by direct contact or through fomites. The vast majority of cats with FeCV never go on to develop FIP. However, in a few cats, mutation of the virus, and the cat's own immune system combine to cause FIP.

**Signs:** Signs of FIP can be extremely varied. The classic "wet" form is characterized by a fluid distended abdomen, poor weight gain, and cyclical fever. Signs of "dry" FIP depend on the location of lesions which can include the lungs, brain, and abdominal organs.

**Diagnosis:** Definitive diagnosis can be very difficult and can often only be made post-mortem. Analysis of the abdominal fluid from a cat with the classic "wet" form of the disease is often very suggestive of FIP.

**Treatment:** There is no specific treatment. Supportive care can be used to make a patient more comfortable.

**Prognosis:** Very grave. FIP is an incurable disease that results in death.

**Protocol at PAWS:** *Cats suspected of having FIP are humanely euthanized.*

## U. Feline Leukemia Virus (FeLV)

FeLV is a contagious viral disease of cats that causes leukemia, anemia and immunodeficiency and/or cancer. Many cats can effectively clear the infection, but other cats become persistently infected. Infected cats may live a relatively healthy life for 3-4 years, before experiencing a decline eventually leading to death.

**Transmission:** Close contact with infected cats is required, primarily through activities such as mutual grooming. Transmission is less likely but possibly spread through urine, feces, fleas, contaminated needles or instruments and blood transfusions. Newborn kittens can be born with it or infected when groomed and nursed by an infected mother. Effective vaccines are available to prevent the disease and are recommended especially for young cats and kittens, and any cat that has outdoor access.

**Signs:** Extremely varied but can include: upper respiratory signs (cough, sneezing, conjunctivitis) gingivitis, persistent diarrhea, chronic ear or skin infections, weight loss, tumors, anemia, arthritis, kidney disease,

**Diagnosis:** FeLV SNAP test. Other tests may be used for confirmation.

**Treatment:** There is no treatment.

**Prognosis:** If a cat appears healthy and is FeLV positive, a lifespan of 3-4 years is expected. If symptomatic and FeLV positive, death usually occurs within a few months.

**Protocol at PAWS:** If otherwise healthy and no symptoms are present, a cat with FeLV is eligible for adoption. A FeLV symptomatic cat may be euthanized.

## V. Feline Immunodeficiency Virus (FIV)

FIV is a viral disease of cats similar to HIV in humans. Cats often have a good quality of life for many months to years, but the disease is ultimately fatal. The virus causes immunosuppression and susceptibility to other infections which eventually cause death. A vaccine has been developed that is partially effective for prevention of FIV infection, however there are drawbacks that make its use uncommon.

**Transmission:** The virus is transmitted by inoculation from saliva or blood in bite and fight wounds. Transmission from mother to kittens can occur, however this is relatively rare.

**Signs:** The disease progresses through several stages just as it does in humans and symptoms are not specific but can include: gingivitis and oral ulcers, fever, dermatitis, otitis, neurological signs, eye disease, weight loss, diarrhea, abscesses, chronic kidney disease, respiratory tract infection, and tumors.

**Diagnosis:** We test suspect cats with a SNAP elisa test. Intact male cats with fight or bite wounds are the most commonly affected population. Kittens under six months of age can test falsely positive due to maternal antibodies, so we do not routinely test any kittens.

**Treatment:** There is no treatment.

**Prognosis:** If a cat is healthy and FIV positive, there have been reports of cats being asymptomatic for more than six years. If symptomatic and FIV positive, the expected lifespan is a few months at most.

**Protocol at PAWS:** PAWS adopts out cats with FIV if they are otherwise healthy and doing well.

## W. Lice (*Pediculosis*)

Lice are common external parasites of all mammals, including humans. They are host-specific, meaning each species of mammal has their own lice, and they do not cross-infect different species. The lice life cycle occurs entirely on the host. The adults feed on blood and skin tissue and lay their eggs (called nits) on hair shafts.

**Transmission:** Transmission of lice is primarily by direct contact with an infested pet, although transmission through shared brushes also occurs.

**Symptoms:** The most noticeable sign of a louse infestation is a scruffy, dry hair coat. Hair loss may occur and the animal may itch, at times severely. Anemia can occur with severe infestations.

**Diagnosis:** A diagnosis can usually be accomplished with the naked eye. Nits tend to be more visible than the actual louse, but both can be seen.

**Treatment:** Of all the parasites of cats and dogs, lice are the easiest to eliminate, and they pose no threat to you or your children. Treatment is relatively simple but should be prescribed by a veterinarian. The treatment commonly used at PAWS is to shave the animal to remove the nits, and then treat with Frontline or Revolution. If shaving the entire animal is not practical, a pyrethrin based shampoo may be prescribed. It usually is not necessary to treat the environment, but all grooming utensils should be kept clean.

**Prognosis:** Excellent

**Protocol at PAWS:** Isolation and treatment preferably in foster care.

## X. Puppy and Kitten Losses

Sadly, a certain amount of puppy and kitten losses are unavoidable. Statistics vary, but puppy and kitten losses during the first 12 weeks of life average around 15%-40%. Most puppy and kitten losses occur during specific times: in utero (abortions and fetal resorptions); at birth (stillbirths); immediately after birth (birth to 2 weeks of age); or immediately after weaning (4-12 weeks of age). Losses after 12 weeks are generally low.

Puppies and kittens that appear healthy at birth but die before 12 weeks of age are sometimes characterized as “faders” or suffering from “fading kitten/puppy syndrome” or also explained by “failure to thrive”.

Puppies and kittens that end up in a shelter are often at higher risk because the mother was likely a stray. Stray animals are more likely to suffer from malnutrition, parasitism, and exposure to infectious diseases or toxins. This environment makes having a healthy pregnancy and healthy offspring difficult. Puppies and kittens found without a mother are at even greater risk due to increased stressors such as cold, lack of food, and decreased maternal antibodies from colostrum.

Perinatal deaths can occur from congenital abnormalities, teratogens, malnutrition, low birth weight, trauma during the birth process, maternal neglect, infectious diseases, sepsis, or other factors.

Foster care gives puppies and kittens that would not have survived outside as strays, a fighting chance at survival. Despite our best efforts, some will not make it, but most will thrive and eventually be adopted into loving homes.

## Y. Giardia

A protozoal intestinal parasite that can affect many mammals. The most common symptom noted is diarrhea that can be chronic or intermittent. Humans are much more likely to acquire *Giardia* from a contaminated water source (such as drinking untreated water when hiking) than from direct transmission from a cat or dog. However, there is some chance of zoonosis, so precautions such as handwashing are recommended after handling any animal.

**Symptoms:** The majority of healthy adult animals have no symptoms (asymptomatic carriers). When symptoms are noted, diarrhea with or without blood and mucus is most commonly noted.

**Transmission:** Occurs via ingestion of cysts which are present in feces, or transmitted by contaminated fomites, or water sources.

**Diagnosis:** Fecal SNAP elisa test, fresh fecal smear.

**Treatment:** Metronidazole or fenbendazole. Bathing is recommended to remove cysts from the hair coat, and cleaning of the animal's environment is also necessary. Most common disinfectants are capable of killing giardia cysts.

**Prognosis:** Good, however, no treatment is 100% effective. Re-infection from contaminated environments or fur is common.

**Protocol at PAWS:** *Isolation and treatment if housing is available. Treatment in foster care is an option for animals that were diagnosed while in foster care.*