



This document defines the policy and procedures for considering medical or behavioral euthanasia of animals in the care of Gateway Pet Guardians (GPG). The following policy is an organizational mandate. Willful non-compliance with the steps outlined in this policy will result in disciplinary action.

Medical Euthanasia Policy POLICY

Last Updated 2.21.2022

This procedure is to be considered for animals where quality of life has deteriorated or the animal has known conditions and are no longer responding to treatments while in the care of the GPG facility.

PROCEDURES

1. Diminishing Quality of Life. The decision to euthanize should not be made lightly. GPG will continue to evaluate the condition of the animal as long as there are options remaining to evaluate.

Any one of the following items will trigger consideration for euthanasia by a GPG Veterinarian:

- No response to treatment for rule outs with potential for favorable prognosis
- Remaining symptoms or conditions are both severe and non-treatable
- Not able to maintain weight despite intervening measures
- Withdrawing from humans or much less social than usual. Please note, these items are a trigger for consideration, not the final determining factor. The Quality of Life (QOL) Scale will be used for evaluation and decision making.

2. GPG Treatment Disclaimer. GPG makes every attempt possible to provide basic care and comfort to animals that otherwise do not have access to it. We do not, however, provide heroic or drastic lifesaving measures for terminally ill animals.

Quality of Life Scale. To be completed by attending Veterinarian and documented in medical records: 0= The worst, 10 = the best

Score	Criterion
TOTAL	A total over 35 points represents acceptable life quality to continue life as is.
0-10	HURT Adequate pain control & breathing ability is of top concern. Trouble breathing outweighs all concerns. Is the pet's pain well managed? Can the pet breathe properly? Is oxygen supplementation necessary?
0-10	HUNGER Is the pet eating enough? Does hand feeding help? Does the pet need a feeding tube?
0-10	HYDRATION Is the pet dehydrated? For patients not drinking enough water, use subcutaneous fluids daily or twice daily to supplement fluid intake.
0-10	HYGIENE The pet should be brushed and cleaned, particularly after eliminations. Avoid pressure sores with soft bedding and keep all wounds clean.
0-10	HAPPINESS Does the pet express joy and interest? Is the pet responsive to family, toys, etc.? Is the pet depressed, lonely, anxious, bored or afraid? Can the pet's bed be moved to be close to family activities?
0-10	MOBILITY Can the pet get up without assistance? Does the pet need human or mechanical help (e.g., a cart)? Does the pet feel like going for a walk? Is the pet having seizures or stumbling? (Some caregivers feel euthanasia is preferable to amputation, but an animal with limited mobility yet still alert, happy and responsive can have a good quality of life as long as caregivers are committed to helping their pet.)
0-10	MORE GOOD DAYS THAN BAD When bad days outnumber good days, quality of life might be too compromised. When a healthy human-animal bond is no longer possible, the caregiver must be made aware that the end is near. The decision for euthanasia needs to be made if the pet is suffering. If death comes peacefully and painlessly at home, that is okay.

1. Dog exhibits any one of three specific behaviors that Gateway Pet Guardians does not place into the community. Or, dog has Level 5 or 6 bite.

BEHAVIORS UNSAFE FOR COMMUNITY PLACEMENT**a. Offensive Aggression to Humans**

This is a dog that has shown a willingness to choose aggression over other alternative behaviors. In other words, they choose “fight” over “flight”, and have gone out of their way to bite a human without provocation. This is not to be confused with Defensive Aggression, which is when a dog does not have ample opportunity to choose flight, therefore leaving them with fight being the only option. True offensive aggression to humans is quite rare, as most bites on a human are defensive in nature. Some dogs start out as defensive, but learn over time that aggression is the most effective way to ward off threats, thus resulting in a dog that becomes offensive in their aggression as they gain confidence and reinforcement for biting.

b. Unpredictable Aggression to Humans

This is a dog that has shown inconsistent/random triggers for aggression on a human. We do not require that a dog be friendly with every random stranger that he/she may come across, however, we cannot safely or effectively train a dog to be a safe adoption candidate if the dog is unpredictably aggressive to humans. This mainly pertains to a dog’s ability to safely form a relationship. If we cannot pinpoint when or why a dog will react aggressively towards a person, a dog would be considered unpredictably aggressive and therefore not an adoption candidate.

c. Uninterruptible Drive

This generally pertains to a dog’s reaction to other animals (other dogs, cats, etc.) and is not simply an issue of dog aggression or prey drive. Dog aggression and prey drive are considered “normal” aspects of dog behavior. Uninterruptible drive is when a dog has an uncontrollable/unstoppable drive to seek out conflict with other animals. If all attempts to interrupt a dog when they are engaged in a predatory or aggressive act towards another animal fails, this dog would be classified as displaying uninterruptible drive.

BITE SCALE - LEVEL 5 & 6

Level 5. Multiple-bite incidents with at least two Level 4 bites or multiple-attack incident ((more than one person bitten a single incident) with at least one Level 4 bite in each.

- Complete bite report
- Schedule euthanasia

Level 6. Victim dead.

- Euthanize immediately

There may be other behavior issues that cannot be resolved that may warrant euthanasia, but the great majority of all euthanasia decisions would fall into the 3 categories. In the event that a dog causes injury resulting in death of another pet, euthanasia will be a consideration. We will always expend all available resources to identify a safe environment where behavior

modification and other interventions have the most likelihood of success, but we must take into consideration the dog's quality of life, particularly in the event that shelter stress is diminishing the dog's quality of life and we have no safe options to place the dog outside of the shelter setting.

Decision has been made by the Executive Director, Shelter Manager and Adoption & Foster Manager to euthanize an animal. All three members must be in agreement.

If the three members do not agree, the Behavior Euthanasia Decision Worksheet is sent to the Executive Committee to make the final decision.

If the euthanasia is both behavioral *and* medical in nature, then the Executive Director, Shelter Manager, Adoption and Foster Manager, and Veterinarian must be in agreement or move to step #3. Any relevant medical notes must be entered into Shelterluv within 24 hours of the euthanasia decision.

Euthanasia is scheduled 24-48 hours after the decision has been made or after the 10 day bite hold. There are some rare exceptions where euthanasia may need to be performed prior to the end of the 10 day bite hold in extreme aggression cases where staff cannot safely provide basic care for the dog. During the 24-48 hour timeframe, every effort is made to communicate with any volunteers and staff that are personally invested in the dog.

In the event that this policy is not followed, the Executive Director is required to notify the President of the Board of Directors who may choose to open an investigation.

Euthanasia Communication Plan

Last Update: 2.21.22

In the event that a pet in the care of Gateway Pet Guardians (defined as: a shelter pet, a pet in foster care or a pet recently adopted where GPG is still covering medical treatment) is determined to need to be euthanized, whether for medical or behavioral reasons, the following communication should occur prior to euthanization so that all whom have a vested interest in the pet have a chance to receive clear communication and have the chance to say their goodbyes to the pet.

Exceptions may be made at the discretion of the Veterinarian treating the pet if it is determined that the pet is suffering and excess time should not pass before proceeding with euthanasia. In this instance, the Veterinarian *must* perform a physical exam to determine the condition of the animal prior to euthanizing and there must be an attempt to notify the Executive Director prior to the euthanasia.

Behavioral plan:

1. Behavioral Euthanasia Documentation is put together by Adoption and Foster Manager or Shelter Manager. It is reviewed and signed by the Adoption and Foster Manager, Shelter Manager and Executive Director.
2. Communications about the euthanasia will be made by the Executive Director in the following order:
 - a. Executive Director to notify President of the Board of Directors
 - b. Staff Veterinarian and vet team
 - c. Current and/or former foster parents
 - d. All staff
 - e. Any volunteers who have spent time with/are invested in that pet
 - f. Adoption & training team members as needed dependent on their role
3. Shelter Manager or Adoption & Foster Manager will mark the behavior euthanasia in shelter software.
4. Veterinarian will record the euthanasia in veterinary software.
5. Shelter Manager will print a copy of the euthanasia decision documentation and place in the Euthanasia Binder on the Adoption Floor.

Medical Plan:

1. Staff Veterinarian or Clinic Manager communicates the need for medical euthanasia to the Executive Director (or other member of leadership in Executive Director's absence)
2. Communications will be made by the the Executive Director (or other member of leadership in Executive Director's absence) in the following order:
 - a. Executive Director to notify President of the Board of Directors
 - b. Current and/or former foster parents
 - c. All staff

- d. Any volunteers who have spent time with/are invested with that pet
 - e. Adoption team members as needed dependent on their role
- 3. Staff Veterinarian performing the euthanasia will make detailed notes in veterinary software regarding the reasons for euthanasia within an hour of the euthanasia taking place.
 - a. Intake Manager or Executive Director will copy and paste the notes into shelter software and mark the medical euthanasia outcome.

In the event of an emergency medical euthanasia that is during off hours at an outside clinic:

- 1. Staff member on hotline will stay in contact with foster parent and emergency clinic
- 2. If it is in the middle of the night and leadership staff cannot be reached, emergency clinic may proceed with euthanasia if emergency clinic veterinarian deems necessary due to pet suffering.
 - a. Otherwise, hotline staff member should attempt to contact the Executive Director or another member of the leadership team before proceeding.

Approved by the Executive Committee of the Board of Directors 2/21/22
Revisions to this policy require Executive Committee Approval