

Animal Shelter & Clinic Reopening FAQs

When should a shelter clinic resume normal operations?

Companion animal transmission of COVID-19 to humans is not considered a risk. Accordingly, shelters should follow guidance from the Centers for Disease Control and Prevention for the reopening of general business operations. Human resource departments of shelters can encourage eligible staff to receive vaccinations (and provide paid leave for staff to do so). HR departments may wish to establish the vaccination status of staff and use this information to determine internal policy. For example, if a large proportion of staff self-report that they are fully vaccinated, then the shelter policy may be that masks are no longer mandatory when staff are working around one another.

Based on updated CDC recommendations for veterinary clinics, shelters should also consider their local transmission and vaccination rates when creating policies for mask use during interactions with the public (including volunteers). Team members who wish to continue wearing masks should be supported. Staff should not feel pressured to return to “normal” for the sake of streamlined shelter operations. Shelters should continue to provide personal protective equipment and education on self-protection. A [helpful resource](#) for identifying clinic reopening considerations is available from the Ontario Veterinary Medical Association.

What about contactless services?

Clinics should abide by any local or state mandates regarding contactless services. Clinics should intentionally and gradually open back up to the public when legally permissible to do so, to ensure services are accessible to the community. Clinics may find benefits in allowing the public to come into clinics (e.g, improved communication and efficiency of care).

Contactless services should remain an option for clients who may not be comfortable or safe to engage in close human contact or/and for patients who may benefit (lowered stress/anxiety) from a contactless/drop-off process.

How can the backlog of services, such as spay/neuter, be addressed?

An important first step is to reassess which animals still need services. Many adopters may have sought out spay/neuter services through other avenues during the pandemic, or pets may have been rehomed.

Strategies to address the remaining backlog by increasing overall surgical capacity include:

1. Recruit relief veterinary practitioners to increase daily surgical capacity, or to perform surgery on additional days of the week.
2. Partner with local practices that have capacity to take on additional caseload; a voucher system can be considered for already adopted pets.
3. Coordinate very high volume spay/neuter events; engage volunteer support, recruit relief staff (vets and technicians).

4. Partner with existing MASH groups that are providing spay/neuter support.

Prioritize animals who are most likely to contribute to overpopulation in your community (e.g, females over six months of age, free-roaming animals, etc.). Keep abreast of national programs that may be able to provide support (e.g., grants, organized spay/neuter events, etc.). A long-term strategy to address ongoing intake is to identify communities with higher intake rates and engage in outreach in those targeted areas through door-to-door canvassing or mobile veterinary services (vaccination, spay/neuter, microchipping clinics).

Should shelters reopen to the public?

Shelters should abide by any local or state mandates regarding contactless services but should intentionally and gradually open back up to the public when legally permissible to do so, to ensure services are accessible to the community.

Shelters should scale program openings and operations to match internal and external resources such as staffing, housing and foster capacity, and scale animal control operations to match shelter capacity for care. If the shelter does not have direct animal control oversight, proactive communication regarding capacity will be necessary to prevent a massive increase in intake that cannot be supported by current shelter operational capacity.

Shelters should encourage peer-to-peer rehoming options to keep shelter inventory as low as possible, both to improve animal health and welfare, but also to make up for capacity that may be reduced until operations are fully open again.

Many positive programs that flourished during COVID-19 should be continued when possible (e.g, increased foster-based care, appointment-based admissions, peer-to-peer rehoming, reduced animal control “impounds” of healthy community cats and stray animals to allow time for stray animals to return home through the help of community members, etc.).

While there were numerous positive consequences observed due to contactless service and limited public access inside shelters (reduction in dog reactivity, reduction in feline URI because of reduced stress and population density), these positive effects must be balanced with the potential negative consequences. Of primary concern is the effect of reduced traffic through the shelter that results in lower adoption numbers.

Appointment-based *adoptions* create barriers to adoption; they must be balanced with a variety of outreach events that help get animals out into the community for visibility. Outdoor events and/or pop-up events are good options that still allow for social distancing and reduce the risk of COVID transmission.

Has there been any update to the risk and impact of COVID-19 on animals?

No significant updates regarding zoonotic transmission or transmission between animals of COVID-19. Regarding the new strain of canine coronavirus, refer to Dr Weese’s [blog](#) piece on this topic. Essentially, this is a nonconcern at this time since new viral strains are constantly being discovered.

*We recommend staying informed of new virus variants and changes to local, state and federal guidelines.

