



ANIMAL REFUGE LEAGUE OF GREATER PORTLAND

FOSTER MANUAL

FOSTER MANUAL // TABLE OF CONTENTS:

- PAGES 3 – 10: FOSTER PROGRAM OVERVIEW
- PAGES 11 – 19: CANINE FOSTERING 101
- PAGES 20 – 22: PREGNANT DOG & PUPPY CARE
- PAGES 23 – 27: FELINE FOSTERING 101
- PAGES 28 – 38: PREGNANT CAT & KITTEN CARE
- PAGES 39 – 43: DISEASE DIRECTORY
- PAGES 43 – 45: UPPER RESPIRATORY INFECTION FAQ
- PAGES 45 – 46: BOTTLE FEEDING TIPS & TRICKS
- PAGE 47: THE SCOOP ON POOP!
- PAGES 48 – 50: DANGEROUS/TOXIC FOODS & PLANTS
- PAGES 50 – 52: RABIES FAQ
- PAGE 53: ARLGP BITE REPORT

ARLGP Emergency Contact Information

ARLGP Physical Shelter Address:	217 Landing Road, Westbrook ME 04092	
Public Phone Line:	(207) 854-9771	
Shelter Contacts (for needs during our business hours):		
Back Line	(207) 856-2696	The ARLGP is staffed daily from 7am-5pm. During these hours, please call the back line (it is always answered) and state that you are a foster, who you have as a foster pet, and what your needs are. You will be directed to the most appropriate team member for your concern.
Ann Eagan, Foster Coordinator	(207) 517-3956	
Lisa Ivy, Foster Coordinator	(207) 517-3969	
Kathleen Fobear, Canine Manager	(207) 517-3952	
Molly Draper, Feline Manger	(207) 517-3957	
Shelter Contacts (for after-hours emergencies only):		
Ann Eagan, Foster Coordinator	(207) 233-8967	
Kathleen Fobear, Canine Manager	(207) 415-4555	
Molly Draper, Feline Manager	(207) 899-7036	
Jeana Roth, Dir. Community Engagement	(207) 776-8548	

Preparation for Becoming a Foster Home

Welcome! We are thrilled to welcome you to the ARLGP's Foster Care Program. Your efforts allow us to offer peaceful respite from the shelter environment while expanding our ability to help pets in need. As a foster, you are helping us fulfill our mission to provide the highest level of care while we work to find displaced pets loving homes.

The ARLGP uses foster homes for a variety of needs including:

- Puppies, kittens, and critters who are not old enough to be placed up for adoption.
- Pregnant moms and/or moms that are nursing litters.
- Animals needing pre-adoption vaccinations or recovering from/receiving treatment for illness/injury.
- Dogs and cats on extended quarantine.
- Transported animals pending state mandated quarantine.
- Animals in need of socialization in a home environment.
- Animals being held for events.
- Animals needing observations in home to share with potential adopters.
- Animals with special needs (medical or behavioral).

Our foster program is not intended to be a trial period for adoption, or for “adoption ready” pets. If you are trying to determine if you are ready to adopt a pet, it is best to speak to the adoption staff, as opposed to going through the foster program. ***LEARN MORE ABOUT ADOPTION: [ARLGP.ORG/ADOPT](https://www.arlgp.org/adopt)***

Not all foster homes will be able to take all kinds of pets, so part of your orientation process will be identifying the abilities of your home and family and what you feel your capabilities are to foster. While incredibly rewarding, fostering pets can be emotionally demanding and time consuming and we recognize that it is not for everyone.

Requirements to Foster

- **You must be at least 18 years of age and have your own health insurance.**
- Have an approved foster application and complete an orientation.
- Foster at least once every 4 months.
- Have ability to bring animals to the ARLGP veterinary clinic for neutering/spaying and/or veterinary check-ins prior to returning animals to the shelter for permanent placement. (The shelter will determine the date and time of appointment.)
- Have some flexibility for return dates to the shelter. Available space will determine this, but we will make every effort to adhere to the time commitment you have agreed to.

Job Description

Objective: In the comfort of your own home, ensure a safe and nurturing environment, in which pets can grow, heal, recuperate, and socialize until they are available for adoption.

Am I ready to foster a pet?

Even on a short-term basis, our pets are a commitment of time, energy, and care. They will have an adjustment period to their temporary home while they settle in and will need to be helped to get onto the family's schedule for waking up and going to bed, when walks and meals will happen, what the boundaries are in the home in terms of couches, beds, etc.

You should expect to work on:

- House training/litter box training
- Basic manners
- A plan for safe confinement when unsupervised (crate, baby gates, spare room)
- Leash manners
- Socialization

How We Place Pets into Foster Care / The Foster Process

The decision to place a pet into foster care is made by the ARLGP staff. A variety of factors goes into the decision including age, medical and behavioral needs, and projected length of stay in foster care. These criteria are used to find the right foster home match to meet the pet's needs.

- After a pet has arrived at the ARLGP, our staff give age/species appropriate tests/vaccines, and the pet gets an evaluation by a team member prior to being sent to foster care.
- Depending on the foster reason and the pet, an email blast is sent either before the animal arrives at the shelter or after arrival and evaluation. The email includes: animal information, date and time of pick-up/return, surgery drop-off date, and any vet appointments or events needed.
- Animals are placed based on responses and suitability of foster homes. In most situations where more than one foster family is interested in fostering, we need to take the timeliest offer to meet the foster pet's needs.

Once you have been matched to a pet and agree to foster:

Typically, pets are picked up for foster the day you agree to foster, but that may be extended for up to 24 hours, depending on the time sensitivity of the circumstances. When you arrive at the shelter to pick up your foster pet:

- Foster arrives at ARLGP intake/clinic entrance at pre-arranged time and reviews and signs the foster contract. **PLEASE READ YOUR CONTRACT CAREFULLY** as it includes important information specific to the animal you are fostering, such as: vet/surgery appointments, event holds, transport quarantine instructions, etc. **It is extremely important that you READ YOUR FOSTER CONTRACT EACH AND EVERY TIME YOU FOSTER and ask any pertinent questions.**
- Supplies, including any medication, will be prepared for you and directions for their use will be sent with you.
- Any specific behaviors and plans for their management will be discussed with you at pickup as well.
- If you cannot fulfill the entire agreed upon foster period due to an unforeseen emergency, please contact us as soon as possible so that other arrangements can be made for the pet. Please do not drop off the pet(s) at the shelter without first speaking to staff.

- On the scheduled surgery date, you are responsible for delivering the pet to the ARLGP between 8-8:30 am. If you are not able to make this time, please speak to the Foster Care Coordinator to discuss timing.

Types of Fostering

Transport Quarantine Fostering

The ARLGP Safety Net program is a collaboration of more than 60 shelters/rescues nationwide, relocating animals from overpopulated regions to the ARLGP for adoption. The State of Maine requires that all animals arriving from out-of-state be held for a quarantine period (dependent on animal age and needs, average length of foster is 2-10 days).

Foster guidelines for transports | Please follow to comply with a safe and legal quarantine period:

CATS

- Quarantined cats should be set up in their own room and kept separate from other pets in the home. Cats fostered through ARLGP should NOT be allowed outside.
- After interacting with your fostered cats or kittens it is a good idea to wash hands thoroughly and change clothing before interacting with your own pets.

DOGS

- Do NOT bring your quarantine dog to any busy public places or parks.
- Do NOT allow your dog to interact with home visitors.
- Do NOT allow any members of the public or their pets to interact with your quarantined dog.
- DO allow your quarantined dog to interact with you and your family.
- DO keep your quarantined dog in your home unless outside on a leash.
- DO allow your quarantined dog to interact with your own dogs at your own risk, knowing they are being quarantined to watch for signs of disease or illness.

Event Fostering

On occasion, pets may be selected/held for a special adoption or advocacy event. Arrangements will be made for the animals to be transported offsite or to the ARLGP for the events. If family or friends are interested in adopting, they are welcome to attend the event with the understanding that the animals will be adopted out on a first-come/first-serve basis.

Special Needs Fosters

We often have animals with specific needs such as:

- Dogs in need of training and/or behavior assessments
- Kittens needing socialization
- Animals needing special medical care and/or recuperation
- Animals awaiting court decisions
- Pregnant and/or nursing mothers and their litters

Our foster team will work out a treatment and behavior plan for individual needs. Some special needs fosters will need to be brought back to the shelter for veterinary exams, training sessions, and other testing and treatment.

Shelter Break Fostering

Occasionally, we will identify an animal that may benefit from a break from shelter life. Shelter breaks are usually 2-3 day periods of time in a foster home. This should be a time when the foster is able to spend quality time with the animal. Some of these animals have special behavioral needs. Those needs and how to work with them will be explained to fosters prior to taking the animal home.

Bringing Home Your New Foster

Introduction to the Home

Going to a foster home can be a confusing time for a pet as they adjust to new people, a new environment, and a new schedule. There are some basic steps foster homes can take to ease this transition:

Designate a “safe place” that is “animal proofed:”

- This space should be separate from current household pets. Having a secure and safe area to keep your foster pet when you’re not supervising will help protect your home as well as the pet. This can be a room that is able to be baby gated off securely, or that has a door that can be closed. For dogs, this area can be a crate if the dog is crate trained (though puppies can typically sleep in crates overnight).
- Pet proofing is very similar to child proofing; you’re looking for items that can be eaten or swallowed and choked on or damaged. If you use a room instead of a crate, it should have hazards removed such as medications, cleaners/chemicals, loose or dangling cords (accessible cords should have cord covers), trash cans, house plants, shoes, strings and sewing supplies.
- For small kittens and puppies, check for and block any small spaces or holes where they could get stuck. Windows should be closed and secured, and all heating and air vents should have covers. PLEASE DO NOT ALLOW RECLINER CHAIRS TO BE USED IN ROOMS WITH PUPPIES OR KITTENS.

Set a schedule:

To help your foster adjust, set a regular schedule for feeding, potty breaks, walks, etc. Dogs do best with house training when they have a routine. Kittens like to eat on schedule and have a clean box.

Be understanding:

This can be a very confusing time for a pet. Your new foster may take a couple of days to warm up and feel comfortable and may need some space to adjust and observe. Advise children not to force interaction on fosters and be respectful of boundaries.

Preparing for Your Next Foster

Between fosters you will want to thoroughly clean the areas of your home and yard where they stayed and played.

Suggestions on Cleaning Procedures

Hard vs. Soft Surfaces: When housing an animal, it is important to consider all objects he or she may have contact with and disinfect them accordingly. While hard surfaces are easier to scrub and sanitize, washing and/or vacuuming can also help decrease the number of environmental pathogens. Remember to wash laundry on hot and do not mix with your regular laundry.

Detergents: the mechanical action of scrubbing with a detergent is effective for many bacteria. Most disinfectants only work once the surfaces has been cleaned of debris.

Soluble alcohols: alcohol is effective against viruses and bacteria but not fungi. Remember that the surface must be scrubbed clean prior to use for alcohol to be effective.

Bleach:

- Recommended dilution is 1-part bleach to 32-parts water
- Recommended contact time is 10 minutes
- More is not better, and contact time is crucial!

Accelerated Hydrogen Peroxide: most used disinfectant in animal shelters, it is sometimes referred to as Rescue or Accel. If you would like to use this product, we are happy to fill a spray bottle that you bring in from home.

Other Things to Note: With common household cleaners like Simple Green or Clorox wipes, it is important to read the labels. Many of these brands do not have an active disinfectant.

Parasites and their eggs are difficult to deal with because many are very resistant to cold and heat and can survive for years in the soil. The most effective way to deal with parasites in the yard or litter box is to clean up after an animal as often as possible. Bagging stool and then spraying where the pup went can be an effective way to limit contagions in your yard. This should be done with all fosters regardless of whether we have determined that they have a contagion.

When using cleaning products, especially around kittens and ill animals, be aware of ventilation, and not allowing them to walk on freshly cleaned surfaces. Most of these products will irritate paws, eyes, nose and mouth.

Foster Care Financial Information

Foster volunteers who itemize deductions may be able to deduct expenses they incur fostering animals for the ARLGP. You should seek the advice of an accountant.

While it is the responsibility of the foster family to maintain accurate records for expenses incurred, the ARLGP will gladly provide an acknowledgement showing the period during which you fostered.

ARLGP Ownership Statement

The ARLGP maintains ownership of all animals in foster care at all times. The ARLGP reserves the right to reclaim an animal from foster volunteers at any time during the fostering period. Foster volunteers will be informed of the reason(s) why the animal(s) need to be returned and asked to bring them to the shelter as quickly as possible. In extenuating circumstances, the ARLGP staff will retrieve animal(s) directly from a foster home for return to the shelter.

How to Advocate for Pets in Foster

Unless you have been instructed otherwise, please feel free to share your foster stories and photos with friends and family. Friends, family, and fosters are welcome to come on adoption day knowing that all of our animals are adopted out on a first-come/first-serve basis. We are not able to offer holds on animals that potential adopters have yet to be counselled on by our staff members.

Spaying and Neutering

The ARLGP takes great pride in the role we are playing in ending overpopulation of companion animals. To that end, we have chosen to practice pediatric sterilization of our animals.

Pediatric sterilization is done on animals eight weeks and older and weighing at least two pounds. This procedure is cost effective and allows for these animals to be ready for adoption upon their return from foster. In addition, animals tend to recover very quickly. **Dissolvable sutures are most often used but care must be taken to monitor the incision for signs of infection.**

Tattoo: All pets spayed/neutered at the ARLGP veterinary clinic receive a green/blue tattoo on their mid-abdomen. The tattoo is there to show other veterinarians that the pet has already been altered.

Dropping off your pet for spaying/neutering:

- All animals should be dropped off for surgery between 8-8:30am on the scheduled surgery date unless other arrangements have been made in advance.
- Drop-off is at the intake/clinic entrance on the lower level.
- Puppies and kittens under three months of age should have a light breakfast. Dogs and cats over three months should be fasted after midnight. Water should always be available.
- Puppies, dogs, cats and kittens returning to foster post-surgery will have a post-operative instruction sheet and medications ready to go home.

It is important not to miss appointments. Under no circumstances is being a “no show” at a veterinary appointment acceptable. If you are unable to make it to your scheduled appointment, please contact the foster coordinator as soon as possible.

After surgery care:

- After your foster animal is spayed/neutered, they should be kept quiet and rested, and be away from family pets and active children. Animals recovering from anesthesia can be extra sensitive to noise and bright lights, and their reactions to usual activities may be unpredictable.
- No running, jumping, rough play, swimming, or other strenuous activity for 7-10 days post-surgery. Dogs must be kept indoors where they will be warm and dry and walked on a leash.
- **Check the incision when you get home, so you know what “normal” is, then check it twice a day.** There should be no drainage. Redness and swelling should be minimal. Do not allow the pet to lick or chew at the incision. When not being supervised the e-collar (cone) must be worn for 7-10 days.
- **If it appears that sutures have been ripped or torn, especially in females, and the surgical area has opened, contact the shelter immediately.**
- **Give any medications according to directions on the label.** Some medications do not start until the next day. Always give medication with food, and do not give unless the pet is eating and drinking normally.

- Appetite should return gradually within 24 hours of surgery. Lethargy lasting for more than 24 hours post op, diarrhea, or vomiting are not normal and should be reported. Dogs may have a slight cough for a few days after surgery.

Determining when to call for Medical Help

Some diseases common to the shelter environment have incubation periods before symptoms appear. Therefore, your foster animal may be infected before going into foster care but may not show symptoms until after they are in your care.

If symptoms of illness occur in your foster pet, please call a foster coordinator for instructions. **It is important to call as early in the day as possible so that there is ample time to draw up medications or schedule a visit with our veterinarian.**

REPORT ANY OF THE FOLLOWING:

Conditions highlighted in **RED** are considered **URGENT** and require an **immediate call to a foster coordinator at any time of day**

Conditions highlighted in **BLUE** require **timely notification to foster coordinator by email or call**

Eyes:	Ears:
<ul style="list-style-type: none"> • Uneven pupil dilation • Swollen conjunctiva, including 3rd eyelid • White film or cloudiness over eyes • Yellowing on white part of eyes 	<ul style="list-style-type: none"> • Dark, waxy discharge • Yeasty smell • Painful to touch or scratching
Nose:	Mouth:
<ul style="list-style-type: none"> • Yellow or green discharge • Unexplained scabs or skin loss • Clear discharge from nose or eyes, sneezing, slight spraying of blood from nose. • Yellow or green discharge, bleeding from nose (not slight spray as described above, wheezing (heard from chest/lungs)) 	<ul style="list-style-type: none"> • Vomiting more than once and/or blood in vomit • Loss of appetite • Loss of appetite longer than 1 day in puppies and kittens • Coughing or gagging • Trouble eating or chewing • Pale gums (should be a healthy pink) • Ulcers or lacerations on gums, tongue, or lip • Excessive salivation
Skin:	Anal/Genital Area:
<ul style="list-style-type: none"> • Lacerations, lumps, loosing hair, scabs 	<ul style="list-style-type: none"> • Diarrhea • Diarrhea with blood • No bowel movement for more than 36 hours • No urination for more than 24 hours
Gait:	Temperature:
<ul style="list-style-type: none"> • Sudden lameness that does not improve with rest within one day. • Animal exhibits pain upon walking or handling 	<ul style="list-style-type: none"> • Normal rectal temperature is between 99.5-102.5 degrees. • Animals that are exercising or smaller breed dogs may have a slightly higher temperature.)
Behavior:	
<ul style="list-style-type: none"> • Lethargic • Increased or decreased appetite • Excessive drinking and/or urination • Straining to urinate or defecate 	<ul style="list-style-type: none"> • Seizures or convulsions

All ARLGP animals will be treated by our shelter veterinary clinic unless otherwise instructed.

Do not take foster animals to your own veterinarian.

Please understand if you take your foster pet to another veterinarian you will be financially responsible for the visit and any treatment.

ARLGP // CANINE FOSTERING 101

Introductions to Resident Pets

When introducing your foster pet to the pets already in your home, go slowly and give both pets plenty of space and monitor interactions.

Have dogs meet on leash: Do this in neutral territory whenever possible, like a neighbor's yard. Taking them for a walk together around the neighborhood is also an excellent option. Keep some distance between them initially, gradually closing the distance provided things are going well.

Leave leashes dragging: If things are going well and you are ready to take the next step have them interact in your fenced yard or in an open space in your home with leashes dragging. This will make it easy for you to intercede (by simply picking up the leashes) if needed.

Keep dogs separated while you are away: Even if things are going well it is a good idea to always keep your resident dog(s) and foster dog(s) separate while you are away.

If the foster is being brought into the house in a crate: Allow the dog to exit the crate on his own (do not reach in) in a secure room. Once s/he has exited, leash up and head outside for introductions.

Introducing foster dogs to cats: Go slowly! Its preferable that the dog and cat can smell and hear each other before being able to see each other. Once they can see each other have a barrier, like a baby gate, separating them and ALWAYS HAVE YOUR FOSTER DOG ON LEASH. If things are going well and you've decided to allow your cat to roam the house leave the leash dragging on your foster dog so that you can act quickly and safely if needed.

Canine Body Language

Signs of confidence: Standing upright, tail up and wagging in a slower sweep, ears perked up or relaxed, soft eyes.

Signs of fear or concern: Lowered stance, tail down or tucked under, tail wagging in a quick, almost frantic buzz, looking away, not wanting eye contact, whale eye, barking, lip curling, freezing

Relaxed: A relaxed dog may lay comfortable on the floor or their bed, ears relaxed, tail curled at their side or perhaps on their back depending on the breed.

Pushy Dog-to-Dog Body postures: Standing over another dog, standing very tall, placing their chin or paw on/over another dog's shoulders, mounting, continuing to pursue interaction when the other dog is retreating.

Confident/playful body postures: Calmly accepting the other dog licking their lips, playfully rolling to expose their bellies. Play bows.

Not confident/stressed/fearful dog-to-dog body postures: lip licking, tail tucking, ears back, crouching, running away, lip curling, growling, snapping

Canine Body Language Visual Guide



On alert



Suspicious



Anxious



Feels threatened



Very angry



Calm (gaze turned away)



Stressed (yawns)



Stressed (licks nose)



Calm (sniffs ground)



Respect (walks away)



Leave me alone (big eyes)



Looking for something



Stressed (scratches them-self)



Shakes stress away



Relaxed (relaxed ears and eyes)



Respect (gives you their back)



Happy, polite and ready to be petted



Content



Wants something (looks sweet and sad)



"I'm all yours!" (belly exposed for rubs)

Basic House Training

House Training Shelter Dogs: Dogs newly arriving at your home may be confused in new surroundings and unsure of where to relieve themselves. Dogs who have come in on transport may have been long-term residents in shelters where they did not have regular outdoor potty breaks. In addition, you and the dog(s) may not yet be communicating well. But be patient and watchful, and you can be successful in house training your foster dog.

Adults: Tips & Tricks

- As a dog adjusts to your home and a new schedule, s/he may need more frequent trips outside to prevent accidents.
- When your foster goes to the bathroom outside, praise him/her!
- If s/he is having accidents inside, confine your foster dog to his/her safe space when you are not there or able to keep a close eye on him/her.
- Only use a crate if your adult dog is already crate trained. If you are interested in crate training, please see the crate training section below.

Puppies: Tips & Tricks

- Puppies may be just learning how to hold it inside and to eliminate outside and frequent trips out give you the best chance to reinforce that behavior.
- Puppies who are learning may tend to have accidents in front of doors. Place puppy pads in front of doorways to make cleanup of accidents easier.
- Puppies do not understand anything about leash, potty, chewing or greeting manners. It is up to us to establish a bridge of understanding if they are to live with us harmoniously. We are the ones with all the requirements, not them.

Successful House Training Consists of Four Key Elements:

1. Confinement
2. Training
3. Timing
4. Praise

#1 Key Element: Confinement

- Puppies/dogs who don't yet understand where it is appropriate to eliminate should be confined to facilitate the easiest house training. The best and most effective place to confine a puppy is in a crate or puppy pen.
- Most dogs do not want to eliminate where they sleep, therefore the crate needs to be just large enough for the dog to stand up/lie down/turn around comfortably. If the crate is too big the dog will eliminate at one end and sleep at the other.
- Please be mindful of the length of time a dog is in the crate. They need to be taken outside on a schedule appropriate for their age. Dogs should be given plenty of time to play, get physical affection and engage in mental stimulation.
- Adult dogs who are not crate trained can be set up in a secure place that is easy to clean like a kitchen or bathroom.

As a rule, the length of time a puppy can be confined to a crate without going outside is roughly equal to his or her age in months:

- 2 months old = 2 hours of confinement without an elimination break

#2 Key Element: Training

- Dogs have very short situational memories, so correcting him/her after having an accident isn't effective. If you catch your foster mid-elimination you may have the chance to bring him/her outside to finish, but this should not be accompanied by a reprimand.
- If your dog or puppy eliminates inside simply clean it thoroughly and try to catch him/her next time. This process takes time and consistency.

#3 Key Element: Timing

- Puppies and dogs earn freedom by eliminating appropriately. The best time for a puppy to be out of his crate or puppy pen is AFTER eliminating outside. The free time will still need to be strictly supervised, so that at any signs of looking for a place to eliminate the puppy can be taken outside. Baby gates are also a good way to limit the space to monitor chewing and behaviors not welcome or safe for the puppy.
- Any time there is a change in activity, such as playing or eating, the puppy MUST be taken outside.
- The puppy will also give certain indications each time he or she needs to eliminate: abruptly stopping play, circling, sniffing, running out of the room, or simply a look like something is on his or her mind. You will easily learn by observation what the signs are for your foster puppy.

#4 Key Element: Praise

- If your foster pup eliminates outside or if you catch them and are able to rush them outside, give lavish verbal praise and pets afterward.
- Never punish or give negative verbal corrections like, "NO!" if your foster dog has an accident as we do not want to create anxiety around the act of eliminating.

Other Considerations

Waking up in the middle of the night with puppies

- Nighttime needs should diminish quickly as the puppy gets older. At first, you may need to get up two or three times a night for a 7-week-old puppy. That frequency should quickly reduce for a 9-week-old and so on.
- When a puppy cries in the night, you do have to check on him/her, it is the only way for the pup to communicate that there is a problem. You will soon learn when the pup is just fussing a bit. All midnight trips should be for elimination breaks only. Not the time for playing. That will cause the puppy to want to get up to play during the night.

Submissive Urination

Submissive urination is a normal way for some puppies to demonstrate submissive behavior. Even a puppy that is housetrained may leave little puddles of urine during greetings. The puppy is telling you that you are being recognized as the leader. This usually resolves by 2 years of age.

Things you can do to deter the behavior:

Always greet the dog quietly without excitement. Don't bend over them to pet them on the head.

- If possible, have visitors meet them outside just in case.
- Never scold them as it will make this behavior worse.

Canine Feeding Guidelines

Feeding can vary from brand/type as well as based on the dog's needs. Use these charts as a general guideline and adjust based on your individual dog. Adult dogs should be fed twice per day and puppies 8 weeks and over should be fed 3 to 4 times per day.

Weight of Dog	Puppy	Average	Active	Senior
5-10 lbs	$\frac{3}{4}$ - $1\frac{1}{4}$	$\frac{1}{2}$ - 1	$\frac{3}{4}$ - $1\frac{1}{4}$	$\frac{1}{2}$ - $\frac{3}{4}$
10-20 lbs	$1\frac{1}{4}$ - 2	1 - $1\frac{1}{2}$	$1\frac{1}{4}$ - $1\frac{3}{4}$	$\frac{3}{4}$ - $1\frac{1}{4}$
20-30 lbs	2 - 3	$1\frac{1}{2}$ - 2	$1\frac{3}{4}$ - $2\frac{1}{4}$	$1\frac{1}{4}$ - $1\frac{3}{4}$
30-40 lbs	3 - $3\frac{3}{4}$	2 - $2\frac{1}{2}$	$2\frac{1}{4}$ - $2\frac{3}{4}$	$1\frac{3}{4}$ - $2\frac{1}{4}$
40-50 lbs	$3\frac{3}{4}$ - $4\frac{1}{2}$	$2\frac{1}{2}$ - 3	$2\frac{3}{4}$ - $3\frac{1}{4}$	$2\frac{1}{4}$ - $2\frac{3}{4}$
50-60 lbs	$4\frac{1}{2}$ - $5\frac{1}{4}$	3 - $3\frac{1}{2}$	$3\frac{1}{4}$ - $3\frac{3}{4}$	$2\frac{3}{4}$ - $3\frac{1}{4}$
60-70 lbs	$5\frac{1}{4}$ - $5\frac{3}{4}$	$3\frac{1}{2}$ - 4	$3\frac{3}{4}$ - $4\frac{1}{4}$	$3\frac{1}{4}$ - $3\frac{1}{2}$
70-80 lbs	$5\frac{3}{4}$ - $6\frac{1}{2}$	4 - $4\frac{1}{2}$	$4\frac{1}{4}$ - $4\frac{3}{4}$	$3\frac{1}{2}$ - 4
	cups (dry)	cups (dry)	cups (dry)	cups (dry)

Crate training 101

Crate training takes advantage of your dog's natural instincts as a den animal. The crate becomes your dog's den, where they can find comfort and solitude while you know they're safe and secure.

The primary use for a crate is housetraining, because dogs don't like to soil their dens. The crate can limit access to the rest of the house while they learn other rules, like not to chew on furniture. Crates are also a safe way to transport your dog in the car.

Crating caution

A crate is not a magical solution to common canine behavior. If not used correctly, a dog can feel trapped and frustrated.

- **Never use the crate as a punishment.** Your dog will come to fear it and refuse to enter.
- Don't leave your dog in the crate too long. A dog that's crated all day and night doesn't get enough exercise or human interaction and can become depressed or anxious. You may have to change your schedule, hire a pet sitter or find some other way to reduce the amount of time they spend in their crate each day.
- Puppies under six months of age shouldn't stay in a crate for more than three or four hours at a time. They can't control their bladders and bowels for that long. The same goes for adult dogs

being housetrained. Physically, an older dog can hold it, but they don't know they're supposed to.

- Crate your dog only until you can trust them not to destroy the house. After that, it should be a place they go voluntarily.

A crate may be your dog's den, but just as you would not spend your entire life in one room of your home, your dog should not spend most of their time in their crate.

Crate selection

Several types of crates are available:

- Plastic (often called "airline kennels")
- Fabric on a collapsible, rigid frame
- Collapsible, metal pens

Your dog's crate should be large enough for them to stand up and turn around in. If your dog is still growing, choose a crate size that will accommodate their adult size. Block off the excess crate space so your dog can't eliminate at one end and retreat to the other.

The crate training process

Crate training can take days or weeks, depending on your dog's age, temperament, and past experiences. **It's important to keep two things in mind while crate training:**

- The crate should always be associated with something pleasant and training should take place in a series of small steps.
- Don't go too fast.

Step 1: Introduce your dog to the crate

Place the crate in an area of your house where the family spends a lot of time. Put a soft blanket or towel in the crate. Take the door off and let the dog explore the crate at their leisure. Some dogs will be naturally curious and start sleeping in the crate right away. If yours isn't one of them:

- Bring them over to the crate and talk to them in a happy tone of voice. Make sure the crate door is open and secured so that it won't hit your dog and frighten them.
- Encourage your dog to enter the crate by dropping some small food treats nearby, then just inside the door, and finally, all the way inside the crate. If they refuse to go all the way in at first, that's OK; don't force them to enter.
- Continue tossing treats into the crate until your dog will walk calmly all the way into the crate to get the food. If they aren't interested in treats, try tossing a favorite toy in the crate. This step may take a few minutes or as long as several days.

Step 2: Feed your dog their meals in the crate

- After introducing your dog to the crate, begin feeding them their regular meals near the crate. This will create a pleasant association with the crate.
- If your dog is readily entering the crate when you begin Step 2, place the food dish all the way at the back of the crate.

- If they remain reluctant to enter, put the dish only as far inside as they will readily go without becoming fearful or anxious. Each time you feed them, place the dish a little further back in the crate.
- Once your dog is standing comfortably in the crate to eat their meal, you can close the door while they're eating. The first time you do this, open the door as soon as they finish their meal. With each successive feeding, leave the door closed a few minutes longer, until they're staying in the crate for 10 minutes or so after eating.
- If they begin to whine to be let out, you may have increased the length of time too quickly. Next time, try leaving them in the crate for a shorter time period. If they do whine or cry in the crate, don't let them out until they stop. Otherwise, they'll learn that the way to get out of the crate is to whine, so they'll keep doing it.

Step 3: Practice with longer crating periods

- After your dog is eating their regular meals in the crate with no sign of fear or anxiety, you can confine them there for short time periods while you're home.
- Call them over to the crate and give them a treat.
- Give them a command to enter, such as "kennel." Encourage them by pointing to the inside of the crate with a treat in your hand.
- After your dog enters the crate, praise them, give them the treat, and close the door.
- Sit quietly near the crate for five to ten minutes, and then go into another room for a few minutes. Return, sit quietly again for a short time, and then let them out of the crate.
- Repeat this process several times a day, gradually increasing the length of time you leave them in the crate and the length of time you're out of sight.
- Once your dog will stay quietly in the crate for about 30 minutes with you mostly out of sight, you can begin leaving them crated when you're gone for short time periods and/or letting them sleep there at night. This may take several days or weeks.

Step 4, Part A: Crate your dog when you leave

After your dog can spend about 30 minutes in the crate without becoming anxious or afraid, you can begin leaving them crated for short periods when you leave the house.

- Put them in the crate using your regular command and a treat. You might also want to leave them with a few safe toys in the crate.
- Vary the moment during your "getting ready to leave" routine that you put your dog in the crate. Although they shouldn't be crated for a long time before you leave, you can crate them anywhere from five to 20 minutes prior to leaving.
- Don't make your departures emotional and prolonged—they should be matter-of-fact. Praise your dog briefly, give them a treat for entering the crate, and then leave quietly.

When you return home, don't reward your dog for excited behavior by responding to them in an enthusiastic way. Keep arrivals low-key to avoid increasing their anxiety over when you will return. Continue to crate your dog for short periods from time to time when you're home so they don't associate crating with being left alone.

Step 4, Part B: Crate your dog at night

Put your dog in the crate using your regular command and a treat. Initially, it may be a good idea to put the crate in your bedroom or nearby in a hallway, especially if you have a puppy. Puppies often need to

go outside to eliminate during the night, and you'll want to be able to hear your puppy when they whine to be let outside. Older dogs, too, should initially be kept nearby so they don't associate the crate with social isolation.

Once your dog is sleeping comfortably through the night with the crate near you, you can begin to gradually move it to the location you prefer, although time spent with your dog—even sleep time—is a chance to strengthen the bond between you and your pet.

Potential problems

Whining: If your dog whines or cries while in the crate at night, it may be difficult to decide whether they're whining to be let out of the crate, or whether they need to be let outside to eliminate. If you've followed the training procedures outlined above, then your dog hasn't been rewarded for whining in the past by being released from their crate. If that is the case, try to ignore the whining. If your dog is just testing you, they'll probably stop whining soon. Yelling at them or pounding on the crate will only make things worse.

If the whining continues after you've ignored them for several minutes, use the phrase they associate with going outside to eliminate. If they respond and become excited, take them outside. This should be a trip with a purpose, not play time. If you're convinced that your dog doesn't need to eliminate, the best response is to ignore them until they stop whining. Don't give in; if you do, you'll teach your dog to whine loud and long to get what they want. If you've progressed gradually through the training steps and haven't done too much too fast, you'll be less likely to encounter this problem. If the problem becomes unmanageable, you may need to start the crate training process over again.

Separation anxiety: Attempting to use the crate as a remedy for separation anxiety won't solve the problem. A crate may prevent your dog from being destructive, but they may get injured in an attempt to escape. Separation anxiety problems can only be resolved with counterconditioning and desensitization procedures. You may want to consult a professional animal-behavior specialist for help. See more about separation anxiety below.

How to Handle PUPPY NIPPING with COMPASSION

Puppies play and explore the world through the use of those tiny, sharp teeth. They are teething, so their mouths are on fire. The act of chewing/nipping can ease their pain/discomfort.

It's our job to teach our puppies that teeth on humans is not okay, but we must do it *pawsitively*. Scaring them can cause normal puppy nipping to turn into fear of us and the world, and in many cases, lead to aggression.

WHAT NOT TO DO

These can cause fear of people or fear-aggression.

Never hit Puppy.



Never yell at Puppy.



Never hold Puppy's mouth closed.



Never push Puppy.

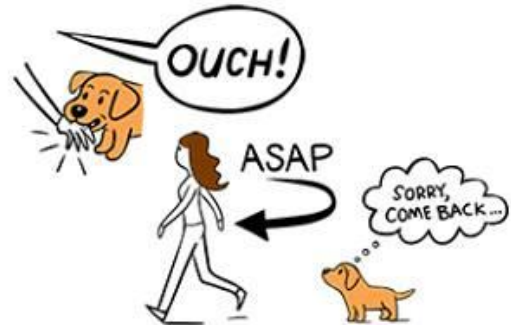


Never use shake cans, spray bottles or noise makers to stop unwanted behaviors.



WHAT TO DO

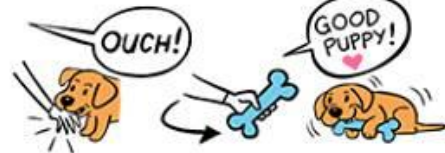
When Puppy nips, let out a high-pitched "ouch," cry or yelp, then immediately remove your attention by turning or walking away.



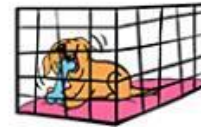
Count to ten, then re-engage calmly and praise Puppy for keeping Puppy's teeth away from you and for being sweet. Repeat if Puppy nips again.



OR...Replace your hand with a chew item.



MANAGEMENT is key in preventing puppy nipping.



Three Words to Remember:

SWIFTNESS, CONSISTENCY, CALM.

Copyright ©2015 Rebecca Mandell DOG'S BEST FRIEND www.dogsbfriend.net



ARLGP // PREGNANT DOG & PUPPY CARE

Caring for the Mother

Diet: The expectant mother will gradually require increased amounts of food to nourish her developing litter. Puppy food will be required during the nursing period and is highly recommended during the pregnancy.

About three weeks into the pregnancy, she may experience a little nausea and appetite loss like morning sickness. This should resolve within a week, so if an upset stomach or loss of appetite lasts longer than that or is accompanied by listlessness, the Foster Coordinator or another staff member should be notified.

Do not give any supplements unless instructed by the veterinarian. A good quality puppy food should have the appropriate nutritional needs.

Exercise: Regular walking helps the expectant mother keep up her strength. No intensive running or training. Avoid dog parks and other places where a lot of dogs are at play.

During the final three weeks of pregnancy the mother should be completely isolated from other dogs and public areas.

Vaccination: A female dog should not be vaccinated during pregnancy, unless authorized by a veterinarian. She will be passing on her immunity to her pups in the first milk she produces (special milk called colostrum) so her antibody levels should be at their peak, yet we would like to avoid vaccinations during pregnancy.

Parasite Control: If the expectant mother uses a heartworm preventive normally, she may continue to do so during pregnancy. All heartworm products available are approved for use in pregnancy and lactation.

Flea control is important during pregnancy and more important after the puppies are born. It is important to verify the products are safe during pregnancy, like Capstar and Revolution.

Roundworms and hookworms can affect the pregnant mother and be transmitted to her unborn puppies. This is a nuisance as one usually ends up with an infected mother and puppies. Fortunately, there is a deworming protocol to control this infection. A de-wormer will usually be sent along to give in foster.

Labor and Complications of Delivery

There is always a possibility of a problem with the delivery and it will be necessary to recognize labor when it is occurring, what is normal, and what is a sign you will need to call the ARLGP for assistance.

Food and Water: The expectant mother will require free feeding of several meals per day. Her food consumption may reach twice her normal amount during pregnancy and nursing, so it is imperative that fresh food and water is always available. She may require more water than usual, so be sure the supply is always cool, fresh, and clean. Like humans, most animals will not drink water that has been sitting too long and has become stale. By the end of her nursing stage, her food consumption will continue to exceed normal amounts of food. Please allow her to eat enough to support her own needs as well as

those of her puppies. Producing milk takes a huge amount of metabolic energy and ample nutritional support is vital to this process. Continue to feed her puppy food throughout the nursing stage.

Preparing for Delivery: We ask foster families to contact the ARLGP/foster care staff when the expectant mother has gone into delivery. We always hope but never assume the delivery process will be smooth.

Preparing for the dog's labor and puppy care can be exciting, still awareness of potential problems is of paramount importance. It is a good idea to keep track of the dogs assumed if not known breeding date to know when to expect the puppies. A comfortable area should be set aside for whelping and raising the puppies. The mother should feel at home and be able to come and go as she likes while the puppies remain safe, contained, and warm.

The gestation period of a dog is approximately 63 days, though the normal range is between 58-68 days.

Impending Labor: When the dog's due date is approaching, you should begin monitoring her rectal temperature. When her temperature drops below 100 F (normal canine temperature is 101 to 102 F) labor may be expected within 24 hours.

Caring for the Puppies

Puppy Development:

Week One:

- Puppies will sleep and nurse most of the day. Mom will keep them warm, fed, and clean. Please be sure the whelping box is in a warm, draft-free room.

Week Two and Three:

- Begin handling puppies. They should be moving around more and getting ready to crawl.
- Ear canals and eyes will open between 8 and 14 days.
- At three weeks they should be playing and socializing with siblings.

Week Four:

- First Bordetella/Parainfluenza vaccination and deworming.
- Weaning process will begin. Slowly start mixing a small amount of canned puppy food and water or puppy formula to make gruel. Use a flat or shallow dish and place it in front of the puppy. You may start them off by putting food on your fingers and touching their lips. Offer small amounts every few hours and be patient if they are not interested at first.
- The ARLGP teams will review amounts and schedules depending on the size of the puppies.

Week Five:

- Start house training at around week four or five. Place puppies on the pee pads right away if you see them wake from a nap and right after eating. Praise them every time they use the pads and keep the area clean.
- Continue feeding and increase the amount of food added in puppy kibble. You may have to soften it depending on the foster puppy. The ARLGP team will review feeding and weaning amounts and mother dogs should be spending more time away encouraging them to become

more independent. Introduce lots of toys and interactive playtime. Touch their paws and look in their ears in preparation for their veterinary exams to come.

Week Six:

- First Distemper vaccination given
- First dose of Revolution (treatment and prevention for heartworm, fleas, hookworm, and sarcoptic mange mites)
- Second deworming

Week Seven:

- Time to play, socialize, and prepare for spay/neuter at eight weeks.
- Adoption time will be scheduled soon after the spay/neuter surgery.

ARLGP // FELINE FOSTERING

Kitten Proofing Your Home

We have already discussed pet proofing your home, but kittens can be especially wily, so it behooves us to revisit kitten proofing our homes and cover some items in a bit more detail.

Cats and kittens are inquisitive creatures, capable of jumping onto high surfaces or squeezing into the smallest spaces. Think of this as bringing home a toddler child, you must be one step ahead of them!

Kitchens/Bathrooms:

- Use childproof latches to keep little paws from prying cabinets open.
- Keep medications, cleaners, chemicals and laundry supplies on high shelves. Be aware that everyday human medications can be lethal to animals, even in tiny amounts.
- Remove razors and sharp items from counter tops and sinks.
- Keep trashcans covered or inside a locked cabinet.
- Check for and block any small spaces, nooks, or holes inside cabinets or behind washer, dryer or refrigerator units.
- Make sure window screens are securely fastened.
- Make sure a kitten hasn't jumped into the washer or dryer before you turn it on.
- Keep food out of reach. Even if the food isn't harmful, the wrapper may be.
- Keep toilet lids closed.

Living/Family Room:

- Place dangling wires from electronics out of reach.
- Put away décor items until cats or kittens have the coordination and/or understanding not to knock them over.
- Block all those places where the vacuum cleaner doesn't fit, but a small kitten could.
- Remove all dangerous items like string, yarn, pins and thumbtacks.
- Move houseplants, which can be poisonous, out of reach, including hanging plants that can be jumped onto from other nearby surfaces.
- Be careful not to close animals into closets or drawers.
- Remove reclining chairs! Kittens have been severely injured or killed when a chair was reclined or moved into the upright position after a kitten had hidden inside!
- Make sure all heating/air vents have a cover.
- Secure aquariums or cages that house small animals such as hamsters or fish to prevent harm to another animal.

Bedrooms:

- Keep laundry and shoes behind closed doors as drawstrings and buttons can mean a trip to the emergency clinic.
- Keep any medications, lotions or cosmetics off accessible surfaces, such as the bedside table.
- Move electrical and phone wires out of reach of chewing.
- Take care to put contact lenses away from curious paws.

Litter Box Training

Most cats have a specific preference about where they want to eliminate. By following the suggestions outlined below, you'll be able to start off on the right paw with your new cat.

Location: Most people are inclined to place the litter box in an out-of-the-way spot in order to minimize odor and loose particles of cat litter in the house. Often, the litter box ends up in the basement, sometimes next to an appliance and/or on a cold cement floor. This type of location can be undesirable from your cat's point of view for several reasons.

If you have a kitten or an older cat, she may not be able to get down a long flight of stairs in time to get to the litter box. Since she is new to the household, she may not remember where the litter box is. Your cat may be startled while using the litter box if a furnace, washer or dryer suddenly comes on and that may be the last time she'll risk such a frightening experience! If your cat likes to scratch the surface surrounding her litter box, she may find a cold cement floor unappealing. Therefore, you may have to compromise. The litter box should be kept in a location that affords your cat some privacy, but is also conveniently located. If you place the litter box in a closet or a bathroom, be sure the door is wedged open from both sides, in order to prevent her from being trapped in or out. If the litter box sits on a smooth, slick or cold surface, put a small throw rug underneath the litter box.

Type of Litter: Research has shown that most cats prefer fine-grained litters, presumably because they have a softer feel. Scoopable litters usually have finer grains than the typical clay litter. However, high-quality, dust-free, clay litters are relatively small-grained and may be perfectly acceptable to your cat.

Once you find a litter your cat likes, don't change types or brands. Buying the least expensive litter or whatever brand happens to be on sale, could result in your cat not using the litter box.

Many cats are put off by the odor of scented or deodorant litters. For the same reason, it's not a good idea to place a room deodorizer or air freshener near the litter box. A thin layer of baking soda placed on the bottom of the box will help absorb odors without repelling your cat. Odor shouldn't be a problem if the litter box is kept clean. If you find the litter box odor offensive, your cat probably finds it even more offensive and won't want to eliminate there.

Number of Litter Boxes: You should have at least as many litter boxes as you have cats. That way, none of them will ever be prevented from eliminating in the litter box because it's already occupied.

You might also consider placing them in several locations around the house, so that no one cat can "guard" the litter box area and prevent the other cats from accessing it. We also recommend that you place at least one litter box on each level of your house.

Occasionally, a cat may refuse to use the litter box after another cat has used it. In this case, all of the litter boxes will need to be kept extremely clean and additional boxes may be needed.

To Cover or Not To Cover: Some people prefer to use a covered litter box; however, there are some potential problems with using this type of box. You may want to experiment by offering both types at first, to discover what your cat prefers.

Potential Problems:

- You may forget to clean the litter box as frequently as you should because the dirty litter is "out of sight – out of mind."

- A covered litter box traps odors inside, so it will need to be cleaned more often than an open one.
- A covered litter box may not allow a large cat sufficient room to turn around, scratch, dig or position her in the way she wants.
- A covered litter box may also make it easier for another cat to lay in wait and "ambush" the user as she exits the box. On the other hand, a covered litter box may feel more private and may be preferred by timid cats.

Cleaning The Box: To meet the needs of the most discriminating cat, litter should be scooped daily. How often you dump the used litter and replace it with fresh depends on the number of cats you have, the number of litter boxes, and the type of litter you use. Twice a week is a general guideline for clay litter, but depending on the circumstances, you may need to change it every other day or once a week. If you scoop the litter daily, scoopable litter can go two to three weeks before the litter needs to be changed. If you notice an odor or if much of the litter is wet or clumped, it's time for a change. Don't use strong smelling chemicals or cleaning products when washing the litter box, as it may cause your cat to avoid it. Washing with soap and water should be sufficient.

Linners: Some cats don't mind having a liner in the litter box, while others do. Again, you may want to experiment to see if your cat is bothered by a liner in the box. If you do use a liner, make sure it's anchored in place, so it can't easily catch your cat's claws or be pulled out of place.

Depth of Litter: Some people think that the more litter they put in the box, the less often they will have to clean it. This is not true. Most cats won't use litter that's more than about two inches deep. In fact, some long-haired cats actually prefer less litter and a smooth, slick surface, such as the bottom of the litter box. The litter box needs to be cleaned on a regular basis and adding extra litter is not a way around that chore.

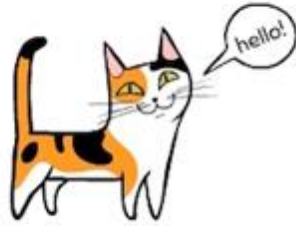
Litter-Training Cats: There's really no such thing as "litter-training" a cat in the same way one would house-train a dog. A cat doesn't need to be taught what to do with a litter box. The only thing you need to do is provide an acceptable, accessible litter box, using the suggestions above. It's not necessary to take your cat to the litter box and move her paws back and forth in the litter, in fact, we don't recommend it. This may actually be an unpleasant experience for your cat and is likely to initiate a negative association with the litter box.

If Problems Develop: If your cat begins to eliminate in areas other than the litter box, your first call should always be to your foster team. Many medical conditions can cause a change in a cat's litter box habits and we will need to contact our veterinarian to determine if there is a medical problem. If we determine that your cat is healthy, the cause may be behavioral. Most litter box behavior problems can be resolved by using behavior modification techniques. Punishment is not the answer. For long-standing or complex situations, we will work with our behaviorist to address the concern.

CAT LANGUAGE



INTERESTED



FRIENDLY



ATTENTIVE



RELAXED



TRUSTING



FRIENDLY, RELAXED



CONTENT



CONFLICTED, CAUTIOUS



PLAYFUL



EXCITED



"THIS IS MINE"



ANXIOUS



PREDATORY



WORRIED



FRIGHTENED



THREATENED



TERRIFIED



SUPER TERRIFIED



IRRITATED



DISGUSTED

Cat Toys & Safety

"Safe" Toys: There are many factors that contribute to the safety or danger of a toy. Many of those factors, however, are completely dependent upon your cat's size, activity level and personal preference.

Be Cautious: The things that are usually the most attractive to cats are often the very things that are the most dangerous. Cat-proof your home by checking for: string, ribbon, yarn, rubber bands, plastic milk jug rings, paper clips, pins, needles, and anything else that could be ingested. All of these items are dangerous, no matter how cute your cat may look when she's playing with them.

Stuffed toys that are made for children often are problematic for pets because of their filling materials.

Recommended Toys:

- Plastic rolling balls, with or without bells inside.
- Ping-Pong balls and plastic practice golf balls with holes, to help cats carry them. Try putting one in a dry bathtub, as the captive ball is much more fun than one that escapes under the sofa. You'll probably want to remove the balls from the bathtub before bedtime, unless you can't hear the action from your bedroom. Two o'clock in the morning seems to be a prime time for this game.
- Paper bags with any handles removed. Paper bags are good for pouncing, hiding and interactive play. They're also a great distraction if you need your cat to pay less attention to what you're trying to accomplish. Plastic bags are not a good idea, as many cats like to chew and ingest the plastic.
- Empty cardboard rolls from toilet paper and paper towels are ideal cat toys, especially if you "unwind" a little cardboard to get them started.
- Catnip-filled soft toys are fun to kick, carry and rub.
 - Kittens under six months old seem to be immune to catnip.
 - Catnip is not addictive and is safe for cats to roll in, rub in or eat.
- Soft stuffed animals are good for several purposes. For some cats, the stuffed animal should be small enough to carry around. For cats that want to "kill" the toy, the stuffed animal should be about the same size as the cat. Toys with legs and a tail seem to be even more attractive to cats.
- Cardboard boxes, especially those a tiny bit too small for your cat to really fit into.
- Hide and seek is a fun game for cats to play. "Found" toys are often much more attractive than a toy which is blatantly introduced.

ARLGP // PREGNANT CAT & KITTEN CARE

Food Requirements During Pregnancy

A cat's gestation period averages 65 days from the time of breeding. Prenatal care for pregnant felines mainly involves proper nutritional support, feeding a high-quality kitten food with minimal food coloring and additives.

The rule of thumb with selecting food is "the browner the better." Additives and food coloring can cause stomach upset and diarrhea.

The expectant mother will require free feeding of several meals per day. In fact, her food consumption may reach twice her normal amount during pregnancy and nursing, so it is imperative that fresh food and water are always available to her.

She may drink more water than usual, so be sure the supply is cool, fresh, and clean. Like humans, many animals will not drink water that is stale tasting. By the end of the nursing stage, her food consumption may even exceed twice her normal amounts before pregnancy, so please allow her to eat enough to support her own needs as well as those of her kittens.

Like humans, producing milk takes a huge amount of metabolic energy, and ample nutritional support is vital to this process. Continue to feed kitten food throughout the nursing stage.

Behavior Changes in Expectant Mothers

The expectant mother may exhibit behavioral changes during pregnancy, which are perfectly normal. Some cats may seem overly "attached" to their families and may demand more attention and affection. Make yourself available to her for quality playtime and cuddle time. She is not being a nuisance, merely responding to biological urges.

Other cats may seem "standoffish" or somewhat irritable, so making sure the environment is safe, quiet, and harmonious will ensure both her health and emotional state of wellbeing. This is a time to make sure children give her privacy and pay attention to her body language that will signify she is irritated. Getting scratched is a strong possibility and is usually a result of not paying attention to the warnings all animals may give before acting out. Of course, if at any time the expectant mother develops unusual or aggressive behavior, do not delay in contacting the shelter for advice and to make sure she is not developing underlying health problems. It is the responsibility of the foster family to make sure she is using the litter box regularly and that food and water input is resulting in comparable elimination daily.

Preparing in Advance for Delivery

Preparing in advance will greatly add to a successful delivery. Whenever possible, we ask foster families to contact the foster care staff to notify them that an expectant mother has gone into delivery. Never assume that a smooth delivery is a given. Cats that are very young, with small body structure and stature can be at risk for complications, as can breeds with large heads, such as Persians.

The Birthing Process: As the expectant mother nears delivery, she will seek out a safe, quiet, secluded area in which to deliver. Providing a warm and cozy birthing place for her will help her feel more comfortable and secure as she nears delivery. A cardboard box or basket, lined with newspapers

and soft towels or blankets will suffice, and make it easy to clean and remove soiled bedding after the kittens have been born.

The box should be large enough for the mother to move about freely, comfortably, and easily accessible to her. Make sure the sides of the box are not so low that growing kittens could venture out and be injured. The birthing box/nest should be placed in an area that is secured and away from other pets or small children, noise, or distractions.

Keep the box in a warm, draft-free area, as warmth is vital to survival. Keep the mother's food and water dishes filled and close by, as she will develop a ravenous appetite during the nursing stage and will need to stretch and shift positions frequently. It is the responsibility of the foster family to insure the safety and privacy of the mother.

As the mother nears delivery, she will begin to pace or search for her nesting box. She should be confined to this room to prevent delivering kittens in a spot that is not advantageous to them. Moving her once labor begins is not a viable option. **Please plan ahead!** Some mothers do not like to be left alone during the delivery process, and she may become very "clingy." For those mothers that do not want to be left alone, she may instinctively delay the birthing process until you return, so please be alert, make yourself available to her, and be nearby as delivery approaches.

Many cats experience delivery without any complications, but those who are experiencing their first delivery or those with small bodies may be susceptible to certain complications. The mother will usually exhibit pacing, panting, excitability, or nervousness as labor approaches. When in labor, she will exhibit signs of straining or inability to get comfortable in a physical position.

Some cats merely lie down and proceed with labor and delivery seemingly effortlessly. Please watch the mother carefully during this time and make special note of any unusual signs of discomfort, extreme stress, or notable signs that she could be in physical distress.

The mother's body temperature will usually drop somewhat within 24-48 hours before delivery. (Normal body temperature for an adult cat is 101-102.5 degrees), but anything below 100 degrees may signify a problem. Having a rectal thermometer on hand is useful to monitor the mother's temperature. Do not take her temperature too frequently, as this can become stressful. Do not take her temperature during labor! You may also note that she loses her appetite 24 hours prior to delivery. This is normal but make sure she has fresh water and food available at all times should her delivery be delayed.

First Stage of Labor:

This is essentially the relaxation of the cervix and vagina, and the start of intermittent contractions in the uterus. At this state, the uterine contractions are not yet visible as straining, although movement of the fetus may be seen and felt through the abdominal wall. There is little to see at this stage except repeated visits to the birthing bed/nest, and in dependent cats, an apparent desire for reassurance from the foster family or owners. Some scratching and kneading of the bedding materials may be evident and some cats will pant. At this stage of labor, vaginal discharge is rarely seen. For a young cat or one having her first litter, the first stage of labor can be very prolonged, lasting up to 36 hours without being considered abnormal.

Second and Third Stages of Labor:

In second stage labor, the uterine muscle begins stronger and more frequent contractions. As each fetus enters the pelvis, the outer layer of its membrane appears briefly at the vulva as the "water bag" bursts

and is cleaned up by the mother. The inner membranes, or “birthing sac,” remains on the fetus and acts as a lubricant to assist passage through the birth canal.

As the fetal head passes into the pelvis, its pressure causes the commencement of voluntary straining, using the abdominal muscles. This “bearing down” helps to move the fetus through the pelvis. This is usually the point at which it is apparent that the cat is straining. Normal delivery of a kitten from the start of the second stage may take from 5 to 30 minutes. Once the head is out of the vulva, one or two more strains should complete the passage of the remainder of the kitten’s body.

The third stage follows immediately and is seen simply as the passage of the membranes, complete with the greenish-black mass of the separated placenta or “afterbirth.” Each set of membranes is normally passed immediately after the kitten itself, although sometimes a second kitten will follow so quickly that the membranes from the first will be trapped temporarily.

As each kitten is born the mother will tear open the membranes and clear the mouth and nose area of each kitten, bite off the umbilical cord and eat the afterbirth. Intervals between kitten births are variable, ranging from as little as ten minutes to up to an hour.

Interrupted Labor:

Interrupted labor in a cat is a relatively normal occurrence. In this case, the mother ceases straining, rests happily, suckles those kittens already born and accepts food, despite still having more kittens inside. The resting stage may last up to 24 or even 36 hours, after which straining begins again and the remainder of the kittens are born normally.

Foster families should observe the processes closely but should not upset the mother by interfering any more than necessary. Most cats deliver their litters without complications; however, first time mothers should be closely monitored.

Delivery Times:

Delivery times vary between individual cats, body structure, breed, and age. When the mother experiences the first signs of labor you can usually expect her kittens to be born within one or two hours. However, certain breeds may take as long as 24 hours (extremely rare, please see emergency tips below).

After the mother delivers her first kitten, she will deliver the remaining kittens within minutes of each other, but it may take as long as an hour between kittens. It is crucial to watch her carefully at this point to monitor for any signs of difficulty, delay in delivery, or complications. Kittens are born headfirst, but occasionally a breech delivery (feet or tail end first) can occur. Although this is considered normal, watch carefully to make sure a breech is delivered successfully.

Once the kitten is born, the kitten will be enclosed in a birthing “sac” and placenta. Normally the contractions of the mother will discharge the kitten, and this process should take no longer than ten minutes once the kitten or sac is visible from the birth canal. The mother will instinctively lick the newborn’s face (to remove the sac) and to stimulate breathing. She may “toss” or “roll” the kitten to stimulate circulation and breathing. Her tongue is also used to clean and dry the kitten.

If the kitten’s sac is not properly removed directly after birth, and you note the mother is not attentive to her newborn, it is imperative that you step in to remove the sac and encourage breathing and circulation. If this is not performed the kitten will suffocate. Gently, using your fingers, tear at the sac above the kitten’s nose and mouth to allow air and gently rub the kitten along her backside to stimulate

circulation. This must be performed continuously until the kitten is responsive and starts to move or cry out.

If a Kitten is Unresponsive:

If after removal of the sac and stimulation the kitten is still not breathing, you can cradle the kitten in your hand, using your first two fingers to gently cradle the head and your other hand to securely, but gently cradle her body. (She should be lying on her back, belly facing you.)

Next, perform a downward swing motion, as if you were shoveling. This allows the fluid to clear the lungs. The kitten should gasp for air as you perform this motion. It may be necessary to perform this procedure a few times until you hear the kitten gasp or show signs of movement.

Make sure her nose and mouth are clear of mucous or fluid by gently wiping it with a cotton ball or soft gauze pad. Remember that these methods must be performed GENTLY, but with enough force to stimulate breathing and circulation. Once the kitten is responsive, immediately place her next to her mother for warmth. The mother should take over from there.

The placenta will be noticeable, and this will disintegrate and pass during delivery of the kitten, or the mother will eat it. Do not be alarmed, this is perfectly normal, and entirely as nature intends it. The mother will also chew the umbilical cord to sever it about an inch from the kitten's body.

If the mother does not instinctively chew the cord within a few minutes, you should remove it yourself, using great care not to cut too close to the kitten's body. Cut about ½ inch from the body with clean, sterile scissors so that the cord cannot be caught or dragged around the nursing box. Do not be concerned about tying a knot, as it is not necessary. The mother would chew through it, delivering a blunt crushing action to prevent bleeding. This can also be done manually, tearing the cord between the first two fingers and thumb.

The mother should deliver the next kitten within minutes after her first. It is not uncommon for some mothers to deliver another kitten an hour after the first born, but it is important to watch closely for any signs of stress, as well as watching the birth canal for signs of a lodged or stuck kitten. If you can visibly see the birthing sac or a kitten's head or feet protruding from the birth canal, and the mother's contractions do not expel the kitten within a few minutes, it may be necessary for you to intervene. If you can visually see a kitten's head protruding from the birth canal, but the mother cannot deliver it through a few contractions, you need to physically help her deliver the kitten so that the kitten does not strangle because of being lodged or stuck in the birth canal.

Delivery Assistance

When the kitten's head or feet are visible through the birthing sac, but the mother is unsuccessful in delivering within a few minutes after contractions to expel the kitten, you can intervene and assist by performing this method directly during the mother's contractions:

1. As she contracts, gently tear/remove the sac from the feet or head.
2. Gently grasp the head or feet, using a downward motion (towards the mother's feet) and apply gentle traction to retrieve the kitten at the same exact time the mother experiences a contraction.
3. If after two or three contractions and your attempts to manually retrieve the kitten does not produce results, immediately contact the shelter or emergency team members after hours.

Further or repeated attempts could damage the kitten or cause the mother extreme pain or distress.

4. Be prepared to take the mother and any newborn kittens for immediate assistance. Time is of the essence!

If you can successfully deliver the kitten, perform the above-mentioned procedures as outlined in stimulation and breathing, and immediately return the kitten to her mother for further stimulation and for direct warmth.

At this time, and during the remaining deliveries, it is crucial to ensure that the mother is attending to her newborns, stimulating them, drying and grooming them, proceeding to nurse them and keeping them warm and comfortable. You should notice that the kittens are moving, breathing normally, and making small sounds such as whimpering and crying. They should be making their way to their mother's nipple to ensure proper nursing.

The mother should instinctively take over and naturally nurse them and attend to them. If you notice that a kitten is not finding its way to the nipple, it may be necessary for you to physically show her by gently placing her mouth upon the mother's nipple and encouraging them to nurse. As in humans, the mother's colostrum in her milk is vital to the kitten's first 48 hours, so ensuring the kitten is nursing is critical to her survival.

If at any time you notice that the mother seems overwhelmed, uninterested in her newborns, or suffering stress during delivery, it will be necessary for you to help nurse the kittens. First contact the shelter or foster care staff to make sure the mother is not at risk for delivery complications and that the kittens are safe, warm and moving about. Once out of the woods with any complications, you are better able to assist helping newborns during nursing.

Emergency Considerations During Labor and Delivery

This section will help you determine if you may be facing an emergency situation. If at any time you are concerned or suspect that the mother is developing complications during the labor or delivery, do not hesitate to contact the shelter, foster care staff, or emergency clinic. No matter how minimal it may seem to you, the mother and her unborn litter are depending on you for a successful and smooth delivery. If you see any of following examples of an emergency, contact the appropriate people.

For the Mother:

1. If more than 20 minutes of intense labor occurs without successful delivery of a healthy kitten.
2. Ten minutes of intense labor occurs when a kitten or birthing sac is visible in the birth canal and manual intervention does not help produce a healthy kitten.
3. Manual intervention of retrieving a kitten from the birth canal causes the mother severe stress pain or other signs of distress.
4. Bright red blood discharges from the birth canal for more than 5-10 minutes. A normal, slightly bloody discharge after completion of a successful delivery may be normal for the mother 3-7 days after delivery. A discharge of bright red blood necessitates being checked by a vet.
5. Clearly noticeable signs of intense straining during labor, delivery, or during any time after the completing of a delivery. (There may still be an unborn kitten in the birth canal.)
6. The mother's rectal temperature exceeds 103 degrees or falls below 100 degrees. These variations can signify severe infection or other serious illness.

7. Clearly noticeable signs of depression, weakness, lethargy, inability to eat or drink normally after delivery, fever, or inattentiveness to her newborns.

For the Kitten(s):

1. Lodged or stuck in the birth canal during delivery.
2. Unsuccessful attempts at manual retrieval of a lodged kitten from the birth canal.
3. Unresponsive, not breathing after retrieval from the birth canal after attempts have been made to stimulate breathing.
4. Kitten's tongue or gums are blue, red, or pale.
5. Unresponsive to breathing and stimulation techniques.
6. Cannot find her way to the mother's nipple or does not appear to be nursing properly or sufficiently.
7. Is cold to the touch.
8. Is lethargic, not moving, breathing is slow or shallow, or gasping for breath any time after completion of delivery.
9. Is overcrowded with her siblings in the birthing/nesting box and not receiving enough warmth or enough milk from the mother.
10. Any visible and clear signs of distress.

Potential Problems After Delivery

At times there may be complications arising for the mother following the birth of her kittens. It is important to monitor her overall health, activity level, and litter box use to make sure all systems appear to be functioning. Some common problems are:

Retention of the Fetal Membrane: Occasionally, a cat may fail to pass the final set of fetal membranes after the birth appears to be complete. The mother will probably show some signs of restlessness and abdominal discomfort and may be unwilling to settle with her kittens during the 24-72 hours after birth. Her appetite may be poor, and a brownish vaginal discharge may be seen. Examination will show a raised temperature and palpation of the abdomen will disclose a thickened lumpy area of the womb. Veterinary treatment is required. Antibiotics are most commonly prescribed, and hormones may be prescribed to help the cat pass the retained membranes. Occasionally, it may be possible for a vet to gently palpate, causing the cat to strain and pass them naturally.

Metritis: Also known as inflammation of the womb usually occurs within three days of giving birth. The cat is much more obviously ill than with simple retention of fetal membranes. She will be dull and lethargic, completely ignore her kittens and refuse food. She may have an increased thirst and will vomit frequently. A foul-smelling discharge is present coming from her vagina, and she will have a fever. On palpation, the abdomen is tender and uterus is thickened. Prompt veterinary treatment is needed. Call the shelter as soon as possible.

Mastitis: Mastitis is most commonly a blockage of the milk gland causing great discomfort and tenderness. It is usually confined to one gland, and may result from simple congestion or overstocking of that gland. The affected gland will be tense, hot, painful, and enlarged. Oftentimes, the application of warm compresses and gentle massage will bring normal milk to the surface and the situation will be resolved by having kittens nurse from the gland. If an abscess is present, the cat will not be interested in eating; will be dull, and feverish. In addition to pain and swelling in the gland, a pointing or purplish area of accumulated pus may be seen. Veterinary treatment is needed at this stage.

Lactation Tetany: This is an occurrence that tends to be seen 14 days to eight weeks after birth. The condition involves a sudden drop in the amount of calcium circulating in the bloodstream, associated with the demands of milk production. The affected cat usually has a large litter to nurse. The first signs of the onset of this condition include poor coordination and muscular spasms, with later collapse and coma. Treatment by intravenous injection of calcium preparations can lead to a spectacular reversal of the condition. A later subcutaneous injection may be required to maintain the recovery. If old enough, the kittens should be removed, or supplementary feeding given.

Facts and Figures of Kittens at Birth

- **Gestation period for pregnant cats:** 65-69 days
- **Weight:** 3-4 oz. Kittens should double their birth weight by two weeks of age. Normal, well-fed kittens should gain about ½ oz per day.
- **Heart rate:** In kittens less than two weeks is about 200 beats per minute. It decreases with age to about 120-160 bpm in adult cats. In kittens, the heart rate can be measured by gently feeling the femoral artery in the inner thigh region or by placing your fingers on the thorax, directly over the heart. Slow heart rates are more of a concern than rapid heart rates.
- **Respiratory rate:** In a resting kitten is 15-35 breaths per minute. Slow, shallow breathing, labored breathing, or rapid breathing indicates a disease state, and the kitten should be seen by a veterinarian.
- **Temperature:** Newborns 96-97 degrees. It will gradually increase to 100 by four weeks of age. The normal adult temperature is 100-102.5 degrees. Kittens are unable to regulate their body temperature until they are four weeks old; therefore, it is crucial to provide an environment with a temperature of 86-90 degrees. This temperature is slowly lowered to 75 degrees by four weeks of age. Watch out for heating pads! They can cause thermal burns. Another option is to make a “water bed.” This consists of warm water in a storage bag or plastic bottle covered with a blanket or terry cloth. There are commercial heating disks designed especially for kittens that can be used.
- **Defecation and urination:** Are reflexes stimulated by the mother’s tongue. This can be stimulated with your finger or a warm, moistened cotton ball or gauze (no Q-tips) after feeding. After about three weeks, kittens can begin relieving themselves on their own. No urination could be evidence of dehydration. The feces of a young kitten is normally soft and gradually becomes firm. Diarrhea is always a concern. Kittens with diarrhea can quickly become dehydrated and crash suddenly.
- **Umbilicus:** Falls off by day two or three. Check closely for redness or swelling, which would indicate infection.
- **Bathing:** The mother bathes her kitten multiple times throughout the day. Using a warm, damp, soft cloth this can be done by the foster parents at least several times per week.

Development of Kittens

<p>AMBULATION:</p> <ul style="list-style-type: none"> • Begin to crawl at 7-14 days • By day 16, they begin to walk • By day 21, they should be walking normally 	<p>EYES:</p> <ul style="list-style-type: none"> • Open at 12-14 days. • Iris is blue-gray until four to six weeks. • Eyes gradually change to the color they will be as adults. • Abnormalities that require examinations by a veterinarian include painful squinting, discharge, cloudiness, redness, or any color changes of the eye excluding normal iris color change. 	
TEETH:		
	Deciduous:	Permanent:
Incisors		
<i>First</i>	2-3 weeks	3.5-4 weeks
<i>Second</i>	2-4 weeks	3.5-4 weeks
<i>Third</i>	3-4 weeks	4-4.5 weeks
Canines	3-4 weeks	5 months
Molars		
<i>First</i>		4-5 months

Examine kittens every day and look for:

- Plumpness and roundness with no obvious defects, such as open fontanelle on the skull, harelip, cleft palates, severe umbilical hernias, and deformation of the limbs
- A rooting reflex, either towards the mother's or a bottle's nipple
- A strong, sucking reflex
- Skin turgor to indicate normal hydration
- Any wounds on the skin
- Healthy pads of the feet
- Evidence of ear mites or itching in ears
- Pink and moist mucous membranes
- Behavioral changes. This can be the first sign of trouble. Young kittens can "crash" and be dead within hours. Often the cause of death is never determined.

Changes as the kitten grows:

- **Birth – 10 days:** Kittens are virtually helpless. Primary focus is eating and staying warm.
- **10 – 14 days:** Eyes and ears open, allowing kittens to become more responsive to their world. Kittens can be exposed to gentle handling and new sounds. Kittens begin to stand and walk and baby teeth appear.
- **14 days – 14 weeks: Referred to as the socialization phase.** This is the most sensitive period for learning to form social relationships. **Especially up to 7 weeks,** kittens should have many positive experiences with humans, other cats, and other species.
- **Week 3:** Kittens can eliminate without the aid of their mother
- **Between weeks 3 – 4:** Kittens eat first solid food. Weaning begins during this period and is usually complete by 7-8 weeks. Kittens progress from walking to running.
- **Week 4:** Kittens begin to dig or rake in any loose, particulate matter they encounter. This behavior is important to later litter box use. The first signs of predatory behavior appear.

- **Week 14:** Running, jumping, and climbing skills become more refined and efficient. Growth continues, but at a slower rate.
- **Between 6 – 12 months:** Sexual maturity is reached. Secondary sex characteristics appear. Territorial behavior and behaviors associated with mating appear. Kittens/cats can mate before one year of age, but it puts a female at a higher risk for complications during labor and delivery. Unaltered adolescent kittens should be kept away from the opposite sex until they have been spayed/neutered.

Fostering Juvenile Kittens:

One of our most common fostering needs is for kittens that are too young and/or too small to be placed for adoption. Kittens must be at least eight weeks of age and weigh two pounds to be eligible for spay/neuter and adoption. In the spring, summer, and early fall months, we are inundated with younger kittens, and placement in a foster home allows them time to mature, become socialized, begin their vaccination series, and be spayed/neutered. Kittens are usually placed in foster care with their littermates, but occasionally we will separate the litter, or have a single orphan who needs care.

Kitten Fostering Needs:

An easy-to-clean area separated from your own companion animals, yet not isolated from normal activities. Examples are a bathroom (remember to keep toilet lid closed), spare bedroom, heated laundry room, or kitchen. Kittens must be kept exclusively indoors throughout their foster period, and in carriers when traveling to and from the shelter or veterinarian.

Suggested Supplies for Kittens:

- Cotton balls
- Baby scale or food scale
- Blankets and towels that are machine washable
- Ceramic or weighted bowls that are not easily tipped over
- Stain/odor remover (avoid anything with ammonia, as this is a component of cat urine), we like Nature's Miracle or other cleaners. Vinegar and water works well, too.
- Kitten safe toys
- Brushes, kitten nail clippers
- Heating pad or "Snuggle Safe" microwavable heating disk
- Non-clumping non-scented litter
- Litter scoop
- Scratching post

Food:

High quality growth formula, dry and canned. The "brownier the better." Avoid foods with brightly colored flecks of orange, red, and yellow. This signals additional food coloring and preservatives and may cause stomach upset or diarrhea. We recommend Science Diet Feline Growth, Wellness Kitten, and Purina Kitten Chow. The ARLGP will provide you with food for your foster pet.

Daily Duties:

- Feed (may be necessary 2-4 times a day, depending on age/weight)

- Supply fresh food and water. Please do not place food and water near the litter box. Cats, like humans, do not like to dine in the bathroom.
- Scoop litter box; check for any problems such as blood in urine, runny stools. Cats are very meticulous animals and do not like to use a dirty bathroom. You may need to scoop more than once a day depending on the number of kittens and use.

Fostering Orphaned Kittens:

People often express their desire to share the joys of newborn animals with their families. While we can understand this perspective, it is imperative to understand the huge time commitment and attention to detail caring for orphaned newborns requires. Very often these kittens experience more than their share of illness, which requires frequent trips to the shelter for veterinary care. We never want to discourage fosters, but we do want to make sure fosters bring animals into a home situation where the needs of these tiny creatures can be accommodated.

Despite our best efforts and supportive care, kittens with pre-existing health issues on occasion are lost, oftentimes unexpectedly. Their compromised bodies do not have reserves of strength or antibodies to ward off setbacks. As disheartening as this is, it is nature's way of allowing the strongest to survive and is a reality on all situations dealing with newborn and orphaned animals. It is our belief that one of our responsibilities, and those of foster families, is to minimize suffering whenever possible. Please be aware that the foster care staff will be required to assess the quality of life of the animal and make end-of-life decisions for critically ill kittens and cats.

Orphaned Kittens Fostering Needs:

Newborn kittens are extremely fragile and must be kept away from small children who do not understand that a strong grasp can easily injure or kill a tiny kitten. **An adult must always closely supervise interactions between kittens and children .**

Newborn kittens are easily kept in a small carrier, basket, or box with warm bedding. As they grow, an easy-to-clean area separate from your own companion animals, yet not isolated from normal activities is ideal. **Kittens MUST BE KEPT INDOORS for the duration of the foster care, and in carriers when traveling to and from the shelter or veterinarian.**

Kittens must be protected from drafts and extremes in temperature. Newborns do not have the ability to regulate their body temperature, making continual monitoring vital. Put young babies on a heating pad, low setting, covered with a towel.

Food:

The ARLGP will supply KMR (Kitten Milk Replacement) if needed. Never feed kittens cow's milk; it causes diarrhea, and for frail newborns, it can be life-threatening.

The best way to feed is with a kitten nursing bottle, an eyedropper or syringe can be used if the kitten will not accept the bottle. Hold the bottle at a 45-degree angle with a slight pull on it to encourage suckling. Kittens need about 8cc of formula per ounce of body weight divided among feedings, and the number of feedings per day are determined by age.

Formula Feeding Chart:

Kittens begin to eat on their own at four weeks, but you should continue feedings until they are eating well on their own at five to six weeks.

Use this Formula Feeding Chart to determine the number of daily feedings required:

Age	Weight	Daily Feedings
1 week	4 oz	6
2 weeks	7 oz	4
3 weeks	10 oz	3
4 weeks	13 oz	3

Daily Duties when Fostering Orphaned Kittens

- Feed orphaned kittens as often as every two to three hours throughout the day and night.
- Stimulate orphans to urinate and defecate after every feeding by gently rubbing a clean, damp, warm washcloth, or gauze over anal area. Nursing mothers take care of this as part of the grooming ritual.
- Clean orphans after each feeding, gently wiping face, nose and eyes with a clean, warm, damp washcloth or gauze. This is also part of the mother's grooming and cleaning routine.
- While handling kittens, look for signs of development (eyes open, ear flaps unfolding, teeth erupting, etc.)
- Examine ears, eyes, nose, mouth, paws, tail, body, and fur to get a good foundation of progress and to spot any problems before they become a crisis.
- Weigh each kitten daily.
- Clean nursing bottles, syringes, and nipples.
- Clean bedding.
- Check food and supplies.

Appendix A: Disease Directory

Here is an alphabetical list of diseases encountered in a shelter environment and foster homes. Prevention is the key to keeping shelter and foster animals healthy and adoptable. Please practice exemplary disease control habit and wash your hands often. Some of the following diseases can occur in both dogs **D** and cats **C** while others are species specific. Diseases noted with **H** are zoonotic in nature and can be passed from animals to humans.

Cat Scratch Fever **H**

Cause: Bacteria-Bartonella henselae – cat bite or scratch.

Symptoms: Humans – fatigue and fever. Infection at site of scratch and swelling of local lymph nodes.

Treatment: Self limiting over 1-2 week period. Supportive care. Antibiotics.

Prevention: Fleas are the major vector for the transmission of B. henselae among cats; therefore, flea control is important.

Zoonosis: Incidence is low in the rocky Mountain region due to cool temperatures, low humidity, and low rainfall.

Cheyletiella (Walking Dandruff) **HCD**

Cause: Cheyletiella mite. Mite lives on the coat and skin of cats and occasionally dogs.

Symptoms: Small scabs, scratching and hair loss in cats. Sometimes mites are visible on the hair coat.

Treatment: Topical medications and/or ivermectin.

Prevention: Identification and treatment to prevent spread of parasite.

Zoonosis: Susceptible people may exhibit small red spots on the skin, usually on the abdomen after handling or living with infected animals. Infection is self-limiting, since the mites cannot live and reproduce off the natural host – the cat.

Coccidiosis **HCD**

Cause: Coccidian protozoa infect the intestinal tract of animals.

Symptoms: Rare in healthy unstressed animals. More common in puppies and kittens. Can be serious if in combination with other diseases. Causes diarrhea usually without other symptoms, diagnosed by fecal exam.

Treatment: Ponazuril (Marquis Paste)

Prevention: Good sanitation and husbandry practices.

Cryptosporidiosis **HCD**

Cause: Intestinal protozoan or parasite, Cryptosporidium parvum.

Symptoms: Diarrhea and lack of appetite.

Treatment: Usually self-limiting in healthy animals. Antibiotics may be helpful in certain cases.

Prevention: Isolate infected animals from other pets. Simple hygienic measures such as hand washing and isolation of known infected animals from people.

Zoonosis: Concern – immune suppressed individuals.

Ear Mites **CD**

Cause: Otodectes cynotis. More common in cats than dogs, usually seen from kittens coming from farms or colonies.

Symptoms: Severe itching of the ears, head shaking, head tilt, and dark red dry debris in ears. Mites are easily seen under a microscope.

Treatment: Clean ears, apply mite-killing medication.

Prevention: Treat moms to prevent spread to kittens.

Feline Immunodeficiency Virus (FIV)

Cause: Feline immunodeficiency virus. Primarily a disease of older cats. Male cats are more often infected than females. Virus is transmitted through biting and fighting. Accurate tests are available to diagnose infected cats.

Treatment: Supportive care to treat symptoms.

Prevention: Prevent contact with infected cats.

Feline Distemper

Cause: Feline Panleukopenia virus. Highly contagious. All secretions and excretions from infected animals may contain virus. Easily spreads from direct contact or carried on objects (fomites) such as bedding, brushes, bowls, clothing, or shoes.

Symptoms: Vomiting, lethargy, diarrhea, anorexia, dehydration, fever. Very high mortality rate. All unvaccinated cats are susceptible. Symptoms may first be seen in a previously healthy mom and 3-5 days later in the kittens. Kittens infected in-utero or shortly after birth suffer cerebellar hypoplasia causing lack of coordination if they survive.

Treatment: Supportive care to combat dehydration and secondary bacterial infections.

Prevention: Vaccination and good husbandry practices.

Feline Infectious Peritonitis (FIP)

Cause: Coronaviruses.

Feline enteric coronavirus (FECV) which causes mild diarrhea that often resolves without treatment and usually goes undiagnosed. FIP coronavirus, which is a mutated form of FECV. This form of coronavirus causes fatal disease in some cats. Kittens and cats less than two years old and cats older than 10 years are most often affected. Variably contagious. Mostly a disease of catteries and colonies of cats. As few as 5-15% of cats exposed to FIP develop the disease. Some cats may be asymptomatic for years.

Symptoms: This is probably the most frustrating disease we encounter at the shelter, because it is difficult to diagnose. It cannot be distinguished from FECV by titer. We cannot predict if an exposed cat will succumb to the disease. Weakness, lethargy, anorexia, anemia, fever, unresponsive to antibiotics, distended abdomen, respiratory distress, diarrhea, and sometimes neurological manifestations.

Laboratory tests and very high coronavirus titers along with clinical symptoms are suggestive of FIP but only necropsy and histopathology of tissues can confirm the disease.

Treatment: Usually fatal. Treating symptoms may alleviate discomfort * **Due to the unpredictable course this disease usually takes, and the difficulty in definitively diagnosing, cats suspected of FIP by a veterinarian may be euthanized.** *

Prevention: Prevent contact with infected cats. A vaccine is available. This disease is the focus of active research to diagnose, treat, and prevent.

Feline Leukemia C

Cause: Feline leukemia virus. Can be transmitted to kittens from the mom. A blood test is accurate and inexpensive to diagnose the disease.

Symptoms: Chronic wasting disease causing anemia, lethargy, anorexia, respiratory, gastrointestinal or neurological symptoms. Cats seem very ill. Most cats succumb to cancer or are predisposed to other disease because of their weakened immune system.

Treatment: The body can rarely rid itself of the virus. Supportive care to treat symptoms. Life expectancy may be shorter than average

Prevention: Cats appearing healthy can be carriers, so testing is very important. Vaccination of negative cats. Keeping your companion cat vaccinated and indoors will significantly reduce chances of contracting the virus.

Giardia HCD

Cause: Giardia lamblia, a flagellate protozoan that inhabits the small intestine of mammals, diagnosed by fecal exam.

Symptoms: Diarrhea, weight loss or failure to gain weight. Feces are malodorous, runny to cow pie consistency and often contain blood. Asymptomatic carrier animals may only develop symptoms when under stress of the shelter environment.

Treatment: There are a variety of treatments, none of which is foolproof. Good husbandry helps to prevent/treat. Many animals recover quickly after adoption.

Zoonosis: Immune compromised individuals are at risk.

Internal Parasites HCD

Cause: Hookworms, tapeworms, whipworms, and roundworms. Diagnosed by fecal exam.

Symptoms: Asymptomatic to diarrhea, weight loss, anemia, dehydration, and wasting.

Treatment: Most dewormers are effective but must be specific to the parasite being treated.

Prevention: Deworming and sanitation.

Zoonosis: Roundworm (*Toxocara canis* or *toxocara cati*): following ingestion of infected eggs, larvae penetrate the intestine and migrate through tissues including skin, lungs, central nervous system, and eyes. **Hookworm** (*Ancylostoma* spp. and *uncinaria* spp.) Infectious larvae in the soil infect humans by skin penetration. Migration is usually limited to the skin but may involve the lungs or eyes.

Otitis Externa (ear infections) CD

Cause: Bacteria and/or yeast. Dogs with allergies or a low thyroid condition are most likely to have ear infections. Wetness in ears, and ears weighed down by a lot of hair potentiates the condition. Ear mites are uncommon in dogs.

Symptoms: Head shaking, scratching at ears, head tilt, malodorous ears, red ears, ears swollen and warm on the inner surface.

Treatment: Cleaning ears daily with specific drying solutions and treating with medicated ear preparations. Identify underlying cause – allergy, hypothyroidism.

Prevention: Treat as soon as signs are seen. Prophylactic cleaning of ears if dog has a history of infection. Keep ears dry after swimming or bathing, treat underlying cause if one is identified.

Rabies HCD

Cause: Rabies virus.

Symptoms: Variable from the 'dumb' to the 'furious' forms. Fatal disease.

Treatment: None. It is always fatal.

Prevention: Vaccination.

Zoonosis: Fatal in humans. Exposure to the saliva of infected animals through contact or bite.

Ringworm **HCD**

Cause: Microsporium and trichophyton dermatophytes – fungal species that inhabit the soil but cause skin rashes in man and animals.

Symptoms: Quite variable from asymptomatic carriers to hair loss and skin scaling in cats.

Treatment: Topical and oral medications.

Prevention: Identify infected and carrier animals and treat.

Zoonosis: Circular, reddened areas of flaky skin. Most cases are easily treated with over-the-counter antifungal preparations for people.

Salmonellosis **HCD**

Cause: Bacteria belonging to the genus Salmonella.

Symptoms: Fever, lethargy, lack of appetite, vomiting, diarrhea, and abdominal pain.

Treatment: Antibiotics in some cases. Fluid and nutritional support.

Prevention: Isolate infected animals from other pets. Clean infected areas with household bleach, iodophors, or quaternary ammonium compounds. Simple hygienic measures such as hand washing and isolation of known infected animals from people.

Zoonosis: Contagious to humans. Causes & symptoms as noted above.

Sarcoptic Mange **HCD**

Cause: Sarcoptes scabiei, a mite that infects a variety of species.

Symptoms: Severe, intense itching caused by female mite when she burrows into the skin to lay eggs.

Treatment: Topical dips or injectable medications.

Prevention: Identifying and treating infected animals, good sanitation practices.

Zoonosis: Can infect susceptible individuals causing severe itching and rashes. See your physician for treatment.

Toxoplasmosis **HC**

Cause: Toxoplasmosis gondii. Cats enter the life cycle of the toxoplasma organism following the ingestion of cyst infected meats. At least 30% of cats and humans have previously been infected. Cats are the only known definitive hosts for the organism to complete its life cycle.

Symptoms: Clinical infections in cats are uncommon.

Zoonosis: Healthy individuals are generally not affected. Transplacental infections can cause a variety of birth defects or stillbirth. About 10% of AIDS patients will suffer from toxoplasmic encephalitis. Cats usually only shed oocysts in their feces once in their lifetime and the shedding period lasts from several days to several weeks. Oocysts must sporulate to be infectious. Oocyst sporulation occurs in 1-3 days in the presence of oxygen. Therefore, contact with fresh feces cannot cause infection. Since cats are fastidious and do not allow feces to remain on their skin for time periods long enough to allow sporulation, infection from direct contact with cats is unlikely. To avoid infection:

- Do not allow cats to hunt and do not feed them undercooked meat
- Clean litter box daily
- Wear gloves when working in soil where cats may defecate
- Keep sandboxes covered
- Boil water obtained from the general environment
- Control intermediate hosts such as cockroaches and earthworms. Humans in the US are commonly infected by eating undercooked meats, pork in particular

Urinary Tract Infection (UTI)

Cause: Some animals, like some people, are more susceptible to urinary tract infections. Diet can influence urinary pH. Alkaline urine provides a good environment for bacterial growth. Magnesium content in the diet can cause urine sediment to form.

Symptoms: Not using the litter box, housebreaking problems, frequent small urinations, and painful urination. Very lethargic, sick cat if urine sediment causes the urethra in male cats to be plugged – this condition can be life threatening. This is a common reason for owners to surrender their animals to shelters and most owners have not consulted a veterinarian for diagnosis or treatment for ‘housebreaking’ problems or cats not using the litter box.

Treatment: Complete urinalysis and often X-rays are required for diagnosis and to guide treatment, anesthesia, urinary catheterization, and close veterinary monitoring are required for ‘blocked’ male cats. Appropriate antibiotics and in some cases a prescription diet is required. Urinalysis is repeated about 10 days after initiation of treatment.

Prevention: Feeding a good quality diet. Awareness of symptoms and early treatment.

Appendix B: Upper Respiratory Infection

While every precaution has been taken to ensure that your foster cat is free from infectious disease, there is a possibility that they may develop an upper respiratory infection (URI) after arriving at your home. [This fact sheet is meant to educate you about what URI is, what the symptoms are, who is susceptible and the course of treatment.](#)

What is Feline Upper Respiratory Infection (URI)?

Four to five different viruses most commonly cause feline URI. In many ways, it is like the common cold in humans. Respiratory infections are common in cats with uncertain veterinary histories who are undergoing the stress of shelter life accompanied by the stress of acclimating to a new home. Feline respiratory infection is a highly contagious disease affecting the nasal passages and sinuses of cats and kittens. It is very common in animal shelters, multiple-cat households, and free roaming cat populations.

URI is “species specific”, meaning it can only infect cats and kittens, not dogs or humans. As a precaution we strongly recommend keeping your new cat separate from other pets for a week or so. This helps the cat settle in and allows you to observe its behavior and health.

How is URI transmitted?

Feline URI is transferred by cats via fluid discharged from the mouths and noses of infected cats, similar to the transfer of the flu virus between humans. Cats can shed the virus through the air by sneezing, coughing, or breathing. Even the hands and clothes of people handling infected cats can spread URI.

Which cats get URI?

Any cat stressed by poor nutrition, cold or heat, age, fear, or infection with another disease is susceptible to feline URI. Of course, cats brought to an animal shelter face the additional stress of an unfamiliar environment, being away from home, and then when adopted the stress of adapting again. Cats who are especially at risk are unvaccinated cats and kittens (because they have immature immune systems). Recently vaccinated cats who have healthy immune systems are still susceptible to the disease, but symptoms are usually mild and short-term, possibly limited to sneezing with no fever and no loss of appetite.

What are the signs?

Symptoms of feline URI include sneezing, runny nose or red, watery eyes, mouth sores, nasal congestion (often seen as drooling or open-mouthed breathing), mild to severe lethargy and lack of appetite or thirst. Symptoms of feline URI are generally mild at first and tend to worsen within one to three days. The incubation period (the time between infection and the first signs of illness) lasts from 2-17 days. The illness itself typically lasts from one to four weeks, depending on the strength of the cat's immune system. Again, keeping a new cat separated from other cats in the household is very important.

How is feline URI treated?

Feline URI is easily treated even though there are no medications available to kill the feline URI viruses, just as there are no drugs to treat many human viruses. Treatment of feline URI is geared towards strengthening the cat's body and immune system, and consists primarily of good nutrition, hydration, and supportive care. Like humans, when cats are feeling poorly they do not eat, especially when they cannot smell. Feed food such as tuna and other pungent canned foods. Antibiotics are often prescribed to prevent or treat secondary bacterial infections that may accompany the viral infection. Infected cats may stop eating or drinking, and may require special treatment to combat dehydration and malnutrition. Nearly all cats and kittens recover with proper care. A few cats may have long-lasting symptoms that may recur when the cat is stressed.

Can feline URI be prevented?

Feline URI cannot be totally prevented in the shelter environment. All cats are vaccinated upon entry to the ARLGP. Unfortunately, many cats enter the shelter without previous vaccinations and may already be infected without showing any outward signs. Animals showing symptoms while at the shelter are placed in an isolation area where treatment and supportive care is administered. The ARLGP makes every effort to prevent the spread of these infections.

How do I keep other household cats free of URI?

The best prevention is separation. When introducing new cats to other pets in your household it is best to keep the new cat in a separate room for several days or longer. This serves two purposes: the new cat can adapt to your home with minimal stress, and you can observe the cat's health without exposing your cats to an incubating URI. It is important to follow these guidelines of separation as closely as possible.

What should I do if my foster cat is showing signs of URI?

Please contact the ARLGP foster coordinator if you are observing signs of URI in your foster cats.

Appendix C: Bottle Feeding Tips and Tricks

The following is sourced from the Kitten Lady: <http://www.kittenlady.org/bottlefeeding>

1. GET A BOTTLE AND NIPPLE

ARLGP will provide you a bottle and nipple. Be aware that the nipple that comes on the bottle is not cut; you will need to cut a hole in it yourself. The hole should be big enough that if you hold it upside down, formula can slowly drop out of it -- but not so big that it flows out freely.

2. ASSESS THE KITTEN

Before you feed a kitten, always make sure you've assessed them to make sure it is safe to feed. If a kitten is overheated or too cold, it is not safe to feed until you have gently stabilized their temperature. If a kitten is not able to swallow, it is not safe to feed. If a kitten has a cleft palate, it may be riskier to feed. Be sure that you've assessed the kitten's temperature and body condition before feeding.

Ensure that the kitten can swallow by placing a drop of formula on their tongue and feeling the throat with one finger. If the kitten appears stable and is swallowing, proceed.

3. PREPARE YOUR BOTTLE

ARLGP will provide you with kitten formula, **you cannot feed kittens the milk that is in your fridge.** Never feed a kitten cow's milk or other dairy products, dairy alternatives, or human baby formula, as this can be fatal to the kitten. Once opened, keep the formula refrigerated. Prepare the formula according to the manufacturer's instructions, making sure that it is fresh, clump free, comfortably warm.

4. FEED THE KITTEN

Lay the kitten in a natural, belly-down position: never, ever on their back. Hold the kitten's head stable with your non-dominant hand. Gently slide the nipple into the kitten's mouth and invert the bottle to start the flow of formula. The kitten should roll her tongue into a U-shape and begin to swallow. Follow the feeding chart for a guideline of amount and frequency.

Age	Weight	Daily Feedings
1 week	4 oz	6

2 weeks	7 oz	4
3 weeks	10 oz	3
4 weeks	13 oz	3

Be very careful not to squeeze formula into the kitten's mouth as this can cause aspiration. If you are feeding a very young kitten and having a difficult time controlling the flow, consider syringe feeding.

If the kitten latches, that's great, but it's okay if it takes a while for her to get the hang of things! Bottle feeding is an art form that improves with time, so be patient and don't give up. If the kitten is having difficulty, try these tips:

- Be sure you're holding the head and body stable to guide her. Kittens don't necessarily understand what you're trying to do, so it's up to you to hold them steady and show them.
- Take a look at your bottle and nipple, and make sure there are no issues such as a nipple that is cut too big or too small, or clumps in the formula that may be causing a blockage.
- Wrap the kitten in a small baby blanket if need be to help her feel focused and swaddled; just make sure she is still in a proper belly-down position.
- Rubbing the face with a cloth or toothbrush can simulate a mother's tongue and help them feel prepared to eat.


5. COMPLETE THE ROUTINE

After feeding, always ensure that you are cleaning the face by wiping away any formula with a warm, wet cloth or baby wipe. Formula left behind can cause the kitten to get a crusty face or moist dermatitis that causes the fur to fall out, so keep her clean.

Once the kitten is cleaned up, make sure she has been stimulated to pee and poop, and is placed back in her warm, safe spot.








Appendix D: The Scoop on Poop

Many diseases can lead to symptoms affecting the bowel movements of dogs and determining the fecal grade of a stool sample can help determine the severity of an illness the dog may have contracted. Below is a simple visual guide to help you determine the consistency of the stool, but to summarize its contents stools should be brown and fully formed.

 **Nestlé PURINA**

FECAL SCORE CHART

Fecal consistency is primarily a function of the amount of moisture in the stool and can be used to identify changes in colonic health and other problems. Ideally, in a healthy animal, stools should be firm but not hard, pliable and segmented, and easy to pick up (Score 2).

	Score 1 Very hard and dry; requires much effort to expel from the body; no residue left on ground when picked up. Often expelled as individual pellets.		Score 2 Firm, but not hard; should be pliable; segmented in appearance; little or no residue left on ground when picked up.
	Score 3 Log-like; little or no segmentation visible; moist surface; leaves residue, but holds firm when picked up.		Score 4 Very moist (soggy); distinct log shape visible; leaves residue and loses form when picked up.
	Score 5 Very moist but has distinct shape (piles rather than distinct logs); leaves residue and loses form when picked up.		Score 6 Has texture, but no defined shape; occurs as piles or as spots; leaves residue when picked up.
	Score 7 Watery, no texture, flat; occurs as puddles. Leaves residue.		

WHEN TO CONTACT ARLGP: If you see a SCORE 7 from your foster animal, please call our foster team immediately!

Appendix E: Toxic Plants

Here is a quick reference guide to the more common house and garden plants and foods that are toxic to most animals. If you have these plants or foods, you need not dispose of them. Just keep them away from your pets. **An * indicates that a substance is especially harmful and can be fatal.**

<ul style="list-style-type: none"> • Alcohol (all beverages, ethanol, methanol, isopropyl) • Almonds* • Amaryllis Bulb* • Anthurium* • Apricot* • Autumn Crocus (Colchicum autumnale)* • Avocado (leaves, seeds, stems, skin) *Fatal to birds • Azalea (entire rhododendron family) • Begonia* • Bird of Paradise 	<ul style="list-style-type: none"> • Bittersweet • Bleeding heart* • Boxwood • Bracken fern • Buckeye • Buttercup (Ranunculus) • Caffeine • Caladium* • Calla lily* • Castor bean* (can be fatal if chewed) • Cherry • Chinese sacred or heavenly bamboo • Chocolate* • Choke cherry, unripe berries* 	<ul style="list-style-type: none"> • Chrysanthemum (a natural source of pyrethrine) • Clematis • Crocus bulb • Croton (Codiaeum sp.) • Cyclamen bulb • Delphinium, larkspur, monkshood* • Dumb cane (dieffenbachia) • Elderberry, unripe berries* • English ivy (all Hedera species of ivy)
---	---	--

Appendix F: Dangerous and Toxic Foods

ASPCA Poison Control: <https://www.asPCA.org/pet-care/animal-poison-control/people-foods-avoid-feeding-your-pets>

Alcohol

Alcoholic beverages and food products containing alcohol can cause vomiting, diarrhea, decreased coordination, central nervous system depression, difficulty breathing, tremors, abnormal blood acidity, coma and even death. Under no circumstances should your pet be given any alcohol.

Chocolate, Coffee and Caffeine

These products all contain substances called methylxanthines, which are found in cacao seeds, the fruit of the plant used to make coffee, and in the nuts of an extract used in some sodas. When ingested by pets, methylxanthines can cause vomiting and diarrhea, panting, excessive thirst and urination, hyperactivity, abnormal heart rhythm, tremors, seizures and even death. Note that darker chocolate is

more dangerous than milk chocolate. White chocolate has the lowest level of methylxanthines, while baking chocolate contains the highest.

Citrus

The stems, leaves, peels, fruit and seeds of citrus plants contain varying amounts of citric acid, essential oils that can cause irritation and possibly even central nervous system depression if ingested in significant amounts. Small doses, such as eating the fruit, are not likely to present problems beyond minor stomach upset.

Coconut and Coconut Oil

When ingested in small amounts, coconut and coconut-based products are not likely to cause serious harm to your pet. The flesh and milk of fresh coconuts do contain oils that may cause stomach upset, loose stools or diarrhea. Because of this, we encourage you to use caution when offering your pet these foods. Coconut water is high in potassium and should not be given to your pet.

Grapes and Raisins

Although the toxic substance within grapes and raisins is unknown, these fruits can cause kidney failure. Until more information is known about the toxic substance, it is best to avoid feeding grapes and raisins to dogs.

Macadamia Nuts

Macadamia nuts can cause weakness, depression, vomiting, tremors and hyperthermia in dogs. Signs usually appear within 12 hours of ingestion and can last approximately 12 to 48 hours.

Milk and Dairy

Because pets do not possess significant amounts of lactase (the enzyme that breaks down lactose in milk), milk and other dairy-based products cause them diarrhea or other digestive upset.

Nuts

Nuts, including almonds, pecans, and walnuts, contain high amounts of oils and fats. The fats can cause vomiting and diarrhea, and potentially pancreatitis in pets.

Onions, Garlic, Chives

These vegetables and herbs can cause gastrointestinal irritation and could lead to red blood cell damage. Although cats are more susceptible, dogs are also at risk if a large enough amount is consumed. Toxicity is normally diagnosed through history, clinical signs and microscopic confirmation of Heinz bodies.

Raw/Undercooked Meat, Eggs and Bones

Raw meat and raw eggs can contain bacteria such as Salmonella and E. coli that can be harmful to pets and humans. Raw eggs contain an enzyme called avidin that decreases the absorption of biotin (a B vitamin), which can lead to skin and coat problems. Feeding your pet raw bones may seem like a natural and healthy option that might occur if your pet lived in the wild. However, this can be very dangerous for a domestic pet, who might choke on bones, or sustain a grave injury should the bone splinter and become lodged in or puncture your pet's digestive tract.

Salt and Salty Snack Foods

Large amounts of salt can produce excessive thirst and urination, or even sodium ion poisoning in pets.

Signs that your pet may have eaten too many salty foods include vomiting, diarrhea, depression, tremors, elevated body temperature, seizures and even death. As such, we encourage you to avoid feeding salt-heavy snacks like potato chips, pretzels, and salted popcorn to your pets.

Xylitol

Xylitol is used as a sweetener in many products, including gum, candy, baked goods and toothpaste. It can cause insulin release in most species, which can lead to liver failure. The increase in insulin leads to hypoglycemia (lowered sugar levels). Initial signs of toxicosis include vomiting, lethargy and loss of coordination. Signs can progress to seizures. Elevated liver enzymes and liver failure can be seen within a few days.

Yeast Dough

Yeast dough can rise and cause gas to accumulate in your pet's digestive system. This can be painful and can cause the stomach to bloat, and potentially twist, becoming a life threatening emergency. The yeast produce ethanol as a by-product and a dog ingesting raw bread dough can become drunk (See alcohol).

Appendix G: Rabies

Rabies is a viral disease of the central nervous system (brain and spinal cord) caused by the rhabdovirus, which infects mammals.

Levels of Susceptibility

All warm-blooded mammals can contract rabies. The three levels are:

1. **Most Susceptible:** Foxes, coyotes, jackals, and wolves. There is no data on the susceptibility of wildlife hybrids.
2. **High Susceptibility:** Skunks, ferrets, raccoons, bats, and cattle.
3. **Moderate Susceptibility:** Domesticated dog, sheep, goats, horses, and non-human primates.

Cats are much less susceptible than dogs. However, cats are more commonly involved in exposures, because cats interact more with wildlife. The frequency of human rabies exposures attributable to cats has increased at a greater rate than those associated with dogs. Some reports say that cats are more likely than dogs to stalk and attack humans than other animals.

Exposure Definition

1. A visible bite or scratch penetrating the skin from a confirmed, suspected, or potentially rabid animal.
2. A non-bite exposure is direct contact of a wound (one that has been bleeding within the previous 24 hours), or mucous membranes with potentially infectious materials, such as saliva, or central nervous tissue (i.e., brain or spinal cord) from a confirmed, suspected, or potentially rabid animal.
3. Eating any part of a confirmed rabid animal.
4. Aerosolized rabies virus (specifically a bat cave or research lab) has caused disease and is considered exposure.

Incubation Period

This incubation period for rabies is the time between exposure and the appearance of clinical signs.

- **Dogs:** 2 weeks – 6 months
- **Cats:** 2 weeks – six weeks
- **Humans:** Usually 3-8 weeks, rarely as short as 9 days or as long as 7 years

How the Virus Attacks the Body

The rabies virus attacks the body as follows:

- Once exposure occurs, the virus travels up the peripheral (surrounding) nerves to the spinal cord (average time is nine days to one year.)
- Then the virus spreads through the spinal cord and brain (average time two to six days.)
- Then from the brain to other tissues, including the salivary glands

Usually clinical symptoms appear in 15 to 25 days after the exposure but may take as long as one year.

This is the reason for the long period of quarantine for animals bitten by an unknown attacker.

Progression of Rabies Stages

Rabies has three Stages:

- **Stage 1:** Subtle temperament changes, mild fever, self-mutilation at bite site, slow blink reflexes
- **Stage 2:** Animal becomes increasingly restless and irritable, visual and auditory stimuli may trigger aggression/vocalization, roaming, may attack inanimate objects or eat odd substances. Later, poor coordination/disorientation and seizures
- **Stage 3:** Paralysis, drooling, respiratory distress, and vocalization. This stage quickly results in death, usually within 3-5 days

Not all animals pass through all the stages of this disease. Cats, especially, tend to exhibit aggressive behavior.

Practice the 1-2-3's of safety:

1. Practice safe animal handling and disease control
2. Report any unusual or aggressive behavior
3. Report any bite that breaks the skins

Here is a checklist for handling a bite that breaks the skin:

- Clean and flush the wound immediately with soap and water
- Report the incident to a staff member at the ARL. S/he will need to know:
 - Which animal bit
 - The circumstances of the bite
 - The physical location of the bite wound
 - The date the bite occurred
- Complete a Bite Report (A copy is located in the Appendix, or a copy can be obtained at the shelter.)

- See your doctor. The ARLGP is not able to dispense medical advice regarding the human care of an animal bite wound
- Tetanus prophylaxis and antibacterial treatment when required
- No sutures or wound closure advised unless unavoidable
- Rabies immune globulin and/or vaccine as indicated by your physician

Maine State law REQUIRES any dog or cat that bites and breaks the skin to be placed on 10-day quarantine for rabies observation. Quarantine can be completed in the foster home provided the animal is isolated from other animals and has contact only with the foster family. Under NO circumstances may a cat in bite quarantine be permitted outdoors, and dogs must be on leash at all times.

When a bite is not reported:

- It creates a hazard for others handling that animal
- It may mean the destruction of a whole population of animals. If the bite is never reported, we may release a rabid animal to an otherwise healthy population
- If the animal is rabid, it may mean the death of the bitten individual and the post exposure treatment of those who have had close contact with the victim. This may include parents, spouse, children, neighbors, and pets
- It jeopardizes your volunteer position, and perhaps your life!

Appendix H: Bite Report



PUBLIC OR VOLUNTEER BITE OR INJURY REPORT

I. INJURED PERSON'S INFORMATION

DATE OF REPORT _____

NAME OF INJURED PARTY (First, Middle, Last) _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER: _____ DOB _____ SEX _____

INJURED PERSON IS: ARLGP VOLUNTEER MEMBER OF THE PUBLIC

***IF UNDER 18, PARENT OR GUARDIAN CONTACT INFORMATION:**

NAME OF PARENT/GUARDIAN (First, Middle, Last) _____ Telephone # _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

NAME OF INDIVIDUAL FILLING OUT REPORT _____ SIGNATURE _____

II. ANIMAL INFORMATION

**IF ACCIDENT WAS AN ANIMAL BITE THAT BROKE SKIN, FILL OUT THIS SECTION (if not skip to next section)*

ANIMAL INFORMATION:

NAME _____ ARLGP A# _____ SPECIES _____ GENDER _____

S/N? _____ AGE _____ BREED _____ COLOR _____ AMOUNT OF TIME OWNED _____

BITING PET OWNER NAME (IF ARLGP PET, WRITE 'ARLGP') _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

RABIES VACCINATION HISTORY, IF KNOWN _____

THE ACCIDENT OR EXPOSURE TO OCCUPATIONAL ILLNESS

If accident or exposure occurred on employer's premises, give address of plant or establishment in which it occurred. Do not indicate department or division within the plant or establishment. If accident occurred outside employer's premises at an identifiable address, give the address. If it occurred on a public highway or at any other place which cannot be identified by number and street, please provide place references locating the place of injury as accurately as possible.