Practical Guidance for the Effective Response by Veterinarians to Suspected Animal Cruelty, Abuse and Neglect

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Veterinarians often face difficult situations in their practices, including treating animals with conditions of suspected neglect, maltreatment, cruelty, and similar abuse. The following materials were prepared to help veterinarians by providing guidance on how to deal with these problematic issues when they arise. This publication should not be construed as legal advice or legal opinion on specific facts, or representative of the view of the American Veterinary Medical Association or any other organization that assisted in its publication, unless so stated. This publication is not intended as a definitive statement on the subject but a tool, providing practical information for the reader. We hope that you find this material useful.

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The connection between human beings and members of the animal kingdom is usually a good one, with the increasing presence of companion animals in our homes bringing people a feeling of closeness with the natural world and many positive, healthful benefits. Members of the veterinary profession are often overseers of that connection by understanding the health and husbandry needs of their patients and by educating their clients about the responsibilities that this connection entails (Leininger, 1998).

But occasionally the human-animal “bond” goes awry, and people treat animals with neglect, violence and cruelty. When these situations occur, the ethical principles and professional standards of veterinary medicine dictate that practitioners have responsibilities not only to the individual animals involved, but to society as a whole, to respond compassionately and effectively.

While the majority of veterinarians recognize their important roles and responsibilities to society and animal well-being regarding the detection and possible reporting of suspected animal maltreatment, they face considerable barriers that may complicate their fulfilling their professional role in responding to such cases. With increasing public and legal attention to animal welfare issues, the non-fulfillment of these duties places the profession and its members at risk of adverse criticism (Robertson, 2010).

In recent years, much work has been done to assist veterinarians with making clinical diagnoses of conditions of suspected animal neglect, maltreatment, cruelty, abuse, starvation, and fighting. But there has been little written to guide the practitioner through the problematic issues of practice management when such cases are suspected. The objective of this publication is to help small- and large-animal practitioners and their staffs to develop policies and protocols that establish procedures for effective responses when animal maltreatment is encountered.

“There is a link between animal cruelty and family violence.”

-- The Linkage Project, Portland, ME

In recent years, scientific research has confirmed centuries-old conventional wisdom that animal abuse and interpersonal violence often co-occur. Animal welfare and human services professionals now recognize that cruelty to animals, child maltreatment, domestic violence, and elder abuse do not exist in isolation; animal abuse is no longer being excused and is widely recognized as often being a sign of problems within the family.

These connections, called The Link® by the American Humane Association, have metamorphosed into growing practical and scholarly interest. The research is prompting changes in public policy and organizational programming, and opening up new opportunities for collaborative approaches to curtail animal abuse and other forms of family violence. Breaking this cycle of violence has become a top priority for communities nationwide.

Understanding and addressing the connection between animal abuse and human violence can provide veterinarians and their staffs with an important tool to protect the well-being of the animals entrusted to their care.

An ongoing issue relating to the links between acts of animal cruelty and human violence is the role of veterinarians and their staffs in the recognition of, and response to, animal maltreatment. Although federal, state and provincial legislation seeks to provide animals with protection from cruelty, abuse and neglect (see Section III for definitions of terms),
veterinarians are sometimes reluctant to disclose information about suspected or confirmed animal maltreatment to animal welfare authorities for numerous reasons (Arkow & Munro, 2008).

Several key obstacles to recognizing suspected animal abuse or maltreatment have been overcome in recent years. First, in response to veterinarians requesting training in the clinical identification of conditions suggesting animal maltreatment, veterinary forensics has emerged as a specialty and the International Veterinary Forensics Sciences Association (www.ivfsa.org) has been formed. Several new textbooks (Merck, 2007; Sinclair, Merck & Lockwood, 2006; Munro & Munro, 2008; Cooper & Cooper, 2007) and university and continuing education training improve the qualifications of practitioners to make a differential diagnosis of cruelty, abuse or neglect.

Second, in response to requests for professional and legal authority to report suspected abuse, numerous laws have been enacted granting veterinarians absolute or limited immunity for reporting suspected family violence. Animal welfare acts in some countries, such as Denmark, require veterinarians to make such reports. In the absence of such legislation, organizations including the American Veterinary Medical Association, American Animal Hospital Association, Royal College of Veterinary Surgeons (UK), the Veterinary Council of New Zealand, and Canadian Veterinary Medical Association have adopted policies and codes of conduct encouraging veterinarians to make such reports (Crook, 2000)(see Appendix A).

In order for veterinarians to respond effectively to animal abuse in a manner comparable to their human medicine counterparts vis-à-vis child maltreatment, another obstacle must be overcome, namely the development of policies and protocols that address legal, practice management, confidentiality, ethical, safety, and economic considerations (Arkow & Munro, 2008). To date, discussion of these issues has been largely theoretical and has not resulted in concrete protocols that fully answer concerns voiced by the profession.

This Guidance for the effective response to suspected animal cruelty, abuse and neglect has been developed by Link and veterinary officials in the U.S. and U.K. It includes a Risk Assessment and Reporting Decision Tree, a Client Questionnaire, and a Sample Protocol that may be utilized when presenting factors lead to a raised index of suspicion of animal maltreatment.

Every effort has been made to delineate an effective response to suspected animal maltreatment that balances the interests of the patient, the client, other animals and persons in the household, the veterinary staff, and the practice. It is our hope that practitioners will use these guidelines to develop practice-specific protocols, a strategy of client education and, when warranted, referrals to community agencies, to resolve the situation when animal abuse, neglect or cruelty is suspected.

**II. THE INDEX OF SUSPICION**

The diagnosis of abuse, cruelty, non-accidental injury (NAI), neglect, or maltreatment in animals is one of the most challenging subjects in clinical work, requiring time, experience, emotional energy, sensitivity, tact, and not a small measure of courage. The practitioner may be reluctant to admit that a client would present such animals for treatment. Nevertheless, most practitioners will be presented at some time with a case of animal abuse, neglect or cruelty (Enders-Slegers & Janssen, 2009; Gullone, Johnson & Volant, 2004; Kovacs, Adams & Carioto, 2004; Patronek, 2004; American Humane Association, 2003; Kuehn, 2002; Munro & Thrusfield, 2001a-d; Donley Patronek & Luke, 1999; Sharpe, 1999; Landau, 1999; Deviney, Dickert & Lockwood, 1983). While these cases may not be seen frequently, they are invariably problematic and some of the most difficult circumstances faced in practice (Crook, 2000).
Once a suspected diagnosis has been made, the practitioner may face a confounding series of ethical, economic and practice management issues in attempting to arrive at an effective response that balances the interests of the patient, the client, other animals and persons in the household, and the practice (Arkow & Munro, 2008). To help resolve these dilemmas, policies, procedures and protocols should be established in advance to deal with these cases effectively when they occur. Most cases of maltreatment seen in practice are probably the result of client ignorance and accidents rather than intention, and it has been suggested (Patterson-Kane & Piper, 2009) that most animal abuse occurs as isolated acts heavily influenced by opportunity and impulse factors rather than by individual pathological behavior. (A list of aggravating factors, a combination of which suggest a potential high level of dangerousness in a perpetrator of animal cruelty, is presented at Appendix I.) Regardless of whether the patient’s condition is the result of deliberate or inadvertent commission or omission by the client, early intervention may prevent further maltreatment.

What to look for

No single diagnostic pointer is indicative of animal cruelty, abuse and neglect; there may be a number of explanations for the presenting signs and it is a variable combination of factors that leads to a raised index of suspicion (Munro & Thrusfield, 2001a-d; Patronek, 1998). In addition to diagnostic clinical conditions described elsewhere (Merck, 2007; Sinclair, Merck & Lockwood, 2006; Munro & Munro, 2008; Cooper & Cooper, 2007), specific indicators relating to the history may raise your index of suspicion (Munro & Thrusfield, 2001a-d; American Humane Association, 2003; Arkow & Munro, 2008; Yoffe-Sharp & Loar, 2009; Sinclair, Merck & Lockwood, 2006):

<table>
<thead>
<tr>
<th>Category of Animal Abuse</th>
<th>Suspected Frequency Seen in Private Practice</th>
<th>Criteria for Suspicion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>Occasional to common</td>
<td>• Poor body condition but client refuses needed workup/treatment • Pet severely matted and client refuses grooming • Client declines medical care or euthanasia to relieve serious illness or injury • Lack of concern for animal’s welfare • Dangerous or unsanitary environment • Inadequate shelter • Excessive number of animals</td>
</tr>
<tr>
<td>Large-scale neglect (hoarding)</td>
<td>Probably a few clients</td>
<td>• Large number of animals • Poor continuity of care • Most office visits for trauma or preventable, contagious and parasitic diseases • Client uses several veterinary offices • Heroic efforts requested for newly acquired pets with poor prognoses</td>
</tr>
<tr>
<td>Dog fighting</td>
<td>Depends on area</td>
<td>• Characteristic pattern of bite wounds on head, neck, legs. Much more prevalent in pit bulls and other fighting breeds. • Owner may self-treat injuries</td>
</tr>
<tr>
<td>Intentional infliction of injuries</td>
<td>Uncommon to rare</td>
<td>• Injuries not consistent with history</td>
</tr>
</tbody>
</table>

(Sources: Patronek, 1998; Anti-Cruelty Society, n.d.)
Client disclosure: The client may reveal information about cruelty or neglect including implicating the perpetrator. The client may be hoping for a chance to protect the pet if given a private and understanding opportunity. The client is most likely to not be the actual abuser, and may simultaneously reveal information about being a victim herself or himself.

Client profile:
- The client may be new to the practice, or may visit multiple clinics (so-called “vet shopping”) in an attempt to avoid presenting an ongoing history of violence or to avoid raising suspicions.
- There may be discrepancies in names, addresses or ownership of the animal.
- The family may own many and frequently changing pets offered minimal or sporadic care.
- Abuse may occur when attachment to the pet is weak and the household is under pressure due to factors such as poverty, family instability and dysfunction.
- Abusers may come from any social class.
- The majority of animal abusers are male.
- Children and adolescents may be abusers, often as a result of their being victims or witnesses of abuse themselves.

Client behavior:
- The client lacks knowledge or concern about previous pets, or is indifferent about the current pet’s injuries. (In other instances, the client may appear to be very concerned about the animal and acts very cooperatively.)
- The client may be aggressive or argumentative or demonstrates behaviors, bruises or gives information consistent with signs suggesting possible domestic violence, child abuse or elder abuse.
- The client may be reluctant to give a full history.
- The client may delay seeking medical attention.
- The client may express not feeling safe at home, or there may be concerns about an isolated senior citizen or an excessive number of animals deprived of adequate care.
- One partner may act nervous or deferential around the other.
- There may be a history of a high turnover of pets in the household, especially younger animals or those with repetitive histories of behavioral problems.

The client presents an inconsistent history (the story doesn’t fit the injuries). Often the injuries are too severe to be explained by the history given. For example, the client may cite a road traffic or motor vehicle accident as an easy excuse, or an incident that is not consistent with normal animal behaviour patterns (e.g., “the animal fell”), but the injuries are not consistent with the history.

The client presents a discrepant history (the history changes). The client may offer different histories to various staff members, or various family members may present different histories.

Types of injuries. Veterinary forensics have identified an extensive list of clinical conditions suggesting NAI. Some of the more common physical injuries that might raise an index of suspicion include old injuries evident on examination, ultrasound or x-ray. Rib injuries (fractures) in particular should raise suspicion.

The animal’s behavior. Changes in an animal’s behaviour that cannot be adequately explained by underlying medical conditions might be the result of traumatic, non-accidental injury. For example, an animal demonstrating fear of a family member, excessive aggression or submission, or relief when separated from the owner may contribute to the index of suspicion. A tentative diagnosis of animal maltreatment should not be based on behaviour alone.

A history of repetitive injury. Repetitive injuries may be seen with the same animal over a period of time, or older injuries may be found upon examination. Repetitive injuries may also be seen with other animals in the household, concurrently or sequentially.

A history of unexplained injuries or deaths in other animals in the household. Consider the age of the animal: dogs and cats under age 2 are at greater risk (Munro & Thrusfield, 2001a-d).
Veterinarians have voiced concerns regarding possible civil and criminal exposure should they make a false report, a good-faith report that proves to be unfounded, or fail to make a report as prescribed by law. To address this concern, and in recognition of the principle that it is better for animals’ welfare to make a report that later proves unfounded than to not respond to a potential problem, several U.S. states have granted practitioners with immunity from liability. This immunity may be absolute (in effect even when reports are made negligently or fraudulently) or qualified (protects those who report in good faith even when no abuse or neglect is revealed) (Patronek, 1998). Veterinarians can further reduce exposure by maintaining liability insurance and signing “hold harmless” agreements with government and nonprofit agencies (King, 1998). Maintaining comprehensive medical records – including health assessment, medical history, statements made, observed behaviors, detailed description of injuries, an opinion as to whether injuries are adequately explained, results of laboratory tests and diagnostic procedures, and photographs and imaging studies – may likewise reduce the exposure to liability. In cases where discrepant histories are given to various staff members, it is important that each such statement is recorded.

### III. DEFINITION OF TERMS

Veterinarians are challenged by conflicting professional, personal, public, and legal standards (Arkow & Munro, 2008). In common usage, the terms “cruelty to animals,” “abuse,” and “neglect” encompass a range of behaviors harmful to animals, from unintentional neglect to malicious killing, and it is difficult to arrange these commissions and omissions along a scale of acceptability in a variety of cultures. Recognizing animal abuse is not always straightforward. Human maltreatment of animals extends across a spectrum ranging from passive neglect to intentional cruelty, with the majority of cases arising from neglect which may often be unintentional due to lack of education or temporary lapses in care. Other neglect may be chronic (Crook, 2000). While clear definitions (especially those that clarify intent) are important in the legal arena, practitioners may be hindered by those same definitions (Sinclair, Merck & Lockwood, 2006).

The legal definitions of the following terms (and even the legal definition of “animal”) vary from jurisdiction to jurisdiction, and clinical descriptions and public perceptions may vary from statutory terminology. Nevertheless, the following terms are commonly used to describe the types of animal maltreatment seen in practice. In some jurisdictions, anti-cruelty statues differentiate among these types of maltreatment; in others, statutes are necessarily broad and encompass a wide range of conditions constituting animal maltreatment. The practitioner is advised to investigate applicable local statutes for guidance (see Appendix E).

**Animal cruelty:** The common term used in animal anti-cruelty statutes and societies for the prevention of cruelty to animals. Although legal definitions vary by jurisdiction, several popular definitions have been disseminated. These include: any act that, by intention or by neglect, causes an animal unnecessary pain or suffering (Sinclair, Merck & Lockwood, 2006). Or: deliberate infliction of pain on an animal from which the abuser derives enjoyment or amusement (King 1998). Or: the infliction of pain or distress unnecessarily (Blood & Studdert, 1999). Or: socially unacceptable behaviour that intentionally causes unnecessary pain, suffering, or distress to and/ or death of an animal (Ascione, 1993).

**Neglect:** lack of care, often resulting from ignorance, poverty, or extenuating circumstances. Usually results in a failure to provide the basic necessities of life: adequate levels of food, water, shelter, veterinary care, grooming, or sanitation resulting in poor physical conditions. Neglect is the most common form of animal maltreatment investigated by animal protection authorities.
Animal abuse: more wilful failing to provide care or doing something harmful. Abuse implies maltreatment occurred regardless of the intent, motivation or mental condition of the perpetrator, whereas cruelty connotes more deliberate intention.

Animal physical abuse: the infliction of injuries or causing unnecessary pain and/or suffering. May be caused by hitting, kicking, throwing, beating, shaking, poisoning, burning, scalding, suffocation, etc.

Non-accidental injury (NAI): a synonym for physical abuse (Munro & Thrusfield, 2001a-d). Animal sexual abuse: any abusive act involving the rectum, anus or genitalia; or sexual contact with animals which may or may not result in physical injury to the animal. Sometimes called interspecies sexual assault. (Beetz, 2008; Beetz & Podberscek, 2005; Beirne, 1997) Animal sexual abuse is the preferred term over bestiality (in which sexual intercourse would have to take place) and zoophilia, neither of which take into account the effect on the animal.

Hoarding: animal neglect on a large scale involving multiple numbers of animals and frequently inadequate housing and husbandry conditions.

IV. PREPARING THE PRACTICE TO REPORT ANIMAL MALTREATMENT

The most important step a practitioner can take to assure a positive outcome in these inevitable situations is to prepare in advance for their possibility. The creation of a policy for the veterinary hospital clarifies for staff what client actions will not be tolerated and what steps will be taken when animal maltreatment is encountered. (See Appendices G and H for sample hospital policies)

1. Identify whether reporting is mandated or protected

Determine whether practitioners in your jurisdiction are required by law to report suspected animal maltreatment to law enforcement or animal welfare authorities. Determine whether you have absolute immunity (protection from civil and criminal lawsuits even when reports are made negligently or fraudulently) or qualified immunity (protection from civil or criminal lawsuits extends to those who report in good faith even when no abuse or neglect is revealed) (Patronek, 1998). Your state veterinary medical association, or the AVMA state legislative division, should have this information available and be able to advise the practitioner on issues of liability, legal responsibility, confidentiality and other matters.

2. Determine which agency to report to.

The practice should identify, in advance, animal welfare and human service agencies in the community to be contacted when animal cruelty or neglect, or family violence, is suspected or confirmed, and what their procedures are for processing these referrals and investigating cases. All staff should be made familiar with the anti-cruelty laws in the community and be made aware of these agencies: representatives from animal control, humane, or law enforcement agencies can provide in-service training to staff.
3. Establish an internal decision-making process.
   A procedure should be established in advance whereby members of the veterinary team who have concerns about the well-being of an animal or person can consult with senior colleagues to determine the most appropriate course of action. Implement the Risk Assessment and Reporting Decision Tree, and the Client Questionnaire, to help this process go more smoothly.

4. Become familiar with the recognition of animal cruelty, abuse and neglect.
   Training is now widely available in the clinical identification of conditions suggesting animal maltreatment. Melinda Merck, DVM, Lila Miller, DVM, and Randall Lockwood, Ph.D., of the ASPCA conduct extensive trainings in veterinary colleges and continuing education seminars on these techniques. Several textbooks (Merck, 2007; Sinclair, Merck & Lockwood, 2006; Munro & Munro, 2008; Cooper & Cooper, 2007) are available to assist practitioners to make a differential diagnosis of cruelty, abuse or neglect. Major animal shelters may have staff veterinarians with particular expertise in diagnosing and responding to incidents of animal maltreatment.

5. Become familiar with procedures for collecting and preserving evidence.
   A practitioner should be trained in appropriate procedures for collecting, documenting and preserving evidence, and procedures for submitting tissue samples and cadavers for post mortem examinations conducted by a board certified veterinary pathologist. The practitioner should begin collecting physical evidence as soon as s/he is suspicious of animal abuse and continue collecting evidence on an ongoing basis throughout the care of the patient. Practitioners should take precautions to maintain the chain of custody of evidence and to keep meticulous medical records.
   a. Prioritize collection of evidence. Items of evidence most likely to be destroyed by time, other people, or environmental conditions should be collected first.
   b. Avoid contaminating the evidence by wearing a cap, gown, mask, gloves, etc., as necessary.
   c. Assess and record the mental status and behaviour of the animal.
   d. Take photographs and/or video before and during the examination.
   e. Properly identify the animal(s) on the medical record and avoid guessing the animal’s breed or age if uncertain.
   f. Perform a complete physical examination, including body scoring.
      1) Do not focus on the chief complaint or obvious abnormalities.
      2) Do not overlook the unremarkable: if a parameter is normal, say so.
      3) Consider using standard forms to ensure that the physical examination is completely recorded.
   g. Perform CBC, chemistry panel, fecal, and urinalysis. (Note: consent is required to take samples, and the question of who will pay any incurred fees must be considered.)
      1) Neglected animals have a higher incidence of parasitism, anemia and hypoproteinemia.
   h. Take whole body radiographs. (Note: consent is required to take samples, and the question of who will pay any incurred fees must be considered.)
      1) Look for fractures in different stages of healing.
      2) Key areas to examine are the head, ribs and extremities.
i. Properly label and record evidence.
   1) The animal and everything associated with the animal is evidence and must be saved, documented, tagged and secured, including the leash and collar.

2) Marking evidence means recording the following information. An evidence log is helpful:
   • Time seized
   • From whom
   • Detailed description of property
   • Manner packaged
   • Time tagged and deposited
   • Location deposited

3) Label the exhibit (or the package within which the exhibit has been placed) with the investigator’s initials, employee number (if applicable), and the date of the seizure. Use a stylus to mark metallic objects. Place the mark in a discreet place. Use a pen to mark absorbent articles, such as clothing or documents. If an item is too small to be marked directly on its surface, place the item in a container (pill box or plastic vial), then seal and mark the container. Never mark an item where evidentiary traces may exist.

For a set of similar objects, place the identification mark in the same general area on each object. If the item has removable parts, mark each major part.

j. Ensure that all evidence collected is accounted for at all times.

k. If the animal is seen on a number of occasions or hospitalized:
   1) Record the initial weight and subsequent weights on a regular or weekly basis. Use a weight change form and take photographs to document weight gain.
   2) Record daily updates even if there are no changes in the animal’s condition. Any changes should be carefully described no matter how minor they may appear.

The Canadian Veterinary Medical Association (http://canadianveterinarians.net) has information on maintaining a Chain of Custody, body scoring charts, condition of skin, weight change forms and sample evidence log forms.

For more information:
www.veterinaryforensics.com and www.ivfsa.org
(Source: Canadian Veterinary Medical Association)

V. ESTABLISHING PROTOCOLS, POLICIES AND PROCEDURES

Once a diagnosis of animal maltreatment is suspected, the practitioner should be prepared to assess the risks to the animal, the client, other animals and persons in the household, and staff members. The veterinarian must determine whether the most effective response would be through client education, monitoring the situation, or reporting the incident to appropriate authorities. Unlike the situation for human healthcare professionals where the reporting of suspected child abuse and neglect is required (Arkow & Munro, 2008), in most jurisdictions veterinary reporting is not mandated by law, and consequently arriving at the most effective resolution is challenging. The Risk Assessment Decision Tree depicted in Sec. VI, and the suggested Client Questionnaire in Sec. VII, will assist the practitioner in determining the most effective response.

A proportion of cases of animal abuse and neglect can be resolved through client education. Specific language for discussing with a client the neglect of a pet’s care is available (Wilson, Rollin & Garbe 1993). When educational interventions fail or in severe cases, a report should be filed with the appropriate authorities for investigation.

Because veterinarians are widely assumed to be experts regarding all matters relating to animals, it is not surprising that practitioners often mistakenly assume they must serve as investigator, prosecutor, judge and jury in animal cruelty cases. Veterinarians are not responsible for making a diagnosis of neglect or abuse, but for sharing their concerns appropriately. It is important for practitioners to recognize that their report of suspected neglect or abuse is only the first step in evaluating a case,
and that other experts and legal authorities will determine the circumstances of the case and whether legal action is indicated (Sinclair, Merck & Lockwood, 2006; Arkow, 2003). A report of suspected abuse, neglect or cruelty does not necessarily lead to prosecution of the perpetrator and in fact the filing of criminal charges is quite rare – and conviction rarer still (Arluke & Luke, 1997). Particularly in cases of benign or ignorant neglect where the animal’s life is not immediately threatened, animal protection agencies are more likely to pursue an educational intervention and use the incident as an opportunity to teach the parties about responsible animal husbandry practices (Sinclair, Merck & Lockwood, 2006).

In all cases, information gathered must be entered in the patient’s clinical record. The question of the confidentiality of these records, and whether information can be reported to other family members, other practitioners, or animal welfare or law enforcement authorities, has become a contentious issue. According to the American Veterinary Medical Association, the status of the confidentiality of patient records, and whether this information may be released to the client and/or outside agencies, varies widely by state. In many states a full copy of all records must be provided to the client upon request; in some states a summary or incomplete copy is acceptable. In many states client records may not be shared without a court order; in others there are exemptions for protecting human and/or animal welfare. (See Appendix C for a summary of state laws concerning confidentiality of records.)

In the United Kingdom, The RCVS Guide to Professional Conduct states the following in terms of data protection:

- The Data Protection Act 1998 gives anyone the right to be informed about any personal data relating to themselves on payment of an administration charge.
- At the request of a client, veterinary surgeons must provide copies of any relevant clinical records; this includes relevant records which have come from other practices, if they relate to the same animal and the same client. It does not include records which relate to the same animal but a different client. Where any significant expense is involved in providing such copies, as there might be, for example, with the provision of radiographs, a charge can be made. Expense should not be a reason for declining to provide copies.
- It follows that the utmost care is essential in writing case notes or recording a client’s personal details to ensure that the latter are accurate (particularly in relation to financial details) and that the notes are comprehensible and legible.
- Disclosure of records may be ordered in disciplinary or court hearings, and the RCVS may request copies of case records routinely in the course of investigating a complaint.

Therefore, any personal data that is maintained will be available to the client under the Data Protection Act, including any “confidential” entries of suspected cruelty or other concerns.

There is no specific advice concerning whether/how to record any suspicions on the clinical record; practitioners may wish to consider forming a code system to enter the particular concern on the record, for example using different coloured inks to represent certain issues so that when copied it is not apparent that the entries are any different, but the practice would be able to reference that colour to whichever concern it represents (Murdoch, 2009).

If the case proceeds to a formal investigation, comprehensive, concurrent and accurate note taking is essential. Explanations from the client to all staff members should be recorded as fully as possible and if no explanation is offered this should also be noted. If the identity of the alleged perpetrator is known, this information should be captured. If the veterinarian does not feel qualified to perform a forensic post mortem examination, it is recommended that the cadaver be preserved and sent to a veterinary pathologist rather than risk destroying potential forensic evidence. Forensic evidence, the number of visits and their time and length, the participants involved, and relevant photographs and radiographs should be collected on a precautionary basis even if it is not clear that they will be required. Tissue samples and cadavers should be preserved and retained whenever possible.
Several factors will influence the practitioner’s approach:

- Is the injury to the animal severe or even life-threatening?

- Is this a single occurrence or is there evidence of recurrent episodes? Look at the number of problems, the severity and duration. Review the medical records of the patient for previous injuries. Review the medical records of the client’s other animals. Speak to peers who may have seen the same animal or others in the household.

- Is it possible to obtain some sense as to the culpability of the perpetrator? Was the incident inadvertent, accidental, or deliberate? What was the individual’s motivation and emotional intelligence? Were there mitigating or exacerbating circumstances? Gathering such information may be outside the practitioner’s expertise and responsibility, but any such assessment gathered may be of value to subsequent investigations by animal control, humane, or law enforcement authorities.

- Is the animal alone involved or are there concerns for other animals or persons as well?

- Do you have a human victim in front of you?

- Do you have a perpetrator in front of you?

- Assess the attitude of the client; is s/he indifferent? Concerned?

- Evaluate the appearance, attitude and history of family members; is there cause for concern?

- Are you or your staff feeling threatened?

- What impact would reporting the case have with professional colleagues or the practice owner? What impact would not reporting the case have? Would the veterinary team be in full support of such an action?

There are several common scenarios under which the practitioner is presented with a case of possible abuse (Sinclair, Merck & Lockwood, 2006; Yoffe-Sharp & Loar, 2009; Jack, 2000):

**In clinical practice:**

- The animal is presented by the owner or another family member, one of whom is the abuser

- A client-owned animal is presented by the client, and the animal has been abused or neglected by someone else (e.g., a neighbour poisoned the animal)

- The animal is brought in by someone else, e.g. a good Samaritan

- The practitioner witnesses abuse

**In other venues:**

- an on-site inspection of animals or house call

- in a municipal or nonprofit animal shelter

- in a veterinary teaching hospital or public clinic

- witnessing the abuse of an animal in a public place

- while serving as a consultant to animal protection or law enforcement agencies. If the practitioner is requested by animal protection authorities to assist in an assessment or investigation of a potential cruelty case, it is the relevant authority that is acting as the client.
VI. TOOLS FOR THE PRACTITIONER: A DECISION TREE FOR ASSESSING RISK AND REPORTING SUSPECTED ANIMAL MALTREATMENT

The initial examination, client conference and discussion with colleagues may direct the practitioner in one of two ways:

A. It may be sufficient to note concerns on a confidential part of the client’s record so that future incidents that raise suspicion are dealt with appropriately. (See Appendix C regarding confidentiality of client records.)

B. Where the practitioner is not satisfied by simply recording these concerns, a decision may be made to report the case to appropriate authorities.

A suggested cascade for reporting to appropriate agencies is given below but a practice-specific protocol should be formulated and circulated so that all in the practice are aware of it and have agreed to implement it, should it be necessary.

1. If there is evidence of serious injury or neglect to an animal it should be reported to appropriate animal welfare authorities.

2. If there is evidence of minor injury or of neglect to an animal, assess the risk to the patient and other animals and determine whether client education, referral to other animal welfare and/or social services agencies, or a report to an investigating authority would be the most effective response. The severity, duration and frequency of the injury or neglect should be taken into account for the risk assessment.

3. If the client discloses incidence of domestic violence, the practitioner should advise the client to take necessary steps to ensure the well-being of the animals. These may include relocation to a safer environment and the client’s reporting the domestic violence to appropriate authorities. The practitioner may also refer the victim to social service agencies and provide literature from local women’s refuges, animal shelters and pet adoption and fostering services.

4. In cases where the clinical diagnosis is inconclusive or where the maltreatment is strongly suspected but not proven, the practitioner should attempt to secure corroborating documentation in the form of second opinions and, if possible, radiographs, x-ray, blood analysis, CBC, serum chemistry, fecal analysis, and any other appropriate lab tests and appropriate diagnostic methods. Client consent must be obtained for any such investigation undertaken.

5. If there is suspected maltreatment of the animal, the likely cause must be recorded in the client record.

There is presently no absolute scale to determine when a particular collection of factors escalate a case of animal neglect, abuse or cruelty into a situation reflecting higher risk to the animal and others. The practitioner should use his or her good judgment in recognizing that a number of aggravating factors should be cause for serious concern. (For a detailed checklist of factors used in the assessment of levels of dangerousness in individuals who perpetrate acts of animal cruelty, see Appendix I.)
<table>
<thead>
<tr>
<th>RISK ASSESSMENT</th>
<th>Low Risk</th>
<th>Medium Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical history</td>
<td>Single episode</td>
<td>Repetitive or chronic conditions; previous efforts to resolve through client education have failed.</td>
<td>Repetitive or chronic conditions; unexplained injuries or death of previous animals, particularly young animals; client unresponsive to educational interventions.</td>
</tr>
<tr>
<td></td>
<td>Injuries consistent with presented history</td>
<td>Injuries probably inconsistent with presented history</td>
<td>Injuries definitely not consistent with presented history</td>
</tr>
<tr>
<td></td>
<td>Non-life threatening conditions</td>
<td>More serious, non-life-threatening conditions</td>
<td>Serious and life-threatening conditions</td>
</tr>
<tr>
<td></td>
<td>Conditions probably caused by lack of client education, lack of money, or extenuating circumstances</td>
<td>Conditions probably caused by ongoing issues that may or may not be resolved; maltreatment may be inadvertent or deliberate</td>
<td>Conditions definitely caused by ongoing issues that will not be resolved; known deliberate mistreatment with aggravating factors</td>
</tr>
<tr>
<td>Client behavior</td>
<td>Client seems concerned with animal's condition; is willing to improve the situation</td>
<td>Client seems indifferent to animal's condition; is reluctant to improve situation</td>
<td>Client is hostile to recommendations to improve the animal's condition; is unwilling to make necessary improvements</td>
</tr>
<tr>
<td></td>
<td>Delay in seeking medical attention due to financial constraints or valid reasons</td>
<td>Delay in seeking medical attention due to attempt to hide abuse</td>
<td>Blatant refusal to seek medical attention in attempt to hide abuse</td>
</tr>
<tr>
<td></td>
<td>Client has followed up on previous recommendations</td>
<td>Client has been unable to follow up on previous recommendations</td>
<td>Client unwilling to follow up on previous recommendations</td>
</tr>
<tr>
<td>Pet behavior (only in addition to other parameters)</td>
<td>Bonded to client; positive response to attention</td>
<td>May cower in presence of owner</td>
<td>Cowers in presence of client; happier when hospitalized</td>
</tr>
<tr>
<td></td>
<td>Normal response to everyday activities</td>
<td>May have abnormal response to everyday activities, e.g., cowers in the presence of some individuals.</td>
<td>Abnormal response to everyday activity, e.g., cowering when attempts made to pet it.</td>
</tr>
<tr>
<td>Client profile</td>
<td>Low Risk</td>
<td>Medium Risk</td>
<td>High Risk</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Ongoing relationship with client with a known history and no prior reason to suspect violence.</td>
<td>New client without established history; or possible previous incident that was not satisfactorily explained.</td>
<td>New client without established history; or existing client where there have been concerns over previous incidents.</td>
<td></td>
</tr>
<tr>
<td>Stable history of consistent relationship with practice.</td>
<td>Client seeks out new practitioner in effort to avoid raising suspicion with primary veterinarian.</td>
<td>Client seeks out new practitioner in effort to avoid raising suspicion with primary veterinarian.</td>
<td></td>
</tr>
<tr>
<td>Client has stable history of maintaining suitable number of animals.</td>
<td>Turbulent history of pet ownership with frequent turnover of animals in the home; excessive number of animals.</td>
<td>Turbulent history of pet ownership with frequent turnover of animals in the home; excessive number of animals.</td>
<td></td>
</tr>
<tr>
<td>Ownership of animal is clear and unquestioned.</td>
<td>Discrepancies in history regarding ownership of animal.</td>
<td>Ownership of animal is deliberately misrepresented.</td>
<td></td>
</tr>
<tr>
<td>VETERINARY RESPONSE</td>
<td><strong>Low Risk</strong></td>
<td><strong>Medium Risk</strong></td>
<td><strong>High Risk</strong></td>
</tr>
<tr>
<td>Record findings, enter into patient history so future incidents that raise suspicion are dealt with appropriately.</td>
<td>Record findings, enter into patient history so future incidents that raise suspicion are dealt with appropriately.</td>
<td>Record findings, enter into patient history so future incidents that raise suspicion are dealt with appropriately.</td>
<td></td>
</tr>
<tr>
<td>Provide client with education and literature regarding community animal welfare and social services agency resources.</td>
<td>Provide client with education and literature regarding community animal welfare and social services agency resources.</td>
<td>Provide client with education and literature regarding community animal welfare and social services agency resources.</td>
<td></td>
</tr>
<tr>
<td>Refer client as necessary to appropriate animal welfare and social service agencies.</td>
<td>Refer client as necessary to appropriate animal welfare and social service agencies.</td>
<td>Refer client as necessary to appropriate animal welfare and social service agencies.</td>
<td></td>
</tr>
<tr>
<td>If child abuse and/or family violence are suspected, make report to appropriate social service agency in accordance with local mandated reporting laws and professional codes of ethics.</td>
<td>Consider reporting case to animal protection agency in accordance with local laws and professional codes of ethics.</td>
<td>Make report to animal protection agency in accordance with local laws and professional codes of ethics.</td>
<td></td>
</tr>
<tr>
<td>If child abuse and/or family violence are suspected, make report to appropriate social service agency in accordance with local mandated reporting laws and professional codes of ethics.</td>
<td>If child abuse and/or family violence are suspected, make report to appropriate social service agency in accordance with local mandated reporting laws and professional codes of ethics.</td>
<td>If child abuse and/or family violence are suspected, make report to appropriate social service agency in accordance with local mandated reporting laws and professional codes of ethics.</td>
<td></td>
</tr>
</tbody>
</table>
Practitioners can gain considerable additional information about clients and their ability to provide proper animal husbandry by administering a questionnaire. Ideally, this would occur when a new client arrives at the practice. However, in cases of suspected abuse, this could be discretely administered whenever a case is presented where the caregiver’s ability to follow-through with recommendations is questioned or compromised. The results of such a questionnaire may help the practitioner to determine whether referrals to animal welfare and/or human services agencies are appropriate.

**CLIENT QUESTIONNAIRE FOR ASSESSING RISKS FOR ANIMAL CRUELTY, ABUSE AND NEGLECT**

The purpose of the questionnaire is to assist veterinary personnel in conducting interviews with clients in cases where animal welfare issues may be pertinent and/or where the welfare of children or adults in the home may be compromised or in danger of being compromised. The questions in this protocol typically refer to pets or companion animals but there may be cases where other types of animals (e.g., horses or farm animals) are involved. The results of this interview process may help veterinary personnel to assess the scope or existence of suspected maltreatment and whether a report to appropriate agencies is warranted.

The questionnaire can be framed as a marketing or informational piece that also includes the practice’s hours, staff, services, details on how to schedule appointments, species treated, etc., so as to seem less intrusive and accusatory.

The questionnaire can be administered to clients utilizing the following introduction to create the context for the questions and to indicate their purpose:

“In order to provide the best and most complete care for our clients and their companion animals, we are trying to determine if you have needs related to the health and welfare of your animals. We would like to learn more about your own needs related to pets and other animals. If these needs fit within the responsibilities of our practice, we will try to provide resources or referrals that could help you meet these.”
1. IN ADDITION TO THE ANIMAL(S) BEING PRESENTED FOR TREATMENT, HOW MANY OTHER PETS OR OTHER ANIMALS DO YOU CURRENTLY HAVE?

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOG</td>
<td>______</td>
</tr>
<tr>
<td>CAT</td>
<td>______</td>
</tr>
<tr>
<td>BIRD</td>
<td>______</td>
</tr>
<tr>
<td>FISH</td>
<td>______</td>
</tr>
<tr>
<td>HAMSTER/GERBIL/GUINEA PIG</td>
<td>______</td>
</tr>
<tr>
<td>SNAKE/REPTILE/LIZARD/AMPHIBIAN</td>
<td>______</td>
</tr>
<tr>
<td>HORSE</td>
<td>______</td>
</tr>
<tr>
<td>OTHER LIVESTOCK</td>
<td>______</td>
</tr>
<tr>
<td>OTHER</td>
<td>______</td>
</tr>
</tbody>
</table>

2. IN RECENT YEARS, HAVE YOU LOST ANY PETS OR OTHER ANIMALS?

   ____ No    ____ Yes. If Yes,

   Please indicate how many:
   • Died a natural death or from disease (please indicate their ages) ______
   • Died as a result of injuries (please provide details) ______
   • Were taken away from you ______
   • Were given to another home or animal shelter ______
   • Ran away from home ______
   • Did you require bereavement support or counselling? ______

3. HOW DOES HAVING A PET OR CARING FOR OTHER ANIMALS HELP YOU? (check all that apply)

   ___ I consider pets part of my family
   ___ They provide companionship for me
   ___ They provide me with a sense of being loved and valued
   ___ They provide companionship to my partner
   ___ They provide assistance (e.g., guide dog for person with vision or hearing impairment)
   ___ They provide opportunities for physical activity (e.g., walking, play)
   ___ They make me feel more secure and/or safe
   ___ They give me opportunities to meet other people
   ___ They make me feel needed and responsible
   ___ They help teach my children responsibility
   ___ Other (please specify ____________________________)

4. HOW DO YOU CARE FOR YOUR PET OR OTHER ANIMALS? (check all that apply)

   ___ provide food/water
   ___ provide exercise
   ___ provide love and affection
   ___ provide routine veterinary care
   ___ interact with pet or other animals (e.g., petting, play, grooming)
5. DO YOU HAVE CONCERNS ABOUT THE HEALTH AND WELFARE OF YOUR PET OR OTHER ANIMALS?
___ YES (please list concerns)  ___ NO

6. DO YOU HAVE CONCERNS ABOUT YOUR ABILITY TO CARE FOR YOUR PET OR OTHER ANIMALS?
___ YES (please list concerns)  ___ NO

7. DO YOU HAVE CONCERNS ABOUT BEING ABLE TO CONTROL YOUR PET’S OR YOUR OTHER ANIMALS’ BEHAVIOR?
___ YES (please list concerns)  ___ NO

8. DO YOU HAVE CONCERNS ABOUT BEING ABLE TO GET VETERINARY CARE FOR YOUR PET OR OTHER ANIMALS?
___ YES (please list concerns)  ___ NO
___ financial constraints
___ transportation problems
___ animal too difficult to manage
___ time constraints: working hours
___ other: _____________________________________________________________________________
_____________________________________________________________________________

9. DO YOU HAVE CONCERNS ABOUT WHO WILL CARE FOR YOUR PET OR OTHER ANIMALS IF YOU NEED TO BE HOSPITALIZED, EXPERIENCE OTHER UNPLANNED ABSENCES FROM YOUR HOME, NEED TO MOVE, OR ARE NO LONGER ABLE TO CARE FOR THEM?
___ YES (please list concerns)  ___ NO
___ I am in good health
___ I have a circle of family/friends who can care for my pet
___ I have a reciprocal arrangement with my neighbour
___ I have pet insurance that covers boarding
___ Other

10. DO YOU SUSPECT THAT ANYONE HAS EVER HARMED OR THREATENED TO HARM YOUR PET OR OTHER ANIMALS?
___ YES (please provide details)  ___ NO

11. IS THERE ANYTHING ELSE YOU WOULD LIKE TO ADD OR SOMETHING ELSE YOU WOULD LIKE TO TELL US ABOUT YOUR PET OR OTHER ANIMALS?
___ YES  ___ NO

THANK YOU SO MUCH FOR YOUR PATIENCE IN ANSWERING THESE QUESTIONS. WE WILL CONSIDER THE CONCERNS YOU RAISED AND SEE IF WE CAN BE OF ASSISTANCE TO YOU.
To whom should a report of suspected animal maltreatment be made?

In the U.S., the network of agencies empowered to investigate suspected animal cruelty, abuse and neglect is a confusing hodgepodge of community animal care and control agencies and law enforcement agencies, usually operating solely on the municipal or county level. Depending on the jurisdiction, investigations may be undertaken by the local humane organization, Society for the Prevention of Cruelty to Animals, city or county animal control agency, department of agriculture, police department, or sheriff’s office. Each agency operates autonomously with varying degrees of investigation and enforcement powers and little coordination of investigations. Each operates under a state and, occasionally, municipal anti-cruelty statute (Arkow, 1987). The practitioner is advised to check locally to identify and regularly update the appropriate agency and to invite agency personnel to train the veterinary team in their referral and investigation procedures so that information is at hand when it is needed. (See Appendix B for a description of reporting responsibilities, and Appendix D for a list of major humane society and animal control shelters who may be able to assist in these cases.)

Child welfare cases are generally investigated by a city or county social services agency as a department of family and youth services, answering to a state coordinating agency. Domestic violence is generally investigated by local police departments. Elder abuse is usually investigated by a county department of adult protection or family services or by law enforcement agencies (Arkow, 2003).

In England and Wales, the RSPCA is the agency that investigates and, if necessary, prosecutes in cases of animal abuse. Practitioners are advised to identify their local RSPCA inspectors and to invite them to meet the veterinary team. This contact may be a useful source of informal advice without breaking client confidentiality.

Can I be sued for defamation if I'm wrong in my assessment of suspected abuse?

Liability and confidentiality are serious concerns in a litigious society. Animals are regarded by the law as property belonging to their owners, rather than as beings with inherent rights to protection from abuse. Many states address this issue by enacting provisions granting practitioners absolute or limited immunity against civil and criminal liability for making a report of suspected animal maltreatment. Limited liability provisions cover veterinarians who make a report of suspected abuse in good faith; absolute protection covers practitioners who make any report, regardless of whether it was made in good faith.

Given that there is no objective diagnostic test at present for abuse, the veterinarian must rely on her or his professional judgment in reporting suspected abuse to authorities. If an assessment is carefully documented, represents sound professional opinion, and the report was not made in a cavalier way, the practitioner should theoretically be protected. When in doubt consult private legal counsel or the legal section of the state veterinary medical association. (See Appendix B for a digest of state reporting and immunity laws.)

Am I allowed to disclose client or patient information in a case of suspected abuse without violating confidentiality restrictions?

Courts in some states have explicitly refused to
recognize a veterinarian-client privilege; other states allow it, either in veterinary practice acts, administrative rules, or statutes affecting a variety of health professionals. There are circumstances where confidentiality requirements are explicitly waived to protect the health and welfare of individuals or animals who may be endangered (Patronek, 1998; Sinclair, Merck & Lockwood, 2006). (See Appendix C for a digest of state confidentiality provisions.)

National veterinary associations in the United States, United Kingdom, Canada, and New Zealand waive doctor-client confidentiality when public health and safety are jeopardized.

The most explicit such protocol is the United Kingdom’s Royal College of Veterinary Surgeons Guide to Professional Conduct. This declares that “action [can be] taken...where the public interest in protecting an animal overrides the professional obligation to maintain client confidentiality.” (www.rcvs.org.uk). British veterinarians are advised to discuss their concerns with clients, to consider whether child abuse or domestic violence might be present (with or without the presence of animal abuse), and to consider reporting their concerns to appropriate animal protection, child protection or law enforcement authorities.

The American Veterinary Medical Association’s Animal Welfare Position Statement on Animal Abuse and Animal Neglect (1999) states that “disclosure may be necessary to protect the health and welfare of animals and people.” AVMA’s Principles of Veterinary Medical Ethics (2008) further declares that while veterinarians and their associates should protect the personal privacy of patients and clients, they “should report illegal practices and activities to the proper authorities” and “should not reveal confidences unless required to by law or unless it becomes necessary to protect the health and welfare of other individuals or animals.”

Mary Beth Leininger, past president of the AVMA, said, “Confidentiality holds for personal privacy of clients unless the veterinarian is required to reveal the confidences of a medical record because of the health or welfare of either the person or animal. As an organization and as a group of professionals, we feel an obligation to safeguard the health and well-being of not only the animals we care for, but of the need to care for society, as well.” (King, 1998) (See Appendix A for these policy statements.)

What are my responsibilities should my report result in the investigation and prosecution of a case?

It is not the responsibility of the practitioner to prove that abuse or neglect occurred. Once a report has been made of suspected maltreatment, the investigating agency and/or prosecutor may request assistance from the practitioner. Sinclair, Merck & Lockwood (2006) identified several responsibilities that might devolve to practitioners should an initial assessment develop into an investigation of animal cruelty and possible prosecution. These include, but are not limited to:

- Examination of the crime scene, collecting evidence, and assisting law enforcement and humane investigators in recreating the events of the crime.
- Collecting the bodies of the victims and transporting them for examination or necropsy.
- Maintaining the chain of custody of evidence.
- Properly storing evidence until it is no longer needed.
- Performing detailed examinations of the victim(s) and recording all normal and abnormal findings in a manner that will be effective and presentable in a court of law.
- Advising on, and possibly caring for, surviving animals that have been confiscated.
- Testifying in court as a witness to the facts and as an expert witness.
- Providing euthanasia for animal victims.

What practice management and economic issues might arise?

Practitioners have voiced concerns that reporting suspected animal maltreatment may lead to a potential loss of clientele or safety issues for staff. Yoffe-Sharp & Loar (2009) have noted that the only clients who would object to a medical professional’s taking appropriate steps for the well-being of patients would be individuals who are animal abusers themselves – and who are not the clientele the practitioner would ideally seek to keep. In areas where the reporting of suspected child abuse is mandated by law, medical professionals
have been able to deflect criticism by using this legal mandate to defend their actions (Arkow & Munro, 2008).

**How should I handle a case of animal hoarding?**

Hoarding, or collecting, excessive number of animals, generally in unhygienic conditions for the animals and the caregiver, is a complex mental health and animal cruelty condition (Kuehn, 2002). The Hoarding of Animals Research Consortium (Patronek, Loar & Nathanson, 2006) has identified several distinct stereotypical animal hoarders. Typical interventions, which include court-mandated counseling and the surrender of certain animals, to date have not had appreciable impact in reducing a nearly 100% recidivism rate. Caring for the seized animals may require extensive and expensive investments. Cases often require a multidisciplinary team approach involving veterinary, medical, psychological, social services, and animal welfare agencies. Practitioners are advised to consult with animal welfare agencies prior to taking action.

**IX. CONCLUSION**

In all states, animal cruelty is a crime. There are both civil and criminal avenues for prosecuting animal cruelty depending upon the facts of the case, and in 46 states aggravated cruelty is a felony within the criminal code. Several major cities have assigned prosecutors specifically to the growing caseload of animal cruelty crimes.

By reporting suspected cruelty to local law enforcement or animal care or control agencies, the practitioner is taking the first step to resolve potentially unhealthy, dangerous, and/or criminal situations. These agencies will investigate the complaint and take appropriate action. While concerns regarding veterinarian-client relationships and economics may keep veterinarians from reporting suspected animal cruelty, the health and well-being of both animal and humans alike may rest on veterinarians’ willingness to report and to testify. Practitioners are therefore helping to make their communities safer for all.

Since the earliest days of animal protection, veterinarians have played central roles in working with animal welfare investigators and law enforcement authorities to aid animals that have been victims of human abuse and neglect. The recent addition of veterinary forensics to the armamentarium of practitioners working in animal welfare offers additional opportunities for the prevention of animal maltreatment.

Animal cruelty cases are being treated with more respect than at any time in the past. Increased public concern for the animals that share our communities, a proliferation of university human-animal studies and animal law courses, and stronger scientific support for the links between animal abuse and human violence and for the therapeutic benefits of animals have combined to help generate a new renaissance of interest in animal well-being.

This increased attention is helping professionals to do their jobs better and to accord greater protections for animals. Practitioners who become involved in responding to animal abuse not only help address the needs of individual animals that may suffer, but fulfill their veterinary oath to use their skills for the betterment of society.

### Veterinarian's Oath (U.S.A.)

Being admitted to the profession of veterinary medicine, I solemnly swear to use my scientific knowledge and skills for the benefit of society through the protection of animal health and welfare, the prevention and relief of animal suffering, the conservation of animal resources, the promotion of public health, and the advancement of medical knowledge.

I will practice my profession conscientiously, with dignity, and in keeping with the principles of veterinary medical ethics.

I accept as a lifelong obligation the continual improvement of my professional knowledge and competence.
Practitioners must become an essential part of the team required to break the cycle of violence. Veterinarians are an important part of the public health community and the prevention of family violence in its many forms is a public health concern.

Practitioners are encouraged to consider the possibility of animal abuse as a potential, albeit somewhat infrequent, diagnosis and to be aware that the identification of animal cruelty in a home may serve as a red flag for the presence of child maltreatment or severe domestic violence (DeGue & DiLillo, 2009). To resolve these problematic cases more effectively, practitioners are advised to develop protocols so that all members of the veterinary team know how to have procedures in place should concerns arise about the welfare of animals or clients seen in practice.

X. LITERATURE CITED


American Veterinary Medical Association (2008). *Principles of Veterinary Medical Ethics of the AVMA*. Schaumburg, IL: AVMA.


American Veterinary Medical Association Position Statement on Animal Cruelty – 2005

“The AVMA recognizes that veterinarians may observe cases of animal abuse or neglect as defined by federal or state laws, or local ordinances. When these situations cannot be resolved through education, the AVMA considers it the responsibility of the veterinarian to report such cases to appropriate authorities. Disclosure may be necessary to protect the welfare of animals and people. Veterinarians should be aware that accurate record keeping and documentation of these cases are invaluable.”


“There are many forms of animal abuse with which veterinarians are faced in daily practice, and range from minor neglect to willful and malicious intent to harm. While neglectful acts are often unintentional and can be addressed through education, intentional forms of animal abuse can be indicators of other forms of violence. Studies have shown that there is a correlation between animal abuse and other forms of family violence, including, child abuse, spousal abuse and elder abuse.

“Since veterinarians have a responsibility to the welfare of animals and the public and can be the first to detect animal abuse in a family, they should take an active role in detecting, preventing and reporting animal abuse. While some states and provinces do not require veterinarians to report animal abuse, the association supports the adoption of laws requiring, under certain circumstances, veterinarians to report suspected cases of animal abuse. Reporting should only be required when client education has failed, when there is no likelihood that client education will be successful, or in situations in which immediate intervention is indicated and only when the law exempts veterinarians from civil and criminal liability for reporting.

“In order to encourage veterinarians and practice team members to be responsible leaders in their communities and to assist in the detection and reporting of animal abuse, the profession should educate its members to recognize, document and report animal abuse, develop forensic models, promote legislation concerning reporting by veterinarians and collaborate with other animal and human welfare groups and professionals within communities to eliminate the incidence of animal abuse.”

Royal College of Veterinary Surgeons Guide to Professional Conduct – 2004

Part 3 – Annexes, Sec. c. Animal abuse, child abuse, domestic violence

1. Veterinary surgeons are one of a number of professionals who may see and hear things during the course of their professional activity which arouse suspicion of animal abuse and/or domestic violence and child abuse. Increasingly domestic violence, child abuse and animal abuse are seen to be linked and efforts are being made to raise awareness within the veterinary profession.

Animal abuse

2. When a veterinary surgeon is presented with an injured animal whose clinical signs cannot be attributed to the history provided by the client, s/he should include non-accidental injury in their differential diagnosis.

3. If there is suspicion of animal abuse, as a result of examining an animal, a veterinary surgeon should consider whether the circumstances are sufficiently serious to justify breaching the usual obligations of client confidentiality. In the first instance, in appropriate cases, the veterinary
surgeon should attempt to discuss his/her concerns with the client. In cases where this would not be appropriate or where the client's reaction increases rather than allays concerns, the veterinary surgeon should contact the relevant authorities, for example the RSPCA (Tel: 0300 1234 999 - 24-hour line covering England and Wales); SSPCA (03000 999 999 covering Scotland); USPCA (028 9081 4242 - 24-hour line covering Northern Ireland) to report alleged cruelty to an animal.

4. Such action should only be taken when the veterinary surgeon considers on reasonable grounds that either animals show signs of abuse or are at real and immediate risk of abuse - in effect where the public interest in protecting an animal overrides the professional obligation to maintain client confidentiality. A veterinary surgeon may contact the RCVS for advice before any confidential information is divulged.

Child abuse and domestic violence

5. Given the links between animal and child abuse and domestic violence, a veterinary surgeon reporting suspected animal abuse to the relevant authority should consider whether a child might be at risk. A veterinary surgeon may also consider a child to be at risk in the absence of any animal abuse.

6. Where a veterinary surgeon is concerned about child abuse or domestic violence, he/she should consider reporting the matter to the relevant authorities. The following authorities can be contacted, the local authority social services department, the NSPCC for England, Wales and Northern Ireland (Tel. 0808 800 5000 - 24 hour line cover); CHILDREN FIRST for Scotland (0131 446 2300) or local police Child Protection Unit. A veterinary surgeon may contact the RCVS for advice before any confidential information is divulged.

7. The NSPCC leaflet Understanding the links: child abuse, animal abuse and family violence - information for professionals provides further information, including information on domestic violence and telephone numbers for the relevant authorities throughout the UK.

Canada

Canadian Veterinary Medical Association Animal Welfare Position Statements – Animal Abuse

Position

The CVMA recognizes that veterinarians are in a position to observe occasions of animal abuse and have a moral obligation to report suspected cases. That obligation has increased with the recognized link between abuse in animals and abuse in people. In return, society has an obligation to support those veterinarians who report in good faith, using their professional judgment.

CVMA recognizes that moral obligation is not legal obligation. Any legal obligation to report abuse, or provision of immunity from prosecution for veterinarians, is the jurisdiction of the provinces.

Background

Animal abuse includes the active maltreatment, or passive neglect of animals and staged animal fighting. Animal hoarding is neglect on a large scale.

Veterinarians are often the first professionals to see an abused animal. Suspected animal abuse cases should be reported to local animal protection agencies. More than the animal may be at risk as studies have documented a link between the abuse of animals and the abuse of people, especially family members. Veterinarians may be able to play an important role in breaking the cycle of family violence by reporting suspected animal abuse.

The CVMA encourages provincial VMAs to lobby their provincial governments to develop legislation to make mandatory the reporting of animal abuse by veterinarians, and to provide immunity to those who do so using their professional judgment and in good faith. Other health professionals who are required to report suspected abuse cases have such protection. Veterinarians deserve similar immunity.

Veterinary schools are encouraged to discuss animal abuse, and the reporting thereof in their curricula, so that graduating veterinarians are better able to recognize the signs of abuse and know the appropriate steps to take in documenting and reporting it.
New Zealand


“A Veterinarian who becomes aware of an animal suffering unreasonable or unnecessary pain or distress must take action to ensure that the matter is effectively dealt with.

“If the situation shows no sign of being remedied and the animal is still suffering unreasonable or unnecessary pain or distress, the Veterinarian must report the case to an inspector under the Animal Welfare Act.”

Norway

Animal Welfare Act - 2010

The Norwegian Parliament (the Storting) nearly unanimously adopted a new Animal Welfare Act which took effect Jan. 1, 2010. The way we treat our animals reflects the ethical standard of the society; the Act demonstrates the massive support for continual improvement of animal welfare and gives the legal framework for animal welfare in Norway. The intention of the Act is to promote both good animal welfare and respect for animals.

New provisions include an explicit ban on sexual relations with animals and a ban on killing of animals as a form of entertainment or competition. Also new in the Act is a public obligation to inform the police when animal abuse is suspected:

§ 5. Duty to alert anyone who has reason to believe that an animal is exposed to mistreatment or serious neglect regarding the environment, supervision and care, shall as soon as possible alert the Food Safety Authority or the police.

According to Guidelines published by the Ministry of Agriculture and Food, health professionals, such as veterinarians, are exempted from the obligation to alert in cases where they are subject to a professional confidentiality clause. Health personnel, however, have the right to alert when, during the practicing of their profession, they have reason to believe that animals are being subjected to abuse or serious neglect with regards to environment, supervision and care. Health personnel are not required to have concrete knowledge of the existence of mistreatment or neglect by virtue of the term “reason to believe.”

Health personnel must, however, have a justifiable suspicion that animals are being subjected to mistreatment or serious neglect. Rumors or loosely based assumptions which are not confirmed by the health personnel’s own observations, will, as a main rule, not be sufficient grounds for the application of the right to alert. In assessing whether there is reason to believe, health personnel must, for example, consider the patient’s sickness or health condition and what significance this will have on the owner’s ability to look after the animals in an appropriate way.

Not all breaches of that which could be considered as appropriate animal keeping are sufficient to empower health personnel with the right to alert. The right to alert becomes applicable in the case of conditions being of such a character as to be described as abuse of animals, or if the existing neglect regarding the environment, supervision and care are considered to be serious.

Even though there may be reason to believe that animals are being subjected to abuse or serious neglect with respect to the environment, supervision and care, health personnel must carry out a concrete total assessment to determine if it is legitimate to communicate their observations to the authorities. There must be an assessment of the balance of interest between regard for the client and the right to confidentiality, and regard for the animals. The fundamental condition for right to alert to apply is that there is reason to believe that animals are subject to abuse or serious neglect. In these situations the distance from an appropriate keeping of animals, or necessary animal welfare, will be so great that an alert will be justified. In some situations, however, the confidentiality clause must prevail. This may be the case, for example: where the use of the right to alert will worsen or destroy the opportunity for further treatment of a patient’s illness or condition; where the situation must be assumed to be of a very temporary nature and necessary medical treatment is given; or where health personnel have been satisfied that the client will take the necessary action to ensure good animal welfare.

In the majority of situations where health personnel in a professional capacity have reason to believe that animals are being subjected to mistreatment
or serious neglect with regards to the environment, supervision and care, it is likely that the health personnel will be given approval by the client to find voluntary solutions. This may be done, for example, by the health personnel informing relatives, neighbors or public authorities. In the event of such cases not being resolved by voluntary solutions with the client’s approval, the health personnel will have the right to communicate information without the hindering effect of the confidentiality clause.

**Denmark**

**Act on the Protection of Animals**

The Danish Act on the Protection of Animals, enacted in 1991 and amended in 1993, includes the following provisions:

- **Sec. 20(1):** A veterinarian who becomes aware that an animal is being treated with cruelty shall inform the police hereof. However, this shall not apply if the case is not serious and is otherwise immediately corrected.

- **Sec. 28(4):** Any veterinarian who fails to comply with his duty to inform the police under Sec. 20 shall be punished by a fine.

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**APPENDIX B: ANIMAL ABUSE REPORTING OBLIGATIONS AND LIABILITIES SPECIFIC TO VETERINARIANS**

The material provided below is a periodically updated summary. Legal requirements may change at any time so it is imperative that you follow the links provided to the current law or statute relating to animal abuse reporting by veterinarians. The absence of specific legal requirements or protections relating to veterinarians should not be taken as an exemption from the responsibility to report abuse which may exist under other non-veterinarian-specific legislation, regulations or professional guidelines. Current as of October 1, 2010.

<table>
<thead>
<tr>
<th>State</th>
<th>Covered Person:</th>
<th>Animal Abuse Reporting is:</th>
<th>Reportable Offences:</th>
<th>Good Faith Reporting has:</th>
<th>Report to:</th>
<th>Sources:</th>
</tr>
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<tbody>
<tr>
<td>Alabama</td>
<td>veterinarian</td>
<td>Mandatory</td>
<td>grossly inhumane treatment (930-x-1-10 16)</td>
<td>not specified</td>
<td>proper authorities (930-x-1-10 16)</td>
<td>Alabama Practice Act: Rule 930-x-1-10.</td>
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<td>not specified</td>
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<tr>
<td>Arizona</td>
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<td>mandatory</td>
<td>dog fighting animal abuse (32-2239A)</td>
<td>immunity (32-2239C)</td>
<td>law enforcement agency in the county where the veterinarian is practicing (32-2239A)</td>
<td>Arizona Revised Statutes Section 32-2239. Duty of veterinarian to report suspected dog participant of dog fight or animal abuse; immunity</td>
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<tr>
<td>California</td>
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<td>animal abuse cruelty (Penal Code Section 597)</td>
<td>immunity (4830.5)</td>
<td>law enforcement authority (4830.5)</td>
<td>California Codes: Business and professions Code 4830.5, 4830.7 Penal Code Section 597</td>
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<tr>
<td>Colorado</td>
<td>licensed veterinarian</td>
<td>mandatory</td>
<td>cruelty (18-9-202 CRS)</td>
<td>immunity (12-64-121)</td>
<td>law enforcement agency or the bureau of animal protection (12-64-121)</td>
<td>Colorado Veterinary Practice Act COLORADO REVISED STATUTES Title 12 Professions and Occupations Article 64 Veterinarians -- 12-64-121 18-9-202 &amp; 18-9-204 CRS</td>
</tr>
<tr>
<td>State</td>
<td>Veterinary Requirement</td>
<td>Reported by</td>
<td>Immunity</td>
<td>Criminal Liability</td>
<td>Special Protection</td>
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<td>Florida</td>
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<td>cruelty (858-12-1-2)</td>
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<td></td>
<td>The 2009 Florida Statutes - CHAPTER 608 ANIMALS; CRUELTY, SALES; ANIMAL ENTERPRISE PROTECTION 608.12 Cruelty to animals.</td>
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<tr>
<td>Georgia</td>
<td>licensed accredited veterinarian or veterinary technician</td>
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<td>cruelty (16-12-4. b-c)</td>
<td>immunity</td>
<td>Commissioner (his or her designee) or an animal control officer or a prosecuting attorney 4-11-17a</td>
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<td>cruelty (25-3504)</td>
<td>immunity</td>
<td>Idaho Code, Chap. 35, 25-3514A, 25-3504, 25-3501A</td>
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<td>Department of Agriculture</td>
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<td>torture (510 ILCS 70/3.03)</td>
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<td>ANIMALS (510A ILCS 70/)</td>
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<td></td>
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<td></td>
<td>fighting (510 ILCS 70/4.02)</td>
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<td>Human Care for Animals Act., Veterinary Medicine and Surgery Practice Act of 2004</td>
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<td>immunity</td>
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<td>proper authorities (70-8-1p)</td>
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<td>Maine</td>
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<td>immunity</td>
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<td>(4018.1a)</td>
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<td>Title 7 M RSA Sec 18 #401B</td>
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<td>allowed</td>
<td>cruelty, neglect (4018.1)</td>
<td>immunity</td>
<td>Commissioner of Agriculture, Food and Rural Resources (or designee) (4018.1a)</td>
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<td>(4018.1)</td>
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<td>Title 7 M RSA Sec 18 #401B</td>
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<td>Maryland</td>
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<td>cruelty animal fighting (.03)</td>
<td>immunity</td>
<td>law enforcement or animal control agency (list available from State Board of Veterinary Medical Examiners) (.03)</td>
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<td>.03</td>
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<td>(see: Veterinary Regulations - Chapter 15 TITLE XVI. PUBLIC HEALTH CHAPTER 112. REGISTRATION OF CERTAIN PROFESSIONS AND OCCUPATIONS REGISTRATION OF VETERINARIANS Chapter 112: Section 58b. PART I. TITLE II. CHAPTER 200. Section 57.</td>
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<td>Massachusetts</td>
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<td>immunity</td>
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<td></td>
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<td></td>
<td>(112 58b)</td>
<td></td>
<td>PART I. ADMINISTRATION OF THE GOVERNMENT TIT LE XVI. PUBLIC HEALTH CHAPTER 112. REGISTRATION OF CERTAIN PROFESSIONS AND OCCUPATIONS REGISTRATION OF VETERINARIANS Chapter 112: Section 58b. PART I. TITLE II. CHAPTER 200. Section 57.</td>
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<td>Michigan</td>
<td>veterinarian or veterinary technician</td>
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<td>immunity &quot;immune from civil or criminal liability&quot; (333.18827)</td>
<td>peace officer or animal control officer or officer of a private organization devoted to the humane treatment of animals (333.18827)</td>
<td>PUBLIC HEALTH CODE Act 368 of 1978 333.18827 Section 750.50 — definitions</td>
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<td>Minnesota</td>
<td>veterinarian</td>
<td>mandatory &quot;must report&quot; (346.37 e Subd. 6)</td>
<td>not specified</td>
<td>peace officers or humane agents (343.12, 343.29)</td>
<td>2009 Minnesota Statutes 346.37 GENERAL PROVISIONS Subd. 6 343.12 DUTIES OF PEACE OFFICERS 343.29 EXPOSURE OF ANIMALS DUTY OF OFFICERS</td>
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<td>MS ST § 73-39-87</td>
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<tr>
<td>Nebraska</td>
<td>animal health care professional</td>
<td>mandatory &quot;shall report&quot; (28-1020 1)</td>
<td>immunity &quot;immune from liability&quot; (28-1020 2)</td>
<td>an entity that investigates such reports in the appropriate jurisdiction (28-1020 1)</td>
<td>Nebraska Revised Statute 28-1020 NRB Stat 28-1008 et seq — terms defined</td>
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<td>New Hampshire</td>
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<td>cruelty (644:8 I.)</td>
<td>appropriate law enforcement officer, animal control officer, or officer of a duly licensed humane society (644:8 V)</td>
<td>TITLE LXII CRIMINAL CODE CHAPTER 644 BREACHES OF THE PEACE AND RELATED OFFENSES Section 644:8</td>
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<td>New York</td>
<td>veterinarian</td>
<td>allowed &quot;may report&quot; (6714 2a)</td>
<td>cruelty abuse neglect (6714 2a)</td>
<td>immunity &quot;immune from liability in the form of damages in any civil or criminal&quot; (6714. b 4)</td>
<td>Consolidated Law, Education Law Article 135 VETERINARY MEDICINE AND ANIMAL HEALTH TECHNOLOGY 6714 (2)</td>
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<td>North Carolina</td>
<td>no veterinarian-specific requirement</td>
<td>allowed &quot;A failure by a veterinarian to make a report of animal cruelty shall not constitute grounds for disciplinary action&quot; (14-360.1)</td>
<td>cruelty (14-360, 14-360.1)</td>
<td>immunity &quot;immune from liability in the form of damages in any civil or criminal&quot; (14-360.1)</td>
<td>North Carolina General Statutes § 14-360.1 Immunity for veterinarian reporting animal cruelty 14-360 Cruelty to animals</td>
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<td>North Dakota</td>
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<td>Ohio</td>
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<td>immunity &quot;shall be immune from civil liability&quot; (21-1680.3b)</td>
<td>law enforcement agency (21-1680.3a)</td>
<td>Title 21, 21-1680 21-1685 Cruelty to animals</td>
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<td>Oregon</td>
<td>veterinarian</td>
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<td>aggravated animal abuse (ORS 686.455, ORS 167.322)</td>
<td>immunity &quot;not liable in any civil or criminal proceedings.&quot; (ORS 686.465)</td>
<td>ORS 686.442-686.465 ORS 167.322</td>
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<tr>
<td>State</td>
<td>Veterinary Requirement</td>
<td>Abandonment, Neglect or Abuse</td>
<td>Immunity</td>
<td>Enforcement</td>
<td>Reference</td>
<td></td>
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<td>Pennsylvania</td>
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<td>not specified</td>
<td>local and/or state police, animal control officials or officers of private organizations devoted to humane treatment of animals (4-1-37)</td>
<td>TITLE 4 Animals and Animal Husbandry CHAPTER 4-1 Cruelty to Animals SECTION 4-1-37</td>
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<td>Texas</td>
<td>veterinarian</td>
<td>not specified</td>
<td>immunity</td>
<td>appropriate governmental entity</td>
<td>: Texas Laws: Occupations Code, Chapter 801 veterinarians Subchapter H Practice By Veterinarian Penal Code 42.09</td>
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<tr>
<td>Utah</td>
<td>licensed veterinarian</td>
<td>not specified</td>
<td>Cruelty</td>
<td>enforcement or the proper authorities</td>
<td>Utah Code -- Title 58 -- Chapter 28 -- Veterinary Practice Act Utah Code -- Title 76 -- Chapter 9 -- Section 301 Cruelty to animals</td>
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<td>Vermont</td>
<td>licensed veterinarian</td>
<td>not specified</td>
<td>immunity</td>
<td>humane officer</td>
<td>The Vermont Statutes Online Title 26: Professions and Occupations Chapter 44: VETERINARY MEDICINE 26 V.S.A. § 352. Cruelty to animals 13 V.S.A. § 351. Definitions</td>
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<tr>
<td>Virgin Islands</td>
<td>licensed veterinarian</td>
<td>mandatory</td>
<td>abandonment, neglect or abuse</td>
<td>Police Department, Department of Justice, Department of Agriculture, any peace officer or other appropriate enforcement agency</td>
<td>Title 14, Chap. 7 #187 180-184</td>
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<tr>
<td>Virginia</td>
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<td>not specified</td>
<td>not specified</td>
<td>§ 54.1-3812.1. Reporting of animal cruelty.</td>
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<td>not specified</td>
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<tr>
<td>West Virginia</td>
<td>licensed veterinarian</td>
<td>allowed</td>
<td>abandonment neglected cruelty</td>
<td>the county humane officer</td>
<td>CHAPTER 7, COUNTY COMMISSIONS AND OFFICERS, ARTICLE 10, HUMANET OFFICERS, §7-10.</td>
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<tr>
<td>Wisconsin</td>
<td>veterinarian</td>
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<td>animal fighting</td>
<td>local humane officer or to a local law enforcement agency</td>
<td>WI ST 173</td>
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<td>Wyoming</td>
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<td>not specified</td>
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</tbody>
</table>
According to the American Veterinary Medical Association, the status of the confidentiality of patient records, and whether this information may be released to the client and/or outside agencies, varies widely by state. In many states a full copy of all records must be provided to the client upon request; in some states a summary or incomplete copy is acceptable. In many states client records may not be shared without a court order; in others there are exemptions for protecting human and/or animal welfare.

The following regulations and statutes are current as of mid-2009. Practitioners are advised to check locally with legal counsel or the state veterinary medical association regarding these issues.

* = STATE WHERE VETERINARIANS ARE MANDATED TO REPORT SUSPECTED CRUELTY TO ANIMALS OR ANIMAL FIGHTING UNDER STATE STATUTES

** = STATE WHERE VETERINARIANS ARE MANDATED TO REPORT SUSPECTED CRUELTY TO ANIMALS OR ANIMAL FIGHTING UNDER STATE VETERINARY PRACTICE ACT

*** = STATE WHERE VETERINARIANS ARE MANDATED TO REPORT SUSPECTED CRUELTY TO ANIMALS OR ANIMAL FIGHTING UNDER STATE REGULATIONS

<table>
<thead>
<tr>
<th>State</th>
<th>Summary of Regulation</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>A veterinarian shall not violate the confidential relationship between himself or herself and his or her client.</td>
<td>930-X-1-11(15)</td>
</tr>
<tr>
<td>Alaska</td>
<td>Patient medical records may not be released to a third party without written consent of the owner. Exceptions: information on spaying, neutering, or rabies vaccination may be released to public health and animal control agencies; and copies of records or case summaries may be sent to other veterinarians, veterinary medical facilities, or public health agencies for therapeutic, statistical, or other medical purposes.</td>
<td>12 AAC 68.910(d)</td>
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<tr>
<td>** Arizona</td>
<td>Veterinarians shall report in writing any dog fighting or animal abuse to local law enforcement agency within 30 days of examination or treatment of any animal which the veterinarian reasonably suspects and believes has participated in an organized dog fight or has been abused. Veterinarians shall report suspected cases of abuse of livestock to the division of animal services in the Arizona department of agriculture within 30 days of treatment or examination. A veterinarian who files a report shall be immune from civil liability with respect to any report made in good faith.</td>
<td>A.R.S. § 32-2239.</td>
</tr>
<tr>
<td>* California</td>
<td>Veterinarians may disclose information concerning an animal receiving veterinary services, or the client responsible for the animal, upon authorization by the client or his/her agent, or in response to a court order or subpoena, or to ensure compliance with federal, state, county, or city laws or regulations. Nothing in this section is intended to prevent the sharing of veterinary medical information between veterinarians and peace officers, humane society officers, or animal control officers who are acting to protect the welfare of animals.</td>
<td>Business and Professions Code, Div. 2, Healing Arts, Ch. 11, Veterinary Medicine, Art. 3, Issuance of Licenses, § 4857.</td>
</tr>
<tr>
<td>State</td>
<td>Section</td>
<td>Text</td>
</tr>
<tr>
<td>-------</td>
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<td>------</td>
</tr>
<tr>
<td>*Colorado</td>
<td></td>
<td>Veterinarians who have reasonable cause to know or suspect that an animal has been subjected to cruelty or animal fighting shall report it to a local law enforcement agency or the bureau of animal protection. Veterinarians shall not knowingly make a false report. Veterinarians who in good faith report suspected animal cruelty or animal fighting shall be immune from liability in any civil or criminal action, and in any civil or criminal proceeding the good faith of the veterinarian shall be presumed. The veterinary-patient-client privilege may not be asserted for excluding or refusing evidence or testimony.</td>
</tr>
<tr>
<td>Delaware</td>
<td></td>
<td>Prohibits willful violation of any privileged communication. Exceptions: The following are not considered privileged communications: The sharing of veterinary medical information when required by law, subpoena, or court order or when it becomes necessary to protect the health and welfare of other individuals or animals; The sharing of veterinary medical information between veterinarians and peace officers, humane society officers, or animal control officers who are acting to protect the welfare of individuals or animals.</td>
</tr>
<tr>
<td>Florida</td>
<td></td>
<td>Records may not be furnished. Exception: records may be shared upon the issuance of a subpoena with notice to the client or the client’s legal representative by the party seeking such records.</td>
</tr>
<tr>
<td>Georgia</td>
<td></td>
<td>No veterinarian shall be required to disclose any information concerning the veterinarian's care of any animal, except on written authorization or other waiver by the veterinarian’s client of an appropriate court order or subpoena. Public disclosure is not required for medical or veterinary or similar files, the disclosure of which would be an invasion of privacy.</td>
</tr>
<tr>
<td>Idaho</td>
<td></td>
<td>Incorporates by reference the AVMA Principles of Veterinary Medical Ethics* Medical records are the personal property of the hospital or the proprietor of the practice that prepares them. Other veterinarians and the patient’s owner may receive in a timely manner a copy or summary of the patient’s medical record, upon the request of the patient’s owner or other caretaker. Veterinarians shall secure a written release to document that request.</td>
</tr>
<tr>
<td>**Illinois</td>
<td></td>
<td>No veterinarian shall be required to disclose any information concerning the veterinarian's care of any animal, except on written authorization or other waiver by the veterinarian’s client of an appropriate court order or subpoena. When communicable disease laws cruelty to animals laws, or laws providing for public health or safety are involved, this privilege is waived. Disciplinary action may occur for failure to report suspected aggravated cruelty, torture or animal fighting.</td>
</tr>
<tr>
<td>Indiana</td>
<td></td>
<td>An animal’s veterinary medical record and condition is confidential but may be furnished without written client authorization when: access is required by statute; under a court order with notice to the client or the client’s legal representative; when requested from a regulatory or health authority, physician, or veterinarian to investigate a threat to human or animal health, or for the protection of animal or public health and welfare; as a part of an animal cruelty report and associated applicable records that are part of an abuse investigation by law enforcement or a governmental agency; or to a law enforcement agency as part of a criminal investigation.</td>
</tr>
<tr>
<td>***Kansas</td>
<td></td>
<td>Veterinarians shall not disclose any information concerning care of an animal except on written authorization by the client or court order or subpoena. The privilege provided by this section shall be waived under: (1) Reporting cruel or inhumane treatment of any animal to federal, state or local governmental agencies; (2) where information is necessary to provide care in an emergency where the absence of immediate medical attention could reasonably be expected to place the animal’s health in serious jeopardy or impair bodily function; (3) where the failure to disclose vaccination information may endanger the public’s health, safety or welfare. Any veterinarian who releases such information shall not be liable to the client or any other person.</td>
</tr>
<tr>
<td>Kentucky</td>
<td></td>
<td>A veterinarian shall not violate the confidential relationship between the veterinarian and the veterinarian’s client and shall not release information concerning a client or care of a client’s animal, except on a written authorization from the client; or a court order or subpoena.</td>
</tr>
<tr>
<td>Louisiana</td>
<td></td>
<td>The records of a veterinary facility are the sole property of that facility. The veterinarian shall maintain such records and shall not release the records to any person other than the client or a person authorized to receive the records for the client.</td>
</tr>
<tr>
<td>Maine</td>
<td></td>
<td>1. Report by veterinarian. A veterinarian who, while acting in a professional capacity, has reasonable cause to suspect that an animal is the subject of cruelty or neglect may report, and if aggravated cruelty shall report, the suspected violation to the commissioner or the commissioner's designee. A veterinarian making a report may appear and testify in a judicial or administrative proceeding concerning the condition or care of the animal. 2. Immunity. A veterinarian reporting or testifying is immune from criminal or civil liability or professional disciplinary action that might otherwise result from these actions. The immunity from liability for releasing confidential information applies only to the release of information to the court or to the department, an animal control officer, attorney for the State or law enforcement agency involved in the investigation.</td>
</tr>
</tbody>
</table>

*Colorado - C.R.S. § 12 64 121.  
Delaware - 24 Del.C. §3316(a)(7)  
Florida - FL ST Title XXXII. Regulation of Professions and Occupations. Chap. 474. Veterinary Medical Practice. 474.2165.  
Georgia - O.C.G.A. § 24-9-29  
O.C.G.A. § 50-18-72  
Idaho - Board of Veterinary Medicine Rules IDAPA 46-005  
IDAPA 46-154.05  
**Illinois - 225 ILLCS 115/25.17  
225 ILLCS 115/25.1GG  
Indiana - IC 25-38.1-4-5.5  
**Kansas - K.S.A. 47-839  
Kentucky - KRS 321.185  
Louisiana - LA Veterinary Practice Act Title 46, Part 85, Chap. 7, Sec. 701  
Maine - 7 M.R.S.A. § 4018
<table>
<thead>
<tr>
<th>State</th>
<th>Law/Rule/Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maryland</strong></td>
<td>If a case of suspected animal cruelty is presented, veterinarian should note condition of animal and basis for suspicion in treatment record, and promptly report to local law enforcement or county animal control.</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>A veterinarian shall maintain a confidential relationship with all clients, except as otherwise provided by law, such as but not limited to animal control, animal welfare and public health statutes and regulation; Upon the request of the owner, a licensee shall provide copies of medical records and radiographs to the owner of an animal or another veterinarian.</td>
</tr>
<tr>
<td>* Minnesota</td>
<td>Prohibits revealing a privileged communication from or relating to a client, except when otherwise required or permitted by law.</td>
</tr>
<tr>
<td>Mississippi</td>
<td>Veterinary records shall be provided without the owner's consent to public, animal health, animal welfare, wildlife or agriculture authorities employed by governmental agencies who have a legal or regulatory interest for the protection of animal and public health; or under court order or subpoena.</td>
</tr>
<tr>
<td>Missouri</td>
<td>Licensees shall not reveal confidential, proprietary or privileged facts or data or any other sensitive information contained in a patient's medical records or as otherwise obtained in a professional capacity without the prior consent of the client except as otherwise authorized or required. This section shall not apply to cases in which the veterinarian may observe animal abuse or neglect. The board recognizes that veterinarians may observe cases of animal abuse or neglect as defined by federal or state laws, or local ordinances. When these situations cannot be resolved through education, the board considers it the responsibility of the veterinarian to report such cases to the appropriate authorities. Disclosures may be necessary to protect the health and welfare of animals and people. Veterinarians should be aware that accurate record keeping and documentation of these cases are invaluable.</td>
</tr>
<tr>
<td>Montana</td>
<td>Unprofessional conduct to reveal confidential information obtained as a result of a professional relationship without the prior consent of the recipient of services, except as authorized or required by law.</td>
</tr>
<tr>
<td>Nevada</td>
<td>Veterinarian shall provide a copy of records to the owner of the animal not later than 48 hours after receiving a request from the owner.</td>
</tr>
<tr>
<td>Nebraska</td>
<td>Unprofessional conduct to knowingly disclose confidential information except as otherwise provided by law.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>Incorporates by reference the AVMA Principles of Veterinary Medical Ethics* Although original records remain the property of the veterinarian, the veterinarian shall comply with any request by the animal’s owner for a copy of the records. All previous veterinary medical records shall become available to the new owner of an animal.</td>
</tr>
<tr>
<td>New Mexico</td>
<td>Copies of records and radiographs or a summary of records will be made available within ten working days upon the client's request.</td>
</tr>
<tr>
<td>New York</td>
<td>When a veterinarian reasonably and in good faith suspects that a companion animal's injury, illness or condition is the result of animal cruelty or a violation of any state or federal law pertaining to care, treatment, abuse or neglect, or that disclosure of records is necessary to protect the health or welfare of a companion animal, a person or the public, the veterinarian may report the incident and disclose records to the police, SPCA, peace officer, district attorney's office, animal control officer, department of agriculture and markets, other appropriate government agency, or any agent thereof. A veterinarian acts in good faith when he or she reasonably believes that his or her actions are necessary to protect the health and welfare of the companion animal or the public. A veterinarian who reasonably and in good faith reports or discloses records shall be immune from liability in the form of damages in any civil or criminal proceeding on account of such reporting or disclosure.</td>
</tr>
<tr>
<td><strong>Oklahoma</strong></td>
<td>No veterinarian shall be required to disclose any information concerning care of an animal except on written authorization by the client or court order or subpoena. Records shall be provided without the owner’s consent to public or animal health, wildlife or agriculture authorities, employed by governmental agencies who have a legitimate interest in the protection of animal and public health.</td>
</tr>
<tr>
<td>* Oregon</td>
<td>The Legislative Assembly finds that there is a direct link between the problems of animal abuse and human abuse and further finds that for the purposes of identifying and prosecuting individuals who have committed crimes against animals, preventing further abuse of animals and preventing animal abuse from escalating to abuse against humans, it is necessary and in the public interest to require mandatory reporting of aggravated animal abuse by veterinarians. Veterinarians and technicians may report to peace officers, animal control officers or officers of private organizations devoted to humane treatment of animals any animal known or reasonably believed to be abandoned, neglected or abused. Any veterinarian or technician making a report under this section is immune from any civil or criminal liability by reason of making the report. Veterinarians shall report to the Dean of the College of Veterinary Medicine, Oregon State University, incidences of treating animals purported to have been injured by a trapping device. A veterinarian who has reasonable cause to believe that an animal has suffered aggravated animal abuse, or that any person has committed aggravated animal abuse, shall immediately report the suspected aggravated animal abuse to a law enforcement agency.</td>
</tr>
</tbody>
</table>
APPENDIX D: DIRECTORY OF ANIMAL SHELTER RESOURCES IN U.S. STATES

The investigation of suspected animal cruelty, abuse and neglect is handled by a patchwork of local nonprofit humane societies and SPCAs, municipal and county animal control agencies, state departments of agriculture, and local police and sheriff’s officers. The practitioner is advised to check locally to determine who in the community is responsible for these cases. The following list includes some of the largest animal shelters in the U.S. whose personnel may be able to advise veterinarians and their staff when these cases arise and refer practitioners to more specialized or local agencies.

<table>
<thead>
<tr>
<th>State</th>
<th>City</th>
<th>Agency</th>
<th>Telephone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>Birmingham</td>
<td>Greater Birmingham Humane Society</td>
<td>205-369-0392</td>
<td><a href="http://www.gbhs.org">www.gbhs.org</a></td>
</tr>
<tr>
<td></td>
<td>Montgomery</td>
<td>Montgomery Humane Society</td>
<td>334-309-0622</td>
<td><a href="http://www.montgomeryhumane.com">www.montgomeryhumane.com</a></td>
</tr>
<tr>
<td>Alaska</td>
<td>Anchorage</td>
<td>Alaska SPCA</td>
<td>907-562-2999</td>
<td><a href="http://www.alaskaspca.org">www.alaskaspca.org</a></td>
</tr>
<tr>
<td></td>
<td>Fairbanks</td>
<td>Fairbanks North Star Borough Animal Control</td>
<td>907-459-145</td>
<td><a href="http://www.co.fairbanks.ak.us">www.co.fairbanks.ak.us</a></td>
</tr>
<tr>
<td></td>
<td>Juneau</td>
<td>Gastineau Humane Society</td>
<td>907-789-0260</td>
<td><a href="http://www.ghspets.org">www.ghspets.org</a></td>
</tr>
</tbody>
</table>

* Veterinarians and their associates should protect the personal privacy of patients and clients. Veterinarians should not reveal confidences unless required to by law or unless it becomes necessary to protect the health and welfare of other individuals or animals. (AVMA – 2008)
<table>
<thead>
<tr>
<th>State</th>
<th>City</th>
<th>Animals Organization</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>Little Rock</td>
<td>Little Rock Animal Services</td>
<td>501-376-3067</td>
<td><a href="http://www.littlerock.org">www.littlerock.org</a></td>
</tr>
<tr>
<td>California</td>
<td>Los Angeles</td>
<td>SPCA L.A.</td>
<td>800-540-SPCA</td>
<td><a href="http://www.spca-la.com">www.spca-la.com</a></td>
</tr>
<tr>
<td></td>
<td>Monterey</td>
<td>SPCA for Monterey County</td>
<td>831-373-2631</td>
<td><a href="http://www.spcamc.org">www.spcamc.org</a></td>
</tr>
<tr>
<td></td>
<td>San Diego</td>
<td>San Diego County Animal Services</td>
<td>619-236-4250</td>
<td><a href="http://www.sddac.com">www.sddac.com</a></td>
</tr>
<tr>
<td></td>
<td>San Francisco</td>
<td>San Diego Humane Society</td>
<td>619-299-7012 Ext. 2222</td>
<td><a href="http://www.sdhumane.org">www.sdhumane.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>San Francisco SPCA</td>
<td>415-554-3000</td>
<td><a href="http://www.sfsPCA.org">www.sfsPCA.org</a></td>
</tr>
<tr>
<td>Colorado</td>
<td>Colorado</td>
<td>Humane Society of the Pikes Peak Region</td>
<td>719-473-1741</td>
<td><a href="http://www.hspopr.org">www.hspopr.org</a></td>
</tr>
<tr>
<td></td>
<td>Springs</td>
<td>Dumb Friends League</td>
<td>303-923-0022</td>
<td><a href="http://www.ddfl.org">www.ddfl.org</a></td>
</tr>
<tr>
<td>Connecticut</td>
<td>Newington</td>
<td>Connecticut Humane Society</td>
<td>800-452-0114</td>
<td><a href="http://www.chnumanese.org">www.chnumanese.org</a></td>
</tr>
<tr>
<td>Delaware</td>
<td>Newark</td>
<td>Delaware SPCA</td>
<td>302-998-2281</td>
<td><a href="http://www.delspca.org">www.delspca.org</a></td>
</tr>
<tr>
<td>Florida</td>
<td>Fort Lauderdale</td>
<td>Humane Society of Broward County</td>
<td>954-989-3977</td>
<td><a href="http://www.humanebroward.com">www.humanebroward.com</a></td>
</tr>
<tr>
<td></td>
<td>Miami</td>
<td>Miami-Dade Animal Services</td>
<td>305-884-1101</td>
<td><a href="http://www.miamidade.gov/animals/">http://www.miamidade.gov/animals/</a></td>
</tr>
<tr>
<td></td>
<td>West Palm Beach</td>
<td>Palm Beach County Animal Care &amp; Control</td>
<td>561-233-1200</td>
<td><a href="http://www.pbcgov.com">www.pbcgov.com</a></td>
</tr>
<tr>
<td>Georgia</td>
<td>Atlanta</td>
<td>Atlanta Humane Society</td>
<td>404-875-5331</td>
<td><a href="http://www.atlantahumane.org">www.atlantahumane.org</a></td>
</tr>
<tr>
<td>Hawaii</td>
<td>Honolulu</td>
<td>Hawaiian Humane Society</td>
<td>808-356-2250</td>
<td><a href="http://www.hawaiianhumane.org">www.hawaiianhumane.org</a></td>
</tr>
<tr>
<td></td>
<td>Lihue</td>
<td>Kauai Humane Society</td>
<td>808-632-0610</td>
<td><a href="http://www.kauaihumane.org">www.kauaihumane.org</a></td>
</tr>
<tr>
<td></td>
<td>Puunene</td>
<td>Maui Humane Society</td>
<td>808-877-3680</td>
<td><a href="http://www.maulhumanesociety.org">www.maulhumanesociety.org</a></td>
</tr>
<tr>
<td>Idaho</td>
<td>Boise</td>
<td>Idaho Humane Society</td>
<td>208-343-3166</td>
<td><a href="http://www.idahohumane.org">www.idahohumane.org</a></td>
</tr>
<tr>
<td>Indiana</td>
<td>Fort Wayne</td>
<td>Fort Wayne Animal Care &amp; Control</td>
<td>260-427-1244</td>
<td><a href="http://www.cityoffortwayne.org/animal-">www.cityoffortwayne.org/animal-</a></td>
</tr>
<tr>
<td></td>
<td>Indianapolis</td>
<td>Humane Society of Indianapolis</td>
<td>317-872-5650</td>
<td>care-and-control.html</td>
</tr>
<tr>
<td>Iowa</td>
<td>Des Moines</td>
<td>Animal Rescue League of Iowa</td>
<td>515-284-6905</td>
<td><a href="http://www.arl-iowa.org">www.arl-iowa.org</a></td>
</tr>
<tr>
<td></td>
<td>Dubuque</td>
<td>Dubuque Regional Humane Society</td>
<td>563-582-6766</td>
<td><a href="http://www.dbqhumane.org">www.dbqhumane.org</a></td>
</tr>
<tr>
<td>Kansas</td>
<td>Kansas City</td>
<td>Humane Society of Greater Kansas City</td>
<td>913-596-1000</td>
<td><a href="http://www.hsgkc.org">www.hsgkc.org</a></td>
</tr>
<tr>
<td></td>
<td>Wichita</td>
<td>Kansas Humane Society</td>
<td>316-220-8701</td>
<td><a href="http://www.kshuman.org">www.kshuman.org</a></td>
</tr>
<tr>
<td>Kentucky</td>
<td>Louisville</td>
<td>Metro Animal Services</td>
<td>502-361-1318</td>
<td><a href="http://www.louisvilleky.gov/Animals/">www.louisvilleky.gov/Animals/</a></td>
</tr>
<tr>
<td>Louisiana</td>
<td>New Orleans</td>
<td>Louisiana SPCA</td>
<td>504-762-3350</td>
<td><a href="http://www.la-sPCA.org">www.la-sPCA.org</a></td>
</tr>
<tr>
<td>Maine</td>
<td>Augusta</td>
<td>Maine Department of Agriculture Animal Wellness Program</td>
<td>207-287-3846</td>
<td><a href="http://www.maine.gov/agriculture/aw">www.maine.gov/agriculture/aw</a></td>
</tr>
<tr>
<td></td>
<td>Bangor</td>
<td>Bangor Humane Society</td>
<td>207-942-8902</td>
<td><a href="http://www.bangorhumane.org">www.bangorhumane.org</a></td>
</tr>
<tr>
<td>Maryland</td>
<td>Baltimore</td>
<td>Maryland SPCA</td>
<td>410-235-8826</td>
<td><a href="http://www.mdspca.org">www.mdspca.org</a></td>
</tr>
<tr>
<td></td>
<td>Hagerstown</td>
<td>Humane Society of Washington County</td>
<td>301-733-2060</td>
<td><a href="http://www.hswwmd.org">www.hswwmd.org</a></td>
</tr>
<tr>
<td></td>
<td>Westminster</td>
<td>Humane Society of Carroll County</td>
<td>410-848-4810</td>
<td><a href="http://www.carr.org/humane">www.carr.org/humane</a></td>
</tr>
<tr>
<td>Massachusetts</td>
<td>Boston</td>
<td>Animal Rescue League of Boston</td>
<td>617-426-9170 ext. 110</td>
<td><a href="http://www.arlboston.org">www.arlboston.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Massachusetts SPCA</td>
<td>617-522-6008</td>
<td><a href="http://www.msPCA.org">www.msPCA.org</a></td>
</tr>
<tr>
<td></td>
<td>Bingham Farms</td>
<td>Michigan Humane Society</td>
<td>313-872-3401</td>
<td><a href="http://www.michiganhumane.org">www.michiganhumane.org</a></td>
</tr>
<tr>
<td>Minnesota</td>
<td>Golden Valley</td>
<td>Animal Humane Society</td>
<td>763-489-2236</td>
<td><a href="http://www.animalhumanesociety.org">www.animalhumanesociety.org</a></td>
</tr>
<tr>
<td>Mississippi</td>
<td>Jackson</td>
<td>Mississippi Animal Rescue League</td>
<td>601-969-1631</td>
<td><a href="http://www.msar.org">www.msar.org</a></td>
</tr>
<tr>
<td>Missouri</td>
<td>St. Louis</td>
<td>Humane Society of Missouri</td>
<td>314-647-4400</td>
<td><a href="http://www.hsno.org">www.hsno.org</a></td>
</tr>
<tr>
<td>Montana</td>
<td>Helena</td>
<td>Lewis &amp; Clark Humane Society</td>
<td>406-442-1660</td>
<td><a href="http://www.mtlchs.org">www.mtlchs.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Montana Pets on the Net</td>
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<td><a href="http://www.montanapets.org">www.montanapets.org</a></td>
</tr>
<tr>
<td>Nebraska</td>
<td>Lincoln</td>
<td>Capital Humane Society</td>
<td>402-441-4888</td>
<td><a href="http://www.capitalhumanesociety.org">www.capitalhumanesociety.org</a></td>
</tr>
<tr>
<td></td>
<td>Omaha</td>
<td>Nebraska Humane Society</td>
<td>402-444-7800</td>
<td><a href="http://www.nehumanesociety.org">www.nehumanesociety.org</a></td>
</tr>
<tr>
<td>Nevada</td>
<td>Las Vegas</td>
<td>Clark County Animal Control</td>
<td>702-455-7710</td>
<td><a href="http://www.accessclarkcounty.com">www.accessclarkcounty.com</a></td>
</tr>
<tr>
<td></td>
<td>Las Vegas</td>
<td>Las Vegas Valley Humane Society</td>
<td>702-434-2009</td>
<td><a href="http://www.lvhumane.org">www.lvhumane.org</a></td>
</tr>
<tr>
<td></td>
<td>Reno</td>
<td>Nevada Humane Society</td>
<td>775-856-2000</td>
<td><a href="http://www.nevadahumanesociety.org">www.nevadahumanesociety.org</a></td>
</tr>
<tr>
<td>New Jersey</td>
<td>Eatontown</td>
<td>Monmouth County SPCA</td>
<td>732-542-0040</td>
<td><a href="http://www.monmouthcountysPCA.org">www.monmouthcountysPCA.org</a></td>
</tr>
<tr>
<td></td>
<td>Lakehurst</td>
<td>Animal Welfare Federation of New Jersey</td>
<td>856-740-1344</td>
<td><a href="http://www.awfnj.org">www.awfnj.org</a></td>
</tr>
</tbody>
</table>
### APPENDIX E: DIRECTORY OF STATE ANIMAL CRUELTY LAWS

**Animal Cruelty Laws by Code**

This chart addresses general animal cruelty statutes and does not address specific animal fighting statutes, wildlife, livestock or undomesticated animal laws in each state.

<table>
<thead>
<tr>
<th>State</th>
<th>Criminal Code</th>
<th>Agriculture/Animal Code/Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>A.S. § 11.61.140 – 145</td>
<td>A.S. § 03.55.100 – 190</td>
</tr>
<tr>
<td>Arizona</td>
<td>A.R.S. § 13-2910 - 2910.06</td>
<td></td>
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<tr>
<td>Arkansas</td>
<td>A.C.A. § 5-62-101 - 124</td>
<td></td>
</tr>
<tr>
<td>California</td>
<td>Cal Penal Code §596-600.5</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Code Reference</td>
<td></td>
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</tr>
<tr>
<td>Colorado</td>
<td>C.R.S. § 18-9-201 - 208</td>
<td></td>
</tr>
<tr>
<td>Connecticut</td>
<td>C.G.S.A. §§ 53-242 - 254</td>
<td></td>
</tr>
<tr>
<td>DC</td>
<td>DC Code § 22-1001 - 1015</td>
<td></td>
</tr>
<tr>
<td>Delaware</td>
<td>11 Del.C. § 1325</td>
<td></td>
</tr>
<tr>
<td>Florida</td>
<td>F.S.A. § 828.01 - 828.29</td>
<td></td>
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<tr>
<td>Georgia</td>
<td>Ga. Code Ann. § 16-12-4</td>
<td></td>
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<tr>
<td>Hawaii</td>
<td>HRS § 711-1100 - 1110.5</td>
<td></td>
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<tr>
<td>Idaho</td>
<td>I.C. § 25-3501 – 3521</td>
<td></td>
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<tr>
<td>Illinois</td>
<td>510 I.L.C.S. 70/1 - 16.4</td>
<td></td>
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<tr>
<td>Indiana</td>
<td>I.C. § 35-46-3-1 - 13</td>
<td></td>
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<tr>
<td>Iowa</td>
<td>IA ST § 717B.1 - 717E.3</td>
<td></td>
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<tr>
<td>Kansas</td>
<td>K.S.A. § 21-4310 - 4311</td>
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<tr>
<td>Kentucky</td>
<td>KRS § 525.125 - 135</td>
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<tr>
<td>Louisiana</td>
<td>La.-R.S. 14:102 - 10</td>
<td></td>
</tr>
<tr>
<td>Maine</td>
<td>17 M.R.S.A. § 1011 – 1046</td>
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<tr>
<td>Maryland</td>
<td>MD Code, Crim Law § 10-601 - 622</td>
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<tr>
<td>Massachusetts</td>
<td>M.G.L.A. 272 § 77 - 95</td>
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<tr>
<td>Michigan</td>
<td>M.C.L.A. 750.49 and 750.50 et seq.</td>
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<tr>
<td>Minnesota</td>
<td>M.S.A. § 343.01 – 40</td>
<td></td>
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<tr>
<td>Mississippi</td>
<td>Miss. Code Ann. § 97-41-1 - 23</td>
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<tr>
<td>Missouri</td>
<td>V.A.M.S. 578.005 - 188</td>
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<tr>
<td>Montana</td>
<td>MCA 45-B-209 - 211</td>
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<tr>
<td>Nebraska</td>
<td>Neb. Rev. St. § 28-1001-1020</td>
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<tr>
<td>Nevada</td>
<td>N.R.S. 574.010 – 510</td>
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<tr>
<td>New Mexico</td>
<td>NMSA 1978 § 30-18-1 - 15</td>
<td></td>
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<tr>
<td>New York</td>
<td>Ag. &amp; Mkts. Law §§ 332 - 379</td>
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<tr>
<td>North Carolina</td>
<td>N.C.G.S.A. § 14-360 - 363.2</td>
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<tr>
<td>North Dakota</td>
<td>NDCC 36-21-1-01 - 15</td>
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</tr>
<tr>
<td>Ohio</td>
<td>R.C. § 959.01-99</td>
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<tr>
<td>Oklahoma</td>
<td>21 Okl. St. Ann. § 1685</td>
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<tr>
<td>Oregon</td>
<td>O.R.S. § 167.310 - 390</td>
<td></td>
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<tr>
<td>Pennsylvania</td>
<td>18 Pa.C.S.A. § 5511</td>
<td></td>
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<tr>
<td>Rhode Island</td>
<td>Gen. Laws 1956 § 4-1-1 - §38</td>
<td></td>
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<tr>
<td>South Carolina</td>
<td>Code 1976 § 47-1-10 – 210</td>
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<tr>
<td>South Dakota</td>
<td>SDCL § 40-1-2.1 - 2.6</td>
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<tr>
<td>Tennessee</td>
<td>T.C.A. § 39-14-201 - 212</td>
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<tr>
<td>Texas</td>
<td>TX. Penal Code Ann. § 42.09</td>
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<tr>
<td>Utah</td>
<td>U.C.A. 1953 § 76-9-301 - 307</td>
<td></td>
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<tr>
<td>Vermont</td>
<td>13 V.S.A. § 351 - 400</td>
<td></td>
</tr>
<tr>
<td>Virginia</td>
<td>Va. Code Ann. § 3.2-6570-6573</td>
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<tr>
<td>Washington</td>
<td>RCWA 16.52.010 - 305</td>
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<tr>
<td>Wisconsin</td>
<td>W.S.A. 951.01-18</td>
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<tr>
<td>Wyoming</td>
<td>W.S. 1977 § 6-3-203</td>
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Compiled by American Humane Association’s Office of Public Policy Last Updated August 2008
Several states have enacted legislation in recent years to address the issue of veterinarians reporting suspected animal maltreatment. These laws include:

ARIZONA

A.R.S. 32-2239. Duty of veterinarian to report suspected dog participant of dog fight or animal abuse; immunity

A. A veterinarian shall report in writing concerning any dog fighting or animal abuse to a local law enforcement agency in the county where the veterinarian is practicing within thirty days of any examination or treatment administered to any dog or any animal which the veterinarian reasonably suspects and believes has participated in an organized dog fight or any animal which the veterinarian reasonably suspects and believes has been abused. The report shall contain the breed and description of the dog or any animal together with the name and address of the owner.

B. A veterinarian shall report, in writing, suspected cases of abuse of livestock to the associate director of the division of animal services in the Arizona department of agriculture pursuant to title 3, chapter 11, article 1. The report shall be made within thirty days of treatment or examination and shall include the breed and description of the animal together with the name and address of the owner.

C. A veterinarian who files a report as provided in this section shall be immune from civil liability with respect to any report made in good faith.

CALIFORNIA


(a) A veterinarian licensed under the provisions of this chapter shall not disclose any information concerning an animal receiving veterinary services, the client responsible for the animal receiving veterinary services, or the veterinary care provided to an animal, except under any one of the following circumstances:

(1) Upon written or witnessed oral authorization by knowing and informed consent of the client responsible for the animal receiving services or an authorized agent of the client.

(2) Upon authorization received by electronic transmission when originated by the client responsible for the animal receiving services or an authorized agent of the client.

(3) In response to a valid court order or subpoena.

(4) As may be required to ensure compliance with any federal, state, county, or city laws or regulations.

(5) Nothing in this section is intended to prevent the sharing of veterinary medical information between veterinarians or facilities for the purpose of diagnosis or treatment of the animal who is the subject of the medical records.

(b) This section shall not apply to the extent that the client responsible for an animal or an authorized agent of the client responsible for the animal has filed or caused to be filed a civil or criminal complaint that places the veterinarian’s care and treatment of the animal or the nature and extent of the injuries to the animal at issue, or when the veterinarian is acting to comply with federal, state, county, or city laws or regulations.

(c) A veterinarian shall be subject to the criminal penalties set forth in Section 4831 or any other provision of this code for a violation of this section. In addition, any veterinarian who negligently releases confidential information shall be liable in a civil action for any damages caused by the release of that information.

(d) Nothing in this section is intended to prevent the sharing of veterinary medical information between veterinarians and peace officers, humane society officers, or animal control officers who are acting to protect the welfare of animals.
COLORADO

C.R.S. § 12-64-121. Reporting requirements--immunity for reporting--veterinary-patient-client privilege inapplicable

(1) A licensed veterinarian who, during the course of attending or treating an animal, has reasonable cause to know or suspect that the animal has been subjected to cruelty in violation of section 18-9-202, C.R.S., or subjected to animal fighting in violation of section 18-9-204, C.R.S., shall report or cause a report to be made of the animal cruelty or animal fighting to a local law enforcement agency or the bureau of animal protection.

(2) A licensed veterinarian shall not knowingly make a false report of animal cruelty or animal fighting to a local law enforcement agency or to the bureau of animal protection.

(3) A licensed veterinarian who willfully violates the provisions of subsection (1) or (2) of this section commits a class 1 petty offense, punishable as provided in section 18-1.3-503, C.R.S.

(4) A licensed veterinarian who in good faith reports a suspected incident of animal cruelty or animal fighting to the proper authorities in accordance with subsection (1) of this section shall be immune from liability in any civil or criminal action brought against the veterinarian for reporting the incident. In any civil or criminal proceeding in which the liability of a veterinarian for reporting an incident described in subsection (1) of this section is at issue, the good faith of the veterinarian shall be presumed.

(5) The veterinary-patient-client privilege described in section 24-72-204(3)(a)(XIV), C.R.S., may not be asserted for the purpose of excluding or refusing evidence or testimony in a prosecution for an act of animal cruelty under section 18-9-202, C.R.S., or for an act of animal fighting under section 18-9-204, C.R.S.

INDIANA

Indiana Code, Sec. IC 25-38.1-4-5.5 (d)

Except as provided in subsection (e) or upon written authorization of the client, an animal’s veterinary medical record and medical condition is confidential and may not be:

(1) furnished to; or

(2) discussed with; any person other than the client or other veterinarians involved in the care or treatment of the animal.

(e) An animal’s veterinary medical records and medical condition may be furnished without written client authorization under the following circumstances:

(1) Access to the records is specifically required by a state or federal statute.

(2) An order by a court with jurisdiction in a civil or criminal action upon the court’s issuance of a subpoena and notice to the client or the client’s legal representative.

(3) For statistical and scientific research, if the information is abstracted in a way as to protect the identity of the animal and the client.

(4) As part of an inspection or investigation conducted by the board or an agent of the board.

(5) As part of a request from a regulatory or health authority, physician, or veterinarian:

(A) to verify a rabies vaccination of an animal; or

(B) to investigate a threat to human or animal health, or for the protection of animal or public health and welfare.

(6) As a part of an animal cruelty report and associated applicable records that are part of an abuse investigation by law enforcement or a governmental agency.

(7) To a law enforcement agency as part of a criminal investigation.

(8) To the School of Veterinary Medicine at Purdue University, the animal disease diagnostic laboratory, or a state agency or commission. However, an animal’s veterinary medical records remain confidential unless the information is disclosed in a manner allowed under this section.
(9) Veterinary medical records that are released by the board of animal health when in the judgment of the state veterinarian the disclosure is necessary or helpful in advancing animal health or protecting public health.

MAINE
7 M.R.S.A. § 4018. Report of suspected cruelty

1. **Report by veterinarian.** Except as provided in subsection 1-A, [FN1] a veterinarian licensed in accordance with Title 32, chapter 71-A who, while acting in a professional capacity, has reasonable cause to suspect that an animal is the subject of cruelty or neglect in violation of this chapter or Title 17, chapter 42 [FN2] may report the suspected violation to the commissioner or the commissioner’s designee. A veterinarian making a report under this section may appear and testify in a judicial or administrative proceeding concerning the condition or care of the animal.

1-A. **Report by veterinarian required.** A veterinarian licensed in accordance with Title 32, chapter 71-A who, while acting in a professional capacity, has reasonable cause to suspect that an animal is the subject of aggravated cruelty under Title 17, section 1031, subsection 1-B shall report the suspected violation to the commissioner or the commissioner’s designee. A veterinarian making a report under this section may appear and testify in a judicial or administrative proceeding concerning the condition or care of the animal.

2. **Immunity.** A veterinarian reporting or testifying under this section is immune from criminal or civil liability or professional disciplinary action that might otherwise result from these actions. The immunity from liability for releasing confidential information applies only to the release of information to the court or to the department, an animal control officer, attorney for the State or law enforcement agency involved in the investigation.

OREGON
ORS 686.442. Link between animal abuse and human abuse, mandatory reporting of aggravated animal abuse

The Legislative Assembly finds that there is a direct link between the problems of animal abuse and human abuse and further finds that for the purposes of identifying and prosecuting individuals who have committed crimes against animals, preventing further abuse of animals and preventing animal abuse from escalating to abuse against humans, it is necessary and in the public interest to require mandatory reporting of aggravated animal abuse by veterinarians.

686.445. Reports of abandoned, neglected or abused animals or animals injured in trapping devices; immunity from liability

1. Except as provided in ORS 686.455, licensed veterinarians and veterinary technicians may report to peace officers, animal control officers or officers of private organizations devoted to humane treatment of animals any animal that the veterinarian or veterinary technician knows or reasonably believes to be abandoned, neglected or abused. Any veterinarian or veterinary technician making a report under this section is immune from any civil or criminal liability by reason of making the report.

2. Veterinarians licensed and practicing in Oregon shall report to the Dean of the College of Veterinary Medicine, Oregon State University, in a form established by the dean, incidences of treating animals purported to have been injured by a trapping device.

686.450. Definitions
As used in ORS 686.450 to 686.465 and 686.990 (3):

1. (a) “Aggravated animal abuse” means any animal abuse as described in ORS 167.322.

   (b) “Aggravated animal abuse” does not include:

   (A) Good animal husbandry, as defined in ORS 167.310; or

   (B) Any exemption listed in ORS 167.335.
2. “Law enforcement agency” means:
   (a) Any city or municipal police department.
   (b) Any county sheriff’s office.
   (c) The Oregon State Police.
   (d) A law enforcement division of a humane society in Oregon that employs special agents authorized under ORS 131.805.
   (e) A law enforcement division of a county or municipal animal control agency that employs sworn officers.

3. “Veterinarian” means a person licensed to practice veterinary medicine under ORS chapter 686.

686.455. Veterinarian reports
1. A veterinarian who has reasonable cause to believe that an animal with which the veterinarian has come in contact has suffered aggravated animal abuse, or that any person with whom the veterinarian has come in contact has committed aggravated animal abuse, shall immediately report the suspected aggravated animal abuse in the manner prescribed in subsection (2) of this section.
2. A report of suspected aggravated animal abuse required under subsection (1) of this section shall be made to a law enforcement agency, either orally or in writing, and shall include, if known:
   (a) The name and description of each animal involved;
   (b) The address and telephone number of the owner or other person responsible for the care of the animal;
   (c) The nature and extent of the suspected aggravated animal abuse;
   (d) Any evidence of previous aggravated animal abuse;
   (e) Any explanation given for the suspected aggravated animal abuse; and
   (f) Any other information that the person making the report believes may be helpful in establishing the cause of the suspected aggravated animal abuse or the identity of the person causing the aggravated animal abuse.

686.460. Law enforcement investigation, process the case
1. A law enforcement agency receiving a report of suspected aggravated animal abuse pursuant to ORS 609.654 or 686.455 shall investigate the nature and cause of the suspected aggravated animal abuse.
2. If the law enforcement agency finds reasonable cause to believe that aggravated animal abuse has occurred, the law enforcement agency shall process the case in the same manner as any other criminal investigation.

686.465. Veterinarian liability
A veterinarian who acts in good faith and has reasonable grounds for making a report of suspected aggravated animal abuse under ORS 686.455 is not liable in any civil or criminal proceeding brought as a result of making the report.
APPENDIX G: SAMPLE VETERINARY HOSPITAL PROTOCOL REGARDING SUSPECTED ANIMAL ABUSE AND NEGLECT

Introduction
The (name of clinic) __________________________ has agreed to this protocol to ensure there is effective cooperation and communication, within the practice and with community animal welfare agencies, so that risk factors are identified and acted upon where these are likely to have implications for the wellbeing and safety of animals.

All staff should be familiar with this protocol and know what to do if there are animal welfare concerns.

Background
Recent research and clinical evidence suggests that there are often links between the abuse and neglect of animals and other forms of family violence. Addressing animal cruelty, abuse and neglect as affecting both animal well-being and public health falls within the responsibilities of the veterinary profession. Early intervention may prevent further abuse to animals and others in the household. This protocol balances the interests of the patient, the client, other animals and persons in the household, and the practice to develop a strategy of client education and, when warranted, referrals to community agencies, to resolve the situation when animal abuse, neglect or cruelty are suspected.

Policy
It shall be hospital policy that veterinarians and support staff who, in the context of a veterinarian-client-patient relationship, suspect animal cruelty, abuse and/or neglect shall consult with ______ at the time the suspicion arises to determine how such concerns should best be resolved and whether they should be communicated to appropriate humane agencies. If ____ is not on the premises, ______ should be notified.

The determination of whether animal cruelty, abuse and/or neglect have occurred is complex and may involve individual incidents or a pattern of activity over time. The law does not require absolute assurance of cruelty, abuse and/or neglect to provoke a report to animal care and control authorities who will, under their responsibilities, investigate further and determine appropriate action.

Staff shall document information regarding the suspected cruelty, abuse and/or neglect using histories, photographs, lab tests, radiography, examination notes, and all other appropriate avenues, and include this information in the patient’s file.

Staff are asked to inform/not to inform clients that they are reporting the suspected cruelty, abuse and/or neglect. If humane authorities instruct the hospital to detain the animal(s) until they can investigate, the clients shall be notified and the costs of such detention and any required medical care, lab tests, examinations, etc. shall be borne by __________________________. In situations where clients request that animals be discharged before humane officials have opportunity to investigate, such animals should be released and humane officials will be expected to pursue home investigations.

When concerns about client violence exist, appropriate security measures shall be taken, including __________________________.
Definitions
Animal cruelty, abuse and neglect are crimes. According to the Statutes of the State of _____________, the following are the legal definitions for various forms of animal maltreatment in our state:

Cruelty to animals: ________________
Aggravated cruelty: ________________
Animal abuse: ________________
Animal neglect: ________________
Animal sexual abuse: ________________
Other(s): ________________
Animals excluded from these definitions: (for example: pests, vermin, insects) ________________
Situations excluded from these definitions: (for example, normal animal husbandry practices, bona fide scientific research, zoos) ________________

Information sharing
According to the laws and veterinary practice regulations of the State of _____________, personal information regarding the client, patient, or the treatment the animal is receiving may/may not be disclosed lawfully to animal welfare or law enforcement investigating authorities if there is serious concern about the safety of the animal or others. It is not the responsibility of the veterinary practice to determine whether alleged cruelty, abuse or neglect have occurred, but rather to gather accurate and objective information, attempt to resolve the issue through client education, and, when warranted, report the incident to appropriate agencies who will investigate and determine whether charges should be filed. If such charges are filed, staff may be required to present testimony in criminal proceedings.

Reporting of concerns
The agency(ies) in our area responsible for investigating suspected animal cruelty, abuse and neglect is(are):

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humane Society</td>
<td></td>
<td></td>
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<tr>
<td>SPCA</td>
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<td></td>
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<tr>
<td>City/County Animal Control</td>
<td></td>
<td></td>
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<tr>
<td>Law enforcement (police, sheriff)</td>
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<tr>
<td>Other</td>
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</tbody>
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Procedures for contacting them: ______________________________________________________________
________________________________________________________________________________________
<table>
<thead>
<tr>
<th>Name of Veterinary Hospital</th>
<th>VETERINARY REFERRAL OF SUSPECTED ANIMAL CRUELTY, ABUSE OR NEGLECT</th>
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<table>
<thead>
<tr>
<th>From:</th>
<th>To: Cruelty Investigator, Animal Care/Control agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Practitioner:</td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Tel:</td>
<td>Fax:</td>
</tr>
<tr>
<td>E-mail:</td>
<td>E-mail:</td>
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</table>

**Referral of information regarding:**

1. Concern about animal ☐ cruelty ☐ abuse ☐ neglect
2. Animal welfare in order to assist family ☐

(please check as applicable)

<table>
<thead>
<tr>
<th>Client Name:</th>
<th>Client Tel No:</th>
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**Is the family expecting the Agency to make contact? ☐ Yes ☐ No**

**Description of Incident/Concern**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
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</table>

Details:

(attach additional pages as necessary)

**The veterinary practice requires an outcome report: ☐ Yes ☐ No**

**For the veterinary practice:**

Name: Title:

Signed: Date:

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**Strictly private and confidential**

This fax is intended for the recipient only and may be privileged or confidential. If this transmission has been sent to you in error or you have problems receiving this fax, please contact us immediately and ensure that its contents are not disclosed.
The Veterinary Hospital of the University of Pennsylvania instituted a policy in 1997 regarding the responsibility of hospital personnel to report suspected animal abuse and neglect to area societies for the prevention of cruelty to animals.

**VETERINARY HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA: POLICY REGARDING SUSPECTED ANIMAL ABUSE AND NEGLECT**

A Latham Foundation study of nearly 600 individuals in the field of child protection, domestic violence, animal welfare, animal control, and veterinary medicine showed that 90% of the respondents believed there is a connection between animal cruelty and family violence. Because of that report and subsequent discussion by BHUP’s Ethics Committee, the hospital has developed a policy covering clinicians’ responsibilities when animal abuse is suspected. Please understand that clinicians are not asked to be judges or juries sentencing clients to penalties for animal cruelty. Instead, they are medical investigators whose role is to represent the animals’ and families’ interests and request that appropriate agencies with knowledge of animal and/or child abuse review the facts and evaluate the environment into which their patients will be discharged after medical care has been provided.

It shall be Hospital policy that veterinarians and support staff who, in the context of a veterinarian client patient relationship, suspect animal abuse and/or neglect consult with their Section Chief or Service Head at the time the suspicion arises to determine whether such concerns should be communicated to appropriate humane agencies. If a Section Chief or Service Head is not on the premises, the senior person in the service should be notified. In instances when clinicians are on duty with other clinicians of equal status, documented consultations between them should occur. Clinicians who are on duty alone may call humane agencies without any consultations based on their own judgment.

Often a determination of suspected animal abuse or neglect is an educated guess and may be based on a pattern of activity over time involving specific clients. Furthermore, the law does not require absolute assurance of abuse to provoke a report to authorities, merely suspicions. It is important to understand that VHUP and its personnel have no legal jurisdiction to intervene on behalf of an animal’s welfare. That role is the responsibility of the SPCA officers who have the police power to investigate reports of alleged animal abuse and take custody of such animals during the investigations and/or after they have made determinations of abuse or neglect. Signs suggestive of abuse and/or neglect include:

- Lameness or other injuries without histories supporting the severity of the clinical signs, injuries to pets where owners describe ongoing toilet training “accidents.”
- Multiple bite wounds in patients with numerous scars around the head and legs from previous injuries (Note: suspected dog fighting is not addressed by this policy statement).
- Severely matted animals where the animal’s condition is not consistent with its pleasant disposition and/or temperament.
- Sever malnutrition from under feeding.
- Chronic, infected, untreated wounds, often present in pets where grooming has been neglected (maggots may or may not be present).
- Chains and collars that have cut through the skin and into the musculature of the neck; often related to rapidly growing medium to large breed dogs with inadequate owner attention.
- Aggressive, defensive or other abnormal animal behavior with caveat that reports shall be made only in situations where other evidence of abuse is also present.
- Unexplained chemical or thermal skin burns.
- Stupor from possible drug or alcohol ingestion.

Abuse or neglect can occur in the form of a) omissions, b/ commissions and/or c) apparent use of animals in staged fights. Because the
reporting of suspected staged animal fighting produces concerns for staff security, a Hospital policy on that issue is not addressed in this statement. Instead, clinicians are advised to report their suspicions to the Director’s office on the next business day to enable personnel there to pursue further investigations through local police and/or humane organizations.

Clinicians are asked NOT to inform clients that they are reporting the suspected abuse or neglect to local SPCAs. If SPCA officers instruct clinicians to detain animals until they can investigate, SPCA officers must notify clients of such action. When concerns about owner violence exist, campus police should be present at the time of an SPCA-owner of doctor-client interaction. In situations where owners request that animals be discharged before SPCA officers have time to investigate, such animals should be released and SPCA officers will be expected to pursue home investigations. Clinicians should document information regarding the suspected abuse or neglect using histories, photographs, examination notes, and all other avenues in gathering information.

(Legislation is being propose in PA that allows veterinarians who report suspected abuse or neglect to be immune from criminal or civil action. Until that proposal is law, however, the University will defend any veterinarian and/or staff person who reports suspected animal abuse and/or neglect to proper authorities based on well-documented histories, thorough physical examinations, and supportive diagnostic work-ups).

The phone numbers of the various SPCAs and humane services resources in the Delaware Valley to call are as follows:

- Philadelphia - Pennsylvania SPCA: (215) 426-6300
- Women’s SPCA, Janice Mininberg: (215) 750-3100
- Bucks County SPCA - Anne Irwin: (215) 794-7425
- Delaware County SPCA: (610) 566-1370
- Chester County SPCA: (610) 692-6113
- Montgomery County SPCA: (610) 825-0111
- South Jersey, Charles Gerosky, President, NJSPCA: (609) 599-2869
- Delaware SPCA: (302) 998-2281

In the event of suspected child or spousal abuse, clinicians and support staff are to inform the hospital’s social worker, Ms. Kathleen Dunn, of such information.

FOOTNOTE: As presented in proposed legislation and to assist staff with an understanding of terminology, abuse means every act, omission or neglect which causes or unreasonably permits unnecessary or unjustifiable pain, suffering or death to animals. Neglect is a flexible concept embracing matters such as failure to provide food, water, protection from the elements or veterinary and/or other care generally considered to be normal, usual and accepted for an animal’s health and well-being consistent with the species, breed, condition, use, and type of animal. Pain is the experience of stress from injury, disease or neglect and suffering is the condition of enduring the pain or distress.
Randall Lockwood, Ph.D., Senior Vice President/Forensic Sciences and Anti-cruelty Projects
American Society for the Prevention of Cruelty to Animals

We are frequently called upon to assist cruelty investigators, law-enforcement officers, court officials or mental health professionals in evaluating the significance of an individual’s involvement in a particular act of animal cruelty as an indicator of dangerousness or possible risk for involvement of future acts of violence against others. The relatively low level of attention given to even the most serious acts of animal abuse has made it difficult to systematically or quantitatively assess the various factors that should be considered in evaluating the potential significance of various violent acts against animals. However, the following factors are suggested as relevant criteria in such evaluations. They are based on several sources including:

1. Retrospective studies of acts of cruelty against animals reported by violent offenders
2. Studies and reports of acts of animal cruelty committed prior to or in association with child abuse and/or domestic violence
3. Extrapolation from criteria used in threat assessment by the National Center for the Analysis of Violent Crime
4. Extrapolation from numerous studies on general characteristics of habitual violent offenders

There is, as yet, no absolute scale that determines when a particular collection of factors reaches critical levels. It is suggested, conservatively, that more than five of these aggravating factors should be cause for serious concern, and that more than ten can indicate a high potential that the offender has been or will be involved in serious acts of violence against people.

1. **Victim vulnerability**
   Acts of violence against victims that are particularly small, harmless or non-threatening by virtue of species, size, age, injury or disability are indicative of perpetrators particularly willing to gain a sense of power and control through violence against those least likely to retaliate, and thus should be considered at higher risk of aggression to children, the elderly, the disabled and other vulnerable victims.

2. **Number of victims**
   The selection of multiple victims killed or injured in the same instance suggests a greater potential for uncontrolled violence.

3. **Number of instances within a limited time frame**
   Several separate instances (e.g. attacks on animals at two or more locations) within a 24 hour period reflects a predatory style of attack that is suggestive of organized and premeditated violence against others.

4. **Severity of injury inflicted** (on continuum from minor injury to death of victim)

5. **Repetition of injuries on individual victim(s)**
   In general, perpetrators who have inflicted multiple blows, stab wounds, etc. on one or more victims should be considered a higher risk.

6. **Multiple forms of injury to individual victim(s)**
   Perpetrators who inflict two or more forms of injury (e.g. burn and bludgeon) should be considered a higher risk.

7. **Intimacy of infliction of injury**
   Abuse that involves direct physical contact or restraint and obvious opportunity to witness the victims’ response (e.g. beating, strangling, crushing, hanging, stabbing) may be a more serious indicator than actions that are more remote (e.g. shooting, poisoning, vehicular injury).

8. **Victim(s) is bound or otherwise physically incapacitated**
   Abuse that includes binding, tying, securing with duct tape, confining in a box or bag or otherwise rendering the animal incapable of escape (e.g. crippling) is suggestive of a higher degree of intentional, premeditated violence.

9. **Use of fire**
   A large body of criminological and psychological literature points out the connection between animal cruelty and arson as significant
predictors of violent and even homicidal behavior. The combination of these factors, i.e. the intentional burning of a live animal should be considered particularly significant as an indicator of the potential for other violent acts.

10. **Duration of abuse**
Acts of prolonged maltreatment (e.g. torture) rather than sudden or instantaneous death are more indicative of potential for repeated violence against others.

11. **Degree of pre-planning or premeditation**
Acts that were premeditated rather than reactive or opportunistic and which involved assembling tools or instruments of injury are more suggestive of high risk. Very long term planning (e.g. several days or weeks) suggests possibility of psychopathic thought processes as contributing factor.

12. **Act involved overcoming obstacles to initiate or complete the abuse**
Abuse that involves risk or effort (e.g. climbing barrier, breaking and entering, etc.) or pursuit of a victim that escapes initial attack, is indicative of highly motivated violent behavior and thus should be considered an indicator of greater risk for future violence.

13. **Act was committed with high risk of detection or observation**
Animal cruelty that is perpetrated in public or with high probability of detection should be considered indicative of low concern for consequences of the perpetrator’s acts, and thus an indicator of risk for other violence.

14. **Other illegal acts were committed at the scene of the animal cruelty**
Personal and property crimes occurring in conjunction with the commission of animal cruelty, (e.g. vandalism, theft, threats to assault on owner or witness) should be considered indicative of higher risk for other violent and/or criminal acts.

15. **Individual was the instigator of an act involving multiple perpetrators**
Although the perpetration of many acts of violence may be more likely in a group setting, particular attention should be paid to instigators of such group violence against animals.

16. **Animal cruelty was used to threaten, intimidate or coerce a human victim**
Killing or injuring animals to exercise control or threats over others, especially those emotionally attached to those animals, should already be considered a form of emotional abuse and a behavior that, by definition, already involves violence against people.

17. **Act of animal cruelty was indicative of hypersensitivity to real or perceived threats or slights.**
Violent perpetrators often misread cues and intentions of others as indicative of threats, taunts, etc. Acts of violence against animals conducted with this motivation can be considered indicative of a high-risk response to social problems.

18. **Absence of economic motive**
While an economic motive (e.g. killing and stealing animal for food) does not excuse animal cruelty, the presence of an economic motive, in the absence of other aggravating factors, may suggest a mitigating factor that could decrease the assessment of risk for future violence. Conversely, the lack of such a motive suggests the act was rewarding to the perpetrator by itself.

19. **Past history of positive interactions with victim**
Instances of animal abuse in which the perpetrator has previously interacted positively or affectionately with the victim (e.g. acts against one’s own pet) suggest an instability in relationships that can be predictive of other types of cyclic violence such as domestic abuse.

20. **Animal victim was subjected to mutilation or postmortem dismemberment**
Mutilation is usually associated with disorganized motives of power and control which are often associated with interpersonal violence.

21. **Animal victim was sexually assaulted or mutilated in genital areas or perpetrator indicated sexual arousal as a consequence of the abuse**
The eroticization of violence should always be considered a potential warning sign for more generalized violence. A past history of sexual arousal through violent dominance of animals has been characteristic of many serial rapists and sexual homicide perpetrators.
22. **Act of cruelty was accompanied by indicators of sexual symbolism associated with the victim**

Written or spoken comments indicating that the perpetrator viewed the animal as representative of a substitute human victim (e.g. “that pussy had to die”, “the bitch deserved it”) should constitute a serious warning sign of the potential for escalation of violence to a human target.

23. **Perpetrator projected human characteristics onto victim**

If other evidence suggests perpetrator viewed the animal victim as a specific human individual or class of individuals, this may indicate that the violence could be a rehearsal for related acts against human victims.

24. **Perpetrator documented the act of animal abuse through photographs, video or audio recording, or diary entries**

The memorialization or documentation of cruelty indicates that acts of violence are a continuing source of pleasure for the perpetrator, a serious indicator that such violence is strongly rewarding and very likely to be repeated and/or escalated.

25. **Perpetrator returned at least once to scene of the abuse, to relive the experience**

As above, the continuation of the emotional arousal experienced during the perpetration of cruelty is an indicator of significant likelihood of re-enactment, repetition or escalation of the violence to reach the same rewarding emotional state.

26. **Perpetrator left messages or threats in association with the act of cruelty**

Using violence against an animal as a form of threat or intimidation is often symptomatic of more generalized violence. The additional intimidation of written or verbal threats (e.g. notes left with an animal body or letters sent to someone who cared about the animal), are strongly indicative of potential for escalated violence.

27. **Animal victim was posed or otherwise displayed**

Positioning or displaying the body of a victim (e.g. on front steps, in mailbox), or wearing or displaying parts of the remains (e.g. skins, paws) can be indicative of the use of such violence to gain feelings of power, control and domination - or to alarm or intimidate others. This should be considered a serious warning sign of potential for escalated or repeated violence.

28. **Animal cruelty was accompanied by ritualistic or “satanic” actions**

Animal cruelty accompanied by “satanic” or ritualistic trappings suggests an effort to reject societal norms or attempts to seek power and control through magical thought processes, which may escalate to fascination with the application of such ritual to human victims.

29. **Act of abuse involved staging or re-enactment of themes from media or fantasy sources**

The re-enactment of cruelty to animals in ways the perpetrator has been exposed to through media or fantasy sources (including video games) can be indicative of weak reality testing and a greater likelihood of copying other media portrayals of violent acts against human victims.

30. **Perpetrator reportedly experienced altered consciousness during the violent act**

Acts that are accompanied by blackouts, blanking, de-realization or depersonalization should be considered indicative of thought disorders that could contribute to acts of violence against human victims.

31. **Perpetrator reportedly experienced strong positive affective changes during the violent act**

Violent or destructive acts that are reportedly accompanied by strong positive affect (laughter, descriptions of a “rush”, exclamations of generalized or sexual excitement) indicate that such violence is being strongly reinforced and is likely to be repeated and/or escalate.

32. **Perpetrator lacks insight into cause or motivation of the animal abuse**

Repeat violent offenders often display little or no insight into the motivation of their violent acts.

33. **Perpetrator sees himself as the victim in this event and/or projects blame onto others including the animal victim**

Repeat offenders and those resistant to intervention are less likely to take responsibility for their actions and often offer self-serving, fanciful or bizarre justifications for their actions.

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*Last revision February 4, 2011*
CHECKLIST FOR FACTORS IN THE ASSESSMENT OF DANGEROUSNESS IN PERPETRATORS OF ANIMAL CRUELTY

Randall Lockwood, Ph.D.
The American Society for the Prevention of Cruelty to Animals

- High victim vulnerability
- Two or more victims in the same instance
- More than one instance or attack with 24 hours
- Injury resulted in death of victim(s)
- Multiple injuries inflicted on one or more victims
- Multiple types of injuries inflicted on one or more victims
- Act involved restraint of or direct contact with victim
- Victim was bound or otherwise physically incapacitated
- Use of fire
- Abuse or injury took place over a relatively long time frame
- Act was preplanned rather than reactive or opportunistic
- Act involved overcoming obstacles to initiate or complete the abuse
- Act was committed with high risk of detection or observation
- Other illegal acts were committed at the scene of the animal cruelty
- Individual was the instigator of an act involving multiple perpetrators
- Animal cruelty was used to threaten, intimidate or coerce a human victim
- Act of animal cruelty involved hypersensitivity to real or perceived threats or slights.
- Absence of economic motive
- Past history of positive interactions with victim
- Animal victim was subjected to mutilation or postmortem dismemberment
- Animal victim was sexually assaulted or mutilated in genital areas or perpetrator indicated sexual arousal as a consequence of the abuse
- Act of cruelty was accompanied by sexual symbolism associated with the victim
- Perpetrator projected human characteristics onto victim
- Perpetrator documented the abuse through photographs, video or diary entries
- Perpetrator returned at least once to scene of the abuse, to relive the experience
- Perpetrator left messages or threats in association with the act of cruelty
- Animal victim was posed or otherwise displayed
- Animal cruelty was accompanied by ritualistic or “satanic” actions
- Act of abuse involved staging or re-enactment of themes from media or fantasy sources
- Perpetrator reportedly experienced altered consciousness during the violent act
- Perpetrator reportedly experienced strong positive affective changes during the violent act
- Perpetrator lacks insight into cause or motivation of the animal abuse
- Perpetrator sees himself as the victim and/or projects blame onto others

Last revision February 4, 2011
APPENDIX J: RESOURCES AND LINKS

American Animal Hospital Association
Animal Abuse Reporting Position Statement
Detail&postKey=0672848e-0b44-4210-8576-18d75d86816b

American Association of Human-Animal Bond Veterinarians
www.aah-abv.org

American Humane Association

American Society for the Prevention of Cruelty to Animals

American Veterinary Medical Association

Animal Therapy.net
Bibliography of animal abuse/human violence research
http://www.animaltherapy.net/Bibliography-Link.html

Association of Animal Shelter Veterinarians
http://www.sheltervet.org/

Canadian Veterinary Medical Association
Animal Abuse
http://canadianveterinarians.net/animal-abuse.aspx

Hoarding of Animals Research Consortium
http://www.tufts.edu/vet/cfa/hoarding/

Humane Society of the U.S.
First Strike campaign
http://www.hsus.org/hsus_field/first_strike_the_connection_between_animal_cruelty_and_human_violence/download_first_strike_materials.html

International Veterinary Forensic Sciences Association
http://www.ivfsa.org/

The Latham Foundation
http://www.latham.org/

The Links Group U.K.
http://www.thelinksgroup.org.uk/

National Link Coalition
http://nationallinkcoalition.org/

New Zealand Veterinary Council
Code of Professional Conduct for Veterinarians

Pet-Abuse.com
Database of animal cruelty cases
http://www.pet-abuse.com/

Royal College of Veterinary Surgeons
Guide to Professional Conduct: Animal abuse, child abuse, domestic violence

Society for Companion Animal Studies – U.K.
Pets and Domestic Violence
http://www.scas.org.uk/Human-companionanimalbond/Pets_and_domestic_violence.aspx