

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.

TABLE OF CONTENTS

i.	Foreword.....	3
I.	Introduction.....	3
II.	The Index of Suspicion.....	4-7
III.	Definition of Terms.....	7-8
IV.	Preparing the Practice to Report Animal Maltreatment.....	8-10
V.	Establishing Protocols, Policies and Procedures	10-12
VI.	Tools for the Practitioner: A Decision Tree for Assessing Risk and Reporting Suspected Animal Maltreatment.....	13-15
VII.	Tools for the Practitioner: A Client Questionnaire to Assess Risks for Animal Maltreatment.....	16-18
VIII.	FAQs: Other Issues Affecting the Response Protocol.....	19-21
IX.	Conclusion.....	21-22
X.	Literature Cited	22-24

APPENDICES

A.	National Veterinary Association Policy Statements and Laws on Reporting Suspected Animal Cruelty, Abuse and Neglect.....	25-30
B.	Animal Abuse Reporting Obligations and Liabilities Specific to Veterinarians	30-33
C.	Digest of Laws Regarding Confidentiality of Veterinary Records.....	34-37
D.	Directory of Animal Shelter Resources in U.S. States	38-39
E.	Directory of State Animal Cruelty Laws	40-41
F.	Sample State Cruelty Reporting Laws	41-44
G.	Sample Veterinary Hospital Protocol Regarding Suspected Animal Abuse and Neglect	45-47
H.	Reporting Policy: Veterinary Hospital of the University of Pennsylvania.....	48-49
I.	Factors in Assessing Dangerousness of Animal Cruelty Perpetrators.....	50-54
J.	Resources and Links	55



FOREWORD

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.

I. INTRODUCTION

“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, 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).

Circumstances in Which A Veterinarian May Encounter Animal Abuse, Cruelty and Neglect in Private Practice

Category of Animal Abuse	Suspected Frequency Seen in Private Practice	Criteria for Suspicion
Neglect	Occasional to common	<ul style="list-style-type: none"> • 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
Large-scale neglect (hoarding)	Probably a few clients	<ul style="list-style-type: none"> • 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
Dog fighting	Depends on area	<ul style="list-style-type: none"> • Characteristic pattern of bite wounds on head, neck, legs. Much more prevalent in pit bulls and other fighting breeds. • Owner may self-treat injuries
Intentional infliction of injuries	Uncommon to rare	<ul style="list-style-type: none"> • Injuries not consistent with history

(Sources: Patronek, 1998; Anti-Cruelty Society, n.d.)

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):

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 contemporaneous and 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. Care should be taken that significant but outwardly unremarkable findings are not overlooked. 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 statutes 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) often used where the cause of injury is not immediately apparent.

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. Effective responding requires treatment and ongoing support for the hoarder.

Fabricated or Induced Illness (Münchausen Syndrome by Proxy): also called Factitious Disorder by Proxy, this is a disorder in which a person deliberately causes illness or injury, usually to a child or vulnerable adult, to gain attention or some other benefit. It has been identified as a condition affecting caregivers and their animals (Munro & Thrusfield, 2001d). The caregiver deliberately makes an animal sick, or convinces others that the animal is sick. The caregiver misleads others by lying and reporting fictitious episodes, or may exaggerate, fabricate or induce symptoms.

Emotional abuse: threatening behavior/ harassment, bullying, excessive teasing, exploitation, or coercion that leads to a fragile emotional state is easier to recognize in humans than in animals. In animals, persistent threatening behaviour or a failure to provide basic needs is considered by some to constitute emotional abuse. While a typology of companion animal abuse presented in South Africa includes a category of “mental abuse,” (Vermeulen & Odendaal 1993) this has not been recognized clinically or in statutory language in the U.S., U.K. or Canada.

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. Many veterinary forensic experts 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.
 - 4) Carefully examine the coat, mouth, and paws for evidence of chemicals, fiber, or other materials that can yield critical information about the sheltering of the animal or home remedies the owner may have tried. Such evidence needs to be preserved for a thorough investigation.
 - 5) Look for any evidence on the animal that may explain the condition or injury. Forensic entomology can assist in establishing the time of death or the age of injuries that contain maggots.
 - 6) In the case of deceased animals, every attempt should be made to determine the exact cause of death by referral to a board certified forensic pathologist.
- 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.ivfesa.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 Code of Professional Conduct in its supporting guidance states the following in terms of data protection:

The utmost care is essential in writing case notes or recording a client's personal details to ensure that they are accurate and that the notes are comprehensible and legible. Clinical and client records should be objective and factual, and veterinary surgeons should avoid making personal observations or assumptions about a client's motivation, financial circumstances or other matters.

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 and client records, including radiographic images and similar documents. This also includes relevant records which have come from other practices, if they relate to the same animal and the same client, but does not include records which relate to the same animal but a different client

Therefore, any personal data that is maintained will be available to the client under the Data Protection Act.

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. Post mortem examinations should always be sent to a veterinary forensic pathologist

to avoid the risk of destroying forensic evidence. This also conveys a degree of independence for the attending veterinary surgeon. 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.)

A Risk Assessment and Reporting Decision Tree

RISK ASSESSMENT	Low Risk	Medium Risk	High Risk
Clinical history	Single episode	Repetitive or chronic conditions; previous efforts to resolve through client education have failed.	Repetitive or chronic conditions; unexplained injuries or death of previous animals, particularly young animals; client unresponsive to educational interventions.
	Injuries consistent with presented history	Injuries probably inconsistent with presented history	Injuries definitely not consistent with presented history
	Non-life threatening conditions	More serious, non-life-threatening conditions	Serious and life-threatening conditions
	Conditions probably caused by lack of client education, lack of money, or extenuating circumstances	Conditions probably caused by ongoing issues that may or may not be resolved; maltreatment may be inadvertent or deliberate	Conditions definitely caused by ongoing issues that will not be resolved; known deliberate mistreatment with aggravating factors
Client behavior	Client seems concerned with animal's condition; is willing to improve the situation	Client seems indifferent to animal's condition; is reluctant to improve situation	Client is hostile to recommendations to improve the animal's condition; is unwilling to make necessary improvements
	Delay in seeking medical attention due to financial constraints or valid reasons	Delay in seeking medical attention due to attempt to hide abuse	Blatant refusal to seek medical attention in attempt to hide abuse
	Client has followed up on previous recommendations	Client has been unable to follow up on previous recommendations	Client unwilling to follow up on previous recommendations
Pet behavior (only in addition to other parameters)	Bonded to client; positive response to attention	May cower in presence of owner	Cowers in presence of client; happier when hospitalized
	Normal response to everyday activities	May have abnormal response to everyday activities, e.g., cowers in the presence of some individuals.	Abnormal response to everyday activity, e.g., cowering when attempts made to pet it.

Client profile	Ongoing relationship with client with a known history and no prior reason to suspect violence.	New client without established history; or possible previous incident that was not satisfactorily explained.	New client without established history; or existing client where there have been concerns over previous incidents.
	Stable history of consistent relationship with practice.	Client seeks out new practitioner in effort to avoid raising suspicion with primary veterinarian.	Client seeks out new practitioner in effort to avoid raising suspicion with primary veterinarian.
	Client has stable history of maintaining suitable number of animals.	Turbulent history of pet ownership with frequent turnover of animals in the home; excessive number of animals.	Turbulent history of pet ownership with frequent turnover of animals in the home; excessive number of animals.
	Ownership of animal is clear and unquestioned.	Discrepancies in history regarding ownership of animal.	Ownership of animal is deliberately misrepresented.
VETERINARY RESPONSE	Low Risk	Medium Risk	High Risk
	Record findings, enter into patient history so future incidents that raise suspicion are dealt with appropriately.	Record findings, enter into patient history so future incidents that raise suspicion are dealt with appropriately.	Record findings, enter into patient history so future incidents that raise suspicion are dealt with appropriately.
	Provide client education regarding animal care.	Provide client education regarding animal care.	Provide client education regarding animal care.
	Provide client with education and literature regarding community animal welfare and social services agency resources.	Provide client with education and literature regarding community animal welfare and social services agency resources.	Provide client with education and literature regarding community animal welfare and social services agency resources.
	Refer client as necessary to appropriate animal welfare and social service agencies.	Refer client as necessary to appropriate animal welfare and social service agencies.	Refer client as necessary to appropriate animal welfare and social service agencies.
		Consider reporting case to animal protection agency in accordance with local laws and professional codes of ethics.	Make report to animal protection agency in accordance with local laws and professional codes of ethics.
	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.	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.	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.

VII. TOOLS FOR THE PRACTITIONER: A CLIENT QUESTIONNAIRE TO ASSESS RISKS FOR ANIMAL MALTREATMENT

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."

CLIENT QUESTIONNAIRE TO ASSESS RISKS FOR ANIMAL MALTREATMENT

1. IN ADDITION TO THE ANIMAL(S) BEING PRESENTED FOR TREATMENT, HOW MANY OTHER PETS OR OTHER ANIMALS DO YOU CURRENTLY HAVE?

Type	Number
DOG	_____
CAT	_____
BIRD	_____
FISH	_____
HAMSTER/GERBIL/GUINEA PIG	_____
SNAKE/REPTILE/LIZARD/AMPHIBIAN	_____
HORSE	_____
OTHER LIVESTOCK	_____
OTHER	_____

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.

VIII. FAQs: OTHER ISSUES AFFECTING THE RESPONSE PROTOCOL

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 under the Animal Welfare Act (2006). In Scotland, the Scottish SPCA is the primary animal welfare organization. Prosecutions of animal abuse are dealt with via the normal legal system under the Animal Health and Welfare (Scotland) Act 2006. 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.

Child welfare cases in the U.K. are generally investigated by the local social services authority. The National Society for the Prevention of Cruelty to Children (NSPCC) may also be a good information resource. Domestic violence is generally investigated by local police departments. Elder abuse should be reported to the local social services. Other information resources are Age UK (www.ageuk.org.uk) and Action on Elder Abuse (www.elderabuse.org.uk).

Additional information is available in the publications,

- “Understanding the Links: Information for Professionals,” available from The Links Group (www.thelinksgroup.org.uk) and the NSPCC (www.nspcc.org.uk).
- “Recognising Abuse in Animals and Humans” available from The Links Group (www.thelinksgroup.org.uk)

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 (2012) states...in part "The AVMA considers it the responsibility of the veterinarian to report such cases to appropriate authorities, whether or not reporting is mandated by law. Prompt disclosure of abuse is 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 48 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.

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 have procedures in place should concerns arise about the welfare of animals or clients seen in practice.

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.

X. LITERATURE CITED

American Humane Association (2003). *Non-accidental injury in dogs and cats in Colorado: Final report to Animal Assistance Fund*. Englewood, CO: American Humane.

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

American Veterinary Medical Association (1999). *Animal Welfare Position Statement: Animal Abuse and Animal Neglect*. Schaumburg, IL: AVMA.

Anti-Cruelty Society (n.d.). *Animal Cruelty and Domestic Violence: Facts for Illinois Veterinarians*. Chicago: Author.

Arkow, P. & Munro, H. (2008). The veterinary profession's roles in recognizing and preventing family violence: The experiences of the human medicine field and the development of diagnostic indicators of Non-Accidental Injury. In, F.R. Ascione, ed.: *International Handbook of Animal Abuse and Cruelty: Theory, Research, and Application*. West Lafayette, IN: Purdue University Press, pp. 31-58.

Arkow, P. (2003). *Breaking the Cycles of Violence: A Guide to Multi-Disciplinary Interventions. A Handbook for Child Protection, Domestic Violence and Animal Protection Agencies*. Alameda, CA: Latham Foundation.

- Arkow, P. (1987). Animal control, animal welfare, and the veterinarian. *Journal of the American Veterinary Medical Association* 191(8), 937-942.
- Arluke, A. & Luke, C. (1997). Physical cruelty toward animals in Massachusetts, 1975-1996. *Society & Animals* 5(3), 195-204.
- Ascione, F.R. (1993). Children who are cruel to animals: A review of research and implications for developmental psychopathology. *Anthrozoös* 6(4), 226-247.
- Beetz, A.M. (2008). Bestiality and zoophilia: A discussion of sexual contact with animals. In, F.R. Ascione, ed.: *International Handbook of Animal Abuse and Cruelty: Theory, Research, and Application*. West Lafayette, IN: Purdue University Press, pp. 201-220.
- Beetz, A. M. & Podberscek, A. L. (Eds.) (2005). *Bestiality and Zoophilia: Sexual Relations with Animals*. West Lafayette, IN: Purdue University Press.
- Beirne, P. (1997). Rethinking Bestiality: Towards a concept of interspecies sexual assault. *Theoretical Criminology*, 1(3), 317-340.
- Blood, D.C., & Studdert, V.P. (1999). Saunders Comprehensive Veterinary Dictionary (2nd ed.). London: W.B. Saunders.
- Cooper, J. & Cooper, M. (2007). *Introduction to Veterinary and Comparative Forensic Medicine*. Ames, IA: Blackwell.
- Crook, A. (2000). The CVMA animal abuse position – how we got here. *Canadian Veterinary Journal*, 41, 631-633.
- DeGue, S., & DiLillo, D. (2009). Is animal cruelty a “red flag” for family violence? Investigating co-occurring violence toward children, partners, and pets. *Journal of Interpersonal Violence*, 24(6), 1036-1056.
- DeViney, E. Dickert, J., & Lockwood, R. (1983). The care of pets within child abusing families. *International Journal for the Study of Animal Problems*, 4, 321-329.
- Donley, L., Patronek, G.J. & Luke, C. (1999). Animal abuse in Massachusetts: A summary of case reports at the MSPCA and attitudes of Massachusetts veterinarians. *Journal of Applied Animal Welfare Science*, 2(1), 59-73.
- Enders-Slegers, M.-J., & Janssen, M. (2009). Dutch (Netherlands). *Cirkel van Geweld: Verbanden Tussen Dierenmishandeling en Huiselijk Geweld*. Amsterdam: Stichting DierZijn.
- Gullone, E., Johnson, J. & Volant, A. (2004). The link between animal abuse and family violence: A Victoria-wide study. Australian Veterinary Association, Welfare Conference, Canberra.
- Jack, D.C. (2000). Horns of dilemma: The veterinary legal implications of animal abuse. *Canadian Veterinary Journal*, 41, 715-720.
- King, M. 1998. Red flag: Signs of animal abuse. *Veterinary Product News*, 10(1), 18-21.
- Kovacs, S.J., Adams, C.L., & Carioto, L. (2004). Attitudes, opinions and experiences of veterinary practitioners regarding animal maltreatment: A survey of Southwestern Ontario and the Atlantic Provinces. Presentation at 10th International Conference on Human-Animal Interactions, International Association of Human-Animal Interaction Organizations, Glasgow, Scotland, November.
- Kuehn, B.M. (2002). Animal hoarding: A public health problem veterinarians can take a lead role in solving. *Journal of the American Veterinary Medical Association*, 221(8), 1087-1089.
- Landau, R. (1999). The veterinarian's role in recognizing and reporting abuse. In, F.R. Ascione & P. Arkow, eds.: *Child Abuse, Domestic Violence, and Animal Abuse: Linking the Circles of Compassion for Prevention and Intervention*. West Lafayette, IN: Purdue University Press, pp. 241-249.
- Leininger, M. B. (1998). Introduction. In, P. Olson, ed.: *Recognizing and Reporting Animal Abuse: A Veterinarian's Guide*. Englewood, CO: American Humane Association, pp. v-vi..

- Merck, M. (2007). *Veterinary Forensics: Animal Cruelty Investigations*. Ames, IA: Blackwell.
- Munro, R. & Munro, H.M.C. (2008). *Animal Abuse and Unlawful Killing: Forensic Veterinary Pathology*. Philadelphia: Elsevier/Saunders.
- Munro, H. M.C. & Thrusfield, M. V. (2001a). 'Battered pets': features that raise suspicion of non-accidental injury. *Journal of Small Animal Practice*, 42, 218-226 (May).
- Munro, H. M.C. & Thrusfield, M. V. (2001b). 'Battered pets': non-accidental physical injuries found in dogs and cats. *Journal of Small Animal Practice*, 42, 279-290 (June).
- Munro, H. M.C. & Thrusfield, M. V. (2001c). 'Battered pets': sexual abuse. *Journal of Small Animal Practice*, 42, 333-337 (July).
- Munro, H. M.C. & Thrusfield, M. V. (2001d). 'Battered pets': Munchausen syndrome by proxy (factitious illness by proxy). *Journal of Small Animal Practice*, 42, 385-389 (August).
- Murdoch, C. (2009, Aug. 4). Personal communication.
- Patronek, G. J. (2004). Animal cruelty, abuse and neglect. In, L. Miller & S. Zawistowski (eds.): *Shelter Medicine for Veterinarians and Staff*. Ames, IA: Blackwell, pp. 427-452.
- Patronek, G. J. (1998). Issues and guidelines for veterinarians in recognizing, reporting and assessing animal abuse and neglect. In, P. Olson, ed.: *Recognizing and Reporting Animal Abuse: A Veterinarian's Guide*. Englewood, CO: American Humane Association, pp. 25-39.
- Patronek, G.J., Loar, L., & Nathanson, J.N. (2006). *Animal Hoarding: Structuring Interdisciplinary responses to Help People, Animals and Communities At Risk*. Boston: Hoarding of Animals Research Consortium.
- Patterson-Kane, E.G., & Piper, H. (2009). Animal abuse as a sentinel for human violence: A critique. *Journal of Social Issues*, 65(3), 589-614.
- Robertson, I.A. (2010). Legally protecting and compelling veterinarians in issues of animal abuse and domestic violence. *New Zealand Veterinary Journal* 58(3), 114-120.
- Sharpe, M.S. (1999). A survey of veterinarians and a proposal for intervention. In, F.R. Ascione & P. Arkow, eds.: *Child Abuse, Domestic Violence, and Animal Abuse: Linking the Circles of Compassion for Prevention and Intervention*. West Lafayette, IN: Purdue University Press, pp. 250-256.
- Sinclair, L., Merck, M. & Lockwood, R. (2006). *Forensic Investigation of Animal Cruelty: A Guide for Veterinary and Law Enforcement Professionals*. Washington, DC: Humane Society of the U.S.
- Vermeulen, H. & Odendaal, J. S.J. (1993). Proposed typology of companion animal abuse. *Anthrozoös*, 6, 248-257.
- Wilson, J.F., Rollin, B.E., & Garbe, J.L. (1993). *Law and Ethics of the Veterinary Profession*. East Longmeadow, MA: Priority Press, Ltd.
- Yoffe-Sharp, B.L., & Loar, L.M. (2009). The veterinarian's responsibility to recognize and report animal abuse. *Journal of the American Veterinary Medical Association*, 234(6), 732-737.

Appendices

APPENDIX A: NATIONAL VETERINARY ASSOCIATION POLICY STATEMENTS AND LAWS ON REPORTING SUSPECTED ANIMAL ABUSE, CRUELTY AND NEGLECT

United States of America

American Veterinary Medical Association Position Statement on Animal Abuse and Animal Neglect (2012)

“The AVMA recognizes that veterinarians may observe cases of animal abuse or neglect as defined by federal or state laws, or local ordinances. The AVMA considers it the responsibility of the veterinarian to report such cases to appropriate authorities, whether or not reporting is mandated by law. Prompt disclosure of abuse is necessary to protect the welfare of animals and people. Veterinarians should be aware that accurate, timely record keeping and documentation of these cases are essential. The AVMA considers it the responsibility of the veterinarian to educate clients regarding humane care and treatment of animals.”

American Animal Hospital Association Animal Abuse Reporting Position Statement – 2012

“The American Animal Hospital Association supports reporting of suspicions of animal abuse to the appropriate authorities when education is inappropriate or has failed.”

“The association also supports the adoption of laws requiring veterinary professional to report suspicions of animal abuse, provided such laws include provisions for immunity from civil, criminal or professional liability when filing such reports in good faith.”

“Veterinary professionals are likely to encounter many forms of animal abuse, ranging from minor neglect and animal hoarding to intentional and malicious harm. While some acts can be addressed through education, other forms of animal abuse can be related to other forms of violence. Studies have shown there is a link between animal abuse and other forms of violence, including child, spousal and elder abuse.”

“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 professional within communities to eliminate the incidence of animal 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.”

United Kingdom

Code of Professional Conduct for Veterinary Surgeons

14. Client confidentiality – Updated 12 April 2012

Introduction

14.1 The veterinary/client relationship is founded on trust and, in normal circumstances, a veterinary surgeon or veterinary nurse should not disclose to any third party any information about a client of their animal either given by the client, or revealed by clinical examination or by post-mortem examination. The duty also extends to support staff.

14.2 The client's permission to pass on confidential information may be express or implied. Express permission may be either verbal or in writing, usually in response to a request. Permission may also be implied from circumstances, for example in the making of a claim under a pet insurance policy, when the insurance company may receive all information relevant to the claim and seek clarification if required.

Reporting to authorities

14.3 In circumstances where the client has not given permission for disclosure and the veterinary surgeon or veterinary nurse considers that animal welfare or the public interest are compromised, client confidentiality may be breached and appropriate information reported to the relevant authorities. The more animal welfare or public interest is compromised, the more prepared a veterinary surgeon should be to report that alleged criminal activity to the relevant authority.

14.4 Generally, a breach of client confidentiality should be based on personal knowledge, for example, where a veterinary surgeon or veterinary nurse has directly witnessed the unlawful activity, rather than third-party (hearsay) information, where there may be simply a suspicion that somebody has acted unlawfully.

14.5 Veterinary nurses employed by a veterinary surgeon or practice should discuss the issues with a senior veterinary surgeon in the practice before breaching client confidentiality.

14.6 Each case should be determined on the particular circumstances, and veterinary surgeons of veterinary nurses who wish to seek advice on matters of confidentiality and breaching client confidentiality are encouraged to contact the RCVS Professional Conduct Department on 020 7202 0789, to seek advice.

14.7 Registration of a dog with the Kennel Club permits a veterinary surgeon who carries out a caesarean section on a bitch, or surgery to alter the natural conformation of a dog, to report this to the Kennel Club.

Animal Abuse

14.8 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.

14.9 If there is suspicion of animal abuse, as a result of examining an animal, a veterinary surgeon should consider where 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.

14.10 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.

14.11 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.

Child abuse and domestic violence

14.12 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.

14.13 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); the National Child Protection Line for Scotland (0800 022 3222 – 24-hour line cover); or, local police Child Protection Unit.

14.14 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 (Revised July 2011)

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. With the knowledge of the recognized link between abuse in animals and abuse in people, the importance of veterinarians’ moral obligation to report cases increases. 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, lies within the jurisdiction of the provinces.

Background

1. Animal abuse includes physical abuse (non-accidental injury), sexual abuse, emotional abuse, neglect, and staging animal fights. Animal hoarding is neglect on a large scale.
2. Veterinarians are often the first professionals to see an abused animal. Suspected animal abuse should be reported to the appropriate authority. Some provinces (e.g., Manitoba, Ontario, and Nova Scotia) require veterinarians to report instances of animal abuse, and provide immunity from liability for such reporting in good faith. Veterinarians should verify with their provincial VMA and requirements in their province. The CVMA encourages all provincial VMAs to work with their provincial governments to develop legislation to require veterinarians to report animal abuse, and to provide immunity to those who do so using their professional judgment and in good faith.
3. 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. As well as reporting animal abuse, veterinarians should report to the appropriate authority, information they may obtain about the abuse of a child. In all jurisdictions except Newfoundland and Labrador, anyone who has reasonable grounds to suspect that a child is in need of protection is legally required to report the information to the appropriate authorities. The CVMA encourages cross-reporting between child protection and animal protection agencies.
4. 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. Veterinarians are encouraged to review the CVMA web site for more information about reporting and documenting animal abuse.

New Zealand

Veterinary Council of New Zealand Code of Professional Conduct for Veterinarians – 2012

Veterinarians are a special duty to protect animal welfare and alleviate animal suffering.

1. Veterinarians must be familiar with and comply with the Animal Welfare Act 1999 and the relevant Codes of Welfare. In the course of their work, veterinarians must consider and take all reasonable steps to protect the needs of animals in relation to the five basic requirements of:
 - a. Proper and sufficient food and water;
 - b. Adequate shelter;
 - c. The opportunity to display normal patterns of behaviour;
 - d. Appropriate physical handling; and
 - e. Protection from, and rapid diagnosis of, injury and disease.

This obligation is qualified however, as the needs in each individual case are assessed according to what is appropriate to the species, environment and circumstances of the affected animal(s).

2. In the course of their work veterinarians must not ignore circumstances where they have reasonable grounds to suspect non compliance with the requirements of the Animal Welfare Act 1999 and Codes of Welfare. Veterinarians must be satisfied that their co-workers and their clients are informed of and comply with the relevant provisions of the Animal Welfare Act 1999 and Codes of Welfare that relate to work they are undertaking.
3. Veterinarians must act immediately to remedy situations where they have cause to suspect unreasonable or unnecessary pain or distress in an animal(s), or possible breaches of animal welfare legislation.
4. When euthanasia is necessary it must be carried out humanely. In situations where an animal's owner is not known or cannot be contacted, veterinarians must exercise their

duty under section 138 of the Animal Welfare Act 1999 to euthanise severely sick or injured animals responsibly.

5. Veterinarians must ensure, that in the course of their work, only persons appropriately approved under sections 15-20 of the Animal Welfare Act 1999 perform significant, restricted or controlled surgical procedures. Veterinarians must be satisfied that any person under their authority who performs any type of surgical procedure on an animal is appropriately trained and supervised, and that the animal does not suffer unreasonable or unnecessary pain or distress.
6. Veterinarians must not carry out treatments or procedures on animals unless they meet the following criteria. Treatments or procedures must:
 - a. Only be performed:
 - i. When the procedure is reasonable and appropriate in the circumstances in order to prevent, diagnose or treat an illness or injury; or
 - ii. In accordance with accepted farming practices (e.g. de-velvetting deer); or
 - iii. In accordance with generally accepted principles of responsible pet ownership (e.g. de-sexing cats and dogs).
 - b. Only be performed with appropriate pain management.
 - c. Not be performed primarily for the convenience of the owner.
 - d. Meet accepted professional standards.
7. Where a client's animals are found to carry inherited defects that compromise their welfare or that of their prospective progeny, veterinarians must give the client sound genetic counselling and management advice which is in the best interests of the animal and its progeny.

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.

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.

State	Covered Person:	Animal Abuse Reporting is:	Reportable Offences:	Good Faith Reporting has:	Report to:	Sources:
Alabama	veterinarian (930-x-1-.10 16)	Mandatory "is obligated to report" (930-x-1-.10 16)	grossly inhumane treatment (930-x-1-.10 16)	not specified (930-x-1-.10 16)	proper authorities (930-x-1-.10 16)	Alabama Practice Act: Rule 930-x-1-.10.
Alaska	no veterinarian-specific requirement	not specified	not specified	not specified	not specified	none
Arizona	veterinarian	mandatory "shall report" (32-2239A)	dog fighting animal abuse (32-2239A)	immunity "immune from civil liability" (32-2239C)	law enforcement agency "local law enforcement agency in the county where the veterinarian is practicing" (32-2239A)	Arizona Revised Statutes Section 32-2239. Duty of veterinarian to report suspected dog participant of dog fight or animal abuse; immunity
Arkansas	no veterinarian-specific requirement	not specified	not specified	immunity "immune from civil and criminal liability" (5-62-107) "Immune from suit" (5-62-109)	not specified	Title 5 Criminal Offenses Subtitle 6. Offenses Against Public Health, Safety, Or Welfare Chapter 62 Animals Subchapter 1 -- General Provisions A.C.A. § C (2010)
California	licensed veterinarian	mandatory "it shall be the duty" (4830.5, 4830.7)	animal abuse cruelty (Penal Code Section 597) staged dog fighting (4830.5)	immunity "No licensee shall incur any civil liability" (4830.5, 4830.7)	law enforcement authority "...appropriate law enforcement authorities of the county, city, or city and county in which [the abuse, cruelty of fighting] occurred" (4830.7, 4830.5)	California Codes: Business and professions Code 4830.5, 4830.7 Penal Code Section 597
Colorado	licensed veterinarian	mandatory "shall report or cause a report to be made" (12-64-121 1)	cruelty (18-9-202 CRS) animal fighting (18-9-204 CRS)	immunity "shall be immune from liability in any civil or criminal action" (12-64-121 4)	law enforcement agency or the bureau of animal protection (12-64-121 1)	Colorado Veterinary Practice Act COLORADO REVISED STATUTES Title 12 Professions and Occupations Article 64 Veterinarians-- 12-64-121 18-9-202 & 18-9-204 CRS
Connecticut	no veterinarian-specific requirement	not specified	not specified	not specified	not specified	none
Delaware	no veterinarian-specific requirement	not specified	not specified	not specified	not specified	none
Florida	licensed veterinarian	not specified	cruelty (828-12 1-2)	immunity "immune from a lawsuit for his or her part in an investigation of cruelty to animals." (828-12 3)	not specified	The 2009 Florida Statutes CHAPTER 828 ANIMALS: CRUELTY; SALES; ANIMAL ENTERPRISE PROTECTION 828.12 Cruelty to animals.

Georgia	licensed accredited veterinarian or veterinary technician	allowed "may make or cause to be made a report" (4-11-17a)	cruelty (16-12-4. b-c) dog fighting (16-12-37)	immunity "shall ... be immune from any civil or criminal liability" (4-11-17b)	Commissioner (his or her designee) or an animal control officer or a law enforcement agency or a prosecuting attorney 4-11-17a)	Georgia Code Title 4 — Animals 4-11-17 16-12-4. b-c 16-12-37
Hawaii	no veterinarian-specific requirement	not specified	not specified	not specified	not specified	none
Idaho	licensed veterinarian	not specified	cruelty (25-3504)	immunity "held harmless from either criminal or civil liability." (25-3514A)	Law enforcement agency or animal care and control agency (25-3501A)	Idaho Code, Chap. 35, 25-3514A 25-3504 25-3501A
Illinois	veterinarian	mandatory "must file a report" (510 ILCS 70/3.07) (see also: Practice Act 225 ILCS 115/25)	aggravated cruelty (510 ILCS 70/3.02) torture (510 ILCS 70/3.03) fighting (510 ILCS 70/4.02)	immunity "immunity from any liability, civil, criminal, or otherwise." (510 ILCS 70/3.07)	Department of Agriculture	ANIMALS (510Å ILCSÅ 70/) Humane Care for Animals Act., Veterinary Medicine and Surgery Practice Act of 2004
Indiana	veterinarian or registered veterinary technician	not specified	cruelty	immunity "immune from liability in any civil or criminal action" (IC 25-38.1-4-8.5)	law enforcement officer (25-38.1-4-8.5)	IC 25-38.1-4
Iowa	no veterinarian-specific requirement	not specified	not specified	not specified	not specified	none
Kansas	licensed veterinarian	mandatory "grounds for disciplinary ... failing to report ... cruel or inhumane treatment to animals" (70-8-1p)	cruel or inhumane treatment (70-8-1p)	not specified	proper authorities (70-8-1p)	Administrative regs 70-8-1 (p) ksa 21-4311
Kentucky	no veterinarian-specific requirement	not specified	not specified	not specified	not specified	none
Louisiana	no veterinarian-specific requirement	not specified	not specified	not specified	not specified	none
Maine	licensed veterinarian	mandatory "shall report" (4018.1a)	aggravated cruelty (4018.1a)	immunity "immune from criminal or civil liability or professional disciplinary action." (4018 2)	Commissioner of Agriculture, Food and Rural Resources (or designee) (4018.1a)	Title 7 MRSA Sec 18 #4018
	licensed veterinarian	allowed "may report" (4018.1)	cruelty, neglect (4018.1)	immunity "immune from criminal or civil liability or professional disciplinary action." (4018 2)	Commissioner of Agriculture, Food and Rural Resources (or designee) (4018.1a)	Title 7 MRSA Sec 18 #4018
Maryland	veterinarian	allowed "should ... promptly report" (.03 1-3)	cruelty animal fighting (.02)	immunity "immune from any civil liability" (.03 3c)	law enforcement or animal control agency (list available from State Board of Veterinary Medical Examiners) (.03)	(see: Veterinary Regulations - Chapter 15 Title 15 DEPARTMENT OF AGRICULTURE Subtitle 14 - BOARD OF VETERINARY MEDICAL EXAMINERS Chapter 15 Animal Cruelty Reporting Authority: Agriculture Article, §§2-304 and 2-310, Annotated Code of Maryland)
Massachusetts	registered veterinarian	not specified	cruelty (112 58b)	immunity "shall not be liable in a civil or criminal." (112 58b)	police officer or special state police officer (112 58b, 22c 57)	PART I. ADMINISTRATION OF THE GOVERNMENT TITLE XVI. PUBLIC HEALTH CHAPTER 112. REGISTRATION OF CERTAIN PROFESSIONS AND OCCUPATIONS REGISTRATION OF VETERINARIANS Chapter 112: Section 58B. PART I. TITLE II. CHAPTER 22C. Section 57.
Michigan	veterinarian or veterinary technician	not specified	abandoned animal neglected animal abused animal (333.18827) (750.50)	immunity "immune from civil or criminal liability" (333.18827)	peace officer or animal control officer or officer of a private organization devoted to the humane treatment of animals (333.18827)	PUBLIC HEALTH CODE Act 368 of 1978 333.18827 Section 750.50 --definitions

Minnesota	veterinarian	mandatory "must report" (346.37 e Subd. 6)	abuse cruelty neglect (346.37 e Subd. 6)	not specified	peace officers or humane agents (343.12, 343.29)	2009 Minnesota Statutes 346.37 GENERAL PROVISIONS Subd. 6) 343.12 DUTIES OF PEACE OFFICERS. 343.29 EXPOSURE OF ANIMALS; DUTY OF OFFICERS.
Mississippi	no veterinarian- specific requirement	not specified	Cruelty (73-39-87)	immunity "be immune from liability in any civil or criminal action" (73-39-87)	not specified	MS ST § 73-39-87
Missouri	no veterinarian- specific requirement	not specified	not specified	not specified	not specified	none
Montana	no veterinarian- specific requirement	not specified	not specified	not specified	not specified	none
Nebraska	animal health care professional	mandatory "shall report" (28-1020 1)	abandoned, cruelly neglected, cruelly mistreated (28-1020 1) (Neb. Rev Stat. 28-1008 et seq.)	immunity "immune from liability" (28-1020 2)	an entity that investigates such reports in the appropriate jurisdiction (28-1020 1)	Nebraska Revised Statute 28-1020 Neb. Rev Stat. 28-1008 et seq.—terms defined
Nevada	no veterinarian- specific requirement	not specified	not specified	not specified	not specified	none
New Hampshire	licensed veterinarian	not specified	cruelty (644:8 I.)	immunity "protected from a lawsuit" (644:8 V)	appropriate law enforcement officer, animal control officer, or officer of a duly licensed humane society (644:8 IV)	TITLE LXII CRIMINAL CODE CHAPTER 644 BREACHES OF THE PEACE AND RELATED OFFENSES Section 644:8
New Jersey	no veterinarian- specific requirement	not specified	not specified	not specified	not specified	none
New Mexico	no veterinarian- specific requirement	not specified	not specified	not specified	not specified	none
New York	veterinarian	allowed "may report" (6714 2a)	cruelty abuse neglect (6714 2a)	immunity "immune from liability in the form of damages in any civil or criminal" (6714. b 4)	police, duly incorporated society for the prevention of cruelty to animals, peace officer, district attorney's office, animal control officer, department of agriculture and markets, other appropriate government agency, or any agent thereof (6714 2a)	Consolidated Law, Education Law Article 135 VETERINARY MEDICINE AND ANIMAL HEALTH TECHNOLOGY 6714 (2)
North Carolina	no veterinarian- specific requirement	allowed "A failure by a veterinarian to make a report of animal cruelty shall not constitute grounds for disciplinary action" (14-360.1)	cruelty (14-360, 14-360.1)	immunity "immune from liability in the form of damages in any civil or criminal" (6714. b 4) immunity "immune from civil liability, criminal liability, and liability from professional disciplinary action and shall not be in breach of any veterinarian patient confidentiality" (14-360.1)	not specified	North Carolina General Statutes § 14-360.1 Immunity for veterinarian reporting animal cruelty 14-360 Cruelty to animals
North Dakota	no veterinarian- specific requirement	not specified	not specified	not specified	not specified	none
Ohio	no veterinarian- specific requirement	not specified	not specified	not specified	not specified	none
Oklahoma	veterinarian	mandatory "shall report" (21-1680.3a)	abuse (21-1680.3a, 21-1685)	immunity "shall be immune from civil liability" (21-1680.3b)	law enforcement agency (21-1680.3a)	Title 21, 21-1680 21-1685. Cruelty to animals
Oregon	veterinarian	mandatory "shall immediately report " (ORS 686.455)	aggravated animal abuse (ORS 686.455, ORS 167.322)	immunity "not liable in any civil or criminal proceedings." (ORS 686.465)	law enforcement agency	ORS 686.442-686.465 ORS 167.322
Pennsylvania	no veterinarian- specific requirement	not specified	not specified	not specified	not specified	none

Pennsylvania (cont.)	special case: veterinary misconduct	Mandatory when repeated abuse or neglect is carried out by another veterinarian "A veterinarian shall bring the behavior of another veterinarian to the attention of the Board... The matter involves animal abuse or neglect." (31.21.1.2iii)	Abuse, neglect (31.21.1.2iii)	not specified	The Board "...written report to the Bureau of Professional and Occupational Affairs, Professional Compliance Office, P. O. Box 2649, Harrisburg, PA 17105-2649" (31.21.1.2)	PROFESSIONAL CONDUCT, § 31.21. Rules of Professional Conduct for Veterinarians.
Rhode Island	licensed veterinarian	not specified	abandonment neglect abuse (4-1-37)	not specified immunity "... veterinarian shall be held harmless from either criminal or civil" (4-1-37)	local and/or state police, animal control officials or officers of private organizations devoted to humane treatment of animals (4-1-37)	TITLE 4 Animals and Animal Husbandry CHAPTER 4-1 Cruelty to Animals SECTION 4-1-37
South Carolina	no veterinarian-specific requirement	not specified	not specified	not specified	not specified	none
South Dakota	no veterinarian-specific requirement	not specified	not specified	not specified	not specified	none
Tennessee	no veterinarian-specific requirement	not specified	not specified	not specified	not specified	none
Texas	veterinarian	not specified	cruelty (801.3585, 42.09)	immunity "immune from liability in a civil or criminal action" (801.3585)	appropriate governmental entity (801.3585)	:Texas Laws: Occupations Code, Chapter 801 eterinarians Subchapter H Practice By Veterinarian Penal Code 42.09
Utah	licensed veterinarian requirement	not specified	Cruelty (58-28-602, 76-9-301)	immunity "immune from liability in any civil or criminal action" (58-28-602)	enforcement or the proper authorities (58-28-602)	Utah Code -- Title 58 -- Chapter 28 -- Veterinary Practice Act Utah Code --Title 76 --Chapter 9 --Section 301 Cruelty to animals.
Vermont	licensed veterinarian	not specified	cruelty (2404a, 352/352a)	immunity "There shall be no monetary liability on the part of, and no cause of action for damages shall" (2404a)	humane officer (2404a, 351)	The Vermont Statutes Online Title 26: Professions and Occupations Chapter 44: VETERINARY MEDICINE 26 V.S.A. § 2404) 13 V.S.A. § 352. Cruelty to animals 13 V.S.A. § 351. Definitions
Virgin Islands	licensed veterinarian	mandatory "It is the duty of any veterinarian .. to report" (187 c)	abandonment, neglect or abuse (187 c, 180-184)	immunity " not subject to any civil or criminal" (187 c)	Police Department, Department of Justice, Department of Agriculture, any peace officer or other appropriate enforcement agency (187 c)	Title 14, Chapt. 7 #187 180-184
Virginia	no veterinarian-specific requirement	not specified	not specified	immunity "...shall be immune from any civil or criminal liability or administrative penalty or sanction..." (54.1-3812.1)	not specified	§ 54.1-3812.1. Reporting of animal cruelty.
Washington	no veterinarian-specific requirement	not specified	not specified	not specified	not specified	none
West Virginia	licensed veterinarian	allowed "It is the duty of any licensed veterinarian" (7-10-4a a)	abandonment neglected cruelty (7-10-4a a)	immunity "may not be subject to any civil or criminal liability." (7-10-4a a)	the county humane officer (7-10-4a a, 7-10-1)	CHAPTER 7. COUNTY COMMISSIONS AND OFFICERS. ARTICLE 10. HUMANE OFFICERS. §7-10.
Wisconsin	veterinarian	mandatory " shall report"* (173.12) * animal fighting only	animal fighting (173.12)	not specified	local humane officer or to a local law enforcement agency (173.12, 173.03) locate via the department of agriculture, trade and consumer protection	WI ST 173
Wyoming	no veterinarian-specific requirement	not specified	not specified	not specified	not specified	none

APPENDIX C: DIGEST OF LAWS REGARDING CONFIDENTIALITY OF VETERINARY RECORDS

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.

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

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

State	Summary of Regulation	Citation
Alabama	A veterinarian shall not violate the confidential relationship between himself or herself and his or her client.	930-X-1-11(15)
Alaska	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.	12 AAC 68.910(d)
** Arizona	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.	A.R.S. § 32-2239.
*California	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.	Business and Professions Code. Div. 2. Healing Arts. Ch. 11. Veterinary Medicine. Art. 3. Issuance of Licenses. § 4857.

*Colorado	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.	C.R.S. § 12-64-121.
Delaware	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.	24 Del.C. §3316(a)(7)
Florida	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.	FL ST Title XXXII. Regulation of Professions and Occupations. Chap. 474. Veterinary Medical Practice. 474.2165.
Georgia	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.	O.C.G.A. § 24-9-29 O.C.G.A. § 50-18-72
Idaho	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.	Board of Veterinary Medicine Rules IDAPA 46-005 IDAPA 46-154.05
**Illinois	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 or 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.	225 ILLCS 115/25.17 225 ILLCS 115/25.1GG
Indiana	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.	IC 25-38.1-4-5.5
*** Kansas	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.	K.S.A. 47-839
Kentucky	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.	KRS 321.185
Louisiana	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.	LA Veterinary Practice Act Title 46, Part 85, Chap. 7, Sec. 701
Maine	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.	7 M.R.S.A. § 4018

** Maryland	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.	Dept. of Ag. Vet. Regs. Ch. 15, Sub. 14.03)
Massachusetts	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.	OCABR 256 CMR:7.01 (2h): Code of Professional Conduct OCABR 256 CMR 5.01: Medical Records
* Minnesota	Prohibits revealing a privileged communication from or relating to a client, except when otherwise required or permitted by law.	M. S. A. § 156..081 2(14)
Mississippi	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.	Miss. Code Ann. § 73 39 83.
Missouri	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.	Missouri Veterinary Medical Board. Chapter 6. Professional Conduct for the Practice of Veterinary Medicine, 20 CSR 2270-6.011 Rules of Professional Conduct (11)
Montana	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.	M.C.A. 37-1-316 (9)
Nevada	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.	Board of Veterinary Medical Examiners NAC 638.0475:Maintenance and availability of records
Nebraska	Unprofessional conduct to knowingly disclose confidential information except as otherwise provided by law.	N.R.S. 38-179(8)
New Hampshire	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.	Board of Veterinary Medicine Administrative Rules Part 501.01 Part 701: Veterinary Medical Records
New Mexico	Copies of records and radiographs or a summary of records will be made available within ten working days upon the client's request.	NM Veterinary Board Rules & Regulations 16.25.9.21B
New York	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.	McKinney's Education Law § 6714
** Oklahoma	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.	159 Okl. St. Ann. § 698.16a

* Oregon	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	O. R. S. § 686.442 - 465
Pennsylvania	Veterinarians and their staff shall protect the personal privacy of clients, unless the veterinarians are required by law to reveal the confidences or it becomes necessary to reveal the confidences to protect the health and welfare of an individual, the animal, or others whose health and welfare may be endangered.	49 Pennsylvania Code §31.21 Principle 7(c): Rules of Professional Conduct for Veterinarians
Tennessee	It is unprofessional conduct to reveal without written permission knowledge obtained in a professional capacity about animals or owners. Exception: to other law enforcement agencies.	Board of Veterinary Medical Examiners Rules Chap. 1730-1.13 (6)
Texas	A veterinarian shall not violate the confidential relationship between the veterinarian and a client and shall not disclose any information concerning the veterinarian's care for an animal except on authorization or other form of waiver executed by the client; or by court order or subpoena. A veterinarian may, without authorization by the client, disclose information contained in a rabies certificate to a governmental entity only for purposes related to the protection of public health and safety.	Texas Administrative Code Title 22, Part 24, Rules Pertaining to the Practice of Veterinary Medicine Rule §573.27 Observance of Confidentiality
Utah	<p>A licensee may not disclose information about the licensee's care of an animal to anyone other than the client, unless:</p> <ul style="list-style-type: none"> (a) the client consents to the disclosure in writing; (b) disclosure to public health officials, animal health or welfare officials, agricultural authorities, or federal, state, or local officials is required, or necessary to protect the animal or to protect public health; (c) disclosure is required by court order or subpoena; or (d) the client has placed the veterinarian's care or treatment of the animal or the nature or extent of injuries to the animal at issue in a civil or criminal proceeding. <p>(2) A licensee who releases medical records is not liable to the client or any other person for the release of the records.</p>	U.C.A. 1953 § 58-28-605: Veterinarian-client-patient confidentiality
Virginia	Unprofessional conduct includes revealing confidences gained in the course of providing veterinary services to a client, unless required by law or necessary to protect the health, safety or welfare of other persons or animals.	Regulations Governing the Practice of Veterinary Medicine 18VAC150-20-140.4
West Virginia	A licensed veterinarian shall not violate his or her confidential relationship with the clients.	Board of Veterinary Medicine Legislative Rule Title §26-4-3.14
Wisconsin	Access to health care records: The owner of any animal patient of a veterinarian, or any other person who submits to the veterinarian a statement of written informed consent signed by the owner, may, upon request to the veterinarian receive a copy of the animal patient's health care records upon payment of reasonable costs.	W. S. A. 453.075
Wyoming	<p>Incorporates by reference the AVMA Principles of Veterinary Medical Ethics*</p> <p>Contents of medical records shall be kept confidential and not released to third parties unless authorized by the client or required by law.</p>	Board of Veterinary Medicine Rules & Regulations Ch.4, Sec. 1(b) Ch. 4, Sec. 3 (d) (vi)

* *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)*

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.

State	City	Agency	Telephone	Website
Alabama	Birmingham Montgomery	Greater Birmingham Humane Society Montgomery Humane Society	205-369-0392 334-309-0622	www.gbhs.org www.montgomeryhumane.com
Alaska	Anchorage Fairbanks Juneau	Alaska SPCA Fairbanks North Star Borough Animal Control Gastineau Humane Society	907-562-2999 907-459-145 907-789-0260	www.alaskaspcas.org www.co.fairbanks.ak.us www.ghspets.org
Arizona	Phoenix Tucson	Arizona Humane Society Humane Society of Southern Arizona	602-997-7585 Ext. 2073 520-321-3704 Ext. 101	www.azhumane.org www.hssaz.org
Arkansas	Little Rock	Little Rock Animal Services	501-376-3067	www.littlerock.org
California	Los Angeles Monterey San Diego San Francisco	SPCA L.A. SPCA for Monterey County San Diego County Animal Services San Diego Humane Society San Francisco SPCA	800-540-SPCA 831-373-2631 619-236-4250 619-299-7012 Ext. 2222 415-554-3000	www.spcala.com www.spcamc.org www.sddac.com www.sdhumane.org www.sfspca.org
Colorado	Colorado Springs Denver	Humane Society of the Pikes Peak Region Dumb Friends League	719-473-1741 303-923-0022	www.hsppr.org www.ddfl.org
Connecticut	Newington	Connecticut Humane Society	800-452-0114	www.cthumane.org
Delaware	Newark	Delaware SPCA	302-998-2281	www.delsPCA.org
District of Columbia	Washington	Washington Humane Society	202-BE HUMANE	www.washhumane.org
Florida	Fort Lauderdale Miami West Palm Beach	Humane Society of Broward County Miami-Dade Animal Services Palm Beach County Animal Care & Control	954-989-3977 305-884-1101 561-233-1200	www.humanebroward.com http://www.miamidade.gov/animals/ www.pbcgov.com
Georgia	Atlanta	Atlanta Humane Society	404-875-5331	www.atlantahumane.org
Hawaii	Honolulu Lihue Puunene	Hawaiian Humane Society Kauai Humane Society Maui Humane Society	808-356-2250 808-632-0610 808-877-3680	www.hawaiianhumane.org www.kauaihumane.org www.mauihumanesociety.oeg
Idaho	Boise	Idaho Humane Society	208-343-3166	www.idahohumanesociety.org
Illinois	Chicago	Anti-Cruelty Society	312-644-8338	www.anticruelty.org
Indiana	Fort Wayne Indianapolis	Fort Wayne Animal Care & Control Humane Society of Indianapolis	260-427-1244 317-872-5650	www.cityoffortwayne.org/animal-care-and-control.html www.indyhumane.org
Iowa	Des Moines Dubuque	Animal Rescue League of Iowa Dubuque Regional Humane Society	515-284-6905 563-582-6766	www.arl-iowa.org www.dbqhumane.org
Kansas	Kansas City Wichita	Humane Society of Greater Kansas City Kansas Humane Society	913-596-1000 316-220-8701	www.hsgkc.org www.kshumane.org
Kentucky	Louisville	Metro Animal Services	502-361-1318	www.louisvilleky.gov/AnimalServices/
Louisiana	New Orleans	Louisiana SPCA	504-762-3350	www.la-sPCA.org
Maine	Augusta Bangor Westbrook	Maine Department of Agriculture Animal Wellness Program Bangor Humane Society Animal Refuge League of Greater Portland	207-287-3846 207-942-8902 207-854-9771	www.maine.gov/agriculture/aw www.bangorhumane.org www.arlgp.org
Maryland	Baltimore Hagerstown Westminster	Maryland SPCA Humane Society of Washington County Humane Society of Carroll County	410-235-8826 301-733-2060 410-848-4810	www.mdspca.org www.hswcmd.org www.carr.org/humane
Massachusetts	Boston Boston	Animal Rescue League of Boston Massachusetts SPCA	617-426-9170 ext. 110 617-522-6008	www.arlboston.org www.mspca.org

Michigan	Ann Arbor Bingham Farms	Humane Society of Huron Valley Michigan Humane Society	734-662-5585 Ext. 112 313-872-3401	www.hshv.org www.michiganhumane.org
Minnesota	Golden Valley	Animal Humane Society	763-489-2236	www.animalhumanesociety.org
Mississippi	Jackson	Mississippi Animal Rescue League	601-969-1631	www.msarl.org
Missouri	St. Louis	Humane Society of Missouri	314-647-4400	www.hsмо.org
Montana	Helena	Lewis & Clark Humane Society Montana Pets on the Net	406-442-1660	www.mtlchs.org www.montanapets.org
Nebraska	Lincoln Omaha	Capital Humane Society Nebraska Humane Society	402-441-4488 402-444-7800	www.capitalhumanesociety.org www.nehumanesociety.org
Nevada	Las Vegas Las Vegas Reno	Clark County Animal Control Las Vegas Valley Humane Society Nevada Humane Society	702-455-7710 702-434-2009 775-856-2000	www.accessclarkcounty.com www.lvvhumane.org www.nevadahumanesociety.org
New Hampshire	Stratham	New Hampshire SPCA	603-772-2921 Ext. 111	www.nhspca.org
New Jersey	Eatontown Lakehurst	Monmouth County SPCA Animal Welfare Federation of New Jersey	732-542-0040 856-740-1344	www.monmouthcountyspca.org www.awfnj.org
New Mexico	Albuquerque Santa Fe	Animal Humane Association of New Mexico Santa Fe Animal Shelter & Humane Society	505-255-5523 505-983-4309	www.ahanm.org www.sfhumanesociety.org
New York	Fairport New York City Tonawanda	Humane Society of Greater Rochester ASPCA SPCA Serving Erie County	585-223-6500 212-876-7700 Ext. 4450 716-875-7360	www.lollypop.org www.asPCA.org www.yourspca.org
North Carolina	Charlotte	Humane Society of Charlotte	704-377-0534	www.humanesocietyofcharlotte.org
North Dakota	Fargo	FM Humane Society	701-239-0077	www.f-mhumanesociety.org
Ohio	Cincinnati Cleveland Dayton Hilliard Maumee	SPCA Cincinnati Cleveland Animal Protective League Montgomery County Animal Resource Center Capital Area Humane Society Toledo Area Humane Society	513-541-6100 216-377-1630 937-898-4457 614-777-7387 419-891-9777	www.spcacincinnati.org www.clevelandapl.org www.mcoho.org www.caHS-pets.org www.toledoareahumanesociety.org
Oklahoma	Oklahoma City Tulsa	Oklahoma City Animal Welfare Division City of Tulsa Animal Welfare	405-297-3100 918-669-7275	www.okc.gov www.cityoftulsa.org
Oregon	Portland Salem	Oregon Humane Society Willamette Humane Society	503-285-7722 ext. 214 503-585-5900	www.oregonhumane.org www.willamettehumane.org
Pennsylvania	Harrisburg Philadelphia Pittsburgh	Humane Society of Harrisburg Area Pennsylvania SPCA Western Pennsylvania Humane Society	717-564-3320 Ext. 104 800-601-SPCA 412-321-4625 Ext. 216	www.humanesocietyhbg.org www.pspca.org www.wpahumane.org
Rhode Island	Middletown	Potter League for Animals	401-846-8276	www.potterleague.org
South Carolina	Columbia North Charleston	Humane Society for the Prevention of Cruelty to Animals Charleston Animal Society	803-783-1267 Ext. 11 843-329-1540	www.humanesc.org www.charlestonanimalsociety.org
South Dakota	Sioux Falls	Sioux Falls Animal Control	605-367-7000	www.siouxfalls.org
Tennessee	Nashville	Nashville Humane Association	615-352-1010	www.nashvillehumane.org
Texas	Amarillo Dallas Houston San Antonio	Amarillo Animal Control SPCA of Texas Houston SPCA San Antonio Humane Society	806-378-9032 214-461-1825 713-869-9176 210-226-7461	www.amarilloanimalcontrol.com www.sPCA.org www.hspca.org www.sahumane.org
Utah	Murray Salt Lake City	Humane Society of Utah Salt Lake County Animal Services	801-261-2919 801-559-1100	www.utahhumane.org www.animalservices.slco.org
Vermont	Waterbury	Vermont Humane Federation	802-244-5895	www.vermonthumane.org
Virgin Islands	St. Thomas	Humane Society of St. Thomas	340-775-0599	www.hsstt.com
Virginia	Alexandria	Humane Society for Seattle/King County Seattle Animal Shelter	425-641-0080 206-386-PETS	www.seattlehumane.org www.seattle.gov/animalshelter/
West Virginia	Charleston	Charleston/Kanawha Humane Association	304-342-1576	www.wvanimalshelter.com
Wisconsin	Milwaukee	Wisconsin Humane Society	414-431-6166	www.wihumane.org
Wyoming	Cheyenne	Cheyenne Animal Shelter	307-632-6655	www.cheyenneanimalshelter.org

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

State	Criminal Code	Agriculture/Animal Code/Other
Alabama	Ala. Code 1975 § 13A-11-14 and 13A-11-240 - 247	
Alaska	A.S. § 11.61.140 – 145	A.S. § 03.55.100 – 190
Arizona	A.R.S. § 13-2910 - 2910.06	
Arkansas	A.C.A. § 5-62-101 - 124	
California	Cal Penal Code §596-600.5	
Colorado	C.R.S. § 18-9-201 - 208	
Connecticut	C.G.S.A. §§ 53-242 - 254	
DC	DC Code § 22-1001 - 1015	
Delaware	11 Del.C. §1325	
Florida	F.S.A. § 828.01 - 828.29	
Georgia	Ga. Code Ann. § 16-12-4	
Hawaii	HRS § 711-1100 - 1110.5	
Idaho		I.C. § 25-3501 – 3521
Illinois		510 I.L.C.S. 70/1 - 16.4
Indiana	I.C. § 35-46-3-1 - 13	
Iowa	IA ST § 717B.1 - 717E.3	
Kansas	K.S.A. § 21-4310 - 4311	
Kentucky	KRS § 525.125 - 135	
Louisiana	La.-R.S. 14:102 - 10	
Maine	17 M.R.S.A. § 1011 – 1046	7 M.R.S.A. § 4011 - 4018
Maryland	MD Code, Crim Law § 10-601 - 622	
Massachusetts	M.G.L.A. 272 § 77 - 95	
Michigan	M.C.L.A. 750.49 and 750.50 et seq.	
Minnesota	M.S.A. § 343.01 – 40	
Mississippi	Miss. Code Ann. § 97-41-1 - 23	
Missouri	V.A.M.S. 578.005 - 188	
Montana	MCA 45-8-209 - 217	
Nebraska	Neb. Rev. St. § 28-1001-1020; §54-903	
Nevada		N.R.S. § 574.010 – 510; 206.150
New Hampshire	N.H. Rev. Stat. § 644:8 et seq.	
New Jersey		N.J.S.A. 4:22-15 - 57
New Mexico	NMSA 1978 § 30-18-1 - 15	
New York		Ag. & Mkts. Law §§ 332 - 379
North Carolina	N.C.G.S.A. § 14-360 - 363.2	
North Dakota		NDCC 36-21.1-01 - 15
Ohio	R.C. § 959.01-99	
Oklahoma	21 Okl. St. Ann. § 1681-1691	
Oregon	O.R.S. § 167.310 - 390	
Pennsylvania	18 Pa.C.S.A. § 5511	
Rhode Island		Gen. Laws 1956 § 4-1-1 - §38
South Carolina		Code 1976 § 47-1-10 – 210; 16-11-510(A)
South Dakota		SDCL § 40-1-1-40-1-27
Tennessee	T.C.A. § 39-14-201 - 212	

Texas	TX. Penal Code Ann. § 42.09	
Utah	U.C.A. 1953 § 76-9-301 - 307	
Vermont	13 V.S.A. § 351 - 400	
Virginia		Va. Code Ann. § 3.2-6570-6573; §3.2-6503; §18.2-144
Washington	RCWA 16.52.010 - 305; 9.08.070-072	
West Virginia	W. Va. Code § 61-8-19 - 23; §19-20-12	
Wisconsin	W.S.A. 951.01-18	
Wyoming	W.S. 1977 § 6-3-203	

Compiled by Animal Legal Defense Fund 2011

APPENDIX F: SAMPLE STATE CRUELTY REPORTING LAWS

Several states have enacted legislation in recent years to address the issue of veterinarians reporting suspected animal maltreatment. These laws include:

ARIZONA

ARIZ. REV. STAT. § 322-2239 (2010). Duty of veterinarian to report suspected abuse, cruelty, neglect or animal fighting; immunity

- A. A veterinarian who reasonably suspects or believes that an animal has been a victim of abuse, cruelty or neglect or has been involved in animal fighting shall report that suspicion, or cause a report to be made, to law enforcement within forty-eight hours after treatment or examination.

The report shall include the breed and description of the animal and the name and address of the owner or person who sought the examination or treatment. Veterinary records shall be provided to local law enforcement on request in furtherance of any criminal investigation for abuse, cruelty, neglect or animal fighting.

- 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 forty-eight hours after 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

CAL. BUS. & PROF. CODE § 4830.7 (2010). Report of animal abuse or cruelty

Whenever any licensee under this chapter has reasonable cause to believe an animal under its care has been a victim of animal abuse or cruelty, as prescribed in Section 597 of the Penal Code, it shall be the duty of the licensee to promptly report it to the appropriate law enforcement authorities of the county, city, or city and county in which it occurred.

No licensee shall incur any civil liability as a result of making any report pursuant to this section or as a result of making any report of a violation of subdivisions (a), (b), and (c) of Section 597 of the Penal Code.

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):

Name	Address	Phone
Humane Society		
SPCA		
City/County Animal Control		
Law enforcement (police, sheriff)		
Other		

Procedures for contacting them: _____

**SAMPLE REPORTING FORM: CHECK WITH LOCAL HUMANE SOCIETY, SPCA,
OR ANIMAL CONTROL/SERVICES AGENCY TO DETERMINE THEIR
REPORTING PROCEDURES**

Name of Veterinary Hospital	VETERINARY REFERRAL OF SUSPECTED ANIMAL CRUELTY, ABUSE OR NEGLECT		
From:		To:	
Name of Practitioner:		Cruelty Investigator, Animal Care/Control agency	
Tel:		Fax:	
Fax:		E-mail:	
E-mail:			
Referral of information regarding: (please check as applicable) 1. Concern about animal <input type="checkbox"/> cruelty <input type="checkbox"/> abuse <input type="checkbox"/> neglect 2. Animal welfare in order to assist family <input type="checkbox"/>			
Client Name:		Client Tel No:	
Is the family expecting the Agency to make contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Incident/Concern (attach additional pages as necessary)			
Date:		Time:	
Details:			
The veterinary practice requires an outcome report: <input type="checkbox"/> Yes <input type="checkbox"/> No			
For the veterinary practice:			
Name:		Title:	
Signed:			
Date:			

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.

APPENDIX H: REPORTING POLICY: VETERINARY HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA

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 or 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 proposed 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; its 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.

APPENDIX I: FACTORS IN THE ASSESSMENT OF DANGEROUSNESS IN PERPETRATORS OF ANIMAL CRUELTY

*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.

Last revision February, 2013

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

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

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APPENDIX J: RESOURCES AND LINKS

American Animal Hospital Association

Animal Abuse Reporting Position Statement

<https://www.aahanet.org/Library/AnimalAbuseRpt.aspx>

American Association of Human-Animal Bond Veterinarians

www.aah-abv.org

American Society for the Prevention of Cruelty to Animals

<http://www.aspca.org/fight-animal-cruelty/domestic-violence-and-animal-cruelty.html>

American Veterinary Medical Association

Animal Welfare Policy Statements: Animal Abuse and Animal Neglect

<https://www.avma.org/KB/Policies/Pages/Animal-Abuse-and-Animal-Neglect.aspx>

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 Position Statement

<http://canadianveterinarians.net/animal-abuse.aspx>

<http://www.canadianveterinarians.net/documents/animal-abuse#.UTkRqTfD6ew>

Hoarding of Animals Research Consortium

<http://www.tufts.edu/vet/cfa/hoarding/>

International Veterinary Forensic Sciences Association

<http://www.ivfesa.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 Veterinary Council of New Zealand

Code of Professional Conduct for Veterinarians

http://www.vetcouncil.org.nz/documentation/Code_of_Professional_Conduct.pdf

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

<http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/client-confidentiality>



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