INTRODUCTION

I conducted a site visit at ACS on December 7 and 8, 2022. This visit was arranged during a meeting between Petco Love and ACS Leadership on November 29. Over the past year, there has been a decrease in live outcomes, despite the fact that far fewer animals are entering the shelter than prior to the pandemic. The scope of this brief visit was to observe operations, interview key staff members, and to provide recommendations. Petco Love offered to fund me working with ACS in order to help them bring the live release rate back up to previous levels and make recommendations for best practices in intake, care, and outcomes. We arranged dates for my first visit at the time of the initial meeting.

I did not have the opportunity to meet with the Chief Veterinarian during this visit and so recommendations about veterinary operations are partial and may need to be further developed once I am able to meet with the veterinarian. This report is organized into two, main sections: Part 1 is priority recommendations. These are things ASC can and should do or start doing immediately which will positively impact the live release rate and improve the wellbeing of pets in the shelter. Part 2 are the assessment notes from my site visit.

PART 1: PRIORITY RECOMMENDATIONS FOR IMMEDIATE ACTION

Top five high-impact changes (SLIDESHOW PRESENTATION)

1. Reopen the facility to the public and remove barriers and ‘red tape’ that are slowing or entirely preventing live outcomes.

2. Re-establish a dedicated foster and rescue/transport program with big dog foster coordinators, medical foster coordinators, and a dedicated transport coordinator.
3. Allocate two staff positions to serve as lost pet reunification specialists and implement Petco Love Lost as the city-wide lost and found platform (It's free and fast and will positively impact your RTO rate).

4. Prioritize healthy pets and those with minor conditions for expedited live outcomes. This will involve significantly increasing foster and adoptive placements of healthy pets and pets with minor conditions.

5. Modify capacity euthanasia process to allow rescues, adopters, and fosters a minimum of 72 hours to pull a healthy or medically-stable animal. This includes animals euthanized under ‘behavior’ and ‘medical’ subtypes that are being euthanized due to lack of time or resources.

Recommendations by operational area

Veterinary services

☐ Implement daily medical rounds to assess for signs of illness in all housing areas in order to isolate and treat animals quickly.
☐ Utilize standing orders for common medical conditions including diarrhea, skin issues, mild upper respiratory infections.
☐ Create a plan to expedite the care and live outcomes of pets that are healthy and those with mild, treatable medical conditions.
☐ Create a standard protocol for medical euthanasia decision-making.
☐ Decrease the age at which dogs can leave their kennels to five months from one year.
☐ Create two, full-time, medical foster coordinators so that most pets undergoing treatment as well as medically-vulnerable pets (very young and very old) can be housed in foster until they are able to be adopted.
Live outcomes

- Re-establish dedicated foster, rescue, and adoption supervisors to ensure accountability and so particular staff are responsible for key objectives and performance metrics related to each area.
- Utilize Petco Love Lost as their lost and found platform for San Antonio, which will save staff time at no cost to ACS.
- Change the at-risk system to allow rescues and fosters an absolute minimum of 72 hours to pursue placement options for healthy (includes animals with mild, non-life-threatening illnesses and other medical conditions) animals at risk of euthanasia due to space and time.
- Remove unnecessary foster and adoption restrictions and requirements that are listed or articulated (must be able to come to the clinic between 2 and 4 pm, and must live in San Antonio, and must be able to bring pets to ACS one weekend day per month to market the pet).
- Conduct a volunteer program reboot including:
  1. Remove barriers so interested volunteers can start right away
  2. Remove background check requirement for ACS volunteers as it is not required by city policy and create an updated policy so volunteers working with children and vulnerable adult populations (i.e. tour group leader for a group of schoolchildren) DO undergo a background check.
  3. Set goals for number of volunteers and hours of service (suggested: 500 active volunteers serving at least six hours per month).
  4. Institute a weekly live outcome pathways meeting to better coordinate the following teams/individuals (communications, foster, medical, adoption, rescue, return-to-owner).
  5. Create an additional volunteer coordinator position and identify clear delineation between the two roles.
- Create two dog foster coordinator positions that will focus specifically on dogs that are or will become at risk of euthanasia for space or time.
- Assign two staff to lost pet reunification, with a focus entirely on getting lost pets home and engaging the community to help get lost pets home.
Dog housing and care

☐ Repair Kuranda dog beds and replace broken or removed legs so they are once again functional. Stop the practice of flipping beds upside down when legs are damaged or lost because beds no longer serve any purpose when they are upside down.

☐ Practice selective co-housing for dogs that will have an increased chance of a live outcome with further socialization and other dog-social dogs. Pair dogs through play group assessments.

☐ Stop the practice of putting towels in dog kennels as they bunch up and don’t serve any meaningful purpose for most dogs.

☐ Provide soft blankets for dogs that are recovering from injuries, senior dogs, and dogs with body soreness.

☐ Provide Nylabones/Benebones for all singly-house dogs and co-housed dogs that are able to eat meals together without guarding. This will alleviate the problem of dogs chewing the bed legs and these can be washed with dishes.

☐ Utilize outdoor spaces to allow healthy dogs to spend time outdoors. For instance, the large yard can rotate pairs of dogs to give them outdoor time throughout the day.

Behavior and enrichment

☐ B and E staff should focus on play group assessment of dogs of unknown history for whom an assessment may increase their chance of a live outcome rather than assessment of every dog.

☐ As long as dogs are being euthanized for space and time limits, their time should be spent roughly broken up into the following duties:
   1. Basic handling and play group assessments upon release date to get enough information for potential rescue partners
   2. Building volunteer capacity to provide exercise and enrichment to dogs at the shelter
3. Outcome assessments for ‘marginal’ dogs or dogs with documented behavior histories to quickly determine live outcome potential or expediting pathway to euthanasia
4. Selectively pairing dogs to improve the live outcome options for one or both dogs
5. Working in direct coordination with foster, rescue, and adoption staff on the pursuit of live outcome options
   - Behavior and enrichment staff should have dedicated volunteers to provide enrichment and exercise to dogs so staff can focus on pathway planning and coordination with the live release team.

Public engagement

- Ensure members of the public are not met with a locked gate and uniformed greeter. If the gate must remain locked during open hours, a non-uniformed, friendly greeter should meet customers at the point of entry.
- Utilize signage outside the front gate so customers understand how to easily enter and adopt or foster a pet.
- Edit and re-design foster, adoption, rescue, and home pages on the website to remove barriers and highlight welcoming messaging.
- Create a customer-focused kennel card using an icon system to share known information about each pet with the public. [Here](#) is a template you can use with your current Chameleon system.
- Build a calendar of monthly, unique adoption and foster events that cater to particular groups of animals and/or make adoption and foster accessible to the maximum number of people. (eg. ‘Midnight Muttness’ adoption event with extended hours, and adoption/foster event focused on pairs and trios of dogs and cats that have come in together).
- Advertise public dog walking and day trip foster programs on the website and social media to encourage the public to come and walk dogs or take a dog on an outing.

Euthanasia
☐ Cease the practice of gathering dogs in pre-euthanasia kennels prior to euthanasia, as this causes unnecessary stress and anxiety.
☐ For dogs that can be safely walked, they should be removed from their kennels and walked to a place where they can be euthanized. The current euthanasia room is not ideal because of its close proximity to the cooler and incinerator and the overwhelming smell of death.
☐ Consider euthanizing dogs in the back areas of one of the main kennel areas or other non-public areas and transporting the bodies to the incinerator area.

Intake practices

☐ Create an intake and pet resource case management department to respond to calls, triage and defer unnecessary intakes, meet with owners and finders, and intake pets.
☐ Cease the practice of ‘clearing kennels’ - proactively selecting dogs for euthanasia in order to make space for potential intakes. Alternately, distinguish an intake holding area of approximately 10 kennels that is emptied at the end of the day by dogs to permanent kennels.
☐ Implement a holding kennels system, so incoming lost and stray dogs can be temporarily held in a specific area before being processed into a permanent kennel. Weather-permitting, the existing outdoor kennels can be used for this purpose.
  ○ Put simply, I’m recommending you slow the process of getting to a euthanasia outcome and speed up the system of getting to a live outcome by triaging and pathway-planning from the point of entry.

Organizational structure and staffing

- Build an organizational chart that the public can understand with point people assigned to each core function (see addendum).
- Concentrate staff responsibilities on achieving live outcome results for the animals that are in the shelter or imminently coming in the shelter. Numerous
staff were doing things during my visit that did not immediately contribute to keeping pets at home, caring for pets, or getting pets out of the shelter system.

- I am suggesting some structural changes to vet services and shelter services but these may change or evolve once I am able to meet and discuss with the Chief Veterinarian.
  - Vet services: create two, distinct functional areas: shelter services and critical care. Getting the routine shelter medical services (keeping pets healthy enough for placement and getting them ready for placement) working well should be the top priority at this time as long as healthy animals are being euthanized for space.
  - Shelter services: This area should encompass all parts of the intake - care - and outcomes flow. For intake, the assistant director of the shelter (I think this role is currently called operations director) should work closely with the assistant director over field services to ensure consistent processes for intake across the organization.

Dog intake flow model recommendation

Core functional service areas org chart recommendation
PART 2: SITE ASSESSMENT NOTES AND OBSERVATIONS

Summary of positive observations

- Non-medical areas of the facility were clean and all food and water bowls were clean.
- Signage with QR code links was comprehensive, colorful, and creative.
- The staff members I met were welcoming and helpful.
- The leadership staff team closely coordinates and keeps each other informed to ensure consistency in operations.
- Most staff members were open to discussion and even constructive criticism and stated they wanted to do more to help the animals.
- Numerous staff members remarked that Director Shannon supported them and they felt that he cared about them.
- Pets with medical conditions receive care and evaluation rather than simply being euthanized.

Summary of areas of concern
- Housing of injured and medically-suffering animals for multiple days and weeks in inappropriately-sized kennels with inadequate medical care. Particularly concerning seriously-injured feral or non-social cats.
- Lack of daily medical rounds to observe, isolate, and treat healthy pets in all areas of the building.
- Entire euthanasia process and lack of humane treatment of animals prior to euthanasia.
- Lack of enrichment and exercise for sheltered pets
- Foster and volunteer programs are inadequate to meet the needs of the pets in the shelter and those entering daily.
- Staff roles and responsibilities too diverse and not focused enough on shelter basics of intake prevention, lost pet reunification, foster, and adoption.
- Too many barriers between the shelter and the public.

Facility general observations

- **Facility clean and tidy.** With the exception of the clinic and medical areas, the entire facility was clean and well-maintained.
- **Process for entering.** The entire campus was locked throughout the duration of my visit. In order to enter, potential volunteers must walk up to a locked gate and be let in by a uniformed security guard. They are instructed to scan a QR code to check in and are then given an approximate wait time and their order in the line to adopt.
- **Unclear process to access services.** There was a lack of clear signage outside the gates of the locked campus and I did not observe any way for members of the public to bring in found pets or pets for owner requested euthanasia or pet surrender.
- **Public service areas.** There was a pet adoption processing center and an administrative processes center for the public. A uniformed guard was present at the entrance to the administrative process center and a greeter was present at the entrance to the adoption center area.
- **Field operations.** The field operations center was at the front of the campus and it did not appear that there were animal housing areas
included in this area, but that it was reserved for office and administrative space.

Intake area

- **Description.** The intake room appeared to be the same size as the behavior office and contained a metal exam table, counters, computers for data entry, a scale, and a refrigerator with vaccines. I asked the staff if they provide vaccines on the animal control trucks or in this room. One management staff member said animals are vaccinated on the truck but other staff members stated they are vaccinated in this room prior to entering the kennel areas.

- **Closed to the public.** I only observed animal control officer intakes in this area, and I believe it is reserved for officers and is not accessible to members of the public who find lost or stray animals.

- **Owner surrender intake waitlist.** According to staff members, there is a three-month wait for owner surrender intake.

Dog housing and play areas

- **No intake kennels.** There were no dedicated intake kennels (kennels designed or utilized explicitly for the purpose of same-day housing of dogs as they are taken in).

- **No medium/large dog medical isolation kennels.** I did not observe any kennel areas for medical isolation of medium or large dogs.

- **Potentially sick dogs in the general population.** I observed medium and large dogs in stray areas and adoption kennels that appeared to be lethargic and several that had yellow discharge in their eyes and/or nose.

- **Dogs known to be sick in the general population.** I observed one dog in the stray area with a sign on his kennel indicating that he was sick and should not be touched.

- **Kennels and dishes are clean.** The kennels were clean and had clean food and water bowls.

- **Kuranda beds not in usable condition.** Most dogs had Kuranda beds but these were flipped upside down in most cases which rendered them
useless for providing comfort and getting pets off the floor. When I inquired about this, the staff member explained it was because the legs get chewed and then the beds become uneven so they flip them over and remove the legs to prevent this. Each kennel had a towel, but these were frequently bunched-up or wet.

- **No enrichment.** I did not observe any enrichment items of any kind in any medium/large dog kennels, though there is a large enrichment ‘office’ with bins full of Kongs, toys, and enrichment items. The staff stated they do give enrichment to dogs.

- **Dogs under one year old cannot leave kennels.** I was told by staff that only dogs over one year of age could leave their kennels due to concerns about spreading disease to younger animals.

- **Most dogs were not co-housed.** I was told by staff that only dogs that enter together could be co-housed due to concerns about disease.

- **More than 15 outdoor kennels were empty.** I saw at least 15 outdoor kennels of various sizes surrounding the kennel buildings. I was told only office dogs were allowed to enter these kennels due to concerns about disease. I did see several office dogs in these cages during the day.

- **Play yards empty.** I learned in the staff meeting that the four, small play yards were for adopters visiting dogs only and that the one large yard was for staff and shelter dogs. Though this was the only yard allocated to shelter dogs, it remained empty for the duration of my visit, except when I ran into a volunteer washing leashes in the yard.

**Dog euthanasia area**

- **Pre-euthanasia holding kennels.** The incinerator is situated next to a series of euthanasia holding kennels. Though I did not get to observe the entire euthanasia process, what I observed and learned from numerous staff members is that the dogs are driven in a Kubota or walked on a catch pole to the euthanasia holding kennels and once all are gathered for euthanasia, they are walked through the door into the euthanasia area where they are euthanized and then disposed of in the incinerator. I heard from multiple staff members that the dogs express anxiety and fear
behaviors once in the pre-euthanasia kennels due to the smell of death from the euthanasia room that is just a few feet from the kennels.

- **Euthanasia room and process.** The euthanasia room itself was clean, though it did smell like dead bodies, likely from the cooler where some bodies are stored. The dogs are lifted onto a metal table and euthanized. When I asked a euthanasia supervisor why they are lifted up onto a table rather than the staff getting on the floor with them, he stated it’s hard for the staff to bend over that much so it’s easier on their bodies to euthanize them on the table. The table was steel with nothing on top of it.

**Medical clinic**

- **Kennels and kennel setup need renovation.** The kennels in the medical clinic areas were all banks in the wall with most kennels only large enough to hold a cat or small dog. The kennels were stainless steel and contained both cats and dogs. One room was reserved for pre-surgery while another was assigned to animals undergoing ongoing medical care in the clinic. There was not a process for giving animals breaks out of these kennels and in dog kennels, I observed just pee pads. In cat kennels, I observed pee pads or small cardboard boxes with strips of newspaper in them instead of cat litter. I observed a small number of cats with litter boxes and litter.

- **Medical animals not receiving adequate care.** I observed numerous animals that appeared to be at best uncomfortable and at worst medically suffering, including two cats with broken jaws, a cat completely covered in dried feces and urine who had been in care more than two weeks, dogs with painful mats that needed medical grooming, a cat whose leg had been wrapped incorrectly and the vet techs had to cut it off quickly because of serious swelling to the foot, and cats that were lethargic and appeared to be dehydrated.

- **Surgery.** I observed on a day a relief vet was doing spay and neuter surgeries. When I entered the surgery area, there was a large, fully intubated dog tied to a table. I stood and observed for five minutes and no one entered the room, though the dog was under sedation. I was getting ready to interrupt a vet tech from their duties when a tech walked in.
Puppies. There were puppies (some that appeared sick and others that appeared to be healthy) in several different areas of the clinic. They were housed in rolling kennel banks both in the clinic and in the regular dog housing areas.

Adoption and foster processes

- **Barriers to adoption and foster placement.** Between my observations and conversations with staff, just a few of the unnecessary barriers to adoption and foster I learned about are:
  - Requirement for dog-to-dog meet and greets (no data to suggest this is necessary)
  - Website language dissuades adopters and makes the process overly complicated
  - Requirements that foster caregivers live in SA (should be case by case basis if anything)
  - Requirements that foster caregivers come to the shelter on weekends to market their pets
  - Hours of foster clinic are limited to two hours in the middle of two weekdays
  - Sign in to que requirement
  - Physical lockdown of property and uniformed guard

- **Medical care to get pets ready to leave.** According to management staff, there are no appointments available for foster pets to get care so they do not want to send more medical pets to foster care. In reviewing the dog foster list provided by management, it appears there are only 50 or fewer dogs in foster homes. Additionally, management staff said they are unable to get vet care needed for adoptable pets with adoption interest.

Areas that need further observations and assessment
- Lost pet reunification process and lost and found reporting
- Intake process for all pets
- Animal control and field services functions and hours of service
- Veterinary protocols and barriers to pets in clinic going to foster
- Allocation of staff time to various operational areas
- Role and number of volunteers and foster caregivers
- Healthy cat areas and operations