ANIMAL HOUSING AND SANITATION

- **How do you protect the perimeter of the property (check all that apply)?**
  - Fence
  - Security/Personnel
  - Cameras
  - Other: __________________________

- **If fencing is used, what is the fence height?**

  _______________________________________________________________
  _______________________________________________________________
  _______________________________________________________________

- **What type of predators (or nuisance animals) present a risk to the animals at your sanctuary/rescue (e.g. venomous snakes, coyotes, wolves, bears, raccoons, etc.)?**

  _______________________________________________________________
  _______________________________________________________________
  _______________________________________________________________

- **How is predator access to animals prevented (e.g. solid roof enclosures, wire mesh extending below surface, etc.)? Please describe.**

  _______________________________________________________________
  _______________________________________________________________
  _______________________________________________________________

- **Have you identified any toxic or harmful vegetation on the property?**
  - Yes
  - No

- **If yes, what is the policy for removal?**

  _______________________________________________________________
  _______________________________________________________________
  _______________________________________________________________

SANITATION

- **Does the sanctuary have cleaning and disinfection standard operating procedures? You will be asked to upload this document in the Required Documents task.**
  - Yes
  - No

- **How are food and water containers cleaned and disinfected? How often are they cleaned?**

  _______________________________________________________________
  _______________________________________________________________
How are tools, implements, and food storage containers cleaned?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If applicable, what steps are taken to prevent stagnation of water sources provided to the animals for swimming/soaking (e.g. pools, tubs)?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Describe the sanctuary’s methods for disposal of sewage, garbage, and hazardous materials.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Where are cleaning supplies stored?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Are all cleaning supplies and food containers labeled?

☐ Yes
☐ No

TEMPERATURE, HUMIDITY, VENTILATION, LIGHTING

What type of lighting/electrical power is available in outdoor spaces?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What type of lighting/electrical power is available in indoor spaces?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Describe any heating and cooling systems used for indoor enclosures (e.g. heat lamps, air conditioning, etc.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What facilities are available for animals not able to tolerate temperatures above or below the normal (e.g. elderly, ill, young animals)?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

NUTRITION

☒ Who is responsible for determining diet and feeding protocols? (check all that apply)

☐ Veterinarian
☐ Executive Director
☐ Animal Care Manager
☐ Other, please explain __________________________

☐ Are dietary protocols made available to personnel who are responsible for feeding?
  ☐ Yes
  ☐ No

☐ Briefly describe your daily feeding routine for your animals. Please include what you feed and how often, by species where applicable.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

☐ How is food intake monitored so that each animal is ensured adequate access?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

☐ How are decisions made concerning diet increases and decreases?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

☐ Are special diets offered, where appropriate? (e.g. senior animals, overweight animals, etc.)
  ☐ Yes
  ☐ No

☐ Explain any other components of a balanced healthy diet that you utilize (supplements, enrichment, etc.).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

☐ Describe the types of drinking water sources available for animals at the sanctuary (e.g. water bowls, automatic water devices, etc.).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

☐ Is water: (check all that apply)
  ☐ Fresh and clean
  ☐ Free of ice in cold weather. How? __________________________
  ☐ Shaded in warm climates
  ☐ Positioned to minimize spoilage
  ☐ Automatic devices checked daily to ensure water is available

☐ Are multiple sources of water available for animals housed in groups?
  ☐ Yes
  ☐ No

☐ When was the last time potable water was tested for contaminants? What were the results?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

☐ How do you store opened bags of food? (check all that apply)
  ☐ In their bags
How do you store unopened bags of food? (if applicable)
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Where do you store produce, if applicable?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Where do you store meat, if applicable?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Is food stored: (check all that apply)
☐ Dry and clean
☐ Refrigerated as needed
☐ Separate from medications
☐ Separate from human food
☐ Dated, with any expired being discarded

VETERINARY CARE

What is the full name of your primary veterinarian?
______________________________________________________________

Is the veterinarian a member of your staff?
☐ Yes
☐ No

If yes, are they part-time or full-time?
☐ Part-time
☐ Full-time

Does your veterinarian have experience and expertise caring for the species at your facility? Please describe.
__________________________________________________________________________________
__________________________________________________________________________________

Is your veterinarian available after hours?
☐ Yes
☐ No

If no, what is the back-up for emergencies?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Where are medical procedures performed at the facility?
__________________________________________________________________________________
What kind of medical facilities are located on the premises?

- None
- Indoor or outdoor space designed to facilitate minor medical treatment
- Full animal treatment area (clinic)
- Other, please explain __________________________

If your veterinarian is not on-site, how often do they come to the facility?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

How far is the nearest veterinary hospital?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

If you do not have a veterinarian on staff full-time, who decides whether to have your veterinarian come to the rescue/sanctuary (or transport the animal to the clinic)?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

To whom and how do staff or volunteers communicate medical concerns about your animals?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

How do you decide whether to proceed with a recommended medical/surgical treatment for any particular animal?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Who at your facility is providing veterinary or medical care? (check all that apply)

- Veterinarian
- Veterinary Technician
- Caregivers
- Other-please list __________________________

Please list which personnel are trained to serve in the case of emergency medical needs in the absence of a veterinarian. What type of training do they have?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Is there anyone other than your veterinarian who performs surgical procedures? If so, under what circumstances?

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

How are animals monitored following surgical procedures or other treatment?

_____________________________________________________________
_____________________________________________________________
Do you have a preventative medicine protocol? You will be asked to upload this document in the Required Documents task.

- Yes
- No

- Who developed your preventative medicine protocol? (check all that apply)

  - Veterinarian
  - Executive Director
  - Animal Care Manager
  - Other, please explain __________________________

- Describe the types and frequency of vaccinations given to animals at the sanctuary.

  _______________________________________________________________
  _______________________________________________________________
  _______________________________________________________________

- Who determines what vaccines are used and how often (check all that apply)?

  - Veterinarian
  - Personnel/caregivers

- Who administers vaccines to animals (check all that apply)?

  - Veterinarian
  - Personnel/caregivers
  - Other, please explain: __________________________

- How are animals restrained for veterinary or other care?

  _______________________________________________________________
  _______________________________________________________________
  _______________________________________________________________

- How is the parasite load of the animals at the facility determined and how often? (check all that apply)

  - Appearance of animals
  - Veterinarian examines fecal samples from random animals
  - Veterinarian examines fecal samples on all animals
  - Caregivers perform their own examination of fecal samples from random animals
  - Caregivers perform their own examination of fecal samples on all animals
  - Fecals are not performed

- How often are anthelmintics administered?

  - Continuous
  - 1X-2X per year
  - 3X-4X per year
  - 5X or more per year
  - Dependent on fecal parasite load determination

- Do you have a written quarantine protocol and procedure?

  - Yes
  - No

- If you do not have a written quarantine protocol and procedure, please briefly describe.

  _______________________________________________________________
  _______________________________________________________________
  _______________________________________________________________
Do you have a separate area for new animal intakes?

- Yes
- No
- Other

If yes, does it have both indoor and outdoor areas? If no, is your quarantine done prior to arrival?

________________________________________________________________________________________
________________________________________________________________________________________

Do you have a separate area for sick or injured animals (separate from new intake quarantine)?

- Yes
- No

How is your veterinarian involved with the intake of new animals?

________________________________________________________________________________________
________________________________________________________________________________________

Please check all of the items that are routinely documented for each animal when applicable.

- Individual animal records showing origin, age, species, gender, identification (microchip number, tattoo, photo), bio, etc.
- Individual veterinary record including lab and diagnostic results
- Reproductive history, if known
- Contraception records
- Weight, current diet and record of diet changes
- Food consumption and preferred food items
- Enrichment dates, items used and animal's response
- Where applicable and appropriate, any positive reinforcement training records showing completed objectives and those in development
- Current and historic enclosure mates, social groups and partners, including response to various phases of introduction and response to other individuals
- Acquisition documents to include permits, importation papers (if applicable), health certificates, etc.
- Welfare assessment for the animals as a whole including measures of: disease prevalence, morbidity and mortality rates, and activity levels
- Inspection reports, as applicable
- Current photo (at least annual or biannual)
- Disposition paperwork (transfer to another sanctuary, euthanasia, death information if other than euthanasia)

MEDICATION HANDLING AND STORAGE

Where are treatment supplies and pharmaceuticals stored?

________________________________________________________________________________________
________________________________________________________________________________________

Do you maintain medications according to law? How often do you check expiration dates?

________________________________________________________________________________________
________________________________________________________________________________________

Do you use expired drugs?

- Yes
- No

If yes, how do you determine if the drugs are safe?
Are any controlled substances kept on the premises in accordance with any applicable laws? If so, describe how and where they are secured to meet the legal requirements (e.g., DEA lock up in the U.S.).

Briefly describe how you record the use of controlled substances.

How are controlled substances disposed of?

Is a refrigerator available to store medications which require refrigeration? If yes, are medications stored in the same refrigerator with food?

BREEDING POLICY AND CONTRACEPTION

What methods of contraception/prevention of breeding are utilized for animals at the sanctuary?

Have there been any births at the sanctuary?

Yes

No

If yes, please explain.

If the sanctuary has a breeding-for-release program, please provide a general description of that program, or indicate not applicable.

ZOONOTIC DISEASE PROGRAM

Have you identified potential zoonotic diseases for which the animals at your facility may be vulnerable?
Have any animals at your facility been diagnosed with a zoonotic disease in the last 5 years? If so, indicate which disease(s).

Do you currently have any zoonotic disease present among the animals at your facility? If so, indicate which disease(s) and the number of animals affected.

How are personnel made aware of the potential risk of zoonotic diseases at your facility?

Are personnel informed when a zoonotic disease occurs at the sanctuary?

Describe any medical tests and health screenings required of personnel at the sanctuary, both before employment begins and after.

Are you informed of and take any measures to prevent or control zoonotic diseases?

EUTHANASIA

Do you have a written euthanasia policy? You will be asked to upload this document in the Required Documents task.

If no written euthanasia policy exists, please briefly describe your policy.

Under what circumstances do you have a necropsy performed on deceased animals? (check all that apply)

Are necropsies performed on-site?

Where do you store deceased animals prior to necropsy/disposal?

WELL-BEING AND HANDLING OF ANIMALS
Describe how new animal intakes are evaluated for behavior and temperament.

Who evaluates new intakes? What training has he/she/they had?

Professional Behaviorist/species expert
Executive Director
Staff
Volunteer(s)
Other

Does the sanctuary have an animal behaviorist on staff or one with whom it consults? If so, describe.

Does the sanctuary have a written enrichment protocol and schedule for the animals? You will be asked to upload this document in the Required Documents task.

Yes
No

If there is no written enrichment protocol and schedule, please briefly describe.

How is behavior of individual animals and groups monitored and recorded?

Describe the protocol for the introduction of unfamiliar animals to each other.

What training methods do you use to address specific behavioral issues?

How are personnel trained to monitor and record behavior of individual animals or groups of animals?

Do personnel have unprotected, direct physical contact with animals? Please explain your policy regarding this.

Who at the sanctuary is trained in chemical restraint?
How and where is restraint equipment stored?

ANIMAL TRANSPORT

Do you transport animals to or from your facility?

☐ Yes
☐ No

If so, do you ensure transports are conducted in accordance with applicable regulations and laws?

☐ Yes
☐ No
☐ N/A

What kinds of transport vehicles/containers/equipment do you use?

Describe the transport vehicles/containers/equipment that you maintain on site, including the number of each.

What are the reasons that animals would be transported off of the property?

☐ Medical and veterinary
☐ Transfer to other facilities
☐ Other, please explain __________________________

Do you provide copies of medical, or other appropriate records for animals transferred to other facilities?

☐ Yes
☐ No

What records accompany transported animals?

ANIMALS BEING RELEASED TO THE WILD

Does the sanctuary have a wildlife release program?

☐ Yes
☐ No

Does the sanctuary have identified release sites? If so, describe briefly how the sites were evaluated and if there are agreements or permits in place for such release.
How many animals have been released since the beginning of the program?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Does the sanctuary have designated pre-release housing for animals?

☐ Yes
☐ No

If yes, please describe.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Are animals at the sanctuary tested and treated for pathogens prior to release?

☐ Yes
☐ No

Describe any post-release monitoring that is done.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________