



Maddie's® Shelter Medicine Program
College of Veterinary Medicine

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May 14, 2009

Mr. Craig Grant
Caboodle Ranch
P.O. Box 299
Ponte Veda Beach, FL 32004

Dear Mr. Grant:

This letter is a summary of findings during my visit to the Caboodle Ranch on the afternoon of May 6, 2009. I was invited to accompany Mr. Jamie Willoughby, Ms. Tina Demotsis, and Ms. Laura Bevin on that day. You granted admission to enter the property, provided us with a tour, and gave permission to collect diagnostic specimens from the cats.

For the most part, cats are allowed to roam freely in a pine forest. Shelter is available in small pet houses or portable buildings. Portable buildings also have stacked wire cages that appear to be used for confining some cats under treatment. Some areas with cooling and heating are available. Most construction materials (wood) are not amenable to adequate disinfection. You explained that daily care of the cats and facility maintenance was primarily your responsibility with occasional assistance from volunteers. The advantages of outdoor free-roaming lifestyle are excellent airflow, normal exercise and socialization, and ample opportunities for an enriched lifestyle. The disadvantages include losses due to predation or road accidents, neighbor complaints, inability to disinfect the environment from infectious feline diseases, and exposure to wildlife (particularly rabies vectors). Perhaps most importantly, unconfined cats are not necessarily regularly available for observation and treatment.

Medical records were maintained off site and were not available for review. You indicated that you generally selected cats for treatment based on their clinical signs and instituted medical therapy based on your suspicion of the cause of disease. Some cats have been presented to local veterinarians for care. If euthanasia is recommended you generally elect to attempt home treatment instead. Daily medical records for cats on treatment at the sanctuary are not maintained. Cats do not have a method of individual



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identification (such as a microchip) and are treated based on your own knowledge of cat identity. It did not appear that standardized protocols were in place for husbandry (feeding, cleaning, disinfection), preventive health care (retroviral testing, vaccination, parasite control, regular physical examinations), or disease management (disease surveillance, diagnostic testing, drug selection, treatment procedures, re-assessment). You expressed that you do not believe in euthanasia and that your normal practice is to continue to provide home care until death or recovery.

We did not make a thorough inventory of cats during our brief visit, and my impressions are based on approximately 100 cats observed in the main sanctuary area. We observed several sexually intact tom cats and you reported that not all cats were tested for FeLV and FIV. Based on the cats that we observed, it appeared that approximately 25% of cats were in outwardly healthy condition and in good flesh (Figure 1). More than half of cats appeared to have upper respiratory infections (Figure 2), approximately a quarter of cats were underweight (Figure 3), and approximately a quarter of the cats had substantial hair loss (figure 4). About 10% of cats that we observed were severely emaciated (Figure 5). Several cats had open wounds or abscesses (Figure 6). Diarrhea was commonly observed in the litter boxes and forest sand. For these reasons, it is my opinion that the sanctuary does not currently meet minimum guidelines for cat health and welfare.

We collected pharyngeal (throat) swabs from 11 cats with signs of upper respiratory disease for PCR testing. We also collected 11 diarrhea samples from litter boxes and the forest floor for fecal flotation analysis and PCR testing. The test results are below.

GASTROINTESTINAL PATHOGENS

T. fetus	Cryptosporidium	Giardia	C. perfringens	Salmonella	T. gondii
45%	0%	64%	18%	0%	0%

Panleukopenia virus	Coronavirus	Hookworm	Ascarid	Tape worm	Grain mite
0%	91%	82%	27%	0%	36%

RESPIRATORY PATHOGENS

Chlamydia felis	Calicivirus	Herpes virus	Bordetella	M. felis
27%	100%	55%	45%	100%

As you can see, there is evidence for widespread transmission of multiple respiratory and intestinal infectious diseases among the cats. Each of these diseases has their own

unique negative impact on quality of life in infected cats. Some of these infections are also a hazard (zoonotic) for people. Grain mites often indicate inappropriate food storage. We would be happy to provide advice toward the development of a treatment and prevention plan for these diseases. It is important to recognize, however, that some diseases are likely incurable (e.g. herpes virus), others are likely to recur due to contamination of the environment or chronic carrier states (e.g. hookworms, calicivirus), and some have poorly effective or no treatment options (e.g. T. foetus, coronavirus).

Following are my recommendations to immediately address the most substantial concerns regarding cat welfare and veterinary needs at Caboodle Ranch. Most of these recommendations were presented to you verbally and in the Order to Show Care on May 6, but not with the level of detail provided here. Additional evaluation, management policies and procedures, and increased staffing are highly recommended to develop an environment suitable for the long-term maintenance of cats with acceptable welfare.

Effective immediately, no additional cats should be admitted to the facility. Many cats are chronic shedders of infectious diseases and the contaminated environment is not possible to disinfect. This means that any newly admitted cats would be susceptible to infection and suffering.

Immediately transport any emaciated or seriously ill cats to a veterinarian for evaluation to include thorough diagnostic testing and a long-term treatment plan, including hospitalization if required. For some cats, humane euthanasia may be the kindest option.

Develop a plan to have all cats examined by a veterinarian within 30 days of our original visit. It may be most practical to have a mobile veterinarian visit the sanctuary for several days until all of the cats have been assessed. We would be happy to provide referrals for mobile veterinarians if you would like. During the examinations, the following procedures should be performed:

- Creation of individual medical records for all cats
- Photo identification
- Implantation of microchip identification
- Complete physical examination, including body weight and body condition score
- FeLV/FIV test
- FVRCP, FeLV, and rabies vaccinations unless solid documentation of current status is available
- Pyrantel pamoate for hookworms and ascarids for all cats and other parasiticides as necessary

- Sterilization status confirmation and arrangement for neutering of any intact cats
- Collection of diagnostic specimens from ill cats
- Veterinary development of treatment plans for all ill cats, including provision of analgesics for painful conditions

In addition, plans should be developed by a veterinarian to assure the following.

- Regular internal and external parasite control for all cats
- Development of a preventive health plan including annual veterinary examinations for all cats
- Isolation to segregate cats with transmissible diseases from other cats
- Disease surveillance
- Appropriate storage and feeding of food to assure freedom from insect contamination, rodent damage, and spoilage by heat and humidity
- Clean fresh water availability at all times

Please do not hesitate to contact me if I can provide any additional information.

Sincerely,



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CC:

Ann Shorestein
 Dr. John Lewis
 Jamie Willoughby
 Tina Demotsis
 Laura Bevin

Figure 1: Healthy cats.



Figure 2: Upper respiratory disease.

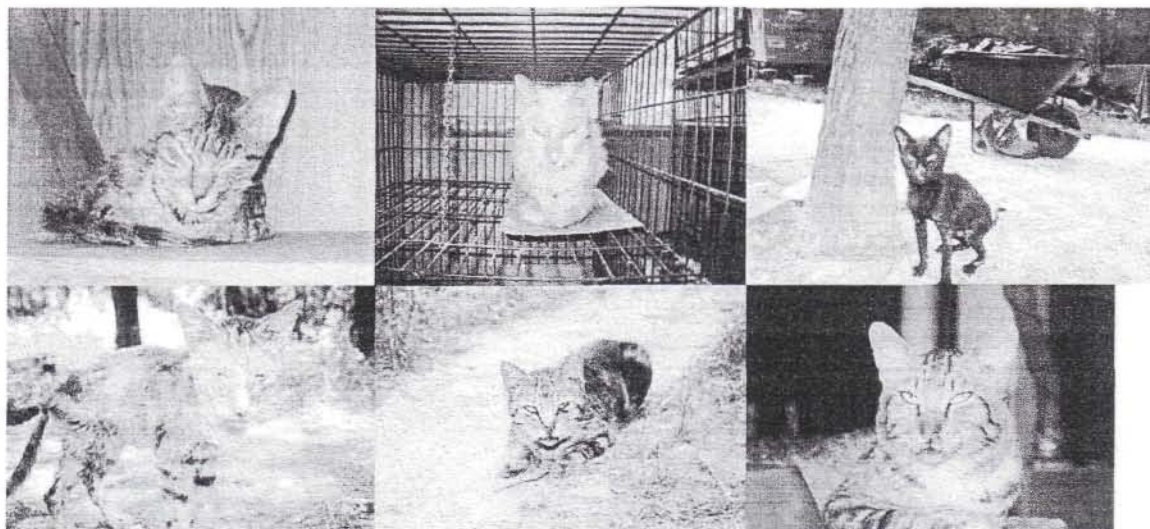


Figure 3: Underweight cats.

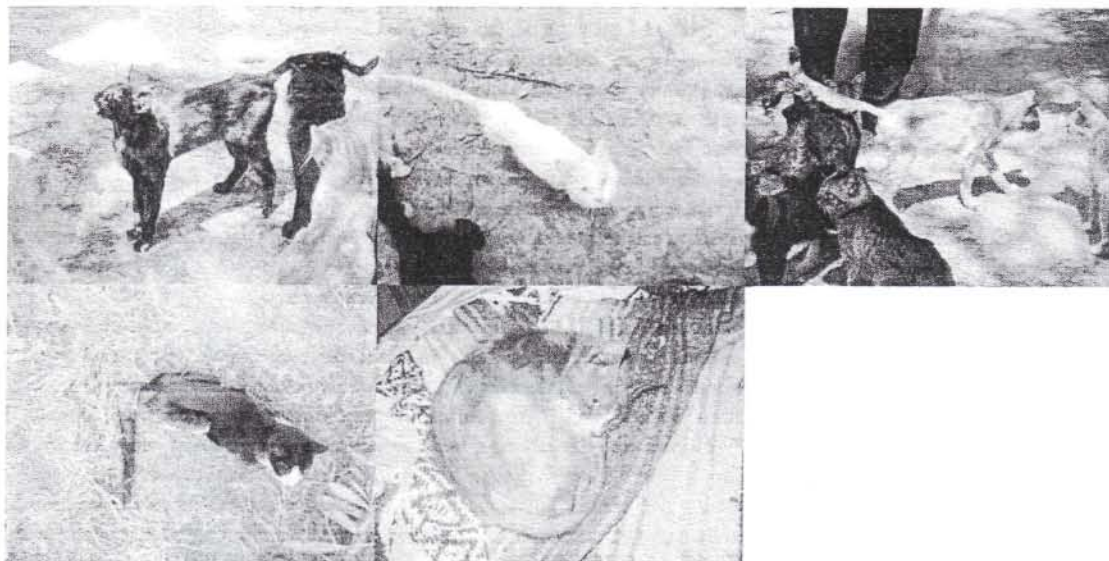


Figure 4: Hair loss.



Figure 5: Emaciated cats.

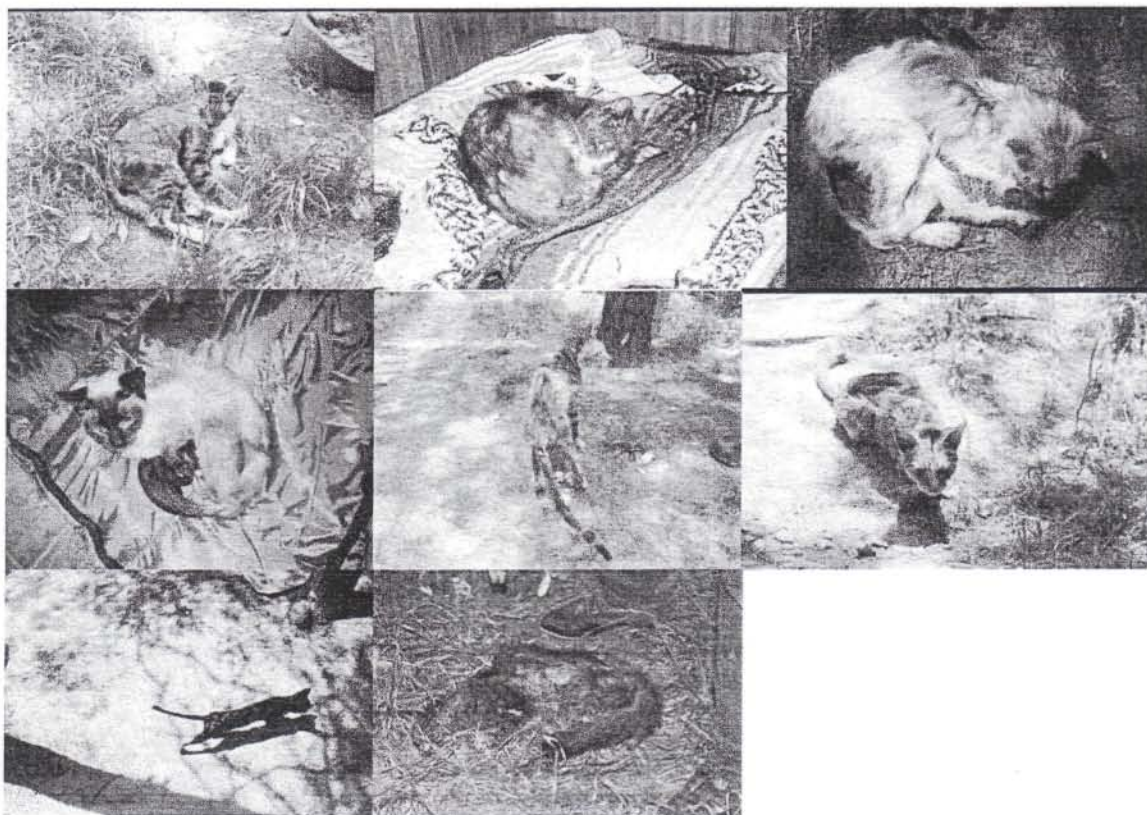


Figure 6: Abscesses and wounds.

