

Forensic Veterinary Statement

On November 12, 2019, I, Dr. Rachel Barton, performed a site visit at Journey's End Animal Sanctuary, Inc. located at 1899 Mercers Fernery Road, DeLand, FL. The visit was at the request of Volusia County Animal Services and with the consent of Florence Thuot, the founder and principal officer of Journey's End Animal Sanctuary. This was my second visit to the site; the first visit was on August 5, 2019. As a veterinarian with 20 years of experience, including 13 years in animal sheltering and welfare, a Master of Science in Shelter Medicine, and a graduate certificate in Veterinary Forensic Sciences, I performed a walkthrough of the entire facility, spoke with the staff, observed the operations and daily care and reviewed the veterinary medical care provided to the animals on-site. Prior to this visit, I also had the opportunity to review medical records from multiple veterinarians who had examined animals residing at Journey's End Animal Sanctuary.

I arrived at 1899 Mercers Fernery Road in DeLand, FL at approximately 7:45 AM on November 12, 2019. My site visit was scheduled to begin at 8:00 AM, so I parked outside the privacy fence and waited until my scheduled time to proceed on scene. Upon arrival on scene, there was some confusion about who would be escorting me through the property and there was a slight delay in beginning my walk through. Once the confusion was resolved, I was escorted through the property by different staff members and/or volunteers. None of the original staff that I had seen on my initial visit in August 2019 were present. When I asked about them, I was informed they no longer worked at the facility. I was allowed access to all areas (except for Building F, as it was reported to be a private residence for an individual not on-site).

I departed from 1899 Mercers Fernery Road, DeLand, FL at approximately 11:45 AM on November 12, 2019.

Scene Findings:



Photo DSCN1319 – View of property from the entry gate.

Upon entry onto the property, numerous outbuildings were noted, as well as a large pasture. The following structures had previously been identified on my initial visit to the site.

1) Main Building – This building, originally a single-family home, served as the primary animal housing area. It also served as the primary residence for Florence Thuot. Numerous rooms in this building house animals.

- a. “Game Room” – This room serves as the primary entrance to the Main Building. As noted on my previous visit, there was a strong odor of ammonia which caused immediate respiratory tract irritation upon entry into the room; this had not improved since my first visit. This room is where Ms. Thuot stated she spends most of her time. Ms. Thuot stated there were 9 dogs residing in the “Game Room”, however only 8 dogs were observed in the room. Ms. Thuot stated that a dog named “Daisy” had a veterinary appointment that morning and they were getting her ready to leave. While I was talking with a staff member, my assistants (Katie Watson – veterinary technician, and Katrina Lesser – veterinary student extern) both observed the staff carrying “Daisy” quickly through the room to the outside. They both noted the dog appeared paralyzed in the hind legs and that she was wearing a diaper. They noted that the diaper had partly slid down and they saw a very large area of severely irritated skin that looked like it may be an extensive pressure sore. I did not have the opportunity to see this dog myself as she was moved out of the building while I was occupied in conversation with a different staff member. When asked about which dogs needed their bladders expressed, the staff member escorting us through this area said that was a different staff member’s job and they were unable to answer my questions. They also were unable to tell me which medications the dogs were receiving; again, this was reported to be someone else’s job. On my previous visit, I was informed that many of these dogs suffered from recurrent urinary tract infections. A review of the medical records obtained from veterinary facilities utilized by Ms. Thuot revealed that there were numerous animals with extensive histories of recurrent urinary tract infections.



Photo DSCN1353 – The clutter in the room had been reduced, however, the room was still generally cluttered. There was still dust present on the windowsills and decorations throughout the room, especially those higher up.



Photo DSCN0494 (left, taken 8-5-19) & DSCN1344 (right, taken 11-12-19) – While some of the cobwebs and dust had been cleaned up, there was still evidence of mold/mildew growth on the walls.

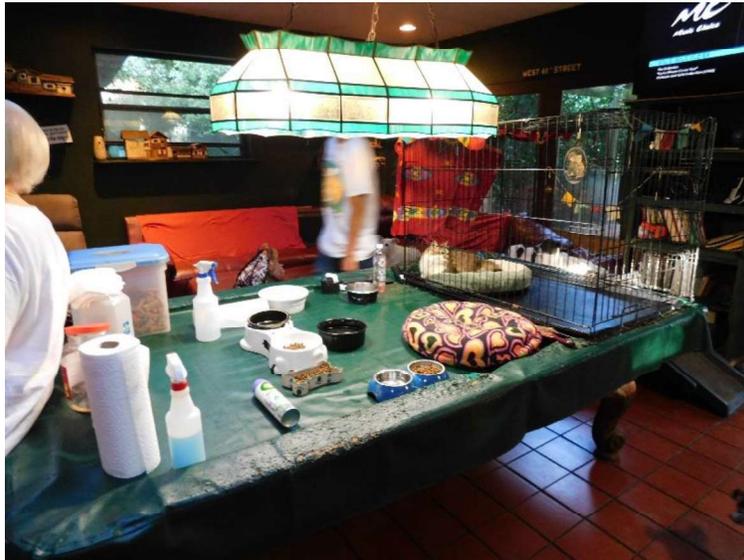


Photo DSCN1341 - There was still a large pool table in the center of the room containing several bowls of cat food and water, as well as various cleaning supplies. There was also a cat confined in a wire animal kennel on the pool table.



Photo DSCN1342 – Brown tabby and white cat that was confined in the wire crate on the pool table. Note the lack of access to food, water or a litterbox. When asked why the cat was in the kennel, staff stated it lived there because it was “wobbly”. When asked where the cat used the bathroom, staff pointed to a litterbox in the “tub room”. When asked how the cat got to the litter box, staff said “she does alright.”

Concerns

- Ammonia levels are still substantial enough to cause respiratory and ocular irritation. Chronic exposure will cause damage to the airways predisposing to respiratory illness.
- Evidence of recurrent bladder infections in multiple animals based on review of veterinary medical records obtained from veterinarians used by Ms. Thout. I have concerns that these are still on-going issues from many of the dogs in this room. My questions regarding

expressing of bladders could not be addressed by the staff escorting me through the facility. Many staff indicated they were recent hires, and still learning about the job. An overfull bladder can cause considerable discomfort and unnecessary suffering. In addition, this can predispose the animal to urinary tract (bladder) infections. The recurrent infections mentioned by the staff may be the result of inadequate bladder expression.

- b. “Tub Room” – This space connects to the “Game Room” and animals can come and go at will, unless the staff puts up a board to prevent animal movement. This room was used for bathing, expressing bladders, food preparation, dish cleaning and is also where some of the medications are stored and prepped.



Photo SDCN0520 (left, taken 8-5-19) and DSCN1355 (right, taken 11-12-19)– The “Tub Room” was still cluttered, disorganized and filthy; the floors were visibly dirty, with dust and grime covering most upper surfaces. Note that bottles of cleaning chemicals are on the ground and accessible to the animals present in the room.



Photo DSCN1359 – The medication cabinet in the tub room was not locked. No expired medications were found within this cabinet and the roach feces had been removed.



Photo DSCN0423 (left, taken 8-5-19) and Photo DSCN1365 (right, taken 11-12-19) – The 6-drawer chest of drawers located in this area and been emptied of medications. This is where numerous expired medications were found on my first visit on 8-5-19.

Pharmaceutical Concerns

- No controlled drugs were observed. When asked where controlled drugs were kept, staff stated they were in a safe that only two people know about, and that they could not show me the safe.
 - Numerous empty medication bottles were found. Staff could not tell me if the animals should still be under treatment.
 - There were still no written or electronic records for animals receiving treatment nor documentation of treatments administered. Staff stated they were working on writing medication needs on a dry erase board in each room in the facility. They did not indicate any method for actually documenting that each animal received each treatment that it was supposed to be receiving.
 - There were still numerous drugs prescribed for animals at Journey’s End, which had not been completed. Staff could not tell me why many of these medications were not finished. In some cases, they indicated the animal may have died before treatment was complete, but in others they admitted they did not know why the medications were not finished. Either the course of treatment was not completed as prescribed by the veterinarian, or the animal did not live to complete treatment and the staff could not remember. The continued lack of animal records prevented the staff from having this information.
- c. “Sassy’s Room” – This room housed 16 cats (one more than on my previous visit). Cats were allowed to free roam in the room. There was a strong ammonia/urine odor upon entering this room. The room also contained a new enclosed cabinet that was also used for food storage (this replaced an open shelving unit that was being used for food storage on my previous visit). Four litterboxes were available for

community use by the cats in this room. All four litterboxes were in a row against the wall (no longer under the bed). Two dry food bowls and two water bowls were found in different locations in the room. There were numerous cat tower structures, which provided multiple levels for resting/hiding. The majority of the towers were covered in carpet. Several soft cloth beds were provided around the room as well. Various toys were scattered around the room.



Photo DSCN1366 (left) & DSCN1367 (right) – View of Sassy’s Room. Note litterboxes are no longer under the bed. Litterboxes had recently been cleaned and did not contain any urine or feces.



Photo DSCN1438 (left) & DSCN1439 (cropped) – While many of the cat beds had been cleaned since my previous visit, dried/crusted diarrhea stains (circled areas) were also found on several cat towers in the room.



Photo DSCN1416 (left) and DSCN1431– The bathroom en-suite to “Sassy’s Room” had been decluttered but was still generally filthy with fly activity (pupae and adult flies were noted). A sour smelling mop was in the tub. The toilet had fecal material and toilet paper floating in the bowl, along with scum around the bowl and rim. The room had several plastic bins containing bags of animal food. No litterboxes were present in the room. Expired animal medications were found in the drawers in the bathroom cabinet.

Animal Concerns



Photo DSCN1373 (left) & DSCN1374 (right) – Cat with bilateral hindlimb paralysis (legs are noted by red arrows, tail by yellow arrow). Note abnormal angle of the legs as the cat is at rest (left) and in motion (right). Staff indicated this cat was named “Prince”.



Photo DSCN1387 - Close up of hind end of cat in previous picture. Note the clumpy matted fur on the hind legs. As noted on my previous visit, the fur on the hind end of the body was still urine-soaked. Staff indicated this cat was bathed when necessary.



Photo DSCN0634 (left, taken 8-5-19) & DSCN1398 (right, taken 11-12-19) – On my previous visit this cat was found to be severely dirty with secondary skin inflammation. On this visit, she was less dirty, but still had feces matted on her feet and irritated skin (dermatitis) from chronic exposure to feces and urine. She was also very itchy and was noted chewing at her skin and pulling out her fur during this visit. Staff indicated they bathed her every few days and that she was not due for a bath yet. Staff indicated this cat was named “Cookie”.



Photo DSCN1403 – Same cat as in previous pictures. Note the fecal matter on the feet and legs (red brackets). These areas should all be white in color. The fecal material on her feet and legs suggests she continues to suffer from diarrhea (3 months after my initial visit). Cats with normal formed feces do not get fecal material matted on their fur in this manner. Staff indicated none of the cats in this room were being treated for diarrhea.

Additional Concerns

- Unsanitary food storage in a bathroom used by humans. While the food had been moved into plastic bins, it was still being housed in a bathroom. Food should not be stored in an area where it may come into contact with fecal material, even human fecal material, as there is a risk of disease transition.
- d. Office – This area is used for administrative work, and houses animals. It connects with a kitchen and dining area. There was a strong odor of urine upon entering this room. The space was less dusty than on my previous visit. There was still extensive animal hair and grime on the floors, especially in the corners and behind and under the furniture. The dog beds were dirty and the sheet covering the couch was stained. The room was still extremely cluttered and disorganized. Electrical cables and cords were still dangerously exposed where animals could become entangled and/or chew on the cords. Four dogs and three cats were seen in this area.



Photo DSCN1445(left) & DSCN1454 (right) – The office. Note the clutter and disorganization.

Animal Concerns



Photo DSCN1458 (cropped) – On my previous visit, this dog was noted to be severely pruritic (itchy) with evidence of chronic skin problems. On this visit, the fur had been recently clipped down. There was still hyperpigmentation of the skin (darkening of the skin associated with chronic inflammation), however, the skin appeared less irritated than on my first visit. Staff could not tell me what medications he was currently receiving as the staff member in charge of medications was unavailable to answer questions. Staff indicated this dog was named “Clyde”.



Photo DSCN1446 – Staff indicated this dog was “grumpy and doesn’t like to get up.” When asked if he had any medical conditions, or was under treatment, staff said they were not sure. The person in charge of medications was not available to ask. This dog was seen laying in the exact same location on my last visit. At that time staff indicated the dog had cataracts in both eyes and was deaf. The staff indicated this dog was named “Ebenezer.”



Photo DSCN1453 – As noted on my previous visit, this dog had uncontrolled glaucoma in both eyes. Glaucoma is a painful condition that can result in blindness if not properly treated. Staff indicated this dog was receiving medications for the glaucoma but could not tell me when she was last evaluated by a veterinarian. Glaucoma is a painful condition and if the medication is not providing adequate control of the pain, then surgical removal of the eye is warranted to prevent on-going, unnecessary suffering. A review of the medical records from Animal Eye Associates indicated that the dog has responded well to treatment and had normal eye pressures at his recheck on 9-11-19. Staff indicated this dog was named “Dublin.”



Photo DSCN0699 (taken 8-5-19) – This dog was no longer present at the facility. On my previous visit, staff indicated the dog had a cancerous mass on her spleen that had doubled in size at the last veterinary exam. Staff had indicated the primary plan was to wait until her splenic mass ruptured open and she bled to death. On this visit, when I asked about the dog, the staff indicated they were not sure what happened to the dog, but they thought she had died within the last few months. I asked if she was euthanized or died on her own; staff indicated she was not euthanized. Allowing an animal to die by bleeding to death is inhumane. By their inactions, this dog suffered unnecessarily.

- e. Kitchen – This kitchen was attached to the office and dining spaces. Staff indicated the kitchen was used for food preparation for animal and human food. They also stored some medications here. There was no longer a litter box in the kitchen. There was clean newspaper on the floor, suggesting that one or more animals were allowed to urinate and/or defecate in the kitchen. This is unsanitary; animals should not be allowed to urinate and/or defecate in area where food is prepared and medications are stored and prepped for administration.



Photo & DSCN1464 (left) & DSCN1470 (right) – Medications were stored in a cabinet in the kitchen. Note that many of the medications were still in filthy bottles with illegible labels (note brown, chunky dried material on bottles in the picture on the right).



Photo DSCN1466 (left) & DSCN1467 (right) – Medications stored in the kitchen. Note the bottles are filthy and the prescription label is illegible (cannot read patient name, drug name, directions for administration or expiration date of drug). Staff stated they just know what the dog is supposed to get. Given that there are no written or computer records regarding animal treatments, these illegible containers strongly increase the risk that an animal will not receive much needed treatment, or worse, that an animal receives the wrong medication causing illness or even death.



Photo DSCN1473(left) & DSCN1475 (right) – Staff indicated the microwave in the kitchen was primarily used for cooking human food. There was evidence of fly activity in the kitchen, including pupae and live and dead adult flies. Numerous dead flies were noted inside the microwave (red arrows).

- f. The dining area was located to the south of the kitchen and office and connected to both spaces. There was a wooden board blocking the doorway between the kitchen and the dining area.

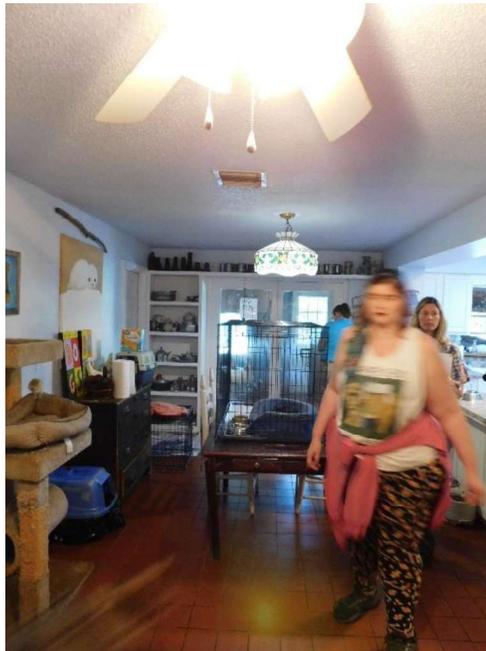


Photo DSCN1482 (left) & DSCN1481 (right) -The dining space was still cluttered. There was no longer newspaper scattered across the floor. A single black cat approximately 4 months in age was housed in a wire crate on the dining room table. The cat had a clean litterbox, food, water and a bed in the kennel. This housing space is inhumane for long term housing; it violates accepted guidelines for humane housing. Cats must have a place to hide; this enclosure does not. The enclosure must have enough space for the cat to make normal postural adjustments (including stretching and extending the limbs); this enclosure does not. In addition, the animal must be able to sit, sleep and eat away from the area of its enclosure where it defecates and urinates; the bed is right next to the litterbox and the food is too close to the litterbox as well. The litterbox must be big enough to comfortably accommodate its entire body; this litter box is too small. Staff indicated this was a feral kitten that they were attempting to socialize by keeping isolated in this kennel in the center of the room. Keeping animals in isolation is inhumane and will not “socialize” them. Socialization is best done in a home setting where the animal can have routine interaction with humans and/or other animals.

- g. Living Room (“Bobby’s Room”) – This was a living room that serves as housing for a single dog called “Bobby”. There were four pee pads on the floor in the room, suggesting that the dog was expected to urinate and/or defecate in the room. This also suggests that he was not provided adequate access to outdoor spaces to allow him to go to the bathroom outside.



Photo DSCN0744 (left, taken 8-5-19) & DSCN1485 (right, taken 11-12-19) – This dog was still housed in isolation in the living room. As on my first visit, he was desperately soliciting human interaction and was so frantic that he would not sit still long enough to allow me to take a focused picture. Staff indicated that the dog was still housed in isolation due to aggression towards other animals. Staff indicated they try to spend time with him every day, if they are not too busy taking care of the other animals. As previously noted, aggression is a dangerous behavioral problem that can have many root causes including fear, territory defense, frustration or even medical problems. Aggression is complex to diagnose and challenging to treat. To properly address “Bobby’s” aggression, a veterinarian and professional behaviorist with experience treating canine aggression should be consulted. It is important to note that some cases of aggression cannot be safely treated. Simply locking the dog away and limiting his contact with humans and other dogs does nothing to address his behavioral issues and is likely contributing to a very poor quality of life. In fact, the long-term isolation and limited contact with humans, (which he so desperately wants), is likely worsening his behavioral issues. In addition, the lack of appropriate enrichment in his enclosure can result in boredom and increased frustration. The conditions in which this dog is being kept are inhumane and are resulting in unnecessary suffering.

- h. Bedroom called “Rabbit Room” – Staff indicated they used to house rabbits in this room. Currently the room is housing a nursing mother cat with three kittens. There was a strong odor of urine when we entered the room.

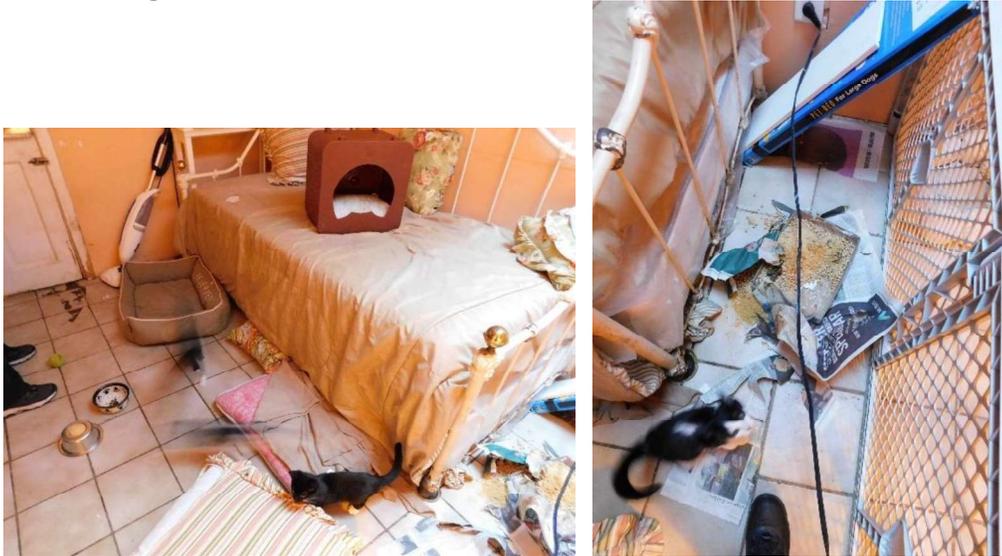


Photo DSCN1492 (left) & DSCN1489 (right) – View of the “Rabbit Room.” The room was dirty, cluttered and there were exposed electrical wires where the kittens could have become entangled or chewed resulting in injury or death. When we first entered the room, a staff member quickly walked to the one (and only) litterbox in the room and covered the box up with newspaper. When I removed the newspaper on top of the litterbox, I noted that the litterbox was inadequately small for four cats to use, and there were multiple areas of diarrhea in the litterbox (no normal feces was seen in the litterbox). The newspaper underneath the litterbox was soaked in urine which indicates either the litterbox was not clean enough for the cat to want to urinate in the box, or that the box was too small, and the cat was attempting to urinate in the box, but hung over the edge.

- i. Hallway between dining area and the bedroom referred to as “Junior’s Room.”

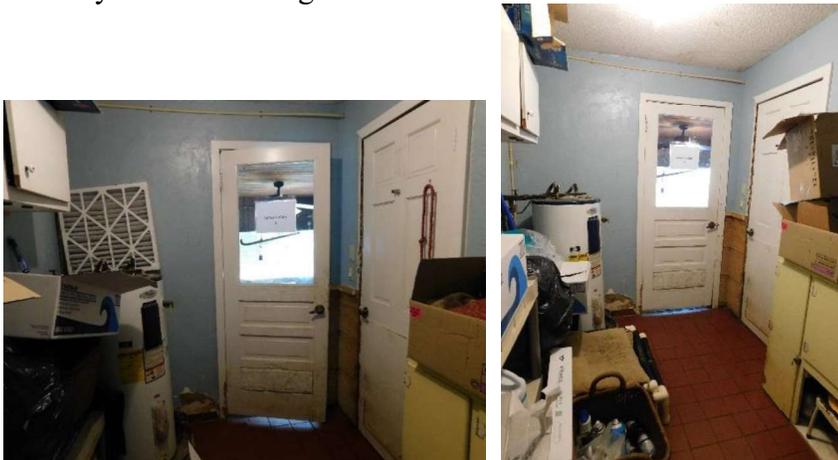


Photo DSCN0781(left, taken 8-5-19) & DSCN1519 (right, taken 11-12-19) - The hallway was still filthy, cluttered and in general disrepair.

- j. Bedroom referred to as “Junior’s Room.” This bedroom housed a dog in isolation referred to as “Junior.” Staff indicated that they just bought a new mattress to replace the old one that the dog had destroyed.

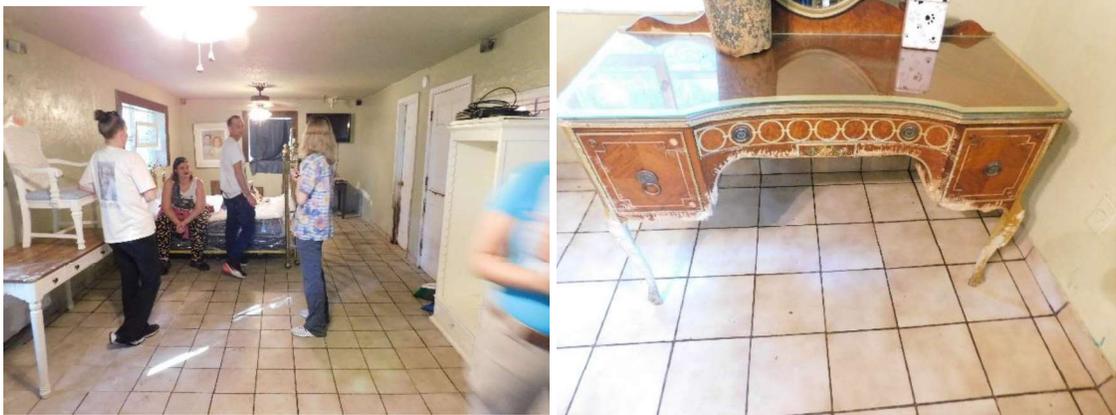


Photo DSCN1505 (left) & DSCN1506 (right) – Views of “Junior’s Room.” There was still no enrichment in the form of chew toys or food puzzles provided for the dog. Staff indicated he continues to chew on the furniture in the room. In the photo on the right, note the entire bottom of this vanity has been chewed by the dog (areas of white discoloration are from chewing where the outer, stained surface has been destroyed; the entire piece of furniture should be a darker brown color).



Photo DSCN1508 (left) & DSCN1409 (right) – The closet in “Junior’s Room” was disorganized and contained a box (red circle on picture on left, closeup in picture on right) with numerous expired medications. Many of the medications appeared to be

the same expired medications that I noted on my previous visit on 8-5-19. A roach was noted on top of the medications (yellow arrow).



Photo DSCN1501 – The dog called “Junior.” Staff indicated that the dog was still housed in isolation due to aggression toward other animals and humans. On this visit, the dog did interact with multiple staff members soliciting attention. The dog continued to be cautious of unknown people. Aggression is a dangerous behavioral problem that can have many root causes including fear, territory defense, frustration or even medical problems. Aggression is complex to diagnose and challenging to treat. To properly address “Junior’s” aggression, a veterinarian and professional behaviorist with experience treating canine aggression should be consulted. It is important to note that some cases of aggression cannot be safely treated. Simply locking the dog away and limiting his contact with other animals or humans does nothing to address his behavioral issues and is likely contributing to a very poor quality of life. In fact, the long-term isolation may be worsening his behavioral issues. In addition, the lack of appropriate enrichment in his enclosure can result in boredom and increased frustration. The conditions in which this dog is being kept are inhumane and are resulting in unnecessary suffering.

- k. 4-Season Porch – This area housed two senior dogs. Staff indicated both had joint problems and were receiving treatment.



Photo DSCN1522 (left) & DSCN1528 (right) – The 4-season porch was less cluttered than on my previous visit. Two water bowls and one food bowl were

present in the room. The floor was wet and appeared to have been recently mopped, however the room still had a stale urine smell. A wooden dresser (noted in the lower right hand corner of the photo on the left, and in the closeup photo on right) was found to contain numerous prescription and non-prescription medications, primarily heartworm and flea/tick preventatives, but also joint supplements. Many of these medications were expired.

Animal Concerns

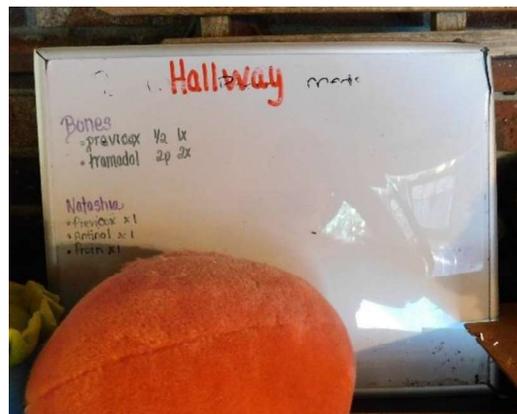


Photo DSCN1527 (left) & DSCN1555 cropped (right) – This dog, who staff indicated was named “Natasha”, had difficulty getting up from laying down and had marked muscle wasting in her hindlimbs. She also walked with a very stiff and hunched posture, suggesting she was painful and may have arthritis. Staff stated she was receiving laser treatment but was not on any medications. However, when reviewing the dry erase board in this room, it appears she was supposed to be receiving a pain medication, a joint supplement and a medication for urinary incontinence. This discrepancy was concerning; either the dog was not receiving needed medications, or the staff accompanying us on our tour was providing inaccurate information.



Photo DSCN1526 - Staff indicated this dog was named “T-Bone”, however on the white board he was called “Bones”. This dog was obese with a body condition score of 8/9. He did not move from this couch the entire time we were in the room. Whether this is because he was fearful of the new people in the room, or because he was too painful to move is unknown. White board the room indicated he was receiving two pain medications.

1. Pool House – The pool house connected directly to the main house via the 4-season porch. This area consisted of several rooms which housed several animals. The wooden furniture in the room had numerous chew marks from the dogs. The door frames were also damaged from being chewed/scratched. This type of damage suggests severe behavioral issues which may include anxiety and frustration. There were not obvious toys or enrichment provided in the space.
 - i. Pool House Living Room



Photo DSCN0815 (left, taken 8-5-19) & DSCN1556 (right, taken 11-12-19) – View of the pool house. The area was still cluttered and dirty. Three dogs were still housed in this space, one of which was aggressive to humans.



Photo DSCN1563 cropped (left, taken 11-12-19) & DSCN0817 cropped (right, taken 8-5-19) - When asking the names of the animals in this room, staff stated there were three dogs, “Zoey” (a brown bulldog-type dog), “Buck” (a tan mix-breed dog with a grey muzzle) and a dog that was white mostly white with tan spots. Staff did not know the name of this white dog and stated she may be new. My records indicate that this dog was present on my initial visit (photo on right). This discrepancy is concerning; it appears that the staff escorting us was not able to provide accurate information in response to our questions.



Photo DSCN1562 – On my initial visit, staff stated the dog named “Buck” was aggressive towards new people and the dog had to be restrained by the staff member to allow me to enter the room. During this visit, the dog was not restrained when I entered the room and allowed me to move freely through the room. He exhibited fear-based avoidance behaviors. Staff stated he was not receiving any behavioral modification or treatment to address his fear. Unlike “Bobby” and “Junior”, “Buck” shared his living space with two other dogs and was not suffering in solitary housing.

- ii. Bedroom called “Gabe’s Room”.



Photo DSCN1567 – A single dog named “Gabe” was housed in solitary confinement in this room. The room had recently been moped, however, there was a stale urine order in the room. Staff stated the dog was aggressive to other animals and humans. Aggression is a dangerous behavioral problem that can have many root causes including fear, territory defense, frustration or even medical problems. Aggression is complex to diagnose and challenging to treat. To properly address “Gabe’s” aggression, a veterinarian and professional behaviorist with experience treating canine aggression should be consulted. It is important to note that some cases of aggression cannot be safely treated. Simply locking the dog away and limiting his contact with other animals or humans does nothing to address his behavioral issues and is likely contributing to a very poor quality of life. In fact, the long-term isolation may be worsening his behavioral issues. In addition, the lack of appropriate enrichment in his enclosure can result in boredom and increased frustration. The conditions in which this dog is being kept are inhumane and are resulting in unnecessary suffering.

- iii. Laundry room off “Gabe’s Room” – This room connected to a bathroom and housed two dogs, “Thelma” a social, tri-colored mix-breed dog, and “Louise” a fearful, tan and white mix-breed dog.



Photo DSCN0861 (left, taken 8-5-19) & DSCN1580 (right, taken 11-12-19). The laundry room was filthy and in disrepair. Bottles of cleaning chemicals were on the floor where the dogs could have access (red arrow). Newspapers were placed across the floor which are a trip hazard.

- iv. Bathroom attached to the Laundry Room. Bathroom was filthy and in disrepair.



Photo DSCN0866 (left, taken 8-5-19) & DSCN1572 (right, taken 11-12-19)– The bathroom was still filthy and in disrepair. The shower had clearly not been used in quite some time. The linen closet served as a dog bed and the walls were filthy with body oils and debris.



Photo DSCN0872 (left, taken 8-5-19) & DSCN1575 (right, taken 11-12-19) – The linen closet was still cluttered and contained at least 10 wooden boxes of cremated remains of animals.



Photo DSCN1577 – Medications were kept in a medicine cabinet in this bathroom. When asked why some of the medication bottles were upside down, the staff member in charge of giving meds stated those were the medications that the dog has finished. He was keeping the bottles so he knew what the dog had already taken in the past. This underscores the need for written or computerized records for all of the animals, including their medical histories, as well as records of what treatments have been administered.



Photo DSCN1574 cropped – The two dogs housed in this area had caused extensive damage to the walls. This type of damage suggests severe behavioral issues which may include anxiety and frustration. The dogs had a been provided with a few toys. “Louise”, pictured here, cowered in this closet the entire time we were in the room.

- v. Bathroom en-suite to “Pee Wee Room”. This bathroom was cluttered and filthy.



Photo DSCN0824 (left, taken 8-5-19) & DSCN1602 (right, taken 11-12-19) – Bathroom was cluttered and filthy. There was a litterbox in this room that had recently been cleaned; there was no urine or feces in the litterbox.



Photo DSCN1604 (left) & DSCN1606 (right) – The medicine cabinet in this room contained animal medications with illegible labels (middle bottle in right photo), as well as expired medications (green bottle in right photo expired 5/2/2017).

- vi. Bedroom referred to as “Pee Wee Room”. Three small dogs and three cats were housed in this room. On my previous visit, staff stated all the cats in this room were infected with feline leukemia virus. During this visit, staff

stated only the three-legged cat was infected with feline leukemia virus. This room had also been recently mopped, however, the floors still appeared dirty and there was a strong odor of urine in the room. The litterbox had been recently cleaned and did not contain any urine or feces.



Photo DSCN1612 (left) & DSCN1615 (right) - View of "Pee Wee Room". Newspapers were on the floor and there was a puddle of urine (red circle) on the newspapers. Expired medications were also found in the dresser in this room.

Animal Concerns



Photo DSCN0840 (left, taken 8-5-19) & DSCN1628 (right, taken 11-12-19) – Staff reported this dog was named “Louie”. On my previous visit he was found hiding under furniture in the corner of the room. On this visit he was also found hiding under the furniture. This dog is not well socialized with other dogs or humans and exhibited fearful avoidant behavior. Staff indicated he was not receiving any behavioral enrichment or modification to attempt to reduce his fear. On my previous visit staff stated he had a heart condition and was on medication for his heart.

- 2) Building A- Referred to as “Mary’s Motel” by the staff. This building was a single room 4-season shed with working electricity and a composting toilet. On my initial visit, the staff stated this building had been brought in to provide a place for Ms. Thuot’s daughter to stay when she visited, as she refused to stay in the house due to its condition. Staff stated the daughter no longer visited due to the poor conditions on the property. No animals were housed in this building on my initial visit. On my second visit, we found five cats in poor health housed here. Staff did not accompany us into this building.



Photo DSCN1314 (left, taken 8-5-19) & DSCN1817 (right, taken 11-12-19) – Exterior of Building A. There was general clutter on the porch and around the shed. Some of the debris was the same, but much of it was new.



Photo DSCN1308 (left, taken 8-5-19) & DSCN1812 (right, taken 11-12-19) – Interior of Building A. On my initial visit, this room was set up as a human living space. There was a bowl of food and water in this building, but no animals were found inside the structure. On this visit, there were five cats housed in this building. There was a strong odor of urine and feces when entering the enclosure. The room was filthy, with plates with old, dried-out canned food, a dirty litterbox with diarrhea and bedding stained with diarrhea and vomit. Clean water and dry cat food were present in bowls in the room. There were also numerous exposed electrical wires which are a hazard.



Photo DSCN1791 (left) & DSCN1800 (right) – Only one litterbox for all five cats was in the building. The litterbox contained several piles of diarrhea, and one semi-formed pile of feces. One litterbox is inadequate for five cats. Experts recommend having one more litterbox available than there are cats; in this case, there should be six litterboxes available for these five cats. Diarrhea can be a sign of serious illness. It can also be caused by parasitism, poor nutrition, poor sanitation, overcrowding and stress.



Photo DSCN1792 cropped (left) & DSCN1808 (right) – The cat beds and cat towers were filthy with spots of dried diarrhea (red arrows) and other brown fluids (yellow circles arrows; possibly diarrhea, vomit or urine).



Photo DSCN1794 cropped – The black and white cat in this picture was underweight and had a body condition score of 3/9. He also had marked hair loss on his back, abdomen, hindlimbs and tail; there was also significant inflammation of his skin (dermatitis). He also was scratching at himself suggesting he was itchy.



Photo DSCN1805 – This brown tabby with white cat was notably underweight with a body condition score of 2/9. He had a head tilt to the right side. A head tilt can be an indication of disease within the ear, or within the brain.



Photo DSCN1813 – The black cat in this picture is notably underweight with a body condition score of 3/9. Note the abnormally narrow waist, especially compared to the Siamese cat in the picture who was still underweight with a body condition score of 4/9.



Photo DSCN1798 cropped (left) & section indicated by red box enlarged (right)– The Siamese mix cat in this picture was underweight with a body condition score of 3/9. Note the dried vomitus on her bed (red box & arrows).

- 3) Building B – This was a small wooden shed structure in the goat enclosure. On my initial visit his areas housed two goats. It now contained two goats and two juvenile sheep.



Photo DSCN1662 – Goat Enclosure with small wooden structure providing a roof and three walls with a dirt floor. Sheep and goats are grazing animals and as such, they normally graze for 6 to 8 hours per day. This enclosure has no grass or browse available and did not provide any opportunity for normal grazing behavior. There were 5 feed pans and 1 automatic watering bucket with fresh water.



- 4) Photo DSCN1671 cropped (left) & DSCN1672 cropped (right) – The new juvenile sheep. Staff indicated the sheep did not have any medical problems and they took them in because they needed a new home.

- 5) Building C – This was a shed that contains a carport area, a tool shed, and a single air-conditioned room that houses one dog who the staff referred to as “Journey.”



Photo DSCN1645 – Exterior of “Building C.” Carport was still cluttered.



Photo DSCN1080(left, taken 8-5-19) & DSCN1082 (right, taken 8-5-19) – Refrigerator in carport was used to store animal and human food items. On my initial visit, the interior space was filthy, containing dirt, debris, insect feces and rodent feces.



Photo DSCN1649 (left, taken 11-12-19) & DSCN1648 (right, taken 11-12-19). The refrigerator and freezer had been cleaned since my previous visit.



Photo DSCN1663 – View of the tool shed (double doors on left) and “Journey’s” enclosure (single door on right).



Photo DSCN1188 (left, taken 8-5-19) & DSCN1660 (right, taken 11-12-19) – Tool Shed was more cluttered and disorganized than on my previous visit.

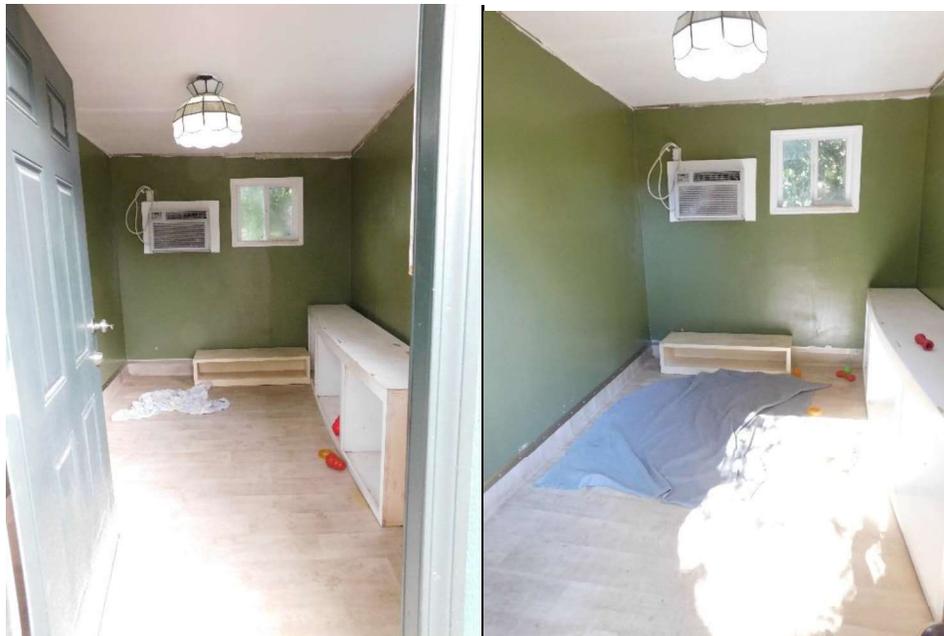


Photo DSCN1291(left, taken 8-5-19) & DSCN1664 (right, taken 11-12-19)– Solitary housing room for “Journey.” There was no significant change since my previous visit. This time we noted the smell of stale urine when entering. The floors were dirty. There was a single blanket provided; all other surfaces were hard. There was also minimal enrichment. “Journey” the dog kept in solitary housing was removed from the room before we were allowed to see the room and taken out into the back pasture. Staff indicated that the dog was still housed in isolation due to aggression. Staff stated he slept in another room with a staff member at night. Aggression is a dangerous behavioral problem that can have many root causes including fear, territory defense, frustration or even medical problems. Aggression is complex to diagnose and challenging to treat. To properly address “Journey’s” aggression, a veterinarian and professional behaviorist with experience treating canine aggression should be consulted. It is important to note that some cases of aggression cannot be safely treated. Simply locking the dog away and limiting his contact with humans does nothing to address his behavioral issues and is likely contributing to a very poor quality of life. In fact, the long-term isolation may be worsening his behavioral issues. In addition, the lack of

appropriate enrichment in his enclosure can result in boredom and increased frustration. The conditions in which this dog is being kept are inhumane and are resulting in unnecessary suffering.

- 6) Building D – Referred to as “The Cat House” by the staff. This area was undergoing significant construction. The original screened porch and first half of the air-conditioned building had been demolished and a new masonry structure was being built in its place. The second half of the building was still standing. Initially I was told I could not enter this section of the property due to the safety concerns as it was an active construction site. When I asked if there were animals still housed in the structure, staff hesitated. I saw a staff member open the door to the original portion of the structure and could see a cat behind her. I told the staff that I would have to view all the animals on the property.

The remaining part of the original structure consisted of one enclosed room which was air-conditioned and a fenced-in outside area. Cats could free roam between the two areas. Staff stated there were 56 cats housed in this area. I counted 49; this may have been inaccurate as cats were free roaming between the two areas as we were attempting to obtain a count. On my initial visit, staff estimated there were more than 80 cats housed in the “Cat House” area. Current staff could not account for the discrepancy. During this visit the staff stated that all the cats were “hospice” cases. I clarified by defining hospice as having a terminal medical condition which would result in death within the next few months. Using this definition, staff stated only a few of these cats were currently “hospice” cats. They further elaborated that almost all the cats had arrived with a “hospice” condition, but most of them had gotten better. It is important to note that if an animal recovers from a medical condition, it was most likely not suffering from a terminal illness, and thus does not meet the definition of “hospice” patient.

There were 13 litterboxes, 8 water bowls and 9 food bowls available for communal use in this space. This is woefully inadequate for the number of cats housed in the area.

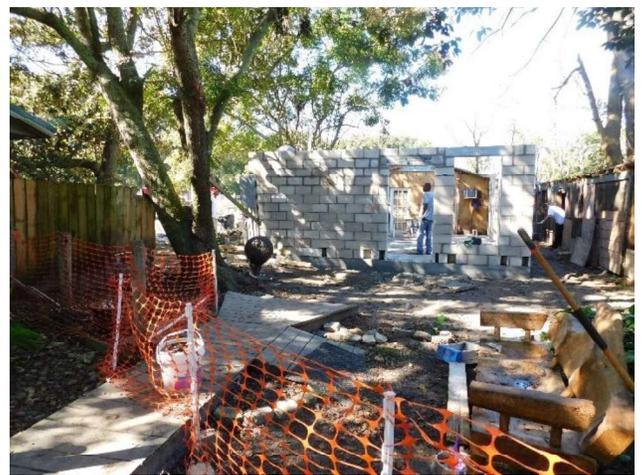


Photo DSCN0885 (left, taken 8-5-19) & DSCN1641 (right, taken 11-12-19) – The exterior of the “cat house” on my first visit (left) and on this visit (right). Note the wooden deck walkway is the same in both photos.



Photo DSCN1707 (left) & DSCN1714 – View of the inside portion of the “Cat House”. Upon entering the inside room there was a strong smell of ammonia and cat feces. Many cats in this area had signs of upper respiratory infection (sneezing, nasal discharge, watery eyes) and several were underweight.



Photo DSCN1015 (left, taken 8-5-19) & DSCN1746 (right, taken 11-12-19) – View of the outdoor yard space accessible from the “cat house”. Note the increased clutter and debris, as well as the increased number of cats in the area. The algae/moss in the center of the patio had decreased.

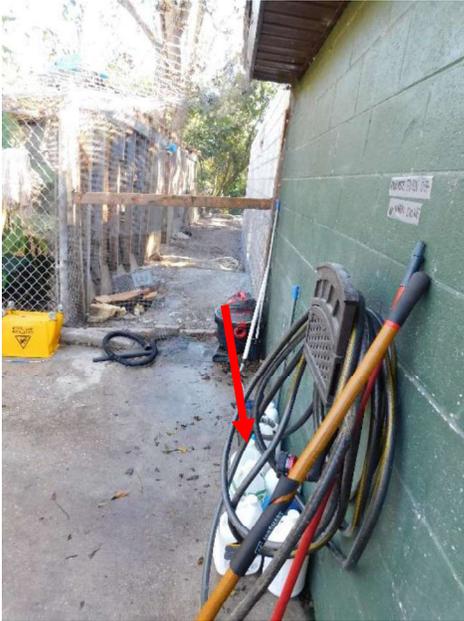


Photo DSCN1743 (left) & DSCN1744 (right) – Additional views of the outdoor yard space accessible from the “Cat House”. Note the debris and clutter as well as the bottles of cleaning chemicals (red arrow). Cats had unrestricted access to all these spaces; in fact, a cat is noted in the lower left corner of the picture on the right.

Animal Concerns

Numerous animals were observed to be underweight or emaciated. Numerous animals were observed to have signs of upper respiratory infection, a contagious illness. On my previous visit, extensive diarrhea was noted in most litterboxes suggesting widespread gastrointestinal illness. On this visit, the litterboxes were recently cleaned prior to my arrival in the “Cat House” and most of the litterboxes did not have any urine or feces in them. I am unable to say if the widespread diarrhea is resolved or still on-going.



Photo DSCN1718 (left, taken 11-12-19) & DSCN0987 (right, taken 8-5-19) – This cat was housed in a wire crate inside the “Cat House”. Staff stated he had a medical condition and needed special treatment, but they could not tell me exactly what the condition was, how long he had been isolated, or how much longer he had in her treatment. This appeared to be the same cat that I saw housed in a wire crate in this same room on my previous visit. On my first visit I was told this cat was permanently housed in this crate because he had allergic skin disease and was feed a special diet. As noted in my initial report, this housing

space is inhumane for long term housing; it violates accepted guidelines for humane housing. Cats must have a place to hide; this enclosure does not. The enclosure must have sufficient space for the cat to make normal postural adjustments (including stretching and extending the limbs); this enclosure does not. In addition, the animal must be able to sit, sleep and eat away from the area of its enclosure where it defecates and urinates; the bed is right next to the litterbox and the food is too close to the litterbox as well. The litterbox must be big enough to comfortably accommodate its entire body; this litter box is still too small.



Photo DSCN1731(left) & DSCN1734 (right) – This cat was housed in a metal wire crate in the “Cat House”. Staff stated this cat was named “Tinkerbelle.” Staff stated she was a 17-year-old cat that had been treated for an upper respiratory infection. She had been cleared by the vet as healthy and was no longer on medication. Staff stated she liked being in the kennel and so they were continuing to keep her confined. This cat had a body condition score of 2/9 and appeared lethargic. There was diarrhea in her litterbox and dried diarrhea sprayed on the wall behind her kennel (red circles, closeup in photo on the right).

As noted previously in this report, this type of space is inhumane for long term housing; it violates accepted guidelines for humane housing. Cats must have a place to hide; this enclosure does not. The enclosure must have sufficient space for the cat to make normal postural adjustments (including stretching and extending the limbs); this enclosure does not. In addition, the animal must be able to sit, sleep and eat away from the area of its enclosure where it defecates and urinates; the bed is right next to the litterbox and the food is too close to the litterbox as well. The litterbox must be big enough to comfortably accommodate its entire body; this litter box is too small.



Photo DSCN1736 (left, cropped), DSCN1742 (right) – This cat was housed in a metal wire crate in the “Cat House”. Staff stated his name was “Pumpkin” and that he had recently had surgery to remove his left eye. They were unsure when the surgery had been performed or which veterinarian had performed the surgery, but they said the cat was “really doing good”. Staff indicated he was only receiving an antibiotic (clavamox). There was marked swelling and redness around the surgery site, and there was a large amount of bloody pus discharging from the incision (red bracket). This is not a part of the normal healing process. The cat had a severe infection in the surgical site. There is also bloody pus discharge matted into the fur on his left front limb (red circle). This suggests he has been rubbing at his face and the surgical site with the leg, either due to the pain and discomfort caused by the infection or in an attempt to clean the bloody pus off of his face (or both). Eye removal surgery is painful; this pain is compounded if there is a complication such as an infection of the surgical site. The cat was not receiving any pain medication, nor did the staff feel he needed any. He was suffering unnecessarily. Immediate follow-up with a veterinarian was recommended to the staff.

As noted in above, this space is inhumane for long term housing; it violates accepted guidelines for humane housing. Cats must have a place to hide; this enclosure does not. The enclosure must have enough space for the cat to make normal postural adjustments (including stretching and extending the limbs); this enclosure does not. In addition, the animal must be able to sit, sleep and eat away from the area of its enclosure where it defecates and urinates; the bed is right next to the litterbox and the food is too close to the litterbox as well. The litterbox must be big enough to comfortably accommodate its entire body; this litter box is too small.



Photo DSCN1752 – This cat was underweight with a body condition score of 3/9 and signs of an upper respiratory infection. Sneezing was noted, as well as squinting of the eyes and crusted discharge from the eyes. Staff was not sure of this cat’s name.



Photo DSCN1755 – This cat was underweight with a body condition score of 3/9 and had an unkempt coat. Note the clumping of the fur on the chest and hind legs. This indicates lack of self-grooming. Cats are fastidious groomers; when a cat stops grooming it is a sign of a medical condition such as illness or pain is preventing the cat from being able to groom, or a sign of severe stress. Staff was not sure of this cat’s name.

- 7) Building E – This was a wooden open-air structure with a dirt floor attached to the north side of Building D (the “Cat House”). The area could no longer be accessed as before due to the construction on Building D (the “Cat House”). Instead, it was accessed through a gate in the fence from the horse pasture area to the north of the structure. This area contained two separate covered areas which housed two swine (one in the west section and one in the east section). Both sections had access to small uncovered outdoor yards.



Photo DSCN1021(left, taken 8-5-19) & DSCN1706 (right, taken 11-12-19) – The western section of the interior of the swine housing area looking towards Building D (the “Cat House”) entrance from the cat house porch. The only source of water was the green turtle-shaped plastic sandbox which was filled with water. Note the marked increase in feces in the enclosure since my previous visit; all of the rock-like objects on the ground in the picture on the right are fecal balls. One swine was housed here. The other swine that was previously housed here had been humanely euthanized since my last visit.



Photo DSCN1702 – Close up of the ground in the above enclosure. Note the extensive fecal material on the ground. Every round rock-like object on the ground was actually a fecal ball. This is unsanitary and indicates that staff is not cleaning out this enclosure on a regular schedule.



Photo DSCN1038 (left, taken 8-5-19) & DSCN1698 (right, taken 11-12-19) – This pig was called “Pig 2” in my previous report. At that time there were numerous painful, large, infected abrasions on the forehead. The abrasions had healed by my second visit.



Photo DSCN1636 (left) & DSCN1637 – The eastern side of the swine enclosure (left); this space connected to a small yard space (right). Note the lack of enrichment. There was a working water nipple system in the outside space of the yard. This area housed one boar.

- 8) Building F – This was a shed attached to the western side of Building D. I was not allowed to view the inside of the building; I was told this was the private residence of a staff member.



Photo DSCN1766 – Exterior view of Building F (green structure in background) with construction debris pile in the surrounding pasture.

- 9) Building G – This was a horse barn with five stalls and a small dark enclosed room with a dirt floor on the eastern side. Staff stated there was a new staff member who provided care to the farm animals. The horse stalls were still relatively clean. Only two horses were on the property. Staff stated that one of the horses recently suffered colic and had been humanely euthanized.



Photo DSCN1677 – View of the horse stalls and “poultry room” which housed one swine.



Photo DSCN1691 (left) & DSCN1676 (right) – View inside the “poultry room” (left). Note the lack of enrichment for the single pig housed here. Currently the pig has no access to outside space. A new fenced in outside space (right) has been built on the side of the enclosure to allow the pig to have access to an outside yard, however, staff stated the pig is able to escape under the fences, so they cannot put him outside until they fix the new fence.



Photo DSCN1113 (left, taken 8-5-19) & DSCN1689 (right, taken 11-12-19) - Stall 3 – Used for storage of horse feed and supplies. This area was still fairly organized, and the shelving area had been cleaned so that it was not covered in rodent and bird feces.



Photo DSCN1778 (left) & DSCN1779 (right). This horse was referred to as “Horse 1” in my previous report. Staff stated this mare’s name was “Bunny”. Previously staff stated she was diagnosed with pituitary pars intermedia dysfunction (commonly called Cushing’s Disease). The shaggy, overgrown coat is associated with Cushing’s Disease and was more notable since my initial visit. Current staff stated she was part Clydesdale and that was why her hair coat was so shaggy. This horse was noted to be underweight on my initial visit, and still was on this visit. Note the prominent ribs, spine and hip bones. Staff could not tell me what type of treatment she was receiving. Review of the medical record from Central Florida Equine indicate the mare was seen on 7/26/19 and the Cushing’s Disease was managed at that time. Due to the increased length of the coat, follow-up with a veterinarian is warranted to ensure treatment is still continuing to be effective.



Photo DSCN1773 (cropped) & DSCN1775 – This horse was referred to as “Horse 2” in my previous report. Staff stated this mare’s name was “Amber”. This horse had a marked deviation of her spine and was in lean body condition. Staff could not provide any information about this horse’s medical condition or if she was receiving any treatment.

Overall Conclusions:

The living conditions continue to be unsanitary and dangerous to animal and human health. Although there has been an attempt to reduce the visible clutter, the conditions are still cluttered, filthy and indoor air-quality is poor with multiple areas having unacceptable levels of ammonia detectable in the air. This is a **violation of Volusia County Ordinance 14-59** requiring that “indoor housing facilities be adequately ventilated by natural or mechanical means to provide clear and fresh air to the animals.” The unsanitary conditions and poor air-quality are especially notable in the “Game Room” where Ms. Thuot spends the majority of her day. On my first visit Ms. Thuot stated her health was in decline, and the staff indicated that part of their daily duties are to assist with her daily care, including personal hygiene and food preparation. On this visit, Ms. Thuot claimed her doctor gave her a “clean bill of health.” I am not a human physician and cannot speak to Ms. Thuot’s personal health, however, it is clear that the living conditions are still unsanitary and dangerous to the health of the animals and humans alike.

Employment law violations may still be occurring and should be further investigated. I am not an expert in employment law; however, I have been employed in the private sector, in corporate practice and by the government. After my first visit I raised concerns regarding the working conditions reported by staff. None of the original staff that I met on my initial visit were still employed at the facility, and the staff I met on this visit was relatively new (most had been working there between one to twelve weeks. The new staff member in charge of the office indicated they were working on trying to create employee files and establish a work schedule. She stated staff worked 6 days a week in attempt to get adequate coverage for providing care to the animals.

Ms. Thuot continues to have numerous violations of the Association of Shelter Veterinarians Guidelines for Standards of Care in Animal Shelters.

The *Guidelines for Standards of Care in Animal Shelters* are a comprehensive set of recommendations created by the Association of Veterinarians. The guidelines cover 12 different areas of sheltering and focus on best practices, minimum standards and unacceptable practices; the Guidelines can be accessed at www.sheltervet.org/assets/docs/shelter-standards-oct2011-wforward.pdf. The ASPCA has created a Shelter Care Checklist based on the guidelines which provides a concise review of the ASV Guidelines; the checklist can be accessed at www.aspcapro.org/sites/default/files/aspcasv-checklist-2014_0.pdf.

As the mission of Journey’s End is to act as an animal sheltering organization, a review of the applicable guidelines provides a better understanding of the expectations that the animal welfare community has for all animal sheltering organizations, be they open-admission municipal facilities, foster-based rescue groups, or long-term sanctuaries. Journey’s End’s violations range from management and recordkeeping, population management, sanitation, medical health and physical well-being, behavioral health, housing and public health. Due to these violations, many animals are suffering unnecessarily. **When the level of suffering is this widespread and chronic, it can quickly rise to the level of felony animal cruelty as defined in Florida Statute 828.12.**

The following violations are still noted when reviewing the ASV Guidelines as they apply to Journey’s End:

Management and Recordkeeping

1. Establishment of Policies and Procedures

- a. **The organization lacks a clearly defined mission.** The organization still lacks a clearly defined mission. Since my first visit, they have obtained more animals that do not meet the definition their stated mission of serving animals that are unable to find homes due to “old age, chronic illness, handicaps, temperament issues or other factors.” Among these new arrivals are two new juvenile sheep with no apparent medical issues, a mother cat with three kittens that appeared to be around 3 months of age, and an approximately 4-month-old kitten. All these animals are highly adoptable and are not in need of long-term sheltering. **Original Comment (8-5-19):** Their website states their mission is “to provide lifetime care and sheltering of animals who, while still able to lead a quality life, are unable to find homes due to old age, chronic illness, handicaps, temperament issues or other factors.” Some individuals seem to interpret this as a “hospice” mission. In human medicine, “hospice care” is given to people in the final phase of a terminal illness and is focused on providing comfort until they die. In veterinary medicine “hospice care” is approached differently; it is more focused on maintaining quality of life as long as possible, and when quality of life is suffering, providing a peaceful death via euthanasia. Euthanasia is a tool that is used to prevent unnecessary pain and suffering. Many of the animals at this facility do not have a terminal illness. Having a physical disability is not a terminal illness. Having a behavioral issue is not a terminal illness. The mission as written on the website is broad and vague and has resulted in a lack of consistency in the type of animals in their care. In fact, many of the animals are highly adoptable and could be placed into loving homes where they would receive the care, attention and love they deserve.
- b. **The organization lacks written policies or protocols.** The organization could not provide any written policies or protocols. **Original Comment (8-5-19):** Protocols must be developed and written down in sufficient detail to achieve and maintain the standards set forth by the Association of Shelter Veterinarians. These policies must be updated as needed to ensure they reflect current industry norms and pertinent legislation. Further, all staff and volunteers should have access to these protocols as they relate to their duties.
- c. **The organization lacks proper veterinary oversight and input.** My original comments still apply (see below). Since my first visit I had the opportunity to review 342 medical records from ten different veterinary facilities which had provided care to 266 different animals owned by the organization. Some of these records were from visits to referral facilities, but most were from primary care veterinary facilities. After reviewing these records, it is clear there is a lack of continuity of care for the individual animals which is resulting in animals receiving substandard care. In numerous records there were clear recommendations for treatments that were never provided to the animals. In other cases, follow-up examinations and diagnostics to monitor response to treatment were not performed. In some cases, animals received duplicate unnecessary vaccinations. In a sense, there are too many cooks in the kitchen, and no one appears to be providing oversight to ensure that each animal is receiving all the care that it needs. **Original Comment (8-5-19):** A veterinarian must be involved with development and implementation of an organizational plan, as well as provide input on all policies and protocols that relate to animal physical and behavioral health. The relationship with Dr. Thomas Freiberg does not appear to have resulted in proper veterinary oversight and input. The state of the medications, lack of treatment records, lack of individual animal records, and ability of the staff to order prescription veterinary medications without any oversight by Dr. Freiberg is

highly concerning. Dr. Freiberg had two disciplinary actions against his license (12/21/2005 resulting in a fine, and 03/19/2007 resulting in a fine and probation). These issues should be investigated further by the organization to ensure they are associating themselves with a veterinarian of the highest standard. Ideally, they should work with a veterinarian with experiences and training in shelter medicine.

2. Management Plan

- a. **The organization lacks a clearly defined structure.** The organization still lacks a defined structure of responsibility. None of the original staff I met on 8-5-19 were present at this visit. Most of the staff I met on this visit claimed to have been hired within the past few months and they were not aware of any organizational structure. **Original Comment (8-5-19):** Authority and responsibility must be defined within the organization and communicated to all staff and volunteers. Authority and responsibility must only be given to those with appropriate knowledge and training. The “head of medical” is a single individual responsible for administering all medications 7 days a week. She stated that she had no previous animal experience (aside from owning her own pets), nor did she have any medical experience. When asked what her previous employment was, she stated this was her first job.
- b. **The organization lacks protocols to ensure consistent decision making.** The organization could not provide any written protocols. **Original Comment (8-5-19):** When making decisions it is important to consider resource allocation, population health and individual animal welfare. Staff indicated that decisions are inconsistent and seem to be based on favorites, or moods, of the individual making the decision, not on what is best for the animal or the population.

3. Training

- a. **The staff lack appropriate knowledge and training to perform their job duties.** There appears to be have been a large turnover in staff and the current staff was not able to answer many of my questions regarding job duties, often stating they were new to the job and not sure. This suggests that they are not being provided with appropriate training. **Original Comment (8-5-19):** Appropriate training must be provided and documented. The skills, knowledge and training to accomplish each task successfully must be demonstrated before proficiency can be assumed. The staff indicated they have received no formal, or informal, training regarding their job duties. The staff appear eager to learn and have a strong desire to improve the care they are providing the animals. In contrast, Ms. Thout does not.

4. Animal Identification and Recordkeeping

- a. **Animals lack unique identifiers (names/numbers).** The animals still lack unique identifiers and records. There were multiple times when staff were not able to tell us the name of an animal, or told us the wrong name, only to be corrected by another staff member. In one instance I was told one set of dogs was called “Thelma and Louise”. Later in the day, I was told another set of dogs was called “Thelma and Louise” by a different staff member. When I questioned if there were in fact, two sets of dogs named “Thelma and Louise” the second staff member said no, that the other person must have been confused. **Original Comment (8-5-19):** A unique identifier and record must be established for each animal upon intake. The identification should be physically affixed to each animal (collar/tag) for the duration of its stay, unless it poses a safety risk to the animal or staff. Many times throughout the visit, staff was unable to tell me the name of an animal.
- b. **Animal records are non-existent.** Animal records are still non-existent. A new staff member has been hired to organize the office and she stated she plans to create

records for each animal. However, this has not been done in the three months since my visit. During my review of the medical records, I found at least two instances where a cat received repeated rabies vaccinations. In one case, a cat was vaccinated against rabies on 7/26/19 at Newman Veterinary Centers of Deltona and on 9/24/19 at Healing Paws Veterinary Clinic. In another case a cat was vaccinated against rabies on 8/1/19 and 9/24/19, both times by Healing Paws Veterinary Clinic. The rabies vaccination is given at most once a year. This underscores the lack of accurate individual animal records and resulted in multiple cats being unnecessarily over-vaccinated and wasted financial resources by paying for unnecessary medical procedures. **Original Comment (8-5-19):** Staff was unable to produce records for a majority of the animals; they primarily relied on their own recall, which was spotty at best. At a minimum, animal records should include an identifier (name/number), microchip number (if present), source of animal, date of entry, species, age, gender, physical description, photograph, and available medical and behavioral information.

Population Management

1. Capacity for Care

- a. **The organization has dangerously exceeded its capacity for care, resulting in undue animal pain and suffering.** This is considered an **unacceptable** practice according to the ASV Guidelines. One of the foundations of animal sheltering is that every organization has its limits to providing humane care. These limits are based on the resources available to the organization and include the number of available enclosure spaces, staff and/or volunteer work hours, and finances. Until our society cures the root problems of animal overpopulation, there will be a continuing supply of animals needing new homes, and it may be tempting to continue to take in animals exceeding humane capacity. When an organization exceeds its capacity for humane care, it is considered a form of animal cruelty. The unnecessary pain and suffering caused can quickly rise to the level of felony animal cruelty per Florida Statute 828.12.
- b. **Staffing is inadequate to meet the basic needs of the animals each day, let alone their advanced medical needs.** The organization continues to be inadequately staffed. There has been large turnover in the staff since my first visit. Staff was not clear on how many total staff members are now working at the facility; some said six; others eight. The new office manager stated there are 7 full-time staff members and one part-time staff member. The office manager is one of the full-time staff members and her duties do not include animal care, thus there are only 6.5 staff members, and they are stated to work only 40 hours per week. Assuming an evenly distributed work schedule, this would average to 4.5 staff members working on any given day. Using the formula discussed below and the organization's stated capacity of 150 animals, they would need 37.5 staff hours per day. 4.5 staff members working an 8-hour day only equals 36 staff hours per day. **Original Comment (8-5-19):** Given that part of this organization's mission is to provide care to animals with advanced medical needs, their inadequate staffing proves they are not meeting the needs of the animals in their care. Every staff member that I spoke with expressed a feeling of being exhausted and overwhelmed. Recognized humane care standards estimate that it takes approximate 15 minutes per animal, per day, to provide basic care (to clean the living environment and provide daily nutrition). Assuming the organization has a capacity of 150 (as stated on their website), this would equate to 2250 minutes per day (37.5 staff hours per day). When speaking with the staff,

they indicated there were 4 to 5 paid staff, one or two of which were part time. Assuming there were 4 full time equivalents (FTE) the organization is clearly understaffed as this would only equate to 36 staff hours per day (if the staff members worked 7 days a week with no days off). Drop the calculation to 3 FTE's per workday (to account for days off), and the number of staff hours per day drops to 24 (which is woefully inadequate for just providing basic care). It is important to note that these calculations only address the time needed for cleaning the animal areas and providing daily nutrition. They do not account for time needed to provide medical care, daily exercise, behavioral enrichment and socialization, cleaning of non-animal areas and administrative duties.

2. **The organization lacks policies and protocols to maintain adequate capacity for care.** The organization could not provide any written policies or protocols. **Original Comment (8-5-19):** Policies must be created to balance admissions of new animals with the expected outcomes for existing animals (e.g. adoption, transfer, euthanasia, death or others). Protocols should include daily inspection of all animals to evaluate and monitor the adequacy of capacity and identify needs of each animal for housing and care. This will allow for appropriate interventions to be made before animal numbers exceed capacity for caring and housing.
3. **The organization lacks minimum statistical data due to the lack of animal records.** This has not improved. The organization still lacks basic records. **Original Comment (8-5-19):** Staff was unable to tell me much about individual animals, due to the lack of records. Thus, they have no grasp of their statistics. At a minimum, the organization should have monthly statistics on new admissions (including source – transfer from another shelter or rescue, owner-surrendered, etc.) and outcomes (e.g. adoption, transfer, euthanasia, death, or other) for each species. For optimal population management and monitoring, a daily animal inventory should be taken and reconciled with records to make sure every animal is accounted for and that they are receiving the care needed. I have grave concerns regarding the staffs' lack of knowledge regarding the number of animals on-site. How can they recognize that an animal is missing (and perhaps in need of assistance) if they are not even sure how many animals they have in the area?

Sanitation

1. **The organization lacks sanitation protocols.** The organization could not provide any written policies or protocols. **Original Comment (8-5-19):** Written cleaning protocols are needed to ensure proper sanitation and must include removal of organic matter, pre-cleaning surfaces with a detergent or degreaser, and application of a disinfectant at the correct concentration and sufficient time for rinsing and drying. The protocols should address the order of cleaning and care, starting with the animals most at risk of acquiring illness (infants and immunocompromised), then healthy adult animals, then ending with the unhealth animals that are at risk of spreading disease. These protocols must also address proper hygiene of staff, volunteers and visitors, including hand sanitation.
2. **There was reduced evidence of insect activity in food and medication storage areas, as well as in animal and human living areas.** However, insect activity was still noted in food and medication storage areas. **Original Comment (8-5-19):** All opened food should be kept in sealed bins or containers that are impervious to rodents and insects. Pest control solutions must be safe for use in animal and human living areas.

Medical Health and Physical Well-Being

1. General

- a. **The organization lacks medical management and health care policies and protocols.** The organization could not provide any written policies or protocols. **Original Comment (8-5-19):** Written protocols are needed to address preventative health care, as well as to support individual animals regaining and maintaining physical and behavioral health. Protocols must also address how staff will evaluate, recognize and treat (with veterinary supervision) medical issues as they arise within the facility.
- b. **The overall health of the population is poor.**
 - i. **Numerous animals were still found to have low body condition scores** ranging from 1/9 to 3/9 (see Appendix 2). Being underweight is most commonly associated with anorexia (not eating). An animal may be anorexic due to either an underlying disease process or due to a lack of access to proper food (starvation). In addition to anorexia, malnutrition is also a likely cause for being underweight. Malnutrition means a lack of proper nutrition; inadequate or unbalanced nutrition. Similar metabolic changes occur with malnutrition as in starvation. These include: ketosis, loss of body weight and muscle, lowered metabolic rate, fall in body temperature, reduced heart rate, reduced respiration rate, and increased risk of infection or infectious disease. Extended periods of malnutrition can lead to starvation or specific deficiency related diseases. Weight loss can also be caused by other disease processes such as dental disease and endoparasite (worm) infestations, therefore these animals were either not being provided with adequate feed or not being provided with appropriate veterinary care depending on the underlying cause of their weight loss.
 - ii. **There was still widespread evidence of upper respiratory illness in the feline population.** Feline upper respiratory infection (URI) is the number one disease concern for cats in shelters. While it is primarily caused by a virus, successfully managing URI requires much more than medical treatment. Factors such as overcrowding, inappropriate housing, poor air quality, poor sanitation, stress, concurrent illness, parasitism, and poor nutrition can predispose cats to illness. All of these factors were noted at the organization.
 - iii. **There was still evidence of diarrhea in the feline population.** Diarrhea can be a sign of serious illness. It can also be caused by parasitism, poor nutrition, poor sanitation, overcrowding and stress. All these factors were still noted at the organization. It is important to note that the staff appeared to be emptying out the litterboxes just ahead of my movement through the facility on this visit. The majority of the litterboxes I saw had recently been cleaned and were completely empty of urine and feces. I only saw one normal bowel movement in any of the litterboxes. Thus, I am unable to determine if the widespread diarrhea has resolved, or if it is still an on-going problem.
- c. **The organization does not provide appropriate preventative health care for the animals.** Preventative health care including vaccinations, internal and external parasite prevention, and routine veterinary exams are essential for all animals, especially for animals housed in group settings. The goal of preventative health care is to minimize exposure to preventable disease-causing

agents and serves to protect not just the individual animal but also the entire animal population at the facility. While the organization has provided rabies vaccinations to some of the animals, this does not constitute full preventative health care for animals in group housing settings.

- d. **The organization has provided some rabies vaccinations but has not provided rabies vaccinations for all animals as required by Florida Statute 828.30 and Volusia County Ordinance 14-24.** Since my initial visit, the organization provided vaccination against rabies for several animals. During my review of the medical records from local veterinary facilities I saw rabies certificates from Dr. Theresa Harty for 11 of the dogs dated 9/29/19, and one of the dogs dated 9/29/18 (which I suspect was a typo and that it was actually done on the same date as the other rabies vaccinations). However, the organization has more than 12 dogs onsite. I also reviewed an invoice from Healing Paws Veterinary Clinic for 65 rabies vaccines dated 9/24/19. This invoice provided names of animals which seem to match many of the cats' names, however there were no descriptions of the animals on the invoice. Thus, it appears many of the cats have also been vaccinated against rabies. While the law does provide an exemption from vaccination "if a licensed veterinarian has examined the animal and has certified in writing that at the time vaccination would endanger the animal's health..." it also requires that the animal must be vaccinated against rabies as soon as its health permits. Very few of the animals at the facility currently qualify for this exemption, however, none of the 342 separate medical records I reviewed include any written exemption from rabies vaccination.
 - e. **Medical treatment is not provided in a timely fashion.** As discussed in the Population Management section, the organization is drastically understaffed and overwhelmed. Current staff admitted they are often late giving medications due to the other demands placed on them each day.
2. **Monitoring and Daily Rounds**
- a. **Daily rounds are not conducted.** The organization has not implemented daily rounds. **Original Comment (8-5-19):** Rounds must be conducted at least once every 24 hours by an individual trained to recognize and monitor the health and well-being of every animal. Monitoring should take place prior to cleaning and include observation of food and water consumption, urination, defecation, attitude, behavior, ambulation and signs of illness or other problems. Monitoring should also include checking for appropriate grooming and/or bathing, as this is an essential component of animal health. Any animal who is observed to be experiencing pain, suffering, distress, rapidly deteriorating health, life-threatening problems or suspected of zoonotic conditions should be assessed and managed in a timely manner.
 - b. **Morbidity and mortality rates are not tracked.** The organization still does not have data to track morbidity and mortality rates. **Original Comment (8-5-19):** In addition to tracking trends related to specific health problems, data gathered from daily rounds allows for period review of rates of illness (morbidity) and death (mortality). Without accurate data, it cannot be assumed that all illnesses and deaths that occur at the facility were unpreventable. In fact, without appropriate monitoring and documentation, it cannot be proven that the actions or inactions of the facility were not responsible for the morbidity and mortality occurring on-site.

3. Nutrition

- a. **Individual food intake is not monitored.** The majority of feeding still occurs from shared food bowls. **Original Comment (8-5-19):** Feeding from shared bowls prevents the ability to monitor individual intake which can result in delay of necessary medical treatment due to unobserved signs of illness. Animals displaying inappetence, or weight loss or gain must be recognized quickly and evaluated by a veterinarian and treated as necessary. Group feeding also can result in lack of access to food for some animals, as others may guard or prevent access to food bowls.
- b. **Food preparation and storage areas are unsanitary and disorganized.** There was still evidence of insect activity in food preparation and storage areas. **Original Comment (8-5-19):** Evidence of insect activity, general clutter and filth was noted in many food preparation areas. This is a health hazard to the animals and people alike.

4. Response to Disease and Illness

- a. **Disease prevention is not a priority, nor is active disease recognized.** There was still evidence of contagious illness, especially among the feline population. **Original Comment (8-5-19):** There is wide-spread feline URI throughout the cat areas. Feline URI is a contagious infection of the respiratory tract in cats which is easily spread between cats housed in the same areas. It can also spread via contaminated objects such as clothing, unwashed hands, and improperly sanitized bowls and litterboxes. Diarrhea was also rampant in the feline populations (in multiple housing areas). This can also be spread by contact between cats, sharing litterboxes, or contact with contaminated objects.
- b. **Potentially contagious animals are not isolated from the general population; no adequate isolation facilities exist.** Animals exhibiting signs of contagious illness were still housed with other animals. **Original Comment (8-5-19):** Appropriate response to disease and illness is an integral part of a shelter health program. When an animal with signs of illness is identified, it must be isolated from the general population and evaluated to determine if it is at-risk for spreading the illness. This is especially important in populations where animals are already compromised due to existing medication conditions and advanced age. When isolation is impossible or inadequate to control the spread of illness, the facility must consider the consequences of exposing the general population (resulting in a full-blown outbreak) against euthanasia.

Behavioral Health

1. **Behavioral health is not monitored or addressed.** The organization still falls short on addressing the behavioral health of the animals. **Original Comment (8-5-19):** An animal shelter/rescue must take into consideration the behavioral health and well-being of each animal in its care, as well as the conditions experienced by the entire population. Numerous animals were suffering greatly due to lack of appropriate housing, socialization, enrichment and/or behavioral modification (treatment) plans.
2. **Staff is not trained to recognize body language or other behaviors that indicated stress/distress, fear and suffering.** Animals are still housed in isolation due to behavioral issues. **Original Comment (8-5-19):** Several dogs were housed in isolation with no contact with other members of their species, and very limited contact with humans. The staff stated they wished they could spend more time with these dogs to

help them, but that they did not have the time, nor did they know what to do to try to alleviate their suffering.

- 3. Long-term confinement of fearful animals is resulting in severe unnecessary suffering.** There was no change in the housing situation for these three dogs. **Original Comment (8-5-19):** Three dogs are being housed in isolation. It is inhumane to continue to house these fearful dogs without providing behavioral care and/or treatment. Treatment may include behavior modification and pharmaceutical intervention. If the animal is not responding to treatment, transfer to another rescue, adoption into a stable home, or euthanasia would be appropriate alternatives to consider. Continuing to keep the animals isolated without providing any treatment is causing unnecessary suffering and is inhumane.
- 4. Minimal enrichment is provided.** No additional enrichment has been provided for these dogs. **Original Comment (8-5-19):** Animals housed long-term must be provided with varied enrichment each day. Enrichment includes novel toys, food puzzles, novel scents and sounds, playgroups and exercise outside. Enrichment is not optional; it should be given the same significance as other components of animal care, such as nutrition and veterinary care. They must also receive some type of positive social interaction with humans, outside of the activities of feeding and cleaning, daily.

Group Housing

- 1. No protocols or policies exist to address how and when animals will be co-housed.** The organization could not provide any written policies or protocols. **Original Comment (8-5-19):** Unrelated or unfamiliar animals must not be combined in groups or pairs until after their health and behavior has been evaluated by an individual trained to recognize medical and behavioral issues. In addition, unfamiliar animals must not be placed in group housing until sufficient time has been given to allow protective immunity to develop following intake vaccination.
- 2. Group housed cats are not provided with adequate resources, including litterboxes.** The group housing situation has worsened. The construction project has resulted in a reduction of the available space to the cats in the “Cat House” by more than 50%. Thus the cats are overcrowded with less space, fewer feeding stations and fewer litterboxes. **Original Comment (8-5-19):** The general rule of thumb is co-housed cats should have $n+1$ litterboxes, where n is the number of cats. For example, a home with three cats, should have a total of four litterboxes available at different locations throughout the home. While satisfying the $n+1$ rule may not be realistic for group housing in this setting, the number and placement of the litter boxes is inadequate to provide comfortable access for all cats.

Public Health

- 1. No occupational and safety protocols exist.** The organization could not provide any written policies or protocols. **Original Comment (8-5-19):** Animal sheltering facilities must maintain compliance with all federal and state occupational and safety regulations regarding chemical, biological and physical hazards in the workplace. Personal protective equipment such as gloves, smocks, goggles, masks, etc. must be provided by the facility in order to protect employees from exposure to biological and chemical agents.
- 2. No PPE is used by staff.** No PPE was observed during either visit. **Original Comment (8-5-19):** Employees (and volunteers) should wear gloves and change them frequently while cleaning and disinfecting, especially when removing animal waste.
- 3. Hand washing stations/sinks are not easily accessible to staff, visitors and volunteers.** No additional hand washing stations were observed. **Original Comment**

(8-5-19): Frequent hand washing is strongly encouraged, especially after handling animals and after removing PPE, before eating, smoking, touching eyes or mucus membranes.

- 4. Enclosures with animals that may be carrying zoonotic disease are not marked.** No signage was noted indicating ill animals. **Original Comment (8-5-19):** A zoonotic disease is a disease that can be transmitted between animals and humans. Staff was unaware of many signs of illness in the animals, and many of these could be zoonotic in origin.

The anti-euthanasia policy of the organization fails, by any reasonable measure, to protect the animals that it serves. Any animal sheltering organization targeting animals with special medical and/or behavior needs, including terminal illness, must be prepared to provide humane euthanasia when they can no longer provide a good quality of life. Euthanasia becomes an inevitable necessity to spare animals from further suffering. A blanket anti-euthanasia policy eliminates the possibility of a dignified, painless death for the animals at this facility. I was made aware that two animals had been humanely euthanized since my first visit. A horse was euthanized due to colic. A pig was euthanized due to an injury/deformity of its front leg. While this appears to be a step in the right direction, the staff made it clear, they only provided humane euthanasia because they felt forced. Otherwise, it is likely the animals may have continued to have unnecessarily suffered longer.

This continues to be a classic example of rescue and exploitation hoarding. Hoarding is an egregious form of animal cruelty. Hoarders keep abnormally large number of animals, fail to provide even the most basic care and fail to act on the deteriorating condition of the animals, the environment or their own personal health and well-being (Frost et. al, 2015). Rescue hoarders, like Ms. Thuot, often have numerous enablers including staff/volunteers, other shelters/animal welfare agencies, and even public officials. There is broad neglect of their personal health and hygiene, animal health and hygiene, accumulation of clutter and debris and general decay and disrepair of the household. All of these were still noted during my second visit. Rescue hoarders often claim they are being persecuted and will typically reject assistance from outside groups. They make little or no attempt to adopt or otherwise place animals into homes; Journey's End's website states they do not "emphasize" adoption, and the staff states that they do not have an adoption program.

Recidivism rates for hoarders are nearly 100%, thus the only long-term solution is to prevent the perpetrator from owning animals and require mental health evaluation and treatment. Lenient treatment of hoarders in exchange for immediate custody of animals appears to contribute to recidivism (Berry et. als 2005).

To a reasonable degree of scientific certainty, the above statement is an accurate statement of my findings. I retain the right to edit, amend, or alter this report based on any additional information provided to me about this investigation.

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Citations

Association of Shelter Veterinarians. (2010). Guidelines for Standards of Care in Animal Shelters. www.shelternvet.org/assets/docs/shelter-standards-oct2011-wforward.pdf

Association for the Prevention of Cruelty to Animals. Shelter Care Checklists: Putting ASV Guidelines into Action. www.aspcapro.org/sites/default/files/aspca-asv-checklist-2014_0.pdf

Berry, C., Patronek, G., & Lockwood, R. (2005). Long-term outcomes in animal hoarding cases. *Animal Law*, 11(167), 167-194.

Frost, R., Patronek, G., Arluke, A. and Steketee, G. (2015). The hoarding of animals: An Update. *Psychiatric Times*, 32(4).

Appendix 1: Purina Body Condition System Utilized for Canines and Felines

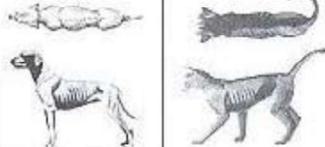
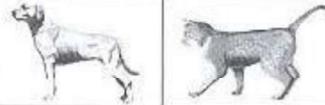
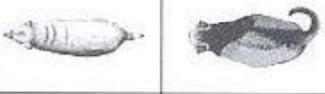
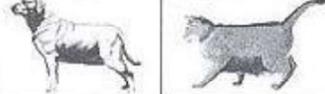
5 pt scale	9 pt scale	% body fat	Body condition scoring	Dogs	Cats
1	1	≤5	Emaciated —ribs and bony prominences are visible from a distance. No palpable body fat. Obvious abdominal tuck and loss of muscle mass.		
2	2	6-9	Very thin —ribs and bony prominences visible. Minimal loss of muscle mass, but no palpable fat.		
	3	10-14	Thin —ribs easily palpable, tops of lumbar are visible. Obvious waist and abdominal tuck.		
3	4	15-19	Lean —ribs easily palpable, waist visible from above. Abdominal tuck present. Abdominal fat pad is absent in cats.		
	5	20-24	Ideal —ribs palpable without excess fat covering. Waist and abdominal tuck present in dogs. Cats have a waist and a minimal abdominal fat pad.		
4	6	25-29	Slightly overweight —ribs have slight excess fat covering. Waist is discernible from above, but not obvious. Abdominal tuck still present in dogs. Abdominal fat pad is apparent, but not obvious in cats.		
	7	30-34	Overweight —difficult to palpate ribs. Dogs: fat deposits over lumbar area and tail base. Abdominal tuck may be present, but waist is absent. Cats: moderate abdominal fat pad and rounding of the abdomen.		
5	8	35-39	Obese —ribs not palpable and abdomen may be rounded. Dogs: heavy fat deposits over lumbar and base of tail. No abdominal tuck or waist. Cats: prominent abdominal fat pad and lumbar fat deposits.		
	9	40-45+	Morbidly obese — Dogs: large fat deposits over thorax, tail base, and spine with abdominal distension. Cats: heavy fat deposits over lumbar area, face, and limbs. Large abdominal fat pad and rounded abdomen.		

Fig 42-1 Description of body condition scoring systems and their relationship to body fat percentage. (Illustrations from Drs. Foster and Smith, Inc.)