

Forensic Veterinary Statement

On August 5, 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. 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.

I arrived at 1899 Mercers Fernery Road in DeLand, FL at approximately 10:15 AM on August 5, 2019. My site visit was scheduled to begin at 10:30 AM, so I parked outside the privacy fence and waited until my scheduled time to proceed on scene. Once on scene I was escorted through the property by different staff members and 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 5:00 PM on August 5, 2019.

Scene Findings:



Photo DSCN0431 – 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 were identified on the property:

- 1) Main Building – This building appeared to originally be a single-family home, and now served as the primary animal housing area. I was informed that one human (Florence Thuot) also maintained her permanent residence within the main building. Numerous rooms in this building house animals.



Photo DSCN0473(left) and Photo DSCN0475 (right) – Primary entrance into the Main Building is via this covered patio area which is just outside of the “Game Room.” The vegetation is overgrown.

“Game Room” – This room serves as the primary entrance to the Main Building. Upon approaching the room, but before entering, I detected the odor of ammonia. Once inside the room, the odor of ammonia and stale urine was strong enough to cause immediate respiratory tract irritation and induced coughing. This room is where Ms. Thuot told me she spends most of her time. She stated she is not able to get around very well and spends most of her day in a chair next to the couch. Her staff stated she sleeps on the couch, along with the dogs and cats that are housed in the room. Neither the staff nor Ms. Thuot could tell me exactly how many dogs resided in the room. Some said 8; others said 9. We counted 9 dogs in this space. Staff said 5 of the 9 dogs in the “Game Room” were unable to urinate on their own and required manual expression of their bladders. Staff stated they expressed the dogs’ bladders around 9-10am every morning and again at 2-3pm every afternoon. In addition, they stated some of the dogs that were unable to urinate on their own suffered from recurrent urinary tract infections.



Photo DSCN0490 - There was generalized clutter and filth throughout the room.



Photo DSCN0494 – The room was filthy, with extensive dust and grime on the walls and floors, cobwebs in the corners and evidence of mold/mildew growth on the walls.



Photo DSCN0509 - Of note were the numerous boxes of ashes from cremated animals haphazardly stacked around the room on various shelves, cabinets and tables. (These were also found in other locations throughout the building.)



Photo DSCN0512 (left) & DSCN0515 – There was a small kitchenette in the southeast corner of the “Game Room” which was cluttered and filthy. The sink was full of dirty animal dishes.



Photo DSCN0491 - There was a large pool table in the center of the room containing a wire animal kennel, a cat bed (with a cat in the bed), containers of cat food, cat treats, a dirty litter box, multiple bowls of cat food and water. There was also a bowl of medications that Ms. Thuot identified as her personal medication, which was sitting next to the dirty litter box (yellow arrow). Dirty litter was scattered across the pool table.



Photo DSCN1284_Moment – This dog is paralyzed in both hindlimbs and the legs are “frozen” in an extended/straight position. She moves entirely using her front legs. Each “step” causes her to pound her pelvis into the hard tile floor causing chronic on-going trauma to her pelvis and spine.



Photo DSCN1285_Moment – This is the couch in the game room where Ms. Thuot sleeps at night with three of the dogs that reside in the room.



Photo DSCN1285_Moment(2) – Dog in the “Game Room” on a filthy bed with multiple spots of urine (dark spots on blanket). The base of the chair where Ms. Thuot spends her day is visible at the top left of the photo.

Concerns

- Ammonia levels substantial enough to cause respiratory and ocular irritation. Chronic exposure will cause damage to the airways predisposing to respiratory illness.
 - Unsanitary conditions
 - Unknown number of animals
 - Inadequate care for dogs requiring bladder expression. Assuming the staff is on schedule, expressing bladders at 9am and then again at 3pm, means the dogs will go a full 18 hours without the opportunity to empty their bladders. 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 this inadequate care.
- a. “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. While we were in the space, animals were allowed to move between the “Game Room” and the “Tub Room”. 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 – The “Tub Room” was cluttered, disorganized and filthy; the floors were visibly dirty, with dust and grime covering most upper surfaces. There was evidence of roach activity, including roach feces and live roaches. There was also evidence of significant fly activity in the area; numerous spots of fly feces were found on multiple surfaces.



Photo DSCN0015 - Some medications were kept locked in a wall cabinet and only one staff member had access to this cabinet. The cabinet was filthy, with dust, debris, roach feces and numerous spots of fly feces on the shelves, walls, doors and on the medication bottles and boxes. Two live roaches were found inside the cabinet while I was examining the medications.



Photo DSCN0047 – Inside the medicine cabinet. Note the extensive roach feces (red bracket) and spots of fly feces (red arrows) as well as the live roach (yellow arrow).



Photo DSCN0523 - A 6-drawer chest of drawers (red arrow) was also located in this area; four of the drawers were filled with random medications. The dresser was disorganized, cluttered and filthy, with significant dust, roach feces and spots of fly feces as well.



Photo DSCN0423 – Drawers were disorganized and contained numerous expired drugs.

The staff member in charge of medicating the animals stated she had not had a chance to organize the medications since she started working at the facility 2 years ago. Ninety-nine (99) different types of drugs were found in the “Tub Room.” Approximately half of the drugs were expired or contained an illegible expiration date. Three controlled drugs, which should have been stored in a secured/locked cabinet, were all found in the unlocked chest of drawers. One injectable drug, which should have been stored in the refrigerator, was found in the locked room-temperature cabinet. There were 36 supplements; of these, approximately 60% were expired or contained illegible expiration dates. See Appendix 1 for a list of all the types of medications and supplements found on the premises.

In addition, there were empty medication bottles in the section for animals under active treatment. An empty bottle of Tramadol (opiate/controlled drug pain medication) was found; staff indicated it was being given to a dog named “Daisy” on a daily basis for pain control. When asked when her last dose was, the staff was unsure. When asked how long she was supposed to continue the medication, the staff was unsure, but thought she was still supposed to be receiving the pain medication, despite the empty bottle. Staff indicated they would attempt to obtain more pain medication.

When asked how they obtain medications, the staff indicated they came from three sources: 1) prescribed by veterinarians after examining the animal, 2) donations of unused medications prescribed to animals in the community (not animals housed at the facility), or 3) ordered from Covetrus (formerly Henry Schein Animal Health). Dr. Thomas Freiberg (Florida Vet License #VM 3402) is the veterinarian on record for the account (Acc # 295140), however, orders for prescription drugs can be placed without approval of Dr. Freiberg. Since all orders placed on this account are shipped directly to 1899 Mercers Fernery Road, DeLand, FL, the staff has the ability to purchase, store, and administer medications without direct oversight of a veterinarian.



Photos DSCN0128 (left) & DSCN0130 (right) - Filthy, illegible medication bottles contained unidentified medication.

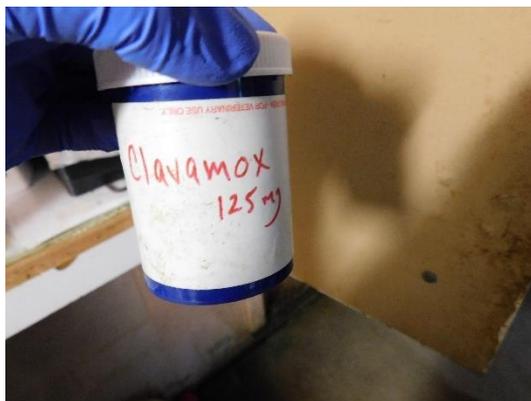


Photo DSCN0237 – Drugs repackaged in inadequately labeled bottles (no expiration date, no animal ID, no administration directions, etc.)



Photo DSCN0271 – Supplements repackaged in unlabeled bags (no product name, no expiration date, no animal ID, no administration directions, etc.)



Photo DSCN0328 – Bark collars found in chest of drawers in “Tub Room”. Bark collars are considered an inhumane and ineffective method for addressing barking in dogs. They are certainly inappropriate to address barking in dogs that are suffering from medical conditions requiring “hospice care”.



Photo SDCN0331 – This *Veterinary Drug Handbook, Fourth Edition* by Donald C. Plumb was found in the chest of drawers. This is a reference book used by veterinarians to determine drug dosages for treatment purposes. Since there is no

veterinarian on staff, the presence of this book on scene suggests that someone other than a veterinarian may be attempting to initiate treatment for the animals housed at this facility.

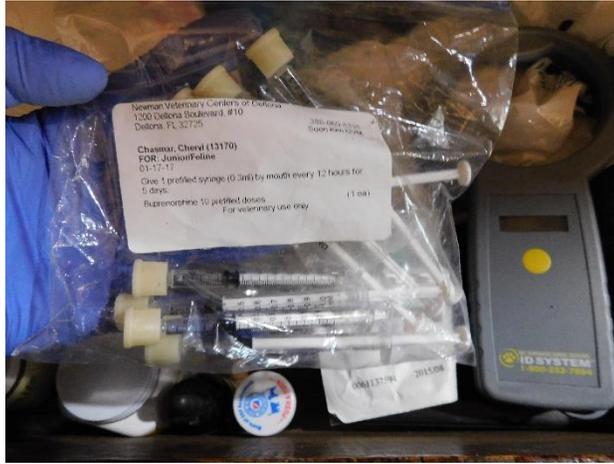


Photo DSCN0350 – Opiates (controlled drugs) stored in an unlocked drawer in the chest of drawers.

Pharmaceutical Concerns

- Controlled drugs improperly stored
 - Animals under active treatment were out of their medications (suggesting that the animals were not receiving the medications they needed).
 - One animal that was supposedly receiving an opiate (controlled drug) for pain management had an empty bottle of the medication. Staff could not tell me if/when the medication ran out. As this is a controlled drug, this is a red flag for drug diversion/abuse by humans. Further investigation by law enforcement is warranted.
 - Medications being repackaged in filthy, unlabeled containers.
 - Numerous expired medications and supplements
 - Unsanitary storage conditions – insect feces, live roaches in medication storage cabinet
 - No written or electronic records for animals currently receiving treatment, nor for treatments administered.
 - Improper storage of refrigerated drugs at room temperature.
 - 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 lack of animal records prevented the staff from having this information.
- b. “Sassy’s Room” – This room housed 15 cats which were allowed to free roam in the room. The cats were not allowed into other areas of the facility. The room was also used for food storage. Four litterboxes were available for community use by the cats in this room. Three of the litterboxes were underneath a bed on one side of the room, and the fourth litterbox was located in a bathroom en-suite to the bedroom. Two dry

food bowls and two water bowls were found in different locations in the room. Staff indicated they provided multiple bowls of canned food in the morning, and then placed any uneaten canned food in a communal bowl in the center for the room for cats to continue to eat throughout the day. 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. When asked how often the bedding is laundered, the staff indicated they did not wash them as often as they should due to low staffing levels. Various toys were scattered around the room.

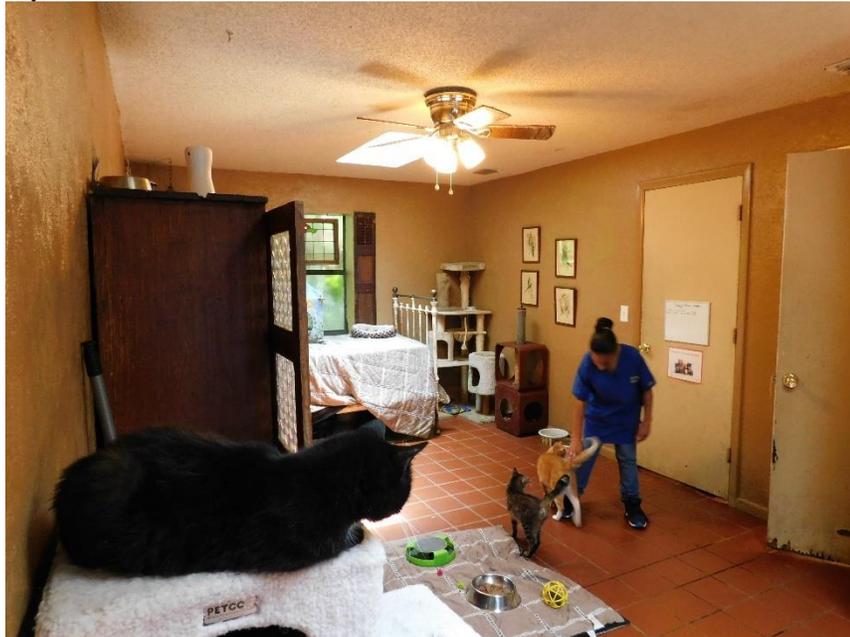


Photo DSCN0525 – View of “Sassy’s Room” from the door from the “Tub Room.” The floor was dirty and there was a large amount of cat hair and dirty litter along the baseboards and under the furniture in the room.

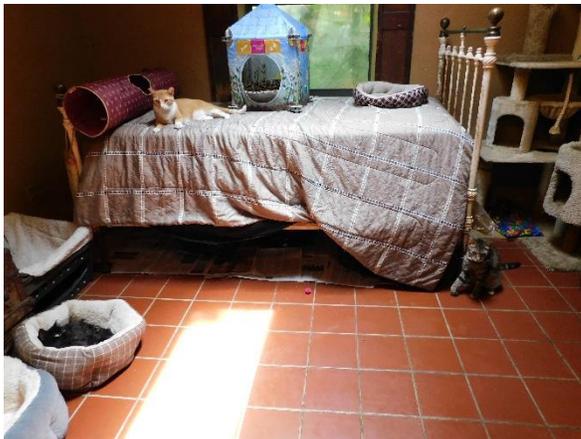


Photo DSCN0563(left) & DSCN0565 (right) – Three of the four litterboxes were located underneath this bed. All three litterboxes had diarrhea inside, indicating one, or more, of the cats in this room has gastrointestinal disease. The staff indicated none of the cats in this area were currently under treatment for diarrhea or any gastrointestinal diseases.



Photo DSCN0580 – Dried/crusted diarrhea stains were also found on several cat beds.



Photo DSCN0647 (Cropped) – Dried/crusted diarrhea stains (arrows) were also found on several cat tower areas.



Photo DSCN0587 – Feces (yellow arrow) was found outside of the litterboxes in the northeast corner of the room, indicating at least one cat was not comfortable using the litterboxes. This may be due to issues with the location and lack of privacy (and potential bullying around the litterbox), substrate preference, or with the placement under the bed which may have prevented the cat from being able to stand upright and get into a comfortable position to defecate in the litterbox.

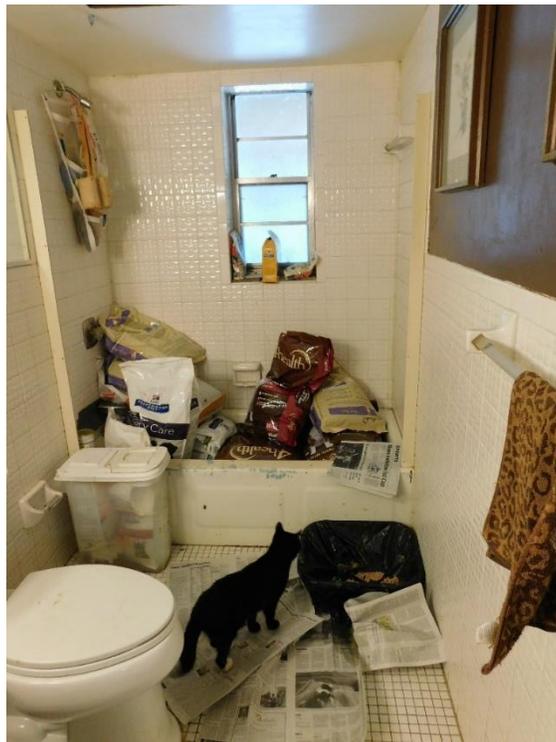


Photo DSCN0653 – The bathroom en-suite to “Sassy’s Room” was cluttered and filthy. It contained one litterbox, which also had diarrhea, and the tub was used for food storage. Urine was found on the newspaper underneath the litterbox; this suggests the litterbox was not large enough or clean enough for at least one of the cats.

Animal Concerns



Photo DSCN0547 – Cat with evidence of bilateral symmetric barbering of hair with secondary skin infection. This can be the result of many disease processes including flea allergies, other skin allergies, endocrine (hormone) diseases, ectoparasites (mites), dermatophytosis (ringworm) or stress.



Photo DSCN0548 – Close up of skin infection. Note redness and moist discharge from sores (glistening areas). Staff indicated cat was not on any treatment at this time.



Photo DSCN0557 – Cat with bilateral hindlimb paralysis.



Photo DSCN0558 – Close up of hind end of cat in previous picture. Note urine-soaked fur on hind end of body, as well as fecal material matted in the fur (arrows). Staff indicated this cat was bathed when necessary but did not think it was necessary at this time.



Photo DSCN0623 – Cat with Upper Respiratory Infection (URI) and secondary conjunctivitis (eye infection), chemosis (swelling of the conjunctival tissues) and ocular discharge. This is a painful condition requiring treatment. The cat also had bilateral nasal discharge, upper airway congestion and exhibited sneezing. Staff indicated this cat was not on any treatment for the URI or conjunctivitis.



Photo DSCN0621 (same cat as in DSCN0690) – This cat also had severe otitis externa (ear infection) with marked brown creamy pus, marked pruritus (itching) and pain in both ears. Staff indicated this cat was not on any treatment for the ears.



Photo DSCN0634 – Cat with severe unkempt and dirty coat and dermatitis. Feces matted on all four feet. Note the brown discoloration of fur on ventrum (underside) and feet. This is not pigmentation, rather it is severe filth. Cat should be all white underneath and on feet. Staff indicated this cat was not on any treatment.



Photo DSCN0639 – Close up of feet on cat in Photo DSCN0634 – Note fecal matter matted on feet and legs.



Photo DSCN0665 – Underweight cat with unkempt coat (lack of self-grooming indicates disease, stress or both).

Additional Concerns

- Unsanitary food storage next to litterboxes and a toilet used by humans.
- Animals allowed to sit on food storage increases likelihood of disease spread

- c. Office – This area is used for administrative work, and houses animals. It connects with a kitchen and dining area. The space was filthy with severe dust, animal hair and grime noted on most surfaces. Note the clutter and disorganization. Electrical cables and cords were dangerously exposed where animals could become entangled and/or chew on the cords.



Photo DSCN0676 (left) & DSCN0679 (right) – The office. Note the clutter, disorganization and filth.

Animal Concerns

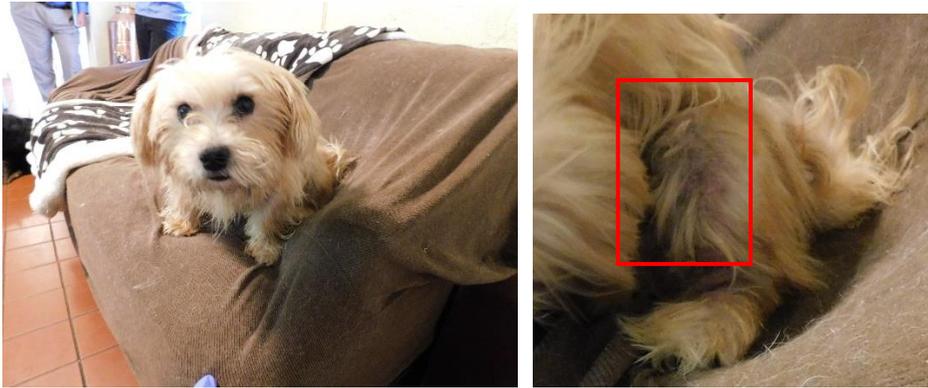


Photo DSCN0686 (left) & DSCN0687 cropped (right) – Dog with severely pruritic (itchy) dermatitis with hyperpigmentation (note black discoloration on back left leg - red box) and lichenification (thickening of the skin that is evidence of chronic problem). The most common cause of this condition is allergic skin disease. Animals with allergic skin disease often develop secondary bacterial and yeast infections which exacerbate the condition. Staff indicated the dog was under treatment with ketoconazole (antifungal) and doxycycline (antibiotic), but not receiving any medication to address the itch or underlying cause(s). There are numerous medications available to help relieve the itchy skin. Failing to address the underlying problem results in unnecessary suffering.



Photo DSCN0691 – Staff indicated this dog had cataracts in both eyes and was deaf. He was not receiving any treatment. Staff stated the dog spent most of his time on the dog bed and feared the other animals and new people. This dog was not being provided with any enrichment or any environmental or behavioral modification to address the fear.



Photo DSCN0694 cropped (left) & DSCN0696 (right) – 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. Note the marked difference in the size of the eyes (the right eye is bigger than the left). 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.



Photo DSCN0699 – Staff indicated this dog had a cancerous mass on her spleen that had doubled in size at the last veterinary exam. Note the distended abdomen due to the mass, also note the abnormal posture with her hindlimb splayed to the side. This dog had difficulty moving, especially on the slick tile floor. Her quality of life was poor. Staff indicated the dog is receiving tramadol (an opiate pain medication which has significant published data suggesting that it has poor efficacy in dogs) and a vitamin supplement; the primary plan is to wait until her splenic mass ruptures open

and she bleeds to death. Allowing the dog to die by bleeding to death is inhumane. By their inactions, this dog is suffering unnecessarily.

- d. 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 also a litter box in the kitchen, as well as newspapers spread across the floor. The newspapers created a trip hazard for animals and humans alike.



Photo DSCN0704 (left) & DSCN0708 cropped (right) - Note the newspapers on the floor and litterbox next to the food preparation area. Note the diarrhea (yellow arrows) crusted on the front of the litterbox and the water bowl directly next to the filthy litterbox. Also note the dogs housed in this area had full access to the litterbox; dogs are known to eat cat feces, which is unsanitary and can result in spreading of diseases. Food should not be stored in areas where animals eliminate as it is unsanitary and increases the risk of spreading diseases.



Photo DSCN0715 (left) & DSCN0716 (right) – Medications stored in the kitchen. Note the bottles are filthy and the prescription label is illegible (including patient name, drug name and directions for administration). 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.

- e. The dining area is located to the south of the kitchen and office, and connects to both spaces. There was a wooden board blocking the doorway between the kitchen and the dining area.



Photo DSCN0734 (left) & DSCN0731 (right) - The dining space is cluttered and has newspaper scattered across the floor. Note: The dog in picture DSCN0731 had severe muscle wasting of both back limbs and was unable to stand or walk. Staff indicated she had severe arthritis and was being treated with cold laser therapy. Staff indicated that the therapy did not provide any relief in her pain or increase her ability to move. The staff said if they tried to move her onto the bed to make her more comfortable, she would growl and bite them. Staff felt her quality of life was poor and that euthanasia would be the humane choice for her. Staff said they have tried to discuss euthanasia with Ms. Thuot but stated she would not consider it.

- f. Living Room (“Bobby’s Room”) – This is a living room that serves as housing for a single dog called “Bobby”.



Photo DSCN0741 (left) & DSCN0744 (right) – View of the living room from the doorway to the dining room (left). Picture of “Bobby” at the door to the dining room (right). He was desperately soliciting human interaction and was so frantic that he would not sit still long enough to get a focused picture. Staff indicated that the dog was housed in isolation due to aggression towards other animals. 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.

- g. Bedroom called “Rabbit Room” – Staff indicated they used to house rabbits in this room, however now it is just open to the dining area.



Photo DSCN0749 – View of the “Rabbit Room.” The bedding was filthy and had not been laundered in quite some time. Staff could not tell me the last time the bedding had been changed.

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



Photo DSCN0781- The hallway was filthy, cluttered and in general disrepair.

- i. Bedroom referred to as “Junior’s Room.” This bedroom was filthy and housed a dog in isolation referred to as “Junior.” Staff indicated that the bed used to have a mattress, but the dog had destroyed the mattress.



Photo DSCN0770 (left) & DSCN0773 (right) – Views of “Junior’s Room.” Note the lack of enrichment.



Photo DSCN0779 – Note ceiling was in disrepair.



Photo DSCN0777 – The dog called “Junior.” Staff indicated that the dog was housed in isolation due to aggression toward 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 “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.

- j. 4-Season Porch – This area housed two dogs. Staff indicated both had joint problems and were receiving treatment. One also had recurrent urinary tract infections. Staff was not able to tell me when she had last been evaluated by a veterinarian.



Photo DSCN0806 – The 4-season porch was dirty and cluttered.

- k. 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.
- i. Pool House Living Room



Photo DSCN0815 – View of the pool house. Three dogs were housed in this space, one of which was aggressive to humans. The space was cluttered and dirty.



Photo DSCN0813 – Staff stated this dog (“Buck”) was aggressive towards new people and had to be restrained by the staff member to allow me to enter the room. The dog exhibited fear-based aggression. Staff stated he was not receiving any behavioral modification or treatment to address his fear. Unlike “Bobby” and “Junior”, “Buck” did share his living space with two other dogs and was not suffering in solitary housing.

ii. Bedroom called “Gabe’s Room”.

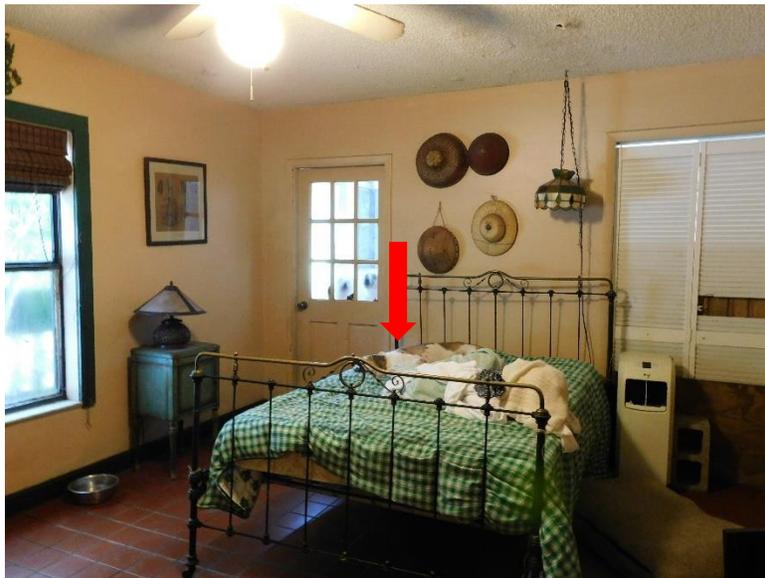


Photo DSCN0819 – A single dog called “Gabe” was housed in solitary confinement in this room (laying on the bed with dirty towels and blankets – red arrow). Staff stated the dog was aggressive to other animals and humans. Aggression is a dangerous behavioral problem that can have many root causes including 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 housed two dogs. The room was filthy and in disrepair. The laundry room connected to a bathroom.



Photo DSCN0861 (left) & DSCN0863 (right).

- iv. Bathroom off of Laundry Room. Bathroom was filthy and in disrepair.



Photo DSCN0866 – The bathroom was 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 – The linen closet was cluttered and contained at least 10 wooden boxes of cremated remains of animals.



Photo DSCN0882 (left) & DSCN0884 (right) – The two dogs housed in the laundry room/bathroom area. Note the extensive damage to the walls caused by the dogs. This type of damage suggests severe behavioral issues which may include anxiety and frustration.

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



Photo DSCN0824 – Bathroom is cluttered and filthy.

- vi. Bedroom referred to as “Pee Wee Room”. Three small dogs and three cats infected with feline leukemia virus were housed in this room. The odor of ammonia and feces was strong enough to induce respiratory and ocular irritation. The room was cluttered and filthy. Staff stated they did not know the last time the bedding had been laundered.



Photo DSCN0832 – View of “Pee Wee Room”

Animal Concerns



Photo DSCN0840 – Staff stated this dog spends the majority of the time hiding under the furniture in the corner of the room. He is not well socialized with other dogs or humans. He also has a heart condition and staff stated he is on medication for his heart. The dog exhibited fearful avoidant behavior. Staff indicated he was not receiving any behavioral enrichment or modification to attempt to reduce his fear.



Photo DSCN0854 – This cat had undergone a right forelimb amputation. Note the ocular discharge. He also sounded congested in his upper airways. Staff stated he was also Feline Leukemia Virus positive. This virus causes immune system problems, and cats infected with the virus are at a much greater risk of becoming sick. They also have a much more difficult time recovering from illnesses due to their compromised immune systems.

- 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. 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.



Photo DSCN1314 (left) & SCN1304 (right) – Exterior of Building A. There was general clutter on the porch and around the shed.



Photo DSCN1308 – Interior of Building A. There was a bowl of food and water in this building, but no animals were found inside the structure.

- 3) Building B – This was a small wooden shed structure in the goat enclosure. Two goats were housed in this enclosure.



Photo DSCN0446 – Goat Enclosure with small wooden structure providing a roof and three walls with a dirt floor.



Photo DSCN1218 (left) & DSCN1220 (right) – Only water source in the goat enclosure had dirt and algae growing in the bucket, and was infested with mosquito larvae (white specs in the water were all mosquito larvae).

- 4) 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 DSCN1068 – Exterior of “Building C.” Carport on the left was cluttered and disorganized. Double doors in the center lead to a tool shed. Single door on the right side was the entrance to a small, air-conditioned room that houses the dog called “Journey.” Staff indicated that “Journey” is aggressive and kept in isolation from all other animals, and most people. He is walked twice a day, but otherwise spend his time in isolation.



Photo DSCN1080(left) & DSCN1082 (right) – Refrigerator in carport was used to store animal and human food items. The interior space was filthy, containing dirt, debris, insect feces and rodent feces.



Photo DSCN1187 (left) & DSCN1188 (right) – Tool Shed. This area was also cluttered.



Photo DSCN1192 (left) & DSCN1291(right) – Solitary housing room for “Journey.” Note only a small blanket was provided, all other surfaces were hard. Also note the lack of enrichment.



Photo DSCN1289 – “Journey” the dog kept in solitary housing. Staff indicated that the dog was housed in isolation due to aggression. 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.

- 5) Building D – Referred to as “The Cat House” by the staff. This building consisted of a large screened porch connecting to a screened yard, and an air-conditioned building with water and electricity. Numerous cats were able to free roam from the inside area to the screened areas. The staff did not have an exact count of how many cats were housed in this area but estimated they had more than 80 cats. Upon entering this room there was a strong smell of ammonia and cat feces. The majority of the cats in this area had signs of URI and many were underweight to emaciated.



Photo DSCN0885 – The exterior of the “cat house”.



Photo DSCN0887 – Screened porch of the “cat house”.



Photo DSCN0894 – Side porch of cat house with entrance (red arrow) to Building E (swine housing). This area contained seven litterboxes: one box did not have litter present. All contained diarrhea, except for the box without any litter.



Photo DSCN0897 – Close-up of litterboxes on side porch. Note diarrhea in all boxes except for the box with no litter.



Photo DSCN0994(left) & DSCN0996 (right) – Communal food and water bowls were provided throughout the inside space. Pest control was inadequate; the canned food was covered with flies (arrows).



Photo DSCN1015 (left) & DSCN1015 (right) – Outdoor yard space accessible from the “cat house”. Note clutter and debris. Note extensive algae/moss in the center of the patio indicating poor drainage.

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. Extensive diarrhea was noted in most litterboxes suggesting widespread gastrointestinal illness.



Photo DSCN0911 – This cat was emaciated and had an upper respiratory infection. Note the ocular discharge, as well as the matted nasal discharge on both of her front limbs. This indicates she had significant discharge and is also not grooming herself. Cats often stop grooming when they are sick. This also indicates staff was not supplementing her lack of grooming.



Photo DSCN0923 – Staff could not provide a name or identifier for this cat. This cat was underweight.



Photo DSCN0927 – All four cats in this picture were severely underweight, dehydrated, depressed and exhibiting signs of upper respiratory infection.



Photo DSCN0930 – The cat was underweight, dehydrated and depressed. The hunched posture and closed eyes indicate that this cat does not feel well and is suffering.

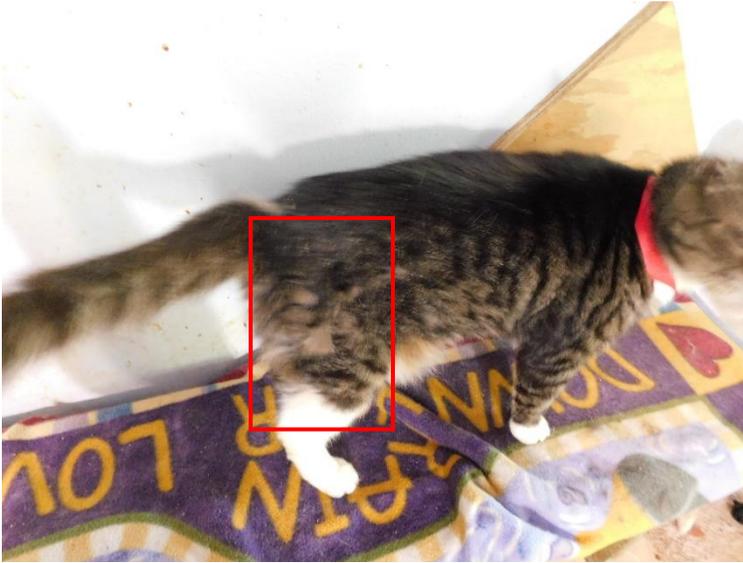


Photo DSCN0950 – This cat was emaciated and severely matted in the hind end (red box). Matting of this nature in a short-haired cat indicates lack of self-grooming. Cats are fastidious groomers; when a cat stops grooming it is a sign of a medical condition such as illness or pain which prevents that cat from being able to groom. The matting is also a sign that staff does not provide assistance with grooming.



DSCN0987 (left) & DSCN0989 (right) – This cat was permanently housed in this metal crate on a table. Staff indicated she was isolated because she had allergic skin disease and was feed a special diet. 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 then 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.

- 6) Building E – This was a wooden open-air structure with a dirt floor attached to the north side Building D and accessed through the screened porch of Building D. This area contained two separate covered areas which housed swine (two in the west section and one in the east section). Both sections had access to small uncovered outdoor yards.



Photo DSCN1049 – The exterior of the swine housing area.



Photo DSCN1021 – The western section of the interior of the swine housing area looking towards the entrance from the cat house porch. The only source of water was the green turtle-shaped plastic sandbox which was filled with filthy water. Two swine were housed here. Note the lack of enrichment.



Photo DSCN1028 (left) & DSCN1030 (right – close up of left eye) – Fig 1 - Note the squinting and extensive amount of dark discharge from both eyes which indicates severe, painful ocular disease. The staff indicated this animal was not receiving any treatment.



Photo DSCN1031 – Fig 1 - This animal also walked on the top surface of her lower leg, instead of on her foot. This suggests either a neurologic, bone and/or muscular disease or injury. Staff indicated the animal was not receiving any treatment.



Photo DSCN1038 – Pig 2 - This animal had numerous painful, large, infected abrasions on the forehead. There was extensive fly activity on the wounds. The staff indicated the animal was not receiving any treatment.



Photo DSCN1046 – The eastern side of the swine enclosure. Note the lack of enrichment. This area housed one boar.



Photo DSCN1039 (cropped) – Pig 3 - The boar had an open infected wound at the base of the left ear (arrow) which had extensive fly activity.



Photo DSCN1065 – Outside space for the boar.

- 7) 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 an individual not affiliated with organization slept there at night and left his dog there during the day.



Photo DSCN1165 – Exterior view of Building F.

- 8) 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 a single volunteer provided most of the care for the horses.



Photo DSCN1097 – View of the horse stalls and “poultry room” which housed one swine.



Photo DSCN1106 (left) & DSCN (right) – View inside the “poultry room.” Note the lack of clean, fresh water as well as the lack of enrichment for this single pig.



Photo DSCN1108 (left) & DSCN1109 (right) – Stall 1 - Eastern-most stall was cluttered with random debris.



Photo DSCN1110 (left) & DSCN1112 (right) – Stall 2 labeled “Amber” – Appeared to be used for housing one horse.



Photo DSCN1113 (left) & DSCN1116 (right) - Stall 3 – Used for storage of horse feed and supplies. This area was fairly organized, however the items on the shelf were filthy and unsanitary, and covered in bird and rodent feces.



Photo DSCN1121 – Filthy storage conditions on shelving next to horse feed.



Photo DSCN1125 (left) & DSCN1126 (right) – Stall 4 labeled “Lucy.” Appeared to be used for housing one horse.



Photo DSCN1128 (left) & DSCN1129 (right) – Stall 5 at western end of horse barn. Appeared to be used for housing one horse.



Photo DSCN1055 – Horse 1 - This horse is underweight. Note the prominent ribs, spine and hip bones. Staff stated she was diagnosed with Cushing's disease and also has cancer. The staff was uncertain what, if any treatment was being provided. She stated the horses are usually taken care of by a volunteer. Staff could not tell me how often the volunteer came to provide care to the horses. Staff could not provide a written medical record or treatment plan for this horse.



Photo DSCN1057 – Horse 2 - 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.



Photo DSCN1130 (cropped) – Horse 3 - This horse had a normal body condition. Staff could not provide any information about any medical care this horse may have been receiving.

There were multiple outdoor spaces on the property.

- 1) Parking Lot – gravel parking area just through the entry gate. Building A was located entirely in this space.



Photo DSCN0433 – View of parking lot. Building A is visible on the left side of the photo.

- 2) Public/Front Yard – Accessed through a double picket fence gate.



Photo DSCN0450 – View of front yard space.

- 3) Yard from Living Room where “Bobby” is kept. This yard is separated from the Public/Front Yard by a picket fence and accessed via one of two gates in the picket fence.



Photo DSCN1264 – View of patio in yard space off the living room.



Photo DSCN1275 – View of fence separating living room yard and back bedroom yard. Note clutter and debris in the yard space along the fence.

- 4) Yard from back bedroom.



Photo DSCN1271 – View of the yard accessed from the back bedroom where “Junior” is kept.

- 5) Pool area and connecting yard.



Photo DSCN0809 – View of the pool deck and yard.

6) Horse pasture



Photo SDCN1143 – View of pasture from western edge of property.



Photo DSCN1136 – Areas of recently overturned ground (arrows) in back pasture in the area staff indicated they had occasionally buried bodies of dead animals. Staff was not familiar with Florida Statute 823.041 regarding proper disposal of bodies of dead animals. Further exploration of this area is needed to confirm compliance with this statute.

Overall Conclusions:

Ms. Thuot is in violation of Florida Statute 828.30 and Volusia County Ordinance 14-42 by failing to provide vaccination against rabies. She is also in violation of Volusia County Ordinance 14-43 by failing to license and display the license for all dogs and cats in her custody.

The living conditions are unsanitary and dangerous to animal and human health. The conditions are 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. Ms. Thuot stated her health is 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. This extra work pulls the overwhelmed staff away from their animal care responsibilities and contributes to their inability to complete the basic daily care of the animals, let alone attend to other tasks such as cleaning, laundry, organizing, decluttering, administration, etc. Ms. Thuot’s declining health may be associated with the unsanitary living conditions and her inability to care for herself. Evaluation by a human medical professional is strongly recommended. If Ms. Thuot needs daily care assistance, a trained home health aide should be hired. It is unethical for resources (i.e. donation funds) to be spent on her personal care (which is what is currently happening since she has the paid-staff perform these duties).

Note: There are five bathrooms on site; none appear to have been used for bathing in quite some time.



Photo DSCN0653 (left) – Bathroom off “Sassy’s Room” Photo DSCN0764 (right) – Bathroom off “Junior’s Room” – This was the least cluttered bathroom on the property, however it was also

far away from the “Game Room” where Ms. Thuot lives and staff stated she is unable to get to this bathroom.



Photo DSCN0824 (left) – Bathroom off “PeeWee Room” Photo DSCN0875 (right) – Bathroom off of “Laundry Room”



Photo DSCN0962 – Bathroom in “Cat House”

Employment law violations may 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. The staff detailed repeated incidents of after-hours work without pay, working long shifts without any breaks, working past their scheduled shifts without being compensated for the extra work, working greater than 40 hours per week without overtime compensation, working seven days a week on a regular basis without any days off and being required to perform duties beyond their job descriptions, including assisting Ms. Thuot with her personal care and hygiene.

Ms. Thuot has 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 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.** 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.** 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.** 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.** 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 protocol to ensure consistent decision making.** 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.** 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).** 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.** 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.** 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 days off). Drop the calculation to 3 FTE's per work day (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.** 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.** 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.** 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 is extensive evidence of insect activity in food and medication storage areas, as well as in animal and human living areas.** 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.** 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 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 widespread 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 widespread 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 of these factors were noted at the organization.
 - 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.
 - d. **The organization does not provide rabies vaccinations as required by Florida Statute 828.30 and Volusia County Ordinance 14-24.** The staff stated that Dr. Freiberg is not providing rabies vaccinations to the animals at the facility. This is in direct violation both Florida law and local county ordinances. 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, the staff indicated most of the animals are not currently vaccinated as required by law.
 - e. **Medical treatment is not provided in a timely fashion.** As discussed in the Population Management section, the organization is drastically understaffed and overwhelmed. Staff admitted they often are late or miss giving medications due to the other demands placed on them each day.
2. **Monitoring and Daily Rounds**
- a. **Daily rounds are not conducted.** 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.** 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.** 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.** 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 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.** 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.** 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.** 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.** 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.** 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.** 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 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.** 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.** 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.** 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.** 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.

This is 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 noted during my 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.

Rachel C. Barton, DVM MS

Citaitaions

Association of Shelter Veterinarians. (2010). Guidelines for Standards of Care in Animal Shelters. www.sheltervet.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: Medications, Supplements and Surgical Supplies Found on Scene

NE – Not Expired **RED - Expired**

1. **Accel Concentrate (no expiration date) NOTE: This product underwent a name change several years ago and is no longer called “Accel”.**
2. **Amoxicillin 150mg (Expired 07/2019)**
3. Amoxicillin 250mg (NE)
4. Apoquel 5.4mg (NE)
5. **Aspirin (Bayer Low Dose) (Expired 02/2019) – NOTE – This was the only drug found in the lock box inside the locked cabinet. It is not a controlled substance.**
6. Baytril 22.7mg (NE)
7. Benzapril 5mg (NE)
8. **Buprenorphine: 0.3mL x 8 syringes (CONTROLLED DRUG – OPIATE - should be stored locked; No expiration date on product)**
9. **Carprofen 25mg (Expired 05/2016)**
10. **Carprofen 100mg (Expired 06/2017)**
11. **Cephalexin 250mg (Expired 06/2018)**
12. Cephalexin 500mg (NE)
13. Cerenia 160mg (NE)
14. Cerenia 16mg (NE)
15. Cerenia 24mg (NE)0
16. **Cerenia 60mg (Expired 07/2019)**
17. Chloramphenicol 250mg (NE)
18. **Clavamox (handwritten label) 125mg (no expiration date listed – improperly labeled)**
19. **Clavamox 125mg (Expired 04/2018)**
20. **Clavamox 125mg (Expired 06/2018)**
21. **Clavamox 125mg (Expired 08/2017)**
22. **Clavamox 250mg (Expired 07/2018)**
23. **Clavamox 250mg chewable (Expired 05/2019)**
24. **Clavamox 62.5mg (Expired 02/2016)**
25. **Clavamox 62.5mg (Expired 05/2018)**
26. **Clavamox 62.5mg (Expired 08/2018)**
27. **Clavamox 62.5mg chewable (Expired 01/2019)**
28. Clindamycin 150mg (NE)
29. Clindamycin liquid 25mg/mL (NE)
30. Clindamycin liquid 25mg/mL (NE)
31. Dexamethasone Injectable (no expiration date, dispensed date 10/11/2017)
32. Diltiazem 90mg (NE)
33. Dorzolamide ophthalmic 2% (NE)
34. Dorzolamide timolol (NE)
35. **Doxycycline 100mg (illegible label – no obvious expiration date)**
36. Enrofloxacin 136mg (NE)
37. **Entyce 30mg/mL (Expired 11/2018)**
38. Entyce 30mg/mL (NE)
39. Epakitin 20 dram (NE)
40. **Epizymes (Expired 01/2019)**
41. Erythromycin ophthalmic (NE)
42. Felimazol 2.5mg (NE)
43. Flovent HFA 220 mcg (NE)
44. Fluoxetine 20mg (NE)

45. Fortiflora feline (NE)
46. Fulimazol 2.5mg (NE)
47. Furosemide 1% Soln (NE)
48. Gabapentin 100mg (NE)
49. Generic amoxi-clav 250mg (NE)
50. Generic amoxi-clav 375mg (Expired 06/2020)
51. Gentamycin spray (NE)
52. Gentizol (NE)
53. Gentazol (Mexican drug, not FDA approved, expiration date illegible)
54. Maxiotic (NE)
55. Meclazine 12.5mg (NE)
56. Meclazine 25mg (Expires 11/2018)
57. Meloxidyl (Expired 06/2019)
58. Meropenem IV (NE)
59. Mertazipine 15mg (illegible expiration date)
60. Metronidazole 500mg (Expired 07/2018)
61. Metronidazole 500mg (NE)
62. Miralax (Expired 05/2019 – human OTC)
63. MotaZol Otic (Expired 05/2018)
64. Mupirocin ointment 2% (NE)
65. NeoPredef powder (Expired 07/2018)
66. Nitrofurantoin mono 100mg (NE)
67. Novox 25mg (Expired 03/22/2019)
68. Otobiotic (NE)
69. Oxytetracycline 250mg (NE)
70. Panacur liquid (Expired 01/2019)
71. Paradyne (Expired 03/2018 – generic selamectin)
72. Phenobarbitol ½ grain (NE) * CONTROLLED DRUG – found in chest of drawer, not locked
73. Phenobarbitol 60mg (NE) *CONTROLLED DRUG – found in chest of drawer, not locked
74. Potassium citrate chewable (Rx label illegible; Expired 05/2016)
75. Prednisone 20mg (NE)
76. Prednisone 5mg (Expired 06/2019)
77. Prednisone 5mg (NE)
78. Previcox 227mg (Expired 02/2017)
79. Previcox 227mg (NE)
80. Proin 50mg (no expiration date listed)
81. Propectalin tabs (NE)
82. Prozac 40mg (no expiration listed)
83. Pyrantel pamoate (NE)
84. Opcon-A Ophthalmic Drops (Human OTC –Expires 08/2019)
85. Quadritop ointment (Expired 02/2016)
86. Quadritop ointment (NE)
87. Sucralfate 1g (NE)
88. Terramycin Ophthalmic Ointment (NE)
89. Terramycin 250mg Large Animal Tablets (NE)
90. TheraTears Ophthalmic Soln. (Human OTC – Expired 01/2018)
91. Thyroxine 0.4mg (NE)

92. Timolol (NE)
93. Trimethoprim Sulfa 480mg (Expires 08/2019)
94. Triz EDTA ear cleaner (NE)
95. Tropicamide (Expired 05/2019)
96. Vetripolycilin (BNP+HC) (Expired 12/2018)
97. Vetsulin (NE - Not refrigerated – found in locked cabinet)
98. Vit B injectable (Expired 11/2018)
99. Zymox Otic HC 1% (Expired 03/2018)

Supplements & Homeopathics

1. Adizone (Expired 03/2015)
2. Antiox QCB (Expired 12/4/2018)
3. Catazymes probiotic (Expired 07/2012)
4. CBD edible (no expiration date on product)
5. CBD oil 100mg (no expiration date on product)
6. HempRx CBD oil 15mg (no expiration date on product)
7. CoQ10 (NE)
8. Cosequin Feline (Expired 08/2018)
9. Denamarin cat/small dog (NE)
10. Denamarin Large dog (NE)
11. Denosyl SAMe 425mg (NE)
12. Dermacent essential 6 (no expiration date)
13. Double P II Supplement (no expiration date)
14. EFA Supplement (Expired 04/2017)
15. Fortiflora Canine (NE)
16. Fortiflora Feline (NE)
17. Gastriplex (NE)
18. Glucosamine Supplement (Expired 10/2016)
19. Gut & Joint Health (Expired 12/2018)
20. Hindquarter Weakness Supplement (NE)
21. Joint Health Care (Expired 07/2018)
22. L-carnatine 500mg (NE)
23. Life Cell Support (Expired 12/2014)
24. Liqui-tinic 4x (no expiration date on product)
25. Natural Hairball Aid with Catnip (Expired 08/2014)
26. Otagia drops (Expired 10/2016)
27. Petizone (Expired 04/2019)
28. Pets Fatigue Liquid (No expiration date listed)
29. Provable (NE)
30. Rescue Remedy (NE)
31. Rheumatic Pain Drops (No expiration date listed)
32. Rooster Booster (NE)
33. Senior Multivitamin Canine (NE)
34. Tumoxil Supplement (NE)
35. Unlabeled plastic Ziploc-type bag of treats – staff identified as CBD treatables
36. Vet-3Caps HA (Expired 04/2017)

Surgical Supplies

1. Chlorohexidine scrub (no expiration date listed)
2. Chlorohexidine surgical scrub (Expired 02/2017)
3. Chloroxinol scrub (Expired 07/2010)
4. Dermabond skin glue (Expired 01/2012)
5. IV line (Expired 08/2015)
6. Laceration pack (no expiration date listed)
7. Prolene 5-0 suture (Expired 01/2015)
8. Dental instruments

Appendix 2: Purina Body Condition System Utilized for Canines and Felines

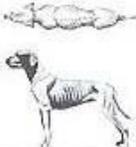
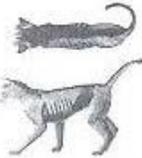
5 pt scale	9 pt scale	% body fat	Body condition scoring	Dogs	Cats
1	1	≤5	Emaciated —ribs and bony prominences are visible from a distance. No palpable body fat. Obvious abdominal tuck and loss of muscle mass.		
2	2	6-9	Very thin —ribs and bony prominences visible. Minimal loss of muscle mass, but no 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.)