



सत्यमेव जयते

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अध्यक्ष / Chairman

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भारतीय जीव जन्तु कल्याण बोर्ड

ANIMAL WELFARE BOARD OF INDIA

भारत सरकार

मत्स्यपालन, पशुपालन और डेयरी मंत्रालय

(पशुपालन और डेयरी विभाग)

Government of India

Ministry of Fisheries, Animal Husbandry and Dairying

(Department of Animal Husbandry and Dairying)

Date: 09.06.2022

To

1. The Chief Secretary of all States/UTs
2. State Animal Welfare Board of all States/UT's
3. The District Magistrate of All States/ UTs.
4. The Municipal Commissioner of all States/UTs

Subject: Guidelines for Animal Shelters With Regard to Veterinary Facilities

Sir/Madam,

The Animal Welfare Board of India (AWBI) is a Statutory Body established under the Prevention of Cruelty to Animal Act, 1960 and is an apex body for protection and safeguard the rights of animals as well to ensure that the five freedoms of the animals are upheld and no animals are subject to any unnecessary pain or suffering.

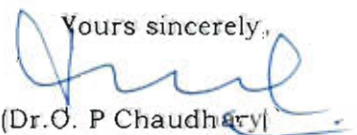
2. In this regard, the Supreme Court has in the case of AWBI Vs. Nagaraja & Ors. inter alia held that "We declare that the five freedoms [viz. (i) freedom from hunger, thirst, and malnutrition; ii) freedom from fear and distress iii) freedom from physical and thermal discomfort iv) freedom from pain, injury and disease; and v) freedom to express normal patterns of behaviour, referred to earlier be read into section 3 and 11 of Prevention of Cruelty to Animals Act, 1960, be protected and safeguarded by the State and Central Government, Union Territories (in short "Governments"), Ministry of Environment, Forest and Climate Change and AWBI."

3. It has come to the notice that many AWOs/NGOs are running outdoor and indoor facilities wherein large number of animals were treated. As you may be aware that only registered vets should treat the animals, it has noticed that AWOs/NGOs are treating animals by those persons who are not vets. It is a violation of Section 30 B of the Indian Veterinary Council Act. Further, it is also observed that the NGO/AWOs those are running Animal Shelter and also giving veterinary care, are not maintaining proper records of treatment and related activities.

4. To streamline the system, the AWBI has developed "guidelines for Animal Shelters with regard to Veterinary facilities" which is enclosed.

5. I would urge that all the Animal Shelters giving Veterinary Care and ABC Centres where the animal treatment are taking place should follow the guidelines.

Yours sincerely,


(Dr. O. P. Chaudhary)
Chairman

Copy to:

1. President, Veterinary Council of India, August Kranti Bhawan (2nd Floor), Bhikaji Kama Place, New Delhi-110029

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Guidelines for Animal Shelters With Regard to Veterinary Facilities

Shelters must maintain the following very important records. These are:

1. Individual Identity Record of each animal with its ID No & individual Details
2. Daily Inventory Record of all the animals in the shelter
3. Indoor Patient Register (IPD Register)
4. Outdoor Patient Register (OPD Register)
5. Record of Animals getting released/discharged from Shelter with reasons
6. Record of Death Certificates/ Post Mortem Certificates
7. Feed Stock Book
8. Daily Feed Consumption Record
9. Medicine /vaccine Stock Book
10. General Stock Book
11. Daily Stock Issue Register
12. Book of Accounts
13. Annual Audit Record
14. Land Record & Available Area for sheltering of each species
15. Visitor's Register (at entry gate)
16. Visitor's Notes (for comments and suggestions)
17. Electricity Record
18. Drinking Water Supply Record
19. Telephone/Helpline Register
20. Vaccination records, if any

The following guidelines are prescribed for Animal Shelters run by charitable animal welfare organizations which provide admission facilities for injured or diseased animals or which operate an out-patient facility. The Guidelines are prescribed to prevent infliction of unnecessary pain and suffering on animals while they are housed or treated at such facilities.

I. In-patient treatment facilities

1. Different species of animals must be housed separately in species-appropriate infrastructure. Under no circumstances should the animals of one species be present in the same enclosure/ room/ cage/ campus as inmates of other species. Stress levels in animals increase manifold when they are in a hostile environment which impedes recovery and greatly increases the chances of pathogens getting exchanged. Accidents are common where dogs are kept in the same area as cattle or cats etc which is avoidable if distinct sections are allocated to each species.
2. Within the housing area for each species, the animals that are diseased, pregnant, disabled etc must be housed and fed separately from the healthy or hostile ones.
3. Any major veterinary procedure, surgery, administration of antibiotics or diagnosis of disease must be done only by a veterinary practitioner registered with the State Veterinary Council or the Veterinary Council of India. Any minor veterinary procedure should also be carried out by a trained paravet under the supervision of a registered veterinary practitioner.
4. Each animal housed at the shelter must have gone through a veterinary checkup for diagnosis at least once and must have a record sheet clearly mentioning the date and place from where it was rescued. Any treatment given or medication prescribed for in-patient animal shall be duly noted in the record sheet and signed by the veterinary practitioner treating such animal. A sample record sheet for each individual animal is attached as *Appendix I*.

5. Assistance from the District SPCA or the Jurisdictional Veterinary Officer may be sought by the shelter for veterinary treatment and guidance.
6. No animal admitted for in-patient care may be housed with other animals before being suitably vaccinated with species and age appropriate vaccinations.
7. Animals being admitted to shelters must first be kept in quarantine under the observation of a veterinary practitioner to rule out any communicable diseases. Infant animals are especially susceptible to fatal communicable diseases and must not be housed with adult animals or other young animals which are not from the same litter/group.

II. Out-patient treatment facilities

1. Where there are in-patient animals housed at a shelter, out-patient facility must have a separate entrance and must ideally be located away from the in-patient facilities in order to avoid cross-contamination.
2. Out-patient animals must be examined by a registered veterinary practitioner only. Any procedure, whether minor or major, shall be conducted only upon the express written consent of the owner of the animal. A sample consent form is attached as *Appendix II*
3. The examination room for out-patients must be separate from the examination room for in-patient animals.
4. A complete signed prescription must be provided by the veterinary practitioner for every out-patient animal treated by them at the shelter.
5. A record of all consultation, examination, treatment is provided in the out-patient facility shall be duly recorded in out-patient registry. A sample page of such registry is provided at *Appendix III*

APPENDIX I

**Record Sheet
(For Individual Animals)**

Date :

IPD No. :

Arrival/admission date: _____

Type of intake: (select relevant option)

- A. Rescue
- B. Abandoned
- C. Case property
- D. Pet/owned

Information of owner/rescue person/volunteer

Name: _____

Contact information: Ph.No. _____ **Email ID.** _____

Address: _____

Details of the animal

Species _____ **Breed** _____

Sex male / female **Tag No.** _____

Age _____ **Colour:** _____ **Weight** _____

Distinctive features: _____

Overall Health Condition _____

Treatment provided _____

[Daily treatment record, prescriptions may be attached to this form]

Other medication administered with date (signature of vet required)

Final comments

In case of case property animal:

Tag no. _____
Name of the reference/Police Station _____
Address /FIR number _____
Ph no _____
Brought to the shelter by (vehicle number and name of driver) _____

Date and place of release _____
(In case of death, please attach Post Mortem report/Death Certificate)

Signature of owner/rescue person/officer.
Date:

Signature of attendant/intake receiver
Date:

APPENDIX II

Consent Form

Name of Client/Owner: _____
Contact number: _____ Email ID: _____
Patient Name: _____ Age: _____ Sex: _____
Species & breed: _____ Description: _____
Attending veterinary practitioner: _____
Veterinary assistant/Paravet: _____
Procedure and/or treatment: _____

I am giving my consent for above mentioned treatment / Surgery. I have been explained about the surgery and its complications by Doctor in my own language.

Informed consent

Authorization for treatment and Administration of anesthesia & performance of surgical operation and or Diagnostic.

1. I hereby authorize the Veterinarian.....
2. The Veterinarian explained me that during the course of operation /procedure, unforeseen condition may be revealed or encountered which necessitate surgical or other emergency procedure by in addition to or different from those contemplated at the time of initial diagnosis. I therefore, further authorize the above veterinary doctor and designated staff to perform such addition surgery or other procedure.
3. I agree to the administration of anesthesia and to the use of anesthesia as may be deemed necessary or desirable.
4. I acknowledge that no guarantee and promise has been made to me concerning the result of any procedure / treatment.
5. For the purpose of advancing veterinary education, I, hereby give consent to the admittance of observers to the operating room provided there should not be any life threat of the animals.
6. I also give consent to the disposal by concerned authorities of any tissues or parts which may be removed during course of operation procedure/ treatment after to me immediately after the operation.
7. I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances.

I certify that the statements made in the above consent letter have been read over and explained me in the language I understand. I have fully understood. The implications of the above consent and further submit that statements therein referred to were filled in my presence and I signed place thumb impression.

Name & signature of owner.
Date:

Name & number of Veterinary Doctor
Date:

APPENDIX III

Out-patient Record

Date:

OPD No. :

Name of Client/ Owner: _____
Contact number : _____ Email ID: _____
Address : _____

Patient Name: _____ Age: _____ Sex: _____
Species & breed: _____ Body Color _____
ID No. / Tag No. / Microchip No. : _____
Other Identification Details : _____

Body Temp. : _____ Pulse Rate: _____ Respi. Rate: _____
Posture : _____ Gait: _____
Other Symptoms:

Diagnostic Pathology:

Diagnosis:

Treatment Rx

Special Precautions:

Next Due Date for re-examination:

Signature of Vet : _____
Name of Vet : _____
Registration No. : _____
Qualification : _____
Designation/ Seal: _____