

April 8, 2024

The Honorable Marc Berman
Chair, Assembly Business & Professions Committee
1020 N Street, Room 379

Re: AB 2265 – Animals, Spaying, Neutering, Euthanasia - OPPOSE

Dear Chair Berman,

We, the undersigned shelter and private practice veterinarians, regretfully submit this letter in **OPPOSITION** to **AB 2265 (McCarty)**. We preface outlining our concerns by sharing that each of us took an oath to use our *“scientific knowledge and skills for the benefit of society through the protection of animal health and welfare, the prevention and relief of animal suffering, the conservation of animal resources, the promotion of public health, and the advancement of medical knowledge.”* With this oath, we made a lifelong commitment to practice conscientiously, with dignity, and in keeping with the principles of veterinary medical ethics.

Though AB 2265 is flawed in several ways, we are focusing our opposition on a few key components of the bill that we feel our expertise lends particular credibility. Specifically, how the removal of reasonable definitions in favor of only the most extreme exemptions for euthanasia will create a warehousing effect in shelters, spread disease, and result in an increase in animals dying in shelters.

Depending on the shelter, staff may be supporting hundreds to thousands of animals each year. Pathway planning begins the minute an animal is presented, whether as a found stray, owner relinquishment, animal control seizure for cruelty or neglect, or any other reason they may require sheltering and care. Shelters that follow best practice guidelines make decisions in the best interest of each individual animal, as well as the health of the overall population. Many utilize definitions set by the Asilomar Accords, a set of industry standards established in 2004, including “healthy,” “treatable,” “manageable,” and “unhealthy & untreatable” to assess which animals have the best chance of being successfully placed in a new home. Shelter staff provide additional resources and care to those who have behavioral or temperamental characteristics that pose a health or safety risk or those who are suffering from disease, injury, or illness.

In stark contrast to the definition of “irremediably suffering” in AB 2265, “...an animal that is unable to live without having severe, unremitting physical pain, even with prompt, necessary, and comprehensive veterinary care,” the definition of unhealthy & untreatable as outlined in the Accords refers to a standard of care **typically provided by reasonable and caring pet owners/guardians in the community.**

More specifically, the term “Unhealthy & Untreatable” includes dogs and cats who, at or subsequent to the time they are taken into possession, (1) have a behavioral or temperamental characteristic that poses a health or safety risk or otherwise makes the animal unsuitable for placement as a pet, and are not likely to become “healthy” or “treatable” even if provided the care typically provided to pets by reasonable and caring pet owners/guardians in the community; or (2) are suffering from a disease, injury, or congenital or hereditary condition that adversely affects the animal’s health or is likely to adversely affect the animal’s health in the future, and are not likely to become “healthy” or “treatable” even if provided the care typically provided to pets by reasonable and caring pet owners/guardians in the community; or (3) are under the age of eight weeks and are not likely to become “healthy” or “treatable,” even if provided the care typically provided to pets by reasonable and caring pet owners/guardians in the community.

As veterinarians who work in and outside of our state's shelters, we fully support setting high standards for animal care. However, the expectation that shelter medical and care-giving staff be held to a standard of lifesaving that far exceeds what would be reasonably expected of a loving pet owner is difficult to support or justify, particularly given the volume of animals entering shelter care each year.

Further, requiring shelters to house animals who are ill, but not necessarily "unable to live without having severe, unremitting physical pain," is an absolute recipe for a disastrous infectious disease outbreak. Animal disease can be spread by direct contact, inhalation of aerosols, ingestion, indirect transfer by fomites, or vector transmission. The more crowded a shelter becomes, the greater the risk of animal exposure, even in shelters with the highest caregiver to animal ratios and highest husbandry standards.

It is recommended that sick populations of animals be situated so that pathogens do not cross into housing areas with healthy animals. When shelters are operating over capacity it is very difficult to isolate properly. If no alternate housing can be identified, like temporary foster home placement, then shelters are forced to consider humane euthanasia in order to stop continuous disease transmission.

When shelters do not have the flexibility and freedom to make appropriate pathway decisions for the animals in their care, which may at times be euthanasia, the whole population is at risk.

The requirements around securing spay/neuter of foster animals within such a constricted timeframe are also concerning. It is well documented that access to veterinary care is at an all-time low in California and beyond. Spay/neuter appointments are booking months out in the private sector and many shelters have healthy, adoptable animals with increasing lengths of stay while they await their surgery. When foster families open their homes to animals in need of mental or physical rehabilitation, or to relieve capacity pressures on shelters, they are serving far more than that one animal. If the state mandates re-entry to the shelter of any unaltered animal – with no exceptions – after 30-45 days, foster care is no longer an effective lifesaving tool. Further, forcing spay and neuter within a set timeframe precludes medical assessment of the optimal time. Animals coming into a shelter for the first time may be highly stressed, ill, or incapacitated. Timing for elective procedures should be the purview of professional veterinary and shelter staff.

When taken holistically these and the other provisions in AB 2265 are certain to overwhelm and overcrowd shelters. Their already limited resources will be stretched beyond capacity and, in addition to animals who are suffering the most, otherwise healthy animals will become ill and candidates for euthanasia, the opposite of the bill's intended result.

For these reasons, we respectfully request your **NO** vote on **AB 2265 (McCarty)** when it comes before you in committee.

Sincerely,

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