

Pet Evaluation Matrix Definitions, revised June 2015

Category	Type	Condition	Definition
U/U	BEH	Aggression – caused injury to person or animal, unprovoked bite	Bites or causes harm to a person or animal without provocation.
U/U	BEH	Aggression: Dog- Severe	Cases of injuries to other dogs (owner history or observed), fighting with other dog(s). May be able to co-exist or bond with a few other dogs (dog-selective), but continues to show aggression to many dogs.
U/U	BEH	Aggression: Resource Guarding- Severe	High (e.g. air snapping, biting) signs of guarding behaviors that may not be manageable.
U/U	MED	Cancer	Diagnosed by a vet. Causing pain/distress and incompatible with life for more than a few months.
U/U	BEH	Canine prey drive resulting in attack of another animal	Per history or observation, animal has attacked another animal(s) (e.g. familiar pets) and actively hunts "prey."
U/U	MED	Chronic Renal Failure	Diagnosed by a vet
U/U	MED	Distemper – Canine	Highly contagious, can be fatal and has long-term health effects. Diagnosed by a vet, includes known exposed highly susceptible
U/U	MED	FeLV	Diagnosed via test or vet. This disease is contagious and eventually fatal though there are rescue groups that will sometimes take in FeLV cats if space permits
U/U	BEH	Feral cat – adult	Cats over 6 weeks of age that are unable to be safely handled, respond in a defensively (flight) or offensively (fight) aggressive manner to approach or attempts to handle, are unlikely to have previously lived as a companion, and are not adoptable as pets.
U/U	MED	FIP	Diagnosed by a vet. This condition is always fatal.
U/U	MED	FIV	Positive test with clinical signs present
U/U	MED	Heart murmur with clinical signs	Diagnosed by a vet
U/U	BEH	High Arousal- Severe	Safety of other animals and people at risk, extremely slow or unable to recover from aroused state. Animal can be unresponsive to management or attempts to elicit trained behaviors as they are emotionally overwhelmed and "can't hear you" or focus. Behavior is reflexive and frenzied.
U/U	MED	Medical - Emergency	Diagnosed by a vet or observed by staff. <u>STAFF</u> : An animal in severe distress. May be a "downed" animal. In lieu of an on-site veterinarian, this animal would be taken to an emergency clinic or considered by staff for a "most humane" euthanasia due to immediate, significant, and irremediable suffering.
U/U	MED	Medical – Severe	Diagnosed by a vet. Quality and length of life is significantly compromised due to a medical condition or several medical conditions. Surgery or medications are unlikely to improve length or quality of life..
U/U	ORG	Nursing kittens	Nursing is necessary for survival, unable to eat on their own
U/U	MED	Panleukopenia	Diagnosed by test or vet. Highly contagious, may be result of exposure.
U/U	MED	Parvo – moderate to severe	Needs to be hospitalized for treatment, IV fluids and antibiotics. Diagnosed by test or vet. This is a severe disease that is difficult to treat and is very contagious.
U/U	MED	Rabies	Diagnosed by vet through index of suspicion
U/U	BEH	Separation Anxiety- Severe	Causing injury to themselves, severe distress and destructive behavior

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T/M	BEH	Aggression: Barrier	Includes frustrated, reactive, and/or aggressive displays behind barriers (e.g. fences / suite windows) and/or while on barriers (e.g. leashes) toward people and/or other dogs. May or may not be "managed" when barriers are removed or through training exercises. Includes lunging, snapping, growling and barking as bites will often be prevented due to the barrier. Refer to "ladder of aggression" for other aggressive/non-aggressive behaviors.
T/M	BEH	Aggression: Dog	May include un-manageable leash-frustration/aggression which prevents positive meet-and-greets, especially when off-leash introductions are likely to or have shown play-skill deficits. May include fear-based dog-dog aggression. Use Aggression: Barrier for dogs that show leash frustration, but regularly interact in a positive manner with other dogs off-leash (e.g. daycare, dog parks). Refer to "ladder of aggression" for aggressive/non-aggressive behaviors.
T/M	BEH	Aggression: Fear, provoked bite	The animal has displayed fearful behavior may or may not show social signs toward some individuals once they get familiar with those individuals. Animal will respond defensively to perceived threats with overt aggression (e.g. snapping, striking, biting). May include undersocialized animals that resort to aggression. Refer to "ladder of aggression" for aggressive/non-aggressive behaviors.
T/M	BEH	Aggression: Resource Guarding	Includes Medium (e.g. body blocking, growling, tension) signs of guarding behaviors that may be "manageable" through exchange exercises as described by Canine Behavior Evaluation process. Includes guarding low and/or high value items.
T/M	MED	Allergies	Typically displays as skin disease causing red, itchy skin, self-mutilation and hair loss. Previously diagnosed as allergies by vet. Inciting cause known or identifiable.
T/M	MED	Arthritis	Not severe enough to compromise quality of life, diagnosed by a vet
T/M	BEH	Behaviors: Inappropriate Elimination	Behavior issues including, but not limited to, house soiling, behaviorally based inappropriate urination, destructive behaviors, unwanted vocalization, escape due to poor management practices, separation/isolation behaviors related to recent transition into new home. Such behaviors can be managed and/or alleviated in an appropriate home. Use other categories to describe fearful behaviors.
T/M	MED	Brain damage	Not severe enough to compromise quality of life, diagnosed by a vet
T/M	BEH	Canine prey drive	Per history or from observations prey drive (e.g. animal becomes excited by or focused on "prey" movements; displays some or all of the predatory sequence including: scanning & scenting, alerting, targeting, stalking, chasing) is present but animal responds to distraction, is able to be refocused, and is manageable. May have killed another "unfamiliar" animal(s) (e.g. urban wildlife like squirrels) based on opportunity and/or poor management practices rather than focused active, hunting of "prey."
T/M	MED	Cataracts	Diagnosed by a vet
T/M	MED	Chronic Otitis Externa	History of more than 3 episodes. Diagnosed by a vet
T/M	MED	Chronic URI	Diagnosed by a vet.
T/M	MED	Degenerative joint disease	Diagnosed by a vet. Causing no or minimal pain/clinical signs. If painful, relief provided by medications.
T/M	MED	Dental Disease	Diagnosed by a vet
T/M	MED	Dermatitis	A skin infection that is likely to re-occur due to underlying chronic condition– diagnosed by a vet
T/M	MED	Deterioration	When an animal's behavior get worse in our care and a change in environment would likely improve it (e.g. "kennel crazy") despite behavioral modification intervention.
T/M	MED	Diabetes Mellitus	Stable control of blood glucose, no additional health complications associated with diabetes. Diagnosed by a vet

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T/M	BEH	Escapes (i.e. difficult to confine)	Dog has a history of escape behavior or such behavior is observed. Relates more to active attempts to escape (e.g. door dashing, jump/climb fences, dig out of yards, open gates/doors) rather than opportunities to escape due to poor management practices. Difficult to contain and confine.
T/M	MED	FeLV w/o clinical signs	FeLV tests show positive but no clinical signs present
T/M	BEH	Feral kitten - over 6 weeks and under 4 months	Maybe managed through a established colony or a working cat program
T/M	MED	FIV w/o clinical signs	Diagnosed via test or vet. This disease is contagious and most cats with it will have a shortened life though there are rescue groups that will sometimes take in FIV cats if space permits.
T/M	MED	Generalized demodex	Diagnosed by a vet. May have minimal skin infections which is resolvable with topical or systemic treatment.
T/M	MED	Heart murmur <u>without clinical signs</u>	Diagnosed by a vet. Up to grade IV out of VI.
T/M	BEH	High Arousal	Animal achieves a state of arousal (or reactivity) that makes behavioral displays difficult-to-interrupt When aroused, an animal is more likely to show aggressive behaviors. High-arousal may be observed in cases of intense mouthing, tug-of-war, jumping on people, rough play, dog-to-dog interactions, etc. High arousal may categorize overstimulation cats.
T/M	MED	Incontinence	Idiopathic, diagnosed by a vet
T/M	MED	Kidney Disease	Early stage (renal insufficiency to early CRF with minimal clinical signs), diagnosed by a vet
T/M	MED	Luxating patellas	Diagnosed by a vet. Up to grade 2 out of 4. Does not require surgery to relieve clinical signs.
T/M	MED	Medical- moderate to severe	Diagnosed by a vet or observed by staff. Condition could be medically managed with treatment (i.e. eye/ear problems, dental disease). Surgery or medications will not restore the animal to complete health but will significantly prolong its length and quality of life.
T/M	MED	Physically Impaired	Animal may be blind or deaf but animal has compensated well for defect and is not adversely affected as determined by a vet.
T/M	MED	Seizures	History or observation of seizures. No intervention required for animal to come out of seizure. Vet diagnosed.
T/M	BEH	Separation Anxiety	History provided by owner, behavior witnessed. May include non-diagnosed cases of animal being unable to be left alone due to a combination of panic displays, ongoing vocalization, elimination, hurting themselves, destructive behaviors at doorways or windows. Behavior may or may not be relieved by another person or animal. Does not include elimination due to lack of housetraining, vocalization that stops within a reasonable period of time. Does not include separation/isolation distress behaviors related to recent transition into new home.
T/M	MED	Stomatitis	Diagnosed by a vet. Not affecting animal's ability to eat or maintain weight.
T/M	MED	Thyroid disorders	Hypothyroid- Diagnosed by a vet. Can be easily normalized by medication.
T/R	MED	Abscess	Diagnosed by a vet
T/R	MED	Broken tooth/teeth – root exposed	Diagnosed by a vet
T/R	MED	Calici virus	Oral lesions seen. Presumed diagnosis made by a vet
T/R	MED	Canine Heartworm	No discernable clinical signs. Diagnosed by a test or vet. This treatable disease can require expensive treatment.
T/R	MED	Cherry eye	Visual by vet staff
T/R	MED	Coccidia	Diagnosed by a vet
T/R	MED	Conjunctivitis	Diagnosed by a vet

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T/R	MED	Corneal Ulcer	Not due to herpes, diagnosed by a vet
T/R	MED	Dermatitis	A skin infection that can be treated and resolved, not due to chronic life-long underlying cause – diagnosed by a vet
T/R	MED	Entropion	Diagnosed by a vet
T/R	MED	External parasites - fleas, demodex, etc	Diagnosed by a vet
T/R	BEH	Feral kitten – under 6 weeks of age	Kittens > 6 weeks can usually be socialized successfully despite being difficult to handle. Such kittens may respond in a defensive (flight) or offensive (fight) aggressive manner with attempts to approach or handle, are unlikely to have previously lived as a companion.
T/R	MED	Foxtail/foreign body	Known history or based on presumed diagnosis by vet. Easily removable with minor surgery.
T/R	MED	Fracture – leg, tail, pelvis	Repairable by time or surgery, diagnosed by a vet
T/R	MED	Illness/Injury – mild to moderate	Mild or moderate illness diagnosed by a vet or observed by staff which can be resolved with resources available. <u>STAFF</u> : The animal has obvious signs of illness, but does not seem significantly affected or painful(e.g. relatively normal mobility, breathing, etc.); may seem uncomfortable, but not in distress. This animal would have a veterinary consult placed, may be prioritized for the triage team, but would not require a priority examination by a veterinarian.
T/R	MED	Internal Parasites – round worms, giardia, etc.	Diagnosed by tests or a vet
T/R	MED	Kennel cough	Diagnosed by a vet. Confined to upper airway. This disease is very contagious though very treatable.
T/R	MED	Medical - mild to moderate	Determined by a vet. Surgery or medications will most likely restore the animal to complete health.
T/R	MED	Parvo – early/mild	Able to be treated in foster with SQ fluids and antibiotics. Diagnosed by test or vet. This disease is highly contagious and is often fatal. Early/Mild cases may be treated if resources allow.
T/R	MED	Ringworm	While treatable, ringworm is highly contagious both to people and animals. Animals must be isolated for an extended period of time during treatment. Diagnosed by vet.
T/R	MED	Sarcoptic Mange	Diagnosed by a vet. Treatable in most cases unless an underlying condition exists that would make recovery unlikely. May have concurrent skin infection that is easily treatable with topical or systemic antibiotics.
T/R	BEH	Shy – w/o aggression	The animal has displayed fearful behavior but will show social signs toward many individuals once they get familiar with those individuals. May also be related to a need to gain comfort in environment. May include younger undersocialized animals.
T/R	BEH	Stress	When behavior declines in our care and a change in environment (including: consistency / routine / space) would likely significantly improve the behavior. This type of distress affects quality of life.
T/R	ORG	Too young (Kittens over 1 lb. but less than 2 pounds/puppies less than 8 weeks old)	Puppies under 8 weeks of age and kittens over 1 lb. but less than 2 lbs
T/R	MED	Toxoplasmosis	In cat, diagnosed by a vet
T/R	MED	URI (cat and rabbit)	Diagnosed by a vet. While contagious, Upper Respiratory Infections are treatable.
Healthy	MED	Benign masses	Diagnosed by a vet
Healthy	ORG	Breed	A decision made for incoming/outgoing made just due to breed type.
Healthy	MED	Broken tooth/teeth – no root exposed	No apparent pain associated with condition, eating well. Diagnosed by a vet
Healthy	MED	Physically impaired	missing limbs
Healthy	ORG	Space	No cage/kennel space available, need to euthanize to make space.