

Dogs Trust – 10 years on

Ten years after opening its rehoming centre in Dublin, the *Veterinary Ireland Journal* caught up with vet, Desre Daly, about what it is like to work in an animal shelter that has helped rescue, rehabilitate and rehome thousands of dogs



All the team at Dogs Trust.



Dogs Trust vet, Desre Daly.

VIJ: Tell us about how you came to work in Dogs Trust

DD: I was awarded a Bachelor's degree in animal science in 2006 and a Bachelor's degree in veterinary medicine in 2012, both studied in University College Dublin. I then worked in three different mixed practices in the first five-and-a-half years, all aimed or geared towards my passion, small animal medicine, surgery, and exotic animals. Having always had a

huge interest and love for shelter medicine, I was delighted to be given the opportunity to work in Dogs Trust in 2017. I am an Anicare vet, but I work full-time in the rehoming centre in Dublin, so my work begins and ends in the Dogs Trust vet suite, five days a week. The vet suite carries all the essential equipment for day-to-day treatment and routine surgeries but does not have any imaging equipment or blood machines required for additional case work up. This is where I gratefully lean on the support and knowledge of my colleagues in the four Anicare branches – and their facilities – and refer certain cases, when necessary. I feel that this works in my benefit, as it allows for consistency and familiarity with the animals and the staff.

VIJ: You encounter all sorts of dogs in your line of work, but can you outline some of the most common conditions you come across and diagnose?

DD: Bilateral linguallly displaced lower canines: This is where the lower deciduous canines are displaced inwards towards the tongue. In mild cases the canines are abrasively leaning against the upper gum or buried into the upper gum. In worse cases, they are buried into the hard palate. This is very painful! Diagnosis is made both in puppies born on site, or externally, and is occasionally found in adults left untreated. Treatment: hard ball therapy; time; or surgery in severe cases.

Dermatological cases: Some cases are acute and easily treated and others chronic, requiring lifelong medical treatment. We are dealing with neglected cases, where some dogs have never seen a vet in their lives, to those who were simply being fed the wrong diet or living off scraps. Atopy is rather common and, as in private practice, needs multifactorial components to manage.

Orthopaedic cases: Cruciate tears/ruptures, luxating patellas, hips dysplasia in the younger dogs and degenerative joint diseases in the older dogs. Orthopaedic conditions account for approximately one in three new cases that come my way.

Gastrointestinal diseases: Causes are generally dietary, stress and parasite related. Despite our best efforts, Giardia outbreaks do occasionally come our way but thankfully are controlled and confined almost immediately with strict barrier nursing protocols and response to treatment. Likewise, with the varied and unknown backgrounds of many of our dogs, parvovirus makes an appearance now and again, once or twice a year. But with the strict protocols in place for disease outbreaks, we are fully equipped and prepared to prevent disease spread and isolate the case(s).

Cardiac cases: Congestive heart failure in elderly dogs (common), and uncommonly congenital cardiac conditions such as patent ductus arteriosus (PDA).

Ophthalmology cases: Conjunctivitis, cataracts, cherry eye and ulcers aplenty.

VII: What are the most common treatments given or procedures carried out at Dogs Trust

DD: All the dogs within our care are regularly health checked so consultations are integral to preventative healthcare, as are working up medical or surgical cases that are identified. Outside of this, we do perform a good number of procedures each week.

Elective surgeries on known, healthy, young or middle-aged dogs – ovariohysterectomies and castrations performed four days a week, up to 18 procedures a week.

Caesarean sections – emergency only, not elective. We have a large whelping block on site catering only for the expecting mums and cared for by experience whelping canine careers.

Lumpectomies and cyst and wart removals may be performed while under general anaesthetic and do not require diagnostic imaging. Any lumps that would require diagnostic imaging prior to removal, for example, mammary masses, would be referred to one of the Anicare branches.

Dentistry – routine descale and polish and removal of deciduous canines, performed while under general anaesthetic. If dental X-rays and removal of adult teeth are warranted, these cases would be referred to one of the Anicare branches.

Skin biopsies and skin scrapes and blood samples can be performed on site and samples are sent externally for analysis. All up to date/current medication and excellent quality food (prescription and non-prescription) are made available for each case, which is no different to private practice for any condition they may have, either short-term or long-term. The dogs in this shelter are incredibly lucky to be able to avail of this. The dogs that come into our care may have medical and behavioural issues and sometimes a combination of these. The behaviour team at Dogs Trust do brilliant work in helping dogs that have had a challenging background. As there can be medical influences on behaviour, such as pain, my role involves working closely with the behaviour team to manage some of the more complex cases.



Microchipping time for Oreo.

VII: Talk through some of the challenges that you face, working as a vet in Dogs Trust

DD: Although I always wanted and hoped to work in a shelter environment, I can honestly say that I had no idea what lay ahead of me. The reason I wanted to work in this environment was to make a difference, and that is the exact same reason I wanted to be a vet from the age of five. This profession can be overwhelming, heartbreaking and very humbling but yet so incredibly rewarding. Being able to go to bed at night and know that I have done all I can in giving that dog a second chance, and to be allowed to perform work-up, from a vet's point of view, is incredible. After only two years, I could write a book on the challenges of being a vet in this environment but will try to highlight the most important. One of the main challenges involves dealing with cases that are, in fact, blank canvases with no previous medical history. Here, you are presented with a dog that essentially came from a pound/small rescue and you are starting from scratch. This can be very testing as I place a lot of pressure on myself not to miss anything, to ensure that this particular dog's future family are provided with all the relevant medical history. Despite the large caseload, I am not a believer of taking shortcuts. Naturally, seeing some of the cruelty cases makes it very difficult for me to understand, process or in fact even like humankind. Aside from the physical abuse that these dogs have endured, I cannot tell you how heart-breaking it is to see a dog that has been mentally and emotionally abused. Trying to 'fix' these dogs is so much harder than treating an actual wound. All the while, they still learn to love and trust us. Despite all of this, I am still reminded of the kindness of others by the hard work of the centre teams, fosterers, supporters and the amazing adopters who help these dogs. Working as a veterinary professional in a primarily non-veterinary environment has been an interesting experience from both my side and the other departments in this centre. We have all

come to learn and understand each other's roles within the team. Each department's role in this centre is paramount to ensuring that each and every dog is cared for, whether that is medically, behaviourally or emotionally and ensuring that these dogs all go to a suitable, loving home. Teamwork and respect are key. Lastly, one of my other challenges being in this role, is trying to create awareness and understanding within the wider community of what I actually do here, and what I hope to achieve every single day. Dogs Trust is a

place of second chances, which cannot be achieved without professional support and the public's incredible generosity. My role here is to ensure that each and every single dog in the centre has the best medical care I can offer, while ensuring alongside the other departments, that their welfare is never compromised. The involvement of the veterinary profession within this Rehoming Centre ensures that compromise is never made with regards to both the physical and mental health of the dogs in our care.

Karla Dunne, head of operations, Dogs Trust, gives an overview of Dogs Trust and animal rescue in Ireland

VII: What are Dogs Trust's aims and achievements?

KD: Dogs Trust began working in Ireland in 2005 with the establishment of our education programme, followed by the opening of our Rehoming Centre in Dublin in 2009 in order to fulfil our mission: to bring about a day when all dogs can lead a happy life, free from the threat of unnecessary destruction. Since our Rehoming Centre opened 10 years ago, more than 8,000 dogs have come through our doors and gone on to find their forever homes with loving families all around Ireland. Since 2005, our education team have delivered workshops, talks and tours to over 500,000 people across the country and we have helped to neuter over 100,000 dogs since our neutering campaign began in 2007. However, there is still so much more to do for dogs in Ireland.

VII: Has dog welfare in Ireland changed in the last decade?

KD: Since we began our preventative work here in Ireland, we have seen a marked reduction in the number of dogs being put to sleep in local authority pounds across the country, from 48 to two dogs per day. However, even one dog put to sleep unnecessarily is one dog too many. In addition, these figures only record the numbers of dogs going through the pounds so the numbers, when including euthanasia in private practices, could be higher. One of the biggest challenges we face is lack of information: we don't accurately know the scale and scope of the issues we are trying to address. What we do know is that for every dog we rehome, there are more waiting to come into our care. Our Rehoming Centre always works to capacity and we fill an empty kennel as soon as a dog leaves. The majority of the dogs that we care for come to us through the pounds and other rescues and charities, with a significant number of puppies born on site in our specialist whelping unit, which we built in 2014 to care for mums and puppies – in 2018 we cared for over 500 mums and puppies. Therefore, our preventative initiatives, such as our neutering campaign, and our lobbying and education work are so important. We don't just want to address the immediate problem; we also need to look at why it is happening and what we can do to change dogs' lives for the better in Ireland.

Most of our dogs arrive at our doors with an unknown



background, we are often left to imagine what they have been through before coming to us. A common problem we see, that could be so easily prevented, is a lack of socialisation. When a puppy doesn't learn about the world around them in an appropriate way during their early months, it can result in them being extremely worried, shy or withdrawn, and in some cases, having behavioural issues for life. Our fostering programme and our training and behaviour team are vital for dogs like these, helping them to overcome their fears gradually and get used to the home environment, but it's sad to think that problems like these could be so easily avoided through responsible dog ownership and appropriate socialisation and habituation.