



Introducing...

Cynthia (Cindy) Karsten, DVM – graduated from the University of Wisconsin School of Veterinary Medicine in 2010 and went on to complete a shelter medicine internship at Colorado State University. She finished her Shelter Medicine Residency at UC Davis in 2014 and is now the Lazi-nAlive Outreach Veterinarian with the UC Davis Koret Shelter Medicine Program where her role is to advise shelters, perform focused and comprehensive shelter consultations and present at conferences and universities. Dr. Karsten's interests include infectious disease control, population management and community/international medicine. Dr. Karsten lives with her 5 shelter dogs (weights 7, 9, 10, 12 and 50 pounds), 1 stray cat and an exceptionally supportive husband.



Understanding Capacity for Care (C4C) & Optimizing Length of Stay (LOS)

Capacity for care (C4C), considered holistically, means meeting the needs of each animal admitted to a shelter, whether feral or friendly, stray or owner surrendered, young or old.

The Five Freedoms of Animal Welfare provide a framework to define what it means to meet the needs of any animal in confinement. Assuring C4C also supports success in meeting a Sixth Freedom, the freedom from euthanasia for animals that are neither terminally ill nor dangerous. Providing high quality housing and minimizing LOS through pro-active management are two key factors in assuring C4C for every animal in the shelter.

The Association of Shelter Veterinarian's Guidelines for Standards of Care in Animal Shelters warns:

Every sheltering organization has a maximum capacity for care, and the population in their care must not exceed that level.

Learn how to optimize your shelter's LOS to always be within your C4C and how this will revolutionize your shelter environment and increase positive outcomes.

Managed Intake – a powerful tool to providing better care and outcomes

Managed intake is distinct from limited intake and refers to any form of regulating or scheduling intake, from simply limiting the hours for drop-off and closing night drop boxes, to scheduled intake appointments, to a formal process of surrender interviews with extensive efforts at providing support and alternatives. In short, managed intake can be thought of as the “how” and “when” of intake, but not necessarily the “who.”

Even shelters with an obligation to take in all animals presented to them (either by law, contract or policy) can benefit greatly from scheduling intake to smooth out fluctuations, plan for staffing and match capacity to provide the best humane care and positive outcomes. Far from meaning more animals will be turned away, for both limited and open-intake shelters managed intake is often associated with serving more, rather than fewer, animals over time.

Million Cat Challenge – Because every cat counts!

Each year, millions of cats lose their lives in animal shelters. An enormous amount is invested in the capture, holding, and euthanasia of these animals, and the emotional toll exacted by their death is incalculable.

Finally, the opportunity for a “cat revolution” is at hand. It is now known that euthanasia of healthy cats in shelters can be replaced with programs that are dramatically more humane and effective for cats and communities alike. Shelters everywhere are hungry for this change.

The Million Cat Challenge is a shelter-based campaign to save the lives of 1 million cats in North America over the next five years. The core strategy of the campaign will be five key initiatives that will offer every shelter, in every community, practical choices to reduce euthanasia and increase live outcomes for shelter cats. These five key initiatives are alternatives to intake, managed admissions, capacity for care, removing barriers to adoptions and return to field.