Issues for Veterinarians in Recognizing and Reporting Animal Neglect and Abuse

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This article discusses issues relevant to recent efforts to increase veterinary reporting of cases of animal mistreatment in the USA. These issues include mandatory vs. voluntary reporting, client confidentiality obligations, the legal definitions of animal cruelty, abuse, and neglect in state laws, ethical conflicts between a veterinarian’s obligations to animals and clients, perceived vs. real barriers to reporting, the circumstances under which a veterinarian is likely to encounter animal mistreatment in practice, and the lack of accepted diagnostic criteria for the “battered pet.”

Within the past several years, it has been suggested that the veterinary profession should assume a greater role in addressing cruelty to animals (Reisman & Adams, 1996; Rollin, 1994). In their 1994 position statement on animal welfare, the American Veterinary Medical Association (AVMA) included the following text:

The AVMA recognizes that veterinarians may have occasion to observe cases of cruelty to animals, animal abuse, or animal neglect as defined by state law or local ordinances. When these observations occur, the AVMA considers it the responsibility of the veterinarian to report such cases to the appropriate authorities. Such disclosures may be necessary to protect the health and welfare of animals and people. (AVMA, 1997a, p. 58; Anonymous, 1996a)

In 1996, the AVMA added a statement on the veterinarian’s role in reporting cruelty to animals, animal abuse, and animal neglect to the model practice act. This action was intended to increase practitioners’ awareness of the need to report cases of animal abuse, and to enhance communication and cooperation with humane and animal control organizations (Stultz, 1995). The statement is as follows:

Section 2 - Definitions 8) Practice of veterinary medicine means … (e) to report known or suspected cases of cruelty to animals, animal abuse, or animal neglect, as defined by state law or local ordinances, to appropriate humane or law enforcement officials where required by law. (AVMA, 1997b, p. 305)
Justifications for reporting cruelty to animals include the veterinary oath to prevent suffering, and also the fact that early intervention may prevent worsening of neglect or more serious incidents of abuse directed against animals. Because neglected animals may be visible (e.g., the underweight, barking dog tied on a chain), they may also serve as sentinels for child or elder neglect, or unhealthy home environments, such as occurs in the case of animal collectors or “hoarders.” Inclusion of the reporting requirement in the model practice act was an important and controversial step because, by implication, such a provision could then be incorporated by states revising their veterinary practice acts and using the model act as a guide. Recently, this wording has been questioned on the basis that it could be construed to limit reporting animal abuse to veterinarians. If this were the case, non-veterinarians reporting abuse could be considered in violation of the practice act. Therefore, it was recommended that the wording be removed from the AVMA model practice act (Anonymous, 1997). It should be noted, though, that the wording seems to endorse reporting of cruelty, abuse, and neglect only when reporting is already required by state law.

The discussion about mandating reporting has generated considerable controversy. A lack of information, and misinformation, about animal cruelty have no doubt contributed to professional anxiety over this issue. There may be fears about loss of income and becoming entwined in protracted litigation, or worries about an animal being euthanatized as a result of a report. Veterinarians may not know to whom they should make a report of animal abuse or neglect, and they may fear being prosecuted or disciplined themselves if they fail to make a report. Physicians have raised legitimate questions about the merits of mandating reporting of adult domestic violence because of possible negative consequences, including escalation of the abuse, for patients who may not be willing or able to leave an abusive home environment (Hyman, Schillinger, & Lo, 1995). In this respect, the situation with cruelty to animals may be more similar to that of domestic violence than child abuse, because it can be very difficult to remove an animal from its owner on the basis of a suspicion. Therefore, attempts to intervene could put an animal at increased risk in some circumstances where it is not possible to remove or monitor the animal.

Concerns about Confidentiality

Like physicians, veterinarians have concerns about client confidentiality, and are troubled by ethical conflicts that arise when the interests of patients (children/animals) and clients (parents/owners) diverge. However, since animals are typi-
cally treated legally as a form of property, the ethical and practical problems for veterinarians have substantive differences from those faced by physicians. From a legal perspective, the confidential relationship presumed between physicians and patients does not always explicitly apply to veterinarians and their clients. Courts in some states (Iowa and South Dakota) have explicitly refused to recognize a veterinarian-client privilege (Hannah, 1996; 1991). However, other states do have confidentiality requirements pertaining to the veterinarian-client relationship. Typical examples include that a veterinarian shall not violate the confidential relationship between himself or herself and his or her client (Alabama), that patient medical records may not be released to a third party without written consent of the owner (Alaska), or that willful violation of any privileged communication is prohibited (Delaware). Such provisions may be in veterinary practice acts, in amendments, in administrative rules, or in other state statutes pertaining to the health professions.

There are circumstances where confidentiality requirements are explicitly waived to protect public or animal health. For example, the AVMA Principles of Veterinary Ethics indicate that a doctor of veterinary medicine has an obligation to protect the privacy of clients, but make an exception if a veterinarian is required by law to reveal the confidence, or if it becomes necessary to protect the health and welfare of the individual, the animals, and/or others whose health and welfare may be endangered (AVMA, 1997c, p. 45). Idaho, New Hampshire, and Wyoming have incorporated the AVMA Principles of Veterinary Ethics into their rules or practice acts by reference. In Illinois, prohibitions against disclosure are waived when communicable disease laws, cruelty to animals laws, or laws providing for public health or safety are involved. Four states currently require a veterinarian to report suspicions of organized dog fighting (Arizona, California) or other cruelty to animals (Minnesota, West Virginia). Arizona, Idaho, California, and West Virginia have provisions protecting veterinarians from liability arising from a report made in good faith.

Understanding and complying with laws governing reporting cruelty and confidentiality are complicated by the fact that relevant laws may exist in sections of state law other than veterinary practice acts or the accompanying rules promulgated by state boards. Therefore, it is possible that veterinarians may be unaware of their duties and obligations regarding confidentiality and reporting of cruelty, even if they are familiar with the veterinary practice act in their state. There is some evidence that veterinary teaching hospitals tend to proceed cautiously regarding issues of client confidentiality. In 1989, a survey of 22 active members of the
American Veterinary Records Association was conducted (Stanfill, 1990). The survey response rate was 86%, and the general consensus was that client authorization was required to release information. However, about half of those surveyed indicated they would release information about vaccination status, neuter status, and discharge instructions without written authorization.

**Barriers to Reporting Animal Abuse and Neglect**

Formal surveys of veterinarians about barriers to reporting suspected animal abuse have not been published, although one study (Patronek & Donley, 1997) is underway in Massachusetts. Surveys of physicians regarding inquiring about domestic violence among their patients indicate that barriers include feeling that they do not have the time to discuss these issues, that it is not their role to raise them, that such inquiries are too intrusive, and that reporting will not help the situation (Skolnick, 1995; Sugg & Inui, 1992). Gender biases have also been noted among physicians, particularly with respect to dealing with spousal abuse.

For veterinarians faced with making animal abuse reports, there are substantial local differences in the type of agencies or individuals responsible for receiving reports of alleged animal abuse. Depending on the community, this can include animal shelters, animal control officers, local or state police, state veterinarians, humane societies, and sheriffs. Therefore, veterinarians may be unaware of the appropriate agency responsible for investigating animal cruelty in their community. When humane societies are the agencies responsible for investigation of these cases, some veterinarians may be reluctant to become involved. This could be due to general mistrust, historical adversarial relationships, or simply a lack of confidence and unfamiliarity with the personnel who would conduct an investigation. However, these reservations could be addressed through improved communication and mutual effort to develop effective working relationships.

Medical training has been described as lax in equipping physicians to deal with painful social and personal issues such as family violence (Skolnick, 1995; CDC, 1996; 1991; 1989), and this may be one reason physicians are reluctant to become involved. Despite well-established clinical guidelines for recognizing child abuse, surveys have indicated that the problem of domestic violence is not dealt with satisfactorily in family practice residencies. It is likely that instruction regarding animal abuse and neglect is equally limited in veterinary curricula. In teaching hospitals, where the vast majority of students’ clinical experience is obtained, almost all of the animals treated are valued family companion animals. Thus, veterinary students are unlikely to encounter many cases of neglect and abuse.
during their training, and they are even less likely to be exposed to the procedures for reporting a case.

A Typology of Animal Abuse

An important step in making veterinarians more confident in dealing with animal cruelty and abuse is education about the nature and scope of the problem, the specifics of relevant laws, and procedures for making a report. The epidemiology of animal abuse in the U.S. has not yet been described. The only published study of animal abuse described 1,863 cases reported to four SPCA's in South Africa over a one year period (Vermeulen & Odendaal, 1993). About 38% of the reports were found to be justified, and the vast majority of these involved general neglect, such as a dog being tied out without shelter, unsanitary conditions, and lack of necessary veterinary care. This is believed to be similar to what is reported anecdotally within the U.S., although supporting data are currently lacking. However, two studies nearing completion in Massachusetts should add needed information (Donley, Patronek & Luke, 1997; Arluke & Luke, 1997).

Vermeulen and Odendaal (see Table 1) have proposed a typology of animal abuse, based on the major categories of child abuse—active and passive physical and mental abuse. However, these categories do not always coincide with explicit legal definitions of animal cruelty, abuse and neglect in the U.S. For example, commercial "exploitation" of a dog through breeding, sport, or competition is not specifically prohibited. There are methods of dog training that many would consider abusive, including shock collars, prong collars, hanging a dog above the ground, harsh physical punishment by the handler, beating the dog and severe correction with a choke chain. Unfortunately, no standard currently exists to define humane vs. inhumane training methods. It is hoped that the growing popularity of reward-based, non-aversive training methods among dog training professionals, such as the Association of Pet Dog Trainers (APDT), may facilitate promulgation of humane training criteria.

The category of mental abuse is not specifically identified in any U.S. animal cruelty statute, although many states statutes have provisions that prohibit tormenting an animal. Most state cruelty statutes do not specifically address confinement or exercise for animals. However, Maryland specifically includes a duty to provide proper air and space, Michigan specifically prohibits overcrowding, and Minnesota, Kansas, and Ohio impose a duty to provide exercise. Many veterinarians and non-veterinarians would agree that dogs isolated for long periods by being tied in a yard and deprived of attention and companionship do suffer. One state (Vermont)
Table 1. A Typology of Companion Animal Abuse*

<table>
<thead>
<tr>
<th>Physical abuse</th>
<th>Assault</th>
<th>Burning</th>
<th>Poisoning</th>
<th>Shooting</th>
<th>Mutilation</th>
<th>Drowning</th>
<th>Suffocation</th>
<th>Abandonment</th>
<th>Restriction of movement</th>
<th>Incorrect method of training</th>
<th>Inbreeding</th>
<th>Trapping</th>
<th>Transportation (Unprotected, overloaded)</th>
<th>Fireworks</th>
<th>Bestiality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passive neglect or ignorance</td>
<td>Lack of food and water</td>
<td>Lack of shelter</td>
<td>Lack of necessary veterinary care to alleviate suffering from illness or injury</td>
<td>Lack of sanitation</td>
<td>General neglect (dirty, lack of grooming, poor body condition)</td>
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<tr>
<td>Commercial exploitation</td>
<td>Excessive labor</td>
<td>Fights</td>
<td>Indiscriminate breeding</td>
<td>Sport (racing)</td>
<td>Experimentation</td>
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<tr>
<td>Mental abuse</td>
<td>Instillation of fear, anguish, anxiety</td>
<td>Isolation</td>
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<tr>
<td>Passive neglect</td>
<td>Deprivation of love and affection</td>
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prohibits tying or tethering a dog in an inhumane manner or in a manner detrimental to its welfare, but does not specify what constitutes inhumane restraint. However,
another section of the Vermont law does state that a tether must be at least twice the length of the dog. There have been municipal ordinances passed prohibiting (e.g., Tuscon, AZ; Maumelle, AR; New Hanover, NC; Lawton, OK) or regulating (e.g., Jefferson County, KY) tieouts or chaining of dogs. The Jefferson County ordinance specifies that a dog may be tethered no more than eight hours in any 24-hour period. There are also specifications about the maximum weight and minimum length of the tether, which must be attached to a pulley or trolley mounted above the ground. Also, the USDA has stated that their experience in enforcing the animal welfare act has led them to conclude that continuous confinement of a dog by a tether is inhumane, and should not be an option as a means of primary enclosure (USDA, 1996). Although isolation or tethering of a dog may be insufficient to legally constitute abuse in most jurisdictions, this could change in the future. Veterinarians are in a position to make a strong case about the effect of isolation on the well-being of a social animal like the dog denied interaction with dogs or humans. It is important to keep in mind that these situations can frequently be addressed through other avenues, because isolation and tethering are sentinels for other forms of neglect that may be more readily actionable, such as inadequate shelter or poor nutrition.

**Encountering Animal Neglect and Abuse in Veterinary Practice**

Anecdotal reports suggest that veterinarians are particularly wary of legal or ethical mandates to report suspicions that a client is responsible for the injuries of a patient presented for treatment. For child care professionals, Kempe et al.’s landmark report paved the way for identification and widespread recognition of pathognomonic signs for child abuse (Kempe, Silverman, Steele, Droegemuller, & Silver, 1962). They suggested that particular patterns of injury, such as multiple fractures at different stages of healing, and unexplained subdural hematomas and retinal hemorrhages, indicated deliberate abuse in children. Compared with physicians, veterinarians are at a disadvantage, because there are no similar guidelines to indicate when an injury in an animal is the result of a deliberate act by the owner or caretaker (Anonymous, 1996b; Munro, 1996). Although there are anecdotal reports of deliberate animal abuse by veterinary clients in the UK (Munro, 1996) and the U.S. (Harrenstein, 1991; Reisman & Adams, 1996), epidemiology, clinical signs and pathology of the “battered [owned] pet” are, for the most part, unknown. Accumulating this data will be difficult, because most animals that are victims of deliberate abuse will never be brought to a veterinarian for treatment by the abuser. It is hoped that a call for voluntary reporting of cases in the UK will provide
<table>
<thead>
<tr>
<th>Category of animal abuse</th>
<th>Suspected frequency in private practice</th>
<th>Criteria for suspicion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect of an individual animal by a person in the community, brought to a veterinarian's attention by a client or someone in the community</td>
<td>Occasional to common</td>
<td>Poor body condition</td>
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<td>Dangerous or unsanitary environment</td>
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<td>Inadequate shelter</td>
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<td>Dog tied and barking</td>
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<td></td>
<td>Excessive number of animals</td>
</tr>
<tr>
<td>Large scale neglect by a client who is an animal &quot;collector&quot; or &quot;hoarder&quot;</td>
<td>Probably a few such clients in most practices</td>
<td>Large number of animals</td>
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<tr>
<td></td>
<td></td>
<td>Poor continuity of care for individual animals</td>
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<td></td>
<td></td>
<td>Most office visits for trauma, preventable contagious and parasitic diseases</td>
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<tr>
<td></td>
<td></td>
<td>Client uses several veterinary hospitals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heroic efforts requested for newly acquired pets with poor prognoses</td>
</tr>
<tr>
<td>Neglect of individual pet by a veterinarian's client</td>
<td>Uncommon to occasional. (Seeking veterinary care precludes at least some portion of the definition of neglect)</td>
<td>Pet extremely thin but client refuses needed workup or treatment</td>
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<td></td>
<td>Pet severely matted and client refuses grooming</td>
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<td></td>
<td></td>
<td>Client declines medical care or euthanasia to relieve serious illness or injury, e.g. broken limb or dystocia</td>
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<tr>
<td></td>
<td></td>
<td>Lack of concern for animal's welfare</td>
</tr>
<tr>
<td>Staged dog fighting</td>
<td>Uncommon except in certain areas</td>
<td>Characteristic pattern of bite wounds on head, neck, and legs. Much more prevalent in pit bulls and other fighting breeds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Owner may self-treat injuries</td>
</tr>
<tr>
<td>Intentional infliction of injury to a pet by a client</td>
<td>Uncommon to rare</td>
<td>Injuries not consistent with history; otherwise not yet established, only limited case reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Owner performing an ear crop on their own dog</td>
</tr>
<tr>
<td>Deliberate abuse or infliction of injury, animal brought in by police or humane society</td>
<td>Variable. Depends on accessibility of veterinarian to law enforcement authorities</td>
<td>History and nature of the injuries may be prima facie evidence of cruelty</td>
</tr>
</tbody>
</table>
additional data to help the veterinary community discriminate between accidental and deliberate injury in client’s companion animals (Munro, 1996).

Anecdotal reports and clinical experience indicate certain circumstances in which a veterinarian may encounter neglect, abuse, and cruelty (see Table 2). It is important to recognize that differences exist between human and veterinary medical practice in the frequency that different types of abuse are likely to be encountered by clinicians. For example, animal abusers can more easily avoid seeking medical care for their companion animals than can the caretakers of abused children. Thus, cases of intentional infliction of injury on a companion animal by a client are probably rare in most veterinary practices (Anonymous, 1996b), as is abuse of a sexual nature. Although deliberate abuse may be rare among veterinary clients, it is probably not uncommon in the community. When veterinarians are called on by police or humane agents to evaluate animals that have been shot, tortured, burned, or stabbed, the history and injuries sustained are likely to be prima facie evidence of deliberate abuse.

Neglect, Abuse, and the Language of the Law

The types of animals protected under laws in different states varies widely. Many states simply specify “animal,” while others go to great lengths to define an animal. For example, the Delaware statute defines animals as “excluding fish, crustaceans, and mollusks.” The Kentucky statute refers to “four-legged animals.” The Indiana statute specifies “vertebrates.” The South Dakota statute specifies “mammals, birds, reptiles, amphibians, and fish.” The New Jersey, Texas, and North Carolina statutes refer to “living creatures.” These distinctions may seem trivial, but there have been instances where the ability to pursue a case has hinged on whether or not the animal alleged to have been mistreated was included under the legal definition of an “animal.” Ownership per se is not always required in order for the duty of care provisions in state cruelty statutes to apply. Many states explicitly state that anyone who cares for, possesses, controls, or otherwise has or assumes custody of an animal is considered legally responsible for its care. Therefore, in some jurisdictions, someone feeding stray animals, or caring for the animals of a friend, has the same duty of care as if they were the owner.

It has been suggested that definitions of abuse should encompass the underlying human motivation, and that the term “cruelty” should be reserved for a small subset of cases in which the animal is harmed and the perpetrator gains satisfaction from causing the harm (Rowan, 1993). This motivational definition is particularly relevant when discussing penalties for various forms of abuse. However, it is
Table 3. Delaware Code

TITLE 11. CRIMES AND CRIMINAL PROCEDURE
PART I. DELAWARE CRIMINAL CODE
CHAPTER 5. SPECIFIC OFFENSES
SUBCHAPTER VII. OFFENSES AGAINST PUBLIC HEALTH, ORDER AND DECENCY
SUBPART A. RIOT, DISORDERLY CONDUCT AND RELATED OFFENSES

s 1325 Cruelty to animals; class A misdemeanor; class F felony.

For the purpose of this section, the following words and phrases shall include, but not be limited to, the meanings respectively ascribed to them as follows:

(1) "Cruel" includes every act or omission to act whereby unnecessary or unjustifiable physical pain or suffering is caused or permitted.
(2) "Cruel mistreatment" includes any treatment whereby unnecessary or unjustifiable physical pain or suffering is caused or permitted.
(3) "Cruel neglect" includes neglect of an animal, which is under the care and control of the neglector, whereby pain or suffering is caused to the animal or abandonment of any domesticated animal by its owner or custodian.
(4) "Cruelty to animals" includes mistreatment of any animal or neglect of any animal under the care and control of the neglector, whereby unnecessary or unjustifiable physical pain or suffering is caused. By way of example this includes: Unjustifiable beating of an animal; overworking an animal; tormenting an animal; abandonment of an animal; failure to feed properly or give proper shelter or veterinary care to an animal.
(6) "Abandonment" includes completely forsaking or deserting an animal originally under one's custody without making reasonable arrangements for custody of that animal to be assumed by another person.
(7) "Custody" includes the responsibility for the welfare of an animal subject to one's care and control whether one owns it or not.
(8) "Proper feed" includes providing each animal with daily food and water of sufficient quality and quantity to prevent unnecessary or unjustifiable physical pain or suffering by the animal.
(9) "Proper shelter" includes providing each animal with adequate shelter from the weather elements as required to prevent unnecessary or unjustifiable physical pain or suffering by the animal.
(10) "Proper veterinary care" includes providing each animal with veterinary care sufficient to prevent unnecessary or unjustifiable physical pain or suffering by the animal.
(11) "Animal" shall not include fish, crustacea or molluska.
(12) "Serious injury" shall include any injury to any animal which creates a substantial risk of death, or which causes prolonged impairment of health or prolonged loss or impairment of the function of any bodily organ.
important to recognize that most state statutes use the word “cruelty” generically to encompass both deliberate infliction of harm and harm that arises from neglect. Therefore, the operational definitions that focus more on the consequences of the human acts or omissions for the animal may be more useful when attempting to define neglect.

Not only does the vast majority of animal cruelty arise from neglect, but it is also the form of abuse most likely to be encountered by a veterinarian. Unfortunately, the vagueness in wording and the subjective nature of the interpretation of many laws contribute to the discomfort veterinarians have with these issues (Hare, 1996). Statutes in every state have established certain duties and responsibilities for owners towards animals in their care, and also prohibit certain acts. However, the laws in different states are not consistent in their language or scope.

In some states there are general prohibitions against cruelty. For example, in Alabama, a person “commits the crime of cruelty to animals if, except as otherwise authorized by law, he intentionally or recklessly subjects any animal to cruel mistreatment; or subjects any animal in his custody to cruel neglect; or kills or injures without good cause any animal belonging to another.” Other states (e.g., Delaware, see Table 3) are much more specific in defining terms such as “cruel,” “neglect,” “abandonment,” and “proper shelter.” Even when laws are fairly specific, words or phrases may still be sufficiently vague that they require substantial interpretation. For example, in the Delaware code, the provisions requiring proper shelter and proper feed do not specify how to determine whether “unnecessary physical pain or suffering exist.” A determination of whether or not the owner’s duty of care has been breached will be heavily influenced by a subjective assessment of the animal’s physical state and living conditions. Clearly, a veterinary opinion could carry considerable weight in such a determination. When evaluating any animal for the possibility of neglect, it is useful to consider three general areas: the severity of problems present, the total number of problems, and the duration of the problems.

Conclusion

With these issues in mind, several points merit emphasis. Veterinarians are well trained in proper animal husbandry. Therefore it should be possible for private practitioners to become more comfortable identifying sub-standard care and animals at risk of neglect. It is important for the profession for veterinarians, either individually or as organizations, to be at the forefront of insisting on high standards for animal care in their communities. This will elevate the status of animals and
benefit veterinary practitioners as well. Recognizing sub-standard care does not necessarily imply an adversarial situation or becoming involved in protracted legal proceedings. In many cases of neglect, it is possible and much more productive to educate and work with the owner to improve the standard of animal care. This can be done with the support and assistance of the proper enforcement agency. When possible, framing these discussions on whether the needs of the animal are being met (operational approach), rather than on the (bad) behavior of the owner (motivational approach), has the advantage of depersonalizing these issues. This lets the veterinarian assume the more comfortable role of being an educator and advocate for the animal, and offering expertise about proper animal care, rather than as passing judgment on a person. It is also more conducive to maintaining veterinarian-client relationships.

Diagnostic criteria for identifying the “battered pet” presented by a client are not yet well established. Concerns over ambiguities in identifying these serious, but less common situations, should not preclude veterinarians from speaking out about the much more prevalent animal abuse that arises from neglect in the community. In some states, reporting suspicions of animal abuse might involve breaching client confidentiality and existing ethical codes of conduct. Veterinarians need to be aware of current laws in their own states, and to stay up to date on changes. If state law or professional codes of conduct create a conflict between the welfare of the patient and a veterinarian’s ethical obligations to a client, the dilemma may need to be remedied through legislation.

Note

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References


