



Queensland Division

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SUBMISSION TO FRASER COAST REGIONAL COUNCIL

Proposed Local Law Review

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The Qld Division thanks the council for requesting comment on these local laws and provides the following comments:

- **Compulsory desexing of cats** before 22 weeks of age (exception if the vet says that it is likely to be a serious health risk and also animals registered prior to the commencement of the local law).
- **AVA Qld Position:** The AVA supports desexing but not compulsory desexing. Please see detailed policy on this at the end of this document (AVA Policy 6.8 Desexing of companion animals).
- **Conditions requiring approval to keep animals** (e.g. roaming dogs, 3 or more dogs or cats, some variations to this)
- **AVA Qld Position:** The AVA does not oppose this policy.
- **Animal breeder approval** if person keeps one or more entire dogs or cats and if the owner intends, allows or encourages breeding.
- **AVA Qld Position:** The AVA does not oppose this policy.
- **Conditions requiring approval for keeping pigeons, doves, rooster and chickens** (e.g. no chickens on 600sq metres or less unless approved)
- **AVA Qld Position:** The AVA does not oppose this policy.
- **Requirements for keeping dogs in a koala area**
- **AVA Qld Position:** The AVA does not oppose this policy.
- **When supplying animals, requirement to have documented evidence that cats and dogs have received all core vaccines** in accordance with the AVA policy on vaccination of cats and dogs
- **AVA Qld Position:** The AVA does not oppose this policy. Please see <http://www.ava.com.au/policy/67-vaccination-dogs-and-cats> for the AVA full policy with regard to vaccination. A summary of the policy is as follows:

Vaccination protocols should be determined within a veterinarian–client–patient relationship, based on attributes such as duration of immunity of available vaccines and an individual animal's requirements.

Every animal should be immunized and each individual animal only as frequently as necessary. Current scientific consensus recommends that adult cats and dogs should be vaccinated with core vaccines¹ triennially where applicable.

Informed consent is important.

Core vaccines should be administered to all animals to protect them against severe, life-threatening diseases that have a global distribution.

¹ Dogs: Canine distemper virus, canine adenovirus and canine parvovirus.

Cats: Feline parvovirus, feline calicivirus and feline herpesvirus.

6.8 Desexing (surgical sterilisation) of companion animals

Policy

The Australian Veterinary Association (AVA) supports surgical desexing of companion animals.

The AVA does not support the compulsory desexing of privately owned animals and considers that owner education is the most effective approach to encouraging owners to have their pets desexed.

The AVA does support desexing of animals prior to being homed from animal shelters.

Background

Desexing is a major surgical procedure and the skills, equipment and facilities used to perform it should be of a high standard.

Benefits of desexing

Desexing is important in control of animal populations and has other behavioural and health benefits. It is currently the only widely available, effective and permanent method of preventing breeding.

The success of sterilisation as a population control technique depends on the percentage of animals desexed and the freedom of those remaining intact. It is unlikely to succeed as a single measure.

As well as stopping unwanted breeding, desexing can reduce behavioural problems such as free-ranging oestrous females and fighting males, which can cause public nuisance. In cats, desexing stops calling behaviour in queens and reduces spraying behaviour in toms.

Desexed females have a greatly reduced incidence of neoplasia and other diseases of the mammary glands and do not suffer from diseases of the ovaries and uterus, although some bitches may have an increased incidence of urinary incontinence. Desexed males cannot develop testicular tumours and have a reduced incidence of prostate disease, perianal tumours and perineal hernias.

Desexed cats are less likely to fight and to suffer from abscesses and infectious diseases.

Public attitudes to desexing

The main opposition to desexing is attitudinal (sometimes cultural). Some owners believe that an animal has a right to breed, that females should have at least one litter, that sterilisation is unnatural, or that if they find homes for all the offspring they are not contributing to overpopulation.

Although cost is often cited as a major factor, evidence suggests that it is not the major reason that people fail to have their pets desexed. Many prepaid vouchers are never used, and affordable subsidised schemes for the genuinely needy have not been fully taken up.

The cost of desexing is very small compared with the cost of a lifetime of feeding and care.

The most important approach to encouraging desexing is education, so that people understand that having their pet desexed has benefits and is also part of their social responsibility.

With a strong commitment from local government, it has been shown that good results can be achieved with education, incentives and existing legislation.

Problems with compulsory desexing of companion animals

Although pets benefit from being desexed, and initiatives to increase the numbers desexed should be encouraged, there are inherent deficiencies in the concept of compulsory desexing. Successful compliance would depend on universal registration and permanent identification, which have already proven to be extremely difficult. It is unlikely that the target needed to control population growth would be achieved by compulsory desexing. Up to 90% of breeding animals must be desexed to halt population increases.¹⁻³

Subsidised desexing schemes

Large-scale, untargeted schemes are unlikely to be successful, have not been in the past and are not cost effective. They contribute to the perception that animals have a low intrinsic value, which in turn leads to the 'throw away pet' mentality. However, targeted desexing schemes may play a part in an integrated stray animal control program.

The alternatives to surgical desexing are not supported by the AVA

- Suppression of oestrus by hormone administration is currently expensive, not permanent, of variable efficacy and accompanied by risks of serious side-effects.
- Physical restraint/containment of both males and females is unreliable, with some owners failing to provide appropriate facilities.

Guidelines regarding the age to desex

For general veterinary practice, where dogs and cats are already owned, the AVA believes veterinarians should exercise their professional judgment of the appropriate age for desexing individual cats or dogs.

For animal shelters, the AVA acknowledges that the age to desex animals in these institutions is influenced by commercial and legislative factors, but overriding these should be the same principles that refer to the animal's best welfare. This decision is made after assessing all the relevant factors, such as current vaccination status, weight and health of the cat or dog, so as to act in the best interest of the animal.

Veterinarians should ensure that all necessary precautions are taken to minimise the risks of anaesthesia, surgery, stress and infection to animals when undergoing these procedures, especially for the very young ('paediatric') and/or small (body weight) animals.

The appropriate age for desexing will vary with individual cases and thus the age of desexing cannot be specified for all dogs and cats collectively.

Veterinarians must retain their professional discretion to determine the appropriate age of desexing based on present and future scientific evidence of the long-term effects of early desexing.

References

- Nasser R, Mosier J. Projections of pet populations from census demographic data. *J Am Vet Med Assoc* 1991;198:1157-1159.
- Nasser R, Mosier J. Canine population dynamics: a study of the Manhattan, Kansas, canine population. *Am J Vet Res* 1980;41:1798-1803.
- Nasser R, Mosier J, Williams L. Study of the feline and canine populations in the Greater Las Vegas areas. *Am J Vet Res* 1984;45:282-287.