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HEALTH IMPLICATIONS OF ANIMAL HOARDING

Hoarding of Animals Research Consortium (HARC)

Animal hoarding is a poorly understood phenomenon, the public health implications of which are not well documented. In this study, professionals dealing with hoarding cases submitted 71 case report forms. The hoarders' residences were characterized by extreme clutter and poor sanitation that impaired ability to maintain functional households. Appliances and utilities were frequently nonfunctional, and animal excrement sometimes accumulated to the extent that the homes were unfit for human habitation. The majority of cases satisfied criteria for adult self-neglect, and dependent elderly people, children, or disabled individuals were present in many of the residences. Animal hoarding may be a sentinel for a range of medical, social, and economic problems. More research addressing the causes and features of animal hoarding is needed to shed light on appropriate interventions.

Key words

animal
hoarding
pets
self-neglect
squalor

Hoarding behavior in humans can involve pathological self-neglect and is associated with a variety of psychological conditions, particularly obsessive-compulsive disorder (OCD) (Damecour & Charron, 1998; Frost, Krause, & Steketee, 1996). Some evidence exists that elderly people may be disproportionately affected (Steketee, Kim, & Frost, 2001). Animal hoarding is a recently described behavior that shares many features of OCD hoarding but seldom has been considered a symptom of psychopathology (Frost, Steketee, & Williams, 2000; Patronek, 1999; Worth & Beck, 1981). In typical cases, people are living with dozens to hundreds of alive and dead animals in apartments, trailers, and single-family homes (Patronek; Worth & Beck). Lack of insight into the severity of their living circumstances and denial of the risks or harm to animals is common.

This public health problem is believed to occur in every community but is poorly understood (Patronek, 1999). Our experience and studies of news reports (Hoarding of Animals Research Consortium [HARC], 2000) suggest that animal hoarding knows no social or economic boundaries. Although typically identified among unemployed and socially isolated individuals, anecdotal reports indicate that animal hoarding also has been discovered among physicians, veterinarians, bankers, nurses, teachers, and college professors. Employed hoarders appeared to be able to live a double life, with coworkers never suspecting the true conditions in their homes until animal rescue authorities were called to investigate. Despite its seriousness, almost no empirical research exists on this problem (Frost et al., 2000).

Recently, two studies examined animal hoarding. A review of 54 cases initiated by animal care agencies primarily to rescue the animal victims indicated that public health officials who were aware of the problem ignored indicators of clinically significant human health concerns (Patronek, 1999). Ignoring the health concerns was common, despite ample evidence to suggest substantial impairment in functioning of the hoarders, and severely cluttered and unsanitary living environments that posed a threat to human safety and health. In 11 percent of cases, the residences were condemned as unfit for human habitation. In 26 percent of cases the hoarder was

eventually institutionalized or placed under some type of protected care, suggesting very serious mental and physical impairment (Patronek). A recurring comment from investigators was that some agencies responsible for monitoring human health concerns had declined to intervene and were unaware of the implications of the behavior. Another study examined cases of hoarding of possessions generated by complaints from neighbors, police, fire departments, social services agencies, and service personnel to local health departments in Massachusetts. In hoarding cases that involved animals, public health officials reported significantly worse sanitary conditions, threats to individuals' health, and involvement of a greater number of agencies in the investigation (Frost et al., 2000).

These findings support our belief that animal hoarding is a serious public health problem that has received virtually no attention from the clinical or research communities. Findings from case reports (Patronek, 1999) and in-depth interviews of a small number of animal hoarders have suggested various models of psychopathology (HARC, 2000). The study reported in this article provides more information about the degree of impairment of activities of daily living (ADL) associated with animal hoarding, as well as the frequency and severity of effect that this behavior had on the health and safety of household members.

METHOD

Because no single agency is responsible for responding to reports of animal hoarding, we solicited reports from a broad spectrum of people likely to encounter cases of animal hoarding (for example, animal control officers, humane law enforcement or other police officers, public health veterinarians, elder services case workers, and health departments). Reports were solicited from national veterinary meetings, professional contacts, news articles, listservs, and an Internet Web site. Cases also were identified through electronic search of the news media using keywords such as "cats" and "stench." We obtained a convenience sample of 71 professionals.

Participants were asked to submit a detailed standardized case report form created by HARC (see Appendix A). A case report questionnaire used in an earlier study (Patronek, 1999) was revised to obtain more detailed information on household functioning and risk to occupants. Professionals who had visited the home and interviewed house-

hold members were asked to rate the degree of impairment of ADL, such as ability to maintain personal hygiene, move about, and prepare food and to assess risk to occupants from clutter and unsanitary condition. They also were asked to report functionality of utilities and major appliances. Finally, we conducted a follow-up interview with each professional to obtain a narrative account of the case, with a focus on the presence of, and risk to, dependent family members living with animal hoarders. Although it was not possible to verify independently all of the information in the case reports, photos and media or police reports corroborated the data from the questionnaire and narratives in 29.6 percent ($n = 21$) of the cases.

Data were entered into a commercially available software package (SPSS), which also was used to generate descriptive statistics. When age was indicated within a range, midpoint values were used. A composite score for ability to move about in the home was created by summing the values for ability to move about the kitchen, dining room, and living room and to exit the house quickly.

RESULTS

Seventy-one case reports were received from 28 states and one Canadian province. The largest number of reports came from animal control departments or humane societies (83.1 percent); the remainder came from police departments (5.6 percent), social services agencies (4.2 percent), municipal agencies (4.2 percent), a health department (1.4 percent), and a veterinarian (1.4 percent). Of the 71 hoarding cases, 83.1 percent were women and 16.9 percent were men. Median ages were 55 years for women and 53 years for men. Ten of 66 hoarders (15.1 percent) for whom age could be confirmed were 65 years of age or older. The total number of animals involved per case ranged from 10 to 918. The mean and median numbers of animals were 55.8 and 47, respectively, for men and 90.1 and 50, respectively, for women. Women (13 of 59; 22.0 percent) were more likely than men (1 of 12; 8.3 percent) to have more than 100 animals. We found no apparent relationship between age group and animal population size, although hoarders in the 50-to-64-year-old group tended to have a greater number of animals (median = 55) than people under 50 (median = 44.5) or people 65 and older (median = 38). Animals involved in the 71 cases were cats (81.7 percent), dogs (54.9 percent), birds (16.9 percent), reptiles (5.6 percent), small mammals (11.3 percent),

horses (5.6 percent), and cattle or sheep or goats (5.6 percent). There was no obvious association between the type of animal involved and gender of hoarder, whether the hoarder lived alone, age of the hoarder, or ability to move around in the home. The mean [median] number of animals involved was somewhat greater for employed individuals ($n = 23$, $M = 94$ [56]) than unemployed individuals ($n = 39$, $M = 87$ [42]).

Nearly three-quarters (71.8 percent) of the 71 hoarders were single, widowed, or divorced. In more than half of the cases (53.5 percent) other individuals were living in the home, including children, bedridden or otherwise dependent elderly people, and disabled people. Of 62 individuals for whom employment status was provided, most (54.9 percent) were described as unemployed, retired, or disabled. Hoarders who were employed held a variety of jobs, including those considered white-collar or professional positions, such as teacher, mortgage broker, realtor, or marketer. Nearly one-third of the 71 hoarders had been monitored or investigated for four years or more (29.5 percent); 46.5 percent were recent investigations begun within the past year; and 23.9 percent had been monitored for one to three years. A history of recidivism was mentioned for 25.3 percent of hoarders. In all of the households, objects, in addition to animals, were hoarded—newspapers, books, containers, clothing, and food or food garbage (Table 1). In one case debris piled four feet deep made it impossible to stand upright, and the occupant could only move about by crawling.

Activities considered basic to maintaining a functional and sanitary household (for example, using bath or shower, sleeping in a bed, or preparing food) were rated as very much impaired in from one-half to three-quarters of cases (Table 2). Greater impairment in these activities was reported

for single-person compared with multiple-person households. Median composite scores for ability to move about the home increased (indicating greater impairment) with the age of the hoarder (< 50 years, $n = 18$, score = 7.0; 50 to 64 years, $n = 33$, score = 9.0; ≥ 65 years, $n = 10$, score = 11). The median score for men was slightly higher ($n = 11$, score = 10) than for women ($n = 55$, score = 9). (Data were unavailable for four of the women and one of the men.) Median scores also tended to be higher for hoarders living alone ($n = 32$, score = 10.5) than for hoarders living with other people ($n = 34$, score = 8.5). (Data unavailable for five of the hoarders.) Essential utilities and major appliances were commonly reported to be not working, especially shower or tub, stove, toilets, and sinks. Greater dysfunction seemed present in single-person households (Table 3). Danger from falling as a result of the clutter was reported in 80.2 percent ($n = 57$) of cases and danger from fire hazards in 70.4 percent ($n = 50$) of cases. In one case in which the heat was not working, it was noted that the fire-place adjacent to a cluttered couch was the only source of heat. The residence was rated very unsanitary in 93.0 percent ($n = 66$) of cases, and at least 12 residences (16.9 percent) were ultimately condemned or deemed unfit for human habitation. Hoarders eventually were placed in some type of permanent or temporary protective care in one-quarter of cases ($n = 18$, 25.3 percent).

The hoarders' justification for accumulating and living with animals varied (Table 4). Although love for animals was a ubiquitous theme, the role of animals as children or surrogate family members was also common, cited in about 40 percent of cases. Hoarders accumulated animals using passive and active methods. Accidental breeding of the animals was the single most common reason, ranked first or second in 56 percent of cases ($n =$

Table 1. Extent of Concurrent Hoarding of Inanimate Objects among Animal Hoarders ($N = 71$)

Extent of Hoarding	Newspapers		Books		Clothing		Containers		Food or Garbage	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Severe	15	21.1	7	9.9	14	19.7	21	29.6	22	31.0
Substantial	16	22.5	12	16.9	13	18.3	12	16.9	23	32.4
Moderate	16	22.5	20	28.2	20	28.2	19	26.8	12	16.9
None	11	15.5	15	21.1	8	11.3	6	8.5	6	8.5
Not rated	13	18.3	17	23.9	16	22.5	13	18.3	8	11.3

Table 2. Activities of Daily Living Reported as Very Much Impaired among Animal Hoarders, by Companionship Status (N = 71)

Activity Impaired	Live alone		Live with others	
	<i>n/ n rated</i>	%	<i>n/ n rated</i>	%
Use of bath or shower	16/26	61.5	19/32	59.4
Using bathroom sink	14/28	50.0	13/31	41.9
Sleeping in bed	14/25	56.0	16/31	51.6
Finding important objects	20/28	71.4	19/32	59.4
Maintaining basic personal hygiene	23/31	74.2	27/35	77.1
Using kitchen sink	22/28	78.6	18/33	54.5
Preparing food	26/30	86.7	23/33	69.7
Using kitchen table	19/25	76.0	15/29	51.7
Using dining room table	17/19	89.5	15/26	57.7
Using toilet	14/26	53.8	17/32	53.1
Sitting in living room	20/28	71.4	17/33	51.5
Exiting home quickly in case of danger	19/31	61.3	15/35	42.9

40). However, active solicitation from the public was ranked first or second in 46 percent of cases ($n = 33$).

Descriptive statistics do not begin to capture the extreme nature of many of these situations. In a typical case, household interiors were coated, often several inches high, with human and animal urine and feces, sometimes to an extent that floors buckled. When animal control or humane society agents entered these homes to remove the animals, the contamination and toxic atmosphere sometimes made it necessary to wear protective clothing and a breathing apparatus. In many cases, sanitary food preparation and storage were impossible or nonexistent.

As noted earlier, although hoarders tended to be single, it was not uncommon for dependent elderly or disabled family members to be present. This was true in at least 21 percent of cases ($n = 15$). In one case, a 33-year-old woman lived with her 79-year-old parents in a home with more than 200 cats. In another case, a 58-year-old man lived with his 91-year-old bedridden mother, three other relatives, and 26 cats in a single-family home. Bags of debris were piled five feet high, leaving only narrow tunnels through the home. In yet another case, a 53-year-old woman lived with her 80-year-old mother and 24 cats without litter boxes in a home without running water. The mother used a bucket as her toilet. One woman in her sixties lived in a

Table 3. Essential Utilities and Appliances Reported Not Functioning in Cases of Animal Hoarding, by Companionship Status (N = 71)

Utility or Appliance	Live Alone		Live with Others	
	<i>n/ n rated</i>	%	<i>n/ n rated</i>	%
Electricity	5/29	17.2	5/36	13.9
Heat	8/20	40.0	5/26	19.2
Hot water	8/11	72.7	5/17	29.4
Bathroom sink	9/17	52.9	8/27	29.6
Kitchen sink	12/23	52.2	9/29	31.0
Laundry facilities	11/12	91.7	9/11	81.8
Shower or bathtub	11/14	78.6	17/26	65.4
Stove	12/17	70.6	9/22	40.9
Refrigerator	8/22	36.4	7/28	25.0
Toilet	9/16	56.3	9/30	30.0

Table 4. Reasons Given by Animal Hoarders for Accumulating Animals (N = 71)

Reason	<i>n</i>	%
To save the animals	48	67.6
Loves the animals	57	80.3
No one else would care for them	37	52.1
Surrogate children	26	36.6
Animals were their only friends	28	39.4

trailer with her mentally retarded adult daughter, 13 dogs, and 13 cats. Clutter limited access to most of the home, including the bathroom.

Dependent children were present in 5.6 percent (*n* = 4) of the cases. One woman in her twenties lived with her blind female partner and eight-year-old child, along with 28 cats and two rabbits. The floors were covered in feces, and the refrigerator contained moldy and rotten food. In another case, two teenage girls lived with their mother in a trailer covered with feces. Dogs, cats, calves with diarrhea, and numerous other farm animals also lived inside. One 40-year-old couple was eventually charged with child endangerment, but only after their two children needed to repeat kindergarten and first grade because of chronic absences associated with respiratory infections. They lived with 58 cats, 12 birds, and 11 other animals. Odor had been reported to school authorities. One hoarding situation involving dogs resulted in flea infestation of a nearby school for emotionally disturbed children, causing the school to shut down.

Several individuals were clearly at special risk of infectious diseases because of immunosuppression or other medical condition. One 48-year-old woman, a recipient of a bone marrow transplant, lived in a mobile home with 80 animals, including 30 birds and 10 reptiles. This situation appeared to be particularly dangerous, because salmonella shedding is known to be ubiquitous in captive reptiles. Another hoarder was reported to be an insulin-dependent diabetic; insulin injections were presumably administered in the unsanitary home. To prevent her from wandering, a husband had locked his 80-year-old wife with dementia inside a trailer with 40 cats. After rescue, her head needed to be shaved, because of the filth and matting of her hair.

A recurrent theme in the narrative reports was the difficulty in getting human health agencies to

take these cases seriously. One environmental health officer was reported to have commented that “The only exterior problem was odor, which is not a health hazard to the community. Her home is her domain and she can live as she wishes”. In one community it was only after media attention highlighted the failure of public agencies to act that the regional Society for the Prevention of Cruelty to Animals was invited to join the county multidisciplinary elder abuse consultation team.

LIMITATIONS OF THE STUDY

No single agency is responsible for investigating or resolving hoarding cases, and no mandate or standard procedure exists for reporting hoarding cases. This is true for hoarding of animals or possessions. Therefore, there was no existing sampling frame to use, and it was not possible to estimate case retrieval or response rates from the agencies that participated. Because the data were reported retrospectively, not all information requested could be provided, and we were only able to verify reports in about one-third of the cases. Thus, this case series represents unvalidated data from a convenience sample, and therefore generalizations from these data would be premature. Similarly, differences suggested by subgroup analyses (for example, gender) should be regarded as preliminary, given the sample size and lack of statistical significance testing. It is important to note that animal hoarding exists on a continuum from mild to severe. Thus, the cases reported to public health officials described here undoubtedly are skewed toward the more severe end of a wider spectrum. Nevertheless, several years of careful scrutiny of hundreds of media reports (Arluke et al., in press) and personal communication with people involved in resolving these cases make it clear that the cases reported here are by no means unique or even the most extreme examples.

DISCUSSION

Several features stand out in this case series. In the majority, if not all, of the cases there was compelling evidence of self-neglect by the animal hoarder, and when dependent family members were present, neglect of them as well. Not uncommon, this rose to the level of abuse and sometimes persisted despite awareness of staff at public agencies that grounds for concern existed. In some cases, human health agencies discontinued involvement after criteria to establish mental incompetence were not met, despite clear risks from self-neglect,

falls and injury, poor nutrition, and extreme lack of sanitation. Particularly in the case of frail or immunocompromised individuals, the potential for infection and zoonotic disease seemed substantial. When stoves or fireplaces were used as the source of heat in homes without functioning utilities, the clutter posed a fire hazard. Despite these seemingly obvious human health and safety issues, intervention was typically secondary to attempts by animal control or protection groups to help the animal victims involved.

The extreme nature of the living environments, a trend toward greater dysfunction in single-person households, and the presence of dependent family members in multiperson households suggest that all cases of animal hoarding pose potentially serious risks to human health and welfare. Why extreme lack of sanitation and toxic atmosphere was tolerated by the hoarders and their live-in family members remains to be determined. As with other forms of elder abuse, in some cases it appeared that the extreme conditions were tolerated by elderly family members in return for human care and companionship. In cases where self-neglect was the primary feature, it is likely that the perceived benefits of animal companions outweighed the discomfort from the environment. It also remains to be determined to what extent social isolation was a cause, rather than an effect, of animal hoarding, and to what extent broadening the social network of hoarders might reduce the need for animals. In this case series, there was ample evidence that some people in the hoarder's social network encouraged acquisition of animals, either by bringing them to the hoarder or encouraging others to do so, under the pretext of providing care for a needy animal or avoiding the possibility of euthanasia in a shelter. The challenge of any intervention will be to decrease isolation and discourage enablers.

Other features of these situations, as well as structural aspects of the system, add complexity and challenge to resolving these cases. And rightfully so; existing laws tend to prevent elderly people from being easily ousted from their homes. However, self-neglect is the most common form of elder abuse and neglect reported to state agencies (O'Brien et al., 1999), and the signals for self-neglect include many of the features common to animal hoarding, such as poor nutrition, lack of medical care, poor personal care, little or no awareness of the consequences of choices, social isolation, and extreme clutter that interferes with

ambulation. The presence of these criteria alone are often insufficient to establish mental incompetence, despite the fact that the typical self-neglector frequently has significant comorbid conditions (O'Brien et al., 1999). It is important for human health and social services professionals to appreciate that when dozens to hundreds of animals are involved, all of the other problems associated with the hoarding of inanimate possessions are exacerbated by the potential for extreme environmental contamination from urine and feces. This may exponentially increase the level of risk and exposure to zoonotic disease. For example, ammonia is a potent ocular and respiratory irritant at concentrations of 50 ppm or greater (National Institute for Occupational Safety and Health, 1994). OSHA recommends that eight-hour occupational exposures not exceed 35 ppm and the National Institute for Occupational Safety and Health lists concentrations of 300 ppm or greater as immediately dangerous to life and health (Occupational Safety and Health Administration, 1989). Little information exists about ammonia levels in animal hoarding situations, but in one case, air ammonia levels were recorded as 152 ppm after the home had been ventilated by the fire department (personal communication with Dr L. Lembke, instructor, Stautzenberger College, Toledo, Ohio, February 23, 2001). Because it is well established that investigators or caseworkers often require respiratory protection from the caustic atmosphere when entering a hoarder's home, there is good reason to believe that environmental ammonia levels frequently approach harmful levels. It remains to be determined whether hoarders themselves have become anosmic (unable to detect odors as a result of a temporary or permanent impairment of their sense of smell) or simply acclimated to the conditions. If it is the former, then the ability to tolerate a toxic atmosphere may be evidence of neurological damage.

We suspect that human social services and mental health agencies are often unaware that animal protection laws in every state specify that companion animals must be kept in sanitary environments and receive proper nutrition, potable water, and necessary veterinary care to relieve suffering. The typical animal hoarder situation is likely to violate these laws. If the hoarder fails to cooperate with social services agencies, animal protection statutes provide an alternate avenue for intervention. In some cases, a worthwhile strategy may be to negotiate a situation in which the hoarder is allowed to

keep a small number of special pets if she or he brings living conditions up to par and consents to regular monitoring. Animal control or sheltering groups and veterinarians are logical allies in such a plan. A desirable side effect would be an improvement in the living situation for the hoarder and household members. Given the high potential for recidivism in cases in which all of the animals are abruptly removed, this strategy may represent the best possible option for circumventing the denial and reluctance to cooperate that characterize animal hoarders and may provide some hope for long-term control of the situation.

Animal hoarding behavior transcends multiple pet ownership. The problem merits greater attention and requires considerable study to characterize precisely its nature and cause. Animal hoarding is not yet listed as indicative of any specific psychological disorder and is not recognized as a clinical entity. Therefore, it is premature to attach any diagnostic labels to this behavior. Nonetheless, the bizarre living conditions and serious impairment noted in this case series suggest that in some cases, animal hoarding may indicate the need for psychological assessment. Deliberate animal abuse and neglect already have been identified as a valuable indicator of various forms of family violence or dysfunction (Ascione & Arkow, 1999). Therefore, it seems logical that recognition of the potential for animal hoarding to act as a sentinel for hoarders and dependent household members at risk could facilitate identification of other unmet human health and medical needs. Increased collaboration among animal control and protection groups, veterinarians, and social services agencies to identify hoarding situations could provide opportunities for earlier intervention and forestall more serious outcomes for the hoarder, household members, and communities. Establishing a community task force, as some communities have done to respond to the extreme hoarding of inanimate possessions, may be especially helpful in devising appropriate intervention strategies for animal hoarding. Such a task force would include officials and service providers representing departments of health, fire, police, housing, mental health, aging (when elderly individuals are involved), and adult protective services, in addition to animal control officers, representatives of shelters and humane societies, and veterinarians. A task force can develop decision trees to address identified problems and coordinate interventions. Increased cross-disciplinary training

about the role of animals in peoples' lives and direct communication among multiple service agencies about hoarding could reduce frustration and costs and improve cooperation and outcomes for hoarders and their families. **HSW**

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Appendix A. Case Report Form

For purposes of this project, only submit cases consistent with the following definition of an animal hoarder:

Someone who has accumulated a large number of animals and who fails to provide minimal standards of nutrition, sanitation, and veterinary care; and fails to act on the deteriorating condition of the animals (including disease, starvation, or death) and the environment (severe overcrowding, extremely unsanitary conditions) or the negative effect of the collection on their own health and well-being and on that of other family members.

1. What was the origin of the complaint? Circle all that apply:

1. Stranger	2. Friend or acquaintance	3. Relative not living there
4. Family member or roommate	5. Social services agency	6. Service person visiting home
7. Landlord / tenant / neighbor	8. Fire or Police Dept.	9. Veterinarian
10. Anonymous	11. Other:	

2. Please list the people living in the house, their age, sex and relationship to the person in question:

Person	Age (yrs)	Sex	Relationship to hoarder (circle correct choice)
1. Hoarder		M F	n/a
2. Person 2		M F	parent, child, sibling, grandparent, other relative, partner, roommate
3. Person 3		M F	parent, child, sibling, grandparent, other relative, partner, roommate
4. Person 4		M F	parent, child, sibling, grandparent, other relative, partner, roommate
5. Person 5		M F	parent, child, sibling, grandparent, other relative, partner, roommate

3. Please circle the marital status of the hoarder:

Single	Married	Divorced	Widowed	Partner/Significant Other	Unknown
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4. Please circle the type of residence:

Single family home	Apartment/ Condo	Trailer	Other (describe):
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5. Please indicate the occupation of the hoarder: _____

6. Please indicate what other agencies are involved in the case:

Mental Health	Yes	No	Unknown
Fire Department	Yes	No	Unknown
Police Department	Yes	No	Unknown
Department of Aging	Yes	No	Unknown
Child Welfare	Yes	No	Unknown
Court	Yes	No	Unknown

7. Please indicate what areas of the house were cluttered and the degree of clutter present:

Cluttered Areas	Extent of Clutter (circle best choice)				
Bedroom	None	Moderate	Substantial	Severe	Unknown
Bathroom	None	Moderate	Substantial	Severe	Unknown
Living room	None	Moderate	Substantial	Severe	Unknown
Kitchen	None	Moderate	Substantial	Severe	Unknown
Dining room	None	Moderate	Substantial	Severe	Unknown
Stairwell	None	Moderate	Substantial	Severe	Unknown
Hallway	None	Moderate	Substantial	Severe	Unknown
Basement	None	Moderate	Substantial	Severe	Unknown
Attic	None	Moderate	Substantial	Severe	Unknown
Outside	None	Moderate	Substantial	Severe	Unknown

8. Please indicate whether the following appliances /utilities were in working order:

Stove/Oven	Yes	No	Unknown
Kitchen sink	Yes	No	Unknown
Washer/Dryer	Yes	No	Unknown
Electricity	Yes	No	Unknown
Furnace/Heat	Yes	No	Unknown

Fridge/Freezer	Yes	No	Unknown
Bathroom sink	Yes	No	Unknown
Toilet	Yes	No	Unknown
Water heater	Yes	No	Unknown
Shower/Tub	Yes	No	Unknown

9. Please indicate the extent to which each of these activities is impaired or affected by the hoarding:

Due to clutter, does this person have difficulty:	Not Applicable	Not at all	Somewhat	Very Much
a. preparing food?	N/A	1	2	3
b. using the kitchen table?	N/A	1	2	3
c. using chairs in the kitchen?	N/A	1	2	3
d. using the sink in the kitchen?	N/A	1	2	3
e. moving around in the kitchen?	N/A	1	2	3
f. using the toilet?	N/A	1	2	3
g. using the bath or shower?	N/A	1	2	3
h. using the bathroom sink?	N/A	1	2	3
i. sitting in the living room?	N/A	1	2	3
j. moving around in the living room?	N/A	1	2	3
k. using the dining room table?	N/A	1	2	3
l. moving around in the dining room?	N/A	1	2	3
m. exiting the house quickly?	N/A	1	2	3
n. sleeping in the bed?	N/A	1	2	3
o. moving around in the bedroom?	N/A	1	2	3
p. going up and down the stairs?	N/A	1	2	3
q. finding important papers / objects when needed?	N/A	1	2	3
r. maintaining basic hygiene?	N/A	1	2	3
Are there places in the home that are fire hazards due to clutter near furnaces or heaters?	N/A	1	2	3
Is the person in danger of falling and getting hurt due to the clutter present?	N/A	1	2	3
How unsanitary is the residence?	N/A	Reasonably Sanitary 1	Somewhat Unsanitary 2	Very Unsanitary 3

10. Was there any danger in addition to that noted above for the hoarder or other family members from the clutter or hoarding? If so, please describe:

11. Please indicate the extent to which each of the following types of items were hoarded:

Hoarded Objects	Extent of Hoarding (circle best answer)				
Newspapers or magazines	None	Moderate	Substantial	Severe	Unknown
Books	None	Moderate	Substantial	Severe	Unknown
Other paper	None	Moderate	Substantial	Severe	Unknown
Clothing	None	Moderate	Substantial	Severe	Unknown
Containers (plastic, paper, bottles, glasses)	None	Moderate	Substantial	Severe	Unknown
Food or food garbage	None	Moderate	Substantial	Severe	Unknown
Animals	None	Moderate	Substantial	Severe	Unknown
Clutter outdoors	None	Moderate	Substantial	Severe	Unknown
Other (describe):	None	Moderate	Substantial	Severe	Unknown

12. List number, type, and vital status of all animals in the collection. (Note: If estimated rather than an actual count of the animals, please note using “≈” symbol.)

Type of animal	Number in good or adequate health	Number alive but in poor condition; not in immediate risk of death	Number alive but severely injured, diseased or extremely malnourished	Number dead	Total
Dogs					
Puppies (< 1 year old)					
Cats					
Kittens (< 1 year old)					
Birds					
Reptiles					
Small mammals					
Horses					
Cattle / sheep / goats					
Other: _____					

13. How long has this individual been monitored or investigated for animal hoarding related problems?

< 1 year	1 – 3 years	4 – 5 years	> 5 years
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14. Please describe how the majority of animals were acquired. Rate the most common method as 1, the next as 2, etc. Use each ranking only once.

	Animals bred deliberately in hoarders home
	Animals bred accidentally in hoarders home
	People brought animals to the hoarder
	Hoarder purchased or adopted new animals
	Hoarder actively solicited new animals by advertisement, picking up strays
	Other (describe) _____

15. What were the reason(s) stated by the hoarder for having the animals? Check all that apply:

	Saving them
	Love animals
	Animals are like children
	No one else would care for them
	Animals are their only friends or companions
	Other (describe):

16. Circle how many of the individual animals the hoarder was able to identify by name:

ALL	MOST	SOME	FEW	NONE	UNKNOWN
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17. Did the hoarder attempt to conceal the presence of the animals in any of the following ways?

YES	NO	Unknown	Covered windows (shades drawn, blackened, etc)
YES	NO	Unknown	Solid fences or other similar external barriers
YES	NO	Unknown	Overgrown vegetation – bushes, trees, hedges, etc.
YES	NO	Unknown	External debris sufficient to block view or access
YES	NO	Unknown	Deny investigator or other persons access to residence

18. What was the resolution of the case investigation? Circle all that apply:

1) All animals were removed from hoarder
2) Some animals were removed from the hoarder
3) Hoarder prohibited from owning animals for a period
4) Hoarder agreed to ongoing monitoring
5) Hoarder ordered to undergo psychiatric evaluation
6) Hoarder was institutionalized or placed under protective care
7) Hoarder penalized by fine or jail term— describe:_____

Please briefly summarize the status of the case and the animals. Please describe any unusual features of the case, including interaction with the mental health system. Continue on reverse if needed.

19. Please indicate if there was media coverage:

Newspaper	Yes	No	Unknown
Radio	Yes	No	Unknown
Television	Yes	No	Unknown

Name and title of person completing case report form: _____

Agency: _____

Street: _____

City/ State / ZIP _____ Phone _____

20. Did you personally investigate and view this case? YES NO