I met Nibbler at a convenience store and gas station in Dallas, Texas, in late April of 2008. She was a sad sight indeed. Her skin was peeling off, patches of hair were missing, she was so weak that she had to sit to eat, and she was starving. A pet store owner, who had been asking $1,000 for Nibbler and her cage mate just a year earlier, now removed her bin from the trunk of his car and offered her to me free of charge.

The first thing I noticed was that Nibbler was hungry. So much so she didn’t seem to notice she was being moved. She was sitting by her food bowl, eating as much, and as fast as she could. She was very thin, weighing in at less than 600 grams upon arrival at my house.

The Mighty Nibbler by: Gioia Kerlin

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The pet store owner informed me that Nibbler was not a cuddly animal and that I had better be careful if I ever needed to handle her. He showed me the nearly inch-long gashes in his hand, acquired when he had tried to trim her toenails a few days earlier. He then demonstrated how he restrained her for handling: He pinned her neck to the floor of her bin with his left hand, then closed his fingers around her neck and secured her body with his right hand. I was in shock. I’d never seen an animal flail so frantically before. I wondered what I had gotten into but assured myself that, if nothing else, Nibbler would at least have food, water and veterinary care at my house—things she had evidently gone without at the pet store.

Carefully, I tried to pick up Nibbler so that I could transfer her to my pet carrier. She thrashed and rolled so furiously I couldn’t hang onto her. I ended up tossing a blanket over her and moving her that way, just to protect my hands. I put her food in the carrier with her and made my way home. Along the way I called my vet and made an appointment to have her checked out the following day. Upon examination, my vet found her to be severely anemic from starvation. She was also infested with lice and some kind of exotic mite that he could not exactly identify. We treated her for the skin parasites and hoped for the best. She would either recover or not. Only time would tell.

In the Beginning:

Nibbler is a common tenrec, a species of insectivorous mammal that lives in the wild only in Madagascar and the Comoro Islands. When I met her, Nibbler was emaciated, dehydrated, teeming with skin parasites of several kinds, and was very, very unsocialized. She tolerated no human contact at all. Her half-inch long fangs and alligator death-roll behavior inspired a healthy respect from anyone who considered touching her for any reason. And who could blame her? She had been wild-caught in Madagascar as an adult, spent six months in a quarantine cage after shipping, followed by six years in a display case as a breeder in a pet store. Here she watched all the other tenrecs who had been trapped with her die one by one over the years.

The average weight for a wild common tenrec is somewhere between 1000-1500 grams. Nibbler weighed just over 550. She had a moth-eaten appearance that made my heart ache for her. Too weak to stand at her food dish, she sat most of the time. Nibbler was also missing all the toes on her back feet due to injury or malnutrition.

Instead of long finger-like appendages on her rear feet, similar to what you see on her front feet, she had tiny, nubby stumps where her first knuckles were. Obviously, walking was difficult for Nibbler but she got around remarkably well. She was strong and had an enormous will to live. Within four weeks of her arrival, she had doubled her body weight, her skin was smoothing out, and her parasites were beginning to disappear. Human contact was still something Nibbler could not tolerate but she would allow me to feed her mealworms and to talk to her while she ate. Trust really was not in her vocabulary at this point, but food was. I used treats to my advantage to help her understand I meant her no harm.

As time went on:

Nibbler grew stronger every day. She ate a variety of foods: Canned cat food, moistened cat kibble, giant meal worms, wax worms, and crickets. Movement and being picked up still made Nibbler nervous but she learned to tolerate being patted on the back while she ate. She got used to our routines and would take meal worms from my hands. Little by little, we were becoming friends.

Nibbler eventually grew to tolerate human interaction and even to enjoy it. She liked to have her back scratched and her tummy rubbed, even allowing me the “privilege” of cleaning tenrec boogers off her nose when she was sneezy. This was all facilitated by the fact that she had contracted a life-threatening upper respiratory infection in the fall of 2008, and was forced to allow me to give her oral and nasal medications, syringe feed her several times a day, and clear the mucous from her nose. Poor Nibbler! She was so sick! She could do nothing but lie on the floor of her cage gasping for breath. I had her in the intensive care unit of my vet’s office for several days so she could receive medicated oxygen to ease her breathing. I would take her home daily to monitor progress and feed her. She was too weak to object to feedings and medications. By the time she had begun to recover, about a week and a half later, she was accustomed to being handled. She never tried to bite again.

Nibbler’s Educational Career:

Nibbler was now an official cuddle-bug! She would lie in my arms, allowing me to scratch her back and pet her. She even let me kiss her on the face and rub her nose and the area between her eyes. I could now trim her toenails without issue. She became the perfect pet:
Sweet, loving, cuddly, and interactive. I am so glad we managed to bond in this way. She was a very special girl.

Nibbler became so tolerant of human contact, that I started taking her to elementary schools for educational presentations. In addition to Nibbler, I also raised two other species of tenrecs: *Setifer setosus* (Greater Hedgehog Tenrec) and *echinops telvairi* (Lesser Hedgehog Tenrec). I took them to local libraries and schools to help teach kids about Madagascar and wildlife conservation. Nibbler was the star of the show! Kids being kids, they loved her long fangs and giant-sized mouth. They also loved her quiet demeanor and chubby tummy. Nibbler was a wonderful ambassador who taught many people about the ecological challenges facing Madagascar.

**In the end:**

Nibbler lived with me for around fifteen months. She died suddenly one day during the summer of 2009. We came to know each other well. I will always remember the sweetness and calmness she learned as she grew to understand life with humans. I miss her tiny, beady eyes peering out at me from underneath her blankets and the gusto with which she always ate her mealworms, waxworms and canned cat food. Her curiosity, gentleness, and beauty will be with me for the rest of my life. Nibbler was truly a shining star that fell to earth one day.

It’s hard to rescue animals. Often they are adults, sometimes elderly, and they may not have had the human interaction necessary in order to become good pets. They may not live as long as you would like. They may be sick. But the rewards are many, if only we can sacrifice a little time and effort to let them know they are safe.
**RABIES – Still a Worldwide Health Problem**

Jennifer Plombon

Chances are, if you live in North America, the United Kingdom, or one of the western European countries, you rarely worry about rabies and probably don’t feel that it’s a significant threat to you or your family. However, there are at least 55,000 deaths from rabies every year, mostly in African and Asian countries, and 30-60% of those who die are children. Most of those rabies exposures and deaths are due to bites from rabid dogs. The rabies vaccine is not readily available or widely used to vaccinate dogs or people in these countries, especially when most of the free-roaming dogs aren’t kept indoors or treated as pets; thus, after an exposure or bite significant enough to cause disease, the only treatment is the post-exposure rabies prophylaxis (PEP). The average cost of this treatment is $40-49 in Africa and Asia. Given an average working wage of $1-2 per person per day, treatment imposes a significant financial burden. In addition, immunoglobulin, which is needed for proper treatment, is often unavailable in underdeveloped or developing countries. People are often treated at home and if they die at home, their deaths may not be reported. Children in particular may not notice or report suspicious bites or scratches. As a result, the reported number of deaths from rabies is undoubtedly low and may actually be as high as 70,000 persons annually! There has been a recent increase in rabies deaths in South America, largely attributed to exposure to bats.

**What is Rabies?**

Rabies is a fatal, but preventable, viral disease of mammals. The causative virus is in the Lyssavirus genus. It affects the central nervous system, causing acute encephalitis, or inflammation of the brain. Death is caused when nervous system damage makes bodily functions such as breathing or heart activity impossible. Once symptoms are seen death usually occurs within days.

**Vaccination and Treatment**

Rabies is essentially considered to be 100% fatal once symptoms appear. In the U.S., there have been 1 or 2 documented cases of survival after contraction of the disease. However, these patients had to be treated aggressively with barbiturate comas lasting weeks to months and had significant rehabilitation needs once awakened. Other patients given the same treatment have not survived. If proper treatment, following World Health Organization (WHO) guidelines, is received in a timely fashion after exposure, rabies is considered 100% preventable. The focus of this article will be on rabies exposure, treatment, and prevention in humans, with animal information when applicable.

Rabies vaccination and treatment involves 3 pathways:

1) Humans can be vaccinated against rabies PRIOR to exposure; this involves a series of 3 injections, spaced within 28 days. From personal experience, I can tell you that these injections were almost painless and had few side effects. There are side effects of which one should be aware; for more details, I suggest browsing the WHO and Centers for Disease Control (CDC) web sites (all web sites consulted for this article are listed below). Titres should then be drawn every 2 years to guarantee that protection still exists; there are people 10 or more years out from their original vaccinations that still have positive titres, meaning they are still protected against rabies. A titre level of less than 0.5 IU/ml warrants a booster shot, which is a single injection.

2) Persons who have previously been vaccinated against rabies and who have been potentially exposed to rabies should also be treated AFTER exposure, to prevent rabies (PEP).

3) Persons who have been previously been vaccinated against rabies and who have been potentially exposed to rabies should also be treated AFTER exposure, to prevent rabies (PEP). A titre should be drawn prior to the PEP, to assess the patient’s protective status, and a tetanus shot is recommended. The PEP involves 2 injections, spaced 3 days apart. In addition, there are regulations regarding what is done to the animal(s) involved, which will be discussed below.

**Exposure and Carriers**

As mentioned above, exposure to rabies in humans in Asia and Africa is mostly via dog bites. Exposure in North America is mostly via raccoons, skunks, foxes and bats. Livestock and domestic pets such as unvaccinated dogs, cats and ferrets can contract and carry rabies via exposure to wild animals. If your pet is thought to have been exposed to rabies, which you may suspect if your pet is found with bite wounds or other evidence of injury by another animal, you should take them to your veterinarian for a booster shot immediately. Only mammals can get or carry rabies; birds, fish, reptiles, insects, snakes, turtles, etc., do not.

Continue on page 5...
According to the WHO web site, the levels of exposure to potential rabies fall into 3 categories.

- Category I: Touching or feeding suspect animals, but skin is intact
- Category II: Minor scratches without bleeding from contact, or licks on broken skin
- Category III: One or more bites, scratches, licks on broken skin, or other contact that breaks the skin; or exposure to bats.

PEP is given to Category II and III exposures. Of note is the statement “or exposure to bats,” notice it does not say BITES from bats. While fluttering around a person, a bat may swoop close enough to bite or nip, or a bat may bite a sleeping person. The bite may be so slight and painless that it is not noticed. In fact, the majority of deaths from rabies in the U.S. in recent years have been in persons aware of an exposure to a bat but unaware of a bat bite, who then sought treatment after symptoms appeared. Treatment was unsuccessful in all but the cases mentioned above. In 2004, a man who died of a diffused brain infection became an organ donor. The 3 patients who received his organs all subsequently died of what was determined to be rabies. Neither the donor nor his family had mentioned any possible exposure to bats or other potentially rabid animals and, since rabies is still relatively rare in the U.S., no test for rabies was administered. Since the donor was from Texas, where bats are prevalent year-round, it was thought that a bat bite was the likely cause.

**Symptoms**

The typical incubation period for rabies is 2-3 months, although there are documented cases of incubation periods of more than a year after exposure, as well as incubation periods of only days. During the incubation period, there are usually no symptoms. Symptoms of rabies in humans begin with what are commonly called “flu-like” symptoms: headaches, fever, fatigue, and may include numbness or tingling at the site of the bite. There may be progression to respiratory and gastrointestinal symptoms, such as coughing, a sore throat, or abdominal pain. The person may show signs of agitation or irritability. Final, critical symptoms include delirium, extreme muscle spasms, paralysis, seizures, and finally respiratory arrest, cardiac arrest, coma, and death. Rabies is often referred to as “hydrophobia,” which means “fear of water.” This refers to the final stages of rabies, in which swallowing produces such severe neck, throat and diaphragmatic spasms that patients avoid water and swallowing at all costs. End-stage rabies can be classified as “dumb rabies,” in which paralysis is the major symptom, and “furious rabies,” in which severe agitation and hyperactivity are seen. Animals suffering from rabies show these 2 classifications as well, as will be discussed below. The CDC web site contains some very disturbing video clips of persons suffering from rabies.

While I don’t recommend looking at these idly, should you need reinforcement of the true seriousness of this disease, these videos are indeed deadly serious.

**Prevention**

The most important steps in prevention of rabies are vaccination and protection from exposure. The WHO states that:

- The most cost-effective strategy for preventing rabies in people is by eliminating rabies in dogs through animal vaccinations ...
- Preventing human rabies through control of domestic dog rabies is a realistic goal for large parts of Africa and Asia ...
- Rabies elimination efforts that focus on mass vaccinations of dogs are financially justified by the future savings of discontinuing post-exposure preventive treatment for people.

Sadly, that message is not getting through in many areas. Recently, in China, there have been widely condemned mass seizures and killings of pet dogs, taken right out of people’s homes, in response to rabies outbreaks. Over 36,000 dogs were killed. Since even the most stringent efforts at dog seizures are likely to miss some dogs, particularly when people are loath to release their dogs to certain death (and the deaths were often public and decidedly inhumane), it makes far more sense to enlist the assistance of pet owners in vaccinating their dogs, thus ensuring that more dogs are unlikely to carry or spread rabies. The International Fund for Animal Welfare (IFAW – www.ifaw.org), in a statement from its Asia Regional Director, said:

Mass killing of dogs is ineffective in controlling rabies in the long-term. By choosing not to implement a sensible rabies vaccination program, the [Chinese] government has failed to protect the health of its citizens. Furthermore, the brutal killing of dogs continues to highlight the need for legislation that will ensure the humane treatment of all animals.

It is of course very costly and impossible to vaccinate all humans against rabies, or to vaccinate all animals humans might be exposed to. In most parts of the world it is known which animals are responsible for the majority of rabies cases and exposures. The most efficient response is to vaccinate those animals which can be readily restrained and vaccinated, and to teach humans to avoid those animals which are carriers and not able to be vaccinated. In areas where dogs are the problem, children should be taught never to approach any dog that is not their own; to get an adult and avoid their own dog if it acts strangely; and to report any animal bite to an adult immediately. In any area in which wild animals may be rabies carriers, humans should avoid contact with wild animals. The animals should not be approached,
petted, handled, chased, or fed. Animals suffering from rabies will act oddly; they may appear lethargic and dazed (“dumb rabies”) or aggressive and hyperactive, even vicious (“furious rabies”). Animals with rabies may appear in yards or busy areas in which they would normally not be found; they may be seen at times of the day or night they would normally avoid. They may seem wobbly, uncoordinated, and oblivious to all around them. They may not be “foaming at the mouth,” since that is a very late stage of rabies and they may not be able to walk about at that stage. Any animal, wild or pet, that demonstrates such behaviors should be avoided at all costs. Local animal control officials should be contacted. If their contact information is unknown, call the police. Never handle dead or live bats without gloves. If a bat is in your house, open windows and use a net to try to push it outdoors. If that is unsuccessful, and the bat may have bitten someone in the house, try to catch it in a net, and—using leather or heavy rubber gloves—push it into a hard-sided container with a lid, such as a coffee can, and contact animal control officials.

Pre-exposure vaccination is very effective in preventing rabies. It is strongly urged, and often legally mandated, for persons at risk due to their work or hobbies.

According to the Minnesota Department of Health web site, high-risk groups include:

- veterinarians, veterinary technicians, animal control officers, animal handlers, zoo employees, wildlife rehabilitators, laboratory workers, and other people whose occupational or recreational pursuits bring them in contact with potentially rabid animal species. Additionally, international travelers to areas with endemic canine rabies may choose to receive pre-exposure rabies vaccinations if immediate access to medical care and appropriate biologics [such as immunoglobulin] may not be available. Pre-exposure immunization does not eliminate the need for post-exposure prophylaxis following an exposure; it only reduces the post-exposure regimen.

- Many health care professionals advise that spelunkers (cave explorers) be vaccinated since there is some evidence that breathing in large amounts of bat guano (found in caves) or getting such material in the eyes or on mucous membranes may, in rare cases, expose a person to rabies. Rabies viruses are not found in feces but feces may contain viral particles that have been shed from saliva.

**If Exposed**

Don’t panic. According to WHO, the need for rabies PEP is “considered an emergency and as a general rule should not be delayed or deferred.” A visit to an emergency department or an urgent care center is warranted but doesn’t rise to the level of an ambulance with sirens screaming and lights flashing. The wound should be washed and flushed for 15 minutes with soap and water, then disinfected with ethanol alcohol or iodine. The appropriate PEP steps should be undertaken immediately. These steps vary with the vaccination status of the person involved. If the animal that caused the exposure is a domestic pet, and can be captured or identified and found, it should be held in quarantine and observed. However, WHO advises that the decision to institute PEP should NOT depend on quarantine results but should be instituted promptly. Dogs and cats, and possibly a few other pet animals (at the discretion of your state or local health board) are the only animals in which a 10-day quarantine is considered effective or helpful. Wild animals may not show signs of rabies within 10 days, thus it is unsafe to use quarantine results to dictate treatment. Local health boards may demand that the animal involved be euthanized and examined because rabies is most definitively identified after death by examination of brain tissue. Depending on the level of exposure, access to the animal involved, vaccination status of the person involved, and steps the person involved is willing to take, local health boards have some discretion in deciding on the final disposition of the animal, as you will see below, when I chronicle my personal experience with an exposure.

**Personal Experience**

I have volunteered at a wildlife rehabilitation center in Minnesota for several years. In order to care for some of the mammalian species there (e.g., bats, raccoons, and foxes), volunteers must be vaccinated against rabies for their protection. Positive titres and positive protection mean that if exposed to potential rabies, the volunteer only needs to receive the 2 injection PEP protocol. Furthermore, it is policy that if bitten by a bat, the bat must be destroyed and examined for rabies regardless of the volunteer’s vaccination/titre status. We are always very cognizant of this fact and use extreme caution in dealing with all species which could carry rabies. I think I speak for most volunteers when I say that our caution and concern are almost more for the sake of the animal’s welfare than for our own since we have been vaccinated and must have biannual titres. None of us would choose to have an animal destroyed if it could be prevented.

Policy is less clear on raccoon exposure, as I discovered. I was caring for 10 adolescent raccoons in a cage one day a few weeks ago. These raccoons had been at the center almost from birth since they had been found orphaned. Young raccoons are adorable, playful, active, and funny. It’s like being surrounded by puppies, only they’re puppies with hands. To avoid imprinting or a too-high level of comfort with people, we don’t talk to them or pet them or deliberately interact with them. As they grow more comfortable with us, they inevitably start to interact with us. On one particular day, one little guy came up behind me, grabbed my calf, climbed up my boot, and took a little nip out of my leg. It was such a tiny nip that barely broke the skin and was clearly done in fun and a sense of adventure not out of meanness,....
but as soon as I felt the bite, I thought, “Oh, little one, you have just signed your death warrant!” I tried to keep my eyes on the one who bit me, to ensure that only one raccoon would face possible euthanasia. But it’s impossible to watch one raccoon rolling around in a raccoon pile. I called out for the vet, showed her the bite, and told her that in all honesty, I couldn’t positively identify which raccoon bit me. I was devastated, as was she! Our thought was that the state would mandate destruction of all 10 raccoons. The vet suggested that I see a physician immediately, explain the situation, and ask them to call the Minnesota Department of Health (MDH) for advice, which I did. Since I had been vaccinated, had a positive titre a year ago, and the raccoons had been indoors and safe from rabies exposure for several weeks, it was hoped that they could be spared. The physician, based on her initial call to the MDH, said that the raccoons needed to be quarantined for 10 days and observed for health changes, that I needed a titre drawn and a tetanus shot. It had been 9 years since my last shot and I knew I was due soon anyhow. No further treatment was necessary as long as none of the raccoons showed symptoms. I offered to undergo PEP, especially if this would ensure the survival of the raccoons. But the vet said that with my previous vaccination and the quarantine, that could wait. The vet was delighted as was I. Then, a few days later, the Medical Examiner from the MDH called me and said that her original recommendation had been wrong. Since raccoons can appear rabies-free for longer than a 10 day quarantine, I was not assured of a non-exposure if they showed no signs of disease. I needed to either have them destroyed and examined (an option that was extremely upsetting to me) or I could undergo PEP. I gladly went in that very day and received the first of the 2 injections needed to protect me. I had the second injection 3 days later and both the raccoons and I are fine. Slightly more than 2 weeks later, my titre results showed that I did have a positive titre and was thus doubly protected. This demonstrates the ambiguity found when different governmental bodies make decisions in cases like this and reiterates that avoiding an exposure is the best policy for everyone involved.

More Information


Documented case of racies in a hedgehog [http://www.cdc.gov/ncidod/eid/vol11no01/040752.htm](http://www.cdc.gov/ncidod/eid/vol11no01/040752.htm)

CDC videos (please be aware that these are very disturbing videos and should not be viewed by children) [http://www.rabiesfreeworld.net/advanced_module.htm](http://www.rabiesfreeworld.net/advanced_module.htm)

Susan Brown, DVM [http://tinyurl.com/nzsq2c](http://tinyurl.com/nzsq2c)

IFAW [http://tinyurl.com/masd22](http://tinyurl.com/masd22)

What About Hedgehogs?

There is one documented case of rabies in a hedgehog. A family in Budapest, Hungary, took a hedgehog into their home and played with it. The hedgehog died and was found to have rabies and all family members were given PEP without incident. Dr. Susan Brown, DVM, wrote of pet African Hedgehogs:

> It is likely that they can contract this disease if exposed to it but, since they are primarily kept as household pets, exposure is minimal. There is currently no approved rabies vaccine for hedgehogs and it is not recommended to vaccinate them with a dog or cat product.

Thus we are not legally required, nor is it recommended, to have our pet hedgehogs vaccinated, as it is with pet dogs.
Hi, I’m Alice, I’m a hedgehog. Last summer I was a baby so I didn’t get to do much ‘cept eat and sleep. It was kinda boring. But this summer, Mom told me that since I’m a big girl, I get to do stuff. That’s really lucky, ’cause now school is starting and I have home work, I’m sposed to write an essay called “How I Spent My Summer Vacation.”

So here’s what I did. I got to do a whole bunch of really cool stuff.

I played with my red wagon at the park an’ went zooming down hills and bumping over the grass.

And I joined a cool soccer team. I’m really good too! You should see me kick the ball!

My birthday was in August and I had my very own tea party. Mom gave me my own tea set. There’s even a picture of a hedgehog on the teapot!! How cool is that? It doesn’t show very good in this picture…but it’s really there!

But of all the neat stuff I did this summer…the best thing was going camping. I got to sleep in my sleeping bag in a real tent. I played all day with my toilet paper roll and then, you’ll never guess what! I got to roast mealies over a camp fire! Wow!! I had a big chair to sit in and then we told ghost stories!! Camp was really, really cool!!! (and kinda scary too !)

I can hardly wait to see what happens next summer!

Love, Alice Myhre
For many years now I’ve been in awe of a certain group of people here in our community - - those folks who do rescue work. I know I am not tough enough for it, I don’t think most of us are. Folks who do it year after year simply amaze me.

To get needed and often expensive medical attention, deal with emotional issues, life-altering disease and/or hospice care, and make end-of-life decisions for the animals are just some of the day-to-day decisions that folks who do rescue work have to make. Again, my hat is off to you folks who take on this job and do it well. You are a valuable part of our hedgehog community.

Although I think most rescuers maintain a high ethical code, unfortunately not all of them do. The decision not to breed rescue animals should be the number one code for all rescuers. To engage in breeding animals when their lineage is unknown is reprehensible and unforgivable. Presenting these animals as “healthy” to unsuspecting buyers, borders on criminal behavior.

Thinking of getting in to the rescue business? See the article in this newsletter by Cyndy Bennett on running a good rescue operation. And for those of you thinking about becoming a breeder, the article by Nancy Denny will be a good place for you to start your research.

Craig’s List
Nancy Denny

Recently a new trend on Internet sales sites such as Kijiji or Craig’s List has appeared. It seems that there are people who scour these sites searching for free or inexpensive hedgehogs. The disturbing part is that many of these people are really looking for breeding stock! Occasionally they may even present themselves as rescuers in the hope that people will give hedgehogs to them.

This is an unethical practice which puts female hedgehogs at risk. Often there is no accurate information about these animals such as their age, lineage and health history. And, more often than not, the females are likely to be past the safe age for breeding. These backyard breeders either do not know, or do not care, that they could be raising hedgehogs that have Wobbly Hedgehog Syndrome (WHS) or cancer in their genetic history.

Ethical breeders take care to purchase breeding-quality hedgehogs from other ethical breeders. These are breeders who register their animals and follow the Code of Ethics established by the Hedgehog Breeders’ Alliance. HBA breeders carefully check each hedgehog's lineage to ensure that the animal is free of hereditary and congenital disease. If a history of WHS or other genetic disease is found, that line is retired and any breeder who has purchased from the line is notified.

Purchasing baby hedgehogs from sites such as Kijiji and Craig’s List is strongly discouraged because the seller is unlikely to know anything about the health and genetic history of the parents. Reputable breeders are extremely unlikely to resort to these sites to sell their babies because they usually have waiting lists and have no need to make a quick sale online.

When looking for a hedgehog baby, there are several sites to use that will help find you a reputable breeder.

Hedgehog Breeders Alliance http://hedgehogbreederalliance.org/breeders.html
International Hedgehog Association http://hedgehogclub.com/breeders.html
Hedgehog Central http://hedgehogcentral.com/breeders.shtml

You can also join Hedgehog Central forum and ask for recommendations from people there. http://www.hedgehogcentral.com/forums/
How and when did you get your first hedgehog?
In 1992, a young child and his mother, who was getting a divorce, had just moved to Florida. The mother did not have time to care for their pet hedgie and her ten-year-old son was having trouble with the parents divorcing. He just had no interest in the hedgehog. So a mobile vet took in the hedgie then contacted us. Of course we said yes, the hedgehog was more than welcome. His name was Sir Snuffy, thus we named our sanctuary and rescue program after this wonderful little hedgehog.

What made you want to do rescue work?
We saw the mistreatment and lack of education and basic knowledge of hedgehogs where the public was concerned. We felt it necessary to give folks first hand, actual information about how to care for hedgehogs properly and why a rescue is sometimes necessary for them. That information will prevent rescue operations from becoming so overloaded. If the information is made available then hedgehogs have a chance for love, care and a good life.

What did you do for a living before going into rescue full time?
Merle spent 27 years on active duty in the United States Army and 19 years in the Retired Reserve. He did some energy management, worked in a butcher shop, and his last job, prior to volunteering, was as operation manager at Clearwater Marine Aquarium.

After college Bonnie managed six dry-cleaning and laundry facilities, worked for Braniff International Airlines handling reservations in Minneapolis/St. Paul, managed twenty-two dress departments at John Wanamakers and started a career at Group Medical and Dental Insurance Administration and Technical Research, from which she medically retired.

Tell us something great about where you live.
We live near the Gulf of Mexico. We love the abundance of birds and animals, the magnificent Gulf of Mexico with its beautiful water and shoreline and the fabulous fishing.

Tell us something about your family.
Merle has three children, one son and two daughters from a previous marriage. He is originally from Ohio and spent 21 years overseas. When he was in Germany he encountered and rescued approximately 12 European hedgehogs from road hazard accidents and released them in good health.

Bonnie has no children other than her four legged ones. She also had a previous marriage. She is originally from Pennsylvania where she lived in a Philadelphia orphanage called the SPCC. Yes, it was like the SPCA but for kids, the Society for the Prevention of Cruelty to Children. She left a job in New York City to get out of the winter weather. After living alone for 17 years, she arrived in Florida, met Merle in April, and September of the same year married this wonderful man. This September they will celebrate 24 years of blissful marriage.

Tell us your favorite rescue story.
There are two stories that stand out Sunshine Sue and Posie Joy. Posie was rescued because she was being thrown around like a baseball by young boys. A young lady saw, this stepped in and just took her away from them! Well, she did not know anything about hedgehogs so she placed Posie in with a blind rabbit. Posie did not know she was a hedgehog. She ate what the rabbit did. Then the rabbit died and Posie became very withdrawn and mourned the rabbit very much. We are listed in a book called the Pet Pages (like a yellow pages for critters) so the lady contacted us to rescue Posie. When Posie was put in the cage with another female hedgie, she instantly perks up, started to eat hedgie food, ran in the wheel and just enjoyed herself. Posie is a rather “fluffy” hedgie girl and can be quite bossy but her cage mates love her. When she puts her head under a hedgie hat she thinks no one can see her, She is very entertaining and a true joy.

Sunshine Sue was also listed in the Pet Pages. We received a phone call from a lady who lived south of us, in Venice, Florida. She wanted to know if we rescued baby porcupines. We said, “No, why?” Well, her dog was outside, in a field across the street from her home and he would not stop barking. After she and her husband went out to see why, she described what she saw as “a kinda prickly thing rolled up kinda like a ball but alive.” We knew just what it was--a hedgehog. We got in our car and drove down to meet with her. She handed over a small box and there inside was a little hedgie. She told us her hubby had put on garden gloves to pick the prickly thing up! We laughed and brought her to our vet. She was in remarkable shape, small but no fleas, no parasites of any kind, a very sweet healthy girl. Now she is our Sunshine Sue and currently her cage-mate is Mahitabell, (Bell).
Sir Snuffy's Hedgehog Rescue
Cyndy Bennett

Sir Snuffy's Hedgehog Rescue is run by Merle and Bonnie Stubbins in Florida. I would like to thank them for all they do to educate the public, both adults and children, about African Pygmy Hedgehogs.

Each of their public presentations feature two or three hedgehogs including both females and males. They make sure that the temperaments of the “demo” hedgehogs range from sweet to grumpy to show that not all hedgehog personalities are the same.

Their handouts offer information on other Florida hedgehog rescue services including location and contact information. Also included are ideas for setting up a hedgehog living area, facts concerning hedgehogs such as states where it is illegal to own them, details about rescue and adoption shows, and general hedgehog information.

Merle and Bonnie are very active in different events and shows in Florida. They were involved in St. Francis Day with the Humane Society in Hillsborough County, twice a year they participate in the ASPCA’s Operation Orange, Downtown Clearwater Rescue/Adoption Street Fair and senior venues. They participate in a summer camp in Oldsmar, Florida where approximately 75 to 100 children are involved in a hands-on venue. Merle and their female hedgehog Mahitabell entered the 4th Annual Pet Festival Parade. Mahitabell was presented with a beautiful plexiglas award for the cutest and smallest pet.

Merle and Bonnie are listed as hedgehog rescue providers for all of Pinellas County where they live. They are both senior citizens who dearly love hedgehogs. They do everything they can to honor all hedgehogs everywhere. Like many rescues, Sir Snuffy's Hedgehog Rescue does not receive outside funding. The Stubbins are very active representatives of the Hedgehog Welfare Society and we would like to take the time to thank them for all they do for hedgehogs everywhere.

Thanks Merle and Bonnie!!!

If you have suggestions or ideas for items you would like to see in the newsletter, e-mail the editor at newsletter@hedgehogwelfare.org

Welcome New Rescue Contacts!
Sara and Ralph Patrello, Gainesville, Florida
Tina Winchell, National City, Michigan

If you are interested in becoming a rescue contact, simply write to Sheila at SexyTexy@comcast.net for an application.

Thank you for your support!
Sheila and Cyndy
Most of you may recall M. Christina Butler’s hedgehog story, *One Winter’s Day*, in which a very considerate hedgehog shares his mittens, muffler and stocking cap with the distressed creatures he meets as he walks to his friend Badger’s house on a cold and windy day. Recently a sequel, *One Rainy Day*, was published.

In this story, Little Hedgehog has exchanged his fuzzy red winter gear for a shiny yellow raincoat, hat and boots and he also has a bright red umbrella with white polka dots. The illustrations by Tina Macnaughton feature some kind of plastic coating over the rain wear to give it an authentic shine.

L.H. is delighted when he awakens to the sound of rain one day. He immediately departs his nest in search of puddles. Soon he encounters mole who complains that his home has been flooded. The ever-conscientious hedgehog shares his umbrella and suggests that Badger may be able to help.

On the way to Badger’s home, the friends encounter several other animals in need of assistance. Little Hedgehog gently assists each one and the entire group makes its way to Badger’s house.

Badger is equally accommodating when the animals arrive at his lair. He invites them in to sit by the fire, sip cocoa, and munch cookies as they share their stories with one another.

This is a very pleasant story with large, colorful, textured illustrations. Children from preschool through second grade will find it very appealing as will hedgehog owners and enthusiasts.