

Assessing and Budgeting for M*A*S*H Programs

Whether you are the host or visiting team, if you are starting or providing a M*A*S*H program in an area with free-roaming, 'community animals,' the first clinic should be held as early in the spring as possible. Where female animals roam loose, every single spay before a dog or cat go into estrus equals six surgeries that will not be needed just a few months later.

If only one clinic per year will take place, it should be in early spring and have the capacity to do all that can get there. Animals that are turned away with no way to return for one full year are at a tragic loss.

Assessing for a M*A*S*H should take place before making plans and should include:

- **If on tribal land, and not part of the tribe, does this partner have authority to run a program on the reservation? Please visit Spay FIRST tribal programs if not.**
- How many housing areas or communities will be served and what is the geography and the population size overall.
 - An estimate of the number of intact dogs and cats from each community **done by a local public health office or a volunteer who knows the community is needed. This estimate will be based on "dogs per home."** The ratio of males to females may be less than one third female as many people are reluctant to keep female pets if spay/neuter is not accessible.
- For example, if there are 500 households, and at least half of homes claim or care for one or more pets, a well-planned spay/neuter clinic will provide spay/neuter services for 250 to 300 pets.
 - This could be divided into two three-day clinics. By spacing the clinics out to two to three months apart, the second clinic can be tweaked or the clinics can be located so they are convenient to different areas. Of course, multiply the number of surgeries per day, times the number of veterinarians performing surgeries, to come up with a round figure. With a high volume veterinarian, plan 160 to 175 surgeries per veterinarian per four days.
- Who will coordinate a transport program and locate local trucks, a stock trailer, etc.
- Don't skimp in the planning stages. Provide help for homes that cannot bring a pet without transport assistance. You've driven possibly hundreds of miles to get here...don't bypass those who need help the most because they need a 10 mile ride to the clinic!

Budgeting for M*A*S*H:

M*A*S*H programs have unique expenses in addition to the standard costs of surgical supplies like drugs, suture and payment to staff. These additional costs include housing, travel and food.

We strive to hire veterinarians who are able to provide 35 to 45 surgeries per day per veterinarian, and two technicians or assistants per veterinarian, all of whom have previously worked in a high volume spay/neuter setting.

A high volume clinic is not a teaching program. Unless your program is organized as a teaching program, having student veterinarians come to learn new skills by performing surgery on

animals with little history of being cared for, or that may be undernourished, is risky. **Small incisions, quick surgeries and standard high volume, high quality procedures are vital to providing services to large numbers of animals in a day.**

Some things to consider:

Travel, housing, food, the use of a local building and other peripheral costs are the same per day/ per person if 40 surgeries are performed vs. 20.

It may be less expensive to pay a high volume veterinarian \$500 per day to do 180 surgeries in four days than having a volunteer team that requires ten days to do the same number of surgeries. Doing 75 surgeries instead of 200 is very costly per surgery if there are housing costs.

Food and housing:

Whether food is provided by the local host, through a grant or local donations, or by the visiting team, the number of people should be figured as:

- The visiting team (usually three to five people per veterinarian),
- Five local volunteers,
- Possibly two to four more people who help out intermittently

Food includes lunch plus a late afternoon meal, drinks and snacks throughout the day for local and visiting staff. Food includes additional meals per day for visiting staff and volunteers.

The cost of lunch can be significantly reduced, (and made healthier), by having sandwich “fixings” or making tacos on site and by avoiding fast food.

Notes from high volume veterinarian, Terrance Yunker, DVM, with over 150,000 spay/ neuter surgeries in his high volume experience:

Some items are more expensive if surgeries move slowly; for example, you use nearly the same amount of isoflurane and oxygen in one 45 minute surgery as in four 12 minute surgeries. Suture is the most expensive component in a surgery; obviously it takes four times the amount to close a four inch incision than it does a one inch incision. Additionally, according to all research, the incidence of post-operative complications and pain are related to incision length as most pain is derived from the incision; and the potential for dehiscence increases with incision size as well.