

Focus



Spay/ Neuter

Pioneering Models in Eliminating Pet Overpopulation in Low-Income Populations in Rural States

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Introduction

This document is for organizations that are running, or intend to run, spay/ neuter clinics or programs that hire veterinarians directly. This is intended to help create an organized approach to reducing pet overpopulation, primarily in rural areas with limited sheltering. We hope to offer information that leads to the development of the best possible services in places that have never had the presence of a humane organization before.

Created under the auspices of the Oklahoma Humane Federation (OHF), this document outlines ways to develop an effective spay/ neuter program that remains in compliance with laws that govern the practice of veterinary medicine, and that foster cooperation between the veterinary community and humane organizations. These links are vital for growth.

Three separate entities have vested interests in the growth, development, and operation of spay/ neuter programs. These entities include:

- **Humane organizations**, have a need to provide spay/ neuter programs, often requiring high volumes of surgeries, in order to reduce the number of unwanted companion animals
- **The veterinary medical association**, has an interest in maintaining the client base of their members, and therefore are likely to support only programs serving low-income homes
- **The veterinary regulatory board**, ultimately governing the way these services are provided

High quality spay/ neuter programs require the cooperation of all of these entities in order to grow, reach the communities that need help to reduce pet overpopulation, and to hopefully avoid the pitfall of conflicts with private veterinary practitioners in their communities. Basically this comes down to targeting low-income homes and maintaining safe, standard practices.

The solution for pet overpopulation lies in meaningful, constructive programs. Successful programs are not accidents; they are based on research, planning, cooperation, and adequate funding. Humane organizations, veterinarians, and municipalities must work together to address the multitude of issues resulting from pet overpopulation. Although these issues include dog bites, animal control costs, and other taxpayer concerns, the purpose of this document is to help create the best approaches to halting the tragedy of pet overpopulation.

It is impossible to address pet overpopulation without effective policies revolving around a comprehensive pet sterilization program. Yet, spay/ neuter programs have often spiraled into conflicts or have been run without consideration of important factors, including the need to serve the poorest members of the community; quality issues and aftercare arrangements have surfaced in some. Cooperation is vital. When conflicts exist between veterinarians, state officials (veterinary boards), and humane organizations, programs suffer.

We have included some information on education and other peripheral services. Please excuse us if this portion appears to take us off course. Although this document was created to help existing organizations that already

focus on spay/ neuter programs, we included other information that spay/ neuter programs can benefit from. We hope that this document offers constructive information to all who embark on a path of compassion through spay/ neuter, whether they are an established organization or a single individual.

Every step that is taken for animals can become the beginning of real change. However, without good information and planning, these first steps can instead be the beginning of frustration and wasted money that makes little overall difference for animals.

We hope to see each opportunity for change on behalf of animals be the best it can be.

We hope you find this information useful. We welcome your feedback, which will contribute to the further development of this document.

Who's who and what's what?

Pet overpopulation is a multi-faceted tragedy that results in the destruction of millions of unwanted companion animals in this country each year. In addition to being a tragic humane issue, this is a costly public health issue that requires federal, state, and local spending throughout the US. The average cost to collect, house, kill and dispose of the carcass of a dog in the US exceeds \$75 per dog.

Spay/ neuter programs are vital to reducing the numbers of unwanted pets. Despite over two billion dollars a year spent to collect, house and kill unwanted animals, there is no example of a shelter or adoption program, in the absence of spay/ neuter efforts, reducing the number of unwanted animals.

Pet overpopulation can only be addressed through spay/ neuter and education. While enhancing adoption programs gets more animals out of shelters and into homes, adoption programs cannot compensate for excessive numbers being born.

Humane organizations must offer high volume programs that are designed to provide enough surgeries within a given time frame to more than offset the number of unwanted litters that are born. Policies including releasing intact animals (even with a sterilization contract) make many shelters into an active part of the problem.

Nationally, low-income communities produce the overwhelming number of unwanted animals and are victimized by the greatest number of bites and fatal dog attacks. Pet overpopulation is demographically trackable; the solution will only come about when the households that produce unwanted pets have access to affordable spay/ neuter services and become educated about the need to use them.

As concerned citizens come together to address pet overpopulation, developing a focus group or a humane society should be a priority. If a humane society already exists, creating an effective spay/ neuter program should be an urgent priority.

Some spay/ neuter programs are run by citizen volunteer groups. However, having a formal organization that achieves non-profit status allows the group to seek grants and other funding, formalizing ways to help animals.

Definitions in spay/ neuter planning:

Base line number- are the number of spays and neuters occurring at private animal hospitals in a community on a daily basis. These are surgeries that are paid for by the pets' owners at a private veterinarian, and that occur without assistance in terms of funding, outreach or education.

Effective surgeries- are surgeries that are provided to pets in homes that otherwise could not have a pet sterilized. Effective surgeries bring the number of surgeries above the base line ***in order to reduce the number of unwanted pets. Effective surgeries are income based;*** homes that can otherwise afford to have pets

sterilized do not, statistically, make up a significant portion of relinquishments of litters. Programs that do not target low-income homes have significantly reduced impact, often none. Education about the need to sterilize pets is the most vital part of reaching homes that are able, but hesitate, to get pets spayed or neutered. “Effective” is based on an inability to afford the surgery for the pet; basing effectiveness on what “may” have otherwise happened is subjective and should not be used.

Early age surgeries-refers to surgeries performed on pediatric animals, typically eight weeks, and at least two pounds. Early age sterilization has been deemed to be safe through extensive research and is accepted by the American Veterinary Medical Association.

Neuter Before Adoption, NBA- refers to a policy of releasing animals for adoption only after they are sterilized. This is the only effective way to prevent shelter animals from contributing to pet overpopulation following release.

Voucher programs- refers to vouchers provided to homes (usually income targeted) to be redeemed at a veterinarian. The client usually provides a small co-payment; the voucher provider pays the balance.

Coupon programs refer to coupons that reduce the cost of surgeries, and the client pays the balance. Coupon programs usually do not bring the cost into range for low-income homes. Discount coupon programs are not endorsed in any national pet overpopulation model.

Numerous examples of successful targeted income programs exist, while “**discount**” programs including **discount coupons, have little to no measurable effect.** According to some sources, 75% of funding used for non-targeted (not income based) programs may be wasted.

Shelter euthanasias were reduced by 80% over four years in New Hampshire. Peter Marsh, the New Hampshire attorney who was the driving force behind that dramatic success, explains that **servicing low income homes is the key to halting the flow of litters into the municipal shelters and is also the only way to maintain a cooperative relationship with the mainstream veterinary community,** which is especially vital in rural areas.

Programs that place that relationship at risk, place your stability and future expansion at risk.

Setting your goals:

The three main sources of unwanted litters in the US are addressed within the following goals:

- 1. Make spay neuter services available to low-income households.*** Many s/n programs base qualification on receipt of benefits including Food Stamps, WIC and Section 8 housing, others use income guidelines.
- 2. Halt the release of intact shelter animals.*** Neuter Before Adoption, (NBA), can be tricky in rural areas because of limited access to veterinary resources, yet it is vital. Less than 50% of contracts demanding sterilization of the pet after adoption will be fulfilled. Rural shelters are often the single largest distributor of intact animals in their communities and become the single largest source of tomorrow’s problems. Pets obtained for low-cost or free are viewed as disposable; less than 10% of intact animals placed at low rates or free, will be in the home a year later.
- 3. Assess and address feral cat populations.*** Remember that today’s unaltered pets produce tomorrow’s ferals.

No matter how services are provided, effective spay/ neuter programs include:

- Services that target low-income households***
- Services that provide a volume of sterilizations that address the level of need in the area based on shelter intakes, local income demographics, and other available information. Small, limited and intermittent programs have reduced effectiveness.***
- Educational efforts that are geared to client level families, as well as to the general public,***

- **Community involvement by animal control, media and local officials**

The following models provide high volume services to pets in low-income homes. They are shown in order from service for rural areas and small towns, to providing services for an urban area, or an area where the population exceeds 250,000 people.

- Private practice models, from **FIX-IT** clinics to “In-Clinic Clinics” and voucher programs for small towns or low needs communities
- Transport to a stationary clinic (private or spay/ neuter clinic), small and growing towns
- Mobile unit (either on-board recovery or off-board recovery models), geographically isolated areas and small towns
- Opening a stationary clinic, for populations exceeding 250,000

Before establishing a mobile unit or opening a clinic in a shelter or other facility, become familiar with the premise requirements set forth in your state laws that govern veterinary medicine. A veterinary regulatory board will provide a copy of the codes regarding mobile or stationary veterinary services.

The four models described above are defined below:

a.) “In-Clinic Clinics” –for small towns and rural areas. An increase in the participating number of veterinarians increases the size of the population that may be served.

The common model of a veterinarian’s office reducing the prices on a limited number of surgeries, performed during the regular workday, often deteriorates into frustration.

The most common approach to the start up of a s/n program involves a veterinarian offering the humane society reduced rates on a limited number of surgeries during the veterinarians regular work day. This protocol is difficult. Because high volume is not really possible, this model will preclude effectiveness. First, the client calls the humane organization, the organization calls the animal hospital, involving at least two phone contacts per surgery for the receptionist; the reduced rate client involves increased labor costs for the vet. This client is the most likely to no-show, and since they have used staff time, they represent a loss. The vet often limits the number served, reducing the program in both outreach and effectiveness.

What happened? By scheduling clients during the regular working day, the veterinarian was competing with him or herself for their own time, and expectations of the clients were unrealistic and program growth is impossible. Few private clinics have the flexibility within the regular working day in order for this approach to succeed.

How an “In-Clinic Clinic” or **FIX-IT model works...**

Some folks think a mobile spay/ neuter unit is an animal hospital that’s on wheels. We view each regular animal hospital as a mobile spay/ neuter clinic that somehow got stuck!

This model occurs on a day when the veterinarians’ office is otherwise closed or at a set-aside time of day, once a week or twice a month. Surgeries are performed at a rate equal or close to the mobile services in the area. In Oklahoma, that is \$40 per dog and \$30 per cat, including rabies. The humane organization must agree to screen client incomes so that the vet does not compete with him or herself for their own clients, and to raising funds to offset the portion of the cost that very low-income clients cannot pay.

When scheduling an “In-Clinic Clinic” with one large day per month, the humane organization performs the duties required when scheduling a mobile unit. This includes scheduling the clients, check in, scrubbing instruments, check out, and office clean up if necessary. The veterinarian provides the surgeries. Peripheral costs including office staff are eliminated.

When scheduling the smaller **FIX-IT**, the veterinarian agrees to a number of surgeries that can be performed in a set aside time, typically from one hour to a full morning one day each week. If the veterinarian is able to finish three surgeries per hour, and comes in one hour early and works the first hour of the day, finishing six surgeries in two hours will bring roughly \$10,000 into the practice each year at the average price of \$40 per pet.

Because the **FIX-IT** is a small event, the humane society will partner by scheduling appointments, screening incomes and raising some subsidy money for the clients who are unable to pay the full cost. Of course, community wide education is always a part of it!

In the larger one day per month model, flexibility allows extra surgeries to be placed on a waiting list to compensate for probable no-shows; no-shows do not represent a loss.

A day that includes 15 to 18 cats and 12 dogs brings in nearly a thousand dollars, which is paid to the vet. A client co-payment of \$10 is 40% of a cat surgery, or 30% of a dog surgery so even a small co-payment enables organizations to get 50 or more surgeries per \$1000.

The In-Clinic Clinic and **FIX-IT** programs provides the benefits of a low-cost spay/ neuter clinic with virtually no start up costs. Logistics are reduced; aftercare arrangements are simplified; there is no mobile unit to purchase or try to schedule among different groups; funds remain local, strengthening veterinary/ humane society relationships. The biggest benefit is that a spay neuter program starts up with no capitol fundraising drive.

In the private practice In-Clinic Clinic or **FIX-IT** models:

- The private veterinary practitioner does not compete with him/ herself for their own time
- Income screening ensures that the veterinarians do not compete with him/ herself for their own clients.
- The co-payment enables those who contribute the most to pet overpopulation to contribute to solving the problem.
- Provides consistent and local spay/ neuter service to the humane organization with no start-up capital

b.) **Transportation to an existent clinic – for communities within driving distance of a high volume program or participating veterinarian:**

This model involves creating safe, reliable and regularly scheduled transportation for a group of animals to a spay/ neuter clinic or veterinarian able to serve a large number of animals that are brought in together. An air conditioned van or private vehicles can be used. The distance dictates the volume of animals that must be served in order to make this protocol viable.

This model has easy start up as it can be initiated using existing resources (through the use of volunteer's vehicles), while raising funds for the purchase of a vehicle devoted to this service.

c.) **Mobile spay/ neuter unit- for serving small towns and sparse populations over a large geographic area**

Mobile spay/ neuter units are scheduled on a periodic basis in order to provide low-cost, high volume spay/ neuter services to low-income members of a community. If your organization is considering establishing a mobile unit for your region, **familiarize yourself with the state regulatory codes BEFORE purchasing or raising funds for a unit.** The costs of establishing an off-board vs. on-board recovery unit are vastly different. Additionally, assess reasonable expectations for the use of such a unit. Consider who will schedule the unit, staff the unit, order and manage supplies, maintain records and move the unit from one place to another.

Types of mobile units include:

On-board recovery, meaning that the animals will be brought to the unit in the morning and will remain on the unit until the time the owner picks up the pet at the end of the day.

Off-board recovery means that animals will have surgery on the unit and will come off the unit following surgery and will spend part or most of the time in recovery in a separate building.

Entirely off-board models include programs in which all equipment is brought in a vehicle and the surgery and recovery areas are established within a building. This model may be referred to as a MASH, SOS or blitz.

Comparison- On board, off board and SOS mobile programs have very different costs, different requirements for volunteers and may provide a very different number of surgeries in a day.

Off-board recovery or SOS requires:

An area that is maintained at a safe recovery room temperature because of anesthetic protocol. The space must have heat or air conditioning, and a moppable floor or cleanable underlayment like plastic drop cloths or tarps.

- An adequate electrical source and a source of running water.
- Adequate cage space in which to recover the animals and in which they await pick up.
- A volunteer team in each community that has been adequately trained and who has preferably visited a mobile clinic in operation before start up.

Whether owned by a veterinarian or humane organization, a mobile unit must be operated in accordance with state codes regarding veterinary medicine. **Oklahoma state code** (this is mandatory in many other places as well) requires that a licensed veterinarian be available for aftercare if the veterinarian who performs the surgeries does not remain in the area. This requirement affects all mobile programs.

Below is a sample form that ensures that the availability of aftercare has been **established of record**. The form should be signed by the veterinarian who will perform aftercare, and should be Faxed or mailed to the veterinarian who will perform the clinic.

<p>SAMPLE FORM:</p> <p>I will be available to receive aftercare calls if necessary for surgeries performed by Dr. _____ DVM, during the spay/ neuter clinic of _____ (dates) _____</p> <p>This clinic will provide sterilization and vaccination of pets belonging to households with incomes under \$25,000.00 per year living in or around _____ County, OK.</p> <p>_____ humane organization will refer calls should the need for follow up care for animals sterilized during this clinic arise after the clinic.</p> <p>I understand that charges for any services referred to me that are rendered for surgical aftercare following this clinic will be paid in full by _____ within 30 days of billing.</p> <p>Name (please print) _____, DVM</p> <p>Signature _____ Date _____</p>

d.) **A stationary spay/ neuter clinic that is open to the public, rescue organizations and municipalities.**

This model involves the development of a facility that will hire veterinarians to provide sterilizations of pets and may contract with municipal animal control agencies and humane organizations. This model is recommended for serving populations (including transports) of at least 250,000 people. **We strongly recommend contact with the North Carolina Humane Alliance, of Ashville, NC, for information on this option.** State regulations must be observed when opening a clinic. Some states have laws prohibiting clinics being opened by an entity

other than a veterinarian, but courts precedents exist for declaring these laws to be a violation of anti trust laws. State laws regarding veterinary practices must be observed by all programs.

Creating a Spay/ Neuter Program

1. Taking the first step:

a.) Create a volunteer team to research the following:

Creative planning and timing save money. High volume spay/ neuter clinics during the late winter and early spring prevent the tragic flow of litters born each spring. Spaying a cat in February, before she has a litter, prevents kittens that will themselves be able to give birth before the end of the year. You get five rescues, and prevent many more litters, for the price of one spay!

Conversely, although targeted events help you achieve your goals, spay/ neuter services must be constant and easy to access.

Oklahoma organizations that have significantly reduced intake of litters at their shelter (over 90% in one community) have done so at close to ten surgeries per thousand people, **servicing homes with incomes under \$25,000/yr.**

1.) The population you will serve. **Learn about your community.** Everyone knows where the poor communities are located, but how many homes are in those communities? Use Census 2000 data, your local social service office, and even the Chamber of Commerce, to research the number of households living under the poverty level, the number on public assistance, the number of homes considered rural and whether or not these homes have access to animal shelters to receive unwanted pets.

a. Census 2000 data can answer these questions:

1. How many households have income levels under your targeted income level?
 2. Are the homes mostly owned by the people who live there, or are they mostly rentals?
 3. Will you be serving a large number of homes with a first language other than English?
 4. What percentages of households are rural and how large of an area will you try to serve at one location?
- b. Community service agencies will have helpful information and can provide insight on reaching the clients.
- c. Find out what municipal animal control facilities and ordinances exist.

2.) **Where are homeless animals going?** Are there shelters to serve the area? If so, how many animals are collected each year? How many are euthanized? How many animals are turned away from shelters? Are the pets released intact? Do shelters require a "drop off fee?" If so, more animals will be abandoned; few people spend money on an animal they no longer want.

Since you may well be the first to address these issues in your community, it is vital you create the best policies you can. Consider how you will address unwanted litters that belong to animals that are brought for sterilization. **Investigate shelter or humane euthanasia options.** Rural animal disposal by private citizens in much of Oklahoma involves non-standard methods such as shooting, abandonment and release to dealers. This is a painful issue, but advising people to give kittens and puppies away on their own contributes to future problems and places animals at risk; few will wind up in permanent homes, even fewer will be spayed or neutered. Most will suffer. Seek information on shelters, in rural areas this information will come from police or sheriff's offices

a.) The percentage of the population that has no access to local shelters can be determined by adding up the population of towns with animal control and dividing that number by the larger number living in the entire county (the area without services). That number will be the percentage without animal control.

b.) Enforcement of codes limits the number of animals roaming at large. In places where such codes are in effect, the numbers of unwanted animals are somewhat smaller.

2.) Assess your research about the community.

- a.) What was the number of households on public assistance or with incomes under \$25,000? How many are in locations without animal control?
- b.) What is the size of the geographic area you expect to serve?
- c.) If the area is largely rural, will you provide services in more than one location? How will the families get the pets to your services? Will you use a mobile unit or combine service models?
- d.) Will you provide outreach information in a language other than English?

Different levels of need require different types of services. You have determined the area you will serve (a county, town or a combination of those), and the overall number of surgeries that you would like to achieve. Decide on the best way, or ways, to provide services.

Contact existing programs that serve areas similar to your own to learn about their models.

Set goals based on your research and locate the resources needed to meet those goals

3.) Locate resources-

Whether you hope to start by providing 40 surgeries each month in a small town, or 1000 each month in an urban area, your goal determines the model best for your group. After determining the number of surgeries you hope to achieve each month, locate resources in order to provide them. Determine if the number can reasonably be provided by local veterinarians, if they are willing to provide 30 to 50 surgeries per month per vet. If you are in a metropolis, the answer will be no. If you are in a small town with local vets to help you, the answer is probably yes.

Contact veterinarians who may provide In-Clinic Clinics, or locate the nearest standing clinic or mobile service if your desired volume exceeds what can be provided locally. Many programs combine models to reach their goals. If multiple veterinarians provide In-Clinic Clinics, increased volumes are within reach.

4.) How are you going to reach the targeted population?

The following article by Clova Abrahamson contains the best ideas for reaching a targeted community that we have found. All other program related information is contained in the addendums following page 12.

Distributing Flyers (Advertising A Spay/Neuter Clinic) by Clova Abrahamson

This is written based on my experiences from the distribution of flyers advertising low-income spay/neuter clinics sponsored by Washington County SPCA, in Bartlesville, OK, population 35,000. The population of Washington County is 48,500. Distribution includes small towns near Bartlesville, as well as Bartlesville.

Flyers supplement our newspaper and radio announcements of upcoming clinics. It seems to take both - news media and flyers, to generate a sufficient number of clients to hold a successful clinic.

Before I list the type of locations in which I place flyers to reach income limited pet owners, I want to say that the flyers are well received in the community, thus making the chore of delivering them a pleasant, if somewhat time consuming, experience.

When delivering flyers, there are a few things that will make it more successful. First, be prepared - have your own transparent tape with you. Also, have thumbtacks or push points for the bulletin boards that require them. If your flyers have tear off numbers at the bottom of the page (and I suggest that they do), cut between the numbers so that they will tear off easily. When I tape a flyer in a store window, I like to have one

copy of the flyer showing to the outside of the window and another flyer anchored to it with tape, facing the inside of the window - with the number strips cut for easy tearing.

Most important of all, smile when you enter an establishment where you want to display your flyer. Phrase what you say so that you come across as having something of value to offer all who read your flyer - hence, you can imply that the manager is doing his customers/clients/friends/neighbors a favor by displaying this valuable information. In my experience, many, probably most, people realize the importance and value of sterilizing pets and are glad to display the flyers. Some will ask for more copies to share with people they know. Some will ask you for information on fleas and ticks. Hopefully you will be able to give them some helpful advice.

All of these wonderful conversations should take place in the different places where people of limited income will be, and that is a very, very long list. I guarantee you will run out of time before you run out of places.

I target the following: Social Service Agencies that serve low-income homes, including the Department of Human Services, County Health Department, a local Free Clinic (for people, not animals), community centers in low-income areas, Girls and Boys Club, Concern Center which distributes food and helps pay utility bills, Employability - (a sheltered workshop), Family Care, which helps with reproductive services, Turning Point, which helps with substance abuse, Family Crisis, which helps women escape abusive relationships, Grand Lake Mental Health (sliding scale), Red Cross, the office where child support is collected, Salvation Army, a couple of missions that feed people and provide temporary housing, a small church sponsored workshop for disadvantaged women, and Eldercare. Every community will have different agencies. Ask the Chamber of Commerce for a list of agencies in your community.

Do not forget the Boy Scouts, Girl Scouts, Big Brothers and Sisters and the YMCA. Some of their participants will be from poor families. And, in Bartlesville, there is a pizza and game store near the high school - with an outside bulletin board.

The thrift shops, laundromats, used furniture stores, furniture rental stores, the places that cash payroll checks for a fee, used car lots in low income areas, pawn shops and shoe repair stores are good places to post flyers. One local bank has a bulletin board, which I can post on. Doubtlessly some of their customers qualify for the clinic, even if most do not.

Several buildings belong to the city and many of the employees will be within the guidelines for spay/neuter services; some buildings are frequented by people who will qualify. Poster the city utility office, library, police department, city sanitation office, city garage and city meter shop. Get to know as many people as you can in City Hall, they can help spread the word to the public and don't forget the small outlying towns. Also, be sure and let the county commissioners know about your clinic, so they can help spread the word.

And very important - day care centers in the poorest part of town. Point out that spayed and neutered dogs bite less and that most bite victims are children - reach as many parents with your clinic flyers as you can. Ask the local pediatrician's offices to distribute your flyers to parents they believe would qualify for your clinics.

Also, along the line of contacting people who have a reason to prevent dog bites - insurance agency offices. They often have tables that can be used to display handouts. They have a vested interest in spay/neuter, as they will pay the settlements in dog bite cases. Dogs involved in serious bites are usually unaltered, male animals. Insurance companies serve the rich and poor.

Section 8 housing and apartment managers may distribute your flyers to pet owning tenants.

Target the grocery stores and pharmacies that serve areas that are predominantly poor. Also the liquor stores - but this is tricky. Some liquor store owners will tell you that by law they cannot post anything except advertisements for their products, others have bulletin boards where people can post flyers. You will get to know where the bulletin boards are in the businesses in downscale neighborhoods. Some convenience stores have bulletin boards and some will let you post flyers in the window.

Look for small businesses in downscale areas - feed stores, for example. Also small beauty shops in residential districts are sometimes located in homes or a small building on the residential property. Talk to the owner and ask her to talk to her patrons, which will include older women and working women on tight budgets. Here again, you have to sell the idea. What you have to say is not only helpful to people and their pets, it is newsworthy. Same thing with barber shops.

Some small casual restaurants will let you post flyers in their windows. The more upscale restaurants and chain restaurants will not. Basically, if you enter a place that does not have other flyers up, you are going to be told there is a store policy that prohibits flyers. However, do go into these establishments and ask them to

post a flyer where their employees will see them. They will receive the flyer graciously and may ask you for an extra flyer or so to share with their friends.

There are other places, where at least some of the employees will fall into the income category that you wish to target with your flyers. These include restaurant and some retail stores including K-Mart and Wal-Mart, nursing home and motel employees. I ask the customer service desk reps to post a flyer in the employee break rooms.

And there are schools...here you have to go through proper channels. A friend of mine who works with Head Start can get a flyer sent home with each Head Start child. TriCounty Tech, a vocational training program for young adults, has a bulletin board (flyer must be submitted to them to post). Some public schools will announce the clinic, if asked. I sometimes make contact with churches in low-income areas, but I often find the buildings are locked except for times of services.

Sometimes garage sales in low-income sectors will display a few flyers for shoppers to pick up.

Do not leaflet cars. It is illegal in most places and it makes a lot of people mad.

Proof of income and other policies regarding the public-Many programs ask that people be prepared to show proof of income. This is vital at In-Clinic Clinics and adjusting your program to serve low-income homes is vital to success.

Welcoming rescue organizations and animals that are in foster homes supports good policies (NBA) by helping rescue organizations sterilize pets before adoption.

Maintaining safety and quality issues in high volume programs.

The following portion was written by Dr. Kay Helms, Dean Emeritus of the College of Agriculture of Murray State College (MSC) developed the curriculum of the veterinary technology program at MSC and is on the Executive Committee of the Oklahoma Veterinary Medical Association. Dr. Helms has provided a high volume mobile spay/neuter service to serve low-income households in rural southeast Oklahoma since 2004.

Dr. Helms outlined this information on maintaining standards of quality within a spay/ neuter program:

If the veterinarian is from out of town (a mobile unit), be sure aftercare arrangements comply with state code (see page 7).

Before hiring a veterinarian to be your surgeon, you should:

Look at his or her license to practice in the state and to purchase controlled drugs

Ask if they are a member of the state veterinary medical association (this organization has supported low-income services in Oklahoma; we reciprocate by using veterinarians who are members.)

Discuss the veterinarian's standards for practice. Make sure these standards comply with your states regulations. Specifically, ask about their preference/ protocol on procedures including:

- Sterilization of instruments between each surgery. Heat, chemical, or steam sterilization are the minimum standards in Oklahoma. Chemical (cold) sterilization will not meet codes in some states.
- Changing gloves between each surgery is the minimum standard, cat neuters are a possible exception.
- Prepping techniques; should include three standard surgical scrubs followed by disinfection with alcohol or sterilizing solution
- Intubation and use of gas anesthesia is the best practice and is mandatory in some states.
- Recovery practices, DVM or assistant observation until the animal lifts its' head
- Predissmissal observation-the veterinarian or their assistant must view the animal before release; decisions or recommendations regarding post surgical release of pets should not be made by volunteers.

- Discuss his or her general philosophy on low-income S/N services. Does this person agree that these animals are as important to their owners as the ones seen in a routine practice? Do they perceive spay/neuter programs as helping to prevent animal suffering? If their main concern is the income potential, you may want to reconsider hiring that person.
- What aftercare arrangements will be in place?

No matter which type of program is being developed, discuss the following with the veterinarian:

a.) Is the veterinarian willing to perform early age surgeries? How young are they willing to perform them and what is their vaccination protocol for early age? Will they spay pregnant animals?

b.) What are the preferred pre-surgical and post surgical instructions to be given to the clients? This regards instructions for fasting, fasting of early age surgeries and aftercare information.

c.) How many animals should be scheduled. There should be large enough numbers in order to ensure a productive day, but not so many as for the veterinarian and volunteers to be overwhelmed. Many veterinarians are willing to sterilize 15 cats and 10 dogs on the first day. Probable no-shows can be taken into account by having extra animals that are on a waiting list for the next clinic and that can be brought in if the owner is called.

d.) How will records of the surgeries be stored and where? Arrangements must be made to ensure that records remain available in a manner that complies with your state laws. In Oklahoma, a record of all surgeries must exist for three years following the surgery; drug logs must be kept longer. These records must adequately reveal the type of surgery performed and any additional services provided as well; essentially another veterinarian should be able to read the record and understand what was done. In order to generate appropriate records, an intake form should exist for each pet (multiple pets should not be on one form).

Many programs use carbonless duplicate intake forms (see page 19 of the addendum). Writing special client instructions on this form ensures that all parties receive (or retain) the exact same information.

Confidentiality:

Collection of accurate data, in order to better understand the clients we serve low-income pet owners, is important. However, client data that includes personally identifying information should never be released.

Education:

Educational outreach is one of the most important components of your program. It needs to include everyone in the community, clients and non-clients alike.

Advertising experts tell us that it takes at least seven exposures to new information for it to “click.” This holds true whether the message involves drunk driving or a new kitchen item. Your program may be the first responsible pet care message that the community has been exposed to, so your message must be repeated. One time flashy (expensive) messages do not work as effectively as consistent messages extended over a period of time.

Target all of your audiences; include libraries as well as laundromats.

Wellness Services

This refers to services provided within a humane society clinic in addition to spaying and neutering, for example vaccinations, etc. These should be provided only after due consideration is given to the veterinary community,

local needs and compliance with state laws. While wellness services may generate extra income, they may impact local veterinarians, creating conflicts with otherwise supportive or indifferent veterinarians.

We hope that this document included information helpful to organizations starting and running spay/ neuter programs. We welcome your feedback on this information.

A sincere warm thank you to Dr. Chuck Helwig, Executive Director of the OVMA, who has worked hard to create and maintain open communication about spay/ neuter programs.

Our deepest appreciation goes also to Cathy Kirkpatrick, Executive Director of the Oklahoma Board of Veterinary Medical Examiners, who offered her office for the first committee meeting.

Thank you on behalf of Oklahoma Humane Federation committee members: Kay Helms, DVM, Chair, Clova Abrahamson, Cynthia Armstrong, Shirley Coble, Mary Dickey, Patricia Grasse, Jamee Suarez Howard, Ruth Steinberger.

Items included in the following addendum are information that has proven useful to humane organizations that are initiating spay/ neuter programs. They are meant as a general outline.

All of the following documents are available by e-mail from Oklahoma Spay Network.

Addendum A: In-Clinic Clinics defined:

The Oklahoma Spay Network, A Project of Homeward Bound Humane Society

In-Clinic Clinics!

Making the most of your dollars...

We believe that pet overpopulation is a public health issue and that public health strategies must be used to solve it.

First, why is pet overpopulation a public health and finance matter?

Nationally, 2.5 billion tax dollars are spent on animal control, largely to collect, house and kill dogs and cats. Another nearly one billion dollars is spent in non-municipally connected private shelters that attempt to rescue and place unwanted pets.

According to the US Centers for Disease Control and Prevention, 70 to 76% of dog bites originate from intact males; female bite sources are often family pets guarding litters that one CDC link calls "incidental" (meaning unplanned); the litter is under the porch, a child gets too close and is bitten. According to the CDC, around 333,687 dog bites are treated in emergency rooms annually, at an average cost of \$5000 per bite, for a total of nearly another two billion dollars.

State and federal dollars also deal with livestock predation and other damage often caused by packs resulting in no small part from animal abandonment. Other costly public health issues encompassed in this include rabies control and testing.

The total cost of irresponsible pet ownership including animal control, dog bites, livestock predation, etc. is around five billion dollars per year.

Between 5 and 8 million unwanted animals are destroyed in the US; the ethical cost of this cannot be calculated.

Pet overpopulation is demographically trackable. Animal control offices can pinpoint the low-income communities that produce the highest number of unwanted pets and are victimized by the greatest number of bites, maulings and fatal dog

incidents. And even in places without shelters, bites and livestock predation require state and federal spending in every community in the US.

So that's why!

Yet, less than one half of one percent of the billions spent to house and then kill animals, and provide damage control, is spent on spay/ neuter. Sadly, there is not one example in the world of a shelter model solving the problem, while numerous examples of highly successful sterilization programs exist.

No other public health issue is expected to be resolved on a casual basis.

How can we take important components of a public health approach and import them to the private veterinary practitioner in order to create a high volume, low cost program and also provide adequate payment for the service provider? This bridge is vital. A public health approach is necessary and the private veterinary practitioner will be the main service provider; we can create successful low-cost spay/ neuter programs that also work well financially for veterinarians.

What Goes Wrong and What Goes Right?

We looked at the common model of a veterinarian's office reducing the prices on a limited number of surgeries performed during the regular working day, something that normally deteriorates into frustration. We compared this to some programs that are working here in Oklahoma. We turned the equation around and revolutionized our ability to bring these services to small towns. A cooperative effort with local vets, using our protocol, is providing win/ win programs in several counties.

The most common approach to the start up of a s/n program, and one that often fails, involves a veterinarian offering the humane society reduced rates on surgeries for low-income clients, during the veterinarians regular work day. While in some places this is the only protocol that can be used, the fact is this is difficult. First, the client calls the humane organization and the organization calls the animal hospital, etc., involving at least two phone contacts per surgery for the receptionist; this reduced rate client involves increased labor costs for the vet. This client is the most likely to no-show, representing not just zero revenue; they have already used staff time. The vet then realizes this had become a losing proposition and limits the number served, reducing the program in both outreach and effectiveness.

What happened? By scheduling clients during the regular working day, the veterinarian competed with him or herself for their own time; expectations of clients were unrealistic. These are often folks without reliable transportation.

Few private clinics have the flexibility within the regular working day needed in order for a public health approach to succeed. In private practice it's impossible to anticipate no-shows and schedule five surgeries hoping three show up. So how can we make these programs, with reasonable expectations and outreach, work well for all of us?

This Is How We Do It...

Some folks think a mobile spay/ neuter unit is an animal hospital with wheels. We view each regular animal hospital as a low-cost, mobile spay/ neuter clinic that is standing still.

We schedule a clinic on a day when the veterinarians' office is otherwise closed. The surgeries are performed at \$35 per dog, \$25 per cat and \$5 per rabies shot. The vet agrees to a volume of 20 to 30 animals. The humane organization must agree to screen client incomes so that the vet is not competing with him or herself for their own clients and to raising funds to offset the portion of the \$25/ \$35 that very low-income clients cannot pay.

The humane organization schedules the clients, checks them in, remains throughout recovery, checks out the clients and does clean up if necessary. The veterinarian provides the surgeries. Peripheral costs including office staff are eliminated.

Flexibility allows extra surgeries to be scheduled to compensate for probable no-shows; no-shows do not represent a loss.

Even with these very low prices, a day including 15 to 18 cats and 12 dogs brings in nearly a thousand dollars, which is paid to the vet. A client co-payment of \$10 is 40% of a cat surgery, or 30% of a dog surgery, and even this small co-payment enables organizations to get around 50 surgeries per \$1000. Our goal is to serve Medicaid and welfare level clients.

Our program provides the benefits of a low-cost spay/ neuter clinic with zero start up costs. There is no clinic to build and no mobile unit to purchase. The humane organization gets the benefit of a low-cost clinic within their own communities with no overhead. The funds remain local, eliminating many veterinary/ humane organization conflicts.

With our model the veterinarian does not compete with him/ herself for their own time; income screening ensures that the veterinarian does not compete with him/ herself for their own clients and ensures that the program is serving those who contribute the most to the numbers of unwanted pets. It is an opportunity to bring revenue to the veterinary office that is otherwise not going into any vet practice.

“In clinic clinics” are win/ win for the animals, the humane organizations and the veterinarians. These clinics are thriving, and several veterinarians are happy to explain how they work.

Community involvement that includes animal control, media, local officials and social service agencies, along with aggressive outreach (regular contact with social services, door to door) is vital.

We have materials to share for free.

Homeward Bound experienced dramatic results through educational outreach. Initially when serving areas with no history of humane efforts, the surgeries were free and during the early months of this program some callers would ask if we would pay them to bring their pet. In 2003, while announcing the *Oklahoma Pre-Spring Clearance!* a PETS^{SMART} Charities funded project that provided nearly 3,000 surgeries for low-income, rural Oklahoma households, we preceded our clinics with short informative articles on responsible pet care that were published in local newspapers. As the articles progressed, people started to ask how much the surgery costs and our no-shows decreased dramatically, indicating a serious change in how our services are valued. The articles were the only change that had occurred. These articles increased requests for canine neuters as well.

We bring together grass roots organizations, social services, animal control officers, rescuers and veterinarians for spay/ neuter, and we have made a difference. This has been accomplished at exceptionally low prices, yet with veterinarians pleased with the financial outcome.

If we can assist your program start up, contact: Oklahoma Spay Network 580-326-4100 or ruthsteinberger@yahoo.com
Homeward Bound Humane Society, PO Box 1751, Durant, OK 74102

Addendum B: Mobile and In-Clinic Clinic Information for Organizers (a separate form exists for organizers to distribute to their volunteers)

This information is for organizations holding an “In Clinic-Clinic” in order to reduce pet overpopulation.

These clinics are for the purpose of spaying and neutering animals belonging to low-income households as well as rescue and foster animals. Rabies and other vaccinations may also be available at reduced rates for clients. A community wide educational effort and outreach to social service providers should be included in order to reach the lowest income households in your community. Income screening ensures that the veterinarian does not compete with themselves for their own clients. Please respect this provision.

Oklahoma rates are \$35 per dog and \$25 per cat. Rabies shots are available for \$5. The sponsoring organization is responsible for the cost of surgeries that are not paid in full by the clients. Recognizing the sacrifice made by the participating veterinarian, the price should never be increased for fundraising purposes for the organization.

These clinics do not provide general veterinary services. Animals that are not being sterilized should not be presented.

The clinic must be operated in accordance with state codes regarding veterinary medicine. A licensed veterinarian will perform all surgeries and make **all** medical decisions and recommendations.

Volunteer Protocol:

The pets we serve are as important to their owners as ours are to us. Volunteer staffing makes the reduced cost possible, but services must be rendered in a professional manner.

Volunteers are very much needed throughout the clinics to schedule the clients, for intake, for moving animals in and out of surgery, to watch animals closely during recovery and for explaining aftercare to the clients during release.

A volunteer orientation is necessary before a first time clinic that is sponsored by a new organization, municipality or group of volunteers. Volunteer individual “show-ups” that arrive on clinic day with no prior orientation can endanger animals, regardless of history in animal care.

Volunteers should sign the volunteer release form (optional for each organization). Volunteers should be at least 16 years of age and an adult must sign the release form for volunteers under 18. Volunteers should not bring young children to the clinic.

No cat should be removed from its' cage in an open area. If a cat is to be moved from one cage to another, the transfer should be made in a bathroom or other enclosed place.

No dog should be moved without a slip lead, even if carried from one area of the clinic to another. A small dog can wiggle or attempt to bite and a lead can prevent the dog from becoming at large.

Clinic information:

The quality of the clinic day, and the way the facility is left, will likely determine whether or not future clinics will be welcome. Incidents including loose pets, a bite, pandemonium, or a messy building may cause the loss of this veterinarian for your group.

Volunteers should not be in the surgery area unless OK'd by the veterinarian. Clients should remain in the check in area and never wander throughout the hospital.

Before your first clinic, please check with the participating veterinarian about:

- preferences on pick up times
- fasting instructions (food only, or food and water, amount of time for fasting, etc.)
- emergency aftercare protocol to be followed (in accordance with state law)
- logistics of the building, including placement of cages, etc.
- ask veterinarian to review all forms that are being used

Basically, review the clinic with a veterinarian you have not worked with before.

IF THIS IS THE FIRST TIME THIS VETERINARIAN HAS PROVIDED A HIGH VOLUME CLINIC, DO NOT OVERLOAD THE DAY. Most first time clinics include 10 to 15 cats and 10 dogs unless otherwise specified by the vet. A waiting list of five animals can accommodate for no-shows. Cat neuters take little time, so ask the vet if male cats should be limited at all.

Scheduling:

Animals should be scheduled based on the preference of the veterinarian for completing surgeries on cats or dogs first. If the veterinarian starts with cats, cat owners should bring the pets in over the course of an hour; dogs begin an hour later.

For smooth check-in we recommend staggered check in times described above. For example, if cats are to have surgery first, have cats being to arrive before surgery time is to begin and then come in fifteen-minute intervals over an hour. Leave a half hour break and then schedule dog check in to begin unless this conflicts with work schedule.

A small deposit paid upon sign up helps reduce no-shows. If a large number of pets are scheduled for one home, be aware of that a no-show will diminish your day; make sure to have back ups.

Intake:

Intake supplies needed: pens, intake forms, other forms if needed, note pads, masking tape, Sharpie markers, clip boards if there is no table or counter, paper clips, trash bags, a hand held calculator,

Cats entering the building in a persons' arms should be placed in a cage immediately.

Get animals into containers first, and then start forms.

Any container with an animal inside should have a piece of masking tape on the top near the front with the owners' last name and the designation FD (female dog), MD (male dog), FC (female cat) or MC (male cat) on it. If there are two animals, place both designations, for example 2FC, or MD, FD. **USE ONLY SHARPIE® MARKERS AS THEY WILL NOT BLUR IF THEY BECOME WET.**

Dogs not in containers should be on a leash or in the owners' vehicle until placed in a carrier. Dogs should be under the control of the owner. Politely ask owners to separate dogs that are "introducing" themselves to other dogs; this invites a dogfight. Personally help, or ask an adult to manage a dog that is dragging a child around the check-in area.

Clients must fill out surgical intake forms as well as any vouchers that are required. Make sure all forms are complete and are signed by the owner. The intake form is normally a duplicate or triplicate, the owner will get the back copy after it is signed by the vet. **DO NOT TEAR IT APART UNTIL THE END OF THE DAY OR THE FORM THAT IS THE RECORD OF SURGERY AND THE OWNER'S COPY WILL BE DIFFERENT.** The copy is their rabies certificate and proof of sterilization.

MAKE SURE PAYMENT IS NOTED ON THE FORM.

Please check the cage if the animal is to remain inside. Make sure pet taxis are fastened properly. Missing closures, especially on the sides of the door, should be replaced with plastic ties (like bread ties) that fasten and cannot be pulled out.

Children should not visit cage to cage during sign in. Please encourage children to remain with their own pet, or ask parents to keep them from other peoples' animals. Children tend to put fingers into cages; injuries can result. **The humane organization, volunteers and the veterinarian can be sued over bites, even with owner permission for contact.**

We generally promise early surgeries ONLY for 1) people who live far away and will have to wait in the area until the animal may go home, 2) people who have to leave for a work shift and 3) people without transportation who have someone waiting for them. **Advise owners that they will receive aftercare instructions when they pick up the pet and to plan a few minutes for this.**

Stagger check out times so a volunteer can review aftercare with each owner.

Recovery:

Recovery supplies needed: blankets, towels, newspapers, paper towels, hot water bottles (plastic soda bottles), if microwave is available socks filled with uncooked rice make a good heat source, masking tape or paper collars. Do not use any electrical heating device without permission of the veterinarian.

Review recovery procedures with the veterinarian before the clinic, and with volunteers before each clinic as well.

If each animal is not wearing a paper collar with the owners name on it, write the owners last name on a piece of masking tape and place it on the animals' head between the ears. This ensures the pet stays with the correct cage and paperwork.

Generally, animals will be recovered within their cages. If the animal is unconscious, the door will stay open until signs of movement. An open door signals that the animal requires close observation to volunteers.

Volunteers will normally move animals from the surgery area to the designated recovery area or to their cages to be monitored until they are awake. Animals being moved from the surgery area should never be placed or held on their backs

(cradled like a human baby) while unconscious as their tongue can become lodged at the back of their mouth blocking the airway. Animals should be placed on their side with their tongue gently pulled forward.

A carrier used for recovery should enable the animal to lay flat and breath comfortably. If the owners' carrier is too small, use a different carrier until awake. During recovery, ears and paws should remain warm and gums should be pink. If breathing appears shallow or other problems occur please advise veterinarian or technician immediately.

Electrical items that produce heat, including heating pads, should be used only with the supervision of the veterinarian.

Newspapers on top of blankets reduce the amount of seriously soiled laundry.

If a recovering cat vomits, lower the animals' head, clear the airway and notify the vet immediately.

Release:

Release supplies needed: aftercare forms, owner copies of clinic form, pens, note pads, paper clips

Please be sure volunteers are familiar with the aftercare instructions and review the aftercare verbally with each client and give the client a copy of the aftercare form.

If a cat is in a cage belonging to the humane organization and the owner has no cage, take the cat to the owners' car inside a pet carrier, remove the cat from the carrier inside the car, and return the carrier to the clinic.

If the outside temperature is extreme, it is important to stress that the animal must be kept from exposure to extreme temperatures. Outside dogs will normally do well in a garage, a laundry room, or a sheltered building with straw or blankets. Cats should be kept inside for 24 hours, even if in a carrier.

Please point out the aftercare phone number in case the animal has problems after surgery.

Summary:

- Make sure volunteers understand the overall flow of the clinic and have signed release forms.
- Volunteers should be at least 16 years of age and understand that the actions of volunteers can become a liability if they act in a manner that is potentially harmful to pets.
- Maintain the sign in and release of animals in a safe manner.
- Pandemonium leads to accidents. Stagger the intake of pets to avoid large numbers of animals waiting for excessive amounts of time. Arrange a safe waiting area for clients. Monitor movement into the hospital.
- The clinic is a guest in the animal hospital, be mindful of the facility.
- Move cats only in an enclosed area.
- Dogs are never moved without a slip lead.
- Recovery activities are under the direction of the veterinarian.
- Animals should be released ONLY after the vet, or their designated staff, has viewed the animal after recovery and has released the animal to go home. Volunteers and humane representatives should not determine that animals are ready for release, even if the decision appears obvious.

Some Additional Information for New Organizations:

Officers and humane society volunteers set an example for the clients. Some individuals involved in rescue work may be involved in breeding of dogs or cats. However, volunteers should understand that the purpose of the clinic is to stop pet overpopulation, which includes animals produced by breeders. Volunteers who share information about pets at home that are used for breeding undermine the purpose of the event.

It is vital that every pet in the home be included. An arbitrary limitation on the number of pets per home limits people to getting only the favorites sterilized, others stay intact. Limitations discourages care giving for an adopted stray.

Conversely, homes with over 8 to 10 pets should be reviewed to be sure the animals are pets and a hoarding situation is not being helped. Create a plan with owners of multiple pets to ensure that ALL reproduction stops and that appropriate care is provided for pets that are sterilized. Arrange to receive animals that were accumulated and cannot be cared for.

If your program provides assistance to feral cat colony caregivers, make sure that the colony caregiver is acquainted with normal protocol for feral management (refer to Alley Cat Allies online). Cats that are presented as ferals should be ear tipped and given .10cc of Ivomec.

Ferals generally:

- Should be trapped in as large numbers as possible, and the colony sterilized as rapidly as possible (sporadic or minimal services can result in an overall increase in the number of cats).
- Require an ongoing feeder.

PLEASE NOTE: Large numbers of cats at a home, produced at that home, ARE NOT feral colonies and should be handled as a home with more than 8 to 10 pets (*see above*).

Addendum C: Sample intake form

Humane Society (name of organization)
Humane Societies and Veterinarians Saving Lives Together

Intake Form

Date _____

Owner Name _____ **Phone** _____ **Wk** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Pet Info: Dog__ Cat__ Male__ Female__ Breed _____ Color(s) _____
 Age _____ Weight _____ How long owned? _____ Vaccinations Current? Y N Heartworm Prevention? Y N
 Pets Name: _____ Pet is kept? Indoor Outdoor Both
 Pet known to be allergic to any medications or anesthesia? __Y__ N__ If so, what kind?

Ever had a pet sterilized before? Y N Ever used a veterinarian before? Y N Has this pet had litter(s) before? Y N

Heard about us? (circle one) Newspaper Flyers Friend Animal Control Social Services Other

Pet Obtained? (circle one) Stray Friend Shelter Breeder Pet Store Other

Owner Yearly Income? Under \$6000/yr__ \$6,000 to \$12,000__ \$12,000 to \$18,000__ \$18,000 to \$25,000__ \$25,000 to \$40,000__

Owner Comments _____

I understand that all surgery and anesthesia carries risks, and that unforeseen conditions may be present that cannot be detected without blood screening and which can increase the risks of abnormal bleeding or death. I understand that animals of advanced age or that have never been vaccinated carry increased risks. I agree not to hold the participating veterinarian(s) or their representative(s), the participating humane society and volunteer(s) or the facility liable for damages. If the veterinarian deems that the animal is not in condition to undergo surgery, surgery will not be performed. I certify that all information regarding my animal and my income is correct and true to the best of my knowledge.

Owner signature _____ **Date** _____

Canine (Dog)
 Spay or neuter _____ \$35

Rabies _____ \$5

DHLPP _____ \$5

Total _____

Owner paid \$ _____

Balance \$ _____

Feline (Cat)
 Spay or neuter _____ \$25

Rabies _____ \$5

FCVR _____ \$5

Total _____

Owner paid \$ _____

Balance \$ _____

Rabies Vaccine
 Date _____
 Mfr _____
 Exp _____ 1yr _____ 3yr _____
 Serial # _____
 Tag # _____
 Vet License # _____

Attending Veterinarian's Signature _____

Special instructions for pet owner _____

Retain this form as proof of sterilization and vaccination of your pet

For staff use only: Please do not write below this line

Veterinarian _____ Address _____
 Total charge for **sterilization** \$ _____ Client co-pay for **sterilization** \$ _____ Balance \$ _____

Addendum D: Sample aftercare form

NAME OF ORGANIZATION _____

We appreciate your decision to have pet spayed or neutered. Your decision helps reduce pet overpopulation and helps your pet live a healthier life.

Aftercare instructions for your pet:

Your pet may be groggy after you take her home. Keep your pet isolated. This includes keeping her away from stairs, open water containers, and other animals. Keeping the pet indoors in a “pet taxi” for several hours is a good idea.

If your cat is an outdoor only animal, please keep the cat in a pet taxi inside the house overnight.

Give water only after your pet is fully awake. Give your pet a few crushed ice cubes or a small amount of water five to eight hours after leaving the clinic. Mature animals should be fed the following morning. Kittens or puppies under 16 weeks should be fed a small amount after they are fully awake. Your pet should be back to a normal diet the day after surgery.

Keep the incision dry for the next week (no swimming and no bath) and keep your pet quiet as much as possible. The stitches are (circle one): self-dissolving or: must be removed. View the incision daily for the first week.

You may see some redness and/ or knot-like swelling at the site of the incision or you may see a small amount of clear seepage for 24 hours, these are normal. If you see pus or a discharge, call our aftercare number.

If your pet seems lethargic (tired), or does not eat normally within 48 hours, please call our aftercare number.

If your dog was in season at the time of surgery, it is very important that you keep her isolated from males. She may still be attractive to males and could be seriously injured or killed if she attempts to breed following surgery.

If your pet is weak (unable to stand or walk properly after eight hours), becomes weak after going home, or if you see bleeding call us immediately at _____ for emergency instructions. You will be instructed where to bring your pet to be seen by a veterinarian.

Surgery on your pet was performed by:

Phone:

**Addendum E:
Sample
volunteer
certificate of
merit (on
regular size
paper):**

Name of humane society goes here

**VOLUNTEER RECOGNITION
CERTIFICATE**

We express our warmest gratitude for the volunteer efforts of

at our spay/ neuter clinic on _____.

*Volunteerism makes this spay/ neuter program possible
and strengthens our communities.*

Signed _____

Date _____

This can be needed by youth who are participating for credit hours including 4-H, FFA or high school honor society members.

Addendum F: Sample disclaimer for In-Clinic Clinics

<p>NAME OF ORGANIZATION:</p> <p>As a volunteer at a _____ Humane Society clinic I understand that while precautions will be taken to avoid volunteer contact with obviously aggressive animals, high stress situations may produce unforeseen and unpredictable behavior in animals. I understand that there is a risk of bites or scratches from the animals being seen at this clinic.</p> <p>Additionally, I understand that animals that attend this clinic may not have had prior vaccinations and I may be exposed to diseases that can be transmitted to unvaccinated animals at my home.</p> <p>I understand the risks associated with volunteering this clinic and I will not hold the Humane Society, their Directors or Officers, the facility at which the clinic is held, Dr. _____, DVM, their staff or other volunteers liable for incidents involving animals, accidents on the property or disease transmission.</p> <p>Signed _____ Date _____ Witness _____</p>

Addendum G: Pet Overpopulation flyer (can be reproduced poster size)

Spay/ Neuter Facts to Know and Tell

- Less than three out of ten dogs will have a home for life. Most dogs in the US will have three to five homes during their lives.
- 70 percent of mixed breed dogs will become unwanted and will be surplus pets by age two.
- Less than one out of five dogs (under 20%) in the US were adopted from shelters.
- Around 30% of dogs entering pounds and shelters nationally are purebreds. This figure does not include unwanted purebred animals that are released to purebred rescue groups.
- Seven puppies are born for each child born in the US. That figure is eleven to one for cats.
- Pet overpopulation is demographically trackable. *Unwanted animals, dog bites, maulings and fatalities caused by dogs are overwhelmingly found in low-income communities where pet sterilization is difficult, or impossible, to afford.*
- Feral cats are not wildlife; they are the result of irresponsible pet ownership. Free roaming animals that remain intact, and cats that have been abandoned, create stray and feral cats in communities throughout the US.
- *...do not put off until tomorrow...* According to two international studies, feral cat (and dog) populations that are sterilized just a few at a time, as convenience and money allow, results in less competition for food and space, often creating an overall INCREASE, not a decrease, in the numbers.

- Spaying during the window before spring prevents litters that will have offspring before years' end (six for the price of one!).
- According to research released by the FBI, most serial killers started out by targeting animals, progressing to people. Many animals that are killed for "fun" are animals that were unwanted and unaccounted for when they were victimized.
- In addition to stopping pet overpopulation, spaying females vastly decreases incidence of mammary tumors and eliminates ovarian or uterine health problems in later years, including pyometra and cancer. Neutering males usually eliminates aggression and roaming along with eliminating health problems including enlarged prostate and testicular cancer.

Irresponsible Pet Ownership is Costly:

- Each year over 120,000 unwanted animals are put to death in **Oklahoma** shelters because there are not enough homes for them. NOW CONSIDER... that over half of Oklahoma's population is not served by any shelters; the remaining areas (over half) dispose of unwanted animals in ways that do not include sheltering; **those numbers are not included in this 120,000.**
- **Nationally** between five and eight million animals are put to death because they are unwanted.
- **Taxpayers pay...**Over **five million dollars** a year to collect, house and kill unwanted animals in Oklahoma.
- Nationally around **two billion dollars** are spent to collect, house and kill unwanted animals each year.
- According to the US Centers on Disease Control and Prevention, 76% of dog bites are caused by intact male animals, and many more are caused by intact female dogs guarding "incidental", meaning unplanned, litters that, for example, are underfoot where a child can be bitten. According to the USCDC there are over 333,000 dog bites per year, at an average immediate cost of around \$5000 each, for a total of over **two billion dollars**. (Dogs kept on chains or isolated in pens and away from social contact are two other main factors in dog bites).
- **Additional money** is spent on damage control and livestock predation caused largely by abandoned animals.
- **Less than one percent** of the money spent to collect house and kill unwanted animals is spent on prevention services including spaying/ neutering and education, although this is the only way to reduce the number of unwanted animals and the resulting bites and livestock predation.