



ASPCA: Mobile Spay/Neuter Clinics



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ASPCA Mobile Spay/Neuter Clinics

Taking Spay/Neuter to NYC's Streets



Recognizing that many of the most serious overpopulation and animal health crises arise in neighborhoods with limited access to veterinary care and education on animal issues, the ASPCA Mobile Spay/Neuter Clinics bring the services directly to such communities in New York City.

Stats

- In 2007, the Mobile Spay/Neuter Clinics altered well over 14,000 cats and dogs.
- In 2008, they are on target to alter more than 22,000 animals.
- In 2009, with the addition of a fifth mobile unit, the clinics will alter a projected 30,000 cats and dogs.

How Cool is That?

We're impressed that the Mobile Spay/Neuter Clinics go to the source of the city's homeless animal problem. The clinics bring spay/neuter services to impoverished neighborhoods showing the highest intake statistics at NYC Animal Care & Control.

We're also impressed by the many different strategies the program uses to promote the clinics and build relationships with residents of these often under-served corners of the city.

Adopt or Adapt

The Mobile Spay/Neuter Clinics are an excellent example of the ways a targeted mobile clinic program can be used to further a larger agency's animal welfare agenda. While the program clearly enjoys unique advantages as a program of the ASPCA and could not operate in its present form without the support of the parent organization, there are many innovative features that could be incorporated into an independent mobile program.

Who They Are and What They Do

The ASPCA Mobile Spay/Neuter Clinics were established in 1997 to “put an end to the tragic euthanasia of adoptable animals within New York City by addressing the animal crisis at its source — in the heart of the city’s local communities.” The ASPCA launched this program with one 26-foot converted RV (the “Care-a-van”) staffed with a veterinarian and two technicians, and a capacity of 15 surgeries a day. In 2008, with four custom-built clinics, the program employs 30 team members and can perform up to 100 surgeries per day. A fifth clinic will be added in 2009.

How the Mobile Clinics Work

The program targets cats and dogs belonging to NYC residents on public assistance, homeless adoptable cats and dogs, and managed feral cat colonies. Clinic surgeons will alter puppies and kittens at 8 weeks or two pounds, as well as female cats in heat and pregnant dogs and cats, depending on the health of the animal and the term of the pregnancy. They will not alter female dogs in heat, or animals with health issues such as a heart murmur. Animals over seven years of age must be examined by the team to determine eligibility for surgery.

Owned Animals

Surgeries are free for NYC pet owners who can show proof of public assistance. City residents not on public assistance can use the service for a suggested donation of \$99 per surgery. Each free surgery or \$99 surgery includes rabies, distemper, microchip and e-collar.

Public clinics are held seven days a week in a current total of 90 locations (23 in the Bronx, 30 in Brooklyn, 12 in Manhattan, 6 in Staten Island, and 19 in Queens). Locations are chosen on the basis of poverty rate (40% or more according to US Census data), and NYC Animal Care & Control intake rate by zip code. The program partners with Petland Discounts, the NYC Housing Authority, and the NYC Parks Department, among other businesses and organizations to provide venues and help promote clinic days. 2009 will see a dramatic increase in the number of public locations.

There are no appointments. Owners can check the website (www.asPCA.org/petowners) or call the 24 hour bilingual call center at 1-877-SPAY-NYC to find out when the clinic will be in their area. Each mobile unit performs an average of 25 surgeries a day on a first-come, first-served basis.

- Owners are instructed to arrive before 7 am to wait in line for intake.
- An ASPCA greeter arrives by 7:30 am to help owners register their pets. Owners may wait as long as two hours for intake.
- Owners can bring as many of their animals as they wish, but the clinic reserves the right to impose a limit of two animals per person.
- Animals are discharged at approximately 3 pm.
- Owners are given detailed going home instructions with a number to call in the event of post-operative concerns. When appropriate, animals are scheduled for follow-up exams at the mobile clinic.

After-hours emergencies are rare and handled on a case-by-case basis. Animals are typically directed to the nearest available private clinic. If the emergency is directly related to the surgery, the ASPCA pays the bill.

Homeless Animals and Feral Cats in Colonies

To protect the health and safety of owned pets, ferals and rescued animals are not accepted on public clinic days. In order to use the mobile clinic, feral cat caregivers must take the How to Manage a Feral Colony workshop taught by Neighborhood Cats. (www.neighborhoodcats.org). Ferals must be trapped two days before surgery and held in a climate-controlled indoor recovery space where they are kept for 3 days after surgery.

Rescue organizations and trained feral cat caregivers can reserve the clinic to come to their locations if they can provide 10 — 25 animals. If they cannot provide that many animals, they can make

appointments on designated rescue days, separate from the public days, scheduled in many locations throughout the city.

Homeless animals and feral cats receive free spay/neuter surgeries and vaccinations. Feral cats are also ear-tipped to avoid recapture. Rescuers and caregivers can purchase other services, such as tests and medications, at modest additional fees. The program operates a trap bank that loans traps at no cost to certified TNR practitioners. For forms and additional details about the rescue days, go to www.asPCA.org/tnrnyc.

Ingredients and Prep Work

Timeline

According to ASPCA Senior Vice President Gail Buchwald, who managed the program from 2001 until 2003, it took very little time to get up and running. Since the single vehicle was a converted RV which required little time to create, most of the lead-up time was spent in promotion — getting the word out to the communities that the service would be available.

Step by Step

Step 1: Use hard data to determine the audience you want to target.

In the early days, the ASPCA mobile offered free services to all and traveled to locations on Long Island. In 2001, the decision was made to pull service from Long Island in order to focus on residents of the five boroughs. Looking closely at census data and intake information from NYC Animal Care & Control, Buchwald was able to pinpoint inner-city locations, such as community centers or parks, that would be easily accessible to the target audience and not so easily accessible to those who could afford to take their pets to a private clinic.

A decision was also made to provide free surgeries only to those on public assistance and to charge other city residents \$25 per surgery. “There is an infinite demand for spay/neuter,” Buchwald said, “but all spay/neuter surgeries are not created equal, and we knew we didn’t have the resources to take care of everyone.”

Buchwald wanted to focus on “the most needy” people who could not get the service elsewhere. “The less the program makes,” she maintains, “the more successful it is — the more we know it is hitting the target audience.”

Step 2: Hire your staff.

Each clinic is staffed with a veterinarian, two veterinary technicians, and a greeter. Initially, the mobile clinic was staffed by veterinarians and technicians from the ASPCA’s Bergh Memorial Animal Hospital. Because they were available only on a limited basis a few days a week, the clinic could perform only 2,000 to 3,000 surgeries a year.

Now the program has a staff of over 30 people. Veterinarians are hired part-time on a per diem basis and paid per surgery using a point system. According to Aimee Hartmann, Director of the ASPCA Mobile Spay/Neuter Clinics, the program has no trouble recruiting or retaining surgeons.

Step 3: Select your vehicle.

The ASPCA’s starter vehicle was a 26-foot converted RV with 15 cages and a very small surgical suite that could accommodate only dogs under 40 pounds. With limited recovery space, the surgeons were able to perform only an average of 15 surgeries a day, more if doing only cats.

The program now operates 4 vehicles, all custom-built by General Truck Body in Houston, Texas. The newest are 37 feet long with 28 recovery cages, enlarged prep space, and more storage. As a result, the program now performs up to 100 surgeries a day.

Step 4: Decide whether to use an appointment or first-come, first-served system.

The ASPCA program initially operated on an appointment basis; however the no-show rate was extremely high — averaging 20%. In conversations with social workers, medical doctors and others familiar with the target population, Buchwald learned that “appointments are a risky business.”

As a result, the decision was made in 2001 to switch to first-come, first-served system. Hartmann reports that the switch has been entirely positive but requires consistent and energetic outreach to keep the days filled but not unmanageable and a skilled greeter to manage the intake process. Occasionally, she reports, people who cannot be accommodated become frustrated, but that is the exception.

Step 5: Market, market, market!

According to Buchwald, the ASPCA conducted an energetic grassroots campaign to get the program known in the target neighborhoods. In addition to engaging local politicians and others with influence, Buchwald made speeches at neighborhood gatherings and reached out to churches and social service agencies with promotional materials. In 2002, she had the materials translated into Spanish and Mandarin Chinese and began offering bilingual information on the hotline. Hartmann has added other New York City languages, such as Russian, Korean and Haitian Creole.

In the early days, Buchwald also sought as much publicity — television spots, print and radio- as possible for the new program. The grassroots campaign paid off, Buchwald says, getting the clinic widespread recognition early on. “When someone new asks ‘what’s that truck?’, people in the neighborhood know.”

Today, Hartmann looks for highly visible locations close to public transportation and heavy foot traffic within targeted neighborhoods. She then reaches out to store owners, public officials and others to get permission to park the vehicle and enlist their help promoting the clinic visits.

Step 6: Arrange a safety net for post-operative concerns and complications.

According to Buchwald, it is essential to field and triage post-operative calls 24 hours a day. “There are a lot of distractions at discharge,” Buchwald explains, “You have to expect that people won’t remember everything you tell them.”

ASPCA Mobile Spay/Neuter Clinic clients are given a phone number (877-SPAY-NYC) at discharge that connects them with a medically trained expert who answers questions around the clock. Together, they can decide whether the animal should be seen immediately at the closest available emergency clinic or the next day at the nearest mobile clinic location. For most new programs, with fewer clinic sites, it’s necessary to develop relationships with area veterinarians who will agree to see clients with post-op issues after the mobile unit has left the neighborhood.

Results

The Numbers

In 2002, the Mobile Spay/Neuter Clinics performed 4,000 surgeries. In 2008, they expect to alter more than 22,000 animals. In 2009, with the addition of a fifth clinic, they plan to do over 30,000 surgeries.

According to Hartmann, approximately 85% of the surgeries are performed for free. Seventy percent of the animals altered are owned while 30% are ferals and animals in rescues waiting for adoption. The vast majority are cats. The ratio of males to females is about 50/50.

Between 2002 and 2007, the euthanasia rate at NYC Animal Care & Control dropped from 74% to 43%. Many factors have played into this decline, and research is still being done to determine how many surgeries have to be performed in a given area before there is a direct impact on euthanasia rates. However, common sense would indicate that the Mobile Spay/Neuter Clinics have played an

important role by removing from the breeding pool over 54,000 animals most at risk for having unwanted litters.

Hartmann also points to the intangible benefits: "People love their pets. Participating in this program helps them make the connection between their pets and the euthanasia issue. They begin to understand that their pet could be part of the problem — that their pet's kittens or puppies could end up dying in shelters."

Critical Factors

According to Hartmann, the Mobile Spay/Neuter Clinics could not operate in their present form independently from the ASPCA because they are so expensive to run. In 2007, the four clinics took in a total of \$105,000 in fee income and \$220,000 in subsidies provided by Maddie's Fund through a grant obtained by the Mayor's Alliance for New York City's Animals. (www.animalallianceny.org) Total expenses were \$1,916,100 for a net loss of \$1,591,100. The difference was made up through fund-raising efforts of the ASPCA. "Development works for the entire organization," Hartmann explains.

In addition, Hartmann, who is not a veterinarian, has immediate access to the medical knowledge and expertise of the ASPCA Animal Health Services Department. "We have the entire ASPCA collaborating with us," she says.

Thinking Outside the Box

- Buchwald strongly recommends getting people of influence involved in promoting the program. "Politicians, clergy, celebrities — whoever the audience you're trying to reach listens to — that's who you want to get." In the early days, the clinic often set up in front of the offices of city council people or state assemblymen. The politicians were encouraged to host clinic visits and greet the people who came to have their animals altered or just to check out the vehicle. The press was invited. This very public involvement helped cement the investment of neighborhood leaders in the continued success of the program.
- Initially, each clinic was staffed with a surgeon and two veterinary technicians. According to Hartmann, adding a member of the field staff to "greet" the pet owners on public days dramatically improved the intake process. The greeter arrives at 7:30 am and goes through the line of waiting clients, creating a list of what time clients arrived and what animals they have. The greeter assigns each animal a cage on a map of the clinic until all cages are full and creates a reserve list in case some of the animals have to be turned away for health reasons.
- With a first-come, first-served system, it is always a challenge to attract owners of specific groups of animals, such as large mixed-breed dogs. According to Hartmann, promotions like "Bucks for Balls", where owners were paid \$40 to bring in dogs over 40 pounds, didn't work. "We didn't pay enough to make it appealing, and we were concerned about handing out cash in the neighborhoods," she explains.

What did work was adding a staff member to focus on outreach. Hartmann and her staff look at the data to determine which areas are not filling their days with the target animals or not filling their days at all and locating neighborhoods where they want to get the program established. The outreach person goes into those areas, talking about the value of spay/neuter, stressing that the service is free and accessible, and handing out flyers with clinic dates. According to Hartmann, this has been so successful that the program continues to expand. In 2009, a fifth clinic will be introduced and 30,000 surgeries are projected.

Their Next Steps

- To add a fifth clinic
- To standardize all procedures and protocols and become a model and resource for mobile spay/neuter programs nationwide

Words of Wisdom

What Worked

- According to Buchwald, launching the first mobile clinic helped the ASPCA solve a public relations problem caused when the organization stopped doing animal control in 1995. Like many urban humane societies, the ASPCA had held the city's animal control contract for decades and, like many urban humane societies, the organization turned animal control back to the municipality in the mid-nineties to focus on caring for homeless animals. That entailed becoming a limited admission shelter, and that led to a public perception that the ASPCA no longer cared for the animals in its own back yard. The original clinic, with its moving billboard emblazoned with the message ASPCA CARES (Community-based Animal Related Education and Services) got the ASPCA visibly back into the neighborhoods providing essential animal care services.
- In order to establish dialogue with owners who might not have any knowledge of or interest in spay/neuter, the ASPCA initially launched mobile vaccination clinics. "That drew people in," Buchwald said. "It was often the first step in the dialogue." Those clinics have since been discontinued to enable the program to focus on spay/neuter.
- At discharge, each owner is invited into the clinic to pick up the animal and have a personal conversation with one of the veterinary technicians. The tech talks about how well the animal did during surgery and goes over the post-operative instructions in detail. Hartmann feels this personal attention underscores the fact that the mobile clinic maintains the same high standards as a stationary clinic and reduces post-op questions and complications.

Be Prepared For

- Highly qualified licensed veterinary technicians are hard to find. Although the ASPCA Mobile Spay/Neuter Clinics have very low staff turn-over, and finding surgeons has not been a problem, finding and keeping top-quality LVTs has been a challenge.
- Buchwald cautions that mobile programs are not cost-efficient and present particular staffing and scheduling challenges. For a city like New York, where many people do not own cars and owners can't take animals on the subway, a mobile unit that brings services right into the neighborhoods make sense. In a different setting, a stationary clinic might be a better approach.
- Some populations resist the idea of spay/neuter for philosophical reasons. Hartmann recommends concentrating on the vast majority who haven't had their animals altered just because it isn't convenient or it costs too much or they "just haven't gotten around to it yet." "Once we get the low-hanging fruit by targeting our clientele with surgeries that are free and accessible, we can worry about the others," she says.

ASPCA: Thumbnail Sketch

American Society for the Prevention of Cruelty to Animals

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www.aspca.org



The American Society for the Prevention of Cruelty to Animals (ASPCA) was the first humane society to be established in North America and is, today, one of the largest in the world. Our organization was founded by Henry Bergh in 1866 on the belief that animals are entitled to kind and respectful treatment at the hands of humans, and must be protected under the law. Headquartered in New York City, the ASPCA maintains a strong local presence, and with programs that extend our anti-cruelty mission across the country, we are recognized as a national animal welfare organization. We are a privately funded 501(c)(3) not-for-profit corporation, and proud to boast more than 1 million supporters across the country.

Staff

495 full- and part-time staff (entire organization)

Mobile Clinic Operating Budget

\$2.5 million 2008 FY

\$3.9 million 2009 FY

Organization Type

501(c)(3) nonprofit