

# **“In-Clinic Clinics”**

*A Creative and Cost Effective  
Approach to Rural Spay/ Neuter  
Programs...*

*Spay/ neuter Programs Outside of the Box!*

Presented by:

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# Pet Overpopulation is...

- A public health issue
- Demographically trackable
- Spay/ neuter is the core of stopping animal suffering.
- The animals deserve the best program possible.



# Assessing Your Community

## *Population*

- Number of households under the targeted income level
- Rural, town or urban?
- Service radius from clinic?
- Transportation?
- How many veterinarians to percentage of homes on public assistance?
- Proximity of veterinarians to low-income areas

## *Sources for information*

- *Use Census 2000 and, if available, local animal control offices .*
- *Low-income services, social service agencies & the Chamber of Commerce can help you understand the clients you will serve.*

# Assessing Your Information

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- **Compare per capita numbers of surgeries of successful programs in regions similar to yours in order to create a program to fit your community.**
- **Achieving “effective surgeries” in a timely manner will help your organization have the impact that you are striving for.**

# Project Your Goals...

## *create effective programs...*

- Set some goals... “casual” spay/ neuter programs in rural communities, including stop & start or intermittent programs, are minimally effective.
- Create your program based on your assessment rather than necessarily creating a program based on your immediate resources...*reach out...reach out...reach out...*

**FOR MORE INFO...**

See Aimee St. Arnaud's Recorded webinar at <http://petsmartcharities.webex.com>

# Creating the Program That Fits the Bill...

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- *Will you transport to a large clinic?*
- *Will you use a mobile clinic?*
- *Will you ask local veterinarians to reduce the cost of a limited number of surgeries?*
  
- *If you answered yes to either of the last two, “In-Clinic Clinics” may be for you!*

# “In-Clinic Clinics!”

- *Some people view mobile clinics as a veterinary clinic on wheels...we view each private animal hospital as a mobile clinic that got stuck!!*
- *In-clinic clinics use a veterinary office on a day the office is normally closed to create a high-volume, low-cost program for low-income homes.*
- *It gives the humane society the same financial benefits as having access to a low-cost clinic or periodic mobile unit and offers the veterinarian a way to provide these services without compromising their regular workday.*

**FOR MORE INFO...**

*See PETsMART Charities Curious Cats Grants*

# Drawbacks of Reduced-cost vs. Benefits of “In-Clinic Clinics”...

*Veterinarians significantly reducing their cost during the regular work day often creates...*

- Loss of revenue per surgery limits the numbers assisted.
- Reduced cost surgeries may actually cost the animal hospital more due to extra phone calls for authorization, etc.
- No-shows represent a loss because of prior phone time for office staff.
- Making public health protocol fit the private hospital model is often frustrating for everyone.

*In-Clinic Clinics...*

- Generate revenue instead of being an overall loss for the vet, so greater numbers are served
- Revenue is generated during off-hours; regular business is not affected
- Costs less because there is no use of hospital office staff for scheduling
- Provides a high volume of surgeries with a limited number (even one) of veterinarians.
- The more the better

# *For the Veterinarian this Works Because...*

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- The isolated time block means that the vet does not compete with him/ herself for their regular workday.
- Targeted income means that the vet is not competing with him/ herself for their regular clients.

## *And for the humane society...*

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- **Creates an accessible spay/ neuter clinic with zero capital start-up costs, i.e. purchase of a mobile, building costs, etc.**
- **Increases availability of services.**
- **Extra surgeries can be scheduled to compensate for likely no-shows and these no-shows do not represent a loss to anyone.**

# A “win-win” solution...

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- *By clustering low-cost surgeries, the day is financially a win/ win for the vet and the humane organization.*
- *The clients represent a new revenue stream instead of a loss and the clinic is a cost effective solution for the humane organization.*

# What it takes...

- A committed core group of three to five humane society volunteers
- A veterinarian with an available time block
- Low-income families that own pets

*Volunteers are responsible for scheduling, reminder calls, check-in and check-out and may also be responsible for scrubbing instruments that have to be sterilized throughout the day, monitoring animals following recovery and other tasks in order to keep things moving.*

# *Getting Started*

## *Scheduling...*

- Remind clients to fast the pet the night before, and give directions to the clinic. Make reminder calls the day before.
- Stagger the times that clients should arrive based on the vets preference for starting with cats or dogs. Some animals should be there before surgery time, but avoid a big jamb at check-in.
- If possible, leave a short break between arrival of cats and dogs.
- Give clients an approximate pick-up time or tell them you will call them for pick up.

# *Before the Event!*

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- We encourage a volunteer orientation shortly before the first clinic to review the flow of the day, supplies that will be needed and who is responsible for what.
- Volunteers should be people who have worked with your organization and attended the orientation, we discourage “show-ups.”
- Review any questions with the veterinarian and make sure that he/ she has seen your aftercare form.

# Supplies You Will Need

- *Forms for intake and release.*
- *Plastic quick ties to replace missing carrier bolts*
- *Intake-pens, forms, clip boards, masking tape and Sharpie markers (coffee pot is optional)*
- *Recovery supplies- newspapers for cages, towels, paper towels, masking tape, pens*
- *Release supplies-aftercare forms, owner copy of any paperwork, paperclips, etc.*
- *Carriers*

# *Check-in...*

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- **Get pets into cages before paperwork is started**
- **Discourage people from allowing pets to “visit” other pets**
- **Children should not be unsupervised while parents are checking a pet in**
- **Omissions in the morning will lead to confusion at the end of the day. Make sure intake forms are signed and any payment is noted on the form.**

# *...more check in...*



- Help clients with forms if necessary.
- Review pick-up times and explain that they will need a few minutes to go over aftercare instructions.
- Move cages into designated area for surgeries to start.

# *During the Day...*

- Recovery activities depend on the veterinarian.
- Clean soiled cages.
- Wash instruments.
- Monitor pets.
- Complete information on rabies forms.



# Release...

- *Review aftercare verbally with each client.*
- *Assist clients to get the pet safely to their vehicle.*



# Some of our protocol...

- *Labeling with the owners name and animal type (FD, MD, FC, MC) should be on every carrier once the animal is in it. Check-in forms are placed on top of the carrier and paperwork follows the animal through the day.*
- *No cat should be transferred from one carrier (or box) to another in an open area. Use a bathroom or another closed space to move a cat.*
- *No dog should be moved without a slip lead, even if carried.*
- *If a cat owner does not have a carrier, after release take the cat to the car in a humane society carrier, remove it in the car and return the carrier to the building.*
- *If multiple animals are out of their carriers during the day, place a small piece of masking tape with the owners last name on the animals head between its' ears and remove when it is returned to its' carrier.*

# Keep in Mind...

- **Limit the first clinic to a comfortable number of surgeries for the veterinarian, also allowing volunteers to get the feel for how the day will go.**
- **If possible, get first time help from folks who have held successful clinics or successfully used a mobile unit.**
- **Anticipate no-shows, but discuss with the veterinarian if you should overschedule.**
- **The “In-clinic Clinic” is a guest in the hospital. Clients should remain in the waiting area, and everyone should remember it is a hospital.**

# More to Keep in Mind...

- **In-Clinic Clinics do not compromise safety.**
- **Your first clinic may feel demanding or even hectic, but should not be chaotic.**



# *Be creative...you will succeed...*



- **Success builds teamwork!**
- **One Oklahoma town has reduced their shelter intake of litters by roughly 90% through spay/ neuter efforts...you can do it too!**

# *For more information...*

- The *Oklahoma Spay Network* is happy to share our forms, educational and promotional materials, volunteer information sheets, and to work with your organization to plan an “In-Clinic Clinic.”
- Several veterinarians in our network will offer information and tips on “In-Clinic Clinics” to veterinarians who are considering providing this service.

*Contact us at:*

**[oklahomaspaynetwork@hotmail.com](mailto:oklahomaspaynetwork@hotmail.com) or call 918-367-8999**

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