Budget Spreadsheet Guide

Information & Tips For Completing
the ASPCA Spay/Neuter Alliance Budget Spreadsheet
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Legal Disclaimer

This manual and the associated materials have been prepared as educational and informational material and should be used for information purposes only. They should not be considered legal advice or legal opinions on any specific matters. You should consult a consultant or attorney familiar with both federal and state legislation to assist you with any specific questions or issues. You are also advised to refer to current state and local publications to ensure your continuing compliance with state and local regulations. Please be sure to consult with your external consultants, legal counsel, or other experts prior to finalizing any decisions on policies and procedures in relation to the following.
Introduction

The ASPCA Spay/Neuter Alliance is pleased to provide this resource for any organization wanting to budget for spay/neuter operations.

If you have not opened your clinic, you will be asked to make some “educated guesses” in certain areas. The contextual information contained in this manual in addition to your research can minimize the variability of these guesses.

After your clinic has been open for four-to-six months, you can use this spreadsheet more predictably using historical data specific to your operations.
General Considerations

Fundamentals of the “Spay/Neuter Alliance” Model Clinic

- A Spay/Neuter Alliance clinic is a high-volume stationary clinic which achieves surgical goals two ways: (1) via the public who bring us their animals and (2) with an extensive network of partners in the shelter/rescue community who send us additional surgical patients (both shelter animals and publicly-owned) via our transport program.

- Because a stationary (brick and mortar) clinic is the most expensive to establish and has a higher overhead, volume is the key to financial sustainability. Most clinics will make an average net profit of $2 - $4 per surgery and therefore need 7,500-8,400+ surgeries per year to be sustainable.

Staffing Recommendations

For an average of 35 surgeries per day 5 days per week, 48-50 weeks per year and next-day release:

- One full-time veterinarian (or FT-equivalent)
- One veterinary technician (licensed or simply experienced depending on state regulations).
- Two veterinary assistants

The team of the vet + 3 are responsible for all facets of patient care, laundry, packs and cleaning of kennels and surgical areas of the clinic.

- One executive director or director of clinic operations
- One office support position

The administrative team will book the appointments, handle phone calls, input patient data, invoicing, banking and general clinic management. Both office staff should be cross-trained to assist in the back with packs, laundry and other basic vet assistant duties.

Variations:

- At a daily average of 22-25 surgeries or below, the second veterinary assistant may not yet be needed depending on your vet's speed, clinic set-up and other factors. Likewise, if your budget allows and your numbers are picking up, we recommend a second technician.

- A transport driver is an additional employee. If the transport program is small, the driving can be shared by the existing staff. As the transport program grows (in-line with growth in surgical volume) the transport position can be part-time or full-time. When not out on transport, the driver can float as a veterinary assistant.

- The percentage of public business vs. transport business will affect the number of phone calls and may increase office staffing needs. For example: 35 surgeries for an all-public day = 64-70 phone calls (32-35 incoming calls to book the appointment + 32-35 reminder calls). 35 surgeries on a 40% public/60% transport day = 25-30 calls (12-14 incoming public calls + 12-14 reminder calls + 1-2 calls with the transport partner).

- Reliable volunteers can be a great resource for booking appointments, reminder calls, packs and laundry. We do not recommend volunteers in any medical capacity or animal handling.
General Considerations

Next Day vs. Same Day Release

ASPCA’s Spay/Neuter Alliance keeps all of its patients overnight Monday through Thursday. On Friday we intake only three-to-four, non-complicated female dogs, so surgery is complete earlier and the animals are awake and safe to go home. The idea of next day vs. same day release is an operations issue but can have significant budget implications. Refer to the Next Day Release Flowchart on page 8 for more information.

‣ We know that risk of owner non-compliance regarding the go-home instructions can be high; therefore by staying overnight, the animals are warm, quiet and safe.
‣ If an animal is an aggressive licker or if there is a problem with the incision, we can take appropriate steps before they go home.
‣ We strongly recommend that the veterinarian be on site for morning check-in. It is rare if there is NOT an owner question or an animal-related issue that requires your vet’s attention. Under no circumstances should animals be given any medications without a vet on site. Bottom-line, this means an earlier start for your veterinarian.
‣ Each veterinarian will have a different comfort level about releasing animals on Friday afternoon without a vet present. At a minimum, the veterinarian should be available by phone.
‣ Next day release works best for Spay/Neuter Alliance, because the majority (75%) of our animals come in on transport which arrives anywhere from 9:00 - 10:30 am. Animals would not be ready or awake enough to go back on transport until late evening.

Some NSNRT clinics choose to release the same day or have a blended approach to release some animals same day. This can be done and many clinics do it but keep in mind:

‣ The length of day can be significantly longer with overtime risks for staff, requiring additional staffing or a split shift. See the Same Day Release on Page 9.
‣ Due to the commonly-held (mis)perceptions that spay/neuter clinics offer substandard care, we must maintain a level of care equal to or greater than private practice. It can be more challenging to achieve daily surgical goals of 35 and still have the animals awake enough to go home. Whenever a publicly-owned animal is sent home with the effects of anesthesia present (groggy or “drunk”), that image is perpetuated.
‣ Your veterinarian may want to use a different drug cocktail or reversing agent which can affect your budget, specifically your average consumable cost per surgery.
General Considerations

Extra Services & Wellness

ASPCA’s Spay/Neuter Alliance offers vaccines only at the time of surgery. We do not offer vaccines outside of the surgical visit, host vaccine clinics or sell retail flea or heart worm medicines. It can be easy to drift toward a full-service clinic approach, but this detracts from your ability to achieve high-quality, high-volume spay/neuter.

‣ Your clinic should be sustainable based on core services. For example, we do not budget revenue for the small number of vaccines (other than rabies). This revenue is considered “icing on the cake.”
‣ Extra services such as flea medicines or microchips add to your inventory cost and have cash flow implications.
‣ Hosting vaccine clinics can also add to your staffing needs or burnout the core spay/neuter staff.

Average Cost of Consumables

In terms of this budget spreadsheet, this is the average amount a clinic will spend on all the consumables used “in the back”.

For example: oxygen, induction drugs, suture, syringes, anesthesia, paper towels, laundry detergent, mop heads, bleach, distilled water, gauze, e-collars, surgical needles, steri-strips, sodasorb and anything else the medical team uses in the course of surgery, packs, laundry or cleaning. Also included are all rabies vaccines and an approximate 5% consumption of other vaccines and testing.

For 2016, Spay/Neuter Alliance recommends $15 as an average cost. This assumes you are using our drug protocol and purchasing your consumables at a comparable price to the current NSNRT equipment/consumable list (this list is available only to members of the NSNRT).

Once you have three-to-four months of total spending on consumables, you can determine your actual average. The more spending data you have, the more accurate the average cost:

\[
\text{Total consumable spending during a set time period} \div \text{total number of surgeries in same period}
\]
Next Day Release: Daily Flow

Staffing: V = Vet, T = Vet Tech
VA1 or VA2 = Vet Assistants 1&2
D = Director
OS = Office Support

Additional Considerations:

1. All rechecks should be scheduled per the doctors orders. Its best to schedule either at the beginning of the day, at lunch or end of the day as to minimize interruption to the flow.
2. A target surgery rate of 5-6 surgeries per hour will yield 5-1/2 to 6-1/2 hours of surgical time.
3. On Monday, the staff can arrive at 7:45 am since there are no animals to release.
4. Friday afternoons before release can be used for inventory ordering and weekly cleaning tasks. Not all staff is required to stay for release.
5. Offering extra services such as walk-in appointments or vaccines or interruptions to the surgical flow will lengthen the day.
6. The vet leaves for the day after he/she is comfortable that all patients are sufficiently awake and stable.

*When the Vet is on the last two cats of the day, the surgical staff should begin to clean all areas of surgical units. All instruments should be cleaned and sterilized before the end of the day. The clean up process should take about one hour. The Vet can recover the patients while support staff is cleaning.*
Same Day Release: Clinic Examples

Clinic 1
- Not allowed to hold animals overnight per zoning requirements.
- Operates (4) 10-hour days with 50% public and 50% partner business.
- Staffing is 1 Vet + 3 medical support (1 tech & 2 assistants) and 2 administrative.
- Average 33 surgeries per day. 50% dog, 50% cat but 60% of the demand is for female patients.
- 6:45 am: 2 admin + 3 medical support arrive to set-up surgery.
- 7:00 am: Intake begins and vet arrives. 2 admin doing check-in, 3 medical support running animals back and vet doing exams on dogs as they come back.
- 7:30 am: Intake slows down and tech starts to draw drugs for am patients. One assistant in laundry/packs.
- 8:15 - 8:45 am: Vet exam for cats with 2nd assistant. In surgery by 8:45 or 8:50 am.
- 12:00 - 1:00 pm: Vet + 3 medical staff take 45 minutes for lunch--staggered by 15 minutes.
- 1:00 - 3:00 pm: Back in surgery. One assistant on packs/laundry throughout the day.
- 3:30 - 4:00 pm: Vet leaves after last patient check and rechecks.
- 4:00 - 5:30 pm: Dog discharge starts at 4:00; cat discharge at 5:00. Medical support staff starts leaving at 4:30 as there are less animals in the building. Last medical support leaves at 5:15-5:30.
- 5:30 pm: Admin staff leaves and clinic closes.

Clinic 2
- Operates 5 days per week but 2 days per week do only their own shelter animals (clinic in the same building as shelter). Overall 60% public and 40% partner business.
- Average 27 animals per day; 7-9 are dogs and rest are cats due to higher demand for cat appointments. 30 animals per day is possible but is a stretch due to surgical speed of vet.
- Male cats are done last and use a different drug cocktail so they wake up more quickly.
- Staffing is 1 Vet + 3 medical support (2 techs & 1 assistant), 1-1/2 administrative staff. Regular volunteers used in the office.
- 7:00 am: 1 office support + 1 vet assistant start clinic set-up.
- 7:15 am: Intake begins. On the 3 public days a volunteer is on hand to assist check-in.
- 7:30 am: Vet and tech arrive and begin patient exams until approximately 8:30am.
- 8:30 am: 2nd vet assistant arrives.
- 8:30 - 11:00 am: Office support handles calls, data entry then clocks-out at 11:00 for 2-hour break.
- 8:45 - 1:30 pm: In surgery with only small breaks as needed.
- 1:30 - 2:30 pm: Medical staff take rotating lunch breaks of 30-45 minutes.
- 2:00 - 3:30 pm: Medical staff handle rechecks, cleaning, packs/laundry and drug log.
- 3:30 pm: Medical staff check patient incisions and begin loading into carriers. 1st vet assistant and vet go home.
- 4:00 - 5:00 pm: Patient release. Vet tech goes home 4:15-4:30.
- 5:30 pm: Close. 2nd Vet assistant and office support go home after last cleaning, phones, etc...
Spreadsheet: Introduction

1. You should be able to see 18 tabs across the bottom of the sheet.
2. For the most part, each tab interacts with another and data will automatically jump to the other tabs.
3. Do not add or delete lines on any of the tabs.
4. Unless you are proficient in Excel, do not edit any cell in green. Only add data into white cells.
5. Step 1 “means” Step 1! Start here to make each tab work properly!
Spreadsheet: Step 1

The remainder of this guide will cover each step of filling out the spreadsheet. In our sample clinic, we estimate to be open 48 weeks a year.

1. Our clinic will perform an average of 35 surgeries per day. This number was developed by spay/neuter veterinarians and is safely & efficiently manageable by a trained veterinary team. Monday - Thursday is next day release and 36-37 surgeries is the goal. Friday is same day release (limited female dogs) and the goal is 28-30 surgeries.

2. The next step is to break-down the 8,400 surgical goal into the various types of surgeries. The business model for this sample clinic is 45.8% public business, 43.5% volume business (rescue partners), and 10.7% community cats, therefore we will offer two tiers of pricing, plus a flat rate for community cats. You do not need to offer a discount to your rescue partners but since they bring you multiple animals at a time and help you sustain your surgical goals, most clinics do.

3. These prices reflect what your clinic will collect total for each surgery but keep in mind that you may collect from multiple sources. For example, if you have a grant for female cats from a certain zip code and the grant terms has the owner paying a $5 co-pay and the grant paying $50, your clinic has collected the full $55 budgeted amount for that surgery. The $50 grant money is not extra revenue.
The bottom portion of Step 1 is where you outline the services your clinic will offer. A few thoughts:

1. In 2015, Spay/Neuter Alliance had a consumption rate of 90% for rabies vaccines. We require rabies unless the owner can provide proof the animal is current.

2. Spay/Neuter Alliance does not promote other vaccines unless the owner requests them. Our consumption rate for other vaccines is approximately 5%.

3. Do not include small revenue items such as nail trims or Elizabethan collars. While you may sell them, the revenue will be minimal and should be “icing on the cake.”

4. Some clinics may offer a discounted rabies or other vaccines for their rescue partners.

5. The Total Revenue of $553,500.00 and Average Service Fee of $65.89 will now carry-over to step 2 of the spreadsheet.

** Enter information for your clinic in white cells only. Cells in green automatically calculate or carry-over from another tab. Only edit the formulas in green if you are Excel savvy.
1. By putting $25,000 in Fundraising, you are indicating that the organization (Board) will contribute or raise that amount each year.

2. Grant income is NOT surgery subsidies but would be a grant that offsets a corresponding expense (for example, if you had a grant that covered a salary).

1. Outside vet services is for post-op complications handled by outside vet. Do not include relief vet expenses.

2. We recommend staff incentives only after learning period and only if clinic is profitable.

3. We have calculated taxes at 15% of gross salaries (10% is standard), so that your clinic is covered as tax rates rise, and also to protect you from underpayment penalties. You can change this to match your current rates.

4. If you are not offering health insurance, you can alter these cells:

   From: \( (J19+J22+J28+J25) \times 2600 \)
   To: \( (J19+J22+J28+J25) \times 0 \)

As you are estimating your operating expenses, we suggest you over-estimate so you have a built-in cushion.

Most of these categories are self-explanatory however please note these specifics:

1. Bank charges would include credit card fees. Fees are often 3% of total charged.

2. Insurance-Misc is your general liability, property, workers comp, and Directors & Officers (D &O). Workers comp can be a significant expense.

3. Professional Fees would be accounting, payroll, audits, etc...
While Spay/Neuter Alliance recommends an average of $15 per animal, you may find that your average is different, based on your inventory costs.

The Surgical Payroll represents the recommended staffing of a Vet + 3 support staff. The “Other” is a part-time transport driver which is inline with the fact that our sample clinic has 50% of its business from transport.

Salaries will vary by region and you should research standard rates for your area.

The recommended staffing model allows for 2 full-time office staff. The job titles will vary with either an Executive Director or Director of Clinic Operations.
Steps 1 and 2 on the spreadsheet reflect your clinic's “perfect 12 months”. For our sample clinic, we have estimated our yearly surgeries (8,400), entered our expenses, salaries, and overhead, and our sample clinic is in the black by $46,176, which is a reasonable and comfortable margin.

Why Depreciation?

At its most basic, depreciation is an accounting or tax function that reduces in the value of an asset with the passage of time, due in particular to wear and tear. For this spreadsheet, think of depreciation as an automatic savings plan so you can replace your autoclave or anesthesia machines as they get old. Spay/Neuter Alliance uses 5%, but your accountant may suggest a different %.

What Happens If…?

One of the helpful features of this spreadsheet is you can alter the assumptions from Step 1 & 2 to see how that will affect your bottom line.

So, what happens if we keep all our prices, salaries and overhead the same but only average 32 surgeries per day? What about 30 surgeries per day?

At 32/surgeries per day, our profit margin is still positive, but leaves a negative balance after depreciation. At 30/surgeries per day, our clinic is not profitable, and therefore not sustainable.
Spreadsheet: Start-Up Costs Worksheet

This tab on the spreadsheet is where you predict all the expenses you will have before you open your clinic.

Of particular note, is the minimum $35,000 Cash Needed on Day 1. Your clinic will lose money during the first 4-6 months you are open (your learning curve or ramp-up time) and you need this cash in the bank on Day 1--after you have paid all your start-up expenses.

The $(33,457) is the money our clinic will lose during the learning curve. This figure carries-over from the surgical estimates on the tabs for months 1-12.

This budget predicts our sample clinic will lose $33,457 yet we will still raise $35,000 to cover these losses and have an additional $1,543 cushion.
Spreadsheet: Months 1 - 12 & Yearly Summary

Remember that Steps 1 & 2 are your ideal 12 months of clinic operations. The 12 monthly tabs are to predict your first 12 months of being open. If your surgical goals are an average of 35/day you will not be there right away--most clinics have a ramp-up or learning curve of 5 - 6 months.

Your ramp-up period and average number of surgeries will depend on multiple factors: (a) the skill of the veterinarian; (b) the ability of the medical team to maintain good flow; (c) the ability of management to promote the clinic to the public and volume partners; (d) managing the no-show rate.

In our sample clinic, we are predicting an average of 17 surgeries in our first month. This is the only data point that is needed on these 12 tabs.

Mo 2 = 23 surgeries
Mo 3 = 26 surgeries
Mo 4 = 29 surgeries
Mo 5 = 32 surgeries
Mo 6 = 35 surgeries
Mo 7-12 = 35 surgeries

The Yearly Summary is a compilation of Months 1-12. The losses in months 1-4 total $(33,457), which is carried back to the Start-Up Costs Worksheet. As the clinic starts to be profitable in months 5 - 12, we will end the year only $(2,657) to the negative.
This tab provides the valuable feature to identify and analyze how your overhead components compare to your overall revenue. In our sample clinic during the first 12 months open (learning curve), it costs an average of $69.61 to perform 1 surgery. 36.3% of that $66.96 goes for the salaries of the medical staff; 13.7% goes to pay office staff; 3.5% pays for health insurance; 21.57% is the cost to buy consumables, etc.

- With an average cost per surgery of $69.61 and an average service fee of $65.89, the clinic is losing an average of $3.72 per surgery during our first 12 months, hence the $(2,678) losses during the first year. As the clinic reaches the 8,400 target surgeries, the average cost per surgery will go down.