Internal, External, and Collaborative Medical Care Programming

Utilizing Existing Veterinary Practices to Provide External-Facing Medical Care

Overview

This document highlights two options for utilizing existing veterinary practices to provide external-facing medical care to your community. You may consider the creation of a Positive Alternatives to Shelter Surrender (PASS) program, directly collaborating with local veterinary hospitals, or both when determining which options work best for your organization to pursue.

Positive Alternatives to Shelter Surrender (PASS)

PASS works to create an immediate intervention for people who believe they have to surrender their pet to a shelter but don't want to and would rather find an alternative solution. That intervention can be virtual rehoming, raising funds for medical care, finding temporary placement, or other types of support (food, transportation, fence building) by leveraging an active base of people in a community who want to help.

What Problem Does the PASS Program Solve?

Unnecessary surrender to shelters (especially for medical reasons in this example). You can watch a short 15 min presentation on all the PASS Program does in addition to medical intake diversion.

How Organizations Can Begin

Phase One: Build Your Program Foundation

Build a PASS Manager job description– start simple – one page of bullets.
- Managers should be adept at acting as and teaching how to be case managers to volunteers.
- See the HASS Case Management Toolkit for help.

Build volunteer team job descriptions:
- FB facilitator – triage comments/posts, edit, escalate
- Covering shifts to ensure 7 day a week coverage
- Answering emails

Set "rules" for communication and preplanned pathways for animals and people in need

- Response time expectations
- Professionalism
- Acceptable responses for pathways
- Clear expectations around what gets a person banned from the page

Create a pathway to accept funds for patients
- We prefer having donors call and pay the vet clinic directly rather than a "go fund me" that goes to the pet owner
- Set up a button on your page to accept donations for emergency use generally if people want a tax deduction
  - These funds cannot be allocated to an individual animal due to process limitations
- Pre-set relationships with press outlets to share success stories

Prepare for late-night medical emergencies
- Most needs happen at night and are urgent
- Develop relationships with Emergency Clinics in your area
- Be prepared to urgently crowdfund in these situations by making your post sound as dire as it is
- Always ask if owner can afford a portion of the bill
- Always ask owner to ask vet to do minimum overnight so that there is more time to fundraise in the morning (need to keep fundraising until all is raised as emergencies can't wait more than a few hours)

Develop canned content (examples in Appendix of PASS Guide) on things like:
- How to Handle Calls About Abused, Neglected, Injured or Roaming Animals
- FIV and FeLV
- Parvo
- What to do when they find a dog or cat
- How to screen adopters (if they are rehoming their animal)
- List with Local low-cost veterinarians
- Wildlife
- Other Pets (besides cats and dogs)
- Resources for animals with behavioral problems
- Puppy and Kitten Season
- Responses for other shelters needing help

Create a way to keep track of data.
- Number of people in need
- Types of need
- Outcomes
- **Tip:** Find ideas in the [Case Management toolkit](#)

Inform the rest of the organization about what PASS is and why it is needed

Use the [PASS Resource Guide](#) to fill out more of these areas

Phase Two: Create Ways for People to Reach Your Organization

Start a Facebook group apart from the main organization page.
- The Austin PASS page is here: https://www.facebook.com/groups/PassAPA

Set up a pass@(your org name) email address.
- Promote the Facebook group and email address on your organization's main website and social media channels.

Create a Google voice line (free) to accept calls- these are translated into email so that your email facilitators can triage with other emails.
- Accessible to members of the community who aren't on social media where the case manager can post on their behalf.

Phase Three: Build Your Network of Support

Collect C.O.I.N.s! (Clinic Outreach Initiative Network)
- Connect with clinics and office managers to check for existing opportunities for low-cost or free support
  - You can export local rescues, clinics, or related organizations from a Google Map search to a spreadsheet [using this guide.](#)
- Build a rapport and database of staff within those clinics
- Inform and educate them about what you're doing and why

Engage with posts and admins on social media.
- Build your following by sharing posts from other groups, commenting on posts, and offering help on your page

- Use Findhelp.org to connect with other Animal Welfare orgs

Should you advertise PASS?

- It is a catch-22 because you may not be able to handle the volume of pleas for help but you need supporters to join in order to see the posts
- We recommend that you:
  - advertise on your organization's "donate now" page so that you are advertising to donors
  - Ask donors to join the page if they love filling "chip-ins" for pets in need in your shelter (make sure they know you still need their support there too)
  - Use Facebook to find people who want to support others and engage as in (b.) above.

Phase Four: Start Helping People

Practice until you get the results you need.

Wording matters. It has to be compelling.

- Often, letting the owner post themselves is more effective than posting for them.

Use photos that tell the story

- Children hugging the pet.
- Pet with an injury.
- Graphic photos are okay with warning labels.

What Does Success Look Like?

If successfully implemented, the PASS program will:

- Fund all of its needs through urgent crowdsourcing
- Have a high percentage of animals who are kept with their owners rather than turned into the shelter
- Target the animals really in need rather than be a free for all

- 100% safe post/comment space- all negative or judgemental commenters are censored and removed if needed
- Develop a robust following to ensure constant help

What is the Downside?

- It's important that the staff and volunteers are equipped with self-care support, case management education, and training and understand clearly the difference between help and becoming emotionally involved. This is an emotionally taxing and difficult job that operates on fast deadlines in life-and-death matters.
- There is a steep learning curve for volunteers and staff so it is important that workers are selected carefully for long-term commitment.
- Recruiting of page followers is a constant process to ensure that there is always a large enough pool for donations.
- This may require a rethinking of how your organization views pet owners, especially those who cannot afford medical care. The entire staff should probably be coached through that mental shift away from judgment and towards support.
- There can be a natural competition with the shelter's fundraising to support the in-shelter animals so work out how to prevent solicitation of organization donors in advance.
- If advertised too broadly, the request for help can be too big to handle and may encourage people who can afford veterinary care to use the page.

PASS Type Programs in Shelters

- Humane Rescue Alliance – HOPE Program
- San Diego Humane
- Indianapolis Animal Care Services – CARES Program
- KC Pet Project – Keep 'Em Together, KC Program

Collaborating with Local Veterinary Hospitals

Most communities have veterinarians who serve the public, even if a shelter doesn't have veterinary staff. Since one of the primary drivers of relinquishment of owned animals is the health of the animal, working with existing practices can be the lowest-hanging fruit without the expense of running your own public-facing clinic or managing a crowdsourcing page. Helping veterinarians understand the gap in access to care, the

techniques around Incremental Care, and the ways they can offer financing to owners who can pay but maybe not right now and who don't qualify for Care Credit can bring your community together to help more people and animals.

Outreach
Use this letter and this insert to reach out to veterinarians in your community!

Payment Resources for Private Veterinarians

- AVMF Veterinary Care Charitable Fund Information
- Veterinary Care Foundation
- Increasing Access to Veterinary Care Ideas

_____

In-Shelter Care Program Implementation

What is In-Shelter Care?

In-Shelter Care is a shelter-based medical program to prevent relinquishment due to urgent medical needs when the shelter can legally provide medical care to owned animals and the owner/caretaker is unable to access that care. The shelter can intervene by providing cost-effective, resource-efficient interventional medical care directly to the pet therefore, removing the need to surrender the animal for services. In-Shelter Care is meant to be for "one and done" scenarios, not chronic management.

What is the hypothesis?

In-Shelter Care serves as a safety net within the community to save lives, reduce animal relinquishment, keep overall shelter care costs down, and support the human-animal bond in communities.

What are the defining elements and assumptions of the In-Shelter Care Model?

- There is a veterinarian & support staff working in the shelter to provide veterinary care.
- Animals served in this program are at immediate risk of euthanasia or relinquishment due to a medical concern.

- Ideally, the shelter is legally able to provide care to owned animals so that the human-animal bond is maintained. However, when that is not reasonable or legal, organizations may resort to having the animal surrendered to the shelter for care, and then return animals to the client.
- The scope of medical care is interventional or urgent rather than comprehensive and recurring.
- There are adequate supplies and facilities to provide humane and legal medical care. Funding for the program is not separate from the shelter's medical budget (if the animal was surrendered this care would need to occur in-house anyway). The benefits of the program come from reallocation of existing medical care dollars.
- At least initially, the program is not advertised widely. A recommended approach is to start by recruiting clients and patients through referring agencies such as veterinarians, human social service organizations, community triage hotlines, humane officers in the field, or other partners engaged in family-centered services. In addition, clients may present with animals requiring programmatic support at admission.
- The program provides family-centered care, focusing on maintaining the human-animal bond, reducing barriers to care and providing collaborative care as opposed to paternalistic care.
- The shelter in this model functions more as a community resource center rather than a destination for relinquishing animals.

What is the In-Shelter Care program trying to solve?

- Increased access to care in underserved communities
- Improved quality of life for animals whose owners cannot access affordable veterinary care
- Unnecessary intake of animals to shelter for medical care and rehoming, which can result in a prolonged stay in the shelter system and compromised welfare
- Unnecessary separation of pets from families due to a medical need they cannot afford
    - 85% of dog owners and 75% of cat owners consider their pets "[family members](#)"

How is this accomplished?

- Providing interventional care to animals and returning them to environments where they are already supported

- Enabling shelters to not exceed their capacity for care by providing an alternative to intake and holding
  - keeps daily inventory in shelters lower
  - reduces resources used in other parts of the shelter system by reducing intake
  - shortens length of stay for these animals in the shelter by providing them with a humane outcome already identified at entry
  - provides better post-treatment care in an in-home scenario
- Transforming the shelter into a resource center rather than a rehoming center

How do we start such a program?

First phase: planning

- ❏ Identify a point person in your organization to lead this effort; ideally they will also act as the medical case manager to provide triage and liaise between the medical team and the client. Supporting doc: case manager job description
- ❏ Allocate a start-up budget; although the goal is that programs be budget neutral by shifting costs from standard shelter care to shorter term interventional care. It is likely that for the first 12-18 months, this program will need added funds for staff support and additional materials, but these may be offset by client contributions, payment plans, reallocation of staff, and efficient use of specialized volunteers.
- ❏ Create a staffing plan for the program and delegate responsibilities for start-up and long-term activities. Supporting document: job descriptions and training materials (case manager, medical triage, admin support, veterinarian)
- ❏ Consider developing an appointment-based structure for the program. For example, allow for management/intake of these cases on specific days of the week when supporting staff has been delegated to work on this program.
- ❏ Create a decision-making flow chart for cases. Supporting document: Flow chart for case management
- ❏ Decide on financing plan for client contributions: at point of service only, in-house financing or third party billing system. Create necessary payment agreement documents and a system.
  - ❏ Unless the shelter is set up to continue to collect on payment plans easily, low-cost third party platforms such as Vet Billing can be helpful.
  - ❏ Consider fully subsidizing clients such as the unemployed, seniors on social security, disabled individuals, and people experiencing homelessness

- ❏ Supporting document: [Financial systems](#)
- ❏ Review the document library provided with this document for sample SOPs and forms related to operating such a program. Supporting documents: [Incremental care SOPs](#)
- ❏ Create some starter incremental care protocols for common conditions you expect to qualify for this program.·Don't reinvent the wheel - adapt others' protocols for your operations. These are most likely to be useful and relevant to you if developed by similar organizations in your area or a comparable location.
  - ❏ Keep them simple. They are a how-to list, not a literature review.
  - ❏ Use direct speech.
  - ❏ Use a consistent, accessible format
  - ❏ Ensure that staff are educated on key protocols and know how to find others.
- ❏ Create standard forms for medical services intake, in-shelter care, and discharge so that these processes are stream-lined as much as possible. Supporting documents:
  - ❏ [Intake form & waivers and consent for treatment](#)
  - ❏ Basic discharge information, including templates for post-clinic care for most commonly seen conditions.
    - ❏ [Veterinary Partner](#) is a vet-reviewed library of client education documents that is very useful for providing clients with medical information
- ❏ Define and document the scope of medical and surgical cases the program can offer. This may change over time. Supporting document: an [example table](#) of conditions commonly seen in community clinics that are conducive to interventional or incremental care.
  - ❏ Consider if the program can support patients with chronic conditions (i.e. endocrine disease, heart disease, etc) that have already been worked up & diagnosed and all that remains is providing medications at cost that clients might not otherwise be able to afford.
  - ❏ [Needs assessment](#) -- Consider performing a needs assessment prior to implementation of an In-Shelter care program. In this assessment, analyze owner surrender data around medical relinquishment to determine which at-risk populations to focus on first. If shelter determines that they do not have adequate intake data related to medical relinquishment, a plan to collect meaningful and actionable data should be devised and implemented.

- ❏ [Chart or algorithm of Triage/scope of care/ treatment](#) document including emergency/urgent needs (this may include what can NOT be addressed by this program)
- ❏ [Guidelines on incremental care techniques from U of TN's Program for Pet Health Equity](#), including [Incremental Care Veterinary Guide](#) and [Decision Tree](#)

❏ Create a system for post-clinic emergency care access in the event that it is needed. Ideally, scope of care cases should not require this level of care, but there must be at least a process by which cases can be triaged and access emergency care in the event it is needed. Supporting document: [Post-service care](#)

- ❏ This can include in-shelter services, or referral and financial support at another facility in collaboration with the shelter.
- ❏ It's essential to provide access to urgent and emergency care or at the very least inform the client of the location of nearby clinics. Ideally, a pre-existing relationship between the shelter clinic and the emergency clinic will better enable communication and manage financial challenges.
- ❏ Set up a Memorandum of Understanding (MOUs) with local veterinary care providers, particularly emergency facilities. Providers should be clear on what they will and won't be compensated for, and what you do and don't want them to do. Typically they will be asked to stabilize patients pending transfer to your facility or a designated clinic, and hold off on any diagnostics and treatments that can safely be delayed.
- ❏ Always teach clients how to provide basic post-procedural care at home.

❏ Facilitate communication with other members of the patient's healthcare team.

- ❏ If the client has a primary veterinarian, ask the client to update their veterinarian to ensure that their records are complete and smooth transfer of care back and forth is achieved.

❏ Provide staff education on the new program. Supporting documents:

- ❏ [Core values and staff expectations](#)
- ❏ [Talking points](#) to educate staff and volunteers on the program, as well as talking points on the program for staff and volunteers who interact with the public and veterinary community

❏ Create a [template letter](#) to distribute to local practitioners regarding the scope of the program, including both the status of cases you are taking on referral (ie pets at risk of relinquishment to the shelter) and the scope of services you can offer.

- ❏ Reach out to your local/state VMA to gain support for your program to hopefully decrease tension with local practitioners.

❏ Create a system for dispensing pharmaceuticals that meets state regulations.
  ❏ Label medications: [Sample protocol and label information](#)
  ❏ Ensure proper use of [abbreviations in prescriptions](#)
  ❏ Use appropriate childproof containers
  ❏ Follow all controlled substance regulations
  ❏ Are donated drugs or expired drugs legal? Follow state regulations around this issue.
❏ Create or refine your current medical records system to support the external facing program.
  ❏ Should meet standards required of medical records for owned animals. The major elements of medical records should include:
    ● primary care practitioner's contact information
    ● owner information
    ● animal identification
    ● chief complaint
    ● physical exam
    ● treatment
    ● vaccination history
    ● history
    ● prognosis
    ● diagnosis or tentative diagnosis
    ● chronological order of medical and surgical events
    ● various reports (laboratory, radiology, cardiology, etc.)
  ❏ Complete records should be provided to clients and, ideally, should be sent to the client's primary care practitioner.
  ❏ Electronic medical records are preferred.
❏ Evaluate your current data collection system for tracking intake, outcome and other shelter metrics.
  ❏ Will your current process work to track points of care and impact of this new program?
  ❏ This system should at minimum be able to capture monthly numbers of patients treated by this program (and kept with their owners) and the monetary value of these services. Remember to account for costs and resources saved by preventing animals from entering the shelter.
❏ Review relevant laws and regulations in your state, including the [VCPR](#) and the Veterinary Practice Act for your state.

Second phase: implementing & refining the program

❏ Choose a start date for a stepwise implementation of the program.
❏ Develop a more extensive library of client education resources and discharge instructions, including videos and bilingual resources when possible.
   ❏ [Veterinary Partner](#) is a good starting point for medical discharge information. These pages have a translation feature, but these are automated translations.
❏ Must include access to services for emergency post- surgery or treatment
   ❏ Utilize pro-active local collaborations and financial support for clients to access emergency care through local clinics when necessary
   ❏ Although not currently available, there is discussion of creating interstate or intrastate collaborations to enable this access through a telehealth triage system.
❏ Refine your algorithm for entry of a client/patient into the program, both in terms of admission policies and your scope of care.
   ❏ Admission examples: open admission, at the point of shelter relinquishment, referral from practice or rescue group, referral from social service organization or animal control, or other.
❏ Start a running SOP checklist/template for what the program needs to be successful so these can continue to be developed over time or recruited from materials available from other programs or resource libraries.

Third phase: tracking success and challenges

❏ Create your shelter's data/metrics template
   ❏ Intake type/subtype : clinic in, service in, or surrender for care
   ❏ Outcome type/subtype: clinic out, service out, or return to owner
      ❏ There can be nuance in states that require pets to be relinquished for care by the shelter. Options include adopting animals back to the owner, or creating a sub-type of RTO.
      ❏ Review whether there are legal restrictions on the shelter providing care for owned animals. Ideally, animals are not surrendered to the shelter in this type of program.
   ❏ Service type:
      ❏ Medical conditions
      ❏ Surgical conditions
      ❏ Dentistry

❏ Quantitative data:
  ❏ Number of appointments
  ❏ Number of new clients
  ❏ Number of surgeries
  ❏ Number of dentals
  ❏ Number of lives saved from euthanasia
  ❏ Number of animals saved from relinquishment
  ❏ Number of euthanasias performed
  ❏ Cost value of in services provided
❏ Qualitative stories of success or challenges met
  ❏ Consider developing a shared document among staff to collect and compile stories and photos that your marketing team can use for social media, reports and grant reporting
❏ Data on any educational component (vet students, techs, apprentices)

What does success look like?

- When successfully implemented, the shelter will have a clear, streamlined approach to providing medical services, within a defined scope of care, to owned animals at risk of relinquishment.
- Staff will have consistent messaging, lines of communication, and documentation of these services.
- Program staff meet regularly to discuss and address successes and challenges. Program staff meet with shelter leadership, marketing, finance and development teams at least quarterly.
- Services will meet all legal and regulatory requirements.
- The program will fit within the daily work of the medical team and not require excessive commitments outside of standard work expectations for the organization.
- The program is financially sustainable over time.
- Owner surrender shelter intake due to medical cases will decrease over time.
- The shelter is able to meet the need within your community without having to turn clients who qualify away.

What's the downside and how do we account for it?

- In-Shelter Care can be time consuming & labor intensive without solid communication SOPs.

- Anticipating staffing and facilities the program will need to be successful is important to prevent inadvertently under-serving the client and patient.
- The shelter will also need to be very explicit when communicating to the owner what the shelter has the resources to provide and what limitations there are with the particular case. A call system with clear talking points, algorithms, and options to manage these requests can help this challenge.
- Accordingly, alternative clinics or resources should be kept at-hand to share with an owner in the case of a pet emergency or if a pet needs complex or chronic care management.
  - Sometimes the shelter will need to say no if the service can not be done humanely or within the shelter's allocated resources.
  - Having a fund that helps to pay for services at local veterinary clinics may be a better alternative for some cases.
    - Having an MOU with one or two local veterinary clinics that outlines agreed upon costs of care is ideal.
- Intimately working with the community through this program can be emotionally and physically challenging. Providing social work training and/or onboarding a social worker, particularly someone with veterinary social work can help support the staff and the program. Another option is to have a medical staff member complete a certificate program in Veterinary Human Support.

FAQS

How do we account for the additional services in our staffing and capacity of our medical program?

Focus on whether the new program can be implemented with current staffing levels or if additional staffing is needed. In theory, many of the initial cases your shelter supports would be potential surrenders to the shelter (i.e. cases your shelter were already likely to have to handle), so workload or caseload should not increase and re-allocation of staffing should suffice. Initial re-allocation of staffing should include the designation of a point person (medical case manager). As the program grows and the community learns of the program, you may need additional staffing. For example, you may need to eventually designate staff to shelter pet services or public pet services.

How do we provide quality, cost-effective medical care?

Use incremental care techniques when treating animals. For example, use a tiered diagnostic and treatment approach over time. Non-critical procedures are avoided and diagnostics are limited to those that could provide results that will change how the case is handled. Strong communication with clients and the ability to adjust a patient's treatment plan are needed.

How do we make the program sustainable?

Start small and simple with what you have, and grow the program over time. Document effective protocols and practices as you go, so they can be replicated for the next case. Develop a record keeping system for the program to track touch points and to slowly better understand what services your community is most in need of. Utilize staff where they are most essential, prioritizing veterinary staff to veterinary care and communications and management staff to client and community relations. Over time, consider additional ways to make the program financially sustainable. For instance, grow your financial model by updating sliding scales for emergency surgeries or, if legally allowed, by providing service to non-qualifying clients who are willing to pay higher fees.

Won't everyone just start bringing their pet to the shelter for treatment because they will find out that the shelter will treat animals at low cost or free'?

In general, this is why we recommend that in-shelter care programs start on a referral basis only; e.g. the client is referred by a veterinary practice or social service agency, or at the point of surrender to the shelter. While the ultimate goal of the program may be to allow access for any pets and people that have need, care should be taken in the early stages to avoid exceeding the program's capacity. This can be achieved through limited acceptance of referrals and/or triage by the case manager based on an assessment of need and on current veterinary team bandwidth.

Aren't we losing potential adoption fees?

Although adoption fees are a source of revenue, they are rarely substantial once the cost of shelter care is factored in, especially if placement is delayed by medical care or other issues. In-shelter medical programs can also be a source of revenue by collecting some degree of client contribution, reducing the costs of sheltering the animal to the point of rehoming. They may also serve as an attractive grant or donor program.

Many outreach programs require spay neuter as a requirement for assistance. Should spay or neuter be required for animals served by the program?

This depends on the ease of providing spay/neuter in your facility. In some communities, low-cost spay neuter is available through organizations other than the shelter. Spay/neuter status should not be a barrier to accessing in-shelter interventional care; however, the shelter may want to provide these services once the condition has resolved.

Won't this program cost the shelter more money?

There may be initial additional costs in establishing the program. Ultimately, the intention is to be budget neutral, and in the end the program should reduce the shelter's expenses associated with animal care by reducing treated pets' length of stay in the shelter and daily shelter census, as those pets are cared for by their owners or members of the community.

What are the legal issues we need to consider in starting this program?

Regulations regarding veterinary practice differ widely from state to state, and so investigating your state requirements is essential. A guide to VCPR regulations by state is available [here](#). It is important to be clear on who owns the animals and makes decisions regarding its care throughout all stages of the intervention. In some places, regulations determine the scope of care that can be provided by nonprofits to owned animals. In some jurisdictions, relinquishment may still be required if the shelter is not legally allowed to provide care for publicly-owned pets. In all cases, the intended outcome for the pet will be adoption back to their owner (or a designated return-to-owner subtype outcome).

If we are interested in changing legal requirements in our state regarding issues around animal care and welfare, where do we start?

This can be a serious rate-limiting step. In some states or jurisdictions, the only way to provide medical care to an animal is to have it surrendered to the shelter or to pay for services through a veterinary clinic. However, the HASS legal working group is a great resource for exploring how your organization might begin to make headway in providing medical services to owned animals at risk of relinquishment. [Contact HASS](#) to learn more about creating change in your state.

Creating an External-Facing Medical Facility From Scratch

What is Starting a Facility from Scratch?

This refers to creating a new facility to provide veterinary care that is not physically part of the shelter or a partner facility. The facility may be linked to a shelter or completely stand-alone.

Where to Begin

Setting Goals
When considering a project of this nature, it's very important to have a clear idea of goals and what success will look like. It's essential to assess unmet needs in the community, before embarking on a new project. Then set goals, based on the needs and what services you are best able to provide. Avoid duplication of effort and cost, and avoid competition for the same donor dollars.

Community Assessment

What does the community need and want?	A core principle is "nothing about us, without us". Historically, many assistance projects have been chosen and implemented without community consultation and engagement. This is an outdated and sometimes harmful approach.
Where are the needs greatest?	Economic and geographic factors are the greatest barriers to accessible veterinary care. Access maps of your community or region to determine which areas are most in need. Veterinary practices can be mapped to identify "veterinary deserts". (Here's how.)
What needs are already being met?	Identify existing resources in the area of interest, such as boarding, food banks, groomers, veterinary clinics, pet stores, dog training, human social services and funding opportunities.
Where are these services being provided?	It's really helpful to map existing services.
Are there opportunities for partnerships and collaboration?	For example, can you work with or near complementary services such as grooming and pet supplies?

An example of a Community Assessment document can be found here.

Missing Services
What services are lacking in the community of interest?

- Preventive "wellness" care?
- Spay/neuter facility?
- Full-service veterinary care?
- Low cost/subsidized care?
- Urgent/emergency care?

Service Delivery

Important considerations are:

- Frequency of services
- Physical structure - "pop-up" or MASH style clinics in parks, tents, church halls or permanent fixed clinic
- Existing or new facility
- Funding model
- Barriers to care - these should be considered when deciding how to deliver services:
  - Income/economics
  - Transport
  - Language
  - Location
  - Culture/belief
  - Education

Who Will Access Services?

The goal of community-based veterinary care is to remove barriers to care and allow people to access services with dignity and agency.

A question that must be considered at the outset is whether or not to screen for financial need. Needs-based services are common, but this may not be the best model.

	Pros	Cons
Needs-based model	- Restricts service to those who need it most - Limits client base - Seems "fairer" to staff, funders, local veterinary clinics	- Can negatively impact dignity and agency - Can be administratively onerous - How to manage situations where need is stated but no proof is available?
Open-to-all model	- Open, accessible model - More welcoming, less	Case load could be overwhelming

	implicit judgment	• Could serve those less in
	• Inclusive of those in the middle who don't qualify but can't afford typical private care	need to the detriment of those with greater need
	• Sliding fee scale can help to generate income	• Pushback from the veterinary industry; perception of competition
	• Less administrative burden	

You will also need to address philosophical questions beforehand, such as whether the clinic has a requirement that clients spay/ neuter their pets, or how to manage clients who refuse vaccination at the time of spay/neuter surgery.

> A model that focuses on education and partnership rather than prescription and judgment is preferable.

What Services to Offer (and Not Offer)

Community veterinary care programs struggle with the scope of service offerings. Some choose a "wide and shallow" approach (vaccination, microchips) while others choose "narrow and deep" (for example, fundraising for orthopedic surgeries). This decision will be very different for different organizations, but it's important to be clear at the outset what services will be offered.

Constant ad hoc decision-making on a case-by-case basis is inefficient, confusing, inconsistent and fraught with moral and ethical dilemmas. This is particularly problematic when dealing with frequent events. A clear, well-communicated set of service offerings will prevent confusion and disappointment among clients and decision burn-out among staff. Of course, every system must have the flexibility to deal with outliers.

A written list, defining scope of care available in the program, is highly recommended. Decision trees can be useful and efficient supplements to such lists. This is an example of an algorithm for decision-making.

Consider Building the Services in Stages

The facility could start at a level that requires the least resources and staffing, and build to a full-service model, if desired and as resources allow.

Many other parts of this guide also split up facility requirements, equipment and so on into stages, to allow organizations to build in a modular way.

	Includes	Pros	Cons
Telehealth/ telemedicine	• Phone/video consults • +/- dispense medication if allowed	• Inexpensive • Non-veterinarians can manage some calls • Time-efficient	• Technical barriers on client side • Regulatory restrictions in some jurisdictions • Limited to hands-off services
Preventative care: Vaccination, microchips	• Wellness checks • Client education • Vaccines, microchips • +/- parasite control	• Protects large numbers of animals • Inexpensive service provision • Low cost to clients • Public health benefits (rabies)	• None (other than not a full service model)
Preventative care (including vaccination and microchips) with heartworm testing/preven-tion	• Above plus heartworm testing and preventives	• Protects large numbers of animals • Inexpensive service provision • Low cost to clients • Public health benefits (rabies) • More complete medicine	• Few (other than not a full service model) • Heartworm testing can require more staff and can be challenging in a park or outdoor setting • What to do with positives?
Spay/neuter	• Pre-surgical counselling • Pre-surgical exams • Surgery • Follow-up care	• Population control - reduces shelter intake • Keeps animals in their homes • Welfare and longevity benefits to animals • Highly efficient models readily available (ASPCA/Humane Alliance)	• Expensive to set up • Staffing costs relatively high • Higher risks • Access to emergency care needs to be arranged in advance
Basic sick care	• Diagnostics • Medication • Client education	• Meets an unmet welfare need • Meets an unmet client need	• Difficult to decide what to treat and not treat • Need to decide whether to treat

			one-offs only or chronic care; this can be an artificial and alienating decision for the clients • Potentially expensive to set up, depending on offerings and regulations
Owner-requested euthanasia	• Counseling • Euthanasia procedures • Handling of remains	• Meets an unmet welfare need • Low-cost option for clients • Offers staff an opportunity to truly support and comfort	• Requires controlled substances • Requires policy framework • Privacy requirements if owner is present • Emotionally draining for staff
Extended sick care	• Diagnostics • Medication • Client education • Follow-up care	• Meets an unmet welfare need • Meets an unmet client need	• Higher costs • Higher staffing requirements and expenses; requires advanced equipment (e.g. X-ray machine)
Advanced surgery	• Surgeries beyond routine spay/neuter • +/- dental extractions	• Meets an unmet welfare need • Meets an unmet client need	• Higher skill level needed; more advanced equipment needed (e.g. ortho pack, suction, cautery) • More resources needed for post-operative care and follow-up
Urgent or emergency care	• Provision or arrangement for this level of care • Provision or arrangement for after-hours care	• Meets an unmet welfare need • Meets an unmet client need • Short-term intervention not requiring ongoing management; high impact for individual	• Cost per case can be very high • Higher costs in general • Higher staffing requirements and expenses • Additional facility requirements for

		animal and family • Fundraising might be easier for high-profile cases	isolation/ICU

Budget, Buy-In, and Business Planning

Things to Consider When Creating a Budget

Revenue sources:

First to consider when creating a budget is your revenue sources and whether you need to have profit as a part of your model. In the case of a veterinary hospital you can get revenue through the number of pets you see and what a client pays you per pet. If you are going to provide subsidized care then you need to consider where that subsidy is going to come from. Potential options are from your paying clients, credit sources, major gifts, grants, and programs like access to care.

Cost considerations:

Second to consider when creating a budget is costs. You have recurring costs and fixed costs. Your recurring costs, fixed costs and profit (or loss) need to add up to your revenue or money coming in. It is a general practice to talk about your costs and profit as a percent of revenue. Recurring costs are those costs that will continue to occur as you do business and are proportional to the amount of business you do. The two biggest recurring costs in a veterinary hospital is labor or your people and the animal supplies or the supplies you will use to see clients and pets. Labor generally should account for roughly 50-60% of your revenue. This will vary based on your area, your pricing structure and your efficiency. Animal supplies (also called cost of goods) should be roughly 20-25% of your revenue. Fixed costs are those costs that are the same month in and month out regardless of how much business you do. Typical fixed costs are rent and utilities. Fixed costs usually are 10-15% of revenue.

Examples:
1. Labor (60%)+Animal Supplies (25%)+Fixed (15%) = 100%
2. Labor (50%)+Animal Supplies (20%)+Fixed (15%) + Profit (15%) = 100%

In example number 2 - if we see 20 patients per day for 5 days at an average transaction of $85 dollars (this assumes lower cost or some subsidy) that would = $8500 in revenue for the week. To make 15% profit I can only spend $1700 on animal supplies and can only pay my DVM $2125 (salary, benefits and payroll tax) and the support staff and manager $2125 (salary, benefits and

payroll expense); fixed expense (rent and utilities and any admin expense) can only be $1275 per week. This formula would leave $1275 profit per week. If you increase your average transaction with services that don't require additional animal supplies you can increase your profit and lower your percent costs. If you add patients to increase your revenue - it will increase the animal supply costs and you may need more labor to do that which would not necessarily add to your profit.

Cost Controls:

Labor: once you have committed to your staff, the only cost you can control daily/weekly is overtime. A few strategies for controlling overtime are scheduling less than 40 hours, having part time associates that can flex up as needed, have your schedule week begin on your busiest day and end on your slowest day, and manage manage, manage.

Animal supplies is where many veterinary practices can lose their margin or get into trouble. A few strategies for controlling animals supplies are have a limited formulary so that staff can only order certain items (and they are items you are getting the best price on), give your staff a budget for animal supplies based on your revenue projections, order in bulk (be careful with this one because you can have more waste and expired product which will quickly offset any savings).

One area to note is whether you should use a distributor (like MWI or Covetrus). Using a distributor can add 2-3% onto your animal supplies, but can save you time in ordering, allow you to track spending more easily and potentially allow you to easily add formulary and approval restrictions which will end up saving you more than 2-3%.

A designated staff/board member should be assigned to oversee budget operations and act as a point of contact for all contracts. For greatest cost control and accurate record keeping, all purchases should either be made directly by this individual, or require the approval of the designee.

It is recommended that all requests for procurement, regardless of amount, which are not already funded under an existing contract, be submitted in writing or via email to the designated staff member. Purchase requests should include a description of the purchase, justification of the purchase, cost, and vendor information.

If the organization receives federal funding or grants, a formalized written procurement policy is required. It is best practice to have a written procurement policy whether or not federal funding is sought.

Sample procurement policies

Leadership Buy-In

No significant initiative can occur without buy-in and active support from the shelter's Board and/or leadership. Questions to ask:

- Is the project aligned with the mission and strategic plan?
  - Define the purpose of the project, create short term and long term goals that align with the organization's strategic plan.
- What is the broad strategic direction and scope of the project?
  - Incorporate metrics and a dashboard to track effectiveness of the project and to support grant funding and support.
- What is the financial commitment or potential? This will determine the type of budget and fundraising strategy
  - Initial cost could be minimal without a brick and mortar facility or very high if building out a facility.
- Creating the "why" story to share with the board
  - Introduce the conversations around systemic poverty, resource deserts and lack of access to resources in underserved communities.
  - Link access to human health care to animal health and welfare.
  - Looking at the human and animal as one family unit and addressing them as a whole.
  - Give examples of success stories.

Business Plan

A good business plan is essential to:

- Define the purpose
- Ensure the financial and logistical nuts and bolts have been thought through
- Convince funders that you are ready and have a viable plan
- Ensure that a sustainable model is in place
- Define timelines
- Create measurable and realistic goals

Business Plan Examples and Job Aids:

- [Budgeting for Your Clinic](#)
- [Building and Equipment Resource Guide](#)
- [Community Assessment](#)
- [Clinic Equipment List](#)
- [Veterinary Standards of Care](#)
- [Marketing Plan](#)

Executive Summary

The executive summary is no more than one page long and appears at the beginning of the business plan. You will use this document to share with leadership, board, and stakeholders. It must be brief but should include enough information that readers can determine the scope of the project.

- Opening paragraph should contain the summary of the project or business - start strong and capture the reader's attention. You want them to read on, so this is your moment - make it count!
- Next is what sets you apart from others in the community
- Then how will you market your ideas
- Then how will you operate the business/project - high level. For example: we will have 1 DVM, 2 technicians, 1 receptionist and a manager; we will be open 5 days a week
- Next you should outline your business projections. You should show revenue and cost projections, as well as an estimated break even point
- The money you will need - this is the start-up money you will need for the project

[A Guide To Writing An Effective Executive Summary](#)

Partnerships/Referral Relationships

The whole is greater than the sum of its parts. If organizations try to work alone, they risk using significant resources and not achieving the desired impact. It's important to think outside of the animal industry and form relationships in other sectors as well, using a [One Health framework](#).

Depending on the facility structure, staffing and service offerings, a relationship with one or more local veterinarians may be legally mandated, or essential to functioning.

Partnerships require stewardship over time and some evolve over months or years. Key is to keep pursuing and develop at least one key contact with a back-up.
One size does not fit all. Allowing for a little flexibility in contracts, policies will go a long way.

Sample letter: [HASS Veterinarian Partnership Invitation Letter](#)

Types of Organizations to Approach
- Veterinary - local clinics and hospitals, referral centres, veterinary schools, technician colleges, VMAs
- Humane animal sector - other humane societies or Animal Controls, rescue groups

- Human needs sector - food banks, community groups, seniors' centres, homeless shelters, veterans' organizations, places of worship, transport services, health services
- Retail - pet supply stores, groomers, boarding/training facilities
- City and county groups - city council, mayor, legislative leaders, local resource centers

Marketing and Communication

Information provided below is for operating on a "shoe-string" budget. Some of the information below is more pertinent to organizations attached to an existing shelter and some is geared toward stand-alones, or external-facing facilities that would like to have their own branding, separate from that of the shelter.

All marketing and communications need to address possible language barriers - press releases, social media posts, flyers, handouts etc. should be appropriately translated based on the demographics of the area - check census data for languages spoken to consider additional translations).

A Branding Style Guide would give guidance on language, logos for different media, terminology, topics to avoid, approved images and so on. It provides the framework from which all social media and website can work, so that there is continuity.

Website
Websites add credibility, and basic websites can be set up using a variety of different tools to get a page up and running in less than an hour (provided content is already written), without hiring a professional. This is likely going to be the best starting place for new organizations (unless they have funding to spare). Websites must be mobile-friendly.

Content Needed on the Website

The website must clearly inform people who/what you are, where you are, and what you do.

Mission - whether a generic mission statement or a more thorough explanation of purpose, this should be no more than a short paragraph.

Contact information - electronic communication is becoming preferable to phone calls. Use a dedicated email address (info@clinicname) that is regularly monitored. If combining with existing shelter website, use clear, easy to remember emails such as "Veterinary@shelteraddress" or "clinic@shelteraddress".

Breakdown of services offered. Prices of services- include what payment plans are available, if any.

Questions to consider:
- As a facility from scratch, what is the relationship to the existing shelter/rescue? Does the new facility need a standalone website, or can it be included as part of the existing website?
- If it can be included as part of the existing website, a base audience is already in existence as well as website design and domain name.
- Example: San Francisco SPCA created a [veterinary hospital outside of the shelter](). This started with [mobile vaccine clinics]() (still in operation).

Website Nuts and Bolts

Name and Logo

Basic Website needs:
- Domain Name - should be easy to remember, easy to spell, and be short. The .com extension is the easiest for people to remember. Cost of domain name is $14/year and website hosting runs on average, $200-$300/year. There are additional costs for things such as email addresses using the domain name.
- Minimum pages: Landing/Homepage, Contact Us page, Services Page
- Design:
    - Affordable website builders: Wix, Google Website Builder, Squarespace, Homestead
    - Additional features have costs but frequently include the domain name and email addresses as well as SEO and removal of ads
    - Freelance web designers - if there is money in the budget, a professionally designed website adds customization and a more polished look. Consider college students, volunteers, or those just starting out in the business for lower-cost options.

Social Media

Regardless of the relationship, a separate Twitter handle is worth considering, that focuses solely on the veterinary topic.

Depending on staff/volunteer levels, separate social media handles may be advisable, particularly for more extensive, ongoing services.

Social media handles are best if they can be the same across all platforms. Instructions on continuously hashtagging and adding in relevant handles are important.

Staff and volunteer personal account social media guidelines are helpful, avoid mixed messaging and protect those individuals and the organization from potential consequences of inappropriate communications.

Facebook

It is possible to avoid the website portion altogether with use of well-done social media pages. If the website part of the budget is a concern (or you would prefer to address it at a later time), the online presence can exist using a Facebook page (many rescues and small businesses rely solely on Facebook pages).

- Pros: Costs nothing and is required for an online presence regardless of website. Now offering appointment scheduling.
- Cons: Some people will be concerned about the legitimacy or quality of services offered if there is no accompanying website. Limited functionality and information.

Instagram

People will follow an account that posts cute animals. Consider including a photo release for clients' pets.

Research has shown that, though connected, Instagram and Facebook posts have higher engagement if not shared between platforms. This does require more content creation.

Twitter

It's generally recommended that businesses tweet 6+ times a day. Content does not need to be original. Tweets should be a mix between retweeting and original content.

Social media accounts can easily be run by volunteers. These volunteers should be screened for their ability to type without spelling and/or grammatical mistakes, as well as their ability to filter accurate information when sharing posts from other accounts.

Minimum recommended postings for social media accounts

Twitter: 6 per day
Facebook: 1-2 per day
Instagram: 1-2 per day

Social Media Rules

If the new facility is related to a government-run, municipal shelter, there will be more restrictions on social media content than a rescue group or private shelter. For example, government-run shelters in many jurisdictions cannot solicit for donations unless through a third party non-profit partner.

Developing guidelines for running social media accounts and creating content will help with quality control. Volunteers or staff running social media accounts should understand how to deal with "trolls" as well as negative feedback.

More Advanced Tactics
- Expanding social media presence: Research area "influencers". These people do not need to have millions of followers. Start small with someone who has an active account with perhaps 1,000 followers.
- Blogging: Consider authority blogging vs creating a new blog.

Collateral

Handouts: Vaccine/educational resource handouts- these handouts are already in existence, no need to create new ones.

Flyers/Brochures for distribution: Door to door and with partnering groups. Provide copies for Animal Services Officers to keep with them on the road. Reach out to area adoption agencies to include the information in their adoption packets.

Flyers/Brochures need to contain: Contact information, location, hours, services offered (may be abbreviated for space) and any qualifying restrictions (income etc.), as well as social media handles.

Printed material: Recommend printing in bulk, especially for brochures/info cards (anything with lots of color/not standard size paper).

Continuity: When printing in bulk, avoid including information that will quickly go out of date, unless specific to a time period, such as an event. Only include general use emails or phone lines that will remain with the facility despite changing staff. All print items should be saved separately in an editable format to make changes easier in the future.

Marketing Tips
- Offer a free service along with the paid service (for example, free wellness exam with rabies vaccine, or free microchip with rabies vaccine), even if only for limited time, to help grow the customer base.
- Consider a discount voucher for the next visit if they refer a friend, or "swag" (such as poop bag holders) for a social media follow.

Resources:

- [Messaging Guidelines Worksheet](#)
- [Fundraising Presentation Notes](#)

Legal Requirements

Every State or Province has different veterinary practice laws and it's essential to be in compliance with these. Rules and regulations may vary depending on the legal structure of your organization.

States may also have veterinary practice guidelines for not for profits who provide veterinary services. An example is [here](#).

For US shelters that are unable to open a clinic as part of their existing 501c3, here is information on [how to start a 501c3 clinic](#).

Speak to medical directors of other organizations doing similar work, to find more information - and learn about legal and regulatory aspects you might not have thought of.

Insurance, licensing and permits you need might include:

- Malpractice insurance
- Accident insurance
- Veterinarians and LVTs must have licenses and accreditation in good standing
- Veterinarian with DEI (DEA) permit if using controlled substances
- Requirement for LVT in some States
- Business license
- Permits and certification for medical waste,
- Permits and registration of X-ray and dental X-ray equipment
- Veterinarian license +/- DEA on file with drug companies or distribution partner you will be ordering supplies from
- Building permits

Creating and maintaining good relationships with the regulatory body is a really important long-term investment. Typically, the main agency is the Veterinary Medical Association or College, but in some jurisdictions the Department of Agriculture may also be important.

You will likely need legal counsel, depending on the size and scale of the project - it is a good idea to develop a relationship early, should there be issues you encounter. Issues might include dealing

with complaints or lawsuits, building code issues or reviewing documents such as consent documents.

Resources:
[Requirements For a Valid Veterinary Client Patient Relationship (VCPR) in different States](#)

Regulatory authorities for the different States, Provinces and Territories in the US and Canada:
- [American Association of Veterinary State Boards](#)
- [State Animal Health Officials](#)
- [State Departments of Public Health](#)
- [Canadian Veterinary Regulatory Bodies](#)

Facility and Supplies

Facility
When considering the type of facility you need, it is necessary to be clear about what services you will be providing and to whom. The services you intend to provide will determine the type of facility you will need.

Things to consider when choosing a facility type:
- Budget - a brick and mortar building will have fixed and ongoing costs (utilities/maintenance/insurance) that a park won't
- Services provided and volume
  - Equipment needed and logistics/legality around moving it
- Client reach
- Transactional or relationship-driven
- Zip code-focused or general community
- Nimble or fixed
- Safety
- Staffing needs/costs to run it

Resources:

- [Advantages And Disadvantages of Facility Type By Services Provided in Your Start-up Clinic](#)
- [Sample Floor Plan For a Full Clinic](#)
- [Additional Facility Resources](#)

Equipment

This is one place where there really are no wheels to reinvent. Modify one of the lists provided, based on your specific requirements.

- [Medical Equipment List for a New Facility, Grouped by Stage or Type of Facility](#):
- [Detailed Sample Opening Order](#)
- [Equipment Lists for a Spay/Neuter Clinic](#)

Supplies

Here is a list of supplies you will need:

Vaccines and Microchips
Vaccines Microchips Fridge Syringes Clinic supplies (nail trimmers etc) Antihistamines ER box for vaccine reactions/bites/wounds

Add Heartworm Prevention
Heartworm tests FeLV/FIV tests Lab supplies Heartworm prevention Flea and tick prevention

Add Spay/Neuter
Anesthesia supplies (non-controlled meds and ER drugs/supplies) Surgery supplies (suture, instrument kits) Controlled substances Fluid therapy supplies Sedation Injectables (think ER) E-collars

Add Basic Sick Care

Eye and ear medications
Topical medication
Eye diagnostics
Antibiotics
Dewormers
Bandage material
Pheromones and vitamins
Injectables (think skin)
Dental home care
Anti-inflammatories
Other pain medications

Add Owner-Requested Euthanasia

Controlled substances
Controlled substances safe
Butterfly catheters/IV catheters
Materials for handling of remains

Add Advanced Sick Care

Ability to run blood work (in-house or reference lab)
Medications, other (heart, thyroid, etc.)
Injectables (any left)
Melarsomine
Appetite stimulants
Prescription diets

Add Advanced Surgery

Dental supplies
Lab sponges
Additional suture types
Additional instruments/equipment

Staff and Volunteers

Staffing
The number of staff (paid, relief, volunteer) is determined by your overall practice model, the type of service you are providing, your budget and how many pets you intend to impact.

Generally you can use 1 DVM, 2-3 technicians (mix of LVT and non-LVT depending on state requirements), and 1 receptionist is a good team that can handle 40 hours of work in a week. Depending on the skill set of your veterinary team and what you are providing (basic care vs advanced care) this team should be able to see 16-50 patients in a day. Vaccines only with a limited exam closer to 50 and advanced sick care closer to the 16/day.

Volunteers

Utilizing volunteers is a wonderful way to achieve more with less resources. You do have to be careful and look at labor laws in your state regarding what volunteers can do and what they may not be able to do.

Pros:
- Cost-efficient
- Often flexible and available
- Meets needs of the volunteers themselves - this type of work creates a sense of community and is immensely meaningful

Cons:
- Lack training and expertise (health and safety and OTJ training)
- Need managing and engagement (remember, they aren't getting paid and need to know they are valued and supported)
- Sometimes need flexibility around "day job"
- Not always reliable or dependable
- Not always on board with direction or mission of organization

Staffing Requirements

Exact staffing needs will vary depending on your needs and State requirements.

Vaccines and Microchips
Veterinarian - any Tech staff or volunteers Client service Volunteers to check in and restrain, draw up vaccines, patient flow

Add Heartworm Prevention
Veterinarian - any LVT

Tech staff or volunteers
Client service
Volunteers to check in and restrain, draw up vaccines, patient flow

Add Basic Sick Care

Veterinarian - any
LVT
Tech staff or volunteers
Client service
Volunteers to check in and restrain, draw up vaccines, patient flow

Add Owner-Requested Euthanasia

No additional staff vs. Basic Sick Care

Add Spay/Neuter

Veterinarian - surgery experience needed
LVT
Surgery LVT
Tech staff or volunteers
Client service
Volunteers to check in and restrain, draw up vaccines, patient flow, some recovery

Add Advanced Sick Care

Veterinarian - more experience needed
LVT
Surgery LVT
Tech staff or volunteers
Client service
Volunteers to check in and restrain, draw up vaccines, patient flow

Add Advanced Surgery

Veterinarian - experienced
LVT
Surgery LVT

> Tech staff or volunteers
> Client service
> Volunteers to check in and restrain, draw up vaccines, patient flow, some recovery

Typical Schedule

As a way to simplify staffing in a typical veterinary practice you can think about a DVM team as a unit consisting of 1 DVM, a CSR, an LVT and a non-LVT. In thinking about them as a team - it helps with making sure you have coverage for PTO or when budgeting what support staff you need. It depends on your model and what you are doing and the speed of your veterinarian to really determine staffing needs. As you grow, you might not need as many CSRs and you might need more techs per DVM - and this formula allows you to shift as needed.

Click here for some sample CSR, DVM and tech schedules.

Training

Occupational Health and Safety
All facilities must meet the minimum Occupational Safety and Health Administration (OSHA) requirements. Local requirements must also be met. The frequency of training depends on the State.

Many training resources and organizations are available:
- AVMA Safety Manual
- Patterson Veterinary Training

COVID-19
Appropriate measures must be followed, to keep staff and clients safe, and to comply with local regulations and restrictions:
- CDC Guidance for Healthcare Clinics (including Veterinary Clinics)
- Local regulations
- COVID-19 recovery toolkit for shelters

Animal Handling
Animal restraining and handling must be safe and humane for staff, volunteers, owners and animals. Appropriate training must be provided for staff and volunteers.
- Safety, animal handling courses - http://stafftraining.4act.com/
- Fear Free shelters - https://fearfreeshelters.com

Service Without Judgment

Historical models of animal-centric care, judgment and discrimination are being replaced with models that focus on both people and pets. Staff and volunteers may require additional training to equip them to communicate and function well within this model.

Types of training to consider:
- Unconscious bias training
- Client communication skills - specifically geared towards clients who may be struggling financially, dealing with homelessness or addiction, and so on
- One Health training

Client-Facing Mindset

Shelter staff are used to fulfilling all roles for the animal, and not used to working with the animals' families. External-facing staff and volunteers will need some training to help them acknowledge and respect the role of the animal's family. On a practical level, including the family as an equal partner in healthcare delivery removes a great deal of the emotional and moral burden from the shelter staff, and also reduces the physical and logistical burden.

Continuity of Care and After Hours Care

If the client has a primary veterinarian, it's important to ask the client to update their veterinarian to ensure that their records are complete and smooth transfer of care back and forth is achieved. Ensure that the documentation provided to the client includes a request to update their veterinarian, and the information needed e.g. vaccine given, recommended revaccination date.

While ideal, most clinics will not have the resources to update the primary veterinarian themselves. However, do collect their information for times when you need to contact them directly.

When providing services that might result in emergencies, such as surgery or advanced medical care, it's essential to provide access to urgent and emergency care or at the very least inform the client of the location of nearby clinics.

Setting up a Memorandum of Understanding (MOUs) with local veterinary care providers, particularly emergency facilities, is very important in the event of an emergency. Providers should be clear on what they will and won't be compensated for, and what you do and don't want them to do. Typically they will be asked to stabilize patients pending transfer to your facility or a designated clinic, and hold off on any diagnostics and treatments that can safely be delayed.

The Association of Shelter Veterinarians' Spay/Neuter Guidelines provide more information on peri-operative and emergency care:
https://avmajournals.avma.org/doi/pdf/10.2460/javma.249.2.165

Medical Records and Data Tracking

Records serve three key purposes:
1. Mandatory requirement to keep medical records of patients
2. Billing
3. Source of data to monitor assess operations, measure success and update stakeholders

Before starting, it's very important to think about what data you will need to extract, as this will determine what data you input and how, and what technology to use.

Paper or Electronic Records?

It's difficult to justify a paper-only system in the 21st century, but electronic-only can be challenging. Most clinics use some combination of electronic and paper. Try to avoid duplication i.e. entering on paper and transferring to a computer. Paper records can be scanned into an electronic record if they don't need to be searchable.

	Pros	Cons
Electronic records	- Legible - More consistent data entry - Streamlined by use of templates and dropdowns - Easier to extract data	- Data entry may be impractical in the field - Infrastructure and software are expensive - Need robust backups - Some reports may be difficult to extract
Paper records	- Use anywhere - Quick and easy - Less training needed - Low cost	- Can be illegible - May not meet regulatory standards - Data extraction slow and difficult - Storage cumbersome - May need to be scanned or re-entered in the electronic record

Shelter or Commercial Clinic Software?

There's no one-size-fits-all software package that will do everything you need. It's also highly unlikely that two different packages will seamlessly integrate with one another.

Some tips:

- Start by determining essential functionality
- Settle for something that will perform the critical functions you need and give you 60-80% of what you want
- Stick with what you already use if it's working for you
- Try to use one system instead of multiple
- Avoid highly customizable software packages. They may seem like your dreams come true but will suck up a lot of money and time
- Typically, the more flexible it is, the harder it will be to customize, use, and train staff on

	Pros	Cons
Shelter software	- One database for the shelter and stand-alone clinic - Staff may already be familiar with the software - Less expensive in most cases	- Medical records modules may be awkward or absent - Billing modules not geared for owned animal care
Commercial clinic software	- More suitable for a medical clinic - Streamlined billing functions	- May require a steep learning curve - May not provide the type of reports you will need - Likely to be more expensive

Metrics

Typical reports that most clinics will need are:

- Number of families served per day, month, year
- Number of new clients/pets per week, month, year
- Number of surgeries and by type per day, week, month, year

- Revenue per day, week, month, year
- Average transaction (for the practice and by DVM)
- Pets per doctor day

Other reports to consider when deciding what data to enter and how:

- % discounts applied to mission or subsidized work
- Help provided to people in a One Health framework
- Individual services (#vaccines, #heartworm tests, etc.)
- Mapping who you are serving (and not serving)
- What additional data might you need down the line ? For example, shelters are used to reporting intakes and outcomes but may not have reports for intake diversion
- What does success look like? How would you report that?

Forms, Policies, and Protocols

- Policies are general statements that guide in decision-making. They are set at a high level, by top management and the Board. All organizations should have written policies that support their mission, vision and strategic goals.
- Protocols, or standard operating procedures (SOPs), are procedures or systems of rules. They are used on a daily basis. No effective organization can function without them, and they are far more effective when they are in the form of written protocols. Protocols:
  - Maintain consistency
  - Save an enormous amount of time
  - Foster best practices
  - Save cognitive energy for decisions that really do need to be made in the moment
  - Allow delegation to support staff

Protocol Development Tips
- Don't reinvent the wheel - adapt others' protocols for your operations. These are most likely to be useful and relevant to you if developed by similar organizations in your area or a comparable location.
- Keep them simple. They are a how-to list, not a literature review.
- Use direct speech.
- Use a consistent, accessible format
- Ensure that staff are educated on key protocols and know how to find others.

Sample Forms and Protocols for a Facility From Scratch
- [Forms and SOPs](#)

- [Post-surgical Discharge Form, Simple (from shelter-based)](#)
- [Informed Consent Forms (Client Consent, Surgery Release, Telemed Consults) (from shelter-based)](#)
- [Incremental care SOPs](#)
- [Online Resources For Clients](#)
- [Spay/Neuter Library | ASPCApro](#)
- [AVMA guidelines for the use of telehealth in veterinary practice](#)

Special Thanks: Toolkit Collaborators