



Spayathon™ for Puerto Rico

HSUS Ground Lead Information Packet
Round 6: February 21 – 26, 2020



**THE HUMANE SOCIETY
OF THE UNITED STATES**

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Spayathon™ for Puerto Rico

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Thank you so much for being a part of this truly historic effort to bring much needed services to the people and animals of Puerto Rico! We are delighted that you are going to be a part of this amazing coalition.

This guides provides an overview of the Spayathon™ for Puerto Rico and includes important information that you will need to be aware of as we continue to move forward.

If you have any questions or concerns, we are always available via e-mail or telephone. You can reach me at tloller@humanesociety.org and by phone (240) 753-9171.

Thank you again for helping us reach our goal of serving 85,000 or more animals!

Tara Loller
Senior Director, Strategic Campaigns
The Humane Society of the United States





815

Spayathon™ Clinic Locations



Vega Baja
Gimnasio Municipal Rodrigo
"Guigo" Otero Suro



Carolina
PRISM / La Cerámica Industrial Park



Humacao
Coliseo Marcelo Trujillo Panisse



Mayagüez
Palacio de Recreación y Deportes
Germán "Wilkins" Vélez



Coamo
Cancha Edwin "Puruco" Nolasco



Spayathon™ Clinic Locations Driving Time

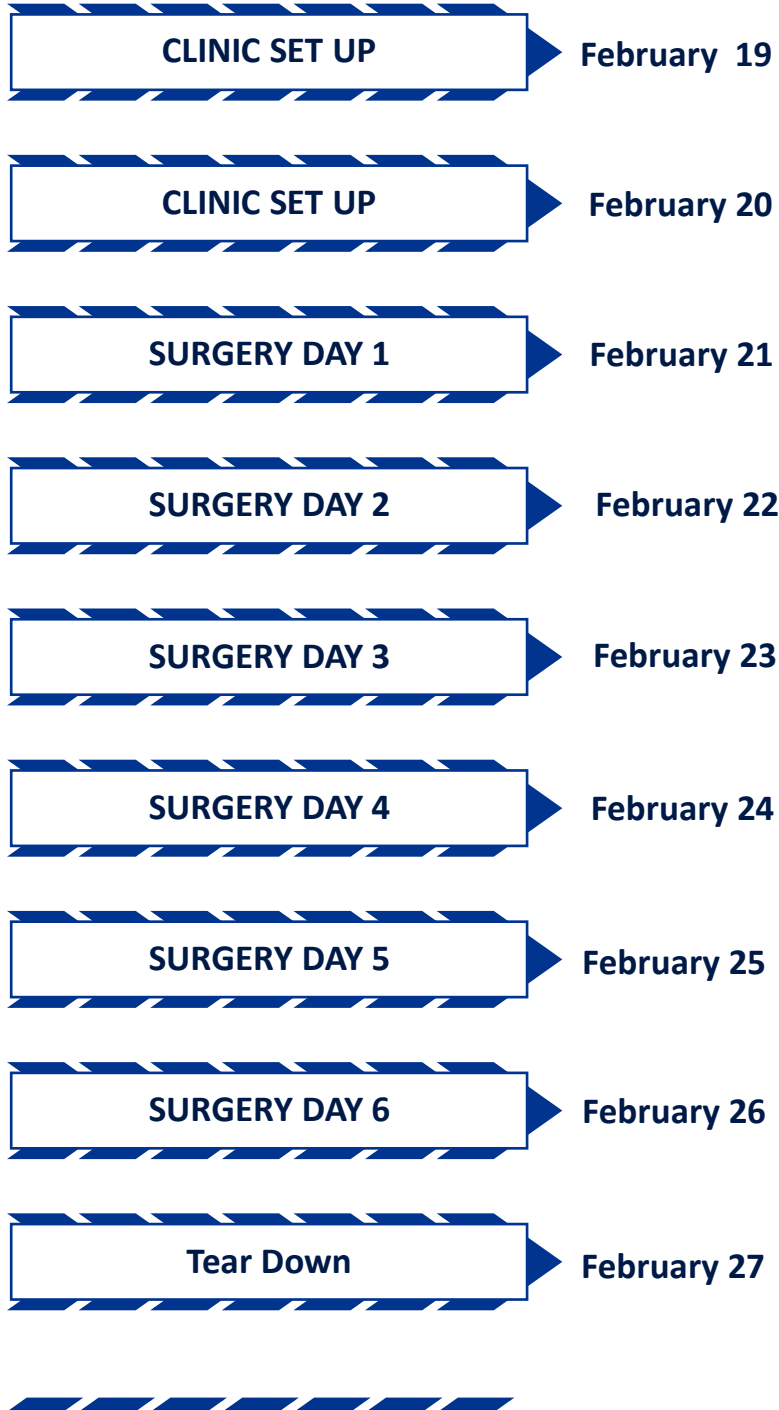


Our Partners



Spayathon™ Dates

Round 6: February 19 – 27, 2020



Partnership Matchup

Round 6: February 21 – 26, 2020

Surgical Lead	Ground Partner Organization	HSUS Site Leadership
Emancipet	Humane Society of Puerto Rico	Nina Werten
Helping Paws Across Borders	The Sato Project	Pedro Cerame
Veterinarians for Puerto Rico (Culebra)	Friends of Culebra Animals	Dave Pauli
Veterinarians for Puerto Rico (Vieques)	Our Big Fat Caribbean Rescue	Dave Pauli
Veterinarians for Puerto Rico (Mainland)	Movimiento Social Pro Bienestar Animal	Hilary Hager
Cornell University Maddie's Shelter Medicine Program	Santuario de Animales San Francisco de Asís	Darci Adams
ViDAS	Puerto Rico Dog Fund, Wild at Heart	Bryant Taylor

Surgical Lead Contact Information

Round 6: February 21-26, 2020

Team	Points of Contact	E-mail	Phone
Emancipet	Myles Chadwick Holly Putman	Myles.chadwick@emancipet.org holly.putnam@emancipet.org	(512) 587-7729 (512) 699-7007
Helping Paws Across Borders	Angela Cherry	helpingpaws@comcast.net	(260) 413-2504
Veterinarians for Puerto Rico	Dr. Willie Bidot Aida Vientos	williebidot@gmail.com aidavientos@gmail.com	(787) 447-4993 (787) 396-1175
ViDAS	Dr. Ruth Parkin Laura Littlebear	Dr.parkin@gmail.com llittlebear@humanesociety.org	(303) 564-4770 (918) 740-9270
Cornell University Maddie's Shelter Medicine Program	Dr. Elizabeth Berliner	Eab35@cornell.edu	(607) 253-3607

Ground Team Contact Information

Round 6: February 21-26, 2020

Team	Points of Contact	E-mail	Phone
Humane Society of Puerto Rico	Maritza Rodríguez	mrodriguez@hspr.org	(787) 306-8877
The Sato Project	Chrissy Beckles	chrissy@thesatoproject.com	(646) 320-3940 (917) 803-3740
ViDAS	Jenna Dunn	Jennadunn01@gmail.com	(310) 431-7802
Wild at Heart Foundation	Nikki Tibbles	nikki@wildatheart.com	
Friends of Culebra Animals	Patty Pulliman	Friendsofculebraanimals@gmail.com	(203) 722-4789
Santuario de Animales San Francisco de Asís	Stella Ramírez	smaris.ramirez@gmail.com	(787) 249-8591
Our Big Fat Caribbean Rescue	Laurie Mosher	viequesrescue@gmail.com	(905) 541-7941
Movimiento Social Pro Bienestar Animal	Jorge Mercado	Mov.socialprobienestaranimal@gmail.com	(787) 402-5024

HSUS Team Contact Information

HSUS Team	E-mail	Phone	Role
Tara Loller	tloller@humanesociety.org	(240) 753-9171	Incident Commander
Laura Littlebear	llittlebear@humanesociety.org	(918) 740-9270	Operations/ViDAS Surgical Lead
Dr. Jennifer Bolser	bolserdvm@yahoo.com	(970) 215-9655	Lead Vet Consultant
Dr. Julie Levy	levyjk@ufl.edu	352-258-6658	Data Study Lead - Remote
Nina Wertan	nwertan@humanesociety.org	610-724-9742	Emancipet Lead
Pam Runquist	prunquist@hsvma.org	530-759-8106	Emancipet Float/Data
Leigh Schmidt	lschmidt@humanesociety.org	608-345-9529	Emancipet Data
Lindsay Hamrick	lhamrick@humanesociety.org	603-4010-0287	Helping Paws Lead
Pedro Cerame	pcerame@humanesociety.org	703-209-7116	Helping Paws Data/Float
Jenn Cherry	jcherry@humanesociety.org	260-494-7670	Helping Paws Data/Float
Hilary Hager	hhager@humanesociety.org	240-753-3587	Vets for PR (Mainland) Ground Lead
Erich Yahner	eyahner@humanesociety.org	301-448-7263	Vets for PR (Mainland) Float/Data
Katie Feldman	kfeldman@humanesociety.org	443-801-7487	Vets for PR (Mainland) Data
Bryant Taylor	btaylor@humanesociety.org	434-258-9675	ViDAS Lead
Catherine Lynch	clynch@humanesociety.org	202-258-1357	ViDAS Data
Ken Waldrop	kwaldrop@humanesociety.org	202-748-6674	ViDAS Data
Kristie Tanner	ktanner@humanesociety.org	240-672-7738	ViDAS Float/Data
Molly Tamulevich	mtamulevich@humanesociety.org	248-508-5589	ViDAS Float/Data
Kathryn Kullberg	kkullberg@humanesociety.org	301-467-7038	ViDAS Float/Data
Emily Callaghan	Emily.c.callaghan@gmail.com	610-212-4111	ViDAS Float
Eva Torrales	Etorrales@humanesociety.org	202-294-9867	ViDAS
Darci Adams	dadams@humanesociety.org	605-595-4860	Cornell Lead/Safety
Terasa Van Coppenolle	terasavc1@gmail.com	813-361-2044	Cornell Data
Jamie Al-Haj	jamie@msisd.com	605-390-1519	Cornell Float
Tess Albright	tess.albright85@gmail.com	712-304-0504	Cornell Float

Ground Team Responsibilities

General Notes

You have been paired with an amazing Surgical Team! Your role is to provide this team with the local support and assistance necessary so they can focus on performing their best work – high-quality, high-volume spay/neuter surgeries. These Surgical Teams have been granted funds to cover all of their expenses, and the HSUS is supplementing those funds by procuring additional supplies and equipment. Your main roles as Ground Team Lead are to:

- Ensure there are enough pets to fill each surgical day at your location;
- Ensure that pet guardians have accurate information such as clinic locations, hours of operation and rules;
- Ensure an organized flow of animals through intake and discharge each day.

While we are trying to standardize the registration and other processes to the extent possible, each Surgical Team will be functioning as an independent entity and will have different surgical processes, different numbers of veterinarians operating, etc. It is vital for you to connect with your assigned Surgical Team Lead on these pertinent details.

Prior to Each Round

As noted above, your primary function is to ensure the Surgical Team is solely focused on the HQHVSN work they were brought in to do. That means you will be responsible for much of the prep work required to make each Round successful. The following are examples of the steps necessary to facilitate efficient operations. Please stay in close contact with your Surgical Team Lead regarding any additional needs they might have.

Collect Supplies

- Prior to each Round, the bulk of necessary equipment and supplies will be delivered to your clinic location, but there are a few items

that you may need to source locally, such as towels (hotels can be a wonderful source).

Assess Surgical Location

- Ensure in advance that the building selected for surgery is clean and functional, and has power, running water, functioning restrooms, adequate parking, etc.;
- Work with the Surgical Team Lead to plan for setup, client flow, etc.;
- Measure the square footage of the facility for tarp floor covering; and
- Ensure backup generators (and necessary fuel) are in place in case of power outage.

Promote Clinic Locally

- Spread the word to local residents about clinic dates, registration process, clinic site rules, etc.;
- Work with partner Surgical Team Lead to determine registration goals for each day, and ensure sufficient client base to meet those goals;
- Ensure interested pet guardians understand how registration will work, what the rules and expectations will be, and what they can expect about the process;
- We are certain that the public will have many questions; although we want you to be their source of accurate information, be mindful about giving out personal cell numbers or email addresses that you don't want inundated with requests;
- There are to be NO registrations via social media/texting or the like. Please follow the General Clinic Rules (below) to ensure consistency of all HSUS-funded clinics.

Assist with Setup

- Ensure sufficient numbers of volunteers are available to help unload equipment and supplies and set up the clinic location at the beginning of each Round;
- Put up any and all signage, banners, traffic control ropes, etc. that advertise the clinic and support efficient registration/operations.

During Each Round

Your role will be to ensure a smooth flow of patients for the Surgical Team so they are able to maximize the number of animals they are able to assist. The following are examples of steps necessary to facilitate smooth clinic operations. Each Ground Team must be flexible and responsive to the Surgical Team Lead regarding any additional needs. Ground Team representatives must be present and available all day, every day of each Round.

Team Food

A well-fed Surgical Team is a happy Surgical Team! While we are not expecting the Ground Team Leads to pay for meals for their Surgical Team, it will be helpful for you to identify restaurants and other sources of meals and snacks and help place lunch orders. Please be sure to discuss any special dietary needs or restrictions in advance with the Surgical Team Lead so you can recommend the most appropriate restaurants. Please assign a volunteer to pick-up lunch each day for the surgical staff. Funds for this comes from the Surgical Team. The HSUS will fully stock a snack table at the beginning of the week at each location along with a cooler of drinks.

Client Eligibility

Each clinic will be open to any pet owners, guardians and rescuers regardless of whether or not he/she lives in the specific municipality in which the clinic is located. Surgeries are intended for pet guardians only, as the primary aim of this effort is population reduction and pet retention; rescuers who work to transport off the island should be redirected to local veterinary offices.

Animals should be at least 2 months old and weigh at least two pounds but cannot be older than 10 years. Please make sure your volunteers are thoroughly briefed on this.

Supplies

Communicate with the Surgical Team Lead daily about supplies. If it appears that any shortages might occur, please communicate that to the HSUS team member assigned to your location immediately so replacements can be acquired.

Security

Municipalities are expected to arrange for 24/7 security at each location, but the Ground Team Lead must help ensure that security arrives and is adequate. If you have any concerns, please alert the HSUS team member assigned to your location.

Puerto Rico Contract Veterinarians

We are contracting veterinarians for seven days post-operative for each clinic. The contract veterinarian's contact information must be on the post-op care sheets. As Ground Team Lead, it is essential that you help ensure good communication and a positive relationship between the Surgical Team and the contract veterinarian.

Donated Pet Supplies

In addition to receiving free spay/neuter/vaccinations, each pet guardian will receive donated pet food and supplies at each clinic. If you have additional supplies available connect with Tara to discuss. Please assign volunteers to oversee and distribute those supplies.

General Clinic Rules to be Enforced

- Registration will be on a first-come, first-served basis each surgical day; the number of patients accepted will be directed by the lead Vet of each Surgical Team.

- Pet owners, guardians, and rescuers are welcome at Spayathon™.
- Guardians must be at least 18 years of age to register their pets and must stay with the animals throughout the day to support their pet through the recovery process.
- Each guardian can register a maximum of two animals per day.
- All cats must be in carriers and all dogs must be on leashes.
- Animals should be at least 2 months old and weigh at least two pounds but cannot be older than 10 years.

Volunteers

You will be responsible for ensuring that there are sufficient volunteers at the clinic site each day to facilitate registration, paperwork collection, communication with the veterinary team (translating between vets and clients as needed), possibly running out for additional supplies when needed, etc. In particular, Spanish-speaking volunteers are essential for both registration and discharge functions.

Please bear in mind that it is never a bad idea to over-estimate the number of volunteers needed each day, since sometimes people are well-intentioned but may not actually be able to follow through. Also, the Surgical Teams are prepared to work long days to maximize the number of surgeries performed – be sure you have volunteer coverage from early morning (the registration process will begin at 6:30am each day) to whenever the Surgical Team leaves for the evening. We recommend that you hold one or more pre-clinic orientation/training, so your volunteers know what to expect. Your goal is to ensure that the veterinarians will be able to perform as many HQHVSN surgeries as possible each day, and the overall numbers of animals altered will be directly tied to the efficiency of your supportive operations.

In addition, it will be your responsibility to ensure that the overall experience is positive for everyone involved. This is likely to be the first-time many guardians are bringing their animals to a veterinarian, so we want to

make sure it is a positive experience. It's important to have non-judgmental attitudes. For example, if a pet guardian shows up with their dog on a chain or makeshift leash or their cat is infested with fleas, this will not be the time to scold or “educate” them about “responsible” pet ownership; instead, simply thank them for caring enough to want to get their pet altered and make a note to follow up with them some time in the future.

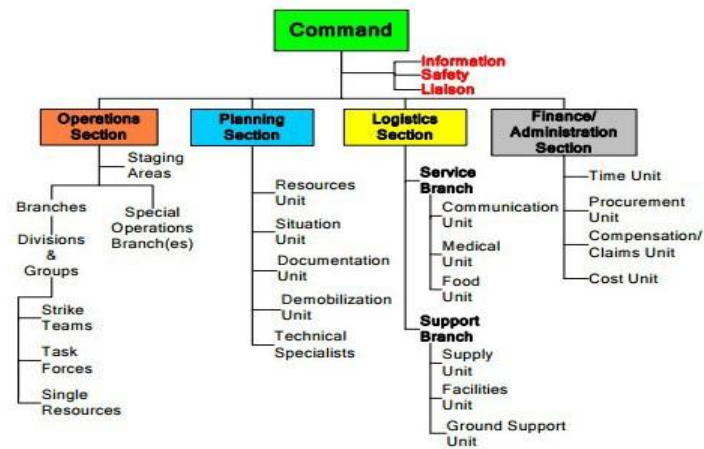
Staffing

While you should assess your volunteer needs based on the number of pet guardians you expect to manage each day, we recommend a minimum of:

- 1 team lead overseeing all of the Ground Team operations
- 3-6 people assigned to handle registration (adults who are fluent Spanish-speakers)
- 1-2 to assist the guardian with completing paperwork
- 1-2 to assist the veterinarians with completing pre-surgical forms
- 1-2 to weigh and handle the animals
- 2 people assigned as a runner to handle any issues that might arise
- 3-5 people assigned to manage the crowd and answer questions
- 2 people assigned to oversee donation distribution/security

ICS Structure

All Ground Team Leads will be required to submit an ICS chart in advance of each Round, indicating who will be in charge each day, who will be handling registration, who will be handling crowd control, etc. A sample general ICS chart is provided below (please let us know if you have questions):



NOTE: Since guardians will be expected to stay and assist their pets through recovery, only two pets can be altered per person per day – if someone registers two pets, then s/he should receive and wear two wristbands. A different colored wristband should be used each surgery day so everyone can see at a glance that the pet guardian has been deemed eligible for registration on that specific day.



The Registration Process

Registration will be chaotic if it is not well structured and organized! There are many models for processing pet guardians during spay/neuter clinics; we are going to use the first-come, first-served approach, rather than requiring pre-registration.

To facilitate the first-come, first-served approach, we will ask pet guardians to line up each day for open slots. You will have to consult with your Surgical Team Lead to determine the number of surgeries the team can perform each day. S/he may also ask you to register specific number of species of animals and/or genders, since spays take considerably more time than neuters.

Registration volunteers should supply a colored wristband to each pet guardians whose pet will receive surgery that day.

The HSUS will indicate the colored band the night before each surgical day, this will be consistent at each clinic. Anyone who does not receive a wristband should be sent home and encouraged to return the next day (people and animals not registered for surgery should not be permitted to remain at the clinic location). Expect people to line up for clinic spots early. We suggest setting up ropes and stanchions to help prevent confusion and line cutting.

It can't be stressed enough that clear communication with pet guardians before each Round regarding the process, rules and expectation will go a long way towards helping make registration run more smoothly! Clear onsite signage is also key, as is ensuring you have sufficient Spanish speakers handling the registration process.

Vaccines/Rabies Stamps

In order to function efficiently, your Surgical Team requires enough vaccines and rabies stamps to serve

the client base, and it is your responsibility to ensure those are available.

Daily Reporting

You are responsible for contributing to the Team Daily Report each surgical day.

After Each Round

At the conclusion of each Round, you will be responsible for:

- Helping the Surgical Team Lead inventory and pack up all equipment and supplies;
- Ensuring everything leaves for the storage location;
- Submitting the team Inventory Form;
- Returning all excess vaccines, rabies stamps, books to Humane Society of Puerto Rico.

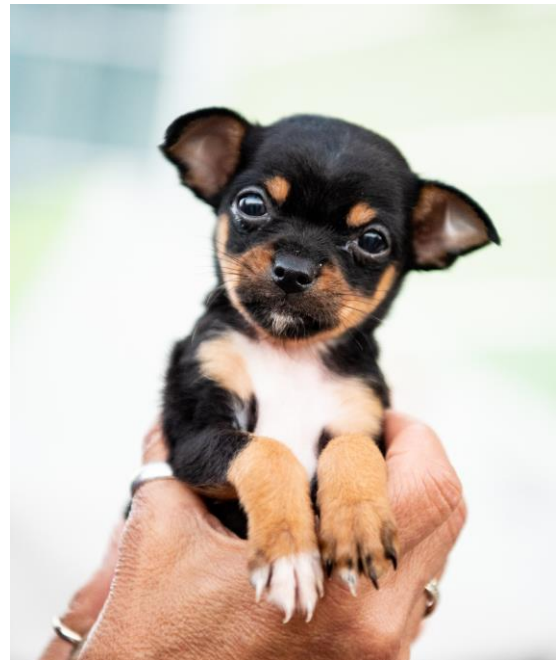
Be sure to debrief with the Ground Team Lead to discuss opportunities for improvement during the next Round. Full coalition member debriefs will also occur after each Round so we can all learn from each other and help even more animals during subsequent Rounds.

Notes

Clinics: Spay/neuter procedures and vaccinations are to be provided free of charge; each team is asked to assist at least 1,200 animals per Round (of course, quality should never be sacrificed for quantity).

Standardized Attire: All team members should be dressed professionally (closed-toe shoes, no cutoff shirts, etc.) and ideally in your organization's logo wear.

Media: Please refer all media inquiries to Tara or your HSUS on-site staff members.



University of Florida Data Study

The University of Florida will be coordinating the compilation of a research manuscript of this unprecedented undertaking to be published in a veterinary scientific journal. The manuscript will cover patient characteristics and peri-operative outcomes in this large-scale event.

Each team is invited to select a veterinarian to contribute to the manuscript as a co-author along with Dr. Julie Levy (principal investigator), Dr. Katherine Polak (co-investigator), and Tara Loller (co-author). Authorship order for the remaining authors will be determined by the number of complete patient records submitted from their clinic locations.

The large size of the multi-site Spayathon™ event and standardized protocols provides a unique opportunity to leverage strong statistical power to describe HQHVSN MASH clinics on a scale never previously reported. This will be an important contribution to the peer-reviewed veterinary literature and inform continuous quality improvement of MASH clinics in the future.

Logistics of data management:

1. Volunteers will assist clients with completion of the clinic Data Form (intake form).
2. The medical team will complete a medical record for each pet.
3. On the back of the data sheet is a short table of procedures and outcomes for each animal. Each section of the table will be completed by the medical team or by volunteers based on information in the medical record.
4. HSUS will provide data entry staff on-site to record animal information, procedures, and perioperative outcomes for each animal into a spreadsheet in real time.
5. The data entry staff will flag questionable data and follow up with the medical team or client for clarification as needed.

6. The spreadsheets will be sent to UF daily for review.
7. The primary duty of the author assigned for each location will be to train and support the medical team on medical record completion so that all data is captured correctly.
8. The author at each site will also review the records at the end of each day. This will allow for same-day recognition and correction of any missing/erroneous/conflicting information from the intake form and medical records.
9. Based on previous projects of this kind, we can expect that some records will be incomplete or that some topics will be confusing to the clinic volunteers. In addition to training in form completion at the beginning of the clinic week, it will likely be necessary to debrief and provide additional training as the week progresses. The participation of a study author at each clinic for data oversight will assure a high level of data integrity.
10. If there are any questions, do not hesitate to contact Dr. Julie Levy at levyjk@ufl.edu (352) 258- 6658.

Human Emergency Contact Information

Police: Call 911

Location	Hospital
Carolina	Hospital Auxilio Mutuo 503 Calle Modesta, San Juan 00924, Puerto Rico
Coamo	CDT Coamo Ave. 138 Luis M. Marín Coamo, 00769
Humacao	CDT Humacao Calle Sergio Pena Almodóvar 163 Humacao, 00791
Mayaguez	Policlínica Bella Vista Ave. Hostos #770 Mayaguez, 00682
Vega Baja	CDT Vega Baja Ave. Villa Paseos 81 Urb. Villa Pinares Vega Baja, 00693

Spayathon™ for Puerto Rico

Dramatic Impact, Lasting Change

There are many places around the world that struggle with pet overpopulation. Significant contributing factors are extreme poverty and lack of access to veterinary care, particularly teams trained in the high-quality, high-volume, spay/neuter (HQHVSN) surgical specialty. To truly make a difference, these locations need not only immediate support to reduce their pet population but a plan for long-term, sustainable change. The Spayathon™ model, as piloted by Spayathon™ for Puerto Rico, provides both of these necessary elements, empowering localities to change their own circumstance for the better by quickly and dramatically reducing the numbers of intact animals, providing HQHVSN training to local veterinarians to increase their spay/neuter capacity, and leaving behind equipment and supplies necessary for establishment of permanent HQHVSN clinics to serve the population for years to come.

How did Spayathon™ come to be?

Puerto Rico's challenges are almost too numerous to mention: hundreds of thousands of street dogs and cats roaming freely; shelters under-resourced and overwhelmed; virtually no spay/neuter infrastructure; law enforcement uneducated about animal protection; municipal shelter euthanasia rates in excess of 95%; and minimal animal protection infrastructure in place, despite relatively robust animal protection laws. In 2015, the Humane Society of the United States decided to change this, and we announced a partnership with the government of Puerto Rico to transform animal welfare on the island. Since that time, we have launched several major animal welfare initiatives, including a training program for law enforcement, a humane education program, equine wellness support, and an initiative bringing the shelter medicine experts from the University of Florida Maddie's Shelter Medicine Program onto the island to assess its animal shelters and increase lifesaving.

Just as HSUS' efforts to support Puerto Rico were producing results, Hurricane Maria brought devastation to the island, decimating its infrastructure, claiming an unprecedented loss of life, and forcing many to flee. Often those leaving the island were forced to leave their pets behind, either because of severe restrictions imposed by airlines or because of an inability to find new housing that would accept them. A lucky few were taken into homes of people already struggling to rebuild; the remainder either were taken to already overwhelmed animal shelters or were absorbed into the massive stray animal population.

However, Maria also brought a silver lining: Spayathon™ for Puerto Rico. Thanks to its intensive animal welfare work on the island, HSUS was granted an Executive Order temporarily allowing outside veterinarians to practice on the island for the first time, to bring crisis relief to animals impacted by the storm. From the success of that initial agreement, a formal Memorandum of Understanding between the HSUS, the Government of Puerto Rico, the Puerto Rican Veterinary Association and the Puerto Rican Veterinary Board was adopted, allowing the HSUS to bring multiple teams of spay/neuter surgeons onto the island to help curb the massive and growing pet overpopulation crisis.

Overseen and coordinated by HSUS, Spayathon™ pairs teams of national and international high-quality, high-volume spay/neuter (HQHVSN) groups with local animal welfare organizations to run up to 8 spay/neuter/vaccination clinics simultaneously across the island, ensuring maximum opportunity for more than 85,000 pets to receive spay/neuter/vaccination services at no cost to the guardian/owner. In addition, includes specialized HQHVSN training for local veterinarians to dramatically increase the island's spay/neuter capacity for the future, and all surgical equipment and supplies used during Spayathon™ will be left behind to equip the island's first permanent spay/neuter clinics. Spayathon™ also presents a unique opportunity to collect thousands of data points on HQHVSN clinic participants and their pets, a circumstance that is being leveraged by academicians at the University of Florida.

How does Spayathon™ work?

Spayathon™ for Puerto Rico consists of dedicated surgical Rounds, held in quarterly, or more frequent, intervals. During each Round, as many as 8 clinics are held simultaneously across the island to provide spay/neuter/vaccination services for dogs and cats. Clinics typically function for 6 surgical days in a row, with setup and pack-up days before and after. Patients are offered free spay/neuter surgery, vaccinations (including rabies, distemper combination and, where appropriate, leptospirosis) and donated pet food, toys, treats and other items. In between formal Rounds, mini-clinics are held to supported targeted populations like community cats and animals cared for by rescue groups (those that are not intended for transport off the island.)

Each clinic is overseen by a partnership between three entities: a Surgical Team, whose members are typically flown onto the island, which is responsible for ensuring quality animal care; a Ground Team, typically a Puerto Rican shelter or rescue group, which advertises the clinics, handles patient registration and provides other pet guardian support; and an HSUS support team, which assists with clinic oversight and troubleshooting and ensures accurate data collection and reporting.

Primary oversight for all clinics is provided by the HSUS Spayathon™ leadership. This 6-person team serves as legal liaison with the government, veterinary board and veterinary association, oversees and approves clinic locations, secures all necessary funding for Spayathon™, contracts with and ensures grants for all Surgical and Ground Teams, drafts all Spayathon™ paperwork, secures appropriate signage, provides logistical support for the purchase, transport and storage of all necessary surgical equipment and supplies, secures donations of vaccines, pet food and other items, oversees data collection efforts, and much more.

Who is involved in Spayathon™?



There are 28 formal Spayathon™ for Puerto Rico coalition members: the HSUS, Government of Puerto Rico, Greatergood.org, Junta Examinadora de Médicos Veterinarios de Puerto Rico, Petsmart Charities, Maddie's Fund, Boehringer Ingelheim, Petco Foundation, Banfield Foundation, Maddie's Shelter Medicine Program - University of Florida, ViDAS, Helping Paws Across Borders, Veterinarians for Puerto Rico, Emancipet, Cornell University Maddie's Shelter Medicine Program, LupinePet, Doris Day Animal Foundation, The 20/22 Act Society, Colegio de Médicos Veterinarios de Puerto Rico, The Sato Project, Humane Society of Puerto Rico, Santuario de Animales San Francisco de Asís, The Puerto Rico Dog Fund, Friends of Culebra Animals, Our Big Fat Caribbean Rescue, Wild at Heart Foundation, Movimiento Social Pro Bienestar Animal and the University of Puerto Rico School of Medicine.

In addition, there are numerous other groups that have made direct contributions of various types to the success of Spayathon™ for Puerto Rico, including: ASPCA, Boehringer Ingelheim, LupinePet, Dechra Pharmaceuticals, Pet King Brands, Royal Canin, Chewy.com, Project Vets and Pet Food Centers of Evansville, Indiana. And of course, many other individuals and organizations have contributed.

How is Spayathon™ funded?

When Spayathon™ for Puerto Rico was conceived in the beginning of 2018, it had not been contemplated as part of the official fiscal year budgets of HSUS or any of the teams, which meant all funding had to be raised by HSUS independently, and quickly. To facilitate Spayathon™ for Puerto Rico, the HSUS team had to procure sufficient funding to cover purchase of all equipment and supplies and to provide grants to subsidize the participation of each of the Surgical and Ground Teams. HSUS also solicited donations of vaccines, medicine, dog food and other pet supplies, and secured training for local veterinarians. Thankfully, donor response to the Spayathon™ concept was so strong that all of the funding needed for Round 1 was raised in a period of weeks.

What are the primary goals of Spayathon™?

Traditional spay/neuter support models rely either on subsidizing existing veterinary offices to secure low-priced surgeries for the community or engaging a single HQHVSN team to periodically operate a free clinic in an underserved location. Spayathon™, on the other hand, has created a structure whereby as many as 8 separate HQHVSN clinics, some with as many as 20 trained surgeons operating daily, run simultaneously across the entire island for as many as 7 days straight, and those clinics reoccur on 4 separate occasions during a 12 month period. Thanks to this new model of delivery of services, by the time the program concludes in May 2021, Spayathon™ for Puerto Rico will have:

- Altered and vaccinated at least 85,000 animals;
- Provided HQHVSN training for local Puerto Rican veterinarians and their support staff to increase local capacity;
- Left behind ample equipment to establish the island's first permanent HQHVSN clinics.

How does Spayathon™ ensure patient safety?

Spayathon™ for Puerto Rico relies heavily on cooperation from independent HQHVSN teams already operating in locations around the world. Each team selected for participation has a demonstrated record of success, and each has its own unique operational model, ranging from running well-appointed, permanent stateside HQHVSN clinics to operating temporary MASH-style clinics on a shoe-string budget in the most remote areas of the world. While Spayathon™ allows each of those teams to operate autonomously, we have put in place several elements designed to ensure that only "gold standard" surgical techniques and the highest level of professionalism are exercised, including:

- Hiring several veterinary experts to prepare surgical SOPs and oversee team operations;
- Purchasing all necessary surgical equipment and prohibiting use of lower quality substitutes for autoclaves and other devices;

- Mandating standardized surgical protocols, including anesthesia and drug protocols, and requiring tattooing of all sterilized animals;
- Preparing and mandating use of standardized surgical and data tracking forms.

What legal authorizations were necessary to create Spayathon™?

Puerto Rico law currently forbids outside veterinarians not expressly licensed in Puerto Rico from performing spays/neuters and other veterinary services. To overcome this obstacle, HSUS works with government partners to secure legal authorization allowing us, for a limited time, to bring veterinarians who are duly accredited and licensed in another jurisdiction onto the island to provide post-Maria disaster relief.

Prior to each Round, the HSUS provides proof of good standing for all non-Puerto Rican veterinarians participating in Spayathon™ to the Junta Examinadora de Médicos Veterinarios de Puerto Rico for issuance of temporary licenses.

How will the success of Spayathon™ be measured?

Collecting data surrounding the numbers of animals assisted during Spayathon™ for Puerto Rico has always been of paramount importance. Each Surgical Team is required to complete a data collection form tracking the number of surgeries performed, to allow us to determine exactly how many pets were served (over 35,000 animals have been altered and vaccinated to date) and assess surgical outcomes and complications (the mortality rate across all Surgical Teams is only 0.001, despite the extreme challenges of post-disaster location, compromised patient base, etc.).

But we have not stopped there – we recognized early on that Spayathon™ for Puerto Rico presented an unprecedented opportunity for broader data analysis of tens of thousands of pets exposed to MASH-style HQHVSN services. Dr. Julie Levy of the University of Florida will lead an international research team to study the characteristics and outcomes of Spayathon™ patients in what promises to be the largest ever prospective study of its kind, examining vaccination status against zoonotic diseases like rabies and leptospirosis, reproductive history, and congenital reproductive anomalies. This study will also allow for an unparalleled analysis of the safety of large-scale island-wide spay-neuter campaigns.

This commitment to independent evaluation and full access to clinic operations for unbiased data collection and objective reporting is a testament to Spayathon™’s commitment to best practices, continuous improvement, and elevation of the field of animal welfare.

“Spayathon™ for Puerto Rico has been a labor of love for each of the organizations who have so generously donated their time, resources and expertise. Thank you for your interest in this life-saving work, and we hope that you will find the resources we have created useful.”

– TARA LOLLER, SENIOR DIRECTOR, STRATEGIC CAMPAIGNS, THE HUMANE SOCIETY OF THE UNITED STATES



The Spayathon™ for Puerto Rico Approach to Client Interactions

Whether you're a Surgical Team member or a volunteer, everyone participating in Spayathon™ for Puerto Rico must strive to ensure that the overall experience is positive for everyone.

This is likely the be the first time many pet owners are bringing their animals to a veterinarian, and most will be nervous and have no idea what to expect. Because of this, we want to be reassuring and let them know they've made the right decision by coming to us for help. Every pet guardian should feel welcome every step of the way, and never feel judged or criticized.

A critical component of this approach is ensuring that everyone interacts with clients in a truly kind and non-judgmental manner. For example, a pet guardian may show up with his or her dog on a chain or makeshift

leash, or a cat infested with fleas. This is not the time to scold or “educate” clients about “responsible” pet ownership. Instead, staff and volunteers are expected to thank them for bringing their pet(s) in, provide supportive care for the animals onsite (if possible, provide a properly fitting collar or flea control product), and perhaps make a note to follow up with them at a future time.

An important note about language: we often say things like “we need to *educate* people about *responsible* pet ownership.” Even though we mean to be helpful, these terms may be read as judgmental. In addition, when we discuss “responsible” ownership, people may hear us implying that they have been neglectful or perhaps even intentionally harmful to their pets.

Even though we don't intend this, these and other phrases can make people defensive and make them much less likely to hear our messaging. Better phrases to use are "we want to support/empower/share" information with pet guardians about better pet keeping/making the best decisions for their pets.

Please don't try to convince a pet guardian that their animal would be better off with you or HSUS, because you think the pet is not getting proper care. Unless there is clear evidence of life-threatening abuse, please focus on the work at hand, which is getting as many animals as possible altered in order to improve conditions for all of Puerto Rico's animal population. If you notice life-threatening abuse, please report the situation immediately through the proper ICS channels.

The Surgical Lead, Ground Team Lead and HSUS Lead will work together handle the reported issue.

Even though you will likely encounter some difficult situations, please remember that most of the people you will meet during Spayathon™ truly do love their pets and are doing the best they can. After all, they have stood in lines for hours to get these much-needed services.

Anyone unable to maintain the spirit of this welcoming, non-judgmental approach will be asked to leave the clinic site.

Thanks in advance for your cooperation!



Post-Round Pack-Up Instructions

Instructions for making sure everything gets back to storage safely and can be easily rerouted back to you for the next Round.

Vaccines/Rabies Stamps and Books

Please ensure that you do not palletize either your leftover vaccines or rabies stamps/ books! The vaccines must be returned to Humane Society of Puerto Rico for storage by the Ground Teams and the rabies stamps/books will be collected by Dr. Osmar Rivera (Ground Leads: please let us know if you need his contact information);

Labeling Equipment

If you have not already done so, please ensure that all equipment (autoclaves, etc.) is clearly labeled “HSUS” in permanent marker to deter theft and resale (Vets for PR mainland team, please feel free to write VPR on yours).

Taking Inventory

- Surgical Leads: please take careful written inventory of the items you are packing up and sending to the warehouse – this is the only evidence we will have that the items were picked up from your location.
- Ground Leads: Please use the Inventory Form you have been provided to track total number of pallets, vaccines, etc.
- Please submit copies of your inventory forms and keep copies for your own records.

Preparing Items for Storage

- Everything returning to storage must be securely palletized (pallets may not exceed 5’ high) and shrink-wrapped for pickup – we cannot ensure that extra items will be picked up.
- Please try to minimize the number of pallets to the extent possible, since we must pay for storage per pallet.
- Ensure that your Surgical Team’s name is clearly marked on poster board or other paper in multiple locations inside the shrink-wrap of each pallet – the name should be easily visible from a distance from all sides (unidentified pallets may not be returned to you in subsequent Rounds).
- Do not store any drugs or perishable items in your pallets – those should go with you.

Daily Wristbands

Each morning, the Ground Team Lead should confer with the Surgical Team Lead to determine the number of surgeries that will be performed that day, and count out a corresponding number of wrist bands in that day's assigned color. Each pet owner whose pet has been selected for surgery should be given a wristband to wear throughout that day (if the individual has 2 pets receiving surgery, they should wear 2 wristbands). Anyone who does not receive a wristband should be asked to leave the clinic location and return the following day. All personnel should keep an eye out to be sure that only individuals with official Spayathon4PR wristbands properly color-coded for that day receive services.



- Day 1:**  Neon Green
- Day 2:**  Sky Blue
- Day 3:**  Coral Red
- Day 4:**  Berry
- Day 5:**  Neon Blue
- Day 6:**  Neon Pink

HSUS Communications

HSUS' communication team is working to promote the incredible Spayathon effort and they need YOUR help collecting the photos and compelling stories from your clinic site! Collectively, these stories will be captured for various channels to utilize, including our social media, public relations and publications teams. This document outlines the types of content and stories to look out for, who to send to and examples.

**Please send any content you capture via text or email directly to:
Katie Feldman -- kfeldman@humanesociety.org -- 443-801-7487**

Types of Content:

- Photos:
 - Of pets, pets and their families, volunteers with animals and their families, pets and owners waiting in line, volunteers engaging with families, donations being handed out, pets heading home with their donated goods, etc.
 - Please no imagery of surgeries in progress or of animals still under anesthesia
 - Aim to capture the bond between animals and humans
 - Refrain from taking photos of minors
 - Try to get HSUS branding in your shots

Types of Stories:

- Cute and happy puppies, kittens, dogs, and cats!
- Happy pets and their owners who have benefitted from Spayathon. *Example:* Vet care is difficult to come by and expensive in PR - Having Jack neutered and vaccinated at Spayathon made it possible for Mia to keep her pup
- Any animals or people with interesting back stories that could make for a compelling follow up.
- Dramatic stories: individuals who had personal experience with Hurricane Maria; Pet owners who rescued their pets from high risk situations. *Example:* An owner who rescued their dog after seeing them thrown out of a car onto the street. An owner who brought a pet into their home that was left homeless after the hurricane.
- Happy Endings: situations in which families were able to keep their pets because of Spayathon's free vet services.
- Putting a face to the stories: Any pets and families of pets who have been given a better life because HSUS or Spayathon. Any animals or people with interesting back stories that you think could make for a compelling "after" follow-up.

Character story checklist:

Owner/ pet contact information

Full name: _____ Email and/or phone: _____

Intake number: _____ Pet name: _____ Pet gender: M / F

Other identifying details about pet (age, color, etc): _____

Notes:

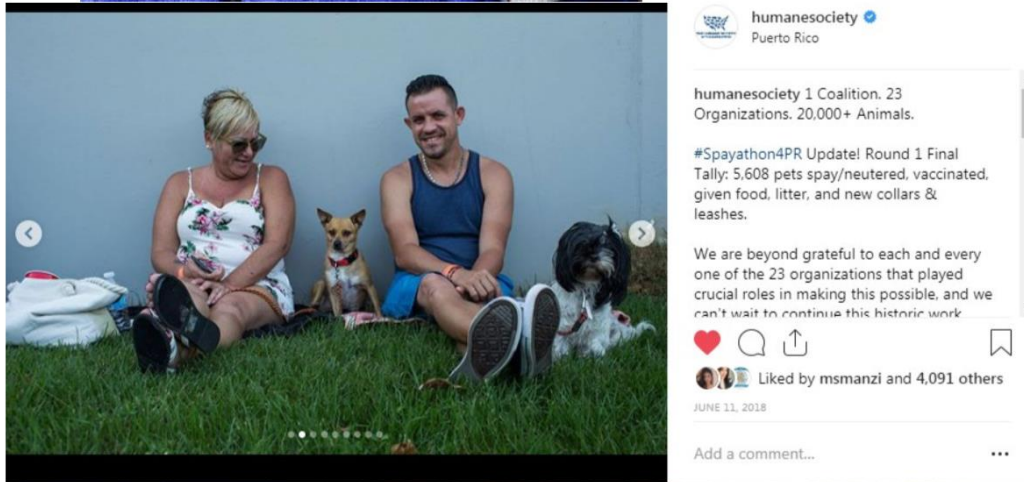
(Possible prompts: How did you hear about Spayathon; what inspired you to come; how did your pet come into your life; how will these services help your pet or your community; any fun or notable facts)

Notes to keep in mind:

- Photos don't tell the whole story; do not share photos of dogs in recovery/under anesthesia
- Do not share photos from the surgical suite
- Refrain from photos of minors
- Please ensure animals have collars on when taking their photo

Examples:

Below are some examples of Spayathon content posted on the HSUS social channels. Check out the #Spayathon4PR on [Instagram](#), [Twitter](#), and [Facebook](#) for even more examples of content and for content to share.



 **The Humane Society of the United States** @HumaneSociety · Jun 7

#SPAYATHON4PR Update: 3,430 pets have been spay/neutered + vaccinated at our clinics so far, and we still have 3 full days left in round 1! #cantstopwontstop



TheSatoProject and 9 others

2 43 161

Paperwork Cheat Sheet – Round 6

There will be numerous forms floating around your clinic site; here is a listing of each and general notes about how they are to be used:

1. **Participant Release Form:** This document must be completed (either in English or Spanish) by each client/participant (the owner/guardian responsible for animal(s) having surgery) prior to surgery. Owners/guardians must be 21 years old – those 18-21 should have a parent there to co-sign. Only one form is needed per client, and it has space for up to 2 animals.
2. **Data/Intake Form:** This must be completed in full for each animal receiving surgery – no animal may be altered without it. Completed forms should be given to the HSUS data collection point person on site. Also known as the “green sheet”.
3. **HSUS Photo Release Forms:** These must be completed by every Spayathon™ volunteer and returned to HSUS.
4. **Euthanasia/Necropsy Consent Forms:** These are to be used by the medical team only in the unfortunate event an animal must be humanely euthanized or dies on the surgery table. The medical team should walk through the form with the owner/guardian and ensure it is properly completed.
5. **Patient Adverse Incident Forms:** These are to be completed in the event of a patient death or incident and promptly returned to HSUS.
6. **Human Incident/Injury Report:** These are to be completed in the event of a human incident or injury and promptly returned to HSUS.
7. **Patient Recheck Forms:** These are to be used if a client returns after surgery because of a concern or complication (please ensure the original patient number is used, do not assign a new number).
8. **Declined for Surgery Form and Log:** These should be given to clients whose pets have been declined for surgery at the clinic site.
9. **Discharge/Post-Op Instructions:** These are to be sent home with every patient, as they contain important post-surgery care information, veterinary contact information, and information as to what procedures/vaccines the animal has received.
10. **Daily Report Form:** The HSUS Team Lead has a daily report form that must be completed and returned to Tara at the end of each day.
11. **After Care Veterinarians:** These are the veterinary clinics designated to handle any patient complications.
12. **Free Surgery Vouchers/Voucher Tracking List:** Each clinic has vouchers to distribute to owners/guardians of animals who cannot receive services at the clinic location – ideally these are to be reserved for animals too aggressive to be safely altered onsite. Use the voucher tracking list to document distribution of each voucher and return the completed list to HSUS staff.
13. **Ear Tipping Form and Information Flyer:** These must be completed by every cat owner/guardian. The medical team should walk through the form with the owner/guardian so that it is properly completed.
14. **End of Round Inventory Form:** The Ground Team Lead is responsible for completing this form at the end of each Round and submitting it to Tara.

Sample Forms

Participant Release & Waiver of Liability

Name of Participant(s): _____

Name and Species of Animal(s): (1) _____ (2) _____

I wish to attend Spayathon™ for Puerto Rico (spay and neuter campaign) taking place in Mayagüez, Puerto Rico on February 21- 26, 2020 (the “Event”).

I understand:

- The potential risks that are involved in participating in the Event, including the risk of bodily injury, disease, or death associated with being near animals receiving veterinary care.
 - The risks to my animal(s) from receiving veterinary care, including bodily injury, disease, or death.
 - That surgical procedures that are performed with localized anesthesia or under general anesthesia may result in postoperative and operative complications that could result in the death of my animal(s).
 - That my attending the Event is entirely at my own initiative, risk, and responsibility.
- All of these risks have been explained to me by employees, representatives, or volunteers of Maddie’s Shelter Medicine Program at Cornell University, Santuario de Animales San Francisco de Asís or The Humane Society of the United States.

In consideration of being permitted to participate in the Event:

- I expressly assume all risks and responsibility for any damage, liability, losses, or expenses I incur as a result of my participation in the Event.

I release and hold of Maddie’s Shelter Medicine Program at Cornell University, Santuario de Animales San Francisco de Asís, and The Humane Society of the United States harmless from or for any and all claims, actions, causes of action, judgments, and liabilities of any kind that result directly or indirectly, from death, injuries, illnesses, diseases, or damages of any kind, foreseeable or unforeseeable, to me or to my animal(s) or to my property, incurred while I am participating in the Event, including travel to and from it.

- I grant each of Maddie’s Shelter Medicine Program at Cornell University, Santuario de Animales San Francisco de Asís, and The Humane Society of the United States, and their respective affiliates, the right to use my name, information about me, and photographs and/or video incorporating my image and/or voice (and/or that of my animals) for any purpose whatsoever without further compensation to me. I agree that such uses may include (without limitation) news articles, advertisements, and other educational, advocacy, and fundraising materials on television, on the Internet, in email, or in any written or digital medium now known or later developed. I agree that I will not be notified prior to any such use, and I hereby waive any rights of privacy and/or publicity I may have in connection with any such use.

This release is binding upon myself and my personal representatives, executors, heirs, successors and assigns. This release inures to the benefit of each of Maddie’s Shelter Medicine Program at Cornell University, Santuario de Animales San Francisco de Asís and The Humane Society of the United States and their respective affiliates, directors, officers, employees, volunteers, contractors, and agents, and their respective successors and assigns.

Participant(s) Signature and Date of Birth: _____

Date: _____

If a Participant is under age 21:

Father’s Name & Signature: _____

Mother’s Name & Signature: _____

Relevo de Responsabilidad y Exoneración para Participantes

Nombre del Participante(s): _____

Nombre y Especie del Animal(es): (1) _____ (2) _____

Deseo asistir a la campaña de esterilización y castración "Spayathon™ for Puerto Rico", que tendrá lugar en Mayagüez, Puerto Rico del 21 al 26 de febrero de 2020 (el "Evento").

Entiendo y reconozco:

- Los riesgos potenciales para mí que implica la participación en el Evento, incluyendo el riesgo de lesión corporal, enfermedad o muerte asociada con estar cerca de animales que reciben atención veterinaria.
- Los riesgos para mí(s) animal(es) al recibir atención veterinaria, incluyendo lesiones corporales, enfermedad o muerte.
- Que los procedimientos quirúrgicos que se realizan con anestesia local o anestesia general pueden dar lugar a complicaciones postoperatorias y operatorias que podrían provocar la muerte de mi(s) animal(es).
- Que asisto al Evento por mi propia iniciativa, riesgo y responsabilidad.
Todos estos riesgos me han sido explicados por el (los) empleado(s), representante(s) o voluntario(s) de Cornell, Santuario de Animales San Francisco de Asís o The Humane Society of the United States.

En consideración a que se me permita participar en el Evento:

- Asumo expresamente todos los riesgos y las responsabilidades por cualquier daño, responsabilidad, pérdida o gasto en que incurra como resultado de mi participación en el Evento. Libero, relevo y exonero a Maddie's Shelter Medicine Program at Cornell University, Santuario de Animales San Francisco de Asís, y The Humane Society of the United States de todo y cualquier daño, reclamación, posibles o reales, acciones, causas de acción, pérdida, gastos (incluyendo legales) sentencias y responsabilidades de cualquier naturaleza que surjan, directa o indirectamente, por la muerte, lesión, enfermedad o daños de cualquier tipo, previsible o imprevisible, a mí o a mi(s) animal(es) o a mi propiedad, incurridos mientras estoy participando en el Evento, incluido el viaje hacia y desde este.
- Otorgo a Maddie's Shelter Medicine Program at Cornell University, Santuario de Animales San Francisco de Asís, y The Humane Society of the United States y sus respectivos afiliados, el derecho a utilizar mi nombre, información sobre mí, y fotografías y/o vídeos que incorporan mi imagen y/o mi voz (y/o de mis animales) para cualquier propósito sin compensación. Estoy de acuerdo en que los usos pueden incluir (sin limitación) artículos de noticias, publicidad, y otros usos educacionales, campañas de defensa y apoyo, así como material para recaudar fondos en televisión, en el internet, en correos electrónicos, o en cualquier medio escrito o digital existente o por existir. Estoy de acuerdo en que no se me notificará previo a cualquier uso, y por el presente renuncio a mis derechos de privacidad y/o publicidad que yo pueda tener en conexión con cualquiera de dichos usos.

Este relevo es obligatorio para mí y mis representantes, albaceas, herederos, sucesores y cesionarios. Este relevo beneficia a Maddie's Shelter Medicine Program at Cornell University, Santuario de Animales San Francisco de Asís, y The Humane Society of the United States y sus afiliados, directores, funcionarios, empleados, representantes, voluntarios, contratistas y agentes, y sus respectivos sucesores y cesionarios.

Firma y fecha de nacimiento del Participante(s): _____

Fecha: _____

Si un Participante es menor de 21 años:

Nombre del Padre o Firma: _____

Nombre del Madre o Firma: _____

FECHA: February _____, 2020
Date

¡Gracias por traer a su mascota hoy! Por favor, complete **TODA LA INFORMACIÓN** a continuación.
Esta información nos ayudará a servir mejor a su mascota. Toda la información es confidencial.
Thank you for bringing your pet in today! Please complete **ALL INFORMATION** below. This information will help us best serve your pet. All information is confidential.

Su nombre o nombre de la agencia: _____
Your name or agency name

Teléfono principal: _____ **Teléfono secundario:** _____
Primary phone number Secondary phone number

Dirección: _____
Address

Municipio: _____ **Código postal:** _____ **Email:** _____
Municipality Zip code

CUÉNTENOS ACERCA DE SU MASCOTA: (TELL US ABOUT YOUR PET)

Nombre del mascota: Pet's name		Color del mascota: Color of pet	
Especie: Species	<input type="checkbox"/> Perro Dog	<input type="checkbox"/> Gato Cat	Sexo: Sex
			<input type="checkbox"/> Macho Male
			<input type="checkbox"/> Hembra Female
			<input type="checkbox"/> No lo sé Don't know
Mi mascota es: My pet is...	<input type="checkbox"/> Mezcla Mixed breed	<input type="checkbox"/> De raza Crossbred	Raza: Breed
¿Qué edad tiene su mascota? How old is your pet?	<input type="checkbox"/> 2-3 meses 2-3 months	<input type="checkbox"/> 6-11 meses 6-11 months	<input type="checkbox"/> 1-4 año(s) 1-4 years
			<input type="checkbox"/> 5+ años 5+ years
¿Cuál es el estado de su mascota? Por favor marque una: What is the status of this animal? Please check one.			
<input type="checkbox"/> El animal tiene dueño The animal has an owner	<input type="checkbox"/> Realengo sociable/comunidad Friendly stray or neighborhood dog/cat	<input type="checkbox"/> Feral/no socializado Feral/unsocialized	

Voluntarios, ¡Favor de leer las preguntas exactamente como están escritas!

Si es hembra, ¿Ha tenido cachorros/gatitos anteriormente? If female, has this animal ever had puppies or kittens?	<input type="checkbox"/> Si Yes	<input type="checkbox"/> No No	<input type="checkbox"/> No lo sé Don't know	<input type="checkbox"/> N/A (Macho) N/A (Male)
¿Es la primera vez que este animal visita un veterinario? Is this the first time this animal has ever seen a veterinarian?	<input type="checkbox"/> Si Yes	<input type="checkbox"/> No No	<input type="checkbox"/> No lo sé Don't know	
¿Este animal ha sido vacunado contra la rabia anteriormente? Has this animal ever had a rabies vaccine before today?	<input type="checkbox"/> Si Yes	<input type="checkbox"/> No No	<input type="checkbox"/> No lo sé Don't know	

PRE-SURGICAL EXAMINATION/PATIENT PREPARATION

Pre-Surgical Examination			Anesthetics			Other Medication		
WEIGHT:	kg	lbs	Drug	Amount	Time	Drug	Amount	Time
Initials:	WNL	Abnormal	Trazodone PO (mg)			Carprofen PO		
General appearance			Propofol 10 mg/ml			Meloxicam 5 mg/ml SC		
Mucous membranes			Dexmedetomidine 0.5 mg/ml			Buprenorphine ___ mg/ml SC		
Cardiovascular			Acetpromazine 10 mg/ml SC			Ampicillin 250 mg/ml		
Urogenital			Butorphanol 10 mg/ml SC			Penicillin G Procaine		
Other significant findings:			Telazol/Torb/Dexmed IM			Amoxicillin 150 mg/ml		
			Dexmed/Ket/Torb IM			Gabapentin PO (mg)		
			Ketamine 100 mg/ml IV			Lidocaine Local Block		
			Midazolam 5 mg/ml IV					

Aggressive/Agresivo? No Yes

ID# CU6- _____

Recheck date/time (if applicable)

SURGICAL RECORD

Surgeon full name (print)			
Spay report	Midline	Flank	
• Skin closure	Subcuticular	Skin sutures	Adhesive
Neuter report	Pre-scrotal	Scrotal	Abdominal Inguinal
• Cord ligation	Open	Closed	Autoligation
IV fluids intra-operatively	Yes	No	
Isoflurane	Yes	No	
Surgical indicator	Tattoo	Ear Tip	Other:
Other procedures or findings			

Surgery End Time:

Vaccine	Given?
FVRCP	
DHPP + Lepto	
RABIES	
None	

Place vaccine stickers here:

RECOVERY

Treatments Given in Recovery		
Medication	Amount Given	Time/Initials
Atipamezole 5 mg/ml IM		
Fluids (subcutaneous)		
Notes:		

Recovery Stage 1 Times & Temperature/Pulse/Respirations (per minute)			
Time:	IN:		OUT:
T/P/R:			
Notes:			

Medications To Go Home	
_____	_____ or Frontline (circle)
Meloxicam 1.5 mg/ml susp, # _____ mls. Give _____ ml PO q 24hrs x _____ days	
Carprofen _____ mg Qty: _____ tabs. Give _____ tab PO q _____ hrs x _____ days	
Gabapentin _____ mg, Qty: _____. Give _____ tab/capsule PO q _____ hrs x _____ days	
Rabies Cert & TGH Form Done? Final Incision Check/OK TGH?	

OUTCOME SUMMARY

DISPOSITION:	REPRO CONDITION:	OUTCOME:
Spay performed	Normal	Discharged to owner/custodian
Exploded – already altered	Pregnant	Transferred to vet
Declined at door – already altered	Lactating	Died pre-surgery
Declined at door – too young/small	Pyometra	Died during surgery
Declined at door – too large	Hydrometra/ mucometra	Died post-surgery
Declined at door – too old	Cryptorchid	Euthanized – pre-surgery
Declined at door – cryptorchid	Declined	Euthanized – during surgery
Declined at door – behavior	Already altered	Euthanized – post-surgery
Declined at door – unhealthy (explain in comments)	Other:	Given voucher
COMMENTS:		

Spayathon™ para Puerto Rico: Relevé Fotográfico



Yo, por la presente autorizo a Humane Society of the United States (HSUS) el derecho de toma de videos, fotografías y grabaciones de audio de mi persona/o mi animal, y de utilizar mi nombre, voz o imagen o de mi animal libre de costo en cualquier publicación o medio que HSUS o sus afiliadas podrían producir. Entiendo, además, que dichos materiales pasarán a ser propiedad de HSUS y que no tendré el derecho de inspeccionarlos previo a su uso.

HE LEÍDO EL PRESENTE RELEVÉ FOTOGRAFÍCO CUIDADOSAMENTE Y ENTIENDO SU CONTENIDO CABALMENTE Y ACEPTO Y LO FIRMO LIBRE Y VOLUNTARIAMENTE.

Nombre Completo en Letra de Molde _____ Edad _____ Firma _____ Fecha _____

En el Caso de que participante sea menor de 21 años:

AL FIRMA EL PRESENTE RELEVÉ REPRESENTO QUE SOY EL/ELLA PADRE/MADRE CUSTODIO(A) O GUARDIÁN/TUTOR LEGAL DEL/DE LA MENOR NOMBRADO(A) EN EL INCISO ANTERIOR Y ACUERDO QUE ÉL/ELLA ESTÁ SUJETO(A) A LOS TERMINOS PRESENTE RELEVÉ.

Firma de Padre/Madre o Guardian/Tutor Legal _____ Fecha _____

Nombre: _____ Dirección: _____

Correo Electrónico: _____ Teléfono: _____

Reglas Medulares para la Participación en el Spayathon™ para Puerto Rico:

Fotografías: Le exhortamos a que comparta fotos de sus maravillosas experiencias durante el Spayathon (favor asegure de "taguearlas" a #Spayathon4PR, sin embargo, fotos de animales sobre los quirófanos durante cirugías o bajo la influencia de medicamentos no pueden ser tomadas ni compartidas en los medios sociales.

Vestimenta: Camisas y pantalones apropiados deben portarse en todo momento. Se prohíbe el uso de camisetas o pantalones muy cortos.

Mordidas/lesiones: para vuestra seguridad, toda mordida u otra lesión ha de ser reportada a su líder de equipo inmediatamente, y un informe formal relacionado a la lesión debe ser cumplimentado.

Acercamiento a los clientes: Muchos de los pacientes con los cuales se estarán relacionando visitan a un veterinario por primera vez, por ende, es crucial que se hagan sentir bienvenidos y apoyados, nunca juzgados y criticados.

Donaciones: Toda donación ha de ser reservada exclusivamente para los pacientes, únicamente aquellos artículos que no pueden ser devueltos al área de almacén podrán ser distribuidos al personal de apoyo al final del último día, a la discreción del/ de la Líder de la HSUS.





THE HUMANE SOCIETY
OF THE UNITED STATES

Spayathon™ for Puerto Rico: Photographic Release

I grant The Humane Society of the United States (HSUS) the right to take videos, photographs and audio recordings of me and/or my animal, and to use mine and/or my animal's name, voice and image free of charge in any publication or media that HSUS or its affiliates may produce. I also understand those materials will be the property of HSUS and that I will not have the right to inspect them before use.

I HAVE CAREFULLY READ THIS PHOTOGRAPHIC RELEASE AND FULLY UNDERSTAND ITS CONTENTS AND ACCEPT AND SIGN IT OF MY OWN FREE WILL.

Printed Full Name Age Signature Date

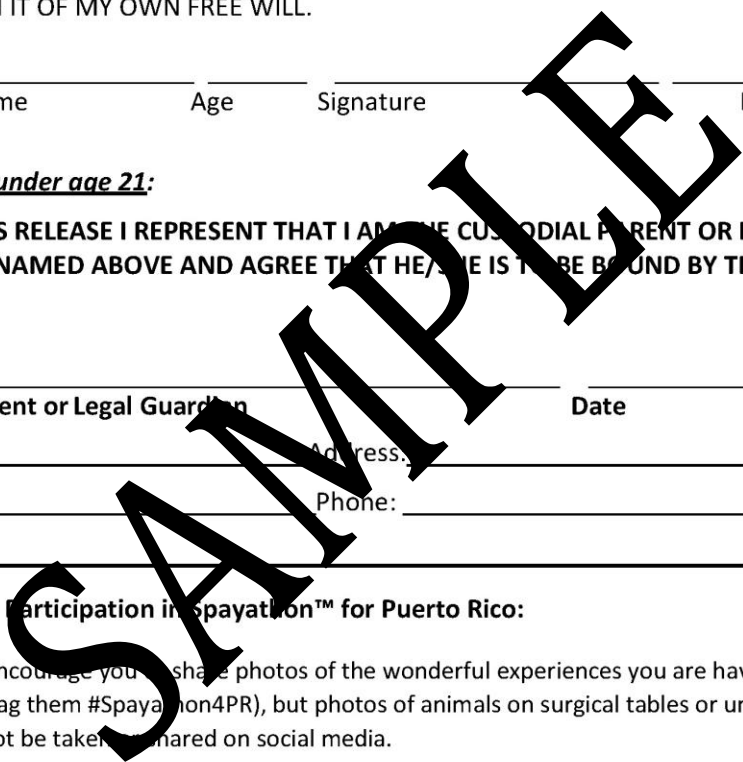
If Participant is under age 21:

BY SIGNING THIS RELEASE I REPRESENT THAT I AM THE CUSTODIAL PARENT OR LEGAL GUARDIAN OF THE MINOR NAMED ABOVE AND AGREE THAT HE/SHE IS TO BE BOUND BY THE TERMS OF THE RELEASE.

Signature of Parent or Legal Guardian Date

Name: _____ Address: _____

Email: _____ Phone: _____



Notable Rules for Participation in Spayathon™ for Puerto Rico:

Photographs: We encourage you to share photos of the wonderful experiences you are having at Spayathon (please be sure to tag them #Spayathon4PR), but photos of animals on surgical tables or under the influence of medications may not be taken or shared on social media.

Attire: Appropriate tops and pants are to be worn at all times; no cutoff shirts or short shorts.

Bites/Injuries: For your safety, all bites or other injuries are to be reported to your team lead immediately, and a formal injury report must be completed.

Approach to clients: Many of the patients you will encounter will be seeing a veterinarian here for the first time, so it is critical that they feel welcome and supported, never judged and criticized.

Donations: All donations are to be reserved exclusively for patients; only items that cannot be returned to storage may be distributed to supporters at the end of the last day at the discretion of the HSUS Lead.

Spayathon™ for Puerto Rico – Euthanasia and Necropsy Consent Form

Guardian Name: _____

Phone #: _____

Animal Name: _____

Species: _____

Gender: _____

I, the undersigned, certify that I am the guardian of the above-referenced animal. I do hereby authorize and give consent as provided below (please initial all appropriate boxes):

I certify that this animal, to the best of my knowledge, has not bitten any person or animal during the last fifteen (15) days, nor has it been exposed to rabies. I do hereby authorize and give consent as provided below.

Euthanasia Consent (if applicable):

I unconditionally release this animal, and hereby authorize and give consent to euthanize this animal, and for the treatment of the remains of said animal as indicated below.

Necropsy Consent (please initial all that apply):

I unconditionally release this animal, and hereby authorize and give consent to euthanize this animal, and for the treatment of the remains of said animal as indicated below.

I request that a COSMETIC necropsy (autopsy) be performed. I understand that this does not allow for a complete study of all this animal's tissues/organs. Samples of tissues/organs may be obtained that may provide a better understanding of this animal's illness and/or death. I have indicated below my wishes with regard to body care after the necropsy is complete.

I DECLINE necropsy (autopsy) of this animal. I have indicated my wishes with regard to body care below.

I elect NOT to take this animal's body. I understand that no remains will be returned to me.

I elect to take this animal's body.

I will pick up this animal's body within 48 hours. I understand that unless special arrangements are made, if I have not picked up this animal's body within 48 hours, this animal's body will be communally cremated, and the ashes will not be returned to me.

I request that this animal's body be held for 24 hours while I make a decision regarding body care.

I hereby forever release Maddie's Shelter Medicine Program at Cornell University, Santuario de Animales San Francisco de Asís, and The Humane Society of the United States and any authorized agents, staff, volunteers or representatives from any and all liability in connection with the euthanasia, any necropsy and the disposal of my animal.

I have read and understand this authorization. To the best of my knowledge, the information I have provided is true. I understand that my wishes may be carried out immediately upon my signing this form. No fees will be charged to me for these services.

Signature and Date of Birth: _____ Date: _____

If Participant is under age 21: Parent's Name & Signature: _____

Witness Name & Signature: _____ Date: _____

Spayathon™ for Puerto Rico
Patient Adverse Incident Report



Clinic Location/Surgical Team: _____ Date of Incident: _____

Animal ID Number (HSUS Record): _____ Gender: M F Species: Dog Cat

Owner Name: _____ Owner Phone Number: _____

Animal Name: _____ Estimated Age: _____

Surgeon/Staff Witness Names: _____

Circle One: Animal Died Animal Sent to Off-Site Hospital Animal Recovered Without Hospitalization

Event description (attach additional sheets if necessary):

If Animal Died: Died Prior to Surgery Died During Surgery Died After Surgery
(Manner of Death) Euthanized Prior to Surgery Euthanized During Surgery Euthanized After Surgery

Location of Death: On-Site Veterinary Clinic Off-Site Veterinary Clinic Home/With Owner

Euthanasia Authorized by Owner (consent form completed)? Yes N/A

Was a necropsy offered (consent form completed)? Yes, Accepted Yes, Declined

Necropsy results (if applicable):

If Animal Was Sent to Offsite Hospital:

Name of Hospital: _____ Phone Number: _____

Signature of Lead Veterinarian: _____ Date: _____

- Please ensure that Tara Loller is immediately informed of any adverse incidents and that this form is completed and returned to HSUS Team Lead by end of surgical day
- Please attach copy of patient's full medical record

Spayathon™ For Puerto Rico
HUMAN INCIDENT/INJURY REPORT



Date/time of incident: _____ Clinic location: _____

Name of individual injured: _____

Address: _____

Phone: _____ Email: _____

In the Injured Party a: HSUS employee? _____ Volunteer? (organization) _____
(circle one option and complete as appropriate) Other? (Please describe): _____

Please describe the incident and the nature & extent of the injury:

Was first aid given? YES NO If so, by whom? _____

Was the injured party taken to hospital/emergency room? YES NO

If so, where? _____

Did the injured party decline first aid and/or emergency care? YES NO

If the injury was caused by or involved an animal, please provide the following:

Animal ID: _____ Dog or Cat (circle) Name: _____

Owner Name: _____ Owner Phone Number: _____

Witness Information:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Signature of Lead: _____ Date: _____

Title: _____ Phone Number: _____

Please ensure that this form is completed and returned to HSUS Team Lead by end of surgical day; if incident involves a bite, please also attach a copy of patient's surgical record. Please also ensure that Tara is immediately informed of any significant incident/injury, particularly if it involves a member of the public and/or hospitalization.



SPAYATHON™ FOR PUERTO RICO: Patient Recheck Form

ORIGINAL ANIMAL ID#

Please use original Animal ID Number

FECHA/Date: _____

INFORMACIÓN DE PROPIETARIO (OWNER INFORMATION)

Su nombre o nombre de la agencia: _____
Your name or agency name

Teléfono principal: _____
Primary phone number

Teléfono secundario: _____
Secondary phone number

Dirección: _____
Address

Email: _____

Municipio: _____
Municipality

Código postal: _____
Zip code

INFORMACIÓN DE LA MASCOTA (PET INFORMATION)

Nombre del perro/gato: _____
Pet's name

Especie: Perro
Species Dog

Gato
Cat

El animal es:
The animal is

Mezcla/Sato
Mixed

De raza
Purebred

Sexo: Macho
Sex Male

Hembra
Female

Raza: _____
Breed

RECHECK MEDICAL INFORMATION

Date Patient Presented for Recheck: _____ Recheck Clinic Location: _____

Original Surgical Location: _____ Date of Original Surgery: _____

Reason Animal Presented for Recheck: _____

Patient Treatment Summary (please include any medications, anesthesia, etc. given): _____

Name of doctor performing recheck: _____

Patient Outcome (circle one): Discharged to owner Sent to Offsite Clinic (IR) Died (IR) Euthanized (IR)

IR = Please complete Adverse Incident Report

Spayathon™ para Puerto Rico
Formulario para Cirujía Denegada al Paciente



Fecha: _____ Equipo Quirúrgico: _____ Localización de la Clínica: _____
Nombre del Animal: _____ # ID del Animal: _____
Especie/Raza: _ --- _____ Edad de la Mascota: _____
Nombre de Dueño(a): _____ # de teléfono de dueño(a): _____

Le agradecemos soberemanera que nos haya traído su mascota a la clínica, sin embargo desafortunadamente, su mascota no podrá recibir cirugía durante el presente evento debido a:

_____ A. Su mascota fue sometida a examen físico previo a cirugía, y durante la misma se determinó condición médica subyacente (según se describe, a saber): _____

Esta condición podría requerir pruebas diagnósticas adicionales (tal como pruebas de sangre o radiografías) o tratamiento médico para que su mascota pueda ser declarada apta para cirugía. Recomendamos que haga cita con su clínica veterinaria local para discutir el asunto con mayor detalle. Lo sentimos, pero no podremos pagar por ese cuidado adicional.

O

_____ B. Luego de su examen físico, su mascota fue sedada/anestesiada el día de hoy en preparación para su cirugía, sin embargo, desarrolló un problema médico que levantó sus preocupaciones en cuanto a su bienestar y, por ende, tomamos la decisión de no continuar en alterar a su mascota el día de hoy (según se describe, a saber): _____

Recomendamos que consulte con su clínica veterinaria local para discutir las opciones adicionales para su tratamiento. Lo sentimos, pero no podremos pagar por ese cuidado adicional.

Para su archivo, los medicamentos y/o tratamientos que su mascota recibió el día de hoy son los siguientes:

Las notas adicionales que sugerimos que comparta con su clínica veterinaria son las siguientes:

Agradecemos nuevamente su visita, sentimos no haber podido acomodarle el día de hoy.

Firma de veterinario(a) o técnico(a) veterinario(a): _____

Spayathon™ for Puerto Rico
Patient Declined for Surgery Form



Date: _____ Surgical Team: _____ Clinic Location: _____
Animal Name: _____ Animal ID #: _____
Species/Breed: _____ Pet's Age: _____
Owner Name: _____ Owner Phone #: _____

We thank you so much for having brought your pet to our clinic, but unfortunately, due to a medical concern, your pet can not have surgery during this event because:

_____ A. Your pet received a physical examination prior to surgery, and during this examination an underlying medical condition was found (please describe): _____

This condition may require additional diagnostics (such as blood work or radiographs) or medical treatment before your pet would be cleared for surgery. We recommend you make an appointment with a local veterinarian to discuss this further. We are sorry, but we cannot pay for this additional care.

OR

_____ B. After receiving a physical examination, your pet was sedated/anesthetized today in preparation for surgery, but an underlying medical concern developed that raised concerns about proceeding and we made the decision not to continue and alter your pet today (please describe): _____

We recommend you consult with a local veterinarian for further treatment options. We are sorry, but we cannot pay for this additional care.

For your records, these are the medications and/or treatments your pet received today:

And these are additional notes we suggest you share with your veterinarian:

Thank you again for coming, we are sorry that we could not accommodate you today.

Veterinarian/veterinary technician signature: _____

Patient Declined for Surgery Form Recipient Log -- Spayathon™ Round 6

Please indicate which clients received Declined for Surgery Forms and return to Tara at end of Round:



Surgical Team: _____

Clinic Location: _____

#	Animal Number	Animal Name	Species	Primary Reason for Decline
1			Y Cat Y Dog	
2			Y Cat Y Dog	
3			Y Cat Y Dog	
4			Y Cat Y Dog	
5			Y Cat Y Dog	
6			Y Cat Y Dog	
7			Y Cat Y Dog	
8			Y Cat Y Dog	
9			Y Cat Y Dog	
10			Y Cat Y Dog	
11			Y Cat Y Dog	
12			Y Cat Y Dog	
13			Y Cat Y Dog	
14			Y Cat Y Dog	
15			Y Cat Y Dog	
16			Y Cat Y Dog	
17			Y Cat Y Dog	
18			Y Cat Y Dog	
19			Y Cat Y Dog	
20			Y Cat Y Dog	
21			Y Cat Y Dog	
22			Y Cat Y Dog	
23			Y Cat Y Dog	

SAMPLE



THE HUMANE SOCIETY
OF THE UNITED STATES

Spayathon™ for Puerto Rico- Round 6 Surgical Discharge Instructions – Mayaguez Location

Eating and Drinking After Surgery	
Your pet may experience a loss of appetite and stomach upset for a day or two after surgery. It is also normal for your pet to not defecate for 12 to 24 hours post-surgery. We recommend offering only small amounts of water and small frequent meals for the 24 hours following surgery. You can offer food and water as usual after 24 hours as long as your pet is acting normally.	
Limiting Physical Activity	
Your pet may be drowsy or lethargic for 24 to 36 hours after surgery. Please allow him/her to rest and keep him/her quietly indoors for at least 10 days after surgery. Restrict him/her to leash walks only for two weeks (no running, jumping or playing outside). If your cat normally goes outdoors, please keep them confined indoors for at least 10 days.	
Incision Care	
<ul style="list-style-type: none"> Your pet's incision site should be inspected at least twice a day for the next ten days. Some bruising and minor swelling is expected, but should clear up within 3-4 days. Unless you have been told otherwise, your pet's stitches are internal with dissolvable suture that do not require removal. Surgical glue applied to the top layer of the incision may appear crusty, but that is completely normal. Do not allow your pet to lick or chew at the incision site, since this can open the wound or cause infection. If he/she persists in licking, you may want to use a t-shirt or E-collar (cone) to physically prevent him/her from reaching the incision site. Please do not allow the incision site to get wet for two weeks (no bathing or swimming). Do not apply anything to the incision site that was not specifically prescribed by a veterinarian. 	
Medications	
Your pet has already received pain medication during surgery, so the veterinarian will decide whether or not he/she requires additional post-operative medications. If those prescribed to you by clinic personnel, please follow their instructions precisely. DO NOT give your pet ASPIRIN, DICLOFENAC, TYLENOL or IBUPROFEN or other human pain medications to your pet because they can be toxic to cats & dogs.	
Warning Signs /When to Seek Emergency Care	
Most pets recover completely from surgery within a day or two, especially if you are careful to follow the instructions listed above, but please keep an eye out for the following signs that your pet is experiencing complications: <ul style="list-style-type: none"> Opening at the incision site, discharging with blood and pus, or excessive swelling; Loss of appetite lasting longer than 3 days; Diarrhea, vomiting, lethargy or excessive fatigue lasting longer than 3 days; Refusal to drink water lasting more than 24 hours. IF YOU HAVE QUESTIONS DURING SPAYATHON™ (February 21st- 26th) PLEASE CALL (607) 882-0179 If you have questions after Spayathon™ (February 27th- March 4th ONLY), please call: The Pet Vet Jobos Beach 787-872-0204 	

Animal ID: CU6-_____

In addition to spay/neuter surgery, your pet received the following (please keep for your records):

Vaccinations:	Rabies	Feline Panleuk Combination	Canine Distemper Combo + Lepto	Other		
Take-Home Medications (if any):						
Special Notes (if any):						
<p>If your pet experiences an AFTER-HOURS emergency (Feb 27th – March 4th ONLY), please contact one of the following:</p> <table> <tr> <td>Veterinaria 24/7 270 Av. Jesus T. Pinero San Juan, PR 00925 787-751-3737</td> <td>Animal Emergency Clinic 387 Domenech Avenue San Juan, PR 00918 787-765-1120</td> </tr> </table>					Veterinaria 24/7 270 Av. Jesus T. Pinero San Juan, PR 00925 787-751-3737	Animal Emergency Clinic 387 Domenech Avenue San Juan, PR 00918 787-765-1120
Veterinaria 24/7 270 Av. Jesus T. Pinero San Juan, PR 00925 787-751-3737	Animal Emergency Clinic 387 Domenech Avenue San Juan, PR 00918 787-765-1120					

Spayathon™ for Puerto Rico Instrucciones al Dar de Alta Luego de Cirugía – Mayaguez



Consumo de Alimentos y Líquidos Luego de la Cirugía
Su mascota podría experimentar pérdida de apetito y problemas del estómago por un día o dos luego de la cirugía. Es normal que su mascota no defaque por 12 a 24 horas luego de la cirugía. Recomendamos que le ofrezca solamente pequeñas cantidades de agua y porciones pequeñas y frecuentes de alimentos por 24 horas luego de la cirugía. Usted podrá ofrecerle alimentos y agua según lo acostumbrado a partir de 24 horas si su mascota se está comportando normalmente.
Limitar la Actividad Física
Su mascota podría aparentar estar cansada o letárgica por 24-36 horas luego de la cirugía. Por favor, permítale reposar y manténgala tranquila en interiores por lo menos 10 horas luego de la cirugía. Restrinjala únicamente a paseos con la correa puesta por 2 semanas (límitese a no permitir que corra, salte o juegue mientras esté afuera). En el caso de un gato(a) que habitualmente sale, favor de mantenerlo(a) confinado(a) a interiores por lo menos 10 días.
Cuidado de la Incisión
<ul style="list-style-type: none"> • La incisión de su mascota debe ser inspeccionada por lo menos dos veces al día por los próximos 10 días. Contusiones (Moretones) menores e hinchazón son de esperarse, pero deben resolverse dentro de 3 a 4 días. • Al menos de que le hayan dicho lo contrario, los puntos de su mascota son internos y suturas absorbibles que no requieren remoción. El adhesivo quirúrgico que se le aplicó a la capa superior de la incisión podría aparentar astroso o escamoso, pero eso es completamente normal. • No permita que su mascota lama o muerda el sitio de incisión, dado que esto podría causar que se abra la herida o una infección. En el caso de que persista en querer lamer, usted podría optar por colocarle una camiseta o un dispositivo protector de tipo cono para físicamente privarlo(a) de alcanzar el sitio de incisión. • Favor de no permitir que el sitio de incisión se moje por 2 semanas (no bañar ni permitirle nadar). • No le aplique nada al sitio de incisión que no haya sido específicamente recetado por un veterinario.
Medicamentos
Su mascota ya ha recibido medicamentos para el dolor durante la cirugía, por lo cual el/la veterinario(a) decidirá si ha de requerir medicamentos postquirúrgicos adicionales. En el caso que esos le hayan recetados por parte del personal de la clínica, favor de seguir sus instrucciones precisamente. NO le dé ASPIRINA, FENOL, ACETAMINOFENOL, IBUPROFEN u otros medicamentos analgésicos para humanos, debido a que estos pueden resultar tóxicos para los gatos y los perros.
Señales de Alerta/Cuándo Buscar Cuidado de Emergencia
La mayoría de las mascotas se recuperan de la cirugía completamente dentro del espacio de uno a dos días, especialmente si usted sigue las instrucciones anteriores con cuidado, y asustante por favor manténganse alerta por si acaso detecta cualquiera de las siguientes señales de que su mascota esté experimentando complicaciones: <ul style="list-style-type: none"> • Lugar de incisión abierto, sangramiento o hinchazón excesiva; • Pérdida de apetito por más de 3 días; • Diarrea, vómitos, letargo (cansancio) o fatiga excesiva por más de 3 días; • Negarse a beber agua por más de 24 horas. • De tener alguna pregunta o inquietud durante el Spayathon (21-26 de febrero), favor de llamar al (607) 882-0179. • Si su mascota experimenta problemas relacionados a su cirugía luego de que la clínica haya cerrado (SOLO del 27 de febrero- 4 marzo), favor de contactar a The Pet Vet Jobs Beach (787) 872-0204

Animal ID: CU6-_____

Adicionalmente a la cirugía de esterilización, su mascota recibió los siguientes (favor de mantener para su archivo):

Vacunas:	Rabia	Moquillo ["Distemper"]	Moquillo ["Distemper"] Canino Combinación	Moquillo ["Distemper"] Canino Combinación + Lepto
Medicamentos para Uso en el Hogar (si alguno):				
Notas Especiales (si alguna):				

Si su mascota experimenta una emergencia fuera de horario de oficina (SOLO del 27 de febrero – 4 de marzo), favor de contactar:

Veterinaria 24/7 270 Av. Jesus T. Pinero San Juan, PR 00925 787-751-3737	Animal Emergency Clinic 387 Domenech Avenue San Juan, PR 00918 787-765-1120
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THE HUMANE SOCIETY
OF THE UNITED STATES

Spayathon™ for Puerto Rico HSUS Team Lead Daily Report

(To be completed and uploaded to Google drive folder by 8 PM each surgical day, along with all applicable event forms and data sheets; please use back of form for any additional information)

Name: _____ Clinic Location: _____

Surgical Team: _____ Date: _____

How many animals were successfully altered today? Total: _____ Cats: _____ Dogs: _____

Were there any surgical mortalities today?* YES NO How many (circle)? 1 2 3 4 5

Animal ID: _____ Dog or Cat (circle) Name: _____

Owner Name: _____ Owner Phone Number: _____

Animal ID: _____ Dog or Cat (circle) Name: _____

Owner Name: _____ Owner Phone Number: _____

Animal ID: _____ Dog or Cat (circle) Name: _____

Owner Name: _____ Owner Phone Number: _____

Were any animals delivered to an off-site veterinarian today?* YES NO How many (circle)? 1 2 3 4 5

Animal ID: _____ Dog or Cat (circle) Name: _____

Owner Name: _____ Owner Phone Number: _____

Off-Site Clinic Name and Number: _____

Animal ID: _____ Dog or Cat (circle) Name: _____

Owner Name: _____ Owner Phone Number: _____

Off-Site Clinic Name and Number: _____

Animal ID: _____ Dog or Cat (circle) Name: _____

Owner Name: _____ Owner Phone Number: _____

Off-Site Clinic Name and Number: _____

Were there any non-fatal surgical complications today?* YES NO How many (circle)? 1 2 3 4 5

Animal ID: _____ Dog or Cat (circle) Name: _____

Owner Name: _____ Owner Phone Number: _____

Animal ID: _____ Dog or Cat (circle) Name: _____

Owner Name: _____ Owner Phone Number: _____

Animal ID: _____ Dog or Cat (circle) Name: _____

Owner Name: _____ Owner Phone Number: _____

Were there any patient rechecks today?* YES NO How many (circle)? 1 2 3 4 5

Animal ID: _____ Dog or Cat (circle) Name: _____

Owner Name: _____ Owner Phone Number: _____

Animal ID: _____ Dog or Cat (circle) Name: _____

Owner Name: _____ Owner Phone Number: _____

Animal ID: _____ Dog or Cat (circle) Name: _____

Owner Name: _____ Owner Phone Number: _____

Were there any bites or other injuries to humans today?** YES NO How many (circle)? 1 2 3 4 5

Injured Person's Name: _____ Phone Number: _____

Animal ID: _____ Dog or Cat (circle) Name: _____

Owner Name: _____ Owner Phone Number: _____

Injured Person's Name: _____ Phone Number: _____

Animal ID: _____ Dog or Cat (circle) Name: _____

Owner Name: _____ Owner Phone Number: _____

Injured Person's Name: _____ Phone Number: _____

Animal ID: _____ Dog or Cat (circle) Name: _____

Owner Name: _____ Owner Phone Number: _____

Daily Supply Inventory:

Does your clinic have _____ vaccines for at least the next 2 days of surgery? YES NO

(if not, please have Group Lead arrange to pick up more directly from HSPR)

Does your clinic have sufficient rabies stamps for at least the next 2 days of surgery? YES NO

(if not, please call Tara to arrange to pick up of more)

Were there any other situations of note today? YES NO (if yes, please describe)

After Care Veterinarians

Spayathon™ for Puerto Rico - Round 6

THIS FORM IS FOR FEBRUARY 27 – March 4, 2020 USE ONLY

These are the veterinary clinics designated to handle any patient complications that might occur after Spayathon™ week. This form is for February 27 – March 4, 2020 use only.

- EQUUS PET CLINIC
1-A Carr. #1 Km. 30
Bo. Bairoa, Caguas, Puerto Rico
787-704-1232

- THE PET VET JOBOS BEACH
P.R.-4466
Isabela, Puerto Rico, 00662
787-872-0204

Emergency (During Clinic) Veterinary Clinics

Spayathon™ for Puerto Rico - Round 6

THIS FORM IS FOR FEBRUARY 21-26 2020 USE ONLY

While most issues/complications that arise will likely be managed by the clinic veterinarians themselves, there may be a rare occasion when an animal requires specialty assistance from a local veterinary clinic. HSUS has made arrangements with the following veterinary clinics to provide that support. Team leads must ensure that the veterinary office is contacted and has agreed to accept the animal, that the information is noted in the Daily Report, and that Dr. Bolser is alerted immediately. Please do not send animals to veterinary offices other than those listed below, as HSUS cannot guarantee payment to non-approved veterinary offices. Please also use caution if transporting animals or their owners (HSUS staff cannot accept liability for such transport). This form is for February 21-26, 2020 use only.

ANIMAL EMERGENCY CLINIC

387 Doménech Avenue
San Juan, Puerto Rico, 00918
787-765-1120

VETERINARIA 24/7

270 Av. Jesús T. Piñero
San Juan, Puerto Rico, 00925
787-751-3737

Spayathon™ for Puerto Rico
Voucher Distribution List – Round 6



Clinic Surgical Team/Location: _____

	Owner's Name/Address	Pet Name
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

SAMPLE

Please submit list to HSUS Lead when completed for return to Laura Littlebear

**VOUCHER FOR FREE SPAY/NEUTER/VACCINATION
Spayathon™ for Puerto Rico Round 6**



**THE HUMANE SOCIETY
OF THE UNITED STATES**

Clinic Location: _____

Voucher # **VPR** _____ of 10

This voucher entitles (owner name) _____ to receive
free spay/neuter/vaccination services for (animal name) _____.

Please call one of these 3 clinics to schedule your appointment:

Humane Society of PR
Carretera #20 km. 3.8
Guaynabo, PR 00970
787-720-6038

The Pet Vet Jobos Beach
PR- 4466
Isabela, PR 00662
787-872-0204

The Equus Pet Clinic
Local 1-A #1, KM. 30
Bo. Bairoa, Caguas, PR
787-704-1232

Issued by: (Name) _____ Date: _____

Expires March 20th, 2020

**VOUCHER FOR FREE SPAY/NEUTER/VACCINATION
Spayathon™ for Puerto Rico Round 6**



**THE HUMANE SOCIETY
OF THE UNITED STATES**

Clinic Location: _____

Voucher # **VPR** _____ of 10

This voucher entitles (owner name) _____ to receive
free spay/neuter/vaccination services for (animal name) _____.

Please call one of these 3 clinics to schedule your appointment:

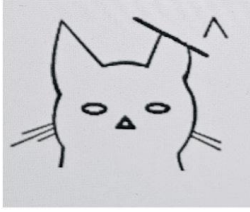
Humane Society of PR
Carretera #20 km. 3.8
Guaynabo, PR 00970
787-720-6038

The Pet Vet Jobos Beach
PR- 4466
Isabela, PR 00662
787-872-0204

The Equus Pet Clinic
Local 1-A #1, KM. 30
Bo. Bairoa, Caguas, PR
787-704-1232

Issued by: (Name) _____ Date: _____

Expires March 20, 2020



Animal ID:
CU6-_____

Name of Guardian: _____

Name and Breeds of Animal(s): (1) _____ (2) _____

(3) _____ (4) _____

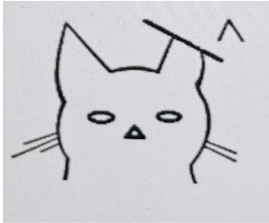
I hereby authorize the surgical removal of ¼ tip of my cat's left ear. I acknowledge that this is a permanent cosmetic change to my cat's ear and overall appearance. I further acknowledge this procedure is recognized globally to assist in the visual recognition that my cat has been spayed/neutered. My signature indicates that I understand the above. I agree to assume all risks and responsibility for any damages, liabilities or losses I or my animal(s) may incur as a result of the procedure and hold Maddie's Shelter Medicine Program at Cornell University, Santuario de Animales San Francisco de Asís, and The Humane Society of the United States harmless from liability arising from the authorized procedure.

Guardian's Signature _____ Date _____

If Participant is under age 21:

Father's Name & Signature: _____

Mother's Name & Signature: _____



Animal ID: CU6- _____

Nombre de guardián: _____

Nombre y raza del animal(es) (1) _____ (2) _____
 (3) _____ (4) _____

Por la presente autorizo que se remueva ¼ de la parte superior de la oreja izquierda de mi gato/a. Entiendo que esto es una alteración cosmética permanente de la oreja izquierda de mi gato/a y de su apariencia en general. Además, reconozco que este procedimiento es reconocido globalmente para asistir en la identificación visual de que mi gato/a ha sido esterilizado/a. Mi firma indica que entiendo lo antes expuesto. Acepto asumir los riesgos y responsabilidades por cualquier daño/s, obligación/es o pérdidas que yo o mi animal pueda/n incurrir como resultado de este procedimiento y relevo a hold Maddie's Shelter Medicine Program at Cornell University, Sanuario de Animales San Francisco de Asís, y The Humane Society of the United States de cualquier responsabilidad derivada de este procedimiento autorizado.

SAMPLE

 Firma del guardián

 Fecha

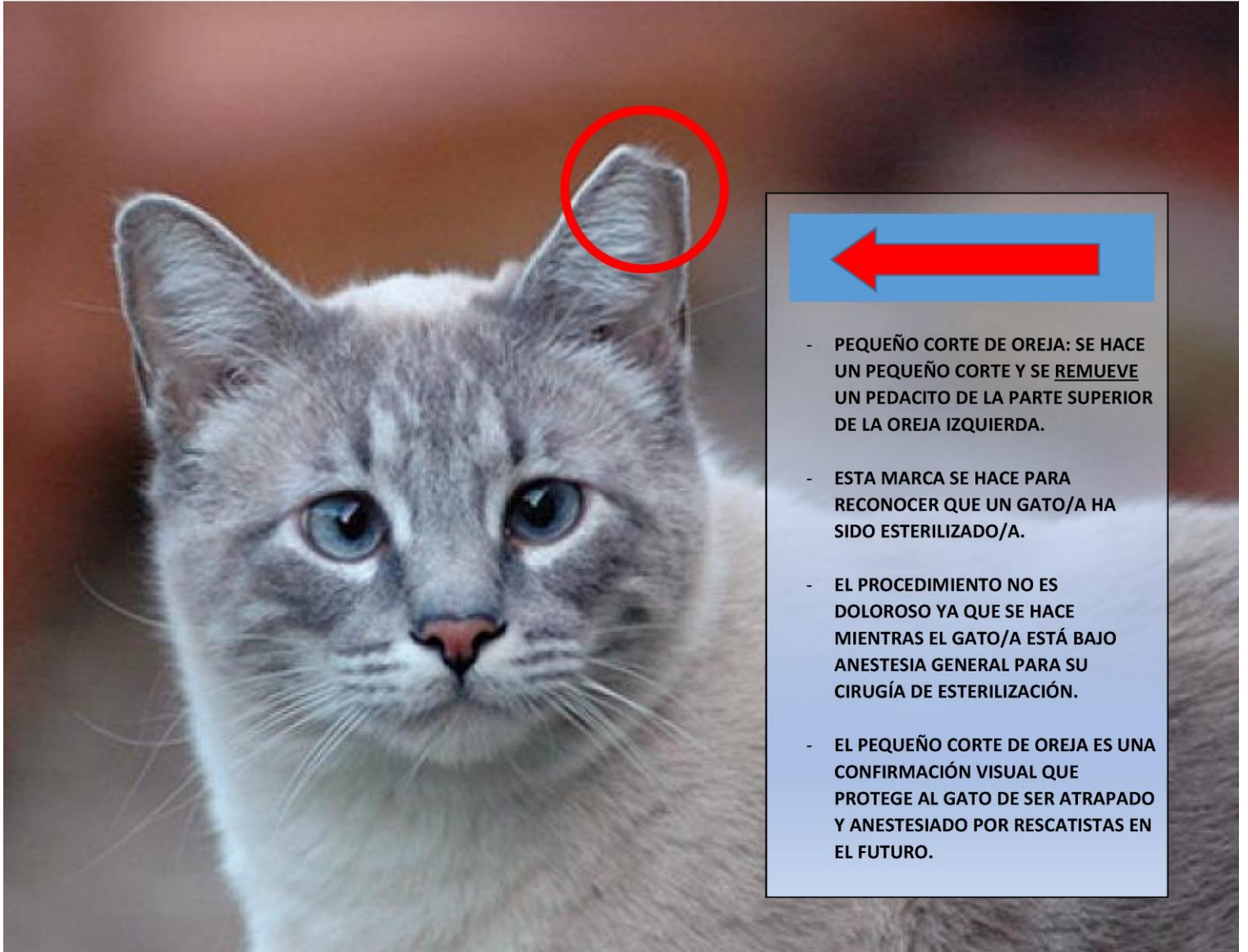
Si el participante es menor de 21 años:

Nombre y firma del padre: _____

Nombre y firma de la madre: _____



- **EAR-TIPPING** IS PERFORMED THROUGH A SURGICAL PROCEDURE OF REMOVING ONE QUARTER TIP OF THE LEFT EAR.
- THIS IS THE UNIVERSAL IDENTIFICATION FOR CATS THAT HAVE BEEN SPAYED OR NEUTERED.
- THIS PROCEDURE IS NOT PAINFUL AS THE REMOVAL IS PERFORMED WHILE THE CAT IS UNDER ANESTHESIA DURING THEIR STERILIZATION SURGERY.
- THE TIPPED EAR PROVIDES A VISUAL CONFIRMATION TO TRAPPERS AND RESCUERS AND PROTECTS THE CAT FROM THE UNNECESSARY TRAUMA OF BEING TRAPPED AND PUT UNDER ANESTHESIA REPEATEDLY.



- PEQUEÑO CORTE DE OREJA: SE HACE UN PEQUEÑO CORTE Y SE REMUEVE UN PEDACITO DE LA PARTE SUPERIOR DE LA OREJA IZQUIERDA.
- ESTA MARCA SE HACE PARA RECONOCER QUE UN GATO/A HA SIDO ESTERILIZADO/A.
- EL PROCEDIMIENTO NO ES DOLOROSO YA QUE SE HACE MIENTRAS EL GATO/A ESTÁ BAJO ANESTESIA GENERAL PARA SU CIRUGÍA DE ESTERILIZACIÓN.
- EL PEQUEÑO CORTE DE OREJA ES UNA CONFIRMACIÓN VISUAL QUE PROTEGE AL GATO DE SER ATRAPADO Y ANESTESIADO POR RESCATISTAS EN EL FUTURO.

Spayathon™ for Puerto Rico
End of Round Inventory Form: Round 6



Surgical Team: _____ Clinic Location: _____

Total number of pallets sent to storage: _____

Number of pallets containing autoclaves: _____

Pallets must be securely wrapped for storage and may not exceed 5' high. Please minimize the number of pallets to the extent possible, since storage fees are charged per pallet. Autoclaves must be on their own pallets and labeled for easy identification. Anesthesia machines must be packed securely in provided padded boxes.

Vaccines returned to HSPR:

- Rabies: _____
- FVRCP: _____
- DA2PP: _____
- DA2PP + Lepto: _____

Rabies Stamps/Books returned to HSPR: _____

Deionized Water (please indicate how much you have left): _____

Paperwork for next rounds (please check if you should have enough, leave blank if you believe you will need more printed):

	Have Enough for Remaining Rounds	Need to Have Additional Copies Printed
Participant release Forms		
HSUS Volunteer Photo Releases		
Adverse Incident Form (patient)		
Incident Form (human)		
HSUS Daily Lead Reports		
End of Round Inventory Forms		
Rabies Stamps/Books		
Euthanasia/Necropsy Consent Forms		

Please list any critical repairs needed to equipment or other information we should be aware of (please include model, serial number, and other identifying information): _____

Carolina Surgical Site

La Cerámica Industrial Park
Building 1-A, Space #1B, Carolina
Puerto Rico



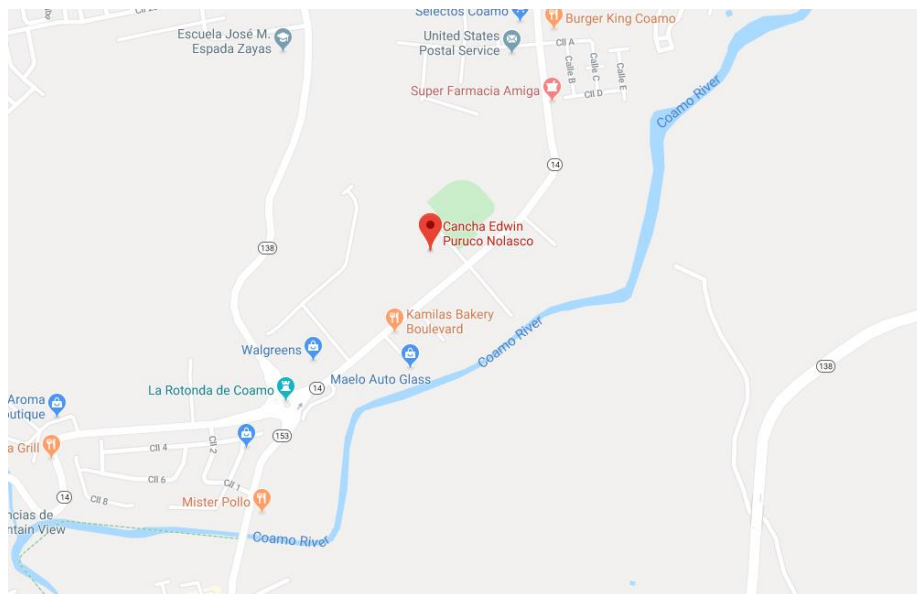
Vega Baja Surgical Site

Complejo Deportivo Rodrigo "Guigo" Otero Suro
Carr. P.R. – 687, 00693



Coamo Surgical Site

Cancha Edwin "Puruco" Nolasco
Calle José I. Quintón, 00769



Mayaguez Surgical Site

Palacio de Recreación y Deportes Germán Wilkin Vélez
Calle Miguel A. Santín #87, 009681



Humacao Surgical Site

Ave. Boulevard Nicanor Vázquez
Humaca



Our Promise

We fight the big fights to end suffering for all animals.

Together with millions of supporters, we take on puppy mills, factory farms, trophy hunts, animal testing and other cruel industries. With our affiliates, we rescue and care for thousands of animals every year through our animal rescue team's work and other hands-on animal care services.

We fight all forms of animal cruelty to achieve the vision behind our name: a humane society.
And we can't do it without you.

1255 23rd Street, NW, Suite 450 Washington, DC 20037
[humanesociety.org](https://www.humanesociety.org)