

A black dog with floppy ears is lying on a patterned blanket. The dog is looking directly at the camera with a calm expression. The background is slightly blurred, showing what appears to be a white chair leg.

# Spayathon™ for Puerto Rico

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



THE HUMANE SOCIETY  
OF THE UNITED STATES



# CONTENTS

CONTENTS.....	1
Spayathon™ for Puerto Rico.....	2
Spayathon™ Clinic Locations.....	2
Spayathon™ Clinic Driving Time.....	2
Our Partners.....	2
Spayathon™ Dates.....	2
Partnership Matchup.....	2
Surgical Lead Contact Information.....	2
Ground Team Contact Information.....	2
HSUS Team Contact Information.....	2
HSUS Team Responsibilities and Information.....	2
Onsite HSUS Team Responsibilities.....	2
Packing List Items.....	2
University of Florida Data Study.....	2
Data Entry User Guide.....	2
Data Entry Cheat Sheet.....	2
Paperwork and File Handling Cheat Sheet.....	2
Human Emergency Contact Information.....	2

Spayathon™ for Puerto Rico.....	2
The Spayathon™ for Puerto Rico Approach to Client Interactions .....	2
Drugs and Alcohol Policy.....	2
Post-Round Pack-Up Instructions.....	2
Daily Wristbands.....	2
HSUS Communications.....	2
Paperwork Cheat Sheet – Round 6 .....	2
Sample Forms.....	2
Carolina Surgical Site .....	2
Vega Baja Surgical Site.....	2
Coamo Surgical Site .....	2
Mayaguez Surgical Site .....	2
Humacao Surgical Site .....	2



# 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 Coalition Project 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](mailto:tloller@humanesociety.org) and by phone (240) 753-9171.

Thank you again for helping us reach our goal of serving 80,000 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



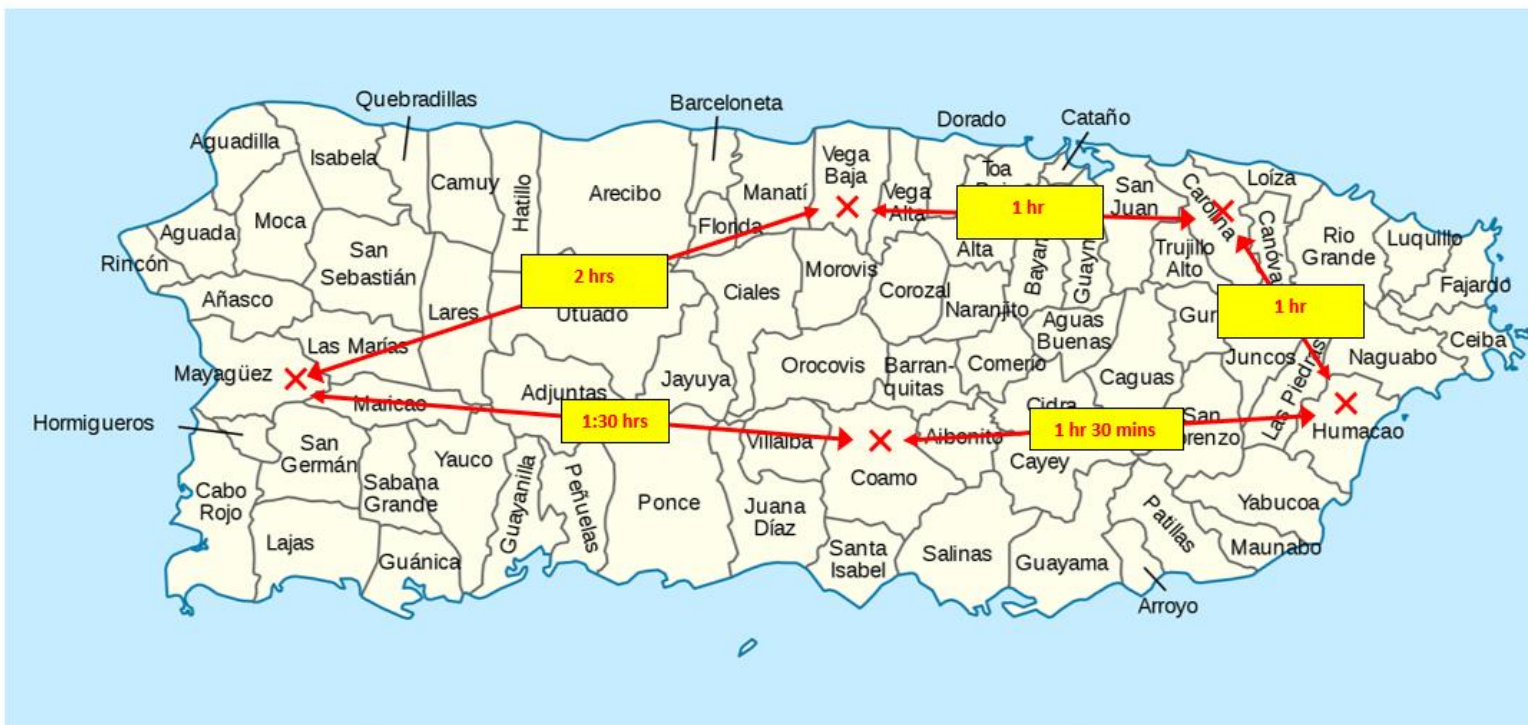
Mayagüez  
Palacio de Recreación y Deportes  
Germán "Wilkins" Vélez



Coamo  
Cancha Edwin "Puruco" Nolasco



# Spayathon™ Clinic Driving Time



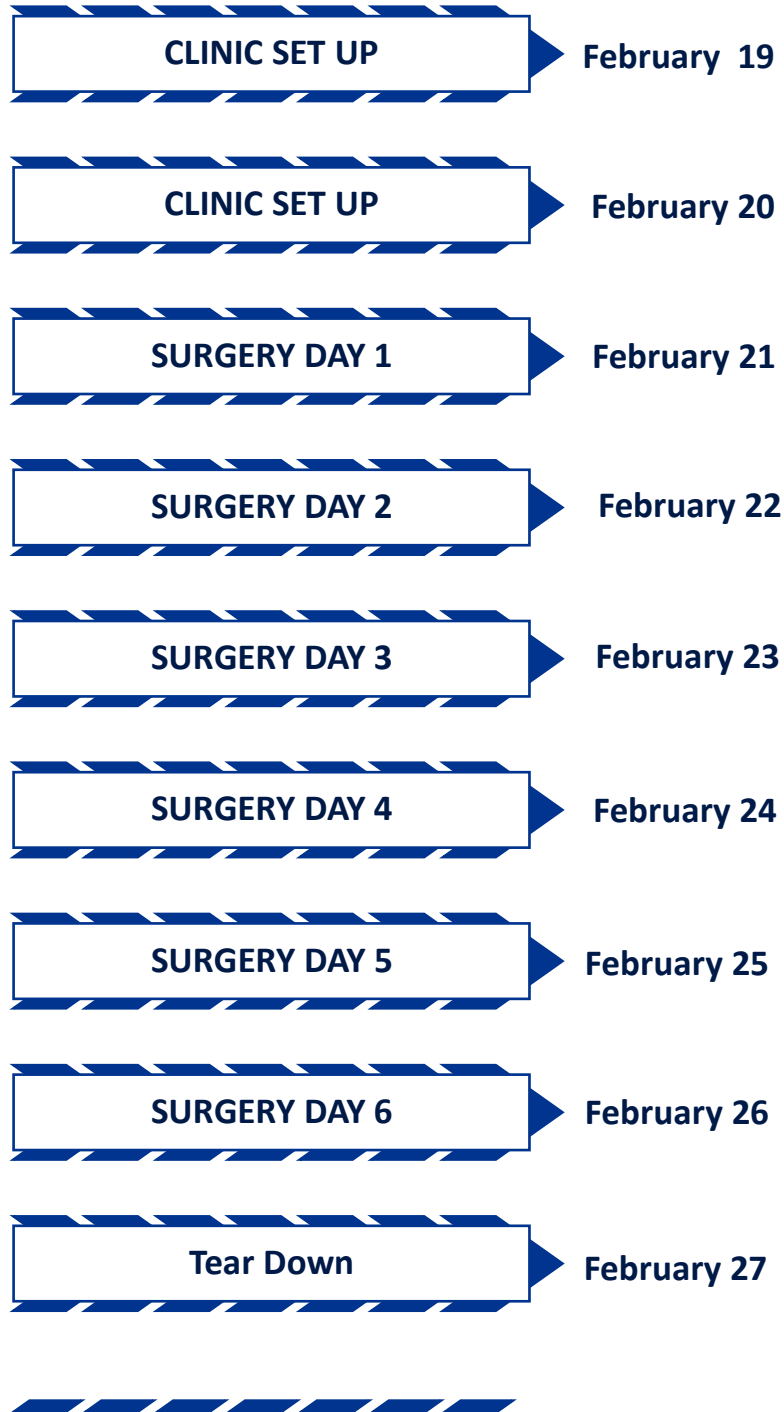
# Our Partners





# 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 Wertan
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
ViDAS	Puerto Rico Dog Fund, Wild at Heart	Bryant Taylor
Cornell University Maddie's Shelter Medicine Program	Santuario de Animales San Francisco de Asís	Darci Adams

# Surgical Lead Contact Information

Round 6: February 21-26, 2020

Team	Points of Contact	E-mail	Phone
Emancipet	Myles Chadwick Holly Putman	<a href="mailto:Myles.chadwick@emancipet.org">Myles.chadwick@emancipet.org</a> <a href="mailto:holly.putnam@emancipet.org">holly.putnam@emancipet.org</a>	(512) 587-7729 (512) 699-7007
Helping Paws Across Borders	Angela Cherry	<a href="mailto:helpingpaws@comcast.net">helpingpaws@comcast.net</a>	(260) 413-2504
Veterinarians for Puerto Rico	Dr. Willie Bidot Aida Vientos	<a href="mailto:williebidot@gmail.com">williebidot@gmail.com</a> <a href="mailto:aidavientos@gmail.com">aidavientos@gmail.com</a>	(787) 447-4993 (787) 396-1175
ViDAS	Dr. Ruth Parkin Laura Littlebear	<a href="mailto:Dr.parkin@gmail.com">Dr.parkin@gmail.com</a> <a href="mailto:llittlebear@humanesociety.org">llittlebear@humanesociety.org</a>	(303) 564-4770 (918) 740-9270
Cornell University Maddie's Shelter Medicine Program	Dr. Elizabeth Berliner	<a href="mailto:Eab35@cornell.edu">Eab35@cornell.edu</a>	(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
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	603-401-0287	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	<a href="mailto:Emily.e.callaghan@gmail.com">Emily.e.callaghan@gmail.com</a>	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



# HSUS Team Responsibilities and Information

## Uniforms

Each HSUS staff member is expected to be dressed in official HSUS attire during each surgical day -- branded t-shirt, navy pants and sneakers. We will do our best to assist you with laundering your clothes at least once per Round.

## Hours

Please prepare for very long, very intense workdays. HSUS staff should expect to be at their location site from the time their Ground Team arrives very early in the morning to the time the last participant leaves in the evening. For those of you who are commuting to and from your clinic locations each day, please be mindful that there can be significant traffic, particularly in the San Juan area – the Waze phone app generally seems to be a reliable predictor of travel times on the island. Each team should arrange your own system of breaks throughout each day.

We all know that the HSUS machine never stops (!), but it is critical that you stress to your supervisor and close colleagues that this is not a typical work trip that will allow you to catch up on daily emails after hours – these will be long days with very little down time. Prepare your colleagues in advance to hold down the fort without you, and don't forget to ensure that your out of office messages are clear that you are unlikely to be able to respond in a timely fashion.

## Daily Briefings

All staff is expected to participate in daily AM and PM briefings – details about times and call-in information will be shared closer to the Round start date.

## Alcohol Policy

Because of the heightened scrutiny surrounding this endeavor, if you must drink, please limit consumption to one or two beverages maximum per day, and only out of HSUS branded gear. Without question, no alcoholic beverages may be consumed at any clinic location (post-Spayathon™ victory celebrations should be reserved

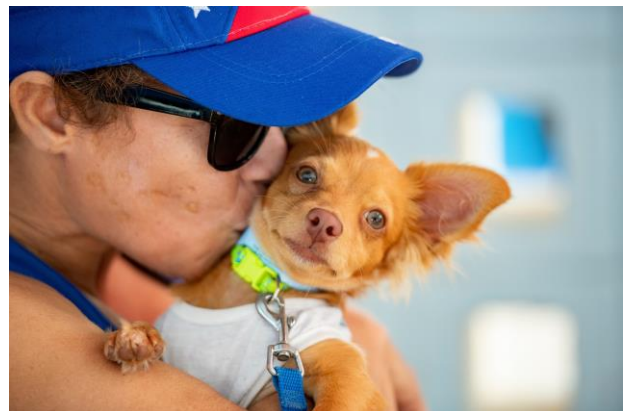
for off-site locations!). Please see the official HSUS alcohol policy attached for general guidelines.

## Food

Please ensure you eat breakfast before leaving for your clinic site each day. Bring any special snacks and drinks that will sustain you.

## Communication

Cell phone communication should be reliable on the island but be prepared for intermittent outages. We recommend you download WhatsApp as a reliable means of texting.



## Clinic Site Oversight

The Surgical Team will handle all medical concerns and comply with best practices. The Ground Team will facilitate all client-related needs from registration through discharge. The HSUS Lead onsite will serve as head of ICS – mitigating any potential conflicts, troubleshooting, liaising with government officials and the media, and generally ensuring that the teams have what they need to focus on their individual responsibilities.

Aside from daily snacks (see below), there should be no need for HSUS to purchase any supplies or equipment.

# Onsite HSUS Team Responsibilities

If an unforeseen problem or expenditure does occur, please contact Tara right away and we will help you source what is needed. Everyone must bring a ton of patience and good humor and not stress about small things or things that are largely out of our control. Obviously if there are significant safety concerns, those must be addressed immediately, but other more “process perfection” concerns can wait for daily debrief or even after action meetings.

## Data Collection

Accurate data collection is critical to the Spayathon™ effort, in part because it is mandated as part of our agreement with the Puerto Rican government and in part because this is an unprecedented opportunity to amass information about access to veterinary care for an entire island population. Please follow directives provided to ensure accuracy of data collection and ensure that all data is properly input each surgical day. Team members assigned to input data will be expected to focus on that as their primary responsibility each day.

## Visitor Credentialing

Team leads are responsible for ensuring that everyone working at or visiting your clinic location is fully authorized to be there. No individual, whether photographer, visitor or volunteer, is permitted onsite unless:

- They are formally a part of your location’s on-site Surgical, Ground or HSUS teams, and the appropriate team lead can vouch for them and has ensured that they have signed all appropriate waivers;
- They are employed by the PR government or local municipality and have appropriate government identification and/or authorization; or
- The HSUS lead has confirmed with Tara that they have permission to be at that location.

If an individual does not meet one of those criteria, they must be asked to leave the clinic site immediately. Photographers, reporters, celebrities, or other visitors engaged by a Surgical or Ground Team to document or support their work must be cleared in advance by Tara; they will be expected to remain solely at the location of the group that engaged them, unless they have received permission from Tara to visit other locations. If a visitor is authorized but is not wearing an HSUS shirt, Surgical Team or Ground Team shirt that would easily identify him/her, please ensure he/she wears one of the official HSUS Spayathon™ guest lanyards provided.

## Daily Reporting

Team leads will be expected to report back to Tara the total number of surgeries performed and information about any adverse incidents by 8 PM each evening using the attached HSUS Team Lead Daily Report.

## Adverse Incidents

All adverse incidents (patient deaths, bites/injuries, etc.) must be reported to Tara immediately and must be promptly documented using the forms provided. Patient Adverse Incident Reports and Human Bite/Injury Reports are to be collected by the HSUS Team Lead on the day of incident and included as part of that evening’s Daily Report.

## Snacks

A well-fed team is a happy team! HSUS is responsible for purchasing and maintaining snacks for their Surgical and Ground Teams each day, including water, energy bars, fruit, etc. Please consult with your team leads to identify their preferred options. Teams have already been alerted that if an individual has very specific desires/needs they should plan to be self-sufficient.

## Meals

Your Surgical and Ground Teams should be securing their own lunches each day, with the Ground Team assisting with sourcing/ordering. HSUS staff should plan on “brown bagging” their own lunches each day.

## Daily Lead Briefing/Debriefing

Each HSUS Lead should hold briefings with their Surgical and Ground Team Leads every morning to discuss plans for the day, and each evening to discuss concerns, process tweaks, etc. Consult with your leads about timing for those briefings.

## Media

Please follow the instructions included in this packet for managing media inquiries, as well as processes and protocols for images, etc.

## Clinic Rules

Clinic sites operate on a first-come, first-served basis (so you can expect lines of people to form very early). Your Ground Team will distribute color-coded wristbands (a different color for each surgical day; see Daily Wristbands, pg. 41) to each pet guardian selected for surgery (selections will be made based on the numbers of surgeries the Surgical Team expects to be able to perform that day). Each guardian must stay with their pet through recovery, so only two animals per guardian will be permitted on any given day. Any pet guardian who does not receive a wristband must leave the clinic location.

## Off-site Veterinary Care

If an animal must be referred to an off-site veterinary clinic, the Ground Team Lead should be handling transport and other arrangements. HSUS staff should not transport any animals or guardians without express permission from Tara.



# Packing List Items

HSUS Branded T-Shirts

Navy pants

Sneakers

Toiletries and  
personal items

Necessary personal  
medications

Power cords and  
chargers (battery  
backup suggested)

HSUS mifi (ideally 1  
per team)

HSUS laptop

Bugs spray, ideally  
with DEET

Sunscreen/sunglasses

Cold neck compresses  
or other items to keep  
cool

Water bottle

# 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 HGHVSN 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](mailto:levyjk@ufl.edu) (352) 258- 6658.



# Data Entry User Guide

## Data Entry Lead

Catherine Lynch, Program Manager  
Humane State Program  
Cell: (202) 258-1357  
[clynch@humanesociety.org](mailto:clynch@humanesociety.org)

### Getting Prepared

- Make sure to attend all staff meetings and calls. Crucial trip information will be given during these calls!
- Get your computer in shape:
  - Remove unnecessary files, back up your work, and remove all sensitive or confidential information.

### Things to Bring

- Laptop and power cord
- You may also want to bring a mouse and/or keyboard to help make laptop data entry easier
- Suitable luggage to carry back the original data entry forms. One or more people from each site will need to carry them back stateside.
- Each team should have at least one HSUS mi-fi with them; please coordinate with your site lead to determine who will be bringing them.

### Getting Set Up Onsite

- Work with your Ground and Surgical Teams and HSUS team lead during setup to find a suitable area for data entry.
- Go over the paperwork and animal flow during the setup days to make sure everyone's on the same page and understands their roles.
- Your Ground Team will receive separate instructions on the completion of the forms. Please emphasize to them that the front of the form needs be filled out in its entirety.

### What You Should Have Onsite (Bundled on the HSUS Supply Pallets)

- A small Epson or Brother printer/scanner - please get this up and running during the setup days prior to the first surgery day. They may require a couple of steps to get hooked up, such as downloading associated software to your computer. They can handle multiple sheets at a time and can scan front and back. The amount of forms the scanners can handle at once varies by model; it's generally about 30-50 forms.
- Note - if your computer is running Windows 10, you'll need to call the HSUS Helpdesk while on site so that they can approve any needed software downloads. The Helpdesk staff is aware of this and will be expecting your calls. Helpdesk number: 301-258-3093
- Black hanging folder box
- Extra hanging folders

- Pens, markers, notepads, clips and other office supplies
- One or two folding tables. Chairs are usually provided by the venue.

## Intake Forms and Data Entry

- As the animals make their way through surgery, you'll begin to receive the completed intake forms.
  - The guardian/pet information and outcome summary area should be filled out completely.
  - If anything is missing or unclear, please double check with a member of your registration or Surgical Teams.
- As you receive the forms, enter the data into your spreadsheet. See the Data Entry Cheatsheet below for specific instructions for each column.
- **Save often!** Also save your file to backup several times throughout each day (see Data Backup section below for more details). You will be responsible for re-entering any data lost due to computer malfunctions or other issues, so back up often!
- Forms can be entered into your spreadsheet in the order you receive them; they do not need to be entered in numerical order.
- Name your file like this: Spayathon Data\_X6\_022420, using your site's code and the correct date. If there are multiple data enterers at a site, please combine your sheets into one file.
- If there is missing information on the forms, please notify your Ground Team lead immediately so that the situation can be rectified. Guardians will need to be tracked down on site or called later to obtain any missing information.

## Scanning and Hard Copy Form Handling

To preserve the data and comply with OGC requirements, there are several items that need to be scanned and saved as PDF files. Please see the list below for what to do with each type of form.

## Daily Data Handling

### At the End of Each Day

- Save your work and save to your backup flash drive.
- Upload your final spreadsheets and all scanned files to the Round 6 shared Google drive (link to be provided). Make sure to include:
  - Data forms
  - Client waivers
  - Incident reports
  - Team lead report
  - Recheck forms
- Team lead report, incident reports and recheck forms can be scanned and uploaded as one file at the end of the day. If this is the case, they do not need to be scanned separately.
- Leave your flash drive on-site in a secure area. Bring your computer with you back to your lodging each evening.

**Do not leave your computer at the clinic overnight! Keep your computer with you at all times while you're in Puerto Rico.**

## The Next Morning

- Start a new spreadsheet for the day.
- The animal ID numbers should continue where they left off the previous day – for example, if the last animal on Sunday was 125, the first animal on Monday should be 126, and so on throughout the week.
- Resolve any numbering discrepancies immediately with the site leads.

## Patient Rechecks and Spreadsheet Editing

- Occasionally you may need to go back and revise a spreadsheet from a previous day (for example, to resolve a discrepancy, add some missing information, or to update an animal's status).
  - If more than one data enterer at your site, revise the combined version of the spreadsheet
  - Add v2 (or v3, etc.) at the end of the file name so that it's clear it's been revised
  - Upload the new version to the Google drive. Leave the previous version there
- For rechecks, enter the date and a brief description of what happened in the comments section. Example:
  - Recheck 2/24 – swollen incision. Carprofen, e-collar.

## End of Week

- Bring the following items with you back to the Gaithersburg office (they can go in your checked luggage):
  - Original data forms
  - All incident reports
  - Flash drives if you borrowed an HSUS one
- If no one on your team is based in Gaithersburg, bring them home stateside and we will arrange to have them shipped to the office. (Shipping from Puerto Rico is not reliable.)

## Tech Issues?

- If your computer malfunctions or crashes during the week (Monday-Friday during office hours), contact the HSUS Help Desk immediately at 301-258-3093.
- If your computer malfunctions on a weekend or after office hours, please contact Mike McFarland at 240-506-8328. He has agreed to be our on-call tech person while we're in Puerto Rico.
- If you are not an HSUS employee and are using your own computer, unfortunately our Help Desk is unable to assist with non-HSUS computers. Please bear this in mind and plan accordingly for any computer issues that may arise during the week.

# Data Entry Cheat Sheet

**Column A – Date:** Enter the clinic date in M/D format (e.g., 2/24) and tab to the next cell. The date will autofill to full format (2/24/2020).

*Hint:* You can also enter the current date by hitting Ctrl + ; (control semicolon).

**Column B – Location ID:** This column is prefilled with your location ID and should not be altered. Simply tab to column C.

**Column C – Animal ID:** Enter the animal ID from the top right corner of the intake form. Use two digits for single numbers (01, 02, 03 etc.) This number, along with the Location ID, is the unique identifier for each animal. Please double check to ensure this is entered correctly. Numbers will continue throughout the week. Keep an eye out for duplicates or other anomalies and bring any concerns immediately to the attention of your HSUS team leader.

**Column D – Name of guardian or organization:** Type in the guardian’s full name or presenting agency name.

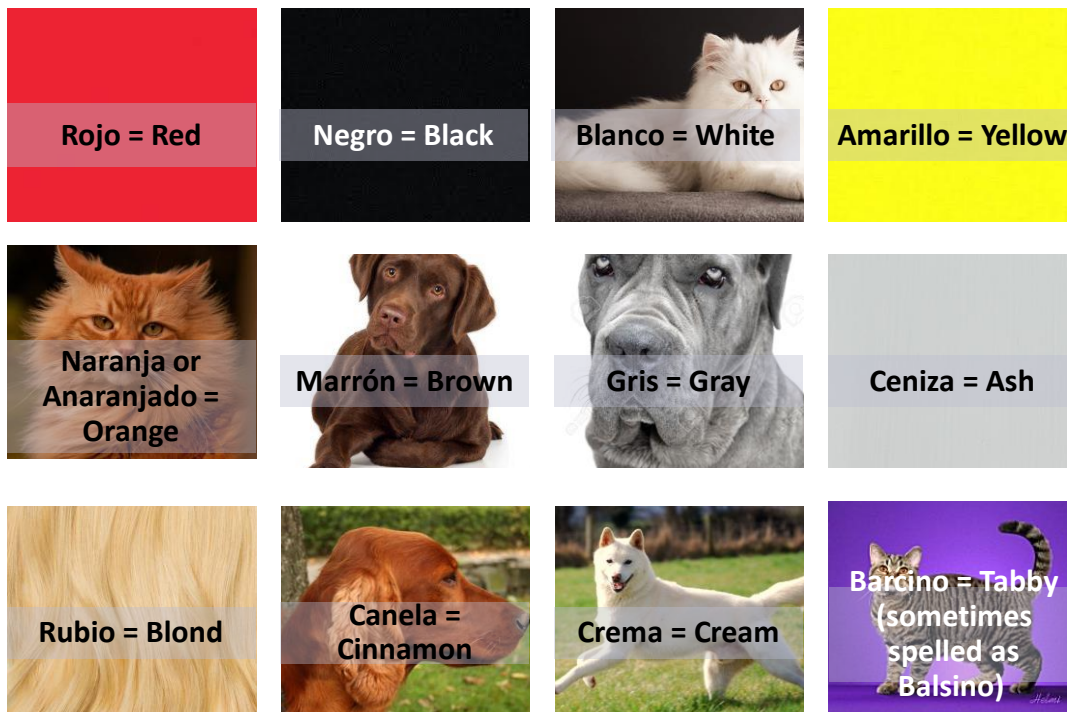
*Hint:* For multiple animals with same guardian or agency, use Ctrl + D (control D) to copy the information from the cell directly above.

**Column E – Address:** This can be left blank (but should still be completed on the data forms themselves.)

**Columns F, G, H – City, State, Zip:** Enter the appropriate information from the intake form. The **zip code** is a crucial piece of information; if that is missing please search the address/city online or check [this handy web page](#).

*Note:* Phone numbers and e-mail addresses are not collected in the data spreadsheet.

**Columns I, J – Name of Animal, Color:** Enter the appropriate information as written on the intake form. The color may be written in Spanish so please familiarize yourself with the Spanish words for colors if you’re not already (see chart below). Enter it in English in the spreadsheet.



**Columns K-R – Information about the animal:** These columns are configured with drop-down selection lists. Tab to the cell and hit Alt + down arrow, or click the down arrow that appears, to see the selections. Use the down arrow to highlight a selection and hit Enter, or click on the appropriate selection with your mouse. You will not be able to enter anything that is not in the list; doing so will result in an error message.

**Note:** For male animals, the answer to the question about having had puppies/kittens should always be N/A.

**Hint:** You can also type out the data, as long as it is a selection that is in that column's list. After the first few entries Excel will start to remember the selections and fill in the rest of the word; simply hit Tab to select that item and move to the next cell.

**Columns S, T, U – Surgery, Condition, Outcome:** These columns are also configured with drop-down lists. Select the item that is marked in the Outcome Summary section on the back of the data form. These sections of the form also have an "Other" option. If something else occurred other than one of the listed options, select Other and enter the notes in the Comments column.

Occasionally an animal will be noted as in heat or estrus under the Condition section. Please select Normal for this and note "in heat" in the Comments column.

Keep an eye out for conflicting data – for example, a male animal is listed as being spayed or a female animal is listed as being neutered (a not uncommon occurrence since guardians can't always tell the gender). In these cases, follow up with the surgical or recovery teams if need be and mark the correct information on the form.

**Column V – Vaccines:** This column is configured with a drop-down list. Select the vaccine combo that the animal received. If they received a vaccine or combo that's not on the list, you'll be able to type that in.

**Note:** Cats receive FVRCP and dogs receive DHPP+Lepto. Check that the species and vaccinations match.

**Column W – Comments:** Enter any comments as noted in the Pre-Surgical Exam and Comments sections of the form. Common or minor ailments, such as fleas and ticks, do not need to be noted.

**Note:** At the bottom of your spreadsheet, you will see a tab labeled List Selections. It is there to support the list selections in the Data Entry sheet. Changes to this sheet would impact the formatting of the Data Entry Sheet, so please do not attempt to make edits here.



# Paperwork and File Handling Cheat Sheet

Please follow the file naming and paper handling directions below. This will be a great help to us in keeping nearly 9,000 animal records organized this week!

## Data Forms

**File name:** Data Forms\_X6\_022420\_1 to 49 (using the appropriate location code, date, and form numbers). Please do your best to have them in order by ID number before scanning.

**Original forms:** KEEP. Do not discard the original forms; they will be returned to HSUS headquarters at the close of the week.

## Client/Participant Waivers

**File name:** Client Waivers\_X6\_022420\_Part 1 (or Part 2, etc.)

**Original forms:** SHRED AT END OF WEEK (if there's no shredder on site they can be taken to an office supply store which generally have shredding services).

## Cat Eartip Consent Forms

It's OK to scan these in one batch at the end of the week.

**File name:** Eartip Forms\_X6 (add Part 1, etc. if multiple batches.)

**Original forms:** DISCARD AT END OF WEEK, there is no need to shred these.

## Volunteer Waivers/Photo Release Forms

It's okay to scan these together. These can be kept and scanned in one batch at the end of the week.

**File name:** Volunteer Waivers\_X6\_Part 1

**Original forms:** SHRED AT END OF WEEK

## Team Lead Reports

**File name:** Team Lead Report\_X6\_022420 (using appropriate location code and correct date)

**Original forms:** DISCARD AT END OF WEEK, there is no need to shred these.

## Incident Reports (Including Euthanasia/Necropsy Releases)

**File name examples:**

- Animal Incident\_X6\_022420\_Dog 203 Princess (relevant animal's species, ID number, name)
- Human Incident\_X6\_022420\_Smith (involved person's last name)

**Original forms:** KEEP – original forms will be returned to HSUS headquarters at end of week.

## Recheck Forms

**File name:** Patient Recheck\_X6\_022420\_203 (animal's ID number)

**Original forms:** KEEP – original forms will be returned to HSUS headquarters at end of week.

## Voucher/Decline Logs

**File name:** Voucher Log\_X6

**Original forms:** DISCARD AT END OF WEEK, there is no need to shred these.

## Post-Clinic Inventory

**File name:** Inventory\_X6

**Original forms:** DISCARD AT END OF WEEK. You can take a picture of this since final inventory will likely take place after everything has been packed away. Your team lead will have more information on final pack-up and inventory.

# 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 are under-resourced and overwhelmed; virtually no spay/neuter infrastructure in existence; 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 Maddie's Shelter Medicine Program - University of Florida 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 by the conclusion of the program. In addition, this initiative 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 owned 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 4-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 6 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.

“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 to 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!



# Drugs and Alcohol Policy

Terms that are italicized and bold are defined at the end of this policy.

## Policy Purpose

This policy establishes expectations for ensuring that The HSUS maintains a work environment free of the negative effects of *illegal drug use and alcohol abuse*.

This policy is administered by the Human Capital & Development (HC&D) department.

## Policy Overview

The HSUS is committed to protecting the safety, health and well-being of all employees and other individuals in our workplace, and we recognize that *illegal drug use and alcohol abuse* can pose a significant threat to our organization, its operations and employees. Therefore, this policy is intended to balance our respect for individuals with the need to maintain a work environment free from the negative effects of *illegal drug use and alcohol abuse*.

It is the responsibility of all employees-management and non-management staff-to ensure the achievement and maintenance of a safe and productive workplace.

Employees must report to work and remain in a condition to perform their duties safely and effectively, with maximum efficiency.

This policy will be interpreted and applied in a manner that is consistent with all applicable laws, including the Americans with Disabilities Act (ADA).

## Covered Individuals and Applicability

This policy is intended to cover any individual who conducts business for The HSUS and any individual while the individual is on HSUS premises. This includes all of our employees, *contingent staff*, and visitors.

## Prohibited Behavior

The following behaviors and actions on HSUS premises are prohibited under this policy:

- The use, possession, purchase, sale, dispensation, distribution, transfer, manufacture, or being *under the influence of illegal drugs*. Although some states have legalized the use and possession of recreational and medicinal marijuana, The HSUS includes it as a prohibited illegal drug under this policy and in accordance with federal law.
- Except as set forth in the "Special Circumstances" section below, the consumption, possession (excludes unopened containers in non-HSUS vehicles), distribution, or being *under the influence* of alcohol.
- The use, possession, purchase, sale, dispensation, distribution, transfer, or manufacture of drug paraphernalia.
- The use or being *under the influence of inhalants*.

Whenever an employee is performing work for The HSUS, regardless of where the employee is performing such work, the employee is prohibited from:

- The use, possession, purchase, sale, dispensation, distribution, transfer, manufacture, or being *under the influence of illegal drugs*. Although some states have legalized the use and possession of recreational and medicinal marijuana, The HSUS includes marijuana as a prohibited illegal drug under this policy and in accordance with federal law.
- The consumption, except under the "Special Circumstances" below, or being *under the influence* of alcohol.
- The use, possession, purchase, sale, dispensation, distribution, transfer, or manufacture of drug paraphernalia.
- The use or being *under the influence of inhalants*.
- Failure to adhere to a *drug and/or alcohol* counseling, treatment, or rehabilitation program required for continued employment.

- Prescription drugs and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription. If the use of a medication could impair an employee's ability to perform his or her job and/or compromise the safety of the employee, fellow employees, or the public, it is the employee's responsibility to consult with his or her doctor or other licensed medical practitioner about the effect of prescription drugs and over-the-counter drugs on his or her ability to perform his or her specific job duties in a safe manner, and to promptly disclose any work restriction to the HC&D department. A determination can then be made as to whether the employee is able to perform the essential functions of his or her job and what, if any, accommodations may be appropriate to support safe and effective performance. Information regarding employee's medication(s) will be held in confidence.

### Notification of Convictions

Any employee who is convicted of a criminal drug violation in the workplace (i.e. on HSUS premises or while conducting HSUS business) must notify The HSUS (the Senior Vice President, Human Capital & Administration) in writing within five calendar days of such **conviction**. As required, The HSUS will notify the appropriate federal contract/grant agency(ies) of any drug-related **conviction** that occurred in the workplace.

In addition, if an employee is convicted of a criminal drug and/or alcohol-related violation that is not work-related, but will adversely impact the employee's ability to perform his or her job responsibilities, or adversely impact the reputation of The HSUS, the employee must notify The HSUS (the Senior Vice President, Human Capital & Administration) within five calendar days of such **conviction**.

### Consequences

Any employee who is determined to have violated or otherwise engaged in conduct prohibited under this policy will be subject to disciplinary action, up to and including termination of employment.

When there are initial reports or findings of an employee's conduct being inconsistent with or prohibited under this policy, it may require that The HSUS take appropriate action, including requiring him or her to be suspended pending the results of an investigation.

Also, in situations when an employee is believed to be under the influence, the employee generally will be required to leave the premises, once safe transit is arranged. An employee's refusal to cooperate in an HSUS investigation may result in disciplinary action, up to and including termination of employment.

## Other Important Information

### Drug-Free Awareness Program

In support of this policy, The HSUS will establish and maintain an awareness program that informs employees about 1) the harmful effects of **illegal drug use and alcohol abuse**, 2) our policy of maintaining a drug-free workplace, 3) the consequences that may be imposed upon employees for violating the policy, and 4) any available **illegal drug use and alcohol abuse**-related counseling, rehabilitation, and employee assistance programs. The HSUS will also post this Drugs and Alcohol policy on the Intranet.

### Employee Assistance

Employees who may have alcohol and drug problems are encouraged to voluntarily seek assistance in addressing these problems. To support this, The HSUS offers assistance to employees through our **Employee Assistance Program (EAP)**. In addition, employees should also review their medical coverage for other benefits that may be available to them in addition to the **EAP** for addressing their drug and alcohol problems.

Employees who undergo counseling or treatment and who continue to work are generally subject to the same standards of job performance and conduct, policies and work rules as other employees. Given this, employees seeking counseling or treatment who fail to meet the established standards of job performance and conduct, and who fail to follow HSUS policies and work rules, will

be subject to disciplinary action, up to and including termination of their employment.

An employee also may wish to take a leave of absence to participate in a counseling, treatment, or rehabilitation program, dependent upon his or her situation. The employee should contact a representative of the HC&D department to determine his/her eligibility for such a leave. If a leave of absence is granted, the employee will not be permitted to return to work until the HC&D department receives certification that the employee is capable of performing his or her job, i.e., a "fit-for-duty" certification. In addition, following participation in such a program, the employee may be expected to sign and abide by the terms set forth in a **Return-to Work Agreement** as a condition of continued employment, which may include return-to-duty and follow-up drug and/or alcohol tests.

### Confidentiality

The HSUS will treat any request for assistance made by its employees and information regarding subsequent treatment and rehabilitation as confidential as reasonably practical. Such information will be limited to those who have a legitimate need to know in order to ensure compliance with relevant laws and HSUS policies.

### Special Circumstances

Limited consumption of alcohol is allowed at an HSUS-sponsored function or event when the serving of alcohol is authorized in advance by the President & CEO, the Chief Operating Officer (COO) or the Senior Vice President, Human Capital & Administration. Limited consumption also is permitted when an employee is required, as part of his or her job responsibilities, to attend a non-HSUS sponsored function or event, conduct business-related entertainment with non-HSUS personnel, or travel for HSUS business.

In these situations, discretion should be exercised by the employee to avoid overindulging in the consumption of alcohol to the extent that he or she would be considered ***under the influence***.

### Inspections and Searches

All employees and contingent staff should understand that they should have no expectation of privacy with respect to any personal property (e.g. clothing, pockets, purses, bags, vehicles) they bring onto HSUS' premises or any HSUS-issued equipment and containers (e.g. desks, work stations, cubicles, offices, file cabinets) used by the individual while conducting business for The HSUS. The HSUS may conduct searches and inspections of such items at any time for legitimate business purposes. An employee's refusal to participate in a requested HSUS search or inspection may result in disciplinary action, up to and including termination of employment. Any illegal drugs discovered on The HSUS's premises and related information will be turned over to the appropriate law enforcement agency.

### Infractions Not Directly Covered by This Policy

This policy is not intended to address all circumstances where involvement with illegal drugs or alcohol warrants disciplinary action. Accordingly, nothing in this policy shall be considered as to limit The HSUS' right to take administrative or disciplinary action, up to termination of employment for an employee's involvement with illegal drugs and/or alcohol not specifically addressed in this policy. The HSUS may take disciplinary and/or other appropriate action when an employee engages in any conduct or is involved in any crime (including being charged with a crime, except where precluded by applicable law) that could adversely affect or be detrimental to The HSUS' operations, interests, or reputation.

### Definitions

***Illegal Drug Use and Alcohol Abuse:*** Improper use or misuse of illegal drugs or alcohol.

***Contingent Staff:*** Non-HSUS employees performing projects, services, and other assignments for The HSUS, such as agency temporaries, leased or payrolled employees, contract employees, independent contractors, volunteers, and interns.



**Conviction:** A finding of guilt (including a guilty or a “no contest” plea) or imposition of a sentence, or both, by any judicial body charged with the responsibility to determine violations of federal or state criminal drug and alcohol statutes.

**Employee Assistance Program:** A confidential counseling service provided free of charge to employees and their household members and their dependents for dealing with personal or workplace problems.

**Illegal Drugs:** All controlled substances, designer drugs, synthetic drugs, and other drugs that are not being used or possessed under the supervision of a licensed health care professional or that are not being used in accordance with the licensed health care professional’s prescription or whose use or possession is unlawful under the federal Controlled Substances Act. (Controlled substances are listed in Schedules I-V of 21 U.S.C. § 812 and 21 C.F.R. Part 1308.)

**Inhalants:** Volatile solvents, aerosols, gases and nitrites, such as paint thinners or removers, gasoline, lighter fluid, butane lighters, glue, hair or deodorant sprays, nitrous oxide, or other similar substances that are inhaled intentionally to produce feelings of intoxication, euphoria or stupefaction.

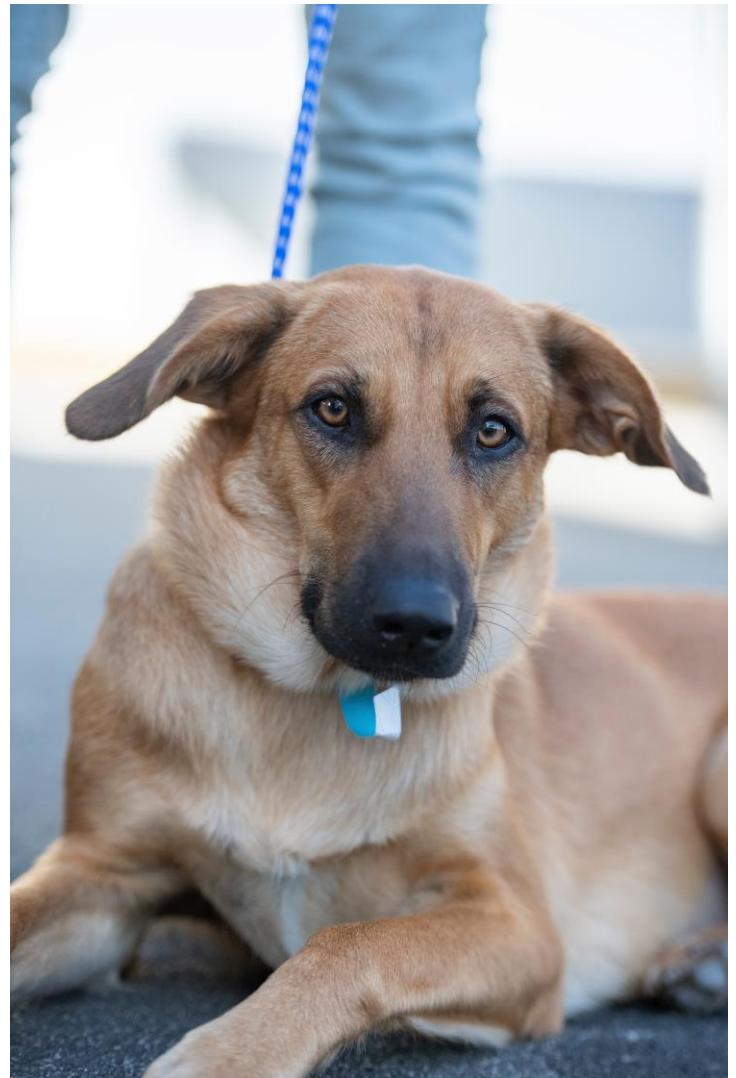
**Premises:** All land, property, buildings, structures, places, parking lots, grounds, facilities, and vehicles that are owned, leased, or managed by The HSUS.

**Return-to-Work Agreement:** An agreement that must be signed and abided to as a condition of continued employment upon an employee’s return to work following a violation of the Drugs and Alcohol policy.

**Under the Influence:** The state of being in a physical or mental condition induced, impaired, or otherwise affected by alcohol or inhalant misuse or illegal drug use.

*The HSUS rescinds the right to eliminate, change or modify this policy at any time. The language used in this policy description should not be construed as creating a contract of employment*

*between The HSUS and any of its employees or otherwise altering an employee’s at-will employment relationship with The HSUS.*



# THE HUMANE SOCIETY OF THE UNITED STATES

## Claims Procedures Manual

### Automobile

**Description of Coverage:** This coverage applies to any sums that you become legally obligated to pay in damages for bodily injury or property damage arising out of an automobile accident. Also provides physical damage coverage on certain insured vehicles.

**When you are involved in an automobile accident, follow the instructions below:**

- ❑ In all cases, call the police and request assistance.
- ❑ Refer to your auto ID card for insurance carrier and policy number to provide the other party.
- ❑ Obtain the names, addresses and phone numbers, both day and night, of all parties, **including witnesses.**
- ❑ Note the year, make and model of other vehicle(s) involved.
- ❑ Note the location of accident and nearest intersections.
- ❑ If you or another employee is injured, secure medical attention immediately.
- ❑ The following form should be used to coordinate the facts of the claim. The loss should be phoned, faxed, or e-mailed into your insurance carrier.
- ❑ **Never make a commitment nor admit liability!** Simply obtain the facts as given you regarding the situation and advise the other party that the incident will be reported to your company for immediate action.
- ❑ Do not talk to anyone about the accident, except:
  - Your employer
  - The responding police
  - Your own insurance investigator
- ❑ If required by law, make an oral report of this accident to proper police authorities, but do not give or sign any statements.

Any letters, bills, suit papers, etc. should be forwarded promptly to the Lockton Companies Claims Department.



# Notice of Automobile Accident

The Humane Society of the United States  
700 Professional Drive  
Gaithersburg, MD 20879

## INSURED INFORMATION

COMPANY NAME: \_\_\_\_\_  
YOUR NAME: \_\_\_\_\_ PHONE: (day) \_\_\_\_\_ (evening) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DATE OF ACCIDENT: \_\_\_\_\_ HOUR: \_\_\_\_\_ AM  PM   
LOCATION OF ACCIDENT: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
REPORT WAS MADE TO POLICE:  YES  NO DEPT. NAME: \_\_\_\_\_  
REPORT #: \_\_\_\_\_

## INSURED AUTO

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_  
VIN: \_\_\_\_\_ LICENSE#: \_\_\_\_\_ STATE: \_\_\_\_\_  
FOR WHAT PURPOSE WAS AUTO BEING USED AT TIME OF ACCIDENT: \_\_\_\_\_  
CURRENT LOCATION OF AUTO: \_\_\_\_\_  
EST. COST OF REPAIRS: \_\_\_\_\_  
IF THEFT, SPECIFY PROPERTY STOLEN: \_\_\_\_\_

## OTHER PARTY

OWNER OF PROPERTY: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
NAME OF DRIVER: \_\_\_\_\_ PHONE: (day) \_\_\_\_\_ (evening) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
LIST DAMAGE: \_\_\_\_\_ EST COST OF REPAIRS: \_\_\_\_\_  
MAKE AND YEAR: \_\_\_\_\_ LICENSE #: \_\_\_\_\_ ST: \_\_\_\_\_  
NAME OF INSURANCE COMPANY AND POLICY #: \_\_\_\_\_

## INJURED PERSONS

NAME: \_\_\_\_\_ WHICH VEHICLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EXTENT OF INJURIES: \_\_\_\_\_  
WHERE TAKEN?: \_\_\_\_\_



**DESCRIPTION OF ACCIDENT**

WEATHER AT TIME OF ACCIDENT: \_\_\_\_\_

CONDITION OF ROAD AT PLACE OF ACCIDENT: \_\_\_\_\_

DIRECTION YOUR VEHICLE WAS GOING: \_\_\_\_\_

RATE OF SPEED: \_\_\_\_\_

DIRECTION OF OTHER VEHICLE: \_\_\_\_\_

DESCRIBE INCIDENT IN YOUR OWN WORDS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF DRIVER \_\_\_\_\_ DATE: \_\_\_\_\_

**COMPLETE THE FOLLOWING DIAGRAM SHOWING DIRECTION AND POSITIONS OF AUTOMOBILES INVOLVED, DESIGNATING CLEARLY POINT OF CONTACT:**

INDICATE BY ARROW DIRECTION OF NORTH ↑° N

- INSTRUCTIONS
1. USE SOLID LINE TO SHOW PATH OF VEHICLE BEFORE ACCIDENT  
USE DOTTED LINE TO SHOW PATH OF VEHICLE AFTER ACCIDENT
  2. NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL.
  3. SHOW MOTORCYCLE BY ..... O - O
  4. SHOW PEDESTRIAN BY O
  5. SHOW RAILROAD BY .....



# 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 thwart 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

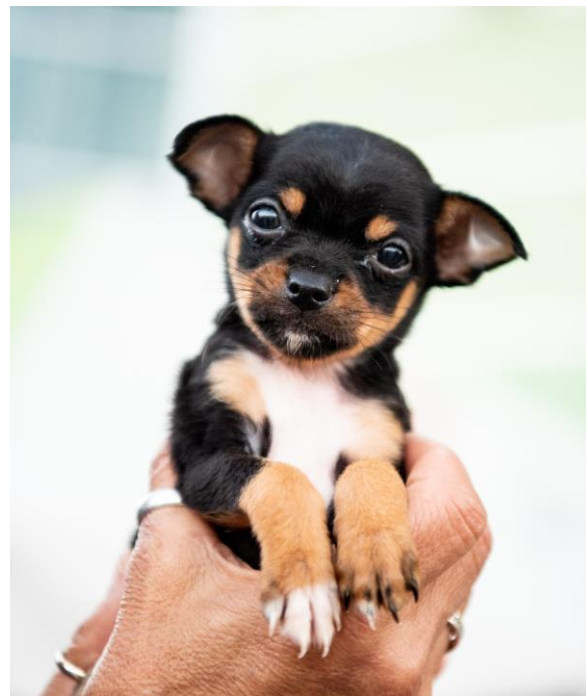
- Everything returning to storage must be securely palletized (pallets may not exceed 5’ high) and shrink-wrapped for pickup – we cannot ensure that “extra” items will be picked up.

- 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.

- Pallet all water by itself; do not combine with equipment or perishables. Do not palletize deionized water more than three cases high!



# 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](mailto: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.



**humanesociety** Puerto Rico

humanesociety #Spayathon4PR Round 2 is in full swing! Over the weekend, an incredible 2,355 Puerto Rican pets were spay/neutered & vaccinated across the island and the week has only just begun.

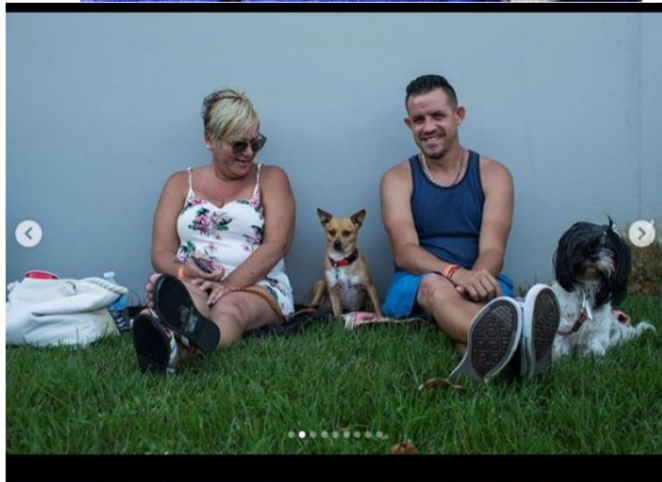
We are so grateful to all of the donors, surgical teams, ground teams and other supporters who have helped make an event of this magnitude a reality. It takes a village, and thanks to our 26 partners, the people and pets of Puerto Rico are getting the care they deserve! ❤️ 🇵🇷

View all 13 comments

mabel\_82 @spayathon\_for\_puertorico @humanesociety 🐾 súper agradecida por todo lo q hicieron por mis 4bebes

Liked by jessk\_smith and 2,144 others

NOVEMBER 5, 2018



**humanesociety** Puerto Rico

humanesociety 1 Coalition. 23 Organizations. 20,000+ Animals.

#Spayathon4PR Update! Round 1 Final Tally: 5,608 pets spay/neutered, vaccinated, given food, litter, and new collars & leashes.

We are beyond grateful to each and every one of the 23 organizations that played crucial roles in making this possible, and we can't wait to continue this historic work

Liked by msmanzi and 4,091 others

JUNE 11, 2018

**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 Reports:** These are to be completed in the event of any human injury onsite 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 (use the original patient number; 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 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 damages, liabilities, loss, 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 any and all claims, actions, causes of action, judgments, and liabilities of any kind, direct or indirect, 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 emails, 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 mí(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 of 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 exoneró 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, reclamaciones (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 daño de cualquier tipo, previsible o imprevisible, a mí o a mí(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 incorporen mi imagen y/o mi voz (y/o de mis animales) para cualquier propósito sin compensación para mí. Estoy de acuerdo en que los usos pueden incluir (sin limitación) artículos de noticias, publicidad, y otros usos educativos, 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:** \_\_\_\_\_



THE HUMANE SOCIETY  
OF THE UNITED STATES

# Spayathon™ for Puerto Rico 🐕

Cornell Round 6

**ANIMAL ID#**

**CU6-** \_\_\_\_\_

SIBLING NUMBER(S): \_\_\_\_\_

**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:** \_\_\_\_\_

Primary phone number

**Teléfono secundario:** \_\_\_\_\_

Secondary phone number

**Dirección:** \_\_\_\_\_

Address

**Municipio:** \_\_\_\_\_

Municipality

**Código postal:** \_\_\_\_\_

Zip code

**Email:** \_\_\_\_\_

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

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

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

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

**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			Acepromazine 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	
_____ mg Gard	or Frontline (circle)
IV Mexicam 5 mg/ml _____, # _____ mls. Give _____ ml PO q 24hrs x _____ days	
Carpin _____ mg Qty: _____ tabs. Give _____ tab PO q _____ hrs x _____ days	
Gabapent _____ 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:
<b>Spay performed</b>	<b>Neuter performed</b>	Discharged to owner/custodian
Explored – already altered	Declined by medical – post-anesthesia	Transferred to vet
Declined at door – already altered	Declined by medical – already altered	Died pre-surgery
Declined at door – too young/small	Declined by medical – too young/small	Died during surgery
Declined at door – too large	Declined by medical – too large	Died post-surgery
Declined at door – too old	Declined by medical – too old	Euthanized – pre-surgery
Declined at door – cryptorchid	Declined by medical – cryptorchid	Euthanized – during surgery
Declined at door – behavior	Declined by medical – behavior	Euthanized – post-surgery
Declined at door – unhealthy (explain in comments)	Declined by medical – unhealthy (explain in comments)	Given voucher
COMMENTS:		

ANIMAL ID#

CU6- \_\_\_\_\_

SIBLING NUMBER(S): \_\_\_\_\_

Trap No.: \_\_\_\_\_

FECHA: February, 2020

**Caretaker Information**

Caretaker name: \_\_\_\_\_

Caretaker affiliation (if any): \_\_\_\_\_

Caretaker phone: \_\_\_\_\_

Caretaker email: \_\_\_\_\_

**Transporter Information (if different from caretaker)**

Transporter name: \_\_\_\_\_

Transporter affiliation (if any): \_\_\_\_\_

Transporter phone: \_\_\_\_\_

Transporter email: \_\_\_\_\_

**Address or location where animal was trapped:**

\_\_\_\_\_

Municipio: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Pick-up Person Information (if different from caretaker)**

Pick-up person name: \_\_\_\_\_

Pick-up person affiliation (if any): \_\_\_\_\_

Pick-up person phone: \_\_\_\_\_

Pick-up person email: \_\_\_\_\_

Who should be contacted with questions or decisions regarding the pet's health?  This animal is a cat it will be given an eartip. Initial \_\_\_\_\_  
Indicate understanding and agreement \_\_\_\_\_

Caretaker  Transporter  Pick-up person

Someone else (list name, phone number & relationship): \_\_\_\_\_



**Animal name or other identifier:** \_\_\_\_\_ **Color del mascota:** \_\_\_\_\_  
*Pet's name* *Color of pet*

**Especie:**  Perro  Gato **Sexo:**  Macho  Hembra  No lo sé  
*Species* *Dog* *Cat* *Male* *Female* *Don't know*

**Mi mascota es:**  Mezcla  De raza **Raza:** \_\_\_\_\_  
*My pet is...* *Mixed breed* *Purebred* *Breed*

**¿Qué edad tiene su mascota?**  2-5 meses  6-11 meses  1-4 año(s)  5+ años  
*How old is your pet?* *2-5 months* *6-11 months* *1-4 years* *5+ years*

**¿Cuál es el estado de su mascota? Por favor marque una:** *What is the status of this animal? Please check one:*

El animal tiene dueño  Realengo sociable/comunidad  Feral/no socializado  
*The animal has an owner* *Stray or neighborhood dog/cat* *Feral/unsocialized*

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

**Si es hembra, ¿Ha tenido cachorros/gatitos anteriormente?**  Si  No  No lo sé  N/A (Macho)  
*If female, has this animal ever had puppies or kittens?* *Yes* *No* *Don't know* *N/A (Male)*

**¿Es la primera vez que este animal visita un veterinario?**  Si  No  No lo sé  
*Is this the first time this animal has ever seen a veterinarian?* *Yes* *No* *Don't know*

**¿Este animal ha sido vacunado contra la rabia anteriormente?**  Si  No  No lo sé  
*Has this animal ever had a rabies vaccine before today?* *Yes* *No* *Don't know*

Pre-Surgical Examination			Anesthetics			Other Medication		
WEIGHT:			Drug	Amount	Time	Drug	Amount	Time
Initials:	kg	lbs						
WNL	Abnormal							
General appearance			Trazodone PO (mg)			Carprofen PO		
Mucous membranes			Propofol 10 mg/ml			Meloxicam 5 mg/ml SC		
Cardiovascular			Dexmedetomidine 0.5 mg/ml			Buprenorphine _____ mg/ml SC		
Urogenital			Acetpromazine 10 mg/ml SC			Ampicillin 250 mg/ml		
Other significant findings:			Butorphanol 10 mg/ml SC			Penicillin G Procaine		
			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 5 mg/ml usp _____ 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 shot & TGH Form Done? _____ Final Incision Check/OK TGH? _____	

**OUTCOME SUMMARY**

DISPOSITION:	REPRO CONDITION:	OUTCOME:
<b>Spay performed</b>	Normal	Discharged to owner/custodian
Explored – already altered	Pregnant	Transferred to vet
Declined at door – already altered (note spay/neuter indicators in comments)	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: Relevo Fotográfico**



THE HUMANE SOCIETY  
OF THE UNITED STATES

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 RELEVO FOTográfico 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 RELEVO REPRESENTO QUE SOY EL/LA 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 RELEVO.**

\_\_\_\_\_  
**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:**

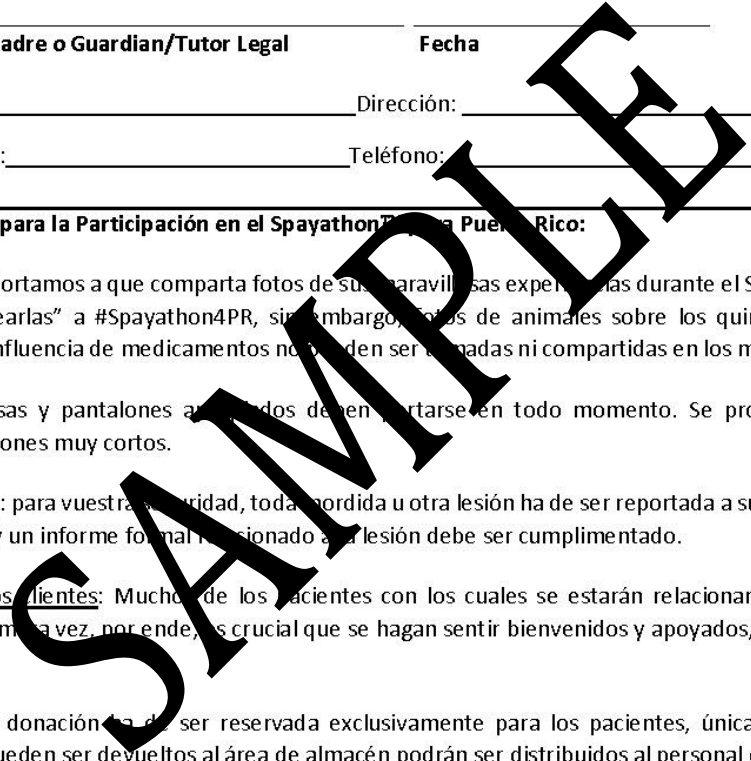
Fotografías: Le exhortamos a que comparta fotos de sus maravillosas experiencias durante el Spayathon (favor asegure de "taguearlas" a #Spayathon4PR, sin embargo, fotos de animales sobre los quirófanos durante cirugías o bajo la influencia de medicamentos no pueden ser tomadas ni compartidas en los medios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

Vestimenta: Camisas y pantalones apropiados deben portarse en todo momento. Se prohíbe el uso de camisetitas 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:**    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*

Color: \_\_\_\_\_

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™ 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: \_\_\_\_\_

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 (ta como puebas de sangre o radiografías) o tratamiento médico previo a que su mascota pueda ser declarase apta para cirugía. Recomendamos que haga cita con su clínica veterinaria local para discutir el asunto con mayor detalle. Lo sentimos pero no podemos 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 al procedimiento 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 los siguientes:

\_\_\_\_\_

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

Firma de veterinario(a) o técnico(a) veterinario(a): \_\_\_\_\_

## 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





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

**THE HUMANE SOCIETY  
OF THE UNITED STATES**

<b>Eating and Drinking After Surgery</b>
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.
<b>Limiting Physical Activity</b>
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.
<b>Incision Care</b>
<ul style="list-style-type: none"> <li>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.</li> <li>Unless you have been told otherwise, your pet's stitches are internal with a 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.</li> <li>Do not allow your pet to lick or chew at the incision site, since that 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.</li> <li>Please do not allow the incision site to get wet for two weeks (no bathing or swimming).</li> <li>Do not apply anything to the incision site that was not specifically prescribed by a veterinarian.</li> </ul>
<b>Medications</b>
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 these are prescribed to you by clinic personnel, please follow their instructions precisely. <b>DO NOT</b> give your pet ASPIRIN, ILOFENAC, TYLENOL or IBUPROFEN or other human pain medications to your pet because they can be toxic to cats & dogs.
<b>Warning Signs /When to Seek Emergency Care</b>
<p>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:</p> <ul style="list-style-type: none"> <li>Opening at the incision site, discharge with blood and pus, or excessive swelling;</li> <li>Loss of appetite lasting longer than 3 days;</li> <li>Diarrhea, vomiting, lethargy or excessive fatigue lasting longer than 3 days;</li> <li>Refusal to drink water lasting more than 24 hours.</li> <li><b>IF YOU HAVE QUESTIONS DURING SPAYATHON™ (February 21<sup>st</sup>- 26<sup>th</sup>) PLEASE CALL (607) 882-0179</b></li> <li><b>If you have questions after Spayathon™ (February 27<sup>th</sup>- March 4<sup>th</sup> ONLY), please call: The Pet Vet Jobos Beach 787-872-0204</b></li> </ul>

Animal ID: CU6-\_\_\_\_\_

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

<b>Vaccinations:</b>	Rabies	Feline Panleuk Combination	Canine Distemper Combo + Lepto	Other		
<b>Take-Home Medications (if any):</b>						
<b>Special Notes (if any):</b>						
<p>If your pet experiences an <b>AFTER-HOURS</b> emergency (<b>Feb 27<sup>th</sup> – March 4<sup>th</sup> ONLY</b>), please contact one of the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">           Veterinaria 24/7            270 Av. Jesus T. Pinero            San Juan, PR 00925            787-751-3737         </td> <td style="width: 50%; border: none;">           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



<b>Consumo de Alimentos y Líquidos Luego de la Cirugía</b>
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.
<b>Limitar la Actividad Física</b>
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.
<b>Cuidado de la Incisión</b>
<ul style="list-style-type: none"> <li>• 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.</li> <li>• Al menos de que le hayan dicho lo contrario, los puntos de su mascota son internos con suturas absorbibles que no requieren remoción. El adhesivo quirúrgico que se le aplicó a la capa superior de la incisión podría aparecer costroso o escamoso, pero eso es completamente normal.</li> <li>• No permita que su mascota lama o muerda el sitio de incisión, dado que ello podría causar que se abra la herida o una infección. En el caso de que persista en querer lamer, usted podría optar por colocar una camiseta o un dispositivo protector de tipo cono para físicamente privarlo(a) de alcanzar el sitio de incisión.</li> <li>• Favor de no permitir que el sitio de incisión se moje por 2 semanas (no bañar ni permitirle nadar).</li> <li>• No le aplique nada al sitio de incisión que no haya sido específicamente recetado por un veterinario.</li> </ul>
<b>Medicamentos</b>
Su mascota ya ha recibido medicamentos para el dolor durante la cirugía, pero el/la veterinario(a) decidirá si ha de requerir medicamentos postquirúrgicos adicionales. En caso de que estos le sean recetados por parte del personal de la clínica, favor de seguir sus instrucciones precisamente. <b>NO le dé ASPIRINA, DOLOFEN, TYLENOL, IBUPROFEN u otros medicamentos analgésicos para humanos, debido a que estos pueden resultar tóxicos para los gatos y los perros.</b>
<b>Señales de Alerta/ Cuándo Buscar Cuidado de Emergencia</b>
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. No obstante, 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"> <li>• Lugar de incisión abie... de sangre y pus o hinchazón excesiva;</li> <li>• Pérdida de apetito por más de 3 días;</li> <li>• Diarrea, vómitos, letargo (cansancio) o fatiga excesiva por más de 3 días;</li> <li>• Negarse a beber agua por más de 24 horas.</li> <li>• De tener alguna pregunta o inquietud durante el Spayathon (21-26 de febrero), favor de llamar al (607) 882-0179.</li> <li>• 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</li> </ul>

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



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: \_\_\_\_\_

**SAMPLE**

**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 sufficient vaccines for at least the next 2 days of surgery? YES NO  
*(if not, please have Ground 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)

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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



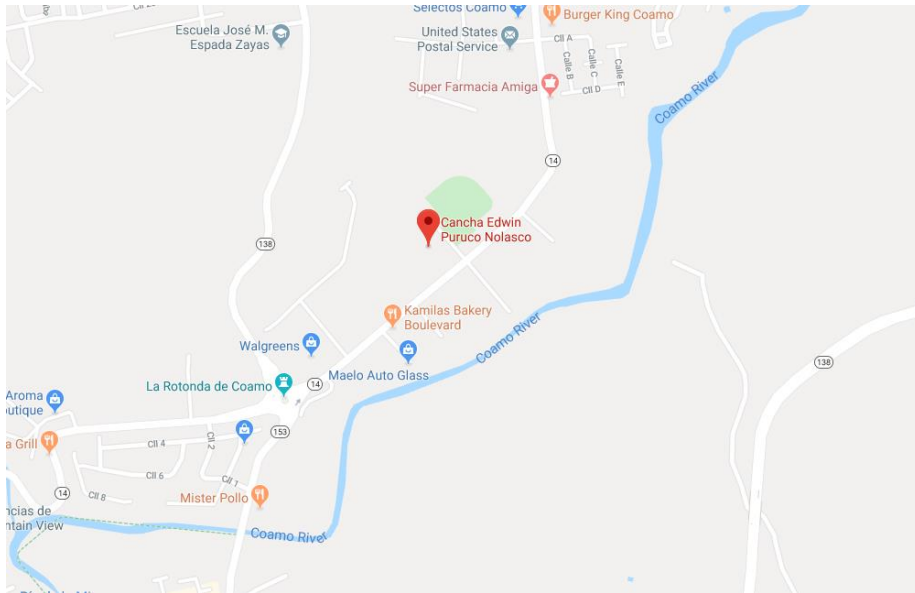
# Vega Baja Surgical Site

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  
Humacao 00791





# Our Promise

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**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)