



Spayathon™ for Puerto Rico

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



**THE HUMANE SOCIETY
OF THE UNITED STATES**

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Spayathon™ for Puerto Rico

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

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

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

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

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





815

Spayathon™ Clinic Locations



Vega Baja
Gimnasio Municipal Rodrigo
"Guigo" Otero Suro



Humacao
Coliseo Marcelo Trujillo Panisse



Coamo
Cancha Edwin "Puruco" Nolasco



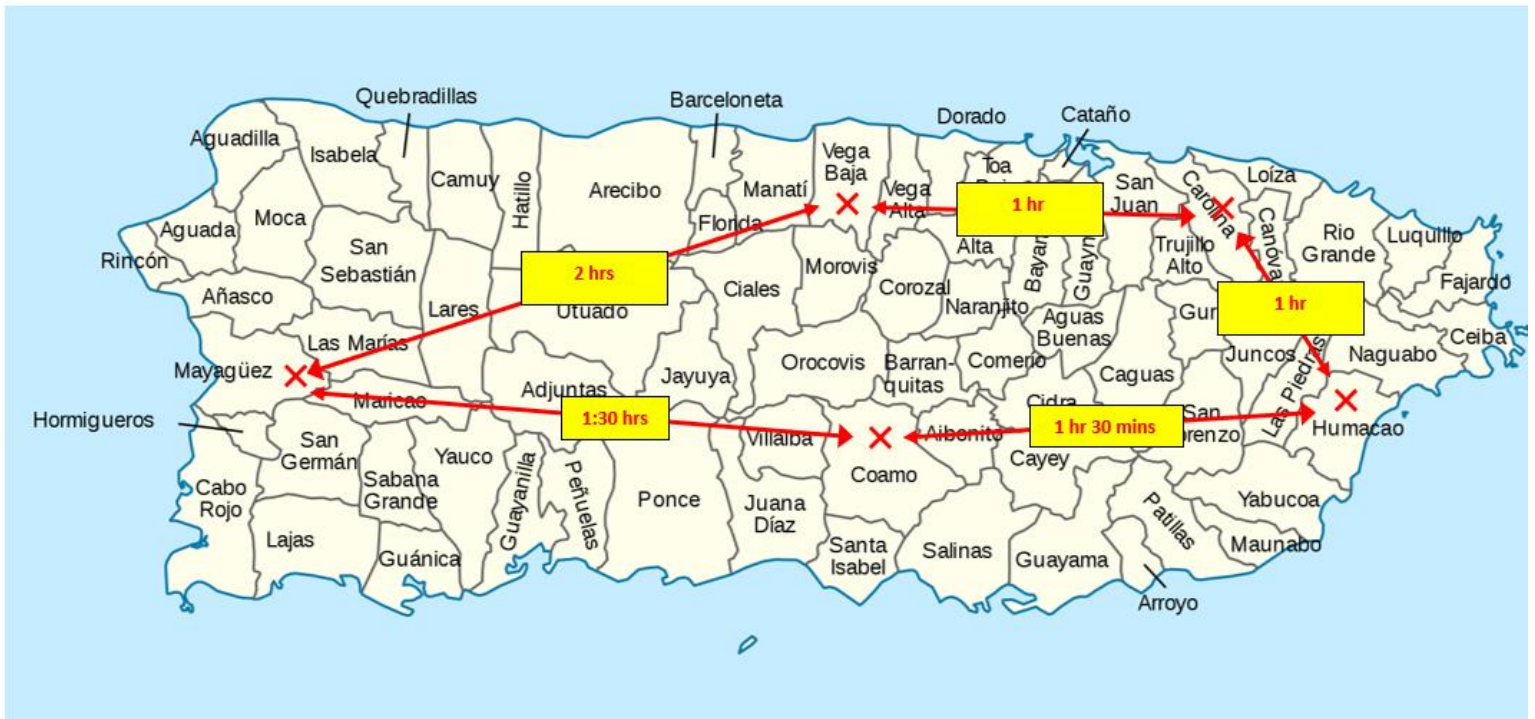
Carolina
PRISM / La Cerámica Industrial Park



Mayagüez
Palacio de Recreación y Deportes
Germán "Wilkins" Vélez



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

Surgical Lead Contact Information

Round 6: February 21-26, 2020

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

Ground Team Contact Information

Round 6: February 21-26, 2020

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

HSUS Team Contact Information

| HSUS Team | E-mail | Phone | Role |
|-----------------------|--|----------------|------------------------------------|
| Tara Loller | tloller@humanesociety.org | (240) 753-9171 | Incident Commander |
| Laura Littlebear | llittlebear@humanesociety.org | (918) 740-9270 | Operations |
| 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 | Emily.e.callaghan@gmail.com | 610-212-4111 | ViDAS Float |
| Eva Torrales | etorrales@humanesociety.org | 202-294-9867 | ViDAS |
| Darci Adams | dadams@humanesociety.org | 605-595-4860 | Cornell Lead/Safety |
| Terasa Van Coppenolle | terasavc1@gmail.com | 813-361-2044 | Cornell Data |
| Jamie Al-Haj | jamie@msisd.com | 605-390-1519 | Cornell Float |
| Tess Albright | tess.albright85@gmail.com | 712-304-0504 | Cornell Float |

Surgical Team SOPs

General Information

In an effort to ensure high quality medical practices, we have created this consensus document on clinical and surgical practices. Please ensure that protocols are in place to ensure your team conforms to these recommendations. We appreciate that this may require adjustments to your usual protocols, and that this may slow down your team's process particularly during the first few days of the clinic as you get familiar with the revised protocols. Minimizing complications and ensuring uniform standards however outweighs any temporary decrease in productivity.

Clinic Setup

While each location will have its own unique setup and flow, depending on the type of facility being used, please bear these general rules in mind:

- Each location should have a distinct patient preparation area, separate from the surgical area. Patients should only be prepared in these designated areas, rather than in the surgical area itself. Preparation activities include induction, intubation, and preparation of the surgical site.
- When setting up your clinic, please ensure there is a sufficient visual barrier between the public and your surgery area. While we want to be open and transparent, and recognize the value of ensuring the public feels comfortable with the care their pet is getting, it is essential that there is sufficient distance between owners and their pets should an adverse event occur.
- Given the large surgical caseload and limited number of cages, we recommend setting up a recovery beach for immediate post-op patient recovery (dogs), and later allowing owners to sit with their dogs during recovery. This minimizes the numbers of cages required, and allows owners to actively participate in the recovery process. Cats should be recovered immediately post-operative on a recovery beach or in their cages, given the clinic set-up.

- Pre- and post-operative feline housing should be separate from areas housing dogs.

Handling/Containment Equipment

HSUS will provide a modest number of crates of various sizes to be distributed among clinic locations as well as control poles and cat handling gloves. Please plan on purchasing all other animal handling and containment equipment (including leashes, cardboard carriers, etc.) preferred by your team.

Surgical Caseload

While the Spayathon™'s goal is to reasonably alter as many animals as possible, quality must never be sacrificed for quantity. Each team must decide how many surgeries they will be able to safely and effectively perform each day based on available staffing, ability to maintain an adequate supply of sterile instruments, supplies, and medications, and clinic flow-through. The anticipated number of surgeries for the day should then be communicated to the assigned Ground Team Lead so they can register the correct number of animals for you. The more specific you can be about the daily target number of female dogs, female cats, male dogs and male cats, the more effective your registration team will be in ensuring the proper number of patients is admitted. Clinics should operate on a first-come, first-served basis. And please remember that the focus must remain on altering animals – animals that are already altered or present with medical issues should be referred to local veterinarians.

Medical Records

Medical records must be prepared for every surgical patient. Each team will be provided with a standardized medical record to record the owner questionnaire data, physical examination findings, body weight, dosages of all drugs administered or prescribed and routes of administration, the surgical procedure performed, any abnormalities that are identified, and any other pertinent information regarding the animal's condition. The medical record must also note the name of the

surgeon that performed the surgical procedure. All completed forms must be submitted to HSUS staff.

Anesthesia Protocols

Attached as an Appendix, please find the suggested canine and feline anesthetics and dosages. While surgical teams are free to choose their own anesthetic protocol, there are a few guiding principles they must adhere to. These include:

- All patients are to be provided an adequate analgesic agent prior to surgery, as included as part of the pre-med process;
- All canine patients are to be intubated during surgical procedures to ensure appropriate airway access; In order to intubate all canine patients, please ensure you have sufficient numbers of ET tubes and cleaning equipment, and provide adequate training for your technical staff to avoid injury or complication.
- Inhalant anesthesia is to be used for anesthetic maintenance rather than relying on IV top-ups;
- Drug choices should reflect a modern, multi-modal approach that meets or exceeds internationally recognized standards of high-quality, high-volume spay/neuter surgery;
- IV fluid administration is highly recommended for canine spays.

Crash Carts

Each team should have a crash cart with emergency drugs, quick dosing charts, IV catheters, syringes, a transfusion kit, and CPR guidelines. Be sure to keep the cart in a location that is easily accessible during the clinics and that all team members are aware of its location.

Autoclaves

HSUS will be supplying the autoclaves (either M11 or Tuttnauer 2340) and distilled water required for each surgical site. Surgical packs are to be individually wrapped and sterilized via autoclave prior to each surgery. Please ensure you have enough packs to ensure a sterilized pack is available for each surgery, and enough instruments to allow for sterilization turn-around time (cleaning, drying, wrapping, sterilization and cooling). Moreover, your teams must have sufficient

volunteers trained in autoclave use, proper pack wrapping technique, and instrument cleaning and care.

While backup generators will be present at each location, power outages may occur. Therefore, each team should have a backup plan and have enough instruments and prepare enough surgical packs to function without them, if absolutely necessary. This may include bringing cold sterilization products for use as a last resort. You might also consider wrapping your packs in a way to minimize their thickness to maximize the capacity of the autoclave. For feline neuter packs, ensure that multiple surgeries can be performed from a single pack.

Sterile Technique

Each surgery must be performed using sterile technique. Surgeons must wear caps, masks and (new) sterile gloves for each surgery. Surgical draping can be either re-useable autoclaved cloth drapes, or sterile paper drapes.

Prophylactic Antibiotics

Although prophylactic administration of antibiotics is not always required nor recommended in a private practice situation, we recommend the administration of a long acting antibiotic (penicillin) in light of the fact that patients are frequently returned to environments that can compromise wound healing. Post-operative care at home or in communities may also be limited. Antibiotics, however are not a substitute for sterile technique.

Surgical Candidacy

The goal of the Spayathon™ is to reasonably sterilize as many cats and dogs as possible, but there may be cases where the animal is too young/small (we highly recommend the standard 2 lb., 2 month minimum), too old (maximum age is 10 years old), or presents with medical conditions that precludes them from surgery/anesthesia. Teams should determine surgical candidacy on a patient-by-patient basis following a thorough physical examination. It is suggested that overly aggressive and/or fractious animals be referred to a local clinic for surgery as they pose an unacceptable risk to staff, volunteers, and may potentially impact clinic productivity.

Incisional Closure

Prior to clinic discharge, it is imperative that surgical incisions be examined to ensure that incisional skin edges are clean, dry, and well apposed. Surgeons should use a subcuticular suture pattern using an absorbable suture material to close all incisions. Skin glue can be used if needed. Only in rare instances should skin sutures be used, and this should be communicated to the clinic's medical lead to ensure the owners are informed during discharge procedures.

Permanently Marking Altered Animals

Animals should be tattooed to indicate their spay/neuter status. For all female cats and dogs, a ~1 cm green linear tattoo should be applied to the ventral aspect of the abdomen at the time of surgical sterilization. We recommend making a tattoo using green tattoo ink directly on or immediately lateral to the ventral midline incision. Cats identified as feral (unowned) may be ear-tipped at your discretion, although we are not expecting large numbers of feral cats at the clinics. Please refer to the ear-tipping reference sheet and laminated example picture to provide as example to guardians.

Post-Operative Pain Control

Post-operative analgesia requirements will vary among individual patients owing to differences in surgical technique, patient age, health status, complications requiring lengthier incisions, and individual responses to pain and drugs used. Because some patients may require analgesia beyond the 24-hour postoperative period, there should be a plan in place to address analgesia after patients are discharged, if needed. Consider how you might dispense medication, if you want to send select patients home with e-collars (your team must procure these yourselves), or show clients how to fashion homemade collars from easily resourced materials (cardboard, etc.)

Internal and External Parasite Control

While the focus of the Spayathon™ is on sterilization, ideally animal should also receive some type of endo- and ectoparasiticide. Most agree that Bravecto tends to be the most effective for external parasite control, however other options include Nexguard, Simparica and Ivermectin. Please do not use any collar-based products such as Soresto collars as these can potentially cause a strangulation hazard in free-roaming animals. You may

also consider bringing Ivermectin for dogs that have skin disease, or as a general endoparasiticide. Ivermectin is available in a 1% injectable solution for use in cattle and swine (Ivomec). To treat hookworms, roundworms, and whipworms, you can administer 1% ivermectin subcutaneously or orally at a dose of 0.1ml per 10 pounds of body weight. To treat Sarcoptes mites and ear mites, you can administer 1% ivermectin subcutaneously or orally at a dose of 0.15 ml per 10 pounds of body weight.

Professional Attire

During each surgery day, it will be expected that all medical personnel be dressed in professional surgical attire. Surgeons are expected to wear caps, masks and gloves while performing surgery. All team members must wear closed-toed shoes shirts with sleeves (no tank tops), and should otherwise dress in "professional" team attire (i.e. scrubs or logo shirts, long shorts or pants, etc.). Team members should not cut off sleeves, alter necklines of shirt collars, etc. Even though the weather may be very hot, you can expect that media, donors and government officials may show up at any time at your clinic, so we want to ensure they see (literally and figuratively!) your entire team as the professionals they are!

Site Management

You will be in charge of, and responsible for, management of operations at your clinic. The HSUS strongly encourages use of a standard ICS structure, to help ensure clear lines of communication. There will be an HSUS Team Lead assigned to your clinic site who will be in assist with facilitating the smooth functioning of overall site operations, and a Ground Team Lead in charge all non-surgical functions. The Surgical Team Lead, Ground Team Lead and HSUS Team Lead should maintain open, comprehensive and frequent communication and sharing of information. Team leads should have backups in place, in case of emergency, and each team is expected to adhere to ICS structure.

Please bear in mind that high-volume spay/neuter clinics are most efficient and safe when team members have clearly defined roles, responsibilities, and work together. Ideally, each clinic station (check-in, medical exam, prep, surgery, recovery) should have a clear SOP providing staff and volunteers with a clear list of tasks and responsibilities. Staff designated to work at the various clinic stations should work together as a team, rather than independently to ensure consistency and efficiency. You should have a reporting structure for your surgical team, with the Surgical Team Leader overseeing all medical operations, and each of your team members reporting to leads.

Snacks/Lunches

At each clinic location, some drinks and snacks will be provided by HSUS, but lunches should be ordered by each team for delivery onsite. To ensure clinic efficiency, it is recommended that staff rotate in and out of lunch so that clinic operations do not come to a complete halt.

Troubleshooting

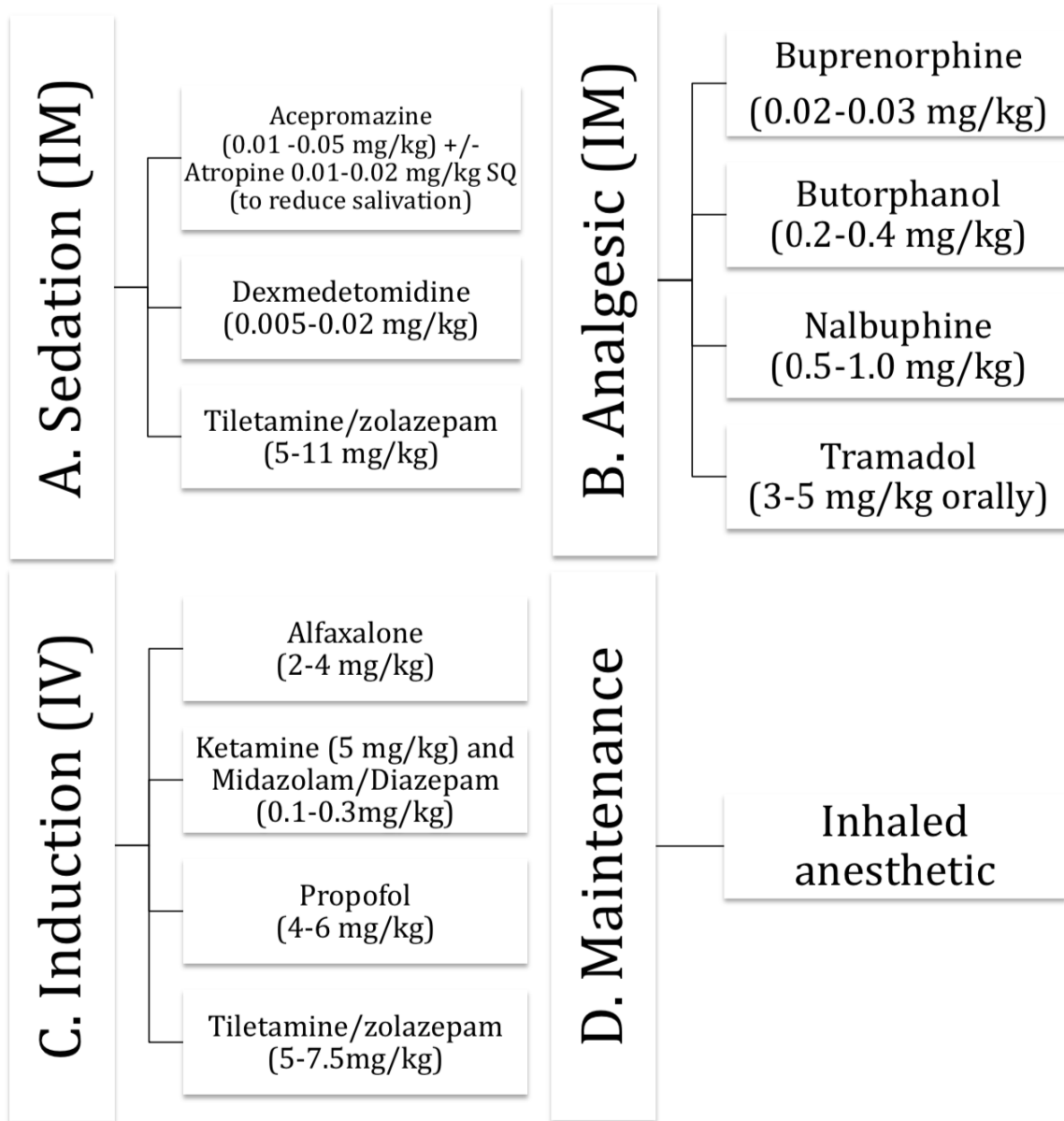
This project is a massive undertaking, so we fully expect that there will be challenges and opportunities for improvement. Please stay in close communication with your Ground Team Leads before the clinics start to try and get things off on the best foot possible, and work closely with them to keep making improvements each and every day. Your HSUS lead will also be available to help troubleshoot. We want you to be as happy as possible, and able to work as efficiently as possible. But please remember this we will all be doing the best we can. Obviously, if there are serious, life-or-death matters that must be addressed immediately, we want to hear about those right away – please alert your HSUS team lead immediately, and feel free to call Tara any time to alert us. For non-critical issues related to improving efficiency, better client management, personnel care and feeding, etc., HSUS team leads will be debriefing at the end of each clinic day to discuss -- please keep a running list of those opportunities for improvement and provide it to your HSUS Lead at the end of each day. And of course, we will ensure there are opportunities for full participant debriefs at the conclusion of each Round.



Disclaimer: These FAQs are for information purposes. In all circumstances, each organization will be fully responsible for ensuring that all surgical and other procedures performed at its clinic location(s) meet current best practices standards for HQHVSN. No organization, including for the avoidance of doubt The HSUS, has control over the work of any other organization or its team, and no organization shall be liable for the consequences of any error or omission on the part of any other organization or its team.

Combined Canine Anesthesia

Please choose one option from A-E for a balanced protocol



E. Sustained analgesia

A. NSAID (Carprofen 4.4mg/kg SQ OR Meloxicam 0.1-0.3 mg/kg SQ)
OR

B. NSAID oral (Carprofen 2.2 mg/kg SQ followed by 2.2 mg/kg PO 12 hours later, then q12 hrs)

OR

C. Opioid (Buprenorphine 0.1 mg/kg q12 hours SQ or PO)

Feline Anesthesia

Option A – Multi-stage protocol

1. Premed (to include sedation AND analgesic):

- a. Acepromazine 0.02-0.05 mg/kg SQ (optional)
AND
- b. Torbugesic 0.2 mg/kg OR buprenorphine 0.02 mg/kg

2. Induction:

- a. Ketamine 5-10 mg/kg in combination with EITHER midazolam OR diazepam
0.1-0.3 mg/kg IV
- OR
- b. Propofol 4 mg/kg IV slowly and to effect

3. Maintenance:

- a. Isoflurane OR sevoflurane inhalant

4. Sustained analgesic: 24 hours minimum

- a. NSAID (Meloxicam 0.1-0.3 mg/kg SQ)
OR
- b. NSAID (Onsior 2 mg/kg SQ or PO)
OR
- a. Opioid (Buprenorphine 0.1 mg/kg q 12 hours SQ or PO)

Option B – DKT OR TTD (“KITTY MAGIC”)

1. DKT

Dexmedetomidine 0.02-0.025 mg/kg + Ketamine 2.5 mg/kg + Torbugesic
0.25 mg/kg IM
Isoflurane or sevoflurane maintenance (low %)

2. TTD

Telazol: 2.5 mg/kg Torbugesic: 0.125 mg/kg + Dexmedetomidine: 0.012
mg/kg IM
Isoflurane or sevoflurane maintenance (low %)

***Optional Reversal (for either DKT or TTD)*

Atipamazole 0.03-0.1 mL per cat IM (lower dose for partial reversal only)

With either protocol, the administration of an NSAID or opioid is recommended for post-operative pain relief. The administration of sub-q fluids is also strongly recommended.

Procurement and Transportation of Veterinary Controlled Substances

Mobile sterilization clinics require extensive planning, no matter the location. In order to ensure the success of the upcoming Spayathon™ for Puerto Rico, the procurement of supplies must be carefully considered. This is particularly important for controlled substances which are a necessity for safe and humane surgery.

Veterinarians have two options regarding the procurement and transportation of controlled substances for veterinary services in Puerto Rico: (1) controlled substances are purchased at the veterinarian's registered principal place of business or professional practice and transported with the veterinarian to Puerto Rico; and (2) controlled substances are procured through local veterinary channels in Puerto Rico.

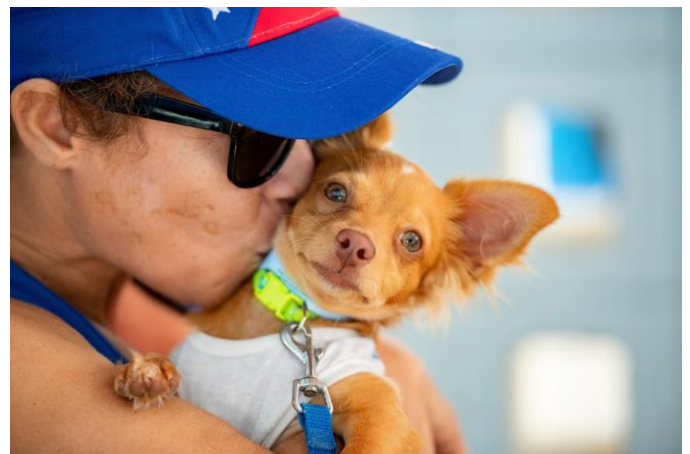
Option 1 has the advantage of avoiding potential challenges with ordering pharmaceuticals through local channels. The availability (and quantity) of specific drugs and supplies locally cannot be ensured, and another benefit of Option 1 is that veterinarians will have access to the drugs that they are familiar with using to ensure humane animal care.

Note that as a US territory, Puerto Rico falls under the scope of the Veterinary Medical Mobility Act of 2014. This Act allows veterinary practitioners to transport and dispense controlled substances in the usual course of veterinary practice outside locations they have registered with the Drug Enforcement Administration (DEA) in a state where the veterinarian is licensed to practice veterinary medicine. During the Spayathon™ for Puerto Rico, participating veterinarians from the mainland US are being permitted by the Government of Puerto Rico to provide veterinary services in Puerto Rico, and will be issued a Dispensa Provisional/Provisional Waiver by the Junta Examinadora de Medicos Veterinarios de Puerto Rico

(Puerto Rico Board of Veterinary Medical Examiners) that authorizes the individual to practice as a veterinarian in Puerto Rico for the designated period of time, so long as they have submitted evidence that they are licensed and in good standing in their own state and have not been convicted of a felony or been found guilty of veterinary malpractice.

Prior to travel and throughout the campaign, veterinarians are encouraged to acquaint themselves and comply with all applicable laws, including the record-keeping requirements for controlled substances inventories.

Note also that when transporting controlled substances, the transporter must hold a valid DEA (or equivalent) and veterinary license in good standing in the state where s/he is currently licensed, and it is recommended that the transporter carries copies of both with them during travel.



Euthanasia Considerations

Spayathon™ for Puerto Rico will focus on providing high-quality, high-volume, spay/neuter services for guardians' pets. If a cat or dog does present requiring medical care beyond that of what can be readily provided by the spay/neuter clinic, the guardian will be referred to a local veterinary clinic. As all field clinics involve a degree of unpredictability however, there may be situations involving euthanasia that teams should prepare for. These may include:

1. **A pet guardian brings a dog or cat to the clinic requesting euthanasia (non-emergency case):** The owner in these cases will be immediately referred to a local veterinarian by clinic staff.
2. **A dog or cat presents as an emergency (can be stabilized):** If the patient is unstable, efforts should be made to stabilize him or her (IV fluids, pain management), and then refer the owner to transfer to the nearest local veterinary clinic for further care. Clinic staff will where possible attempt to contact the nearest veterinary clinic to arrange the transfer, but the pet and its transfer remains the owner's responsibility.
3. **If the patient is agonal or suffering cannot be mitigated:** If the animal is owned and the owner gives consent, euthanasia should be considered in consultation with the clinic's lead veterinarian. A Spayathon™ for Puerto Rico – Euthanasia Authorization and Consent Form must be signed by the owner if euthanasia is pursued. If an owner cannot be readily identified, the Incident Commander and Medical Director should be immediately consulted for further instruction.
4. **During surgery, intraabdominal pathology is noted:** Unless life-threatening, it is recommended to proceed with the surgery in a routine fashion and note any pertinent findings in the patient's medical record. The owner should be informed of the findings so that he or she can seek follow-up care.
5. **Post-operatively, patients fail to appropriately recover from anesthesia or demonstrate**

other complications requiring advanced post-operative care: Whenever possible, complications such as bleeding from the incision site should be addressed at the mobile clinic prior to patient discharge, unless the level of care or diagnostics require exceed what is available on-site. If a patient requires additional treatment or overnight care, he or she should be transferred to a local veterinary clinic. The management of that patient will then be the responsibility of the local practitioner. In patients who develop a non-responsive/comatose state during or immediately following anesthesia (suspect due to adverse drug reaction or anesthetic event), and recovery is deemed highly unlikely or impossible, euthanasia should be considered after discussion with the owner, informed consent is provided, and authorization/consent form is signed.

When in doubt, veterinarians should consult with the Clinic Lead, Incident Commander and/or Medical Director to ensure proper precautions and protocols are followed.



Guidance on Care for Post-Surgery Complications

During each Spayathon™ Round, animals experiencing surgical complications should be treated by the team veterinarians on site, unless the care required is so extensive that either the team is unequipped to provide the necessary care or attending to the animal would significantly impact the team's ability to fulfill its spay/neuter commitments to other clients.

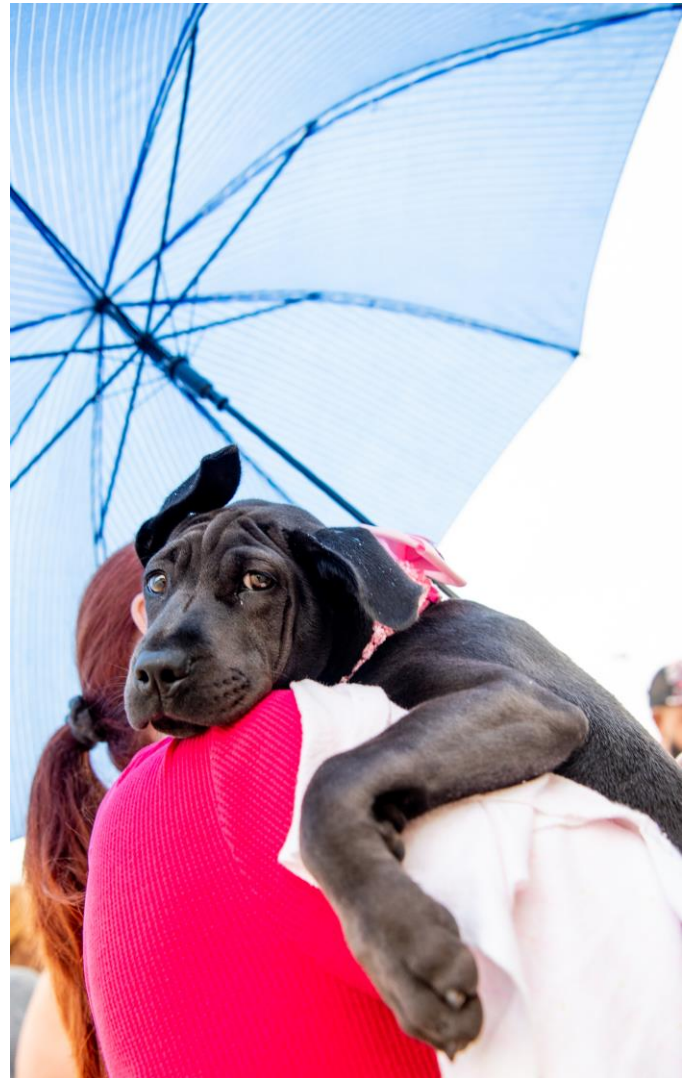
In such cases, arrangements should be made (in consultation with the HSUS and Ground Team Leads) to have the guardian transport the animal to a local veterinary hospital (please consult your site's Local Veterinary Office Reference List for options). If an animal is being referred to a hospital for care of post-surgery complications, you must alert the HSUS Team Lead immediately, since HSUS will need to pre-authorize payment.

For animals needing post-surgery care after the conclusion of the Spayathon™, HSUS has contracted with a veterinary hospital local to each clinic site to provide that service, completely free to the client. These hospitals have agreed to provide care for Spayathon patients for 7 days after the conclusion of each Round, provided:

- the guardian can demonstrate that their pet was altered at a Spayathon location (so please ensure owners are told to hold on to their paperwork -- if an animal presents with obviously recent spay/neuter surgical complications but has lost their paperwork we will not refuse their care, but we would ideally like to have confirmation); and
- the care required is directly tied to the spay/neuter surgery they received.

To receive reimbursement, the contract veterinarians are required to report details about each animal's condition and identifying information, so that we can report that information back to you.

The veterinary hospital contracted for Spayathon™ After Care for your clinic location is indicated on the Post Operative Instructions Sheet to be distributed to each patient.



Ground Lead Partnership Information

Each of your surgical teams has been paired with a Ground Team, an organization that works in animal welfare in Puerto Rico, to provide you with the local support and assistance necessary to allow you to focus on performing your best work – high-quality, high-volume spay/neuter surgeries.

They will primarily be charged with doing the advance work (advertising the clinics, engaging pet owners, etc.) for the clinics and supporting you with on-site patient registration and translation efforts. Please note: the Ground Teams have been provided minimal grants to support this work; they are functioning almost exclusively in a volunteer capacity. Aside from a few items they have been asked to source locally, you are responsible for ensuring you have all the supplies, special food items (the Ground Team will help you source daily lunches and HSUS will provide ice and miscellaneous snacks) and equipment you will need to function at your best each and every day.

While we fully expect each of your teams to operate independently, in whatever manner helps you operate most safely and efficiently, it will be important for there to be some level of consistency across the main island. Things like how pet owners are being registered on site each day, as opposed to preregistration, maximum numbers of animals allowed per owner (two), use of the standard data/intake form, the requirement that pet owners stay with their animals until the recovery process is fully completed, etc. are all expected to be executed consistently, to avoid confusion by pet owners. The Ground Team Leads will be having regular calls to ensure maximum efficiency in these areas, and will let you know if your suggested owner-management process conflicts with the group consensus in any way. After each Round, we will be holding intensive debriefs to discuss what worked, what didn't, and you will have the opportunity to recommend any changes you think will make subsequent Rounds even more successful.

Please connect with your assigned Ground Team Lead as soon as possible, and stay closely connected with her. If you have any questions or concerns, please let us know. All of the Ground Team partners are excited about working with you, and share the goal of making this effort the best it can be!

General Notes

Clinics: Spay/neuter procedures and vaccinations are to be provided free of charge,

Standardized Attire: All team members should be dressed professionally (masks, caps, closed toed shoes, etc.) and ideally in logo wear.

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



University of Florida Data Study

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

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

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

Logistics of data management:

1. Volunteers will assist clients with completion of the clinic Data Form (intake form).
2. The medical team will complete a medical record for each pet.
3. On the back of the data sheet is a short table of procedures and outcomes for each animal. Each section of the table will be completed by the medical team or by volunteers based on information in the medical record.
4. HSUS will provide data entry staff on-site to record animal information, procedures, and perioperative outcomes for each animal into a spreadsheet in real time.
5. The data entry staff will flag questionable data and follow up with the medical team or client for clarification as needed.
6. The spreadsheets will be sent to UF daily for review.
7. The primary duty of the author assigned for each location will be to train and support the medical team on medical record completion so that all data is captured correctly.
8. The author at each site will also review the records at the end of each day. This will allow for same-day recognition and correction of any missing/erroneous/conflicting information from the intake form and medical records.
9. Based on previous projects of this kind, we can expect that some records will be incomplete or that some topics will be confusing to the clinic volunteers. In addition to training in form completion at the beginning of the clinic week, it will likely be necessary to debrief and provide additional training as the week progresses. The participation of a study author at each clinic for data oversight will assure a high level of data integrity.
10. If there are any questions, do not hesitate to contact Dr. Julie Levy at levyjk@ufl.edu (352) 258- 6658.

Human Emergency Contact Information

Police: Call 911

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

Spayathon™ for Puerto Rico

Dramatic Impact, Lasting Change

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

How did Spayathon™ come to be?

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

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

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

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

participants and their pets, a circumstance that is being leveraged by academicians at the University of Florida.

How does Spayathon™ work?

Spayathon™ for Puerto Rico consists of dedicated surgical Rounds, held in quarterly, or more frequent, intervals. During each Round, as many as 8 clinics are held simultaneously across the island to provide spay/neuter/vaccination services for 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, University of Florida Maddie's Shelter Medicine Program, 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. We also solicited donations of vaccines, medicine, dog food and other pet supplies, and secured training for local veterinarians. Thankfully, donor response to the Spayathon™ concept was so strong that all of the funding needed for Round 1 was raised in a period of weeks.

What are the primary goals of Spayathon™?

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

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

How does Spayathon™ ensure patient safety?

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

- Hiring several veterinary experts to prepare surgical SOPs and oversee team operations;
- Purchasing all necessary surgical equipment and prohibiting use of lower quality substitutes for autoclaves and other devices;
- Mandating standardized surgical protocols, including anesthesia and drug protocols, and requiring tattooing of all sterilized animals;

- Preparing and mandating use of standardized surgical and data tracking forms.

What legal authorizations were necessary to create Spayathon™?

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

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

How will the success of Spayathon™ be measured?

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

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

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

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

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



The Spayathon™ for Puerto Rico Approach to Client Interactions

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

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

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

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

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

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

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

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

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

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

Thanks in advance for your cooperation!



Post-Round Pack-Up Instructions

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

Vaccines/Rabies Stamps and Books

Please ensure that you do not palletize either your leftover vaccines or rabies stamps/books! The vaccines and stamps/books must be returned to the Humane Society of Puerto Rico.

Labeling Equipment

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

Taking Inventory

- Surgical Leads: please take careful written inventory of the items you are packing up and sending to the warehouse – this is the only evidence we will have that the items were picked up from your location.

- Ground Leads: Please use the Inventory Form you have been provided to track total number of pallets, vaccines, etc.

- Please submit copies of your inventory forms and keep copies for your own records.

Preparing Items for Storage

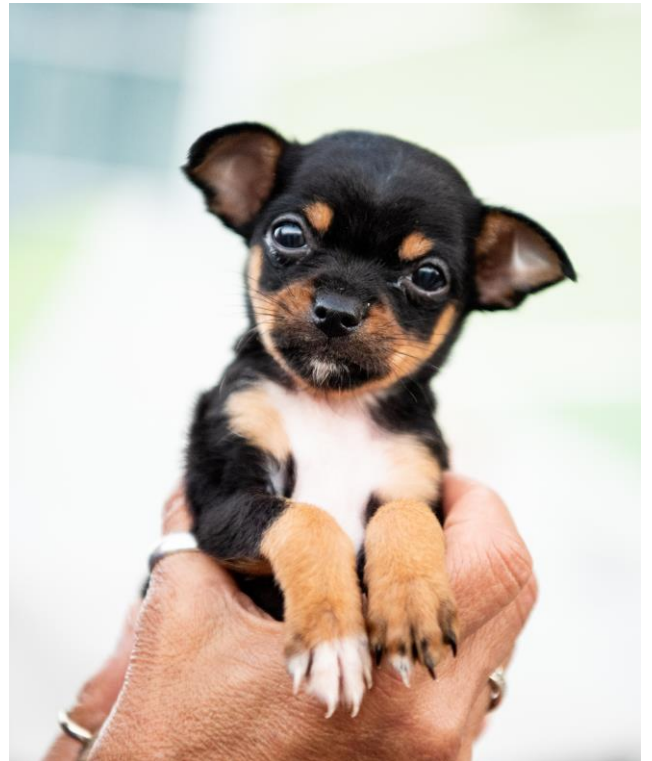
- Everything returning to storage must be securely palletized (pallets may not exceed 5’ high) and shrink-wrapped for pickup – we cannot ensure that “extra” items will be picked up.

- Please try to minimize the number of pallets to the extent possible, since we must pay for storage per pallet.

- Ensure that your Surgical Team’s name is clearly marked on poster board or other paper in multiple locations inside the shrink-wrap of each pallet – the name should be easily visible from a distance from all sides (unidentified pallets may not be returned to you in subsequent Rounds).

- Do not store any drugs or perishable items in your pallets – those should go with you.

- Pallet 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 -- 443-801-7487

Types of Content:

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

Types of Stories:

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

Character story checklist:

Owner/ pet contact information

Full name: _____ Email and/or phone: _____

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

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

Notes:

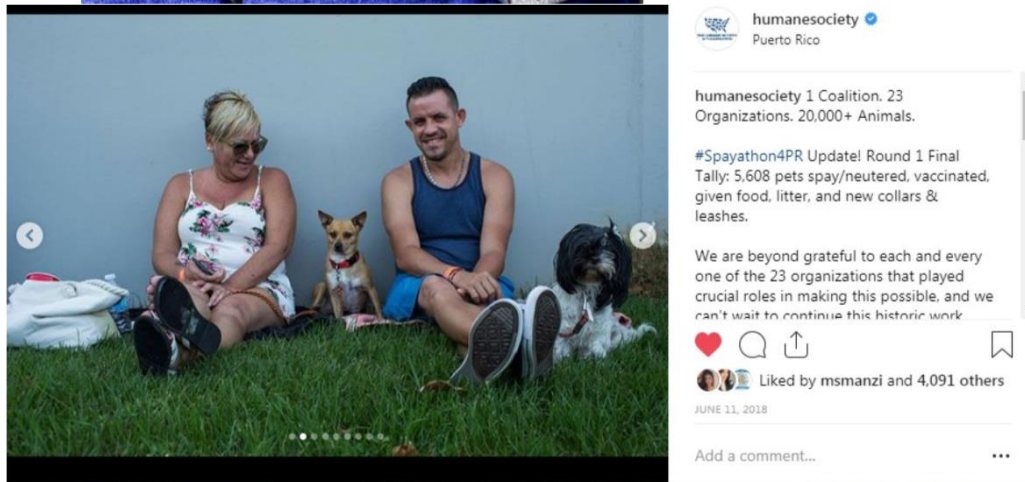
(Possible prompts: How did you hear about Spayathon; what inspired you to come; how did your pet come into your life; how will these services help your pet or your community; any fun or notable facts)

Notes to keep in mind:

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

Examples:

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



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

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



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 even an animal must be humanely euthanized or dies on the surgery table. The medical team should walk through the form with the owner/guardian and ensure it is properly completed.
5. **Patient Adverse Incident Forms:** These are to be completed in the event of a patient death or incident and promptly returned to HSUS.
6. **Human Incident/Injury Report:** These are to be completed in the event of a human incident or injury and promptly returned to HSUS.
7. **Patient Recheck Forms:** These are to be used if a client returns after surgery because of a concern or complication (use 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. **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.
12. **After Care Veterinarians:** These are the veterinary clinics designated to handle any patient complications.
13. **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.
14. **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.

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 using 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, losses, or expenses I incur as a result of my participation in the Event.
I release and hold of Maddie’s Shelter Medicine Program at Cornell University, Santuario de Animales San Francisco de Asís, and The Humane Society of the United States harmless from and for any and all claims, actions, causes of action, judgments, and liabilities of any kind that result directly or indirectly, from death, injuries, illnesses, diseases, or damages of any kind, foreseeable or unforeseeable, done 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 mi(s) animal(es).
- Que asisto al Evento por mi propia iniciativa, riesgo y responsabilidad. Todos estos riesgos me han sido explicados por el (los) empleado(s), representante(s) o voluntario(s) de Cornell, Santuario de Animales San Francisco de Asís o The Humane Society of the United States.

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

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

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

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

Fecha: _____

Si un Participante es menor de 21 años:

Nombre del Padre o Firma: _____

Nombre del Madre o Firma: _____



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

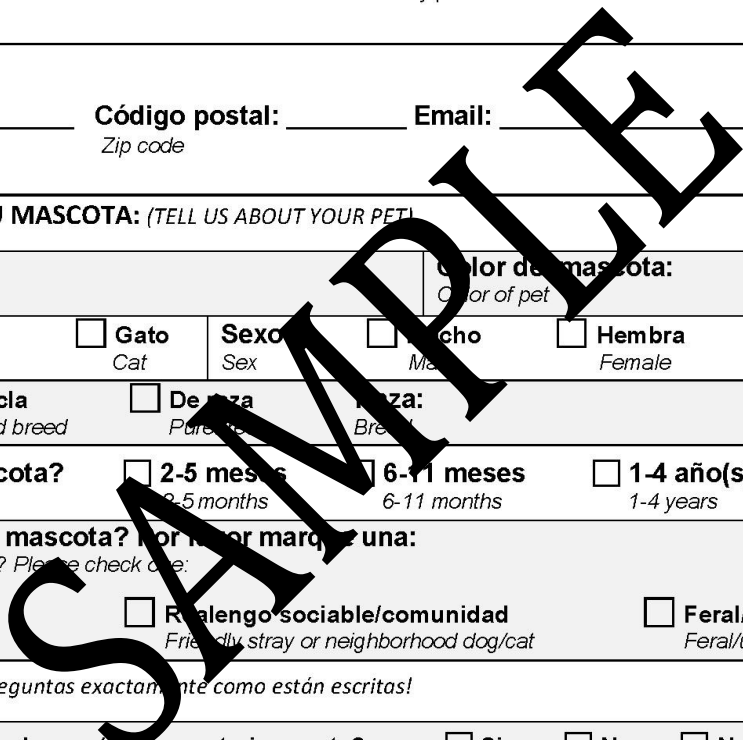
Teléfono principal: _____ Teléfono secundario: _____
Primary phone number Secondary phone number

Dirección: _____
Address

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

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

| | |
|---|--|
| Nombre del mascota: Pet's name | Color de mascota: Color of pet |
| Especie: <input type="checkbox"/> Perro <input type="checkbox"/> Gato <input type="checkbox"/> Sexo <input type="checkbox"/> Macho <input type="checkbox"/> Hembra <input type="checkbox"/> No lo sé Species Dog Cat Sex Male Female Don't know | |
| Mi mascota es: <input type="checkbox"/> Mezcla <input type="checkbox"/> Pura <input type="checkbox"/> Raza: My pet is... Mixed breed Pure breed Breed | |
| ¿Qué edad tiene su mascota? <input type="checkbox"/> 2-5 meses <input type="checkbox"/> 6-11 meses <input type="checkbox"/> 1-4 año(s) <input type="checkbox"/> 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: | |
| <input type="checkbox"/> El animal tiene dueño <input type="checkbox"/> Resalengo sociable/comunidad <input type="checkbox"/> Feral/no socializado The animal has an owner Friendly stray or neighborhood dog/cat Feral/unsocialized | |



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

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

PRE-SURGICAL EXAMINATION/PATIENT PREPARATION

| Pre-Surgical Examination | | | Anesthetics | | | Other Medication | | |
|------------------------------------|------------|-----------------|---------------------------|---------------|-------------|----------------------------|---------------|-------------|
| WEIGHT: | kg | lbs | Drug | Amount | Time | Drug | Amount | Time |
| Initials: | WNL | Abnormal | Trazodone PO (mg) | | | Carprofen PO | | |
| General appearance | | | Propofol 10 mg/ml | | | Meloxicam 5 mg/ml SC | | |
| Mucous membranes | | | Dexmedetomidine 0.5 mg/ml | | | Buprenorphine ___ mg/ml SC | | |
| Cardiovascular | | | 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



Spayathon™ for Puerto Rico TNR Data Form - Cornell

ANIMAL ID#
 CU6- _____
 SIBLING NUMBER(S): _____
 Trap No.: _____

FECHA: February, 2020

Caretaker Information

Caretaker name: _____
 Caretaker affiliation (if any): _____
 Caretaker phone: _____
 Caretaker email: _____

Address or location where animal was trapped:

 Municipio: _____ Zip code: _____

Transporter Information (if different from caretaker)

Transporter name: _____
 Transporter affiliation (if any): _____
 Transporter phone: _____
 Transporter email: _____

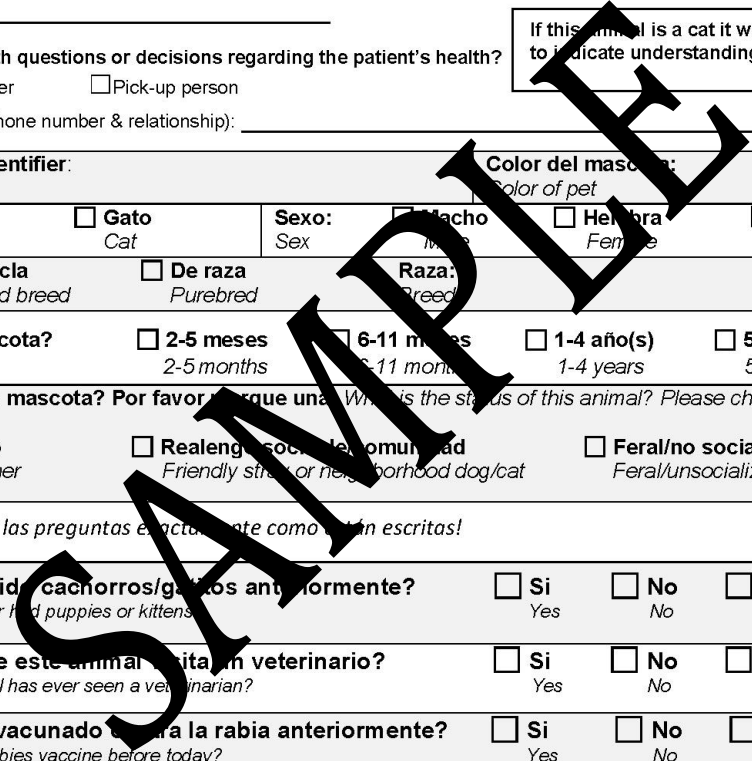
Pick-up Person Information (if different from caretaker)
 Pick-up person name: _____
 Pick-up person affiliation (if any): _____
 Pick-up person phone: _____
 Pick-up person email: _____

Who should be contacted with questions or decisions regarding the patient's health?
 Caretaker Transporter Pick-up person
 Someone else (list name, phone number & relationship): _____

If this animal is a cat it will be given an eartip. Initial to indicate understanding and agreement _____



| | | | |
|---|---|--|---|
| Animal name or other identifier: <i>Pet's name</i> | | Color del mascota: <i>Color of pet</i> | |
| Especie: <i>Species</i> | <input type="checkbox"/> Perro <i>Dog</i> | <input type="checkbox"/> Gato <i>Cat</i> | Sexo: <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> |
| Mi mascota es: <i>My pet is...</i> | <input type="checkbox"/> Mezcla <i>Mixed breed</i> | <input type="checkbox"/> De raza <i>Purebred</i> | Raza: <i>Breed</i> |
| ¿Qué edad tiene su mascota? <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> |
| ¿Cuál es el estado de su mascota? Por favor marque una. <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"/> Realengo/social del vecindario <i>Friendly street or neighborhood dog/cat</i> | <input type="checkbox"/> Feral/no socializado <i>Feral/unsocialized</i> | |



Voluntarios, ¡Favor de leer las preguntas exactas y responder como si las escribas!

| | | | | |
|---|---|--|--|---|
| Si es hembra, ¿Ha tenido cachorros/gatos anteriormente? <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> |
| ¿Es la primera vez que este animal visita un veterinario? <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> | |
| ¿Este animal ha sido vacunado para la rabia anteriormente? <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 | | |
|------------------------------------|------------|-----------------|
| WEIGHT: | kg | lbs |
| Initials: | WNL | Abnormal |
| General appearance | | |
| Mucous membranes | | |
| Cardiovascular | | |
| Urogenital | | |
| Other significant findings: | | |

| Anesthetics | | |
|---------------------------|--------|------|
| Drug | Amount | Time |
| Trazodone PO (mg) | | |
| Propofol 10 mg/ml | | |
| Dexmedetomidine 0.5 mg/ml | | |
| Acepromazine 10 mg/ml SC | | |
| Butorphanol 10 mg/ml SC | | |
| Telazol/Torb/Dexmed IM | | |
| Dexmed/Ket/Torb IM | | |
| Ketamine 100 mg/ml IV | | |
| Midazolam 5 mg/ml IV | | |

| Other Medication | | |
|-----------------------------|--------|------|
| Drug | Amount | Time |
| Carprofen PO | | |
| Meloxicam 5 mg/ml SC | | |
| Buprenorphine ____ mg/ml SC | | |
| Ampicillin 250 mg/ml | | |
| Penicillin G Procaine | | |
| Amoxicillin 150 mg/ml | | |
| Gabapentin PO (mg) | | |
| Lidocaine Local Block | | |

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 | |
|-----------------------------------|---|
| NexGard | or Frontline (circle) |
| Meloxicam 1.5 mg/ml susp, # _____ | Give _____ PO q 24hrs x _____ days |
| Carprofen _____ mg, # _____ | Give _____ tabs PO q _____ hrs x _____ days |
| Gabapentin _____ mg, # _____ | Give _____ tabs/capsule PO q _____ hrs x _____ days |
| | |
| Rabies Certificate Form Done? | Final Incision Check/OK TGH? |

OUTCOME SUMMARY

| DISPOSITION: | REPRO CONDITION: | OUTCOME: |
|--|--------------------------|-------------------------------|
| Spay performed | Normal | Discharged to owner/custodian |
| Explored – already altered | Pregnant | Transferred to vet |
| Declined at door – already altered <i>(note spay/neuter indicators in comments)</i> | 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 <i>(explain in comments)</i> | Other: | Given voucher |
| COMMENTS: | | |

Spayathon™ para Puerto Rico: Relevé Fotográfico



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

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

Nombre Completo en Letra de Molde Edad Firma Fecha

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

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

Firma de Padre/Madre o Guardian/Tutor Legal Fecha

Nombre: _____ Dirección: _____

Correo Electrónico: _____ Teléfono: _____

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

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

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

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

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

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



THE HUMANE SOCIETY
OF THE UNITED STATES

Spayathon™ for Puerto Rico: Photographic Release

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

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

Printed Full Name Age Signature Date

If Participant is under age 21:

BY SIGNING THIS RELEASE I REPRESENT THAT I AM THE CUSTOMER, 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) on 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: _____ Color: _____
Pet's name

Especie: Perro Gato Es un animal _____ Mezcla/Sato De raza
Species Dog Cat the animal is Mixed Purebred

Sexo: Macho Hembra Raza: _____
Sex Male Female 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 cannot 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 cirujía durante el presente evento debido a:

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

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

O

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

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

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

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

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

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

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

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



Surgical Team: _____

Clinic Location: _____

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

SAMPLE



THE HUMANE SOCIETY
OF THE UNITED STATES

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

| |
|--|
| Eating and Drinking After Surgery |
| Your pet may experience a loss of appetite and stomach upset for a day or two after surgery. It is also normal for your pet to not defecate for 12 to 24 hours post-surgery. We recommend offering only small amounts of water and small frequent meals for the 24 hours following surgery. You can offer food and water as usual after 24 hours as long as your pet is acting normally. |
| Limiting Physical Activity |
| Your pet may be drowsy or lethargic for 24 to 36 hours after surgery. Please allow him/her to rest and keep him/her quietly indoors for at least 10 days after surgery. Restrict him/her to leash walks only for two weeks (no running, jumping or playing outside). If your cat normally goes outdoors, please keep them confined indoors for at least 10 days. |
| Incision Care |
| <ul style="list-style-type: none"> • Your pet's incision site should be inspected at least twice a day for the next 7 days. Some bruising and minor swelling is expected, but should clear up within 3-4 days. • Unless you have been told otherwise, your pet's stitches are internal with dissolvable suture that do not require removal. Surgical glue applied to the top layer of the incision may appear crusty, but that is completely normal. • Do not allow your pet to lick or chew at the incision site, since 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. • Please do not allow the incision site to get wet for two weeks (no bathing or swimming). • Do not apply anything to the incision site that was not specifically prescribed by a veterinarian. |
| Medications |
| Your pet has already received pain medications during surgery, so the veterinarian will decide whether or not he/she requires additional post-operative medication. If those are prescribed to you by clinic personnel, please follow their instructions precisely. DO NOT give your pet ASPERIN, DICLOFENAC, TYLENOL or IBUPROFEN or other human pain medications to your pet because they can be toxic to cats & dogs. |
| Warning Signs /When to Seek Emergency Care |
| <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 a close eye out for the following signs that your pet is experiencing complications:</p> <ul style="list-style-type: none"> • Opening at the incision site, discharge with blood and pus, or excessive swelling; • Loss of appetite lasting longer than 3 days; • Diarrhea, vomiting, lethargy or excessive fatigue lasting longer than 3 days; • Refusal to drink water lasting more than 24 hours. • IF YOU HAVE QUESTIONS DURING SPAYATHON™ (February 21st- 26th) PLEASE CALL (607) 882-0179 • If you have questions after Spayathon™ (February 27th- March 4th ONLY), please call: The Pet Vet Jobos Beach 787-872-0204 |

Animal ID: CU6-_____

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

| | | | | | | |
|---|--|-------------------------------|-----------------------------------|-------|---|--|
| Vaccinations: | Rabies | Feline Panleuk Combination | Canine Distemper Combo + Lepto | Other | | |
| Take-Home Medications (if any): | | | | | | |
| Special Notes (if any): | | | | | | |
| <p>If your pet experiences an AFTER-HOURS emergency (Feb 27th – March 4th ONLY), please contact one of the following:</p> <table 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



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

Animal ID: CU6-_____

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

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

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

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



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 call Tarda and 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 Tarda to arrange to pick up of more)

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

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): _____

Emergency (During Clinic) Veterinary Clinics Spayathon™ for Puerto Rico – Round 6

THIS FORM IS FOR FEBRUARY 21-26 2020 USE ONLY

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

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

- VETERINARIA 24/7
270 Av. Jesús T. Piñero
San Juan, Puerto Rico, 00925
787-751-3737

Spayathon™ for Puerto Rico
 Voucher Distribution List – Round 6



Clinic Surgical Team/Location: _____

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

SAMPLE

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

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



**THE HUMANE SOCIETY
OF THE UNITED STATES**

Clinic Location: _____

Voucher # **VPR** _____ of 10

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

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

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

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

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

Issued by: (Name) _____ Date: _____

Expires March 20th 2020

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



**THE HUMANE SOCIETY
OF THE UNITED STATES**

Clinic Location: _____

Voucher # **VPR** _____ of 10

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

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

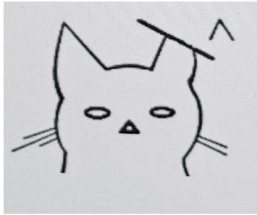
Humane Society of PR
Carretera #20 km. 3.8
Guaynabo, PR 00970
787-720-6038

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

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

Issued by: (Name) _____ Date: _____

Expires March 20, 2020



Animal ID:

CU6-_____

Name of Guardian: _____

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

(3) _____ (4) _____

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

Guardian's Signature

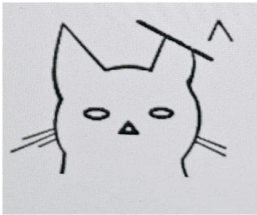
Date

If Participant is under age 21:

Father's Name & Signature: _____

Mother's Name & Signature: _____

SAMPLE



Animal ID:

CU6-_____

Nombre de guardián: _____

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

(3) _____ (4) _____

Por la presente autorizo que se remueva $\frac{1}{4}$ de la parte superior de la oreja izquierda de mi gato/a. Entiendo que esto es una alteración cosmética permanente de la oreja izquierda de mi gato/a y de su apariencia en general. Además, reconozco que este procedimiento es reconocido globalmente para asistir en la identificación visual de que mi gato/a ha sido esterilizado/a. Mi firma indica que entiendo lo antes expuesto. Acepto asumir los riesgos y responsabilidades por cualquier daño/s, obligación/es o pérdidas que yo o mi animal pueda/n incurrir como resultado de este procedimiento y relevo a hold Maddie's Shelter Medicine Program at Cornell University, Santuario de Animales San Francisco de Asís, y The Humane Society of the United States de cualquier responsabilidad derivada de este procedimiento autorizado.

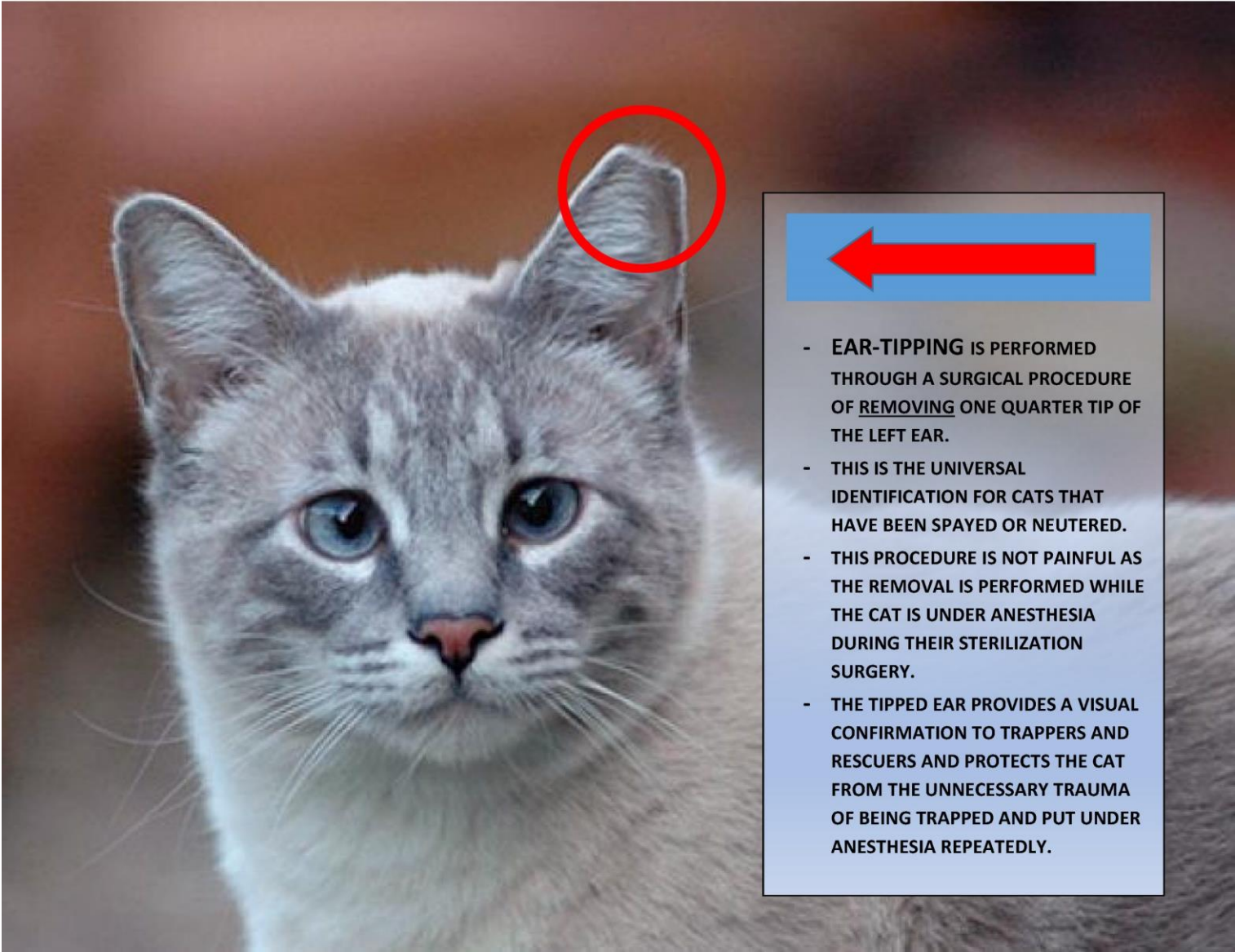
Firma del guardián

Fecha

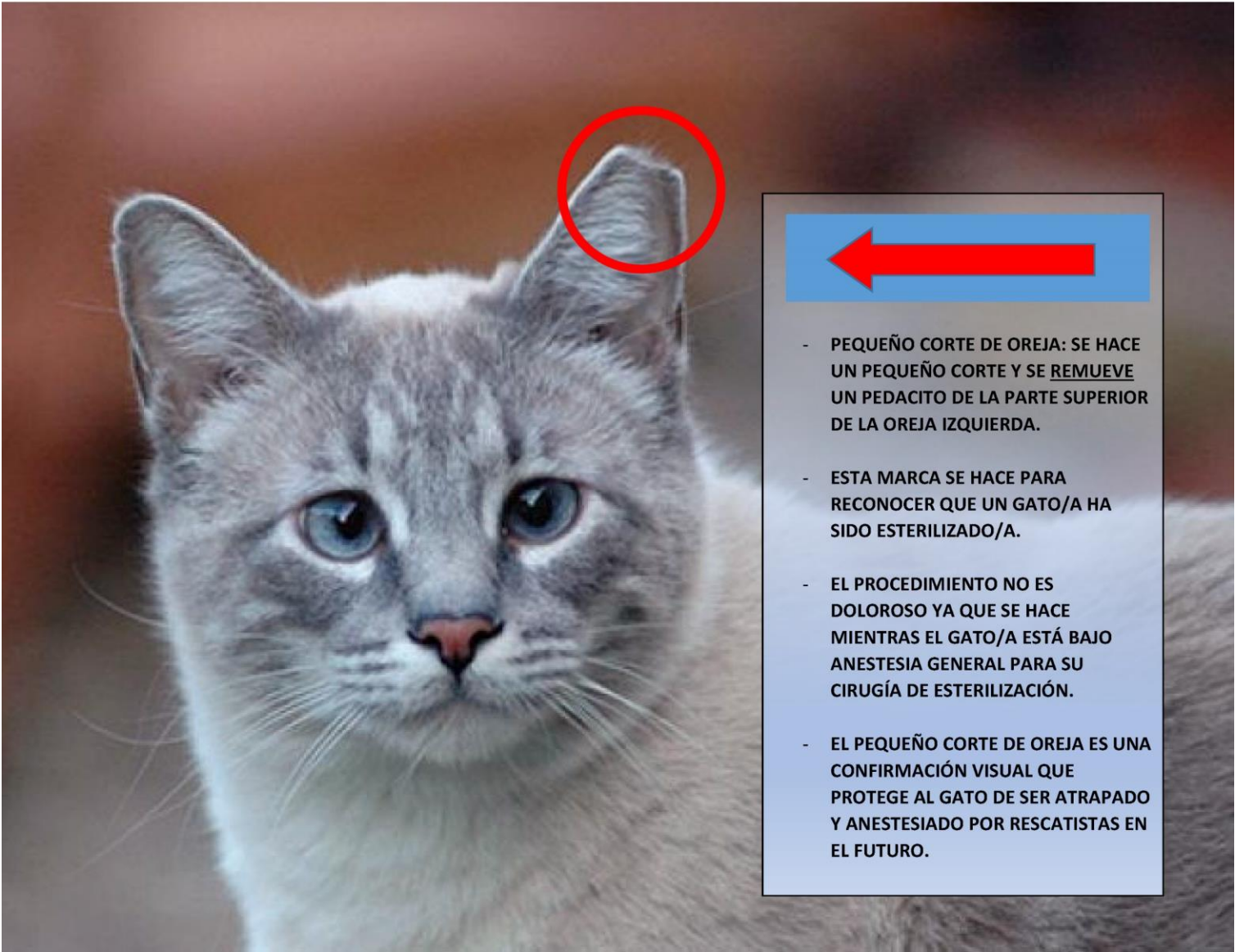
Si el participante es menor de 21 años:

Nombre y firma del padre: _____

Nombre y firma de la madre: _____



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



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

Midmark M11 Autoclave Maintenance Form

Daily Maintenance



Equipment Alert

If the sterilizer is used frequently to process dental handpieces that have been lubricated or dipped in dental milks, drain the water from the reservoir daily. Refill the reservoir with distilled water or water that meets the referenced water purity specifications.

• Clean External Surfaces

- A) Wash the exterior of the sterilizer each day according to your facility's procedure for clinical contact surfaces, noting the following: (Use only quaternary disinfectants to disinfect unit. Staining, pitting, discoloration, or softening could occur if phenolic, iodophor, or glutaraldehyde-based disinfectant is used on plastic surfaces of the unit. Also, use of alcohol or aerosol spray cleaner / disinfectant containing substantial amounts of alcohol in the formula can damage the faceplate).
- B) Wring excess solution from the cloth.
- C) Using soft cloth, wipe all external surfaces.
- D) Follow the instructions provided with the cleaner / disinfectant used regarding rinsing and drying of the external surfaces.

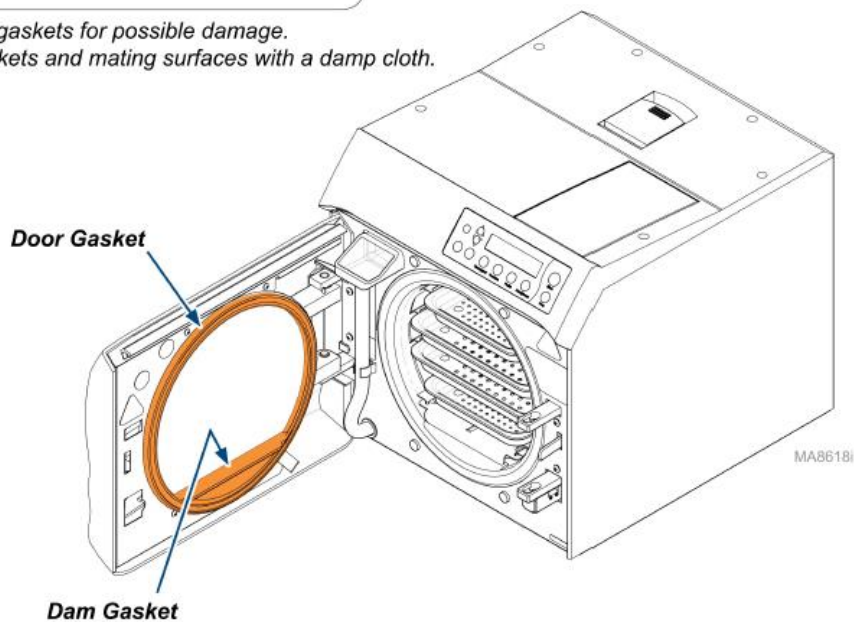
• Clean sterilizer door / dam gaskets.



Caution

To prevent burns, allow unit to cool before cleaning gaskets and mating surfaces.

- A) Examine gaskets for possible damage.
- B) Clean gaskets and mating surfaces with a damp cloth.



003-2707-99

English - 33 TP202 20-42-FO-00014 Rev A1 C2169 © Midmark Corporation 2016

Weekly Maintenance



Equipment Alert

Failure to change water may result in sterilizer malfunction. Do not use bleaching agents or any abrasive materials / substances in chamber (i.e. bleach, steel wool, wire brush, scouring powder, etc.). Failure to comply may result in damage to the chamber and/or other components.

Note

Every seven days, the autoclave will automatically display the PERFORM WEEKLY MAINTENANCE message. If power is disconnected, the cycle of weekly messages will be reset.

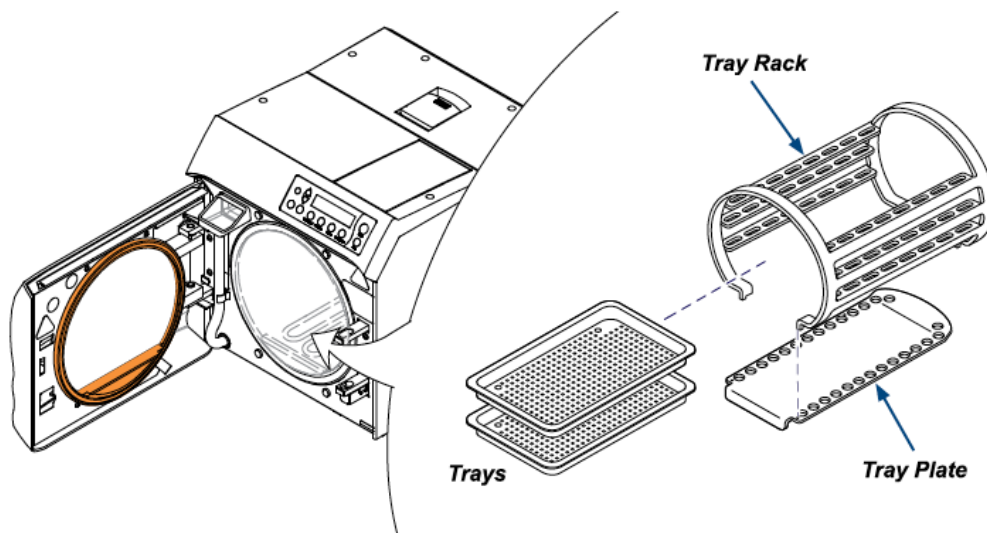
• Clean Chamber / Trays (including Rack and Plate)



Caution

To prevent burns, allow unit to cool before draining reservoir.

- A) Disconnect the upper portion of the reservoir drain tube from the panel clips, bend it downward, and drain the reservoir water into a suitable container, e.g. a bucket, and dispose of the water.
- B) Remove the trays, tray rack, and tray plate from the sterilizer.
(Refer to the following page for instructions on removing / installing the tray rack and tray plate).
- C) Wash trays, rack, plate, and inside of chamber with mild soap or Speed-Clean and distilled water or water that meets the referenced water purity specifications.
- D) Refill reservoir with distilled water or water that meets the referenced water purity specifications.



MA8619I

003-2707-99

English - 34 TP202 20-42-FO-00014 Rev A1 C2169 © Midmark Corporation 2016

Weekly Maintenance - continued

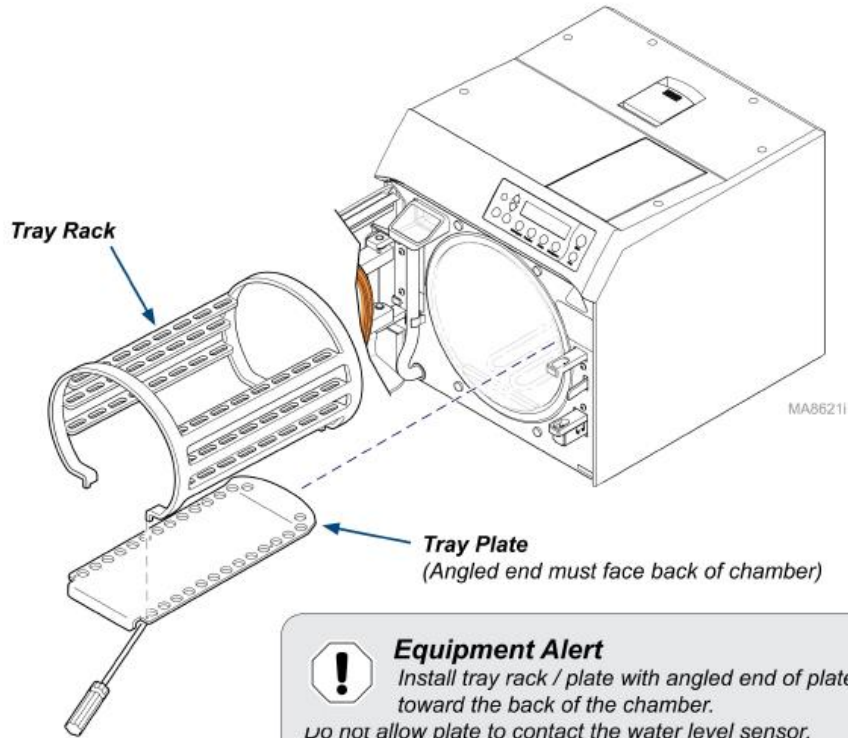


WARNING

Allow unit to cool before removing or installing tray rack and plate.
Handle metal tray rack carefully to avoid injury. Do not run sterilizer without tray plate in place.

To remove tray rack / plate...

- A) Remove trays.
- B) Using a screwdriver, pry plate up while pulling tray rack / plate out of chamber.



Equipment Alert

Install tray rack / plate with angled end of plate toward the back of the chamber.
Do not allow plate to contact the water level sensor.

To install tray rack / plate...

- A) Insert the tray rack into the tray plate.
- B) Place back of tray plate in chamber.
- C) Press down on tray rack, while sliding into chamber.

003-2707-99

English - 35 TP202 20-42-FO-00014 Rev A1 C2169 © Midmark Corporation 2016

Monthly Maintenance



WARNING

Do not process instruments while flushing system.



Equipment Alert

Use only Speed-Clean to flush system. Failure to flush system with Speed-Clean may result in the premature failure of sterilizer components.

Note





Every 28 days, the sterilizer will automatically display the PERFORM MONTHLY MAINTENANCE message. If power is disconnected, the cycle of monthly messages will be reset.

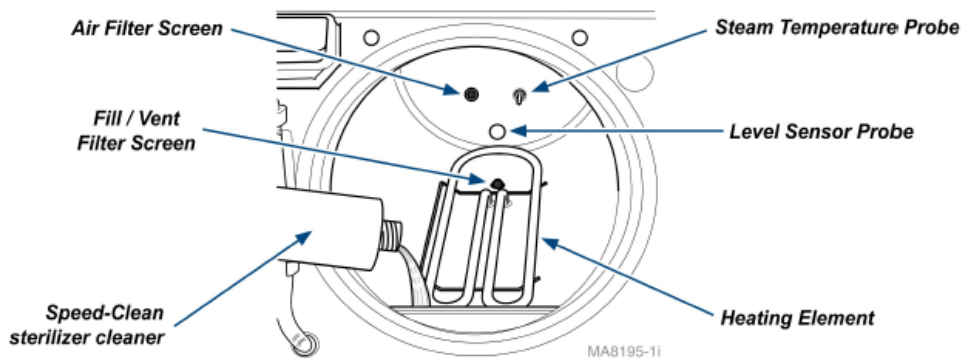
• Clean Chamber / Plumbing



Caution

To prevent burns, allow unit to cool before draining reservoir.

- A) With a cooled chamber, drain the sterilizer's reservoir and refill with clean distilled water or water that meets the referenced water purity specifications. Add one ounce of Speed-Clean sterilizer cleaner directly to the bottom of chamber.
- B) Run one **Pouches** cycle. 
- C) Press **Stop** button when Dry Cycle begins.  (Dry Cycle is not needed during maintenance.)
- D) Drain reservoir and refill a second time with clean distilled water or water that meets the referenced water purity specifications. .
- E) Rinse by running one **Unwrapped** cycle . Push the "Stop" button  when the drying cycle begins.
- F) Drain and refill reservoir with clean distilled water or water that meets the referenced water purity specifications, then allow sterilizer to cool.
- G) Remove trays and tray rack. Wipe off with a damp cloth.



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Monthly Maintenance - continued

• Clean Chamber / Plumbing - continued



Equipment Alert

Use care when wiping the inside of the chamber. Failure to comply may result in damage to the heating element, steam temperature probe, and/or level sensor probe.



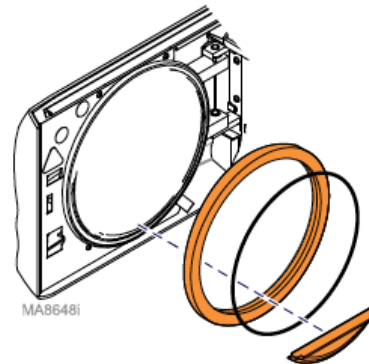
Equipment Alert

Do not operate sterilizer without filters in place.

- H) Remove and clean filters. The filters are intended to prevent debris from causing valve failures. Between regular monthly cleanings if the fill or vent times become too long or items will not dry the filters should be cleaned. (Refer to the illustration for location of filter screens.)
- I) Grasp filter and gently pull away from chamber wall while twisting slightly. (If necessary, pliers may be used to remove filters)
- J) Clean filters with Speed-Clean and distilled water. A small stiff bristled brush or ultrasonic cleaner may be helpful. Rinse filters with distilled water. Replace filter(s) if debris cannot be removed by cleaning.
- K) Wipe out the inside of chamber.
- L) Install filters. (Press inward, toward chamber wall while twisting slightly).
- M) Install tray plate, rack, and trays.

• Remove / Clean Door & Dam Gaskets

- A) Remove door and dam gaskets from chamber door, then remove the gasket ring from the door gasket.
- B) Clean gaskets and ring with Speed-Clean, distilled water, and a soft brush.
- C) Inspect gaskets for damage / shrinking / swelling. Replace gaskets if damage is apparent.
- D) Press gasket ring into the channel in the door gasket and reinstall the gasket in the door.
- E) Install dam gasket.



Monthly Maintenance - continued

• Check Pressure Relief Valve (must be checked each month to assure it functions properly)

- A) Press **Unwrapped** button 
- B) Press **Start** button 




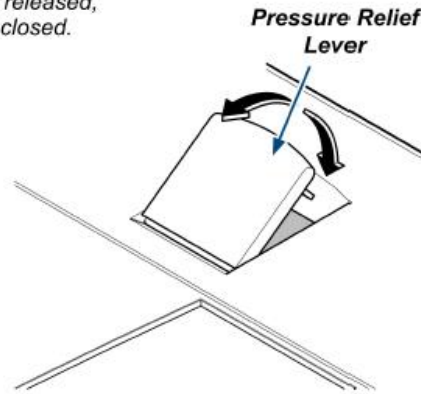
Caution

During the pressure relief valve check, steam will be vented from under the sterilizer. To keep from being burned, place a steam barrier (a rolled up towel) around the bottom of the sterilizer.

- C) Wait until pressure in chamber reaches 20 PSI (138 kPa).



- D) Pull upward firmly on the pressure relief lever for approximately 3 seconds, then release. (Steam should discharge freely from beneath rear of unit when lever is pulled. If the valve does not close completely when lever is released, pull lever again and release quickly so that it snaps closed. Repeat this until valve seats properly).
- E) Press **Stop** button  (This aborts the cycle to prevent overheating).



Equipment Alert

If excessive force is required to open the pressure relief valve, or if the valve will not reseal properly, the valve must be replaced. (Refer to "Calling for Service" in this manual).

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Extended Use Maintenance

The M9 and M11 are designed and tested to provide exceptional reliability throughout their service life. However, like all electro-mechanical devices they are subject to wear and degradation with use.

To ensure the integrity, performance, and safety of all major components it is the responsibility of the user to have the sterilizer performance / operation verified by a Midmark Authorized Service Provider at least every 10 years or 10,000 cycles, whichever ever comes first. After 10 years or 10,000 cycles of use, an annual inspection by a Midmark Authorized Service Provider is recommended.

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Tuttnauer 2340 Autoclave Maintenance

8 SERVICE AND MAINTENANCE INSTRUCTIONS

8.1 Preventive and Scheduled Maintenance



The maintenance operations described in this chapter need to be followed as indicated to keep the device in good working condition.

The instructions that follow can easily be carried out by the office personnel and do not require a service technician.

Should the need arise, technical assistance or a service technician can be requested by either calling your dealer or Tuttnauer USA.

8.1.1 Daily

Clean the door gasket with a mild detergent, water and a soft cloth or sponge. The gasket should be clean and smooth.

8.1.2 Weekly

1. **ONCE PER WEEK**, clean the air jet. To ensure that the temperature inside the chamber rises properly, it is necessary to keep the air jet clean. A dirty air jet will prevent indicator strips from changing color and cause spore tests to fail. See sec. 8.3.
2. Once per week, clean and descale the chamber, copper tubes and the reservoir using Chamber Brite (see sec. 9).



Caution

Do not use steel wool, steel brush or bleach as this can damage the chamber and trays!

3. Take out the tray holder and trays. Clean the tray holder and trays with detergent or a non-abrasive stainless steel cleaner and water, using a cloth or sponge. Rinse the tray holder and trays immediately with water to avoid staining the metal.
4. Put a few drops of oil on the 2 door pins and door tightening bolt screw shaft and bearing.
5. Clean the outer parts of the autoclave with a soft cloth.

8.1.3 Periodically

1. Once every month, clean and check the safety valve (see sec. 8.5).
2. Replace the door gasket every 12 months, or as needed (see sec. 8.4).
3. Once a year, inspect the locking device for excessive wear.

8.2 *Draining the Reservoir*

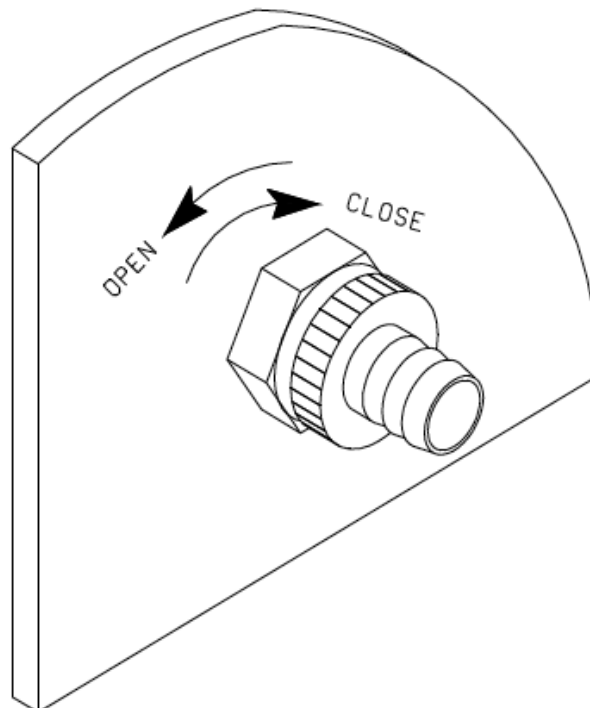


Caution

Before starting, ensure that the electric cord is disconnected and there is no pressure in the autoclave.

The drain valve is located on the front left side of the autoclave after the door is opened. The function of the drain valve is to drain the water reservoir.

1. Connect the silicone hose, supplied with the autoclave, to drain into a bucket.
2. Turn drain valve counterclockwise to the open position.
3. Fully drain the reservoir.
4. With a quart of tap water, flush out the reservoir.
5. Turn drain valve clockwise to the close position.
6. Connect the electric cord to power source.
7. Fill the reservoir with distilled water to just below the safety valve (see sec 7.2).
8. Turn on the main power switch.
9. The autoclave is now ready for use.



8.3 *Cleaning the Air Jet*

(Located in the water reservoir.)



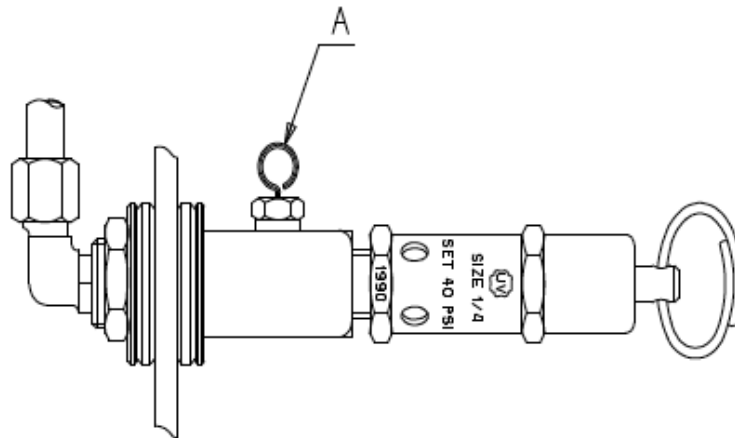
A dirty air jet is the number one cause of failed spore tests

The elimination of air from the sterilization chamber during heat up is **critical** to the proper operation of the autoclave. Failure of the air removal system will be responsible for incomplete sterilization, indicator strips that do not change color and failed spore tests.

The air jet consists of a small orifice with a clean out wire inserted in it (wire is permanently installed and will not come out). It is required that the air jet be cleaned once per week or more often if necessary, to remove any accumulated dirt and debris.

It is preferred to clean the air jet when the unit is running a cycle and under pressure. This is so that any loosened debris will be blown away, however, it can be done while the unit is idle.

1. Remove the water reservoir cover.
2. Clean the hole of the jet by manipulating the air trap wire (A) back and forth 10 times.

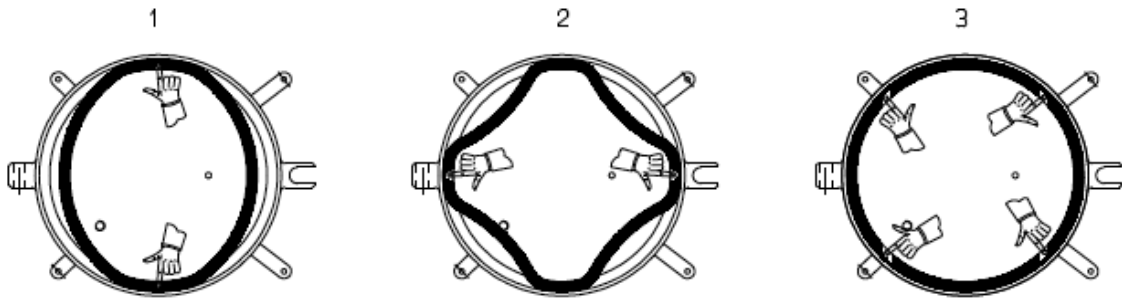


Note:

It is important to clean the hole of the air trap, as described in point 2 before starting operation of the autoclave, for the first time.

8.4 *Replacing the Door Gasket*

Pull off the gasket from the door groove. Install the new gasket as described in drawings 1, 2 and 3 below.



Caution!

This gasket is designed with a trapezoidal cross section. The gasket should be placed with the widest side towards the door.

8.5 *Checking the Safety Valve*

(Located in the water reservoir)

In order to prevent the safety valve (6) from becoming blocked, it is necessary to allow the steam pressure to escape through the valve. This procedure should be done every month as follows:

1. Run a sterilization cycle with a sterilization temperature of 273°F according to the manual.
2. Allow a pressure of approximately 30 psi (260 kpa) to build up in the chamber.
3. Turn the timer back to 0 minutes.
4. Remove the water reservoir cover.



Caution!

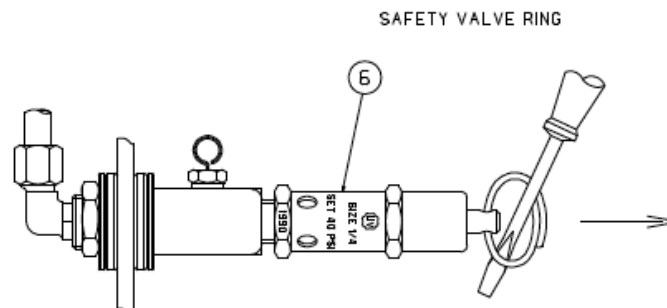
This next step will expose you to HOT STEAM



Caution!

To avoid being burned, by hot steam, do not place your face over the safety valve.

5. Pull the ring of the safety valve using a tool, i.e. screwdriver, hook etc. and open the safety valve for 2 seconds then release. Be careful not to burn your hands.
6. Verify that the valve releases steam and closes immediately.
7. If the safety valve is stuck in the “open” position, let the pressure decrease to zero (atmospheric pressure).
8. After the pressure in the chamber decreases to zero, pull the valve ring to release the valve.
9. Repeat operations 1 to 6.
10. If the valve is stuck again in the open position, call for service.
11. After a successful check, turn the multi-purpose valve to the Exh/Dry position.
12. Wait until the pressure decreases to zero, only then can the door be opened.



8.6 *Unclogging the Multi-Purpose Valve or Fill Piping.*

1. Pour distilled water into the chamber, according to quantities mentioned in para. 4 (*Installation Instructions*).
2. Close the door.
3. Turn the multi-purpose valve to STERILIZE position.
4. Move the main switch to the ON position.
5. Turn the Thermostat knob to 273 °F (134 °C).
6. Turn the Timer knob to 20 minutes.
7. After the timer has reached "0" turn the multi-purpose valve (clockwise) to the FILL WATER position, do not stop at any other position.

In most cases, the pressure pushes the obstructing substance out and the steam exhausts into the water reservoir.

8. When the pressure gauge reaches 0, turn the multi-purpose valve to the "0" position, and the main switch to OFF.
9. Open the door.
10. Replace the water in the water reservoir.
The autoclave is ready for the next cycle.
11. If this procedure does not clear up the clogging, a technician will be required to replace the multi-purpose valve or clear the piping.

VERY IMPORTANT!

When sterilizing cotton wool or pads, it is essential to wrap them in paper or cotton bags in order to prevent the multi-purpose valve and the autoclave openings from becoming clogged with remnants of the material.



9 **CLEANING THE TABLETOP AUTOCLAVES WITH CHAMBER BRITE™**

CHAMBER BRITE™ is a cleaning and descaling agent designed specifically for the cleaning and removal of water deposits, oxides and other sediments that are found in steam sterilizers. The material is a combination of acidic salts and additional cleaning materials.

Chamber Brite™ autoclave cleaner has been formulated specifically to be a fast, powerful and easy to use cleaner for steam sterilizers.”

If the autoclave is not cleaned regularly, dirt and debris will build up and clog the tubing and valves. This dirt can also be transmitted to the instruments during sterilization. In addition, a layer of dirt on the stainless steel chamber traps moisture against the metal and will lead to the chamber becoming porous and failing.”

“It is recommended that your autoclave be cleaned with CHAMBER BRITE™ once per week”



Caution!

NEVER use bleach, steel wool, a steel brush or anything abrasive to scrub or clean the chamber.

Cleaning Procedure

1. Important – all steps in this procedure must be completed without interruption.
2. When the autoclave chamber is cold, remove instruments and trays from the autoclave.
3. Open the door and spread the contents of a packet in a straight even line along the bottom of the chamber, from back to front.
4. Start a sterilization cycle* with water and No Drying Cycle according to the manufacturer's instructions. When the cycle is finished, exhaust the unit.
5. At the end of the exhaust cycle, drain the water from the reservoir.
6. Fill the water reservoir with distilled water.
7. Repeat a sterilization cycle without Chamber Brite™ powder, to remove any excessive dirt in the pipes. Start a sterilization cycle* with water and No Drying Cycle according to the manufacturer's instructions. When the cycle is finished, exhaust the unit.
8. At the end of the exhaust cycle, drain the water from the reservoir.
9. Turn the autoclave off and allow chamber to cool.



10. Remove the tray holder; wipe the interior of the chamber with a damp cloth.
11. Fill the reservoir with distilled water only.
12. Wipe the tray holder with a damp cloth and return it to the chamber.
13. Turn fill knob to fill position and allow a small amount of water (2-4 ounces) to fill chamber. Remove water from chamber.
14. The autoclave is ready to use.

IMPORTANT!

DO NOT sterilize instruments during the cleaning process!!!

CAUTION!

Keep out of reach of children. Contains mildly acidic ingredients. Avoid contact with the skin, eyes or clothing. Wash hands well after touching the powder, in the case of eye contact flush with continuous running water for at least 15 minutes. If irritation persists get medical attention. If accidentally swallowed, do not induce vomiting, drink large amounts of water and obtain medical attention. MSDS available upon request.

For models 1730, 2340, 2540 use one packet of CHAMBER BRITE™.

For models 3140, 3850, 3870 use two packets of CHAMBER BRITE™.

Clean every 20 cycles or as needed.

- * Total cycle time for cleaning Tuttinauer “M” series is 30 minutes at 273°F (134°C). Total cycle time for cleaning Tuttinauer “MK” series is 15 minutes at 273°F (134°C). All cycles referenced are from a cold start.

10 TROUBLESHOOTING

This troubleshooting section is for use by the Operator of the autoclave. If a problem develops that is not covered in this section, a qualified technician needs to be called. Please call your dealer or Tuttnauer USA Co.

| <i>Symptom</i> | <i>Possible Cause Checkup and Tests</i> | <i>Corrections</i> |
|---|--|--|
| <p>1. Power indicator light does not light up when the ON / OFF switch is in the ON position.</p> | <p>1.1 The unit is not plugged in or the wall outlet has no power.</p> <p>1.2 Circuit breaker is tripped.</p> <p>1.3 Cut out thermostat is tripped.</p> <p>1.4 Turn the multi-purpose valve to the “Exh/Dry” position and set the timer to 15 minutes.</p> <p>If the “Dry” light is on, the “Power” light is burned out. When finished, turn the timer back to 0 minutes.</p> <p>1.5 If the “Dry” light does not come on, there is an internal electrical problem.</p> | <p>1.1 Make sure the power cord is plugged into the wall outlet and the back of the unit or restore power to the wall outlet.</p> <p>1.2 Reset the circuit breaker.</p> <p>1.3 Reset the cut out thermostat.</p> <p>1.4 Have a technician replace the “Power” light.</p> <p>1.5 Have a technician checkout the unit.</p> |
| <p>2. Heat indicator light does not light up at the beginning of the sterile cycle. The Power light is on and the unit <u>does</u> heat up.</p> | <p>2.1 The “Heat” light is burned out.</p> | <p>2.1 Have a technician replace the “Heat” light.</p> |
| <p>3. Heat indicator light does not light up at the beginning of the sterile cycle. The Power light is on and the unit does <u>NOT</u> heat up.</p> | <p>3.1 The multi-purpose valve is not in the STERILIZE position.</p> <p>3.2 The door is not closed tightly.</p> <p>3.3 The door switch activator is missing or not adjusted correctly.</p> <p>3.4 The timer is off.</p> <p>3.5 There is an internal problem.</p> | <p>3.1 Turn the multi-purpose valve to the STERILIZE position.</p> <p>3.2 Close the door tightly.</p> <p>3.3 Replace or readjust the door switch activator. When adjusting – turn the activator screw, in or out, by ¼ turn until the door microswitch is pushed in when the door is closed.</p> <p>3.4 Turn the timer on.</p> <p>3.5 Have a technician checkout the unit.</p> |

Carolina Surgical Site

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



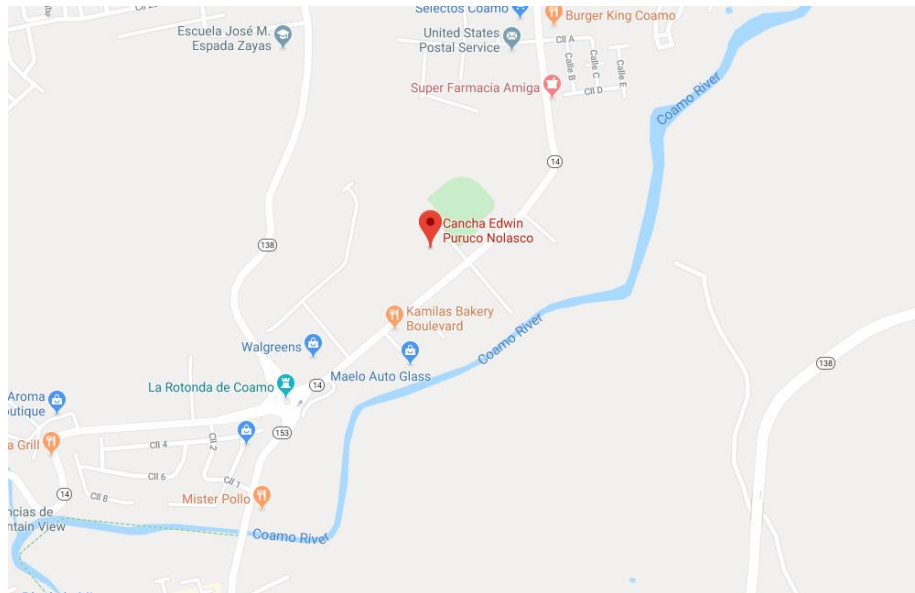
Vega Baja Surgical Site

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



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