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Exploring Collaborations between Veterinarians & Rescues/Shelters

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Abstract

A survey of private practice veterinarians in the Chicago area was conducted in an effort to pinpoint what constitutes a positive relationship between a veterinarian and a rescue group or shelter. The following research questions guided this project: From the perspective of veterinarians, what is the nature of collaboration between private veterinarians and animal rescues? What are the reasons for these relationships? What is the perceived value of these relationships according to veterinarians? The survey was sent to 50 private practice veterinarians in the Chicago area and received twelve responses, followed by two face-to-face interviews of survey participants. The data revealed that there are both perceived benefits and detriments to collaborating with rescue groups, but overall the consensus was that the collaboration was a net positive when set up properly. The author describes how to set up a successful veterinarian/rescue group collaboration.

Keywords: relationship, veterinarian, animal rescues, collaboration

Foreword

As someone who has been involved with all aspects of dog rescue – from working at an animal control facility in Kentucky, to fostering, to working at a veterinary office, to starting an animal rescue from scratch – I know the importance of a quality relationship between a rescue and its veterinarians. Starting in the fall of 2015, I've been attending the Auburn College of Veterinary Medicine to add one more title to my collection – DVM. Because of this connection, I'm hoping to explore the relationship between rescues and veterinarians by doing this project. Research on this subject is limited at this time, but it is a critical part of the rescue process. Without veterinarians, animals couldn't receive the medical attention that they so often need. Having good relationship with multiple veterinarians is key for the success of an animal rescue. My experiences from a rescue viewpoint have been overwhelmingly positive. This survey flips it to the other side – why do veterinarians work with animal rescues? What benefits does this collaboration bring to the veterinary practice?

Introduction

When expectations are clearly defined at the beginning of the relationship between companion animal rescue groups/shelters and veterinarians, this collaboration can benefit both the animal rescue/shelter and the veterinarian long-term (Biele, 2012). The discounted services and expertise provided by the veterinarian to the animal rescue help the animal rescue/shelter provide quality care for their animals at affordable prices. In turn, veterinarians can benefit through adopter referrals and relationships built within the community via foster homes and volunteers. Lee (2015) even suggests

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that a regular collaboration between veterinarians and rescue groups can help to provide a competitive advantage for that veterinarian.

Collaboration between veterinarians and rescues can help attract clients by showing the goodwill a clinic performs for the community. Cavanaugh et al. (2013) suggest that “veterinarians should view animal shelters as valued community partners.” Veterinarians have seen success by helping pets pre- and post-adoption because they are able to develop and maintain new clients (Stewart, 2014). By working with a rescue group, hospitals can extend the size of their community by anywhere from a few people to a few hundred people, depending on the rescue’s foster base. Foster homes often initially meet and pick up the dog from the hospital (post-surgery), so the foster “parents” of that animals have the chance to have a positive interaction with staff members. Dr. Mark Ayers, a veterinarian who owns two clinics in West Virginia, explored how working with just one rescue at just one of his clinics affected his business – and was pleased with the results (Myers, 2014). One of his clinics began working with a set discount to one rescue group, and he evaluated the revenue each week. At the end of the year, he determined that his tax return revenue had increased. His Facebook page for the clinic helping rescues had almost double the followers of the one that didn’t offer a set discount to a rescue group. He continued working with rescues (and now works with over 30 different organizations). His business was growing, while other businesses in the area were closing during certain hours and struggling. Of course, he began working with animal rescues/shelters at his other clinic after seeing the great

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results at his first clinic. Referrals from the shelters one works with to the adopters who end up with the pets help to grow a practice as well (Werber, 2014).

This author believes there are many benefits for both the animal rescue/shelter and the vet. Benefits for an animal rescue/shelter include:

- Discounted services
- Free services
- Advice from a trained professional
- For foster-based organizations, the vet's office often acts as a "home base"

Benefits for a veterinarian include:

- Morale boost for staff
- Referrals upon an animal's adoption
- Help with cash flow
- Community involvement
- Community support

According to James (2014), one of the pitfalls that needs to be avoided when a veterinarian works with animal rescues/shelters is the perception of competition – this needs to be viewed by both parties as a collaboration, not just a discounting of services for anyone who wants them, but instead for those who truly need them. For example, once an animal is adopted, the financial responsibility of any further care should be placed on the adopter at full price.

Typically, in the author's experience, the veterinarian will bill the animal rescue/shelter once or twice a month, and the animal rescue/shelter is expected to pay

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that invoice within a week. This allows for the animal rescue/shelter (which are often volunteer-managed) to look over the invoice and pay the veterinarian for several services at once, while at the same time helping with the cash flow at the veterinarian. It has been this author's experience that if animal rescues/shelters respect the billing and payment process put into place, the collaboration can continue long-term. Settling up monthly or bi-monthly and not carrying long-term balances helps to eliminate hard feelings from the veterinarian. It is the author's experience that it is beneficial for animal rescues/shelters to have a healthy respect for the profession of veterinary medicine. These are doctors – they graduated from high school, earned their undergraduate degree, and continued on with four more intense years of schooling to earn their DVM. They likely have overhead costs, on top of student loans. Rescues need to realize that while veterinarians will often discount their services for them, they also need to make a respectable living. Economics, and deciding who should get free (or cheap) veterinary care, is often a hot topic amongst rescues and veterinarians (Woloshyn, 2015). For this reason, one of the goals for this study is to provide detailed information about this relationship.

Literature Review

Searches of the following databases were conducted: Academic Search Complete, eBook Collection (EBSCOhost), ProQuest Central, and Science Direct. Keywords used for the searches were: "veterinarian AND rescue," "veterinarian AND rescue AND relationship," "shelter AND veterinarian," "shelter AND veterinarian AND relationship." This search produced limited results, and those results did not include

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any peer-reviewed original research articles about the value of collaboration between veterinarians and animal rescues/shelters. However, the search did reveal one commentary article and one associated letter to the editor with information relevant to this study. Both of these pieces were published in the Journal of the American Veterinary Medical Association:

- Burns, K. (2013). Relations rarely adversarial between practices, shelters. *Journal of the American Veterinary Medical Association* 242(6) 725-6.
- Cavanaugh, M., Haston, R., Haworth, D., Johnson, R., Olson, P., Rohde, R. (2013). Veterinarians and shelter animals [Letter to the editor]. *Journal of the American Veterinary Medical Association* 242(9) 1209.

According to Burns, the CATalyst Council (CC) partnered with AllPoints Research Inc. to do a study on relations between practices and shelters. The CATalyst Council was contacted via e-mail in order to obtain a copy of the original study report. However, no response was received. For this reason a review of the CATalyst Council (CC) study of 2012 was conducted by way of the details of the study that were reported in the Burns commentary article listed above.

The study consisted of online interviews with 455 private practitioners and 772 shelter representatives. This CC study confirmed that overwhelmingly, neither veterinarians nor animal shelters typically perceive their relationship as adversarial, but each group does perceive itself to be more supportive of the other. Thirty-six percent of private practitioners said practices support shelters, but shelters don't always support practices; 24% of shelter representatives said shelters support practices, but practices

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don't always support shelters. The study also confirms that private practitioners often perceive shelters as competition, but that shelters do not provide veterinary services to the general public as much as private practitioners believe they do. Thirty-six percent of shelter representatives stated that getting discounted rates from private practitioners is key to a successful relationship. Two thirds of each group also expressed interest in connecting cat adopters with private practitioners for their ongoing care.

Although peer-review articles relevant to this study were limited, there were several articles on the collaboration between veterinarians and animal rescues/shelters on the DVM360 website. Specifically, those articles included:

- Biele, H. (2012). 3 Ways Your Veterinary Practice can Avoid Problems with Animal Shelters, Rescue Groups. Retrieved from <http://veterinarybusiness.dvm360.com/3-ways-your-veterinary-practice-can-avoid-problems-with-animal-shelters-rescue-groups>
- James, K. (2014). 7 Steps to a Better Relationship Between Veterinarians and Rescue Groups. Retrieved from <http://veterinarybusiness.dvm360.com/7-steps-better-relationships-between-veterinarians-and-rescue-groups>
- Stewart, P. (2014). Come Together to Work with Veterinary Shelters. Retrieved from <http://veterinaryteam.dvm360.com/come-together-work-with-veterinary-shelters>

Biele (2012) suggested three tips to help veterinary practices avoid problems with animal rescues/shelters – to communicate often, to put agreements in writing, and to have fun and learn from each other. James (2014) gives further directions – setting

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ground rules, settling up each month, sticking by the discounts, scheduling time for rescues, being consistent, going in with the right attitude, and making sure the relationship benefits both parties. Stewart (2014) describes how the Cedar Mill Veterinary Hospital offered a free wellness exam for adopted animals within the first six months of adoption. They reached out to shelters and rescue groups in their area to partner with them to help adopted pets. Success from this partnership also attracted new clients, and it established the practice as a caring part of the community.

Methodology

The following research questions guided this project:

1. From the perspective of veterinarians, what is the nature of collaboration between private veterinarians and animal rescues?
2. What are the reasons for these relationships?
3. What is the perceived value of these relationships according to veterinarians?

This study employed the use of a survey created and distributed via the Google Forms online survey tool. This survey was sent to a convenience sample of 29 private veterinarians (personally known to the author) and a random sample of another 21 private veterinarians across the suburban Chicago area. Two weeks after the initial survey was sent, a follow-up email was sent as a reminder to all participants. The author is the president and founder of Second City Canine Rescue. It is in this capacity that the author has made the acquaintance of the 29 veterinarians in the convenience sample that will be used in this study. The random sample of veterinarians was chosen

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using the Google Search Engine with the search term “veterinarian near 60133”. They were chosen in order listed, although those already amongst the veterinarians the author personally knew were skipped so as not to be surveyed twice. Questions were grouped according to topic (see Appendix A). Responses to the survey were summarized by question in a separate tab in the Google Sheets document.

Two veterinarians who responded to the survey (known to the author) were then interviewed to get clarification and additional information regarding their survey responses.

Results/Analysis

Survey Data

All 12 of the survey respondents work with rescues by providing veterinary care to their adoptable animals. One of the respondents works with dogs only; one with cats only; the remaining ten all work with both dogs and cats. Nine respondents saw 10 or fewer cats each month (1 of which does not see cats at all); 2 saw 11-29 cats each month; 1 saw 30+ cats each month. 3 respondents saw 10 or fewer dogs each month (1 of which does not see dogs at all); 2 saw 11-29 dogs each month, 7 saw 30+ dogs each month. Only one rescue limited the number of rescue clients seen each month, though no specific number was given.

For the initial contact between rescue and veterinary clinic, 9 stated that the rescue reached out to the clinic in person; 6 by phone; 5 by email; 1 by fax. 3 clinics reached out to the rescue in person; 5 by phone; 4 by email. One respondent stated that it “coordinated with the medical director/owner”, but did not go into detail as to

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how the initial contact is made. Respondents had the option to choose more than one answer (as they may work with multiple rescues).

The average gross revenue amount the veterinary clinics take in from rescues each month was under \$1,000 for 2 respondents, between \$1,000-\$2,500 for 2 respondents, between \$2,500-\$5,000 for 3 respondents, between \$5,000-\$10,000 for 3 respondents, and between \$10,000-\$20,000 for 1 respondent (see Table 1). The final respondent stated that this number “varies between hospitals”. The total monthly profit/net revenue from working with rescues was under \$1,000 per month for 4 clinics, between \$1,000-\$2,500 per month for 2 clinics, and between \$2,500-\$5,000 per month for 1 clinic. 4 clinics stated that they do not make any profit by working with rescues, and 1 stated the number “varies by clinic” (see Table 1).

Table 1: Gross and Net Revenue from Rescue/Shelter Animals

| Gross Revenue from Working with Rescues | | | | | |
|---|---------------|---------------|----------------|-------------|--------------|
| Under \$1000 | \$1000-\$2500 | \$2500-\$5000 | \$5000-\$10000 | \$10k-\$20k | Other |
| 2 | 2 | 2 | 3 | 3 | "varies" (1) |

| Net Revenue from Working with Rescues | | | | | |
|---------------------------------------|--------------|---------------|---------------|-------------|-------|
| Zero | Under \$1000 | \$1000-\$2500 | \$2500-\$5000 | Over \$5000 | Other |
| 4 | 4 | 2 | 1 | 0 | 2 |

Typically, most veterinarians will offer discounted pricing for rescues (compared to the general public). Six of the respondents have a set pricing schedule across the board for rescue groups, 2 of the respondents negotiate with each rescue based on volume, and 1 respondent stated the rescues bring in a price list and the clinic will

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conform to it. Other responses included a set price list for rescues with a small variation based on individual requests, donated services entirely, and cost + 10%.

Most respondents invoice the rescues they work with monthly with a total of 10 choosing that response. As many work with multiple rescues, they could choose multiple answers, and the responses of “after each service”, “daily”, “weekly”, and “bi-weekly” all received one response.

Ten veterinarians stated they accept check for payment for their services, 9 accept credit cards, 8 accept cash. One respondent stated there was no payment (services were donated). One respondent stated he was unsure as he does not accept the payments himself.

The respondents reported that the most utilized services were as follows: spay (reported by all 12 respondents), neuter (11), rabies vaccine (11), microchipping using rescue microchips (11), pediatric spay (10), pediatric neuter (10), DHPP vaccine (10), DHPP booster (9), Bordetella vaccine (9), fecal testing sent to lab (9), deworming after positive fecal test (9), dental cleaning (9), dental extractions (8), DHLPP vaccine (8), DHLPP booster (7), preventative deworming (7), heartworm testing (7), 4dx heartworm testing (7), preventative flea/tick control (6), preventative heartworm control (6), and microchipping using clinic microchips (6). Lesser utilized services include Bordetella booster (5), fecal testing in-house (4), CIV vaccine (1), and CIV booster (1). Services that were written-in the “other” option on the survey included: entropion surgery (1), other elective procedures (1), mass removal (1), illness workup (1), and advanced surgery (1).

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The veterinarians responding to the survey stated that the rescues usually (more than half the time) followed their veterinary recommendations (8), 3 stated the rescues followed their advice about half the time, and 1 stated the rescues always follow their advice. Zero respondents chose rarely or none of the time.

Seven respondents stated that they charge rescues between \$45 and \$70 for a spay/neuter surgery. Three veterinarians charge under \$45, one charges between \$70 and \$100, and 2 charge over \$100. One respondent does not coordinate the costs so was not aware of the charge.

Five respondents start performing spay/neuter surgeries for rescues at 8 weeks of age (or 2 pounds). Two respondents prefer to wait until the animals are 3 pounds; one performs the surgery between 10 weeks and 4 months; one performs the surgery between 4 and 6 months; two between 6 and 12 months, and one prefers to wait until 12 months (but will conform to rescue rules if they prefer to do it sooner).

Only one respondent requires pre-anesthetic blood work for rescue animals prior to surgery. Six do not require it at all; three have the rescue sign a blanket waiver; one has the rescue sign a waiver for each animal. These waivers typically release liability for any adverse anesthesia-related issues due to the rescue choosing not to perform pre-anesthetic blood work (an added expense). The final respondent stated that this requirement varies by rescue. When asked if they utilize an IV catheter prior to spay/neuter surgery for rescue animals, six of the respondents said yes, five said no, and the final respondent does on older/sick animals or when requested.

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Six respondents always administer injectable pain medication for rescue animals when they have spay/neuter surgery. Three respondents will administer them, but it is at the rescue's discretion. Three respondents do not administer injectable pain medication at all.

Six respondents always send the patient home post-surgery with oral pain medication. Five others will send oral pain medication home with the pet, but the choice to prescribe oral pain medication is at the rescue's discretion. The final respondent stated that they give sample bottles of pain meds (if the animal is still under the rescue's care) or the new owners pay for them (if the spay/neuter surgery happens post-adoption).

Six respondents stated that they definitely see increased business because they work with rescues. Three feel that they get a little bit of business because of it, and three are doubtful that they get any increased business by working with rescues.

Seven of the respondents stated they ask their rescue partners to offer a free first exam to their adopters. Two respondents were unsure if anything was asked of rescue partners, and three ask nothing of their rescue partners.

Four of the respondents offer free first exams to adopters of rescued pets – no matter where they are rescued from. Three of the respondents offer free first exams, but only to those who adopt from one of their rescue partners. Two require the adopter to present a coupon from the rescue partner at the time of the first exam in order for it to be free. Two do not offer free first exams, and one "typically" offers free first exams to adopters. Of the twelve veterinarians surveyed, four offer the rescues

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free initial exams for the pets in their care, two offer free exams (all exams, not just initial), two offer free advertisement on the clinic's social media pages, one offers free advertisement (in-clinic), four offer free first exams for the rescue's adopters, six offer discounted veterinary services to the rescue, nine offer heavily discounted (50%+), four say the rescues have ease of scheduling, six offer low cost of services, and one offers free services. None of the respondents offered free advertisement for the rescue on the clinic's website.

When the veterinarian respondents were asked to put themselves in the rescue's perspective, some detriments they reported include: difficulty with invoicing (3), high cost of certain goods or services (3), poor attitude from rescue toward staff (2), inflexibility of scheduling (2), difficulty of getting an appointment (1), poor attitude from staff toward rescue (1), and no issues (2). One respondent mentioned they "work with the local shelters located around the practice".

Respondents report various benefits as a result of working with rescues including: increased business from adopted pets (9), increased business from rescue pets (7), increased staff morale (6), tax benefits (5), free advertisement at adoption events / rescue facility, (3) free advertisement on the rescue's website (1), free advertisement on the rescue's social media (1).

The respondents report that working with rescues causes the following challenges: poor organization on rescue end (6), too much workload from rescued/adopted pets (5), frustration amongst staff (5), loss of profit (4), and decreased staff morale (1),

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Eight of the respondents stated they did not work with rescues that offer free or low-cost spay/neuter or microchipping to members of the public; three responded that they did; one stated “not personally”. Two of the respondents opt to work with these free or low-cost spay/neuter or microchipping programs to increase business while three do it to help animals; the other eight responded “not applicable.” Eight of the respondents said “N/A” for the fee charged for free services to the public (as they do not offer those services); 1 was unsure, 1 said \$65-85, and 1 said it depended on the ability to pay.

Two of the vets stated the low-cost programs (such as spay/neuter and vaccinations) via rescues that they participate in were for targeted populations (low-income pet owners, certain zip codes, owners of pit bulls, etc.); 1 said it was not; 8 said “N/A”.

When asked to quantify the spay/neuter surgeries performed for the low-income programs, one respondent said they perform 1-5 free/low-cost surgeries each month; 2 perform 6-10 surgeries, and 8 answered “N/A”, meaning they do not participate in any surgeries for low-income programs.

When asked why they chose not to work with the free/low-cost spay/neuter or microchipping programs, 2 responded that they have not been approached about it, 2 responded it was too difficult to determine eligibility, 2 stated it was the clinic owner’s choice, and 6 responded “N/A”.

Interview responses

The author interviewed two of the respondents to obtain further insight into the relationship between veterinarians and rescues. Dr. A initially got involved in rescue through her job as a relief veterinarian. A relief vet does work at different hospitals, as-needed. If a clinic is short-staffed, between employees, overbooked, has a veterinarian that's on vacation, etc. is when a relief vet is typically called in. Her first consistent exposure to rescue medicine was at a clinic that works regularly with several rescues. Dr. B originally wanted to give back to the community and do whatever she could to help pets that didn't have owners. She started reaching out to rescues when she first became a vet, 23 years ago, and has been helping ever since. She always owned her own practice, so has always had the freedom to handle pricing, etc. with rescues however she chose to do so.

Dr. A believes that the most important part of veterinarians working with rescues is that there needs to be a relationship. She believes that veterinarians have a responsibility to help animals in rescue situations, but that responsibility has to come at a price point that both benefits the shelter and doesn't take advantage of the vet. A relationship between the vet and rescue needs to include good communication and respect, and the rescue should not be too demanding. She mentioned that some rescues *tell* the vets what to do rather than listening to or respecting their opinion; that does not typically bode well for that relationship. Scheduling can be difficult, as rescues are often on a time crunch while vets often have schedules that are booked with regular (full-paying) clients. Dr. B also mentioned the importance of a relationship, as well as

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understanding of what exactly goes on inside the vet clinic. She wishes that rescues were able to come in to the clinic and physically see what they do – she feels there is often mistrust or disconnect, as if rescue pets aren't cared about or aren't as important – which is not the case with her clinic. Dr. B agrees that scheduling can be tough, but her clinic does their best to be accommodating – even if that means employees stay late to finish.

Dr. A stated that working with rescues is rarely, if ever, profitable. She does believe there is an advantage to advertising that you work with different rescues, as potential clients like to see that a business is community-minded. Dr. B agreed with Dr. A's sentiment that working with rescues is not financially beneficial for the clinic. As mentioned previously, employees often stay late to help finish exams, surgeries, etc. that the rescue pets need to have done – and they're paid to do so (though the rescue doesn't get charged additionally). Dr. B recently sponsored a rescue they work with for \$5000 at their major fundraising gala – she agrees that supporting this well-respected community organization can be helpful, although indirectly, to her bottom line. Dr. B mentioned that determining a payment schedule, and paying on-time, is critical to keep a good relationship. With the heavily discounted pricing, extending payment terms out longer and longer is not healthy for the practice nor the relationship.

Dr. A said that different rescues are difficult to work with. It can be frustrating when rescues won't give the recommended care (pain meds, recommended dental care, etc.) For this reason, she believes it's very important to find a reputable rescue to partner with that is ethical and has the same philosophy about caring for pets. Not all

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rescues are reputable and they are not well-regulated with the state, so the quality of care can vary greatly. Dr. B echoed that, adding that some rescues seem to be more about getting dogs out the door than creating solid placements. She mentioned also that despite giving recommendations and advice (as a veterinarian), it is often not followed up on (whether because of lack of funds, miscommunication, or otherwise). Dr. B finds the euthanasia conversation, in particular, difficult to have, as many people in rescue do not believe a dog should ever be euthanized – even when it's the more humane (in the case of illness) or responsible (in the case of aggression) decision. She states that bringing up euthanasia can be a relationship-breaker with certain people in rescue, and it is hard to recover from.

As a practice owner, Dr. B really likes the morale boost that working with a reputable rescue brings to her staff. It allows her vets, techs, and kennel staff to feel as if they are a part of something bigger and brings in a weekly (or more!) boost of fun. She also views it as very helpful for doctors just coming out of school, as they will get to see a lot of things differently than if they were only seeing owned pets. It teaches them to think outside the box a bit and do things a bit differently.

Overall, both Drs. A & B feel that working with rescues is worth the trouble – and the reward is even more so if expectations are laid out from the beginning of the relationship. If the rescue and veterinarian are on the same page and can communicate their needs and wants appropriately, the relationship can work long-term and be mutually beneficial.

Conclusion

The findings of this study are significant and could prove useful for improving the relationship between rescues and veterinarians. It is significant because the majority of the veterinarians surveyed saw the value in working with rescues. While a collaboration between veterinary clinics and rescues can present challenges, the benefits of this collaboration when properly established and maintained can certainly outweigh those challenges.

According to the results of this study, it is more likely for the rescue/shelter to reach out to the veterinary clinics to request a working relationship. Perhaps veterinarians are less likely to request these collaborations because they believe, as expressed in this study, that they are not likely to see an increase in direct profits from these collaborations. However, this study does point to other benefits including:

- bringing business via adopted pets' families (as indicated by 9 respondents)
- increased business from rescue pets (7)
- increasing staff morale (6)
- tax benefits (5)
- free advertisement at adoption events or rescue facility (3)
- free advertisement on the rescue's website (1)
- free advertisement on the rescue's social media (1)

However, this study also points to significant challenges with these collaborations including:

- poor organization on the rescue's end (as indicated by 6 respondents)

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- too much workload (5)
- frustration amongst staff (5)
- loss of profit (4)
- decreased staff morale (1)

Recommendations

Based on the results of this study and the experience of the author, these collaborations can be mutually beneficial. The key to a successful collaboration is to explicitly communicate expectations and “ground rules” at the beginning of the relationship. The details of establishing and maintaining this collaboration are detailed below.

The first step is making initial contact between the veterinarian and the rescue. This can be done via email, phone, or in-person. The author recommends calling initially to find out who the person who would make those decisions would be, and then setting up an appointment to meet in person. This will allow a relationship to begin being built, and to have a conversation to determine if working together seems like a compatible fit.

Next it is important to create a mutually agreed-upon pricing chart. Typically, either the vet or the shelter will have baseline pricing from previous relationships, and that is often a good place to start. There can be discussion about the pricing to determine it is fair on both ends. The conversation should also be held at this time as to approximately what kind of volume of animals will be coming to that facility for appointments, with the understanding that may change as the organization grows and

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develops. This is also a good time to put a cap on the number of animals seen each month by the veterinarian (if that is necessary for the size of the clinic).

Once pricing and frequency of visits are agreed upon, discussion about how much notice for an appointment is needed should be had. Some veterinarians have the staff and flexibility to call and come right in; others need a few days (or more!) notice.

Billing is another discussion to have prior to sending any animals to the vet. Many vets are comfortable billing bi-weekly or monthly, while others require payment at the time of service. Many vets also require payment via cash or check only, as credit cards have fees and they're already giving a large discount. Some veterinarians may be more comfortable with paying at the time of service at first, and once a record of good payments has been established, extending terms (bi-monthly or monthly). For example, in the author's experience, a vet started out with having the rescue pay monthly – but as the business the rescue sent to that vet grew (from \$1000/month to almost \$20,000/month), the vet and rescue agreed that billing bi-monthly was fair, so as not to have the veterinarian have to “play the bank” for the high amount of services rendered each month.

Authorization for what procedures the rescue is willing to pay for needs to be discussed as well. The author recommends creating a form that can be completed and sent in with each appointment (Appendix B). This form should be sure to include:

- Dog info (name, breed, age, sex, any history)
- Any procedures that the rescue/shelter is requesting from the veterinary clinic (vaccines, microchip, exam, etc.)

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- Name and phone number of the contact person within the rescue/shelter.

This person is the one that the veterinary clinic can contact if there is a need for authorization for further treatment (recommended diagnostics, medications, etc. that may not have been explicitly authorized).

The use of this form will ensure that the vets and rescue are on the same page when it comes to what the rescue is comfortable with and financially able to pay for. When the veterinarian explains additional treatments or diagnostics to the rescue, it also helps the rescue to understand why the vet is recommending what he/she is. Radiographs, additional blood work, etc. should always be discussed due to their additional costs, and a positive vet/rescue relationship will have open discussion about the pros, cons, and why the recommendation is being made.

Elective treatment options, such as pain medicine for post-spay/neuter surgery, should also be discussed. Many rescues choose to opt out of these as they view them as an additional, and possibly unnecessary, expense. Many vets, however, view them as necessary and humane, and are not comfortable bypassing the medication. Another example, if there is something like an ear infection (which are seen quite regularly in dogs coming out of shelters), many rescues will skip the diagnostics of an ear cytology and just go straight to the likely treatment to save money. As long as this is discussed and the vet and rescue are on the same page, this can save the rescue money without necessarily “cutting corners” in the eyes of the vet.

Over the course of time, as the rescue and vet work together, it is key to keep communication open and regularly touch base. This allows the vet and rescue to have

Exploring Collaborations between Veterinarians & Rescues/Shelters

an open forum to discuss what's working for them, what's not, and what can be done differently. Things change – vets' offices may have a huge uptake in business and not have as much time in the schedule for rescued pets, rescues may grow and have an influx in the number of animals brought in each month, etc. Staying on top of those changes and allowing the relationship to be transparent and fluid is key to its long-term success.

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Appendix A: The Relationship Between Rescues & Private Veterinarians

A Masters Thesis Study by Jacquie Cobb

* Required

1. Do you work with any animal shelters or rescues for their adoptable animals? *

Mark only one oval.

- ☐ Yes, both cats & dogs. *Skip to question 3.*
- ☐ Yes, dogs only. *Skip to question 3.*
- ☐ Yes, cats only. *Skip to question 3.*
- ☐ No. *Skip to question 2.*

2. Why do you choose to not work with rescues? *

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Skip to question 34.

3. Do you limit the number of rescue clients you see? *

Mark only one oval.

- ☐ Yes *Skip to question 4.*
- ☐ No *Skip to question 5.*

4. How many rescue clients do you see each month? Why do you limit this number? *

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5. How many dogs/cats do you see each month from rescues? Please specify number of animals by species. *

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6. How do rescues get involved with your clinic? Please check all that apply. *

Check all that apply.

- ☐ The rescue reaches out to us in person.
- ☐ The rescue reaches out to us by phone.
- ☐ The rescue reaches out to us by email.
- ☐ The rescue reaches out to us by fax.
- ☐ Our clinic reaches out to the rescue in person.
- ☐ Our clinic reaches out to the rescue by phone.
- ☐ Our clinic reaches out to the rescue by email.
- ☐ Our clinic reaches out to the rescue by fax.
- ☐ Other:

Financial Questions

7. Approximately how much total monthly GROSS REVENUE comes from working with rescues? Your best guess is fine. *

Mark only one oval.

- ☐ Under \$1,000 / month
- ☐ \$1,000 - \$2,500 / month
- ☐ \$2,500 - \$5,000 / month
- ☐ \$5,000 - \$10,000 / month
- ☐ \$10,000 - \$20,000 / month
- ☐ Over \$20,000 / month
- ☐ Other:

8. Approximately how much total monthly PROFIT comes from working with rescues? Your best guess is fine. *

Mark only one oval.

- ☐ We do not make any profit by working with rescues.
- ☐ Under \$1,000 / month
- ☐ \$1,000 - \$2,500 / month
- ☐ \$2,500 - \$5,000 / month
- ☐ \$5,000 - \$10,000 / month
- ☐ \$10,000 - \$20,000 / month
- ☐ Over \$20,000 / month
- ☐ Other:

Invoicing & Payment

9. How does pricing structure get set with each rescue? Please check all that apply. *

Check all that apply.

- ☐ We have a set pricing schedule across the board for rescues.
- ☐ We negotiate with each rescue based on volume.
- ☐ Rescues bring us their price list & we conform to it.
- ☐ Other:

10. How often do you invoice the rescues you work with? Please check all that apply. *

Check all that apply.

- ☐ After each service is performed.
- ☐ Daily
- ☐ Weekly
- ☐ Bi-weekly
- ☐ Monthly
- ☐ Other:

11. What forms of payment do you accept for rescue work? Please check all that apply. *

Check all that apply.

- ☐ Check
- ☐ Cash
- ☐ Credit Card
- ☐ Other:

Veterinary Services

12. What vetting do rescues typically utilize at your clinic? Please check all that apply. **Check all that apply.*

- ☐ Spay
- ☐ Pediatric Spay (8 weeks - 4 months)
- ☐ Neuter
- ☐ Pediatric Neuter (8 weeks - 4 months)
- ☐ Rabies Vaccine
- ☐ DHPP Vaccine
- ☐ DHPP Booster
- ☐ DHLPP Vaccine
- ☐ DHLPP Booster
- ☐ CIV Vaccine
- ☐ CIV Booster
- ☐ Bordetella Vaccine
- ☐ Bordetella Booster
- ☐ Microchipping (Using Rescue Microchips)
- ☐ Microchipping (Using Clinic Microchips)
- ☐ Preventative Deworming
- ☐ Fecal Testing (in-house)
- ☐ Fecal Testing (sent out to lab)
- ☐ Deworming (after a positive fecal test)
- ☐ Preventative Flea/Tick Control
- ☐ Preventative Heartworm Control
- ☐ Heartworm Testing
- ☐ 4dx Heartworm Testing
- ☐ Dental Cleaning
- ☐ Dental Extractions
- ☐ Other:

13. When you give a rescue a recommendation, how often do they follow your advice? **Mark only one oval.*

- ☐ None of the Time
- ☐ Rarely (Less than Half the Time)
- ☐ About Half the Time
- ☐ Mostly (More than Half the Time)
- ☐ Always

Spay / Neuter Questions

14. What is your typical charge for a spay & neuter surgery? Please specify cats vs. dogs if there is a difference in price. *

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15. At what age or weight do you perform spay/neuter surgeries at your clinic? *

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16. Do you require pre-anesthetic blood work for rescue animals prior to spay/neuter surgery? *

Mark only one oval.

- ☐ Yes
- ☐ No, but we have the rescue sign a waiver for each animal.
- ☐ No, but we have the rescue sign a blanket waiver.
- ☐ No.
- ☐ Other:

17. Do you utilize an IV catheter prior to surgery for rescue animals? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Other:

18. Do you administer injectable pain meds for rescue animals for spay/neuter surgeries? *

Mark only one oval.

- ☐ Yes, always.
- ☐ Yes, but it is at the rescue's discretion.
- ☐ No.
- ☐ Other:

19. Do you send home oral pain meds for rescue animals after spay/neuter surgeries? **Mark only one oval.*

- ☐ Yes, always.
- ☐ Yes, but it is at the rescue's discretion.
- ☐ No.
- ☐ Other:

Pros & Cons of Working with Rescues

20. Do you see increased business because you work with rescues? Please explain. *

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21. What do you ask of your rescue partners? For example - do they give out coupons or advertisements upon adoption? *

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22. Do you offer free first exams to adopters of rescued pets? **Mark only one oval.*

- ☐ Yes, always - no matter where they rescued from.
- ☐ Yes, but only if they rescued their pet from one of our rescue partners.
- ☐ Yes, but they must have a coupon from one of our rescue partners.
- ☐ No.
- ☐ Other:

23. What benefits do the rescues you partner with receive? Please check all that apply. **Check all that apply.*

- ☐ Free initial exams
- ☐ Free exams (all)
- ☐ Free Advertisement (clinic's website)
- ☐ Free Advertisement (clinic's social media)
- ☐ Free Advertisement (in-clinic)
- ☐ Free exams for their adopters
- ☐ Discounted Veterinary Services
- ☐ Heavily Discounted Veterinary Services (more than 50% off)
- ☐ Ease of scheduling
- ☐ Low cost of services
- ☐ Other:

24. What detriments do the rescues you partner with see? Please check all that apply. **Check all that apply.*

- ☐ Difficult to get an appointment
- ☐ Poor attitude from staff toward rescue
- ☐ Poor attitude from rescue toward staff
- ☐ Inflexibility of scheduling
- ☐ Difficulty with invoicing
- ☐ High cost of certain goods or services
- ☐ Other:

25. What benefits does your clinic see because you work with rescues? Please check all that apply. **Check all that apply.*

- ☐ Increased business from rescue pets
- ☐ Increased business from adopted pets
- ☐ Free advertisement (rescue's website)
- ☐ Free advertisement (rescue's social media)
- ☐ Free advertisement (adoption events / at rescue facility)
- ☐ Increased staff morale
- ☐ Tax benefits
- ☐ Increased profit

26. What detriments does your clinic see because you work with rescues? Please check all that apply. *

Check all that apply.

- ☐ Too much workload from rescued / adopted pets
- ☐ Poor organization on rescue end
- ☐ Decreased staff morale
- ☐ Frustration amongst staff
- ☐ Loss of profit

Discounted Services for the Public

27. Do you work with rescues/shelters/other programs that offer free or low-cost spay/neuter or microchipping to the public? *

Mark only one oval.

- ☐ Yes
- ☐ No *After the last question in this section, skip to question 33.*
- ☐ Other:

28. Why did you choose to work with these free or low-cost spay/neuter or microchipping programs? *

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29. What fee do you charge the group running the program for spay/neuter/microchipping? *

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30. Do participants need to provide proof of low-income status? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Other:

31. Are these programs for a targeted population? (ie certain zip codes, pit bull owners, cats, etc.)? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Other:

32. How many of these free/low-cost surgeries do you perform each month? *

Mark only one oval.

- ☐ 1 - 5
- ☐ 6 - 10
- ☐ 10 - 20
- ☐ 20 - 50
- ☐ 50 +
- ☐ Other:

33. Why did you choose to not work with these free or low-cost spay/neuter or microchipping programs? *

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Thank you for your responses!

I truly appreciate the time you took out of your (no doubt) incredibly busy day to take this survey. Thank you for helping me to complete my thesis project!

34. This survey is anonymous. If you would be willing to speak with me post-data collection about some of your answers, please leave your name, clinic name, email address, and phone number where I can reach you best. Thank you for your participation!

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Appendix B



Second City Canine Rescue – Authorization Form

Vet: Hanover Park Animal Care Center

Dog Name: _____

Appt Date & Time: _____

Foster Contact Info: _____

*****PLEASE CALL FOSTER WHEN READY FOR PICK UP*****

Breed: _____ Color: _____ Sex: Male Weight: _____ Temp: _____

SCCR Estimated Age: _____

- ☐ DHPP
☐ Bordetella
☐ Rabies
☐ Microchip
☐ Capstar: Sm Lg
(circle one)

Add vaccine & microchip stickers here

☐ Revolution – Size Used: _____ ☐ Drontal Plus – Quantity & Size Used: _____

☐ 4dx Heartworm Test (circle results)

NEGATIVE FOR ALL Heartworm Anaplasmosis Ehrlichia Lyme

If positive, plan: _____

☐ Fecal Exam (sent to lab) (circle results)

NEGATIVE FOR ALL Hookworms Roundworms Tapeworms
Whipworms Coccidia Giardia

If positive, plan: _____

☐ Spay ☐ Neuter ☐ Dental ☐ Grooming ☐ Bath SCCR pays

☐ Other: _____ Past History: _____

Medications / Follow-Up's Needed: _____

Please call foster when ready – email this form & any other necessary information to medical@sccrescue.org.

Any Questions? Call Judy @ 847-809-9143.

Updated 7.18.16