

California Animal Welfare Working Group Animal Shelter Survey Report 2022





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Purpose and Methodology

Inequitable access to veterinary care has been called the greatest threat to companion animal welfare of our generation. While some research has focused on the lack of access to care for owned pets, there is a dearth of research that focuses on the access to care challenges for animal shelters. The California Access to Care Working Group (CACWG) contracted with the University of Tennessee Program for Pet Health Equity (PPHE) to explore these challenges. With a geographic focus on California, the study was designed to answer three key questions:



- 1) Do animal shelters in California indicate that they are experiencing a lack of access to veterinary care?
- 2) What types of care can or cannot be provided?
- 3) What are the effects of the shelters' lack of access to veterinary care?

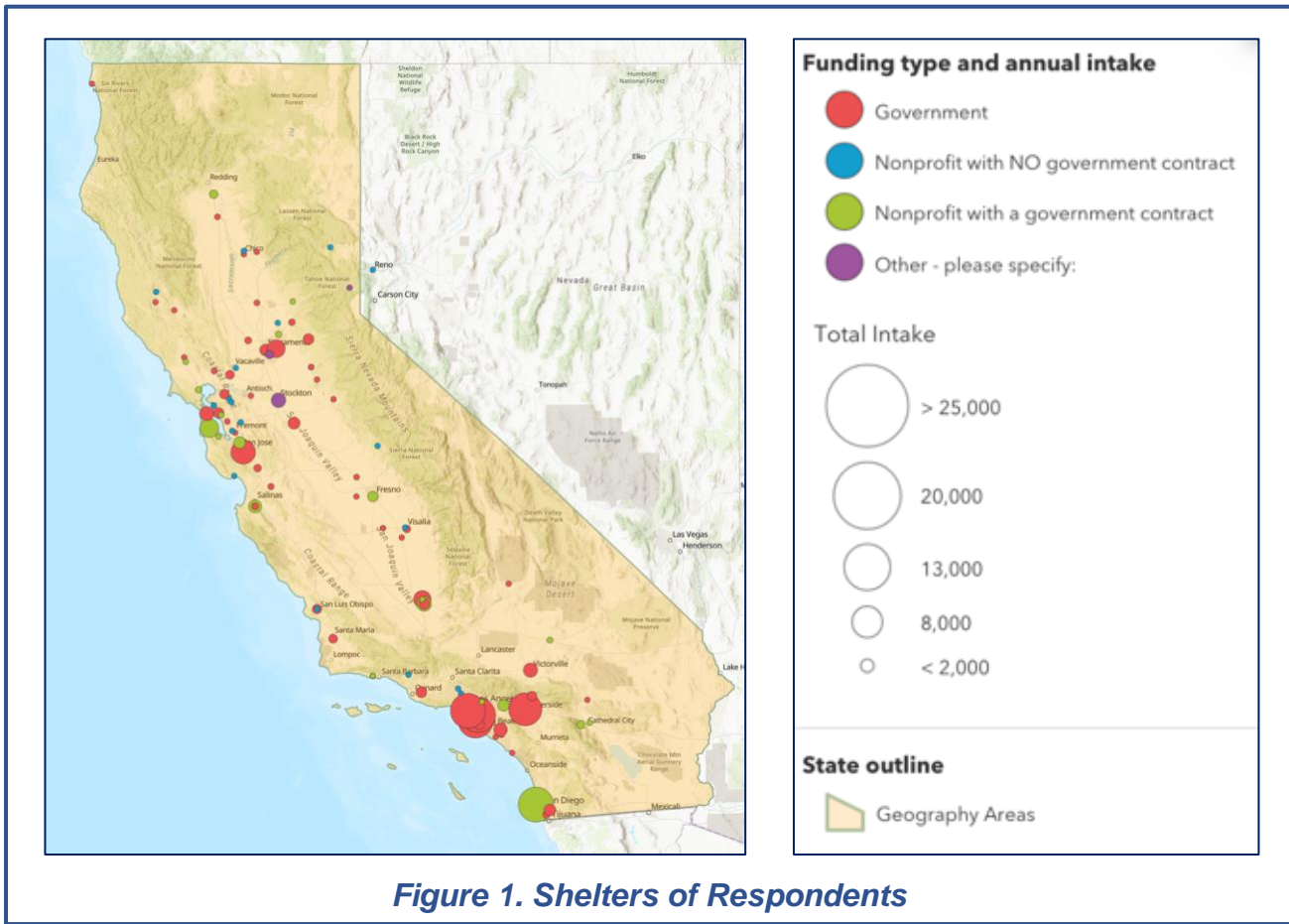


An on-line survey was distributed by CalAnimals to 237 shelter leaders in California to explore these questions. Surveys were completed by 111 leaders and the responses to the survey are included in the analysis for this report. Four follow-up focus groups were conducted with leaders who expressed willingness to participate. The focus groups were attended by 17 individuals. A copy of the survey instrument and focus group moderator guide can be found in the Appendix to the report. Findings from the on-line survey and focus groups are presented and discussed below.

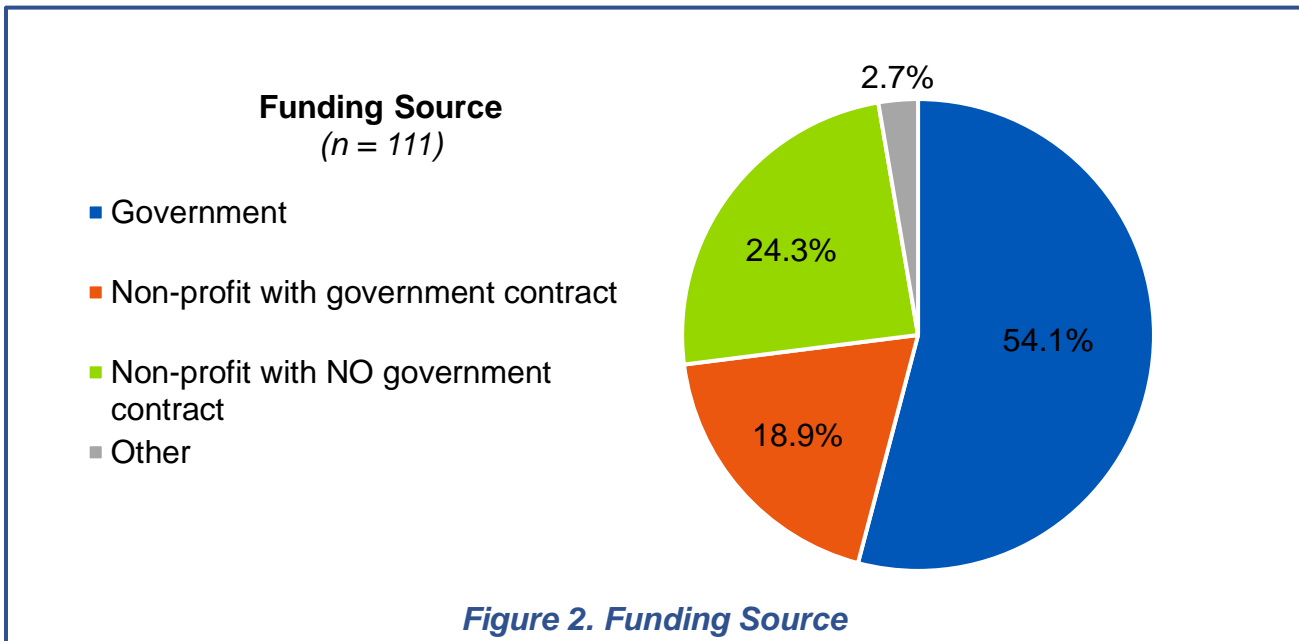
Characteristics of Animal Shelters

Responses were received from 111 animal shelter leaders each representing a unique shelter. The responses were well representative in terms of funding source and number of intakes (Figure 1).

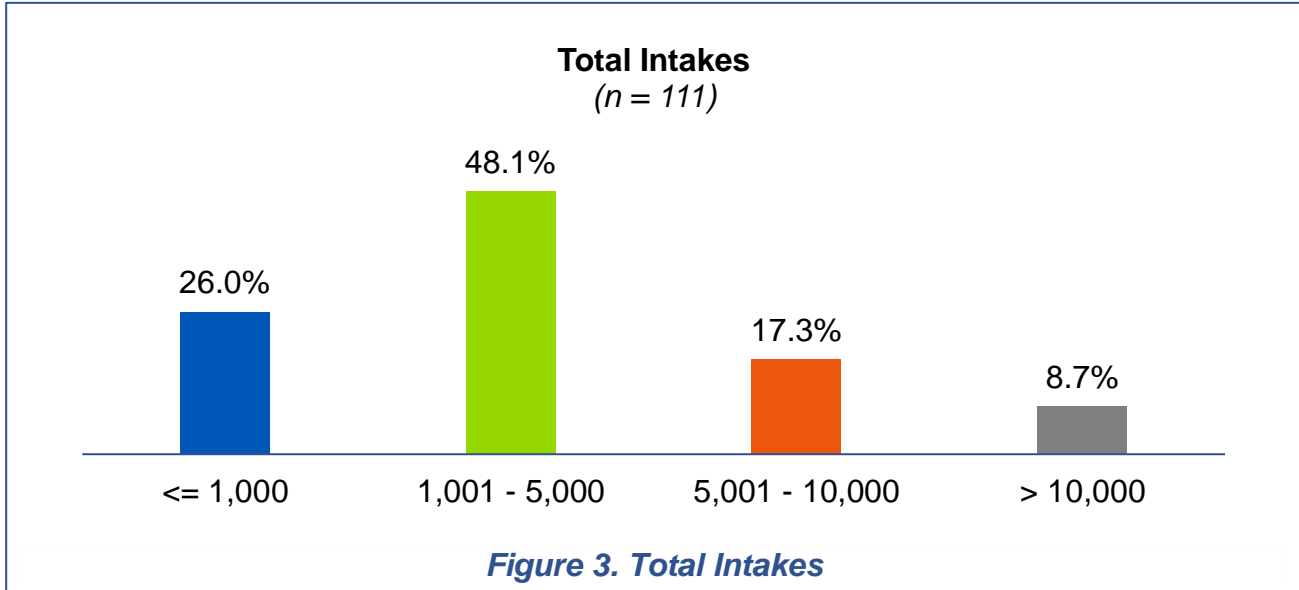




Most animal shelters who responded represented government shelters or non-profit shelters with a government contract.



Survey respondents were asked to provide a profile of their shelter operations regarding the number of their intakes and allocated FTE for veterinarians, registered veterinary technicians (RVTs), and unlicensed veterinary technicians. Seven respondents reported they did not do intake. The shelters varied widely in their number of intakes with the majority of respondents reporting less than 5,000 intakes during the 2021 calendar year (see Figure 3 below).



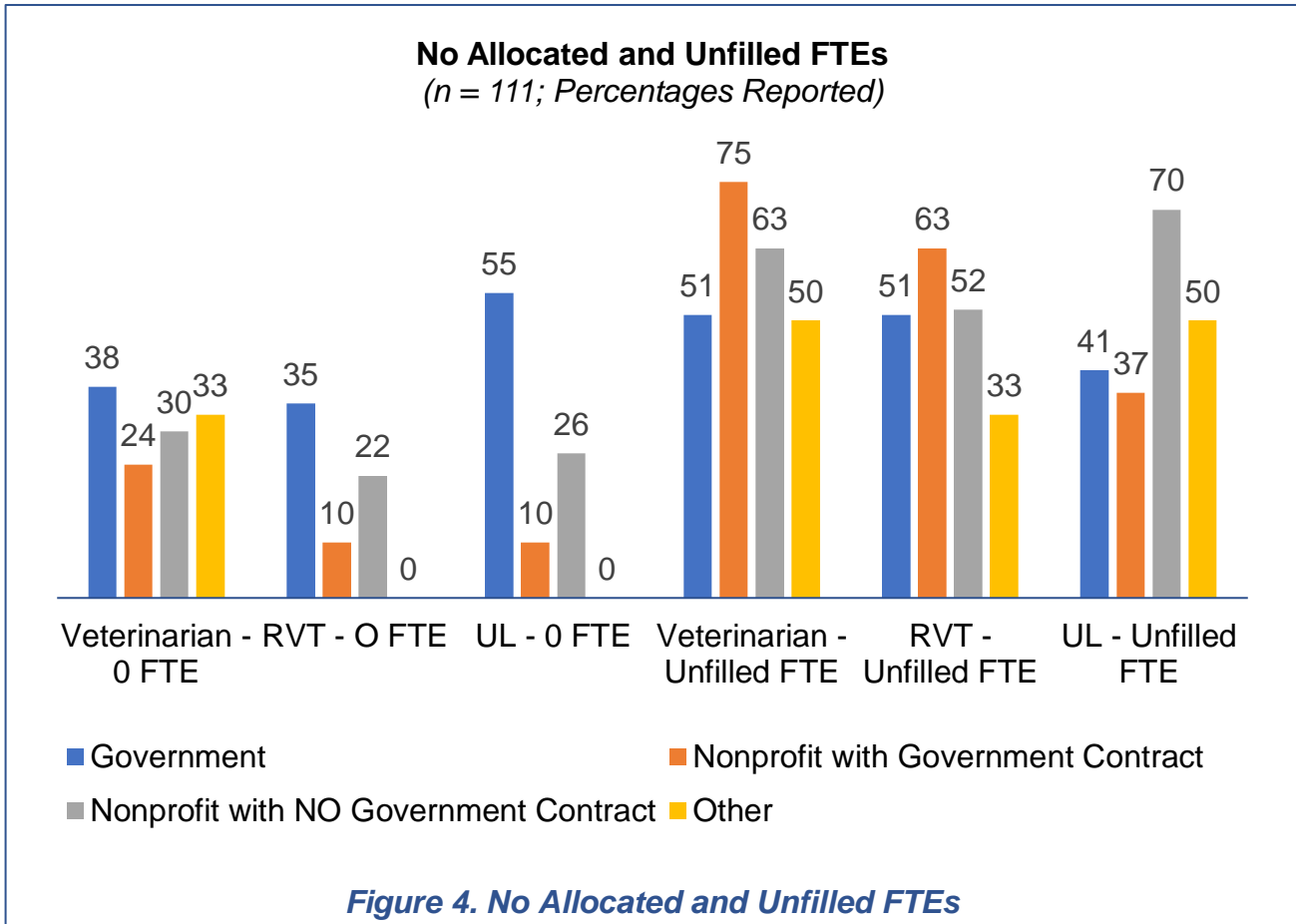
Nonprofit shelters with government contracts reported the highest average number of intakes. Respondents were asked to report the number of intakes in three categories (cat, dog and other) (see Table 1 below).

Funding Source/ Average Intakes	Cat Intakes	Dog Intakes	Other Intakes	Total Intakes
Government	2,184	2,499	870	5,450
Nonprofit with government contract	2,437	2,601	1,450	6,163
Nonprofit with no government contract	541	330	67	916
Other	2,008	2,450	169	4,627

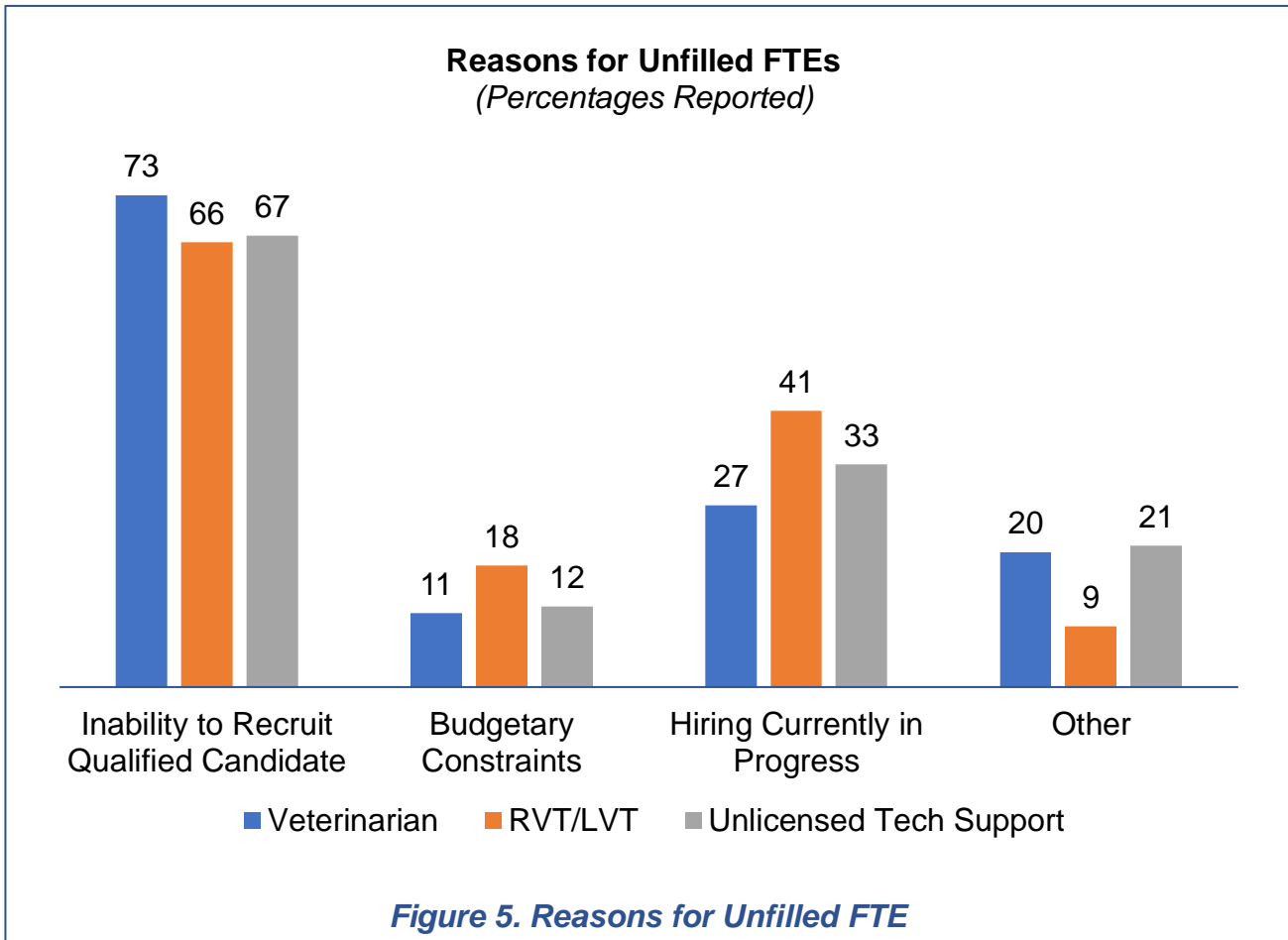
Table 1. Average Intakes

One-third of the shelters (33.3%) indicated that they did not have allocated staff positions for either full-time or part-time veterinarians. For the remaining shelters (73), the number of full time equivalent (hereafter FTE) varied widely – from .4 to 42 FTE. Only four out ten of those shelters who have allocated FTE for a veterinary staff member (39.7%) are fully staffed. More shelters reported allocated FTE for RVTs and unlicensed tech support staff than veterinarians and also reported these positions to be fully staffed.

Shelters with government funding were most likely to report they have no allocated FTE for all positions – veterinarian, RVT, and unlicensed tech support. Nonprofit shelters with government contract are more likely to report unfilled FTEs for veterinarians and RVT and nonprofits with no government contract were more likely to report unfilled FTEs for unlicensed tech support staff (see Figure 4 below). **A total of 344,460 animals –137,637 cats, 147,912 dogs, and 58,911 other animals – were in shelters who had no allocated or unfilled FTEs for veterinarians.**



Consistently, an inability to recruit qualified candidates was cited as the reason for unfilled staff positions, regardless of the type of position. More than two out of three unfilled positions can be attributed to shelters’ inability to recruit qualified staff (see Figure 5 below).



Virtually all respondents (98.2%) agreed or strongly agreed that there is a shortage of veterinarians and veterinary technicians in California. As one survey respondent stated, *“It is our biggest problem at present, more than any other problem and impacts all things.”* A shortage of veterinarians, RVTs, and non-licensed staff is a significant factor leading to the lack of access to veterinary care in California. Shelters are trying innovative approaches in their attempts to overcome the shortage of veterinarians. One focus group participant shared they are implementing a program to attract veterinarians from the East coast.

“We’re looking to start a new program which we’re going to call “Spaycations”. We’re working with some local donors that have a second sort of house here where they’ll give us their house for a week. We’ll offer out to East coast vets that want to get out of the snow belt, come down further, where you have a free place to stay, you work for free for us for three or four days and then you have three or four days to enjoy beautiful, sunny Palm Springs.”

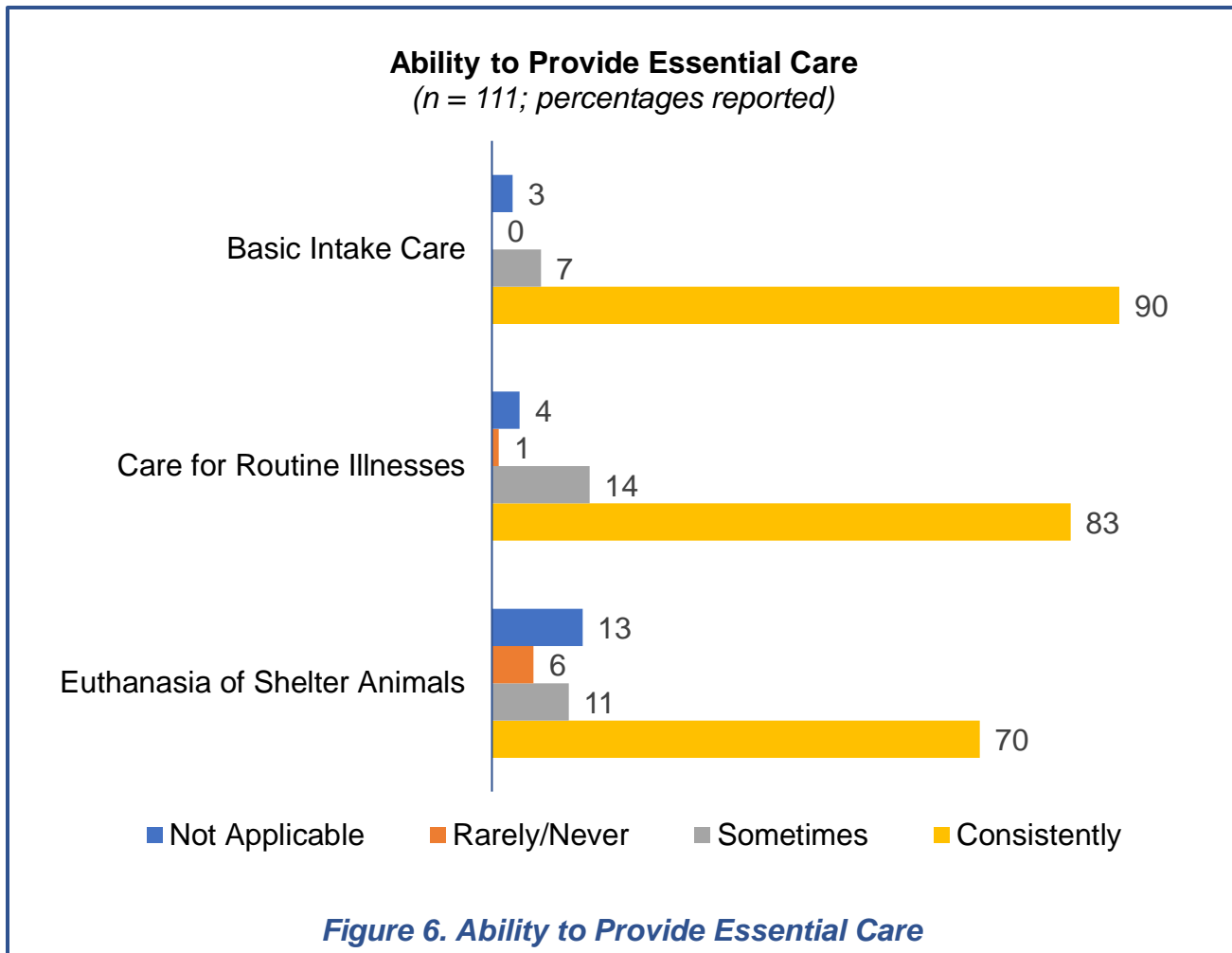


Types of Care Being Provided

Respondents were asked about their ability to provide different tiers of care – essential, intermediate, complete, and community care.

Essential Care

Essential care is defined as basic intake care, i.e. core vaccines and anti-parasitics; care for routine illness that can be treated on established protocols; and euthanasia of shelter animals. One out four respondents (25.0%) indicated their shelter could not consistently provide at least one of these types of care. As seen in Figure 6 below, most shelters (90%) were able to provide basic intake care. Fewer were able to provide care for routine illnesses and euthanasia for shelter animals – 82.7% and 70% respectively.

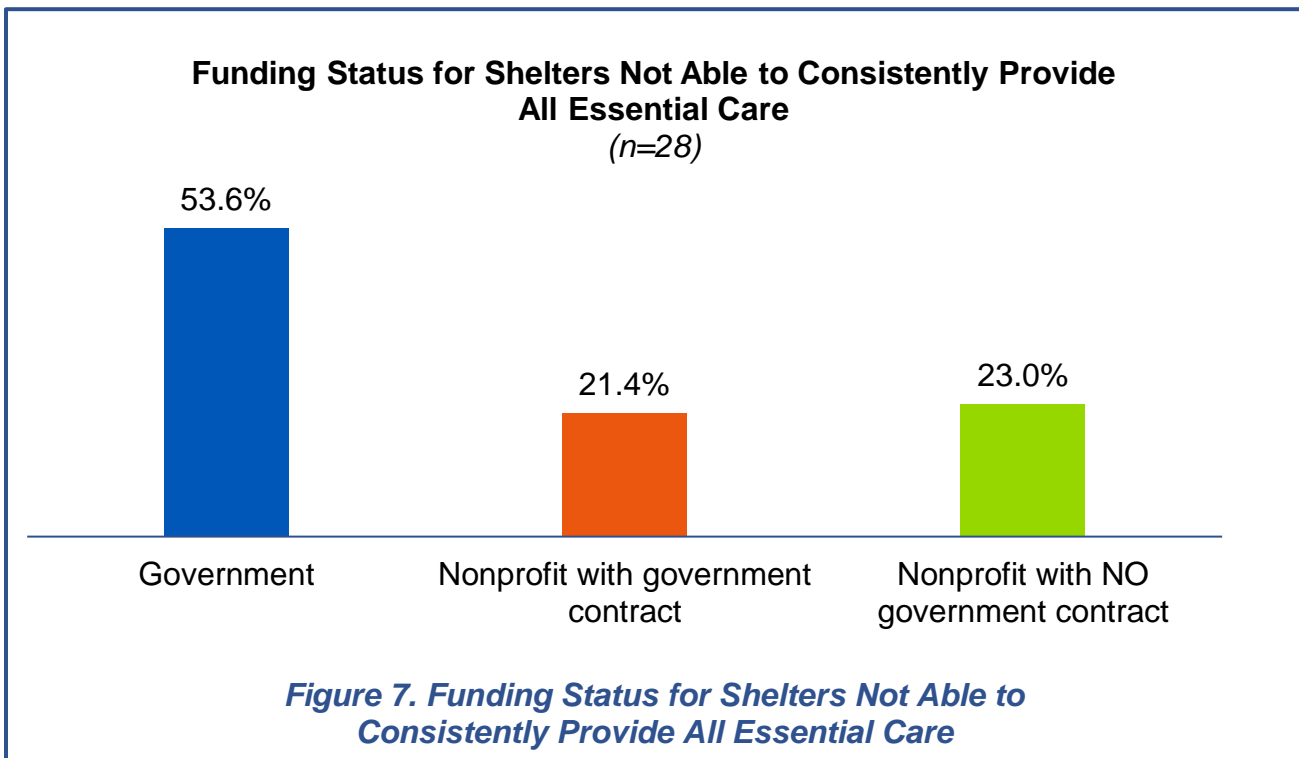


A total of 78,706 animals –38,522 cats, 28,458 dogs, and 11,726 other animals – were in shelters who were not able to consistently provide at least on type of Essential Care. Inability to provide care for routine illnesses impacted the largest number of animals (see Table 2 below).

Not Able to Consistently Provide Essential Care	% of Shelters	# of Animal Impacted
Basic intake care	10%	27,781
Care for routine illnesses	18%	73,211
Euthanasia of shelter animals	30%	37,572

Table 2. Animals impacted by lack of Essential Care

Of the 28 shelters who were not able to consistently provide essential care, more than half (53.6%) were government shelters, and about one out of four were nonprofits with a government contract (21.4%) or nonprofits with no government contract (23.0%) (See figure 7 below). More than two of three of these shelters (67.9%) do not have an allocated Veterinarian FTE. Of those shelters who do have allocated Veterinarian FTEs, 77.8% have unfilled positions.



For those shelters who are not able to consistently provide all types of essential care, lack of available appointments at local veterinary clinics, cost of the care at these clinics, and inability to recruit veterinarians were most identified as major barriers (see Figure 8 below).

Major Barriers for Providing Essential Care
(n = 28)

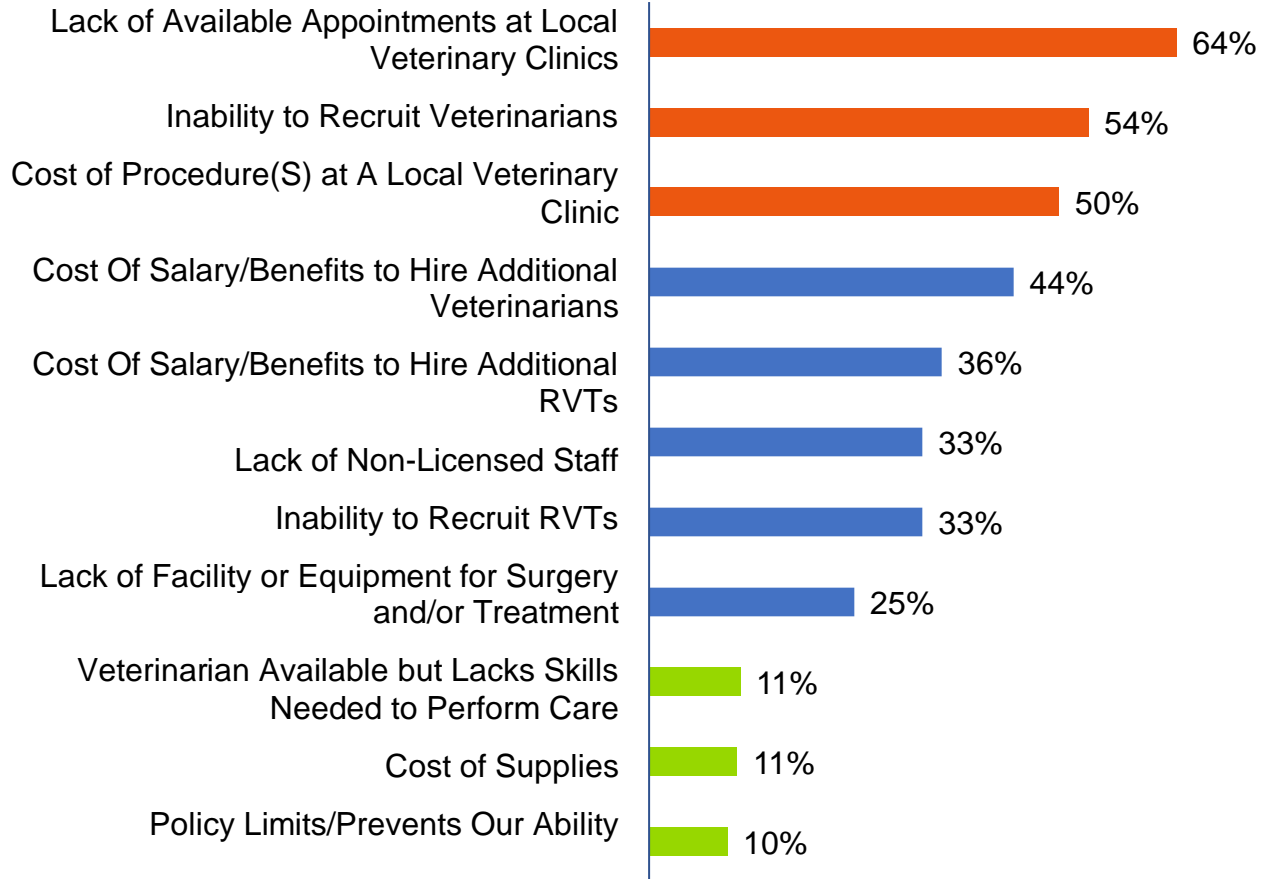


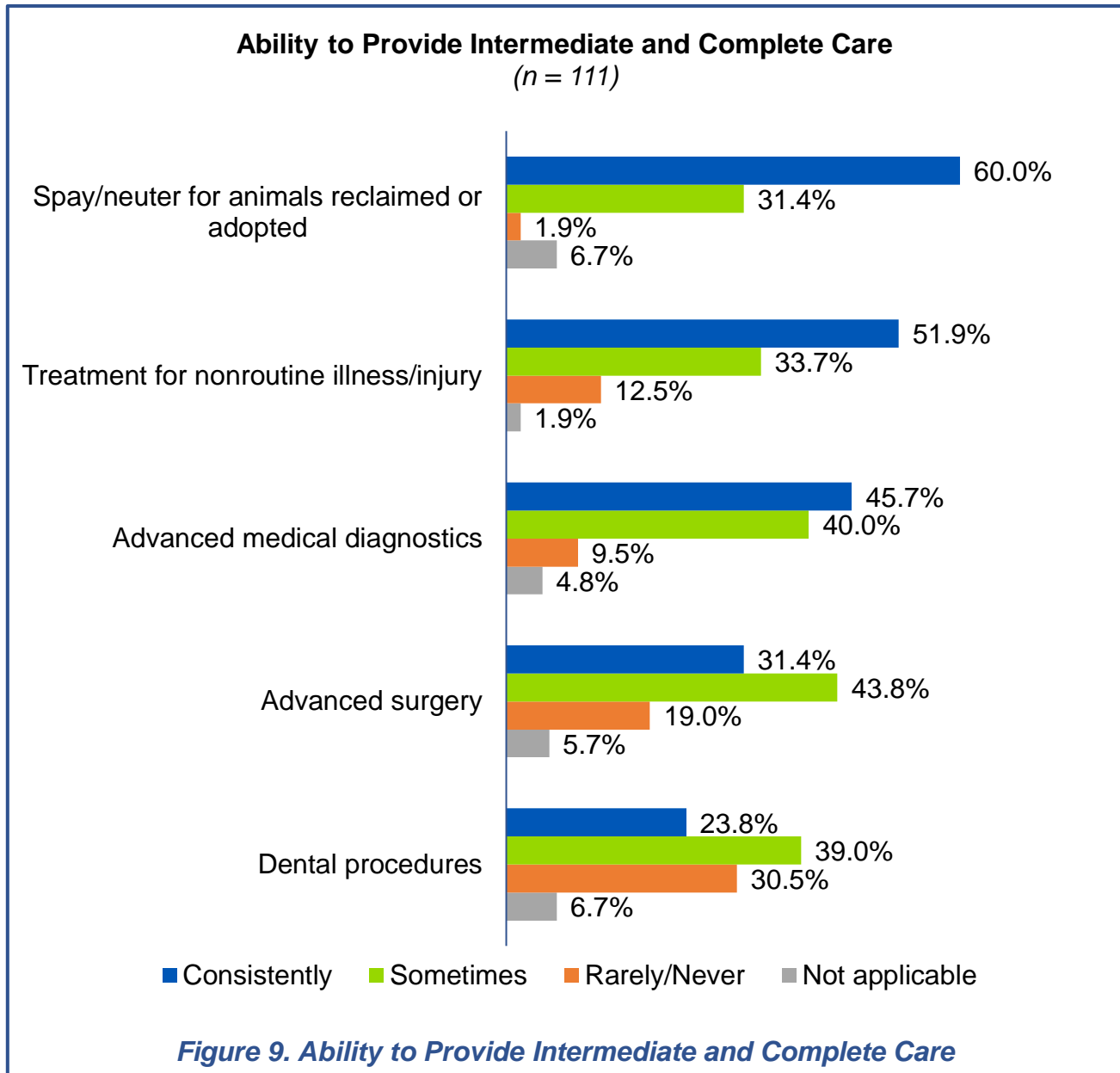
Figure 8. Major Barriers for Providing Essential Care

Intermediate and Complete Care

The second tier of care consists of intermediate and complete care. Intermediate care includes spay/neuter surgery, care for non-routine illnesses, and intermediate diagnostics. Complete care includes advanced surgery and dental procedures. Approximately two out of three shelters were not able to consistently provide all of the types of care – 63.9% were not able to consistently provide all types of intermediate care and 67.6% were not able to consistently provide complete care. Only 60.0% were able to consistently provide spay/neuter surgeries for



reclaimed or adopted animals and 51.9% could consistently provide treatment for nonroutine illnesses or injuries. Significantly fewer shelters were able to consistently provide advanced surgeries and dental procedures –31.4% and 23.8%, respectively (see Figure 9 below).



A total of 239,790 animals were impacted by shelters’ lack of ability to consistently provide at least one type of Intermediate Care and 324,636 animals were impacted by lack of ability to provide consistent Complete Care. Inability to provide dental care impacted the largest number of animals (see Table 3 below).

	% of Shelters	# of Animals Impacted
Not able to Consistently Provide Intermediate Care		
Spay/neuter surgery	40%	153,040
Care for non-routine illness	48%	175,504
Intermediate level diagnostics	54%	209,303
Not able to Consistently Provide Complete Care		
Non-spay/neuter surgery	69%	268,601
Dental procedures	76%	354,479

Table 3. Animals Impacted by Lack of Consistent Intermediate and Complete Care

Of the 84 shelters who were not able to consistently provide either Intermediate or Complete Care, the majority were funded by the government – 63.4% and 62.7%, respectively. The remaining shelters were nonprofits (see Figure 9 below). Approximately one-third of these shelters (29.8%) had no allocated Veterinarian FTEs and 59.3% of those with allocated FTEs had some slots that were unfilled (see Figure 10 below).

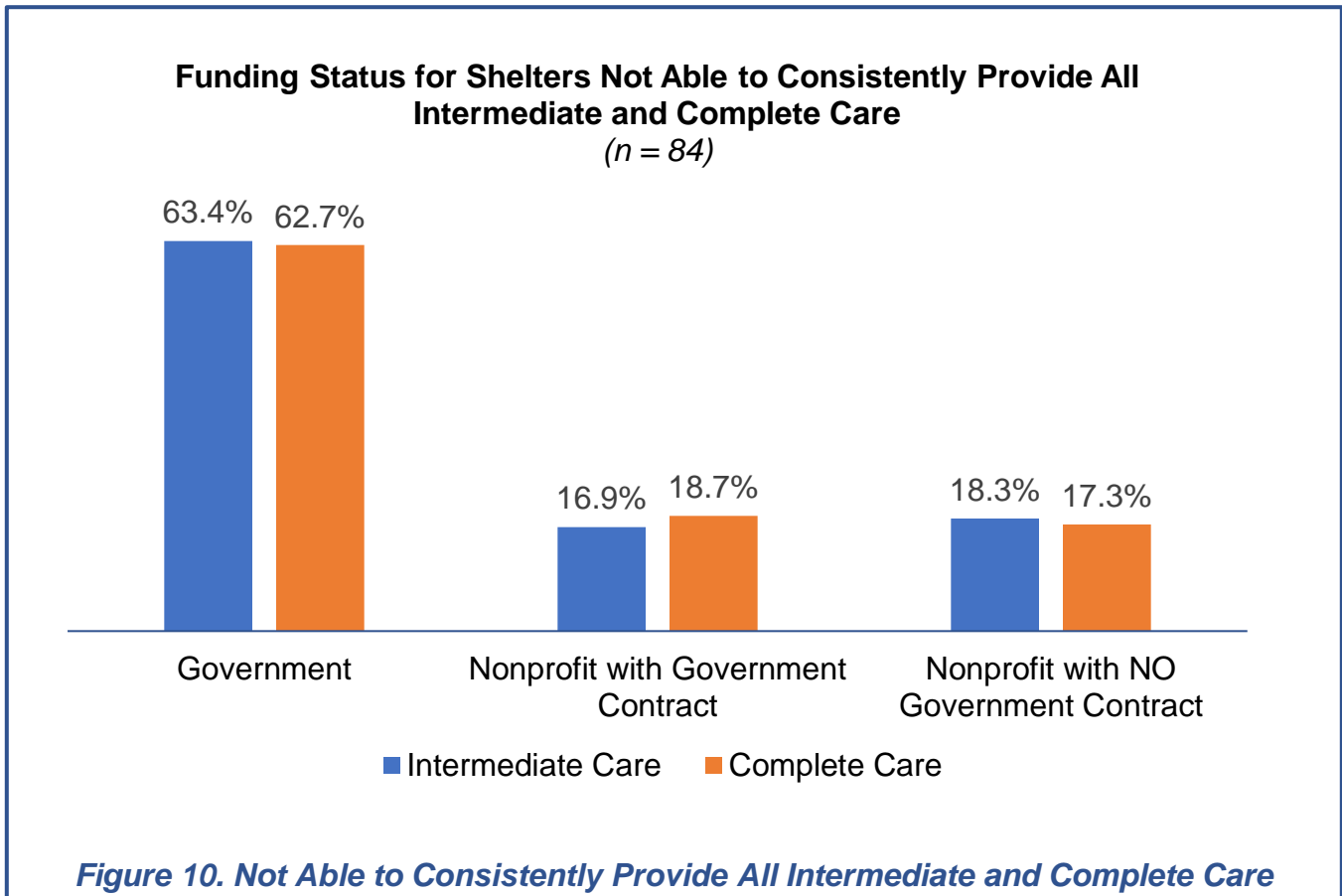
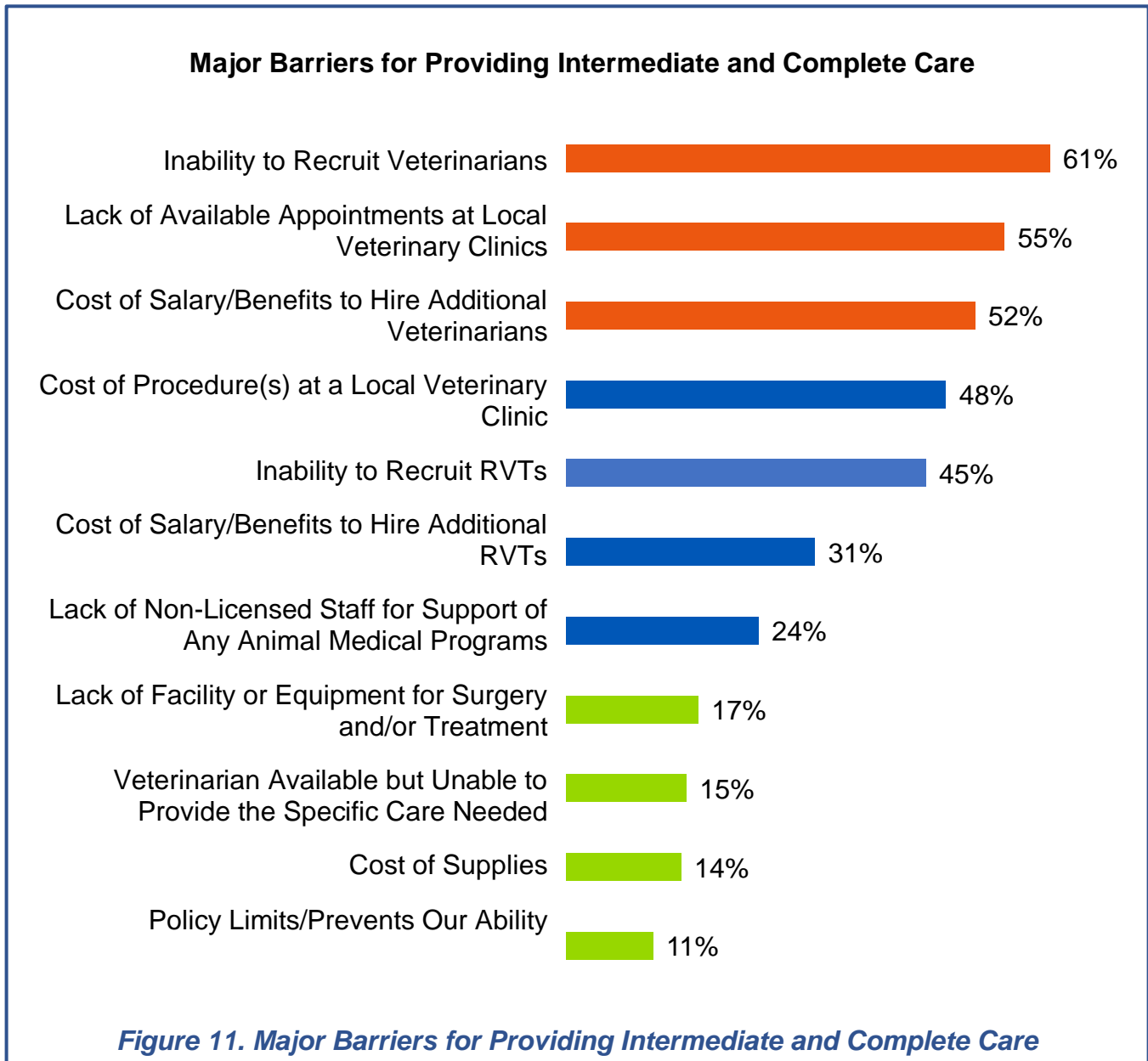


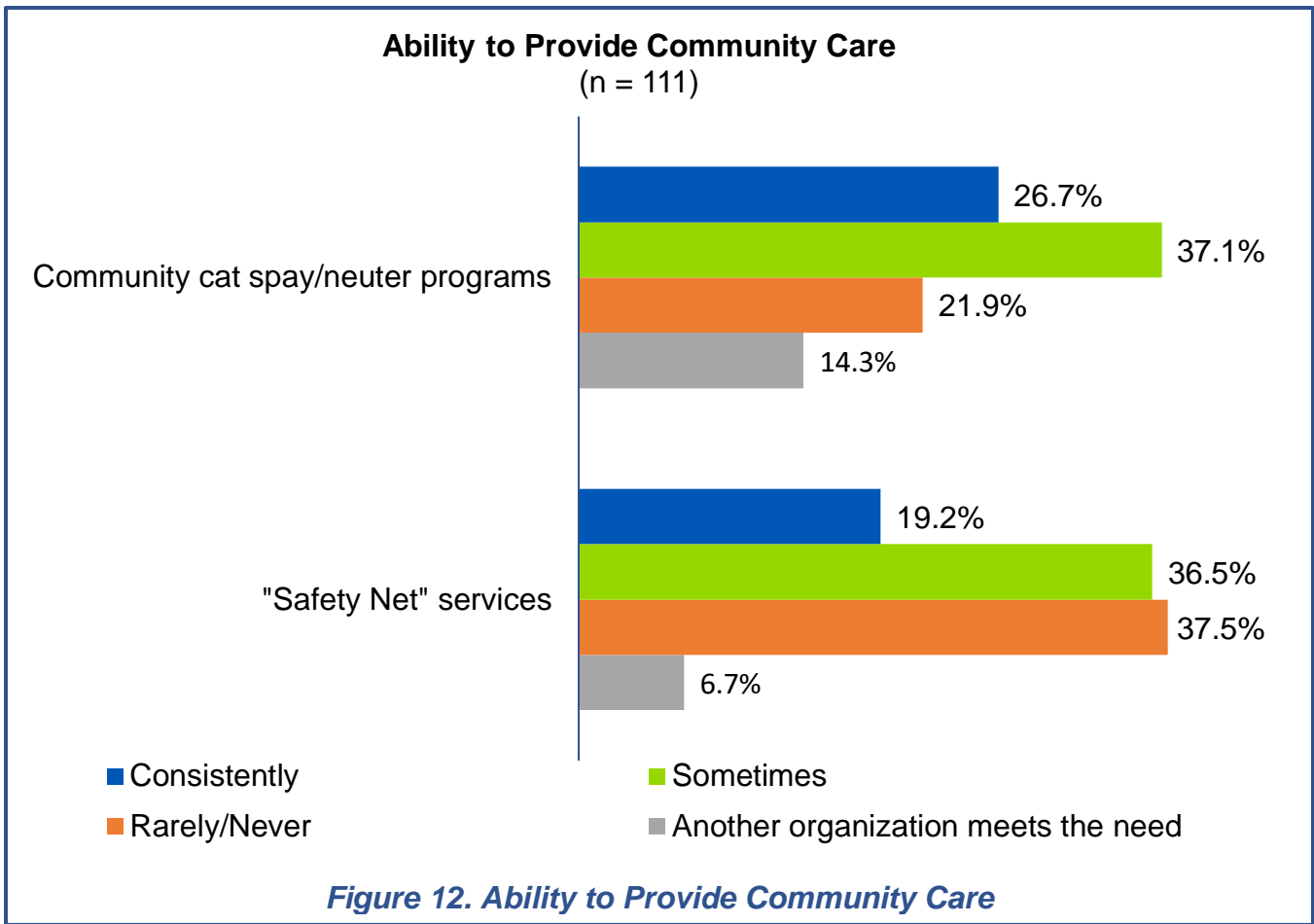
Figure 10. Not Able to Consistently Provide All Intermediate and Complete Care

Similar to the barriers reported for not being able to consistently provide essential care, shelters are unable to consistently provide Intermediate or Complete Care due to their inability to recruit veterinarians, lack of appointments with local veterinary clinics, and cost of hiring additional veterinarians (see Figure 11 below).



Community Care

The third tier of care offered by shelters is community care – community cat spay/neuter programs and intake prevention or “safety net” veterinary services. Only one out of four shelters (26.7%) were able to consistently support community cat programs and less than one out of five (19.25%) were able to consistently provide “safety net” veterinary services (see Figure 12 below).



A total of 334,515 animals were impacted by shelters’ inability to consistently provide outreach program such as community cat programs and intake prevention programs (see Table 4 below).

	% of Shelters	# of Animals Impacted
Not able to Consistently Provide Community Care		
Community cat programs	73%	287,224
Intake prevention programs	81%	328,477

Table 4. Animals impacted by lack of consistent Community Care

Of the 87 shelters who were unable to consistently provide community care, more than half were government-funded (54.0%). Consistent with patterns established with inability to provide other types of care, approximately one-third (29.9%) had no allocated veterinarian FTEs and more than half of those who have allocated FTEs (57.4%) had unfilled positions (see Figure 13 below).

Funding Status for Shelters Not Able to Consistently Provide Community Care
(n = 87)

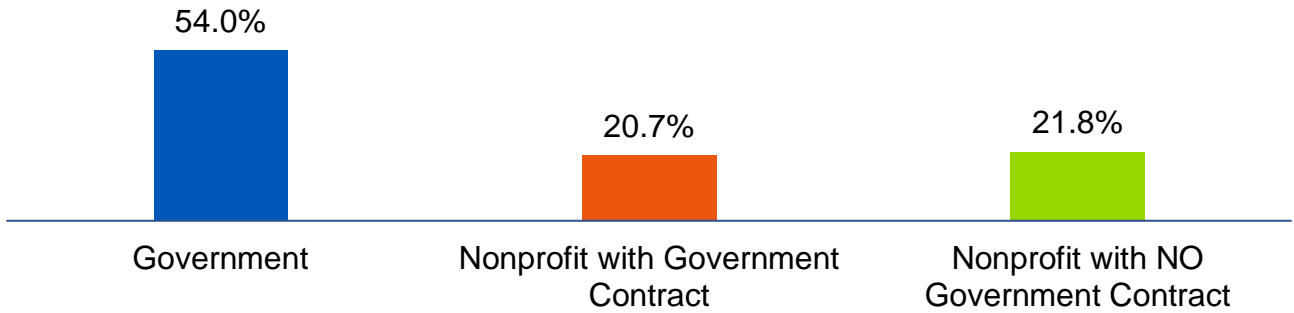


Figure 13. Funding Status for Shelters Not Able to Consistently Provide Community Care

Consistent with other types of care, inability to recruit veterinarians, cost for additional veterinarians, and lack of local veterinary appointments were major reasons that community programs could not be supported (see Figure 14 below).

Major Barriers for Providing Community Care

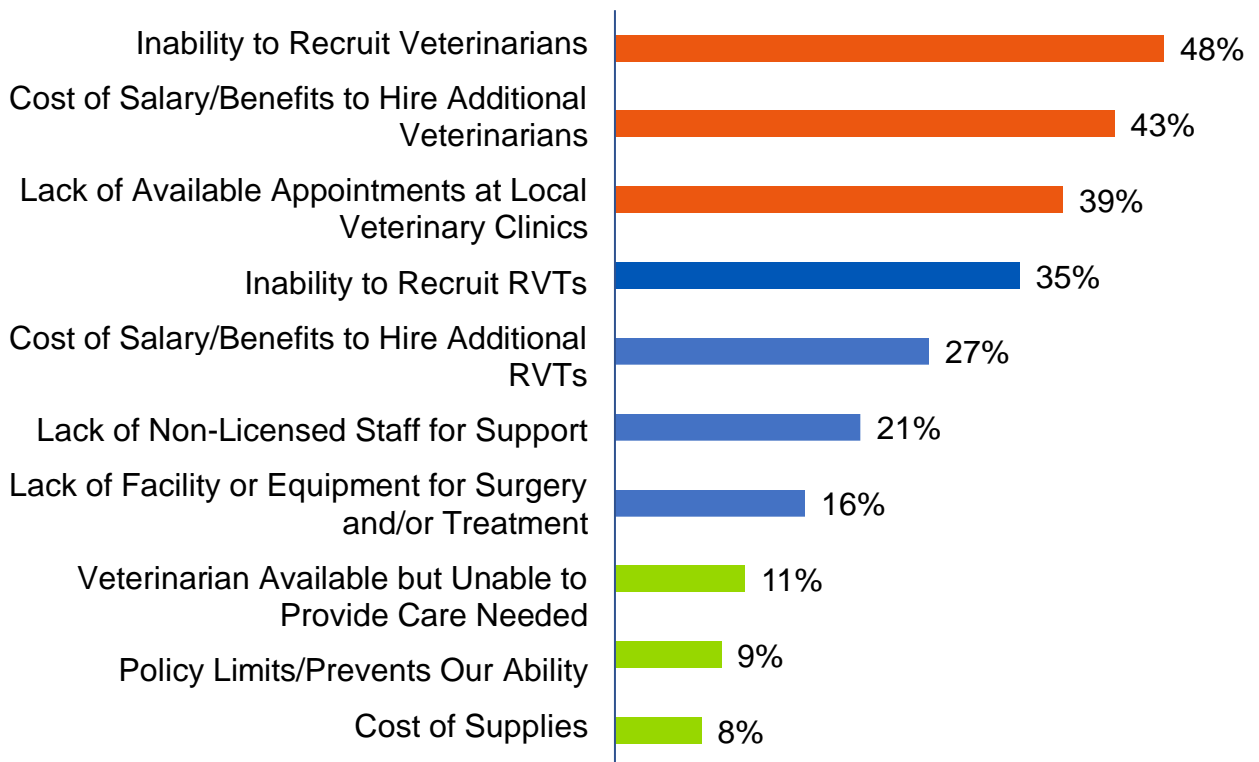


Figure 14. Major Barriers for Providing Community Care

Impacts from Lack of Access to Veterinary Care

The impacts from lack of access to veterinary care are far reaching and pervasive. Lack of access to care impacts the well-being of shelter animals, ability to meet programmatic goals and mandates, community members, shelter budgets, and staff morale and well-being. “It is a perfect storm” was a description offered in two of the four focus groups discussing the impact lack of access to veterinary care has on shelters and the communities.

Well-being of Shelter Animals

Shelters reported that overcrowding and lack of access to proper veterinary care were occurring in their facilities. Most of the respondents (80%) indicated that lack of access to veterinary care is increasing the length of stay for animals. This is particularly concerning due to the impacts of increased length of stay on animals physical and mental well-being.



“Our length of stay for dogs has doubled since last year. So in addition to the number of dogs coming in the length of stay is doubled.”

“We’ve got more dogs than we’ve ever had that are staying for longer periods of time that all have medical problems.”

“The increased number of dogs that we have here is definitely impacting their quality of life and the length of time that they’re staying. So the average length of stay for our dogs, especially large dogs, is about 15 days and that’s just way, way too long.”

In addition to increased length of stay, 40% of the respondents agreed or strongly agreed that lack of access to care results in increased spread of disease and 35% agreed or strongly agreed that the number of animals being euthanized for treatable diseases is increased.

“Our current distemper outbreak, I think, is, is a result of lack of access to care. We started seeing an increase in upper respiratory symptoms and of course, you start treating those as kennel cough because distemper is so sneaky. So we’ve started PCR testing each animal that is showing signs of upper respiratory, just to determine what we have in the mix over here. And we’ve had about 15 cases of distemper within the past three weeks and we’re euthanizing those animals as soon as they test positive, whether it’s low positive or a high positive. If we had access to vet care and the community had access to vaccines, we wouldn’t be seeing that. We just wouldn’t I have brought in this year to date 1,000 more dogs this year to date than I did last year. So that means more animals we have on campus, the more we’re co-housing animals and the higher likelihood it is for an outbreak like this. Luckily, we were able to set up a respiratory isolation ward, but I know not all shelters have that ability to do that.”



“I would definitely say that we have animals actually dying in our shelter that if we had proper medical experience, medical staff on board, would not have passed. Primarily we're talking about kittens, failure to thrive, situations like that. Again, we have a lot of vet assistants, we only have two vet techs on board here. Most of our medical staff are so green and new, you know, just getting them up to speed to follow proper cleaning protocols and to handle when we have outbreaks. We've had outbreaks panleukopenia that are very difficult to get rid of again, because people just didn't have the experience or the knowledge on how to get over those humps.”

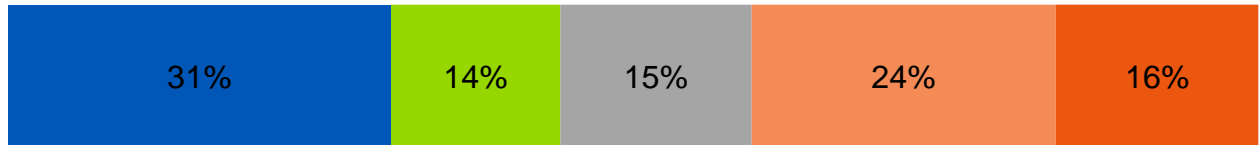
Impact of Lack of Access on Well-being of Shelter Animals

(n = 111)

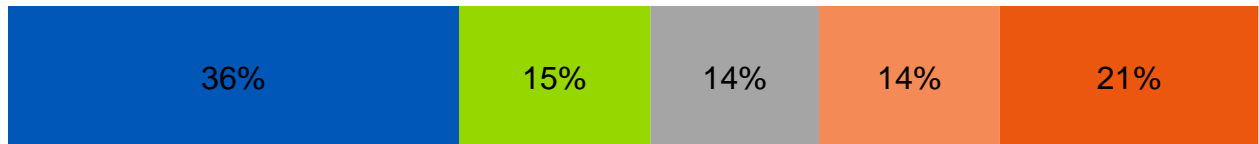
Inadequate access to vet care/spay/neuter services results in an increased length of stay for animals at our shelter.



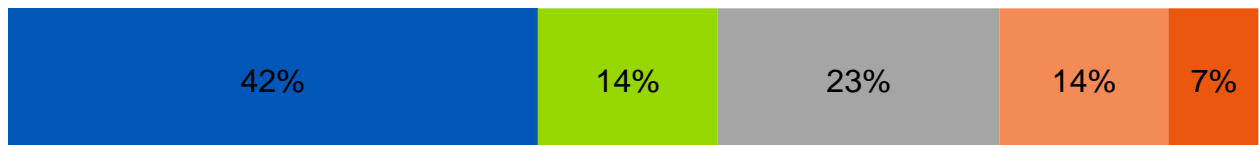
Inadequate access to vet care results in an increased spread of disease in our shelter.



Inadequate access to vet care and/or spay/neuter services is resulting in increased euthanasia of healthy and/or treatable animals.



Inadequate access to vet care has resulted in zoonotic disease transmission in our shelter. (i.e. diseases spreading from animals to people).



- Strongly Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Strongly Agree

Figure 15. Impact of Lack of Access on Well-being of Shelter Animals

Impacts on Programs and Shelter Operations

Shelters are experiencing a confluence of factors that are impacting operations and policy decisions. Lack of access to veterinary care in the community has resulted in an increase of animals coming in to shelters with complex medical needs. Veterinary services that once would have been used for spaying/neutering shelter animals are now being required to treat sick and injured animals. As a result, shelters have had to make difficult decisions about their foster and adoption programs. Approximately half of the survey respondents agreed or strongly agreed that these programs have been limited by inadequate access to veterinary care. Moreover, half agree or strongly agree that intake prevention and “safety net” services are limited because of inadequate access to veterinary care (see Figure 16 below).

Impacts on Programs Due to Inadequate Access to Veterinary Care (n = 111)

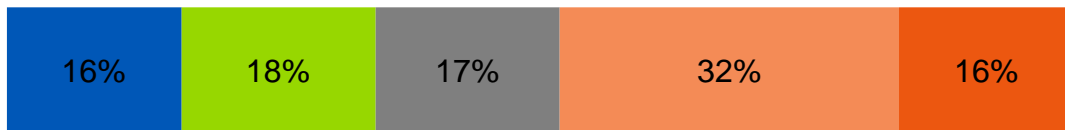
We are unable to provide intake prevention/”safety net” services due to inadequate access to veterinary care.



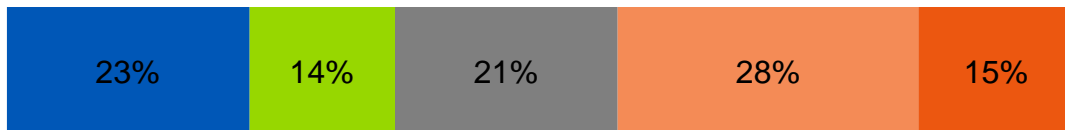
Our adoption program is limited by our inadequate access to veterinary care.



Our foster program is limited due to inadequate access to vet care.



Inadequate access to vet care has forced us to implement policies that limit the animals we can put up for adoption.



- Strongly Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Strongly Agree

Figure 16. Impacts on Programs Due to Inadequate Access to Veterinary Care

Several focus group participants shared their frustration that the community was expecting ongoing care post adoption or that they are no longer adopting shelter pets – especially large dogs.



“One of the things that has happened in in the past is at the time of adoption people would sort of take responsibility for whatever medical care at the time of adoption. And we have a list of local private practices that would see their pet and give them a discount or free exam, or a variety of things post adoption. But what we're finding is that there are some that are continuing to take new clients and new patients, but the wait time is so long so that if there is an issue post-adoption, for example, like a parvo dog that was completely healthy at the time of adoption and then a few days later broke with parvo.... but what we're finding is that we are getting a lot of complaints and people demanding refunds, or a reimbursement for these crazy emergency clinic fees, and we're sort of being forced into seeing post-op patients because you're not able to get in anywhere.”

“These dogs are not moving. They're not being adopted. We had some pretty good success with them in the past, but it's, it's changed. And you know, it doesn't matter how much we provide. We could provide thousands of dollars' worth of care post-adoption people still are not interested.”

Of the services offered by shelters, the lack of ability to provide spay/neuter services received significant attention in the focus groups. When asked if they could consistently provide veterinary care for one need that is not currently being met, without exception, every participant identified spay/neuter services. Inability to provide these services not only impacts shelters' ability to meet their legal mandate but it also contributes to companion animal overpopulation.

“You know, according to California state law and our own local ordinance. We are not able at all, to do it [meet our legal obligation]. We have placed 700 animals that need spay/neuter right now. So, they're currently in the foster care system only waiting on their space. So that's a huge backlog that would be probably a three-month backlog for a full-time Spay/Neuter Clinic.”

“When our vet told us that they could only do five Spay/Neuter surgeries a day that means animals were being held here for two weeks or more waiting to go to the vet. That quickly became unsustainable because ...I'm out of kennel space. ... We made the decision to do foster to adopt and scheduled out the surgery



at our vet. And what we saw was about, 25%, wouldn't comply and didn't show up for the vet appointment. But, you know, when you're faced with the very real possibility that you're going to have to euthanize healthy animals because of lack of space because of lack of access, that's really the only option we have. And I know that some of those dogs are not going to get altered and they're going to, we're going to get our unwanted litters but that was really the only choice we could have made in that situation."



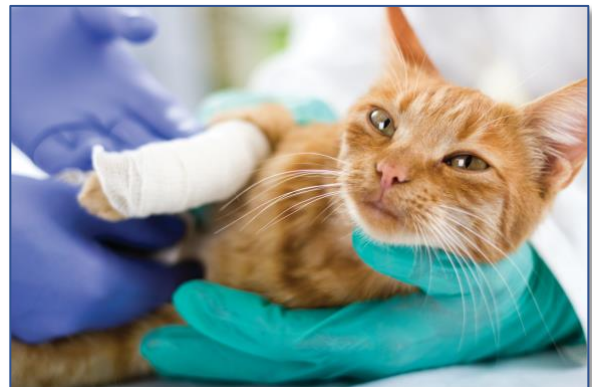
The community cat programs are also suffering because of lack of access to care. More than two of three respondents (69.3%) agreed or strongly agreed that they were having difficulty providing TNR services because of inability to offer spay/neuter services.

"Our community cat program is nowhere near where it should be. I think we've as a community made a lot of headway pre-pandemic and it's like, we're right back to ground zero. We are just now getting back to our full surgical capacity. I mean, and for the past couple of years or even last year we were at about 75% of our normal pre-pandemic surgical capacity and so we're not doing any surgeries for the general public in trying to focus just on shelter animals".

The lack of access to care is putting pressure on emergency clinics which in turn impacts the shelters. Almost two out of three shelters (64%) indicated that they relied on local veterinary clinics for their emergency care. Similar to what is experienced in human emergency clinics, pet owners are relying on emergency clinics to provide care that could have been treated by a general practitioner, if appointments had been available. This results in fewer available appointments for shelter animals experiencing emergency situations.

"I used to work at the emergency clinic here in town and I feel that many patients are being seen at emergency that could have been seen at their general practitioners. They're not able to get into their general practitioner so they're going to the ER, so and then the, ER, gets inundated with all of these cases that could have easily been seen by GP and then the emergencies either get sent by the wayside or the people that are coming in for preventable issues get turned away."

"You hear horror stories of people putting their dog or their cat in their car and starting, you know, to drive an hour, two hours away and the animal passes on them while they're in transport. Just because there isn't any local support there and that's just on the emergency side."



“We're having to rely on so many different partners. For example, our emergency vet they are often closed for the weekend because they can't get staffing. So they're bringing vets in from out of state paying these extraordinary rates.”

Lack of access to veterinary care is also having a budgetary impact on shelters. The overall trend of increased length of stay has budgetary implications because of the cost of housing the animals and treating communicable disease outbreaks. In addition, incoming animals have more complex (and thus costlier) medical needs due to community issues in accessing care.



“So we are fostering animals back to owners so that they can get the veterinary care that they need and our Medical Care Services in the last 10 years, has gone up from we had a budget of 42,000 dollars for emergency care to 250 thousand dollars now for emergency care. And we take in 5000 animals so it's not as though we're a giant municipal shelter. So that's been a significant increase. So it's not only not being able to get an appointment but it's just the very cost of services have quadrupled just in the last five years. So that's been really, really hard”.

Also, because many communities lack access to emergency care, staff are often required to travel long distances to seek emergency care for shelter animals. Salary time as well as transportation expenses are incurred when there is lack of access to emergency care.

“We had a mama and her very young puppies come down with kennel cough. They were quite sick, and she had to take them all to an emergency clinic in Reno, an hour's drive, and stay there most of the night waiting for them to be seen and treated. There is a local vet 10 minutes away, but unfortunately, he does not handle after-hours emergencies and he is too busy to even help us with anything other than occasional rabies vaccinations.”



Impact on Staff

Finally, lack of veterinary care has a detrimental effect on staff's well-being and morale. Staff are overwhelmed because of the sheer volume of animals in their care and the poor medical condition that many of the animals are in. Staff turnover was reported as being high and those who stay are stressed and their mental health is of concern. Many focus group participants did not feel that salaries contributed as much to turnover/inability to recruit staff as the working conditions themselves. Stories were shared of overcrowding – several said they were doubling and tripling animals in kennel facilities and this is creating a heavier workload on shelter staff

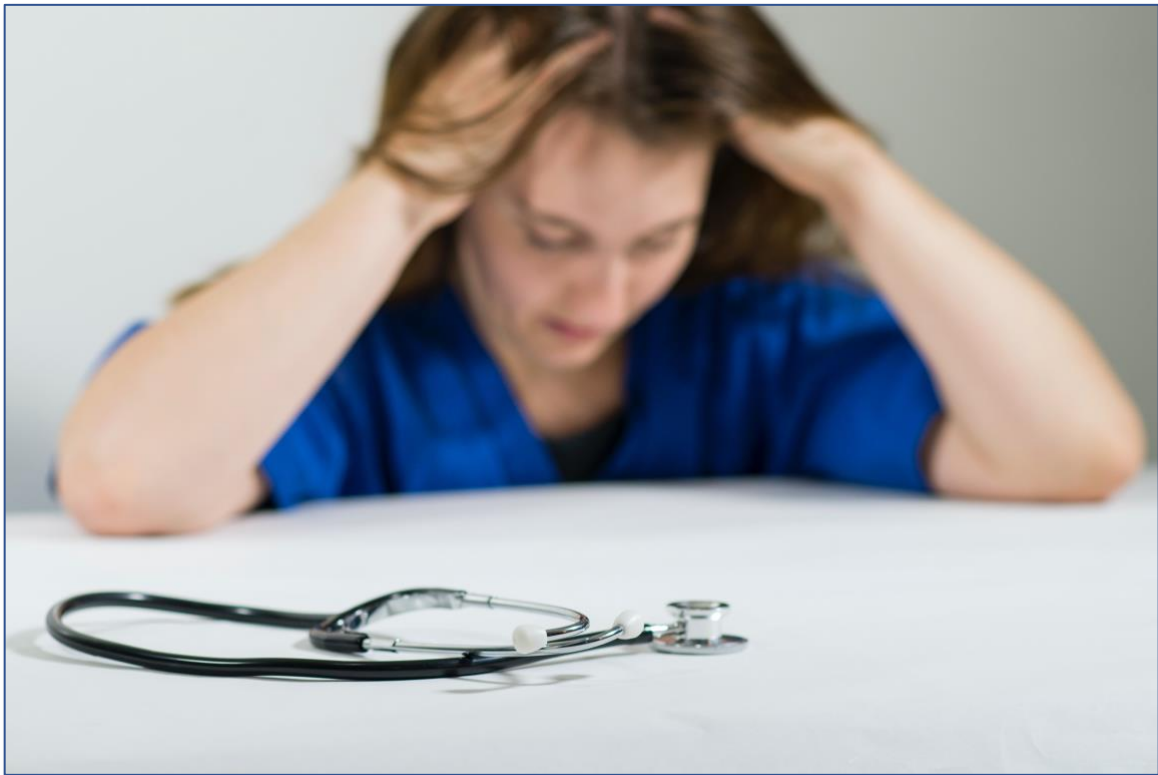
and increasing their concerns over the welfare of the animals in their care. Leaders report that the staff are simply in survival mode – trying to do the best with the limited resources they have.

“I think it's mostly affecting more of the staff than anything. I've never seen it as bad. as it's been this last six to eight months. It has been just terrific because, you know staff are caught in the middle - the animals keep coming and everything we try to do to either keep them from coming in or to get them out.but it's all falling on the shoulders of the staff and that I think is that's what's going to crush them. You know you can just see it - they're just trying to get through the day now.”

“We had to make some really tough euthanasia decisions recently which we haven't done in years and and it was fascinating seeing the ... polarizing effect it had on staff where the euthanasias had to be done. These are dogs that were with us for way, way too long that we've tried everything. We couldn't find a foster home for them, and they deteriorated in the shelter and in so that is just huge hit on the morale.”

“It is something that goes against every part of what I know about running a shelter, but there is public outcry right now and we're saving 97% of the dogs. I mean every animal that is euthanized I just get I get massacred online.”

“Some of us don't keep going. Some of us kill ourselves and so it is the most dangerous time in our profession, ever.”



Limitations

There are a few notable limitations to this research. Not all shelters in the State completed the survey and there remains the possibility of response bias - those who were experiencing the greatest consequences of lack of access to care may have been more motivated to respond than those who did not feel this was a primary concern. The survey was designed to ask about the perception of leaders regarding access to veterinary care. Data were not collected to validate the perceptions expressed in the survey and focus groups.



Conclusion

As discussed in the introduction of this report, the goal of this research was to answer three main questions. First, there was strong consensus among survey participants and the focus groups that lack of access to veterinary care is an issue confronting shelter leaders in California. Second, shelters are finding it challenging to provide the types of care that are necessary to foster healthy animals in their shelters in and in their larger community. Shelters are experiencing the lack of access to veterinary care both as a direct and indirect effect. An inability to provide adequate levels of veterinary care within the shelter presents a shelter environment that is difficult for the animals and staff. The potential lack of access to veterinary care in the community is creating an increased demand for shelter veterinary services at a time when the shelters themselves are suffering from inadequate veterinary resources. This is leading to a variety of impacts.

Third, shelters are suffering direct consequences of this lack of internal and external access to veterinary care. Impacts on the animals themselves, the staff and volunteers at the shelters and the greater community all emerged in this research. Further, these impacts compound themselves in a reinforcing downward cycle. For example, if spay/neuter services cannot be offered to the community this can lead to additional 'unwanted' animals being surrendered to the shelter putting increased pressure on shelters to house, care for and rehome these animals. Impacts like shelter crowding and increased length of stay can increase stress and spread of disease in the shelter, all of which require additional veterinary resources. These impacts emerged as being very common and very challenging for leaders and shelter staff as well as communities.

The problem itself is complex. With an inability to recruit the necessary staff, even shelters with the resources to hire additional staff find themselves unable to resolve the problem. Shelters are in desperate need of assistance to resolve the situation both in the immediate and long term. During focus groups it was very apparent that this was an emotional, financial and very difficult problem confronting California animal shelters. This report highlights some of the key issues and specific implications that this lack of veterinary care is having on them, their facilities and the animals in their care. Urgent action is required to slow the downward spiral for both the animals and the humans that care for them.



APPENDIX: California Animal Welfare Working Group Codebook and Focus Group Moderator Guide

California Animal Welfare Working Group Codebook

- 1) What is the name of your shelter?
- 2) What is the zip code of your shelter's location?
- 3) First, what is the funding status of your shelter?
 - a. Government
 - b. Nonprofit with a government contract
 - c. Nonprofit with NO government contract
 - d. Other (please specify)
- 4) What was the approximate number of intakes for each category during the 2021 calendar year?
 - a. Cats
 - b. Dogs
 - c. Other
- 5)
 - a. Veterinarian Filled FTEs
 - b. Veterinarian Unfilled FTEs
 - c. Why are these positions unfilled? SELECT ALL THAT APPLY
 1. Budgetary constraints
 2. Inability to recruit a qualified candidate
 3. Hiring currently in progress
- 6)
 - a. RVT Filled FTEs
 - b. RVT Unfilled FTEs
 - c. Why are these positions unfilled? SELECT ALL THAT APPLY
 1. Budgetary constraints
 2. Inability to recruit a qualified candidate
 3. Hiring currently in progress
 4. Other [free text]
- 7)
 - a. Unlicensed Tech Filled FTEs
 - b. Unlicensed Tech Unfilled FTs
 - c. Why are these positions unfilled? SELECT ALL THAT APPLY
 1. Budgetary constraints

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2. Inability to recruit a qualified candidate
3. Hiring currently in progress
4. Other [free text]

[STATEMENTS WILL BE RANDOMIZED]	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
8) Inadequate access to vet care/spay/neuter services results in an increased length of stay for animals at our shelter	1	2	3	4	5
9) Inadequate access to vet care results in an increased spread of disease in our shelter.	1	2	3	4	5
10) Inadequate access to vet care has resulted in zoonotic disease transmission in our shelter. (i.e. diseases spreading from animals to people).	1	2	3	4	5
11) We have had difficulty providing community cat program services due to inadequate access to vet care.	1	2	3	4	5
12) Our foster program is limited due to inadequate access to vet care.	1	2	3	4	5
13) Inadequate access to vet care and/or spay/neuter services is resulting in increased euthanasia of healthy and/or treatable animals.	1	2	3	4	5
14) Inadequate access to vet care has forced us to implement policies that limit the animals we can put up for adoption.	1	2	3	4	5
15) We are unable to provide intake prevention/"safety net" services due to inadequate access to veterinary care.	1	2	3	4	5

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16) Our adoption program is limited by our inadequate access to veterinary care.	1	2	3	4	5
17) There is a shortage of veterinarians and/or veterinary technicians in California.	1	2	3	4	5

To what extent are you able to provide the following types of care WHEN NEEDED for **animals in your shelter**.

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
18) Basic intake care (e.g. core vaccines / deparasitics like DHPP, Bordetella, FVRCP)	1	2	3	4	5
19) Care for routine illnesses that can be treated based on protocols (e.g. upper respiratory disease, feline URI, kennel cough, mild diarrhea)	1	2	3	4	5
20) Euthanasia of shelter animals	1	2	3	4	5

IF ANYTHING OTHER THAN CONSISTENTLY ASK ... Consider each of the following barriers that may make you unable to provide care. Please indicate how much of a barrier each of these items is.

	Not a Barrier	Mild Barrier	Moderate Barrier	Major Barrier
21) Inability to recruit Veterinarians (funding exists but unable to fill positions)	1	2	3	4
22) Cost of salary/benefits to hire additional veterinarians.	1	2	3	4
23) Inability to recruit RVTs (funding exists but unable to fill positions)	1	2	3	4

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24) Cost of salary/benefits to hire additional RVTs	1	2	3	4
25) Lack of available appointments at local veterinary clinics	1	2	3	4
26) Lack of non-licensed staff for support of any animal medical programs	1	2	3	4
27) Lack of available appointments at local veterinary clinics	1	2	3	4
28) Cost of procedure(s) at a local veterinary clinic	1	2	3	4
29) Veterinarian available but unable to provide the specific care needed - lacks skills needed to perform care	1	2	3	4
30) Lack of facility or equipment for surgery and/or treatment	1	2	3	4
31) Policy limits/prevents our ability	1	2	3	4
32) Other	1	2	3	4

33) What type of facility or equipment for surgery and/or treatment do you lack?

ASK IF PREVIOUS SERVICES ARE OFFERED CONSISTENTLY OR SOMETIMES To what extent are you able to provide the following types of care WHEN NEEDED for **animals in your shelter**.

	Consistently	Sometimes	Rarely/ Never	Choose Not to Provide to Shelter Animals
34) Treatment for nonroutine illness or injury that requires veterinary assessment (e.g. parvo, panleukopenia)	1	2	3	4
35) Spay/neuter for animals reclaimed or adopted	1	2	3	4
36) Advanced medical diagnostics, (e.g. radiographs, bloodwork)	1	2	3	4

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37) Advanced surgery (e.g. amputation)	1	2	3	4
38) Dental procedures	1	2	3	4

IF PROCEDURE ABOVE IS ANYTHING OTHER THAN CONSISTENTLY Consider each of the following barriers that may make you unable to provide care. Please indicate how much of a barrier each of these items is.

	Not a Barrier	Mild Barrier	Moderate Barrier	Major Barrier
39) Inability to recruit Veterinarians (funding exists but unable to fill positions)	1	2	3	4
40) Cost of salary/benefits to hire additional veterinarians	1	2	3	4
41) Inability to recruit RVTs (funding exists but unable to fill positions)	1	2	3	4
42) Cost of salary/benefits to hire additional RVTs	1	2	3	4
43) Inability to recruit Veterinarians (funding exists but unable to fill positions)	1	2	3	4
44) Lack of available appointments at local veterinary clinics	1	2	3	4
45) Cost of procedure(s) at a local veterinary clinic	1	2	3	4
46) Veterinarian available but unable to provide the specific care needed - lacks skills needed to perform care	1	2	3	4
47) Cost of supplies	1	2	3	4
48) Lack of facility or equipment for surgery and/or treatment [please specify]	1	2	3	4
49) Policy limits/prevents our ability	1	2	3	4
50) Other	1	2	3	4

51) What facility or equipment for surgery and/or treatment do you lack?

Considering the care you provide to **animals in your community**, how consistently do you offer the following programs:

	Consistently	Sometimes	Rarely/ Never	Another organization in our community provides this service and meets the need
52) Intake Prevention/ "Safety Net" Veterinary Services	1	2	3	4
53) Community cats spay/neuter programs	1	2	3	4

IF ANYTHING OTHER THAN CONSISTENTLY Consider each of the following barriers that may make you unable to provide these community programs. Please indicate how much of a barrier each of these items is.

	Not a Barrier	Mild Barrier	Moderate Barrier	Major Barrier
54) Inability to recruit Veterinarians (funding exists but unable to fill positions)	1	2	3	4
55) Cost of salary/benefits to hire additional veterinarians	1	2	3	4
56) Inability to recruit RVTs (funding exists but unable to fill positions)	1	2	3	4
57) Cost of salary/benefits to hire additional RVTs	1	2	3	4
58) Lack of non-licensed staff for support of any animal medical programs	1	2	3	4
59) Lack of available appointments at local veterinary clinics	1	2	3	4
60) Veterinarian available but unable to provide the specific care needed - lacks skills needed to perform care	1	2	3	4

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61) Cost of supplies	1	2	3	4
62) Lack of facility or equipment for surgery and/or treatment [please specify]	1	2	3	4
63) Policy limits/prevents our ability	1	2	3	4
64) Other	1	2	3	4

65) What facility or equipment for surgery and/or treatment do you lack?

66) How is emergency care for shelter animals provided after hours?

SELECT ALL THAT APPLY

1. Staff veterinarian(s)
2. Staff veterinary technicians
3. Staff veterinary assistants
4. Local veterinary hospital
5. Telehealth triage with a veterinarian
6. Field officers working from protocols developed by a veterinarian.
7. Other (open ended, free text)
8. We do not have a way to provide veterinary care for after-hours emergencies.

67) Why are you not able to provide veterinary care for after-hours emergencies?

68) Approximately what percent of your veterinary care needs are currently being met (estimate)? (number)%

69) What is the #1 thing that could increase the percent of your veterinary care needs being met? (open-ended)

70) What else would you like to tell us about accessing veterinary care at your shelter? (open-ended)

Focus Group Moderator Guide

- 1) How is lack of access to veterinary care impacting your shelter and your community? (Probes: Are you having trouble securing a veterinarian to be responsible for your premises license? How is it impacting the number of unwanted litters? How is it impacting the number of relinquishments for medical or behavior reasons? How is it impacting adoptions?) How does this impact public health and risk to the public in your community?
- 2) How does lack of veterinary care impact your shelter's ability to meet your legally or mandated services? How does lack of access to care hinder your ability to meet ASV guidelines?
- 3) How is animal well-being in your shelter affected by lack of access to care? [Focus on: Physical well-being, behavioral degeneration, and increased length of stay.]
- 4) How does lack of access to veterinary care impact the well-being of your staff?
- 5) What economic impact does lack of veterinary care have on your shelter? What expenses are incurred because of the way that you access veterinary care (or do not)?
- 6) What are you currently doing to combat the lack of access to veterinary care?
- 7) Finally, if you could consistently provide veterinary care for one need that is currently not being completely met, what would the need be and what would that change?