



Introduction: Attributes to look for in potential Spay/Neuter Veterinarians

- Passion for the mission.
- Ability to multi-task.
- Ability and flexibility to work as a team member.
- Ability to focus and complete tasks.
- Constructive, competitive attitude.
- Physical ability to complete surgery and other duties as dictated by protocol.
- Capable of staff and client interaction and effective communication.

I. General Orientation

A. Explanation of expectations.

1. Ensure quality care of all patients.
2. Represent organization professionally and ethically.
3. Perform physical examinations on surgical candidates.
4. Training and supervising support staff.
5. Be willing to perform needed duties even if outside your job description.
6. Perform surgical sterilizations.
7. Complete client communication per protocol.
8. Ensure compliance with regulatory institutions such as DEA, OSHA, MSDS and state vet boards.
9. Comply with the organization's mission.

B. Overview of daily operations.

1. Be familiar with daily clinic flow, policies and procedures.
2. Be familiar with responsibilities and limitations of support staff.
3. Be familiar with facility operations.

II. Daily Veterinary Tasks

A. Punctual arrival.

B. Confer with tech staff regarding post-op condition of inpatients.

C. Initiate drug logs and set up surgical suite.

D. Supervise intake of new patients.

1. Perform physical exams.
2. Verify patient ID.
3. Calculate drug dosages and administer premeds.

E. Preparation for surgical procedures.

1. Don surgical cap and mask.
2. Complete surgical scrub to elbows.
3. Tip sutures in a sterile manner.



4. Verify the patient's anesthetic level and settings.
 5. Verify surgical area set-up.
 6. Glove utilizing sterile technique.
- F. Performance of surgical procedures using sterile technique.
1. Drape.
 2. Incise skin.
 3. Remove SQ adipose tissue to expose linea.
 4. Incise linea.
 5. Utilize spay hook to locate and exteriorize first ovary and report status of uterus.
 6. Break suspensory ligament.
 7. Isolate ovary and place ligature on pedicle, remove.
 8. Tear away broad ligament.
 9. Follow uterine horn to bifurcation and isolate opposite horn.
 10. Repeat steps # 6-8.
 11. Locate uterine body in such a way to ensure complete removal of both uterine horns.
 12. Place ligature on mid-uterine body.
 13. Remove.
 14. Complete visual sweep of the abdomen.
 15. Perform closure of linea.
 16. Perform closure of SQ and SC.
 17. Close skin with glue.
 18. Perform tattoo.
 19. Ensure patient has been removed from inhalation anesthetic and administer any vaccines intended for that patient.
 20. Re-glove and proceed to the next surgery.
- G. Attending to patients in recovery.
1. Monitor timely extubation.
 2. Supervise support staff care of the recovery area.
 3. Require support staff to report prolonged or abnormal recovery periods to surgeons.
 4. Determine the need for ancillary care/medications.
- H. Completion of any re-checks or client communications by end of shift.
1. Obtain medical record and re-check form from the support staff.
 2. Complete assessment and finalize re-check form.
- I. Final assessment of post-op patients.
1. Visually inspect all post-op patients individually.
 2. Verify all patients have been given a post-op snack, and instruct staff to water appropriate patients.



3. Verify cage doors are secure.

J. Compliance with shift-end or facility exit procedures.

III. Ensure quality care of all patients.

A. The daily routine should begin with verification that all patients from the previous day have recovered uneventfully. Each patient should be BAR and their incisions should be inspected and any scrotal wraps removed.

B. All patients admitted through intake should receive a physical examination by the veterinarian. Any patient determined to be unsuitable for surgery should be reported to the technicians and the owner should be made aware of the cause for declining the patient.

C. All patients admitted through transport should receive a physical examination by the veterinarian. Any transport patient determined to be unsuitable for surgery should be reported to the technicians and the owner should be made aware of the cause for declining the patient.

D. The veterinarian is responsible for performing any rechecks that are scheduled by the support staff. All pertinent information should be recorded on the recheck form/medical record and any treatments or prescriptions should be explained to the clients.

E. The veterinarians are responsible for supervising the support staff regarding patient monitoring pre-, intra- and post-operatively. Although the technicians and assistants should carefully monitor each patient, it is ultimately the surgeons' responsibility to ensure patient safety.

F. The veterinarian is required to perform sterilizations in a safe, efficient and timely manner so as to reduce both anesthetic and surgical time as a benefit to the patients.

G. The veterinarian is required to monitor patients in recovery (both via support staff and personally) to verify normal recoveries. Any prolonged recovery should be cause for further diagnostic investigation (i.e. PCV, abdominocentesis, etc.).

H. At the end of day, the recovery vet is required to visually inspect every patient in the hospital and confirm that all patients are BAR and



sufficiently recovered to be left alone. In addition the vet should be certain that each patient has been offered an appropriate snack and peds have been offered water.

IV. Represent organization professionally and ethically.

- A. At all times the veterinarian is expected to represent the organization in a manner, which reflects the veterinary profession.
- B. The veterinarian is expected to function as a member of the team and ensure that the team strives to provide the best care possible.

V. Perform physical examinations on surgical candidates.

- A. The veterinarian should examine the patient prior to administering any pre-med.
- B. The examination should at a minimum include evaluation of body condition, auscultation of the heart and lungs, evaluation of mucous membrane color, CRT and hydration status.
- C. The patient should always come first; therefore, if the surgeon is of the opinion that the surgery/anesthesia would unduly risk the patient then the surgery should be declined.
- D. Various conditions would be cause for declining a surgery, including but not limited to: obesity, emaciation, severe dehydration, URI, anemia, severe parasitism, mastitis, heart abnormality/disease, etc.

VI. Training and supervision of support staff.

- A. The veterinarian is expected to assist in training new support staff and helping them to successfully complete their probationary period and become a successful member of the team.
- B. The veterinarian is expected to provide ongoing support and supervision of any of the medical staff including technicians, assistants, kennel personnel and volunteers in any task that involves (either directly or indirectly) patient handling or medical/surgical care.
- C. The veterinarian is expected to assist in providing continuing education of all support staff with regard to patient care.