

Dear Fellow Board Members,

As I regrettably resign from the Board, I feel I should lay out my concerns for the spay and neuter clinic in hopes that these concerns will be considered, discussed and addressed by the Board at the next meeting. I feel it is most important, however, to first explain that I am PRO-spay and neuter. While many on this board have falsely rumored to the contrary, and while I do not have to defend my position to anyone, I have no issue explaining that I believe available, convenient, and affordable spay and neuter is the only solution to the overpopulation problem battled by Mississippi shelters every day. I believe that a properly run clinic could help the Oxford community, as well as surrounding areas to decrease the number of homeless pets and aid in fighting the spread of disease amongst domesticated animals. However, I believe the Spay and Neuter Clinic projected to be established at 413 McElroy Drive will not be able to sustain itself and I also believe it will threaten the well-being of the animals at OLHS.

The following reasons are listed in no particular order of importance, and while I have aimed to make this list comprehensive, I am sure there are additional reasons, be they undiscovered or miscellaneous, to oppose this clinic, and I encourage any additional reasons known by Board members to be brought to light by those in agreement with this opinion.

1. First, I take issue with the fact that the money was left “to OLHS.” As was mentioned at the last board meeting, per MS Code §91, Chap. 5: The most that can be given by an oral will is \$100, unless the nuncupative will can be proved by two witnesses that the testator called on to bear testimony that this was his or her will. A nuncupative will cannot be taken to probate court for at least 14 days and the surviving spouse or next of kin, if Mississippi residents, have been summoned to contest the will, if they think it’s appropriate. Also, it must be brought to probate court within 6 months of the testamentary words unless the words were put in writing within 6 days of being said. In this case, the words were never put in writing.

With this said, I think \$630, 000 is a lot of money to be restricting to sole use for the clinic, under the argument that it was specified orally that it be used for a spay and neuter clinic, especially since finances have been such a significant concern this past year. For the Board to have had no say in the allocation of such a large amount, I find to be an abuse of power on the part of the executive board, and a denial of the rights of other board members to contribute to decisions that will affect the basic functioning of both the shelter and the OLHS mission. (Other uses for the funds will be discussed later in this letter.)

2. Second, the spay and neuter clinic will not be offering anything different from what is already offered by the shelter through our SNAP program, and in fact will cost us significantly more. Currently, the shelter offers a low-cost spay and neuter program with local veterinary hospitals for community members to have their pets fixed. With our current system, the client pays a fee from \$50 to \$105, based on the weight of their animal, and then the shelter writes a check to the local veterinary hospitals at the end of the month. While we are not making a profit per se, we are also only out the minimal cost of fuel to transport the animals to the clinic

(which I was informed at the board meeting was not worth calculating for euthanasia costs, so I feel comfortable arguing it is not worth calculating here) and not expending the daily cost of running a clinic. Additionally, usually the trip to the clinics is combined with picking up donations or food and therefore the trip would be made anyway. Furthermore, we currently cannot fill up our weekly schedule of surgeries for this program, and some days have 1 or 0 pets to have altered that day.

If the Clinic does come to fruition, it will not be offering surgeries at any lowered cost, and the community will still have to bring their pets to the same location. This has been stated by the Board President at multiple meetings. With that said, there is no effort to bring in new clients, appeal to those who cannot afford the current prices, or facilitate transportation for those without.

However, the Clinic will require daily operational expenses that have not been required by OLHS for our current program. There will need to be separate water, air conditioning/heat, wireless internet and phone lines. Necessary licenses, surgical equipment, office utilities, and computers will need to be purchased for the Clinic, as well. That means that if surgeries do not increase from the number we have been scheduling for the past few years, the Clinic will be operating at a deficit on most days.

3. It puts both surgery animals and OLHS animals at risk. It is known that a shelter environment is high-stress and high-exposure for illnesses such as upper respiratory infections, Parvo, feline herpes, and other highly contagious diseases. This is not to say that OLHS staff does not work around the clock to keep conditions as sanitary as possible, but every new animal that comes through the door (and some days we can receive anywhere from 20 to 60 animals) brings new bacteria with it. While we treat our sick animals with antibiotics and veterinary care when necessary, the proximity of the Clinic to the shelter will put community animals at risk of exposure to these exact illnesses. That said, while no one wants to think that their animal may carry disease, there is always a possibility that a community member who has not properly vaccinated his or her pet will bring an infected animal to the clinic, and put the other surgery animals at risk, and shelter animals, as well. This creates a huge liability for the Clinic, and OLHS directly. The first community member who brings in a dog for surgery who comes down with Parvo a week later, will hold the Clinic liable, and rightly so. In that hypothetical, but very realistic scenario, that surgery that brought in a mere \$50 has now cost the Clinic \$600 and upwards for Parvo treatment for that animal.

4. Staff alone will drain the funds immediately. The clinic at minimum will require an office manager, receptionist, veterinary technician, and veterinarian. After purchasing the equipment, necessary licenses, and paying for the necessities such as utilities and internet, within months the rest of the \$630,000 will be drained writing paychecks alone.

Even if the vet tech and receptionist receive minimum wage at \$7.25 an hour, that means on those two employees alone, we would lose \$580 a week (These positions would need to be full-time as drop offs would be 8 am and pick up later in the day after the animal has recovered (as

is done at all vet clinics for surgeries) and a tech would need to be present to care for the recovering animals and a receptionist there to schedule surgeries for the rest of the week and be accessible to clients whose animals are in the clinic that day).

I assume the office manager would be on a salary no less than \$25,000 (probably more, but let's be conservative), which breaks down to \$481 a week. The typical veterinarian would charge \$100 an hour, and if they came in from 8-12 to perform surgeries, would cost around \$2,000 a week. That's almost **\$3,000 a week on paychecks**, and when the average surgeries are 3 a day, only bringing in a maximum of (let's say the surgeries were all \$85) **\$1,275 net profit per week**.

It was discussed at the meeting that in order to find a cheap surgeon, a couple of executive board members would seek out a vet "fresh out of MS State" to perform the surgeries. I think this is a risk both to the animals and financially. A veterinarian performing surgeries right out of veterinary school should be practicing under the supervision of an experienced vet, and I believe any veterinarian would confirm that. To put someone without experience or supervision in a surgical practice such as this would expose that individual to unforeseeable surgical complications, which they may or may not have experience or knowledge of solving. To insure that individual would be a financial nightmare, and any client who lost a pet due to complications I am sure would not hesitate to point the finger at the recent graduate who failed to save their animal (regardless of actual fault).

5. The adjacency to the shelter will only add chaos to the already chaotic daily routine of OLHS staff. Anyone who has been to the shelter on any given day knows the craziness created by 10 puppies coming through the door to be surrendered, as 6 volunteers show up to walk dogs, and multiple adopters wait in the lobby to take home their new family member. It is only common sense to expect community members looking for the entrance to the clinic to find the main entrance for OLHS and add to that confusing scene, thus placing more strain on staff and volunteers. Even with bold signs and directions, there will always be those who enter the main door in search of the clinic.

While this may seem like a minute point, after the second week or second month of clinic clients walking through the shelter door, it will wear on the staff needing to stop what they are doing in order to redirect them, and hinder the flow of shelter processes.

6. There are other uses for the money that will help OLHS animals and better serve the mission of OLHS. The animals coming through the door at OLHS should be the utmost priority for this organization. If we serve an injustice to the 6,000+ animals under our care for the time they are with us throughout the year, we are failing our mission to "improve the plight of homeless animals by providing shelter, care, rescue, adoption services, and foster homes"

Transports, expanding Quarantine and Isolation, funding the "Catio," adding on "meet and greet" rooms for potential adopters, or expanding kennels are all uses for \$630,000 that would improve quality of life and care for the animals under the OLHS roof and increase the number of homeless animals OLHS would be able to house and adopt out. A new transport vehicle

would allow for more transports and safer, more dependable travel. Transports allow for 80+ animals per month (when approved by Board leadership) to go into rescues and avoid being euthanized at our shelter due to our inability—due to location, overpopulation, and constant intake—to adopt out every animal that comes through our doors. Transports alleviate the current population at OLHS helping us keep manageable numbers in our shelter, allow for these animals to be adopted in areas with fewer adoptable pets, and prevent OLHS from needless euthanasia. Our top priority should be to provide a second chance at life for the animals surrendered to us, not use euthanasia as a means of population control. The Spay and Neuter Clinic would operate with the future goal of reducing unwanted litters in Lafayette County, however there will still be high intake in coming years as the effects of available spay and neuter will not be proven immediately. The current and incoming residents of our shelter should remain the top priority for this Board and the donors of OLHS, and refusing to allocate any of the \$630,000 towards transports is a grave injustice to the animals to whom we owe a second chance at life.

Furthermore, the room currently being held to convert into the clinic could be used for an adoptions office (that does not also function as a conference room), meet and greet rooms, or “intake offices” where the individuals surrendering animals to us can sit and provide as much information about their animals so that we can find a suitable adopter, and we can gather this information away from the front desk thus alleviating traffic and confusion in the lobby.

A surgical environment should be sanitary, appropriately staffed, and well-organized. Furthermore, an investment of such a large amount of money should be done with full support of the Board of Directors, and the investment should be financially sound—in this case, self-sustaining. I fear this clinic will not have the means to be any of those things, and for these reasons and those stated above, I cannot support the current plan for a Spay and Neuter Clinic at 413 McElroy Drive.

Sincerely,

Katie Muldoon