

MEMORANDUM

DATE	July 10, 2025
TO	California Veterinary Medical Board (Board)
FROM	Jessica Sieferman, Executive Officer
SUBJECT	Agenda Item 2. Public Comment on Items Not on the Agenda

Written Public Comment

Due to potential technical difficulties, the Board's meeting agenda encourages members of the public to consider submitting written public comments to the Board by July 9, 2025.

On July 9, 2025, the Board received the attached written public comment from the San Francisco Society for the Prevention of Cruelty to Animals ([SFSPCA](#)) and [Animal Balance](#) for Board consideration.

Note: The Board may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code sections [11125](#), [11125.7\(a\)](#).)



July 7th, 2025

Chairperson Solacito
California Veterinary Medical Board
1747 N. Market Blvd., Ste. 230
Sacramento, CA 95834-2978

Dear Chairperson, Solacito,

We submit this letter to the CVMB on behalf of Animal Balance and the San Francisco SPCA.

Animal Balance is an international organization, founded in 2004, dedicated to creating a world in which human and animal communities can coexist through compassion and collaboration. AB is dedicated to impactful efforts to address sterilization and support services. AB's mobile veterinary teams provide high quality, high volume, vital spay-neuter services throughout the world, and in the U.S., including California, New Mexico, Arizona and Texas.

The San Francisco SPCA ("SF SPCA") is a non-profit organization that has been at the forefront of animal welfare in California for 157 years. Founded in 1868, SF SPCA was the first humane society west of the Mississippi River and it played an integral role in the development and enforcement of California's early animal cruelty laws. SF SPCA has special expertise relevant to the issues addressed in this letter because every year we deal with thousands of California pets, and are intimately aware of the need for greater spay-neuter services throughout the state. SF SPCA works directly with AB in providing spay-neuter services in the Central Valley, where the need is great.

Proposal for legislative or regulatory approval of High-Quality, High-Volume Spay/Neuter (HQHVSN) Clinics and Disaster Response Clinics.

Introduction

California law¹ requires that a surgery suite have walls from the ceiling to the floor and a door. (“Surgery Suite Requirements”.) The undisputed crisis with respect to access to spay-neuter services, and the reality of disaster-response situations, presents the urgent need for a formal exemption for temporary HQHVSN and disaster response clinics that do not meet the current surgery suite requirements. This change is needed to maximize animal welfare, and to address the urgency triggered by the current need for spay-neuter clinics and efficient, rapid disaster response. The proposed solution has been proven effective and without danger to animals or the public, utilizing clear Standard Operating Procedures (SOPs) that maintain the highest standards of veterinary care.

As previously acknowledged by this Board, a current lack of accessible and affordable spay/neuter services is a significant barrier to access to veterinary care for Californians. The proposed allowance for Mobile Animal Sterilization Hospital (“MASH”) clinics will make a big difference, providing access to affordable spay/neuter and emergency response services. MASH clinics involve a single space that operates as a complete registration-through-discharge operation. The clinics are often set up inside a large room, such as a community center or gymnasium. They can be set up in any community, and are designed to be inclusive, accessible and affordable.

MASH clinics can greatly impact the number of unwanted animals who end up in shelters. Spay-neuter reduces indiscriminate breeding and thus reduces overpopulation. Reducing overpopulation reduces euthanasia at shelters. Reducing shelter impounds saves funds at every level of California government and aligns with the state policy that no adoptable or treatable animal should be euthanized.

There is a need for MASH/HQHVSN clinics in California because there is a stark lack of access to affordable spay/neuter services not just in remote areas, but also in the majority of cities and towns in California. The impact result of this lack of services means that pets are not being sterilized and are left to breed, impacting California’s over-crowded shelters and increasing euthanasia outcomes for adoptable animals.²

¹ 16 Cal. Code Regs. § 2030(g)(1) – (5).

² In addition to the overpopulation crisis that has been ongoing for decades, in 2020, COVID exacerbated the situation as many spay/neuter providers shuttered due to lack of funding, or stopped services altogether during lockdown. This had disastrous consequences, increasing the number of unaltered cats and dogs and increasing surgical

California, the most populated state in the US, has an opportunity to lead the nation with a positive and effective strategy for the overpopulation of cats and dogs. If non-profit organizations and municipal shelters in California can use the true MASH model, they will directly save animals' lives by preventing births and promoting animal health, while at the same time saving substantial government expense.

In the last 2 two decades Animal Balance (“AB”) has sterilized over 60,000 cats and dogs in 12 countries. Using the MASH clinic model, AB has been able to consistently sterilize (and vaccinate) over 60 animals per day, and 200 animals over a three-day clinic. AB’s current post operative complication rate using the MASH clinic model is 0.9%, and the infection rate is 0.1%. According to the Royal College of Veterinary Medicine, the average complication rates for spay/neuter surgeries range from 2.6% to 33%. Additionally, a peer-reviewed article from UC Davis in 1988 reported a 2.5% infection rate out of 1,100 patients.³

How a MASH Clinic Works

A MASH clinic is set up in a circular fashion. Each patient’s medical record reflects their movement through seven stations: registration/release, weighing and veterinary examination, surgical preparation, surgery, first stage recovery, second stage recovery and release/registration.

Summary of Clinic Layout

The registration desk is Station 1, where the owner’s information and available health history are recorded, and a unique number given to each animal. At Station 2, a California licensed veterinarian, assisted by a technician, weighs the pet and performs a pre-surgical examination to ensure that the pet is healthy enough to be an anesthesia/surgery candidate. AB’s SOPS include strict protocols for age, weight, breed, health grade and surgical risk assessment. Any patient that does not pass the assessment is sent home with advice.

If admitted, the pet is provided pre-medication and then kenneled. The kennel bank stays in the same location all day. (The pets go back into the exact same kennel post recovery.) When it is a patient’s turn for surgery, they are moved to Station 3 for surgical preparation, which is managed by a Lead Registered Veterinary Technician (RVT). This station usually

backlogs appearing at the majority of shelters. While COVID was not the cause of the current crisis, it only made it worse.

³ P. Vasseur et al., Surgical Wound Infection Rates in Dogs and Cats Data from a Teaching Hospital; <https://onlinelibrary.wiley.com/doi/10.1111/j.1532-950X.1988.tb00278>.

has 2-3 two to three RVT's that induce anesthesia under the supervision of the lead veterinarian and then prepare the pet for surgery.

Station 4 is the surgery station, managed by the Medical Director. California veterinarians perform the surgery under standard and strict HQHVSN protocols. Medical staff wear cap and gowns per the SOPs, confirm an animal's identity, sterilize each animal, and put a tattoo by the incision, to prove they are sterilized.

Station 5, "first stage recovery," is within sight and hearing distance of the surgery station so that the veterinarians engage in real time with the Lead RVT to ensure all patients are doing well during the first hour post-surgery. The first stage recovery has four to six experienced RVTs and veterinary assistants monitoring the animals' recovery and supporting the transition to consciousness. Staff removes endotracheal tubes and ensures that the animals are breathing adequately, and their heart rates are in range. They also vaccinate and microchip each animal.

After being medically cleared for second-stage recovery in Station 6, pets are put back in their original cages (cleaned while they were in surgery). The kennels are monitored carefully for any concerning post-op behavior such as lethargy, weakness, pale gums or excessive bleeding. Animals are monitored here for a minimum of 2 two hours. A discharge exam is then performed by a veterinarian or RVT.

The registration desk also operates as the Station 7 discharge desk. Each patient goes home with post-surgery medications, an e-collar, and a video and document to explain the aftercare instructions. In addition, the discharge team verbally explains this and answers any questions. The owner is given an after-hours 24/7 phone number to call in case they have any concerns. Arrangements will have been made ahead of time with a local emergency or private practice clinic to accept any patients as needed, and the payment system will have already been established with the clinics.

MASH clinics sterilize more animals than any mobile spay/neuter van, private practice vet, or shelter clinic (other than one set up for HQHVSN) possibly could, thereby significantly impacting the spay-neuter access problem.

MASH Standard Operating Procedures

As described above, the seven stations are in one space. This allows the veterinarians to be in visual and audio range of the first stage recovery station, so that they can act quickly if there is a medical issue with a patient.

AB has strict SOPs for the entire clinic, especially the surgery suite, with special attention to the maintenance of aseptic technique.

SOP for Maintaining Aseptic Procedures in the Surgery Suite

1. Place yellow/red/orange bright duct tape on the floor around the “surgery suite”.

Spacing:

- Require 10 feet between the tape and the recovery station and prep station.
 - Require at least 3 three feet between the bright floor tape to the surgery table, to all traffic and other items such as tables or equipment (excluding the anesthesia machine, oxygen contractor and supplies that are needed to perform surgery at that surgery table).
2. No exterior door access in the immediate vicinity of the surgery suite.
 3. Windows closed in the immediate vicinity of the surgery suite.
 4. Only necessary veterinary team members allowed within the surgery suite (surgical assistant, anesthesia monitor, patient transport and prep tech).
 5. All individuals in the surgery suite must wear a cap, gown, and mask.
 6. Surgeon also wears a gown.
 7. No use of vacuums in the surgery suite when animals are present.
 8. No fans in the surgery suite.

Animal Balance’s full SOPs <https://sites.google.com/animalbalance.org/animal-balance-handbook/home>

MASH Complication Rates

Because of the relaxation of standard surgery suite requirements, AB has adopted its successful SOPs and continues to monitor rates of infection and other complications, which would presumably be higher than normal if this model created problems. But AB’s infection rate since January 1st, 2025, is 0.1% across all states (12 animals out of 7,126 surgeries), with total complication rate being 0.9 % (67 animals out of 7,126 surgeries).

The MASH clinic protocols and SOPs are easily transferred and taught, and many nonprofit groups, shelters and government entities have been trained in those procedures.

Financial Implications of MASH Clinics and HQHVSN

On average, a city shelter like Los Angeles Animal Services (LAAS) spends \$40 per night per animal. Per LAAS, the average length of stay is 20 days, and the shelter is required to sterilize the animals prior to adoption. 20 days cost the city \$800, so if animals could get out quicker, the savings would be huge.

The mission of Animal Balance (AB) and other similarly situated organizations is to collaborate with communities in need to create sustainable and humane non-human animal management programs to prevent suffering and ignite social change.⁴

Thank you for considering our request.

A handwritten signature in black ink, appearing to read 'Emma Clifford'.

Emma Clifford
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www.animalbalance.org

⁴ Animal Balance has over 3,000 HQHVSN veterinarians, technicians and assistants in its database, with 91 HQHVSN California veterinarians. It alone has sterilized over 60,000 cats and dogs as of this submission.