

Operations & Strategic Planning

APPALACHIAN SHELTER MEDICINE INITIATIVE INC.



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EXECUTIVE SUMMARY

The Appalachian Shelter Medicine Initiative, Inc. (ASMI) is a nonprofit veterinary organization committed to improving animal welfare in Eastern Kentucky through **high-quality, high-volume spay/neuter (HQHVSN)** services and comprehensive shelter medical support. ASMI's mission is to reduce shelter intake, euthanasia rates, and zoonotic disease prevalence by expanding access to affordable, sustainable veterinary care across underserved rural communities, including but not limited to Floyd, Johnson, Pike, Morgan, Magoffin, Knott, and Rowan counties.

ASMI will initially operate through a **mobile HQHVSN clinic**, allowing for rapid deployment of sterilization services to partner shelters and high-need communities while minimizing startup costs and infrastructure delays. In parallel, ASMI will collaborate with the Floyd County Animal Shelter to **explore and incrementally develop a permanent brick-and-mortar facility**, ensuring long-term regional capacity for shelter medicine and surgical services. The Phase 1 mobile clinic capital investment and specifications are summarized in Appendix 1. Illustrative Phase 3 brick-and-mortar facility cost scenarios are detailed in Appendix 2.

In addition to shelter-based sterilization, ASMI will provide **grant-supported spay/neuter services for privately owned pets**, targeting income-limited households and communities with limited veterinary access. National funding opportunities—such as **Bissell Pet Foundation's Fix the Future program**—enable ASMI to address pet overpopulation upstream, reducing owner surrender and shelter overcrowding before animals ever enter the shelter system.

Through this phased, data-driven approach, ASMI seeks to build a scalable, financially responsible model that delivers immediate impact while laying the foundation for a permanent regional center dedicated to shelter medicine, population control, and community partnership.

MISSION STATEMENT

To enhance the quality of life for companion animals and the communities they live in by delivering expert surgical care, disease prevention, and educational outreach through a regional HQHVSN program and facility.

SERVICE AREA

The Appalachian Shelter Medicine Initiative will serve a core region of Eastern Kentucky that includes but not limited to **Floyd, Johnson, Pike, Morgan, Magoffin, Knott, and**

Rowan counties. These counties represent some of the most underserved areas in the state in terms of access to affordable veterinary care and high-volume spay/neuter services. Our mobile outreach and transport partnerships will allow us to extend services beyond county lines, focusing especially on municipal shelters, rescue organizations, and low-income pet owners who often face geographic and financial barriers to care. By strategically positioning our facility in Johnson County and developing collaborative relationships across this seven-county region, the Appalachian Shelter Medicine Initiative (ASMI) aims to significantly reduce shelter intake, euthanasia rates, and preventable disease while promoting responsible pet ownership and improving overall animal welfare throughout Eastern Kentucky.

SERVICES OFFERED

At launch, the Appalachian Shelter Medicine Initiative (ASMI) will focus primarily on delivering **High-Quality, High-Volume Spay/Neuter (HQHVSN)** services through a **mobile surgical clinic**, tailored to the operational realities of animal shelters and rescue organizations across Eastern Kentucky. This approach allows ASMI to rapidly reduce shelter intake and euthanasia by providing timely, reliable sterilization for animals prior to adoption or transfer, while minimizing infrastructure barriers and startup delays.

INITIAL SERVICES (SHELTER-FOCUSED)

- **Mobile HQHVSN Surgery Days:**
High-volume spay and neuter procedures performed using evidence-based anesthesia protocols, efficient surgical technique, and appropriate perioperative pain management.
- **Shelter-Based Service Delivery:**
Partner shelters may transport animals to scheduled mobile clinic locations or coordinate on-site service days, reducing logistical strain and improving access for rural facilities.
- **Preoperative Medical Clearance & Intake Exams:**
Brief physical examinations and surgical clearance assessments to ensure patient safety and fitness for anesthesia.
- **Vaccination and Deworming (Shelter Protocols):**
Core vaccines and parasite control may be bundled with sterilization services for shelters that lack in-house medical capacity.

This shelter-first model ensures immediate population-level impact while building trust, data, and surgical volume necessary for long-term sustainability.

PLANNED EXPANSION OF SERVICES (PUBLIC ACCESS)

As surgical volume stabilizes and funding opportunities allow, ASMI will **expand mobile HQHVSN services to privately owned pets**, prioritizing communities with limited access to veterinary care. This expansion is supported by national grant programs—such as **Bissell Pet Foundation’s Fix the Future initiative**—that subsidize sterilization for income-limited households and address overpopulation upstream.

Planned public-facing services include:

- **Subsidized HQHVSN for Income-Qualified Pet Owners:**
Sliding-scale or grant-funded sterilization services based on household income, geographic need, and funding availability.
- **Targeted Zip Code Outreach:**
Strategic deployment of mobile services informed by shelter intake data, public assistance metrics, and community need.
- **Grant-Backed Community Spay/Neuter Events:**
High-volume service days or recurring outreach clinics offering no- or low-cost sterilization in areas with chronic overpopulation and high surrender rates.

By addressing sterilization needs before animals enter the shelter system, ASMI reduces strain on municipal shelters while supporting responsible pet ownership.

LONG-TERM VISION

As infrastructure, staffing, and funding expand, ASMI envisions adding **broader shelter medical support services**, including treatment of minor wounds, upper respiratory infections, and diagnostic support for intake animals. Additional community-facing services—such as vaccine and microchip clinics—may be offered on a rotating basis throughout the seven-county service area.

All program growth will remain **anchored to ASMI’s HQHVSN foundation**, with services scaled deliberately to maintain medical quality, staff sustainability, and fiscal responsibility.

FACILITY AND REAL ESTATE PLAN

To fulfill its mission of delivering high-quality, high-volume veterinary services across a large underserved region, the Appalachian Shelter Medicine Initiative (ASMI) plans to **eventually acquire and develop** a permanent veterinary facility. This space will serve as

the long-term central hub for surgical operations, staff coordination, and outreach planning.

REAL ESTATE OBJECTIVE

ASMI's facilities and service delivery strategy is intentionally **phased and adaptive**, allowing the organization to respond to regional need, funding opportunities, and infrastructure readiness while maintaining fiscal responsibility.

Phase I: Mobile HQHVSN Operations

ASMI's initial operational priority is to **launch and operate a mobile high-quality, high-volume spay/neuter (HQHVSN) clinic**, enabling immediate regional impact without the delays and capital requirements of full facility development. The mobile unit will operate in partnership with the Floyd County Animal Shelter and other regional shelters, utilizing existing shelter infrastructure for patient intake, recovery, and logistical support where feasible.

In addition to shelter-based services, ASMI will **expand sterilization access for privately owned pets**, particularly in underserved rural communities, as funding permits. Generous grants and national initiatives—such as **Bissell Pet Foundation's Fix the Future program**—support this expansion by subsidizing spay/neuter services for income-limited households, reducing owner surrender and shelter intake upstream.

This mobile-first model allows ASMI to:

- Rapidly deliver sterilization services to shelters and communities with the highest need
- Address overpopulation at both the **shelter and community level**
- Leverage grant-funded opportunities to serve privately owned pets
- Demonstrate measurable outcomes to support future capital investment
- Minimize upfront real estate and construction costs

Phase II: Incremental Brick-and-Mortar Development

Concurrently, ASMI will work collaboratively with the Floyd County Animal Shelter to **incrementally develop a permanent HQHVSN and shelter medicine facility** on or adjacent to shelter property as resources allow. Development may include renovation of existing space, phased interior build-out, or eventual construction of a dedicated facility.

Long-term site considerations include:

- **2,000–5,000+ sq ft** of usable interior space, developed in phases as needed
- Adequate parking and secure access for staff, patient transport, and mobile unit support
- Compliance with zoning and municipal ordinances for veterinary medical use
- Infrastructure capable of supporting surgical equipment, sterilization systems, HVAC, plumbing, and electrical demand

This phased approach ensures **operational flexibility, financial sustainability, and scalability**, allowing ASMI to immediately reduce overpopulation while building toward a permanent regional center for shelter medicine and community spay/neuter services.

FACILITY BUILDOUT AND RENOVATION PLANS

ASMI’s facility development will follow a **phased buildout model**, with initial services delivered through a mobile HQHVSN clinic and long-term infrastructure developed in collaboration with the Floyd County Animal Shelter as funding and operational capacity allow. All facility planning reflects **best practices in shelter medicine and high-volume surgery**, ensuring that permanent infrastructure—when completed—meets nationally recognized standards.

Design and renovation will align with the **ASPCA Spay/Neuter Alliance Facility Guidelines** and the **Association of Shelter Veterinarians (ASV) Guidelines for Standards of Care in Animal Shelters**, with flexibility to scale components over time rather than requiring full buildout at launch.

Planned Permanent Infrastructure (End-State Vision)

- **Surgical Suite:**
One to three surgical tables equipped with gas anesthesia, active waste-gas scavenging, patient warming systems, and immediate access to emergency crash equipment. Surgical capacity will be expanded incrementally as staffing and case volume increase.
- **Sterilization Area:**
Dedicated autoclave and cold-sterilization zones designed to maintain strict unidirectional instrument flow from dirty → clean → sterile, minimizing cross-contamination and improving surgical efficiency.
- **Pre- and Post-Operative Housing:**
Separate, climate-controlled kennel banks designed to reduce noise, stress, and disease transmission during perioperative recovery.

- **Veterinary Exam & Treatment Area:**
Flexible-use space to support intake examinations, minor medical procedures, diagnostics, and emergency triage as shelter medical services expand.
- **Intake & Discharge Zone:**
A designated check-in and discharge area separated from patient care spaces to reduce congestion, improve workflow, and enhance biosecurity.
- **Staff & Storage Areas:**
Dedicated staff workroom; secure pharmaceutical storage, including DEA-compliant installations as applicable; and clearly designated janitorial and environmental services zones.

This phased approach allows ASMI to **deploy mobile services immediately**, while deliberately building a permanent facility that supports high surgical throughput, staff safety, and long-term sustainability without overextending resources during early operations.

DESIGN PHILOSOPHY

The permanent clinic layout will be modeled on the **ASPCA Spay/Neuter Clinic Flow model**, incorporating proven principles of flow efficiency and biosecurity that support high-volume surgical throughput while protecting patient and staff safety. These same principles will also guide the **internal layout and daily workflow of ASMI's mobile HQHVSN clinic**, ensuring consistency in surgical standards, infection control, and staff training across both mobile and fixed settings.

Key priorities include:

- **Minimal animal movement** to reduce stress, handling time, and cross-contamination
- **Clear segregation of clean and dirty processes**, including instrument and patient flow
- **Enhanced staff ergonomics and workflow efficiency** to support sustained high-volume surgery
- **Quiet, low-stress holding environments** that promote patient recovery and disease control

All construction materials and furnishings will adhere to **Association of Shelter Veterinarians (ASV)** recommendations for durability, cleanability, and infection prevention. This includes the use of seamless, nonporous flooring; washable, nonporous

kennel surfaces; and ventilation systems designed to meet appropriate air exchange and infection-control standards.

By applying these principles deliberately and across both mobile and permanent operations, ASMI ensures continuity of care, staff competency, and biosecurity while scaling services responsibly.

CAPITAL INVESTMENT ESTIMATE

ASMI's capital strategy is intentionally **phased** to prioritize immediate impact while maintaining long-term fiscal responsibility. Rather than requiring full facility development at launch, ASMI has structured its capital needs into **two distinct categories**: (1) **Phase 1 mobile surgical infrastructure**, and (2) **future-phase permanent facility development**.

Phase 1: Mobile HQHVSN Capital Investment

The primary capital investment for initial operations is the acquisition of a **fully equipped mobile high-quality, high-volume spay/neuter (HQHVSN) clinic**. This mobile unit enables ASMI to deliver immediate, region-wide sterilization services to shelters and underserved communities without the delays or risks associated with early-stage real estate development. This approach also reduces capital risk, avoids premature real estate commitments, and allows operational data to guide future facility investment.

Based on finalized vendor specifications and pricing, the estimated capital requirement for the mobile clinic is approximately **\$380,000–\$400,000 pre-tax**, depending on final configuration and delivery costs. This investment includes the vehicle chassis, surgical buildout, anesthesia systems, electrical and climate controls, and other infrastructure necessary for compliant, high-volume surgical operations.

A detailed summary of the mobile HQHVSN clinic capital investment is provided in **Appendix 1**.

Future Phase: Permanent Facility Development

Development of a permanent, brick-and-mortar veterinary facility is planned as a **later phase**, contingent on operational stability, funding availability, and community need. Capital requirements for a permanent facility will vary significantly based on property type, existing infrastructure conditions, and the extent of renovations required to meet medical-grade and shelter medicine standards.

Commercial properties suitable for veterinary use in Eastern Kentucky may range from approximately **\$350,000 to over \$750,000** for acquisition alone, depending on size, zoning, and location. In cases where lower-cost properties or existing warehouses are pursued, substantial renovation is typically required to meet standards established by the ASPCA and the Association of Shelter Veterinarians (ASV), particularly related to surgical suite design, sterilization flow, HVAC capacity, and infection control. Renovation costs may range from **\$150,000 to \$500,000**, depending on the scope of retrofitting required.

Accordingly, ASMI projects a total future-phase capital investment for a permanent facility between **\$500,000 and \$1.25 million**, inclusive of acquisition, renovation, surgical infrastructure, and basic operational readiness. This investment will be pursued through a combination of federal and state grant programs, private foundation support, municipal partnerships, and targeted capital fundraising, structured deliberately to align with ASMI's phased growth model.

Illustrative real estate and renovation cost scenarios for a future permanent facility are provided in **Appendix 2**.

THIRD-PARTY FACILITY PARTNERSHIPS

ASMI has evaluated multiple third-party facility partnership models as part of its long-term infrastructure planning. While co-locating HQHVSN services within existing rescue or shelter facilities can, in some cases, reduce startup costs, ASMI has determined that such arrangements are **highly dependent on the condition, readiness, and preservation of existing clinical infrastructure**.

Following site evaluations and changes to available facilities, ASMI will **prioritize mobile HQHVSN operations and direct collaboration with municipal shelter partners** rather than retrofitting privately held rescue properties. This approach reduces capital risk, avoids dependency on external facility control, and ensures that surgical quality, biosecurity, and workflow standards remain fully within ASMI's operational oversight.

ASMI remains open to future facility-based partnerships where infrastructure, governance, and long-term sustainability are aligned; however, permanent clinical development will be pursued deliberately and in coordination with public shelter partners as outlined elsewhere in this plan.

COMMUNITY AND ECONOMIC IMPACT

Establishing a **permanent, standards-compliant veterinary facility over time** will:

- **Provide consistent, long-term spay/neuter access** across a seven-county and greater service region
- **Create sustainable jobs and structured volunteer opportunities** for local residents as operations expand
- **Improve public health outcomes** by reducing zoonotic disease risk through population control and preventive care
- **Serve as a future training site** for rural veterinary externships, technician students, and shelter-medicine-focused education

By deliberately aligning future infrastructure with recognized national standards, ASMI ensures that when a permanent facility is realized, every animal receives care in an environment designed to maximize safety, efficiency, biosecurity, and humane treatment—while allowing immediate impact through mobile HQHVSN services during early phases.

OPERATIONAL SUSTAINABILITY MODEL

To ensure the Appalachian Shelter Medicine Initiative (ASMI) can operate **independently and sustainably**—even in the absence of startup grants or capital subsidies—this operations plan outlines a realistic monthly budget paired with achievable service output targets. The model reflects an **efficient, mobile high-quality, high-volume spay/neuter (HQHVSN) program** designed to meet the needs of shelters and underserved communities across Eastern Kentucky.

Staffing Model

The current operational model is built around a **mobile surgical team** consisting of:

- **One full-time veterinarian**
- **Five full-time veterinary assistants**, forming the core surgical, anesthesia, recovery, and logistics team

This staffing structure supports consistent high-volume surgical days while maintaining medical quality, staff safety, and workflow efficiency.

Monthly Operating Budget

Based on this staffing model, ASMI’s estimated **monthly operating budget** is projected to be **\$48,825**, reflecting the minimum cost required to operate a mobile HQHVSN program at sustainable surgical capacity.

Estimated recurring expenses include:

- **Veterinarian salary:** approximately **\$12,000/month**

- **Veterinary assistant wages: \$18,000–22,000/month**, depending on individual rates
- **Medical and surgical supplies: approximately \$5,000/month**
- **Utilities and operational support costs: approximately \$2,000/month** (including power, water, and site-related fees as applicable)
- **Maintenance and operational upkeep: approximately \$1,000/month**
- **Insurance, licensing, and regulatory compliance: approximately \$1,000/month**
- **Administrative and miscellaneous expenses: approximately \$2,000/month**, including office supplies, software, internet, laundry, and basic outreach or marketing

This budget **excludes debt service, real estate acquisition or lease costs, and capital expenditures**, and represents the baseline operational cost necessary to deliver reliable, high-quality mobile HQHVSN services at scale.

Financial Assumptions

This model assumes:

- Consistent surgical scheduling supported by shelter contracts, municipal partnerships, and grant-backed service days
- Operational efficiency consistent with established HQHVSN benchmarks
- Gradual diversification of revenue sources to reduce reliance on any single funding stream

A detailed estimated monthly budget is provided in **Appendix 3**.

VETERINARY COMPENSATION JUSTIFICATION

ASMI’s operating budget includes a full-time veterinary salary that reflects the scope, responsibility, and sustainability requirements of a high-quality, high-volume spay/neuter (HQHVSN) program. The veterinarian serves not only as the primary surgeon, but also as the medical authority responsible for anesthesia protocols, controlled substance compliance, biosecurity standards, staff training, quality assurance, and clinical risk management across mobile and future fixed-site operations. Competitive, consistent compensation is essential to ensure continuity of care, regulatory compliance, and long-term program stability. This budgeted salary is intentionally set at a conservative but market-appropriate level to support recruitment, retention, and operational resilience without reliance on uncompensated labor or founder subsidy, aligning with best practices for sustainable nonprofit veterinary services.

MINIMUM SERVICE OUTPUT FOR SUSTAINABILITY

To meet this monthly operating need entirely through service revenue, ASMI will rely primarily on spay/neuter procedures and low-cost add-on services (vaccinations, microchips).

Assuming no external funding or grants, the clinic must generate approximately **\$48,825 per month** to break even.

Using an **average revenue of \$75 per surgical case** (a conservative estimate across cat/dog spays and neuters), the minimum number of surgeries required per month is:

$$\frac{\$48,825}{\$75} = 651 \text{ surgeries/month}$$

Assuming a **4-day surgery week** (17 clinic days/month), this equates to:

$$\frac{651 \text{ surgeries/month}}{17 \text{ clinic days/month}} \approx 39 \text{ surgeries/clinic day}$$

This level of throughput is consistent with established HQHVSN operational models and is achievable through streamlined surgical flow, clearly defined staff roles, and efficient use of space and time. Supplemental revenue from bundled vaccine packages, microchipping, and municipal service contracts can further offset operating costs and **reduce reliance on maximum daily surgical volume** when needed.

Based on the corrected operating budget, ASMI's financial break-even point requires an average surgical volume of approximately **38–39 procedures per service day** in the absence of external grant support. This figure represents a **financial sustainability benchmark**, not a required operational target. In practice, daily surgical volume will vary based on case mix, staffing availability, weather conditions, and funding support.

Under typical operating conditions, a representative daily case mix may include approximately **18–22 cats and 12–17 dogs**. On average, feline sterilization procedures require approximately **10–12 minutes**, while canine procedures require **15–20 minutes**, depending on patient size and sex. These timeframes support efficient surgical flow while maintaining appropriate anesthesia monitoring, recovery oversight, and patient safety.

To support this workflow, the veterinarian is expected to operate continuously for approximately **6 to 7 hours per service day**, rotating between **two surgical tables** as appropriate. During this time, veterinary assistants manage patient intake, preoperative preparation, anesthesia induction and monitoring, recovery, and discharge. This coordinated, team-based approach allows ASMI to deliver high-quality, high-volume

surgical services while maintaining appropriate anesthesia monitoring, recovery oversight, and adherence to safety and welfare standards.

This operational structure forms the foundation of a **self-reliant, scalable, and replicable model** capable of delivering lifesaving sterilization services to shelters and underserved communities across the region.

STAFFING MODEL

The staffing model for the Appalachian Shelter Medicine Initiative (ASMI) is designed to support **high-volume surgical efficiency while maintaining patient safety, medical quality, and staff well-being**. The core operational team will consist of **one full-time veterinarian** and **five full-time veterinary assistants/technicians**, a structure consistent with nationally recognized high-quality, high-volume spay/neuter (HQHVSN) programs.

The veterinarian will be responsible for all surgical procedures as well as medical oversight, including anesthesia protocols, perioperative decision-making, quality assurance, and regulatory compliance. The veterinarian's salary is budgeted at approximately **\$12,000 per month**, reflecting the demands of sustained high-volume surgery, medical leadership, and clinical accountability.

Veterinary assistants and technicians will manage patient intake, pre-operative preparation, anesthesia induction and monitoring, surgical support, recovery, and discharge. Each assistant is expected to earn between **\$3,600 and \$4,400 per month**, depending on experience and assigned responsibilities, resulting in a combined estimated monthly wage range of **\$18,000 to \$22,000**.

This **lean but specialized team structure** is intentionally scaled to support a **daily caseload of approximately 30–35 surgeries**, allowing for strong internal coordination, adequate anesthesia monitoring, efficient surgical flow, and minimal downtime between procedures—while avoiding staff burnout and unsafe workload compression.

Please see **Appendix 4** for a detailed staffing model table.

SCHEDULING AND STAFFING EXPECTATIONS

The Appalachian Shelter Medicine Initiative (ASMI) will operate on a **structured yet adaptable daily schedule** designed to support consistent surgical throughput while prioritizing patient safety, staff well-being, and operational efficiency. Scheduling protocols are intentionally standardized but allow for flexibility based on case mix, weather

conditions, staffing availability, and community needs—particularly during mobile clinic operations.

All staff are expected to arrive at approximately **8:00 a.m.** to begin patient intake, record review, and pre-operative preparation. Morning operations focus on intake documentation, physical examinations, sedation, and surgical setup. **Surgical procedures typically begin around 9:00 a.m.** and continue through the early afternoon, with the veterinarian performing surgeries in continuous rotation while veterinary assistants manage anesthesia induction and monitoring, surgical preparation, recovery, and patient flow.

To support quality and safety, ASMI will maintain a **target daily surgical volume** appropriate for staffing and case complexity, with a **maximum daily cap established to prevent fatigue, rushed procedures, or compromised patient monitoring.** Surgical volume may be adjusted on a given day based on animal size, health status, staffing levels, or logistical constraints.

A **staggered lunch and rest period** is built into the midday schedule to ensure uninterrupted patient care while guaranteeing that all staff receive adequate rest. This approach supports sustained performance and reduces burnout in a high-volume surgical environment.

In mobile clinic settings, daily operations may be **modified in response to weather conditions, travel requirements, site-specific limitations, or shelter coordination needs.** ASMI reserves the ability to adjust start times, caseloads, or service delivery as necessary to maintain safety and operational integrity.

Patient discharges, client communication, recovery monitoring, and end-of-day sanitation occur in the late afternoon, followed by equipment checks, restocking, and preparation for future service days. The standard clinic day is expected to conclude by approximately **5:00 p.m.**, with reasonable flexibility based on daily operational demands.

Please see **Appendix 5** for an anticipated daily schedule framework.

PHASED DEVELOPMENT PLAN

The Appalachian Shelter Medicine Initiative (ASMI) will develop its programs through a **deliberate, phased approach** designed to ensure sustainability, community integration, and consistently high-quality veterinary care. This structure allows ASMI to respond to urgent regional need immediately while building long-term capacity in a financially responsible and mission-aligned manner.

Phase 1: Mobile HQHVSN Launch (Initial Operations)

Phase 1 will focus on the **launch of ASMI's mobile high-quality, high-volume spay/neuter (HQHVSN) program**, providing immediate sterilization services to animal shelters, rescues, and targeted communities across Eastern Kentucky. This phase prioritizes rapid deployment, minimal capital risk, and early population-level impact.

Key objectives include:

- Acquisition and deployment of a mobile surgical clinic
- Finalization of mobile-specific licensure and regulatory compliance, including DEA registration
- Hiring and onboarding of core clinical staff (one veterinarian and veterinary assistants/technicians)
- Establishment of service agreements with municipal shelters and rescue partners in counties such as Floyd, Johnson, Pike, and Morgan
- Implementation of standardized HQHVSN protocols and data tracking

During this phase, ASMI will operate at a **conservative initial surgical volume**, with the ability to scale as workflow stabilizes. The focus is on consistency, quality assurance, and demonstrating reliable service delivery rather than maximum throughput.

Estimated capital requirements for the mobile unit are summarized in **Appendix 1**.

Phase 2: Expansion to Grant-Supported Public Access (Mobile-Based)

Once mobile operations reach consistent capacity, ASMI will expand services to include **grant-supported spay/neuter for income-qualified, privately owned pets**. This expansion addresses overpopulation upstream and reduces shelter intake before animals enter the system.

Key components include:

- Sliding-scale or fully subsidized HQHVSN services supported by national and regional grant programs
- Targeted deployment of mobile clinics to high-need zip codes informed by shelter intake data
- Grant-backed community spay/neuter events and recurring outreach days
- Introduction of bundled preventative services (vaccination, deworming, microchipping) for surgical patients

This phase strengthens community trust, diversifies funding sources, and demonstrates ASMI's ability to serve both shelter and community populations without compromising medical quality.

Phase 3: Incremental Brick-and-Mortar Development with Shelter Partner

Phase 3 focuses on the **incremental development of permanent clinical infrastructure** in collaboration with the Floyd County Animal Shelter. Rather than immediate full-scale construction, this phase emphasizes phased renovation or build-out that complements ongoing mobile operations.

Planned developments may include:

- Conversion or enhancement of shelter space to support surgical overflow, intake exams, or recovery
- Expansion of shelter-based medical support services (e.g., minor wound care, URI treatment)
- Increased surgical capacity through combined mobile and fixed-site operations
- Formalization of training opportunities for veterinary technician students and shelter medicine externs

Mobile HQHVSN services will continue during this phase, ensuring uninterrupted regional coverage while permanent infrastructure is developed responsibly.

Phase 4: Long-Term Program Expansion and Regional Capacity Building (Optional)

Phase 4 represents a **long-term, optional growth pathway** contingent on funding availability, workforce capacity, and demonstrated regional need. This phase may include:

- Expansion of preventative and limited wellness services for shelter and community animals
- Development of additional mobile units or satellite service locations
- Application for federal and state rural veterinary access grants, including programs administered through the USDA
- Expansion of clinical staffing, including relief or part-time veterinarians, to support extended service days

- Consideration of dedicated administrative leadership to separate clinical and operational roles as scale increases

All Phase 4 activities are contingent upon maintaining ASMI's core mission, medical standards, and staff sustainability, particularly given ongoing rural veterinary workforce shortages.

Each phase is designed to **build on the operational stability, data, and community trust established in the previous stage**, ensuring that ASMI grows strategically while remaining responsive to the evolving animal welfare needs of Eastern Kentucky.

COMMUNITY IMPACT METRICS

ASMI is committed to delivering **measurable, high-impact outcomes** that improve animal welfare, public health, and access to veterinary care across Eastern Kentucky. Impact will be evaluated through clearly defined quantitative and qualitative metrics tied to surgical output, shelter outcomes, and community access.

Short-Term Impact (Year 1: Mobile Operations)

During the first year of mobile HQHVSN operations, ASMI will track:

- **Total spay/neuter surgeries performed**, with annual volume targets scaled to staffing, funding, and service days rather than fixed maximums
- **Shelter intake and euthanasia trends** among partner shelters, compared to baseline pre-service data
- **Reduction in unplanned litters** reported by shelters and rescues served
- **Post-operative outcomes**, including complication rates and return-to-surgery incidents
- **Geographic reach**, measured by counties and zip codes served through mobile deployment

Rather than prioritizing raw volume alone, ASMI will emphasize **consistent, repeatable service delivery** that produces durable population-level effects.

Community Access & Public-Facing Services

As grant-supported public access services expand, ASMI will monitor:

- **Number of income-qualified, privately owned pets served**

- **Affordability metrics**, including average out-of-pocket cost per client
- **Utilization by high-need zip codes**, informed by shelter intake and public assistance data
- **Participation in grant-backed community spay/neuter events**

These metrics ensure that services remain accessible to households most at risk of surrendering animals due to cost barriers.

Outreach, Education, and Public Health Indicators

ASMI will also evaluate broader community impact through:

- **Frequency and attendance of community clinic days or outreach events**
- **Vaccination and parasite prevention coverage** among surgical patients
- **Disease trends within partner shelters**, particularly for preventable or population-associated conditions
- **Client and partner feedback**, gathered through surveys and follow-up communication

Long-Term Evaluation

Program effectiveness will be assessed annually using:

- Shelter intake and outcome data from partner organizations
- Year-over-year surgical volume and geographic coverage
- Community feedback and partner satisfaction
- Clinical quality indicators, including complication rates and adherence to protocols

These benchmarks allow ASMI to demonstrate its value as a **population-control program, public health intervention, and access-to-care provider**, while maintaining flexibility to adapt operations to the evolving needs of a historically underserved rural region.

MARKETING, OUTREACH, AND FUNDRAISING PLANS

To support long-term sustainability, public trust, and community engagement, ASMI will implement a **coordinated marketing, outreach, and fundraising strategy** that grows alongside program capacity. These efforts are designed to reinforce ASMI's mission,

support operational and capital needs, and expand public understanding of spay/neuter, access to care, and humane animal welfare practices.

Marketing & Communications

Marketing efforts will focus on building a **strong, recognizable regional presence** grounded in transparency, professionalism, and mission-driven storytelling. ASMI will utilize a consistent visual identity, including its custom-designed logo and standardized messaging, across all platforms.

Primary communication channels will include:

- **Social media platforms** (Facebook, Instagram, and TikTok) to highlight mobile clinic operations, patient outcomes, staff spotlights, and community partnerships
- A **professionally designed website** serving as a central hub for service information, public clinic scheduling, donation processing, grant acknowledgments, and impact reporting
- **Print materials** (flyers, brochures, and posters) distributed through shelters, veterinary clinics, libraries, community centers, and pet supply retailers throughout Floyd, Johnson, and surrounding counties

Marketing content will emphasize impact, education, and responsible pet ownership rather than volume alone, reinforcing ASMI's role as a trusted community resource.

Community Outreach & Education

Outreach initiatives will prioritize **education, accessibility, and relationship-building**, particularly in rural and high-intake areas. Rather than fixed monthly commitments, ASMI will offer **periodic community clinic days and outreach events as funding, staffing, and mobile capacity allow**, ensuring quality and safety are maintained.

Outreach activities may include:

- Grant-supported low-cost or no-cost spay/neuter events in underserved communities
- Participation in local events such as adoption days, county fairs, and shelter-hosted clinics
- Humane education programming in collaboration with schools, youth organizations, and community groups
- Informational outreach focused on sterilization, vaccination, and disease prevention

These efforts will be strategically targeted using shelter intake data and community need indicators.

Fundraising & Revenue Development

ASMI's fundraising strategy will be **diversified and phased**, reducing reliance on any single funding source while building long-term financial resilience.

Planned fundraising approaches include:

- **Foundational and programmatic grants** from regional and national animal welfare funders, including PetSmart Charities, Banfield Foundation, and the ASPCA
- **Corporate and local sponsorships**, including support for mobile clinic days, equipment, or outreach initiatives
- **Community-based giving**, such as donor drives, crowdfunding campaigns, recurring monthly donations, and memorial or tribute gifts
- **Capital and government funding**, pursued as municipal partnerships mature, including eligible USDA programs and local ARPA-supported initiatives

Fundraising messaging will emphasize sustainability, measurable impact, and responsible growth rather than short-term expansion.

Strategic Integration

Together, these marketing, outreach, and fundraising efforts will establish ASMI as a **visible, credible, and mission-driven organization** across Eastern Kentucky. By aligning public engagement with operational capacity and phased growth, ASMI will build durable community trust while securing the financial support necessary to sustain mobile HQHVSN services and responsibly develop long-term infrastructure.

CONCLUSION

The Appalachian Shelter Medicine Initiative represents more than a clinical program—it is a **long-term commitment to improving animal welfare, public health, and access to care** across Eastern Kentucky. In a region where veterinary services are limited and shelters face overwhelming, preventable intake, ASMI offers a **practical, compassionate, and sustainable solution** rooted in evidence-based shelter medicine.

By launching with **mobile high-quality, high-volume spay/neuter (HQHVSN) services** and expanding deliberately through community partnerships, ASMI is positioned to deliver immediate population-level impact while building the foundation for lasting regional capacity. This phased approach allows the Initiative to respond to urgent need now, reduce pressure on shelters upstream, and grow responsibly alongside available funding, workforce capacity, and community trust.

ASMI's strategy is grounded in **careful planning, measurable outcomes, and national best practices**, with a clear emphasis on medical quality, staff sustainability, and fiscal responsibility. Through collaboration with municipal shelters, rescue partners, funders, and community stakeholders, the Initiative seeks not only to reduce animal suffering, but to strengthen the systems that support humane outcomes in rural communities.

As ASMI moves forward, it invites the partnership of donors, local governments, shelters, and individuals who believe that **access to veterinary care should not depend on geography or income**. Together, we can build a future in which fewer animals enter shelters unnecessarily, more families are able to care for their pets, and no animal is left untreated or unseen simply because help was out of reach.



APPENDIX

The following appendices provide supporting detail for ASMI's phased implementation strategy. Appendix 1 summarizes the Phase 1 mobile HQHVSN clinic capital investment. Appendix 2 provides illustrative long-term permanent facility cost scenarios. Appendices 3–5 provide operating budget, staffing, and scheduling frameworks.



APPENDIX 1 – MOBILE HQHVSN CLINIC CAPITAL INVESTMENT SUMMARY

(Phase 1: Mobile Operations)

Category	Description	Cost (USD)
Base Mobile Clinic Unit	37-ft diesel mobile spay/neuter clinic (Ford F-650), rear surgery suite, prep/exam area, bathroom, cabinetry, cages, generator, HVAC, electrical, plumbing, and 5-year clinic box warranty	\$317,500
Anesthesia Equipment	Three tabletop anesthesia machines with active waste-gas scavenging system	\$22,550
Surgical Infrastructure	Second V-top surgery table, upgraded primary V-top table, two LED surgical lights	\$9,450
Prep & Exam Enhancements	Upgraded prep table with deep sink and grate, exam light, digital scale	\$5,900
Climate & Cold-Weather Package	Wall heaters (3), cold-weather package	\$3,900
Stability & Exterior Features	Rear stabilizing legs, side power awning, spare tire mount, catalytic converter protection	\$13,900
Electrical & Utility Add-Ons	Exterior power outlets, hot water tank	\$2,200
Delivery (Estimated)	Delivery to Eastern Kentucky (subject to fuel cost fluctuation)	\$6,950
Subtotal – Options		\$64,600
TOTAL CAPITAL COST (Pre-Tax)	Mobile HQHVSN Clinic with Options	\$382,100

All listed components are required to meet surgical safety, anesthesia, and workflow standards consistent with established HQHVSN best practices.

Appendix 2 – Real Estate Cost Scenarios Breakdown

	Category	Renovated Building (Mid-Tier)	Renovated Warehouse (High-Retrofit)	New Construction on Rural Land
	Property Acquisition	\$450,000	\$125,000	\$100,000
	Zoning/Legal Fees	\$5,000	\$7,000	\$10,000
	Architectural & Engineering Plans	\$15,000	\$25,000	\$50,000
	HVAC, Electrical, and Plumbing Upgrades	\$50,000	\$80,000	\$100,000
	Surgical Suite Buildout	\$60,000	\$80,000	\$100,000
	Kennel/Holding Area Renovation	\$30,000	\$50,000	\$60,000
	Sterilization Room & Equipment Setup	\$25,000	\$30,000	\$50,000
	Reception & Admin Area Setup	\$10,000	\$12,000	\$20,000
	Medical Gas/Oxygen Installation	\$15,000	\$18,000	\$25,000
	Cleanable Surfaces & Flooring	\$25,000	\$35,000	\$45,000
	Exterior Signage and Security	\$5,000	\$7,000	\$10,000
	ADA Compliance Upgrades	\$10,000	\$15,000	\$20,000
	IT Infrastructure (Networking, Phones)	\$8,000	\$10,000	\$12,000
	Permit & Inspection Fees	\$3,000	\$4,000	\$5,000
	Contingency (10%)	\$80,000	\$100,000	\$150,000
TOTAL	TOTAL ESTIMATED COST	\$791,000	\$723,000	\$757,000

Appendix 3 – Anticipated Monthly Budget

Category	Estimated Monthly Cost (USD)
Veterinarian Salary (FT or contract)	\$12,000
Veterinary Assistants/Technicians (5 FT)	\$18,000
Surgical Instruments & Packs (Sterile rotation)	\$2,500
Suture, Drapes, and Surgical Consumables	\$3,000
Vaccines & Preventives	\$2,000
Pharmaceuticals (injectables, pain meds)	\$2,000
Anesthetic Agents & Oxygen	\$1,500
Medical Equipment Maintenance	\$500
Utilities & Site Support (power, water, waste, internet, fuel)	\$1,200
Insurance (Liability, D&O, Property)	\$1,000
Office Supplies & Software Subscriptions	\$500
Waste Disposal (Medical & Sanitary)	\$600
Laundry Services or In-House Sanitation	\$300
Marketing & Outreach	\$400
Continuing Education / Licensure	\$1,000
Contingency (5% of operating subtotal)	\$2,325
TOTAL	TOTAL ESTIMATED MONTHLY COST
	\$48,825

Appendix 4 – Staffing Model*

Position	Monthly Salary Range	Primary Responsibilities
Veterinarian	\$12,000	Perform all surgical procedures; oversee medical protocols and patient safety; supervise staff on clinical issues
Veterinary Assistant 1	\$3,600 – \$4,400	Pre-operative preparation, sedation, catheter placement, patient shaving, and induction
Veterinary Assistant 2	\$3,600 – \$4,400	Surgical assistance, including patient positioning, scrubbing, instrument handling, and anesthesia monitoring
Veterinary Assistant 3	\$3,600 – \$4,400	Recovery care, including post-operative monitoring, temperature regulation, medication administration
Veterinary Assistant 4	\$3,600 – \$4,400	Patient flow coordination, cage turnover, assistance in all areas as needed
Veterinary Assistant 5	\$3,600 – \$4,400	Client communication, intake paperwork, discharge instructions, admin tasks, and phone support

*All veterinary assistants are cross-trained; responsibilities may overlap depending on daily caseload, staffing availability, and mobile clinic configuration.

Appendix 5 – Anticipated Daily Schedule Framework

This schedule represents a typical service-day framework and may be adjusted based on caseload, weather, staffing, and mobile clinic logistics.

Time	Activity
8:00 AM - 8:30 AM	Staff Arrival and Morning Prep
8:30 AM - 9:00 AM	Patient Check-in and Physical Exams
9:00 AM - 12:00 PM	Surgical Procedures (Morning Block)
12:00 PM – 1:00 PM	Staggered Lunch Break & Ongoing Recovery Monitoring
1:00 PM - 3:30 PM	Surgical Procedures (Afternoon Block)
3:30 PM - 4:30 PM	Recovery Monitoring and Discharge
4:30 PM - 5:00 PM	Facility Cleaning and Closing Tasks

