Bissell Pet Foundation
Community Wellness Services/Community Clinic Toolkit **submitted 1/2/2026**

I. Marin Humane Background/How and Why our Program Began:

In 1988, Marin Humane established a program to support seniors with the care of their animal companions. Marin Humane recognized the need to lend a hand when senior citizens were faced with a diminished income or when health challenges got in the way of caring for their beloved companion animals. This initial effort offered routine vaccinations, delivery of pet food and supplies, dog walks, cat nail trimming, or trips to the veterinarian.

Over time, we realized the demand for help was growing beyond senior pet guardians and around the same time our overall sheltering philosophy and goals were needing to be focused on ways to prevent animals from being surrendered due to lack of resources In 2018, we raised funds to expand our programs and services, and renamed the program Pet Safety Net .

Today, our Pet Safety Net serves any qualifying low-income Marin County pet guardian; 100% are low to moderate income individuals. We seek to strengthen the beneficial role companion animals play in human health by offering veterinary care (often single-instance urgent care), food, supplies, and services for the cherished pets of qualifying pet guardians.

Staffed by volunteer veterinarians, our quarterly, free, bilingual neighborhood Community Clinics allow us to serve hundreds of pets within their short three-hour duration. Independent of these free clinics, we provide stipends for veterinary care, paid directly to one of 52 regional veterinarians at negotiated discounted rates when possible. We also host pop-up clinics to support pet guardians at encampments for the unhoused and in May 2025, we held our first low-cost Spay Neuter Clinic in response to requests for increased availability and affordability of these vital procedures.

We provide 30,000 pounds of pet food annually to those in need, including deliveries to the homes of housebound people, at our free clinics, our pet food pantry, and through local human food banks. We also connect participants with our behavior team for free pet behavior consultations or training needs.

We've observed that in general, animals seen repeatedly at our free community clinics are healthier because of the consistent veterinary care they've received; 88 of the 103 attendees at our last clinic in July 2025 had been to at least one other free clinic since we held our first one in December of 2020. Each of our clinics is now an annual event in four Marin County neighborhoods identified as lower socio-economic and we are heartened by this evidence of the efficacy and impact of our free clinics where hundreds of pets are seen in a short three-hour window!

In 2024, at the request of a funder, we conducted a survey of our senior Pet Safety Net clients. Ninety-five percent of respondents reported improved health and reduced stress, and 91% reported improved mental health as a result of program participation. Some quotes from our last survey are listed below:

"The program has helped me so much, improved my life & that of my beloved cats! Thank you!"
"Thank you so very much for the many years of help. I couldn't have supported my kitties without your loving compassionate care & assistance due to my extremely low income."
"Your service is remarkable & a real blessing."

II. Actionable Advice (our top 13 tips regarding setting up mobile clinics):

1. Cultivate relationships with veterinarians in your community.

We rely on volunteer veterinarians to provide examinations during our clinics, as our shelter veterinarians already work full time caring for shelter animals. The volunteer veterinarians support our mission to provide basic medical care for the pets of low-income families in our community. They also understand that providing these services does not take away business at their own clinics, as in many cases, the cost of veterinary care precludes the pets from receiving treatment at all.

We recognize and express appreciation for the veterinarians on our social media channels and in our publications and have nominated them for special awards. Several of them have shared that new clients have switched to their practices after learning about their volunteer work.

2. Finding locations can be a challenge.

We typically bring our 26-foot mobile adoption vehicle along with two to three vans to each clinic. We need enough space for these vehicles, to accommodate up to 200 people waiting in line, treatment areas for up to four veterinarians, as well as space for check-out and free supplies. Finding a large enough location can be a challenge.

Our staff used aerial mapping to locate potential locations and then contacted the property owners or managers to get permission to use the location. We provide a Certificate of Insurance, and some organizations require a signed use agreement.

We used census data to identify four areas in our county with a higher population of low-income families. Our clinics are held quarterly, so we provide one in each identified community once per year. We have found that school parking lots, community centers, churches, and community medical clinics are good locations. In one community, we use a commercial building parking lot because it has a covered section to use if there is inclement weather.

3. Start small and with a low or no PR push.

Our first community clinic was in December 2020. We selected the location, notified our client list, and created flyers to distribute to food banks near the location. This "soft launch" helped us

identify what worked and what needed to be improved at future clinics. We solicited feedback from staff and volunteers by email and in debrief sessions after each clinic held in new locations, as each site has its own logistical strengths and challenges.

Subsequent clinics have been advertised in advance on our website and social media, with flyers distributed by our animal service officers, and through local social and community service partners. We also notify the offices of local elected officials serving that location.

4. Organization is key.

A site plan that efficiently manages the flow of people and pets from check-in to check-out is important. Site maps are shared with staff and volunteers ahead of time, so they know where to park and how to set up the supplies and equipment for each station. Supplies and equipment are well marked for easy distribution to the correct station.

5. Determine if going Hi-Tech or paper, or both during the clinic.

We initially decided to use carbon copy forms due to concerns about spotty Internet access, the potential to not have access to power, and other technological challenges. We wanted clients to be able to leave with information about the treatments and services each pet received. As our clinics grew, we saw that many of our clients were not in our database, and entering each person and their pet was not feasible during a fast-paced clinic. Staff and volunteers (with good handwriting) fill out the forms rather than the clients. We know of another shelter that chose to use technology. They have their clinics inside a building at the same location each time, so they have reliable internet and access to power. They also have a high-volume spay/neuter clinic, so most of the clients are already in their database.

However, we can use our shelter database app via cell phone if there is good cell phone coverage on site and when we need to search for a client's information and/or communicate back to the shelter.

6. Pack the necessary supplies.

Check-in: Clipboards with a storage compartment to hold pens and extra forms, Post-it notes, slip leads, dog water bowls and water, and poop bags. We also bring a big supply of cat crates that open on top (versus the front), which we collect from shelter donations. Some cat guardians bring their cats to the location just in their arms or in some insecure containers. A crate with a top lid is more convenient to use during an exam.

Treatment area: Vaccines, needles, syringes, sharps containers, nail clippers, muzzles, styptic powder, grooming wipes, towels, disinfecting solution, gloves, microchips, microchip scanners, extra batteries for scanners, eye and ear scopes, ear cleaning supplies, variety of medications for minor ailments (antibiotics, dewormer, flea meds, etc.), snacks and beverages for staff and volunteers.

Check-out: Handouts (potential side effects, resource guide, etc.), highlighters, stapler, pens, small bags of dog and cat food, other pet supplies (top load cat carriers, leashes, collars, harnesses, leashes, clothes, etc.)

7. Make assignments ahead of time.

Our clinics would not be possible without the support and participation of many people. Check-in: We have a person dedicated to greeting people and assigning numbers as people arrive. Another person assists with line management (maintaining space around a reactive dog, providing a crate for a cat, etc.). We have five to six people providing check-in. At least two of these people are shelter staff who also check medical histories and determine which vaccines are needed.

Treatment area: We have one staff person who manages the flow in this area by quickly getting the next pet in line to the next available treatment area. All cats are treated in the adoption vehicle, with one veterinarian and an assistant inside the entire time, treating only cats. This is critical for the safety of the cats. There are also three veterinarians with two to three assistants each stationed outside the mobile adoption unit where they treat dogs.

Check-out: We have one person who prepares each packet of information for the clients (copy of treatment form, handouts, microchip information, etc.). Three to four people go over the information with the clients. There are also several volunteers distributing the packages of pet food and helping fit collars and harnesses.

Training of staff and volunteers must include a discussion of not being judgmental. We accept all who come for help. Many are struggling to meet their own needs and may have delayed care for their pets. Some new staff and/or volunteers may not have had experience with these neighborhoods or situations, and it is important to remind staff and volunteers of the importance of providing a warm welcome to everyone seeking resources for their beloved animals.

8. Recruit Spanish speakers and have materials in both Spanish and English.

Don't rely solely on Google translate to convert your exam forms or certificates into another language! Having people who speak Spanish at every station is especially important in our community, where many clients prefer to communicate in Spanish. Provide written materials in Spanish and be sure to have translations reviewed by native speakers before printing, especially given the unique terms or acronyms in our field.

9. Aim for consistent staff and location sites.

The more familiar everyone is with the location and routine, the easier each clinic becomes!

10. Monitor the costs.

Managing expenses, financial support, and In-Kind support is necessary for your organization's budget, fundraising needs, and reports for grant makers. One recent cost-saving measure we

have taken is to no longer offer flea medications to all animals. Instead, we issue the medication only if the veterinarian sees fleas at the time of the exam.

11. Consider paying stipends to the veterinary assistants or technicians.

Finding veterinary assistants and/or registered veterinary technicians to work at our clinics was harder than finding veterinarians to volunteer, so we decided to pay the assistants a $100 stipend for their help.

12. Be sensitive about photographing people and their pets at the clinic.

We recommend finding an experienced volunteer or employee photographer to take photos of the clients and their pets. They need to be sensitive about photographing families as some may not want to be identified as needing assistance or if there are young children with them. Our policy is to ask for permission to take their photograph first and then have the clinic participants sign a photo release waiver. The high-quality photos taken are used in social media posts, publications, and in grant reports.

13. Emphasize acceptance.

We ask about spaying and neutering and offer to help with accessing it but will not refuse anyone who does not share our opinions about it. If someone brings a litter of puppies to one of our clinics, we will provide an examination and care for each puppy or kitten and talk to the guardian about ways we can offer assistance (and the benefits with) spaying and/or neutering the mother or father of the litter. And when possible, we offer an appointment right away, even providing transport to our clinic that day, and we make arrangements for the pets to go home after surgery on the following Monday afternoon. Our first priority is to the health of these pets; our mission of increasing the number of animals spayed and neutered can follow! Not vaccinating a litter of puppies could potentially result in parvo or distemper cases in the community. Building trust and offering support, meeting pet guardians where they are at, will create stronger connections with us and the families with pets in our community.