● Spay/Neuter Acknowledgment ●

Emergency Veterinary Funding Assistance Program

Emergency care comes first. EACH requires spay/neuter only when a licensed veterinarian determines it is medically safe and appropriate. A veterinarian may recommend postponement or determine that surgery is not appropriate.

Pet's Current Status

Client name: _____ **Pet name:** _____

Is your animal spayed or neutered? Select one.

☐ **YES - ALREADY SPAYED/NEUTERED. STOP HERE. Skip directly to the signature at the bottom of this page.**

☐ NO. My pet is not currently spayed or neutered.

☐ UNSURE. I do not know whether my pet is spayed or neutered.

☐ MEDICALLY DEFERRED. A veterinarian has advised that spay/neuter should be postponed or may not be medically appropriate.

Veterinarian or clinic, if medically deferred: _____

Agreement & Authorization for Follow-Up

Complete this section only if you selected NO, UNSURE, or MEDICALLY DEFERRED above.

If I selected NO, I agree to pursue the procedure when medically safe. EACH may connect me with low-cost or subsidized resources but cannot guarantee availability, scheduling, or payment.

If I selected NO, UNSURE, or MEDICALLY DEFERRED, I authorize EACH to contact me about six months after emergency services, or at another medically appropriate time, to verify my pet's status and share resources. I agree to respond and update EACH if my contact information changes.

Please check each box

☐ I understand and agree to the spay/neuter requirement when medically safe.

☐ I authorize EACH to contact me about this requirement and available resources.

☐ I understand that a licensed veterinarian's medical guidance takes priority.

Signature acknowledgment: I confirm the status selected above. If applicable, I agree to the requirements and follow-up authorization.

Client Signature: _____ **Date:** _____

Printed client name: _____