

Please initial next to each statement to indicate that you have read and understand the following:

**RESPONSIBILITIES OF YOUR ORGANIZATION**

- \_\_\_\_\_ Your organization is responsible for understanding your state regulations regarding your state's veterinary practice act and state pharmacy laws, and for keeping up with any changes. Each state is different, and you should periodically check to ensure you are in compliance. ASPCA Spay/Neuter Alliance does not provide legal advice or advice on complying with these laws. You should consult an attorney for legal advice on compliance of laws.
- \_\_\_\_\_ Your organization agrees to provide ASPCA Spay/Neuter Alliance with updated contact information as changes in management and/or location occur.
- \_\_\_\_\_ When at ASPCA Spay/Neuter Alliance for training, your organization understands that ASPCA Spay/Neuter Alliance may take photographs, videos, or written statements of any organization representative or employee and use those images or statements for ASPCA Spay/Neuter Alliance's promotional, grant-writing, and social media purposes.
- \_\_\_\_\_ Your organization is responsible for meeting the ASPCA Spay/Neuter Alliance Veterinary Standards of Care. While your veterinarian will have significant discretion regarding the medical protocol used at your clinic, the ASPCA Spay/Neuter Alliance Veterinary Standards of Care must be met at all times.
- \_\_\_\_\_ Your organization will be responsible for "institutional memory" in regard to the ongoing adherence to the [http://humanealliance.org/elearning/Veterinary\\_Standards\\_Of\\_Care.pdf](http://humanealliance.org/elearning/Veterinary_Standards_Of_Care.pdf) despite staffing changes. You can send new staff through additional *Spay/Neuter Surgical Team Training*.
- \_\_\_\_\_ Your organization will be responsible for obtaining a temporary license for your veterinarian in the state of North Carolina to facilitate training – please contact us at [mentorship@aspca.org](mailto:mentorship@aspca.org) for your instructor's name, email address and license number. We encourage you to begin this process two months prior to your training date.
- \_\_\_\_\_ Your organization will be responsible for the Spay/Neuter Surgical Team Training fees, salaries, travel expenses, and room and board expenses for your training team for the week they are in Asheville.
- \_\_\_\_\_ Upon completion of your training, ASPCA Spay/Neuter Alliance will provide a written evaluation for each team member of your organization who attended training.

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Initialed by:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_