

# Monterey County Board of Supervisors Referral Submittal Form

**Referral No. 2024.01**  
**Assignment Date: 02/06/2024**  
(Completed by CAO's Office)

**SUBMITTAL - Completed by referring Board office and returned to CAO no later than noon on Thursday prior to Board meeting:**

Date: 1/26/24	Submitted By: Supervisor Lopez	District #: 3
Referral Title: Spay, neuter and pet surrender education		
Referral Purpose: Determine the possibility of the County of Monterey developing a grant program to support local non-profits to provide for and expand upon the available pet/animal education to the community with direction from County of Monterey Animal Services.		
Brief Referral Description (attach additional sheet as required): The County of Monterey currently partners with local non-profits to spay and neuter dogs and cats. Education is a crucial component of spay and neuter programs as it helps promote responsible pet ownership, reduce overpopulation, and improve animal welfare. Education can help prevent unplanned litters and reduces the financial burden on pet owners and our shelter.  Educating the public on how to responsibly abandon animals at shelters is essential for promoting animal welfare, reducing the burden on shelters, and ensuring that animals receive the care and attention they need. It can lead to more compassionate and responsible pet ownership practices while also benefiting the larger community.  At this time education is the responsibility of the County's Health Department through Hitchcock Road Animal Services. There appears to exist an opportunity to work with trusted partners, in the form of local non profits, to help educate our communities with a focus on reducing the abandonment of animals while increasing registrations and vaccinations of pets.		
<b>Classification - Implication</b>	<b>Mode of Response</b>	
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input type="checkbox"/> Social Policy <input type="checkbox"/> Budget Policy <input checked="" type="checkbox"/> Other:	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input type="checkbox"/> Presentation	
	<b>Requested Response Timeline</b>	
	<input type="checkbox"/> 2 weeks <input checked="" type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> Status reports until completed <input type="checkbox"/> Other: _____ <input type="checkbox"/> Specific Date: _____	

**ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO's Office:**

Department(s): <a href="#">Health Department</a>	Referral Lead: <a href="#">Elsa Jimenez</a>	Board Date: <a href="#">02/06/24</a>
--	---	--------------------------------------

**REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:**

Department(s):	Referral Lead:	Date:
----------------	----------------	-------

**ANALYSIS - Completed by Department and copied to Board Offices and CAO:**

Department analysis of resources required/impact on existing department priorities to complete referral:									
Analysis Completed By: _____  Date: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Department's Recommended Response Timeline</th> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> By requested date         </td> </tr> <tr> <td> <input type="checkbox"/> 2 weeks    <input type="checkbox"/> 1 month    <input type="checkbox"/> 6 weeks    <input type="checkbox"/> 6 months         </td> <td></td> </tr> <tr> <td> <input type="checkbox"/> 1 year    <input type="checkbox"/> Other/Specific Date: _____         </td> <td></td> </tr> </table>	Department's Recommended Response Timeline		<input checked="" type="checkbox"/> By requested date		<input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months		<input type="checkbox"/> 1 year <input type="checkbox"/> Other/Specific Date: _____	
Department's Recommended Response Timeline									
<input checked="" type="checkbox"/> By requested date									
<input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months									
<input type="checkbox"/> 1 year <input type="checkbox"/> Other/Specific Date: _____									

---

**REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:**

Referral Response Date:	Board Item No.:	Referrals List Deletion:
-------------------------	-----------------	--------------------------

**Note:** Please cc Karina Bokanovich, and Rocio Quezada on all CAO correspondence relating to referrals.