

**March 11, 2025**  
**Board Room 1**  
**9:00 a.m.**

**Agenda**  
**Virginia Board of Veterinary Medicine**  
**Full Board Meeting**

---

**Call to Order – Jeffrey Newman, DVM, Board President**

**Page 1**

- Welcome
- Emergency Egress Procedures
- Mission Statement

---

**Ordering of Agenda – Dr. Newman**

---

**Public Comment – Dr. Newman**

The Board will receive all public comment related to agenda items at this time. The Board will not receive comment on any regulatory process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

---

**Approval of Minutes – Dr. Newman**

**Pages 2-17**

- October 21, 2024 – Full Board Meeting (**pp 2-7**)
- October 21, 2024 – Formal Hearing (**pp 8-11**)
- December 2, 2024 – Formal Hearing (**pp 12-14**)
- December 2, 2024 – Summary Suspension Consideration (**p 15**)
- January 15, 2025 – Legislative/Regulatory Committee Meeting (**pp 16-17**)

---

**Agency Director’s Report – Arne Owens, Director**

---

**Legislative/Regulatory Report – Erin Barrett**

**Pages 18-55**

- Regulatory Update
  - Current regulatory actions (**pp 18-19**)
  - Proposed regulatory changes to Chapter 20 (**pp 20-55**)

---

**Discussion**

**Pages 56-137**

- 2024 Healthcare Workforce Data Center Reports – **Dr. Yetty Shobo/Dr. Barbara Hodgdon**
  - Veterinarians (**pp 56-88**)
  - Veterinary Technicians (**pp 89-121**)
- Virginia Veterinary Medical Association Annual Conference – **Dr. Newman/Kelli Moss**
- Large Animal Veterinarian Shortage Study Workgroup (**pp 122-137**) – **Ms. Moss**
- Treatment and Transport of Working Canines Workgroup – **Ms. Moss**

---

**Board Counsel’s Report**

---

**President’s Report – Dr. Newman**

---

**Board of Health Professions Report – Ms. Moss**

---

**Staff Reports**

**Page 138**

- Executive Director’s Report – **Ms. Moss**
    - Staffing updates
-

- 
- Statistics (**pp 138**)
  - Outreach
  - Discipline Report - **Claire Foley, JD**

---

**New Business – Dr. Newman**

---

**Next Meeting – Dr. Newman/Ms. Moss**

- July 29, 2025 - Next full board meeting

---

**Meeting Adjournment – Dr. Newman**

---

This information is in **DRAFT** form and is subject to change.

**DRAFT**

# MISSION STATEMENT

---

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

### **Call to Order**

The October 21, 2024, Virginia Board of Veterinary Medicine (Board) meeting was called to order at 9:01 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 4, Henrico, Virginia 23233.

### **Presiding Officer**

Thomas B. Massie, Jr., DVM, President

### **Members Present**

Richard G. Bailey, DVM  
Jeffery B. Newman, DVM, Vice-President  
Steve Linas, OD, Secretary  
Patricia Seeger, LVT, BBA  
Margaret J. Rucker, DVM

### **Member Attending Electronically**

Bruce M. Bowman, DVM, who was recently appointed to the Board, was approved by the President of the Board to participate electronically due to a scheduling conflict that prevented travel to the Richmond office for the meeting.

### **Staff Present**

Kelli Moss, Executive Director  
Erin Barrett, Director of Legislative and Regulatory Affairs  
Claire Foley, Deputy Executive Director  
Brent Saunders, Assistant Attorney General, Acting Board Counsel  
Laura Jackson, Board Administrator  
Laura D. Paasch, Senior Licensing & Operations Specialist  
Taryn Singleton, LVT, Discipline Case Specialist

### **Public Present**

Jake Tabor, Legislative Specialist at Virginia Farm Bureau Federation  
Aaron R. López, JD, Political Capital

### **Establishment of Quorum**

With seven board members in attendance, including one member participating via electronic communication, a quorum was established.

## **Introductions**

Dr. Massie noted that, since the Board's last meeting, new board members have been appointed and there have been changes to staff and board counsel. Dr. Massie introduced new board members Dr. Margaret Rucker and Dr. Bruce Bowman and welcomed them to the Board.

Dr. Massie welcomed Claire Foley, who succeeded Ms. Moss as the Board's deputy executive director in September.

Dr. Massie noted that the Board's former counsel, Laura Booberg, has accepted a position at DHP in the administrative proceedings division. He introduced Assistant Attorney General Brent Saunders, who was present as board counsel for the meeting.

## **Ordering of Agenda**

Dr. Massie opened the floor to any edits or corrections regarding the agenda. Hearing none, the agenda was accepted as presented.

## **Public Comment**

The Board received public comment from Mr. Aaron R López who stated he is seeking guidance on the Board's position regarding FIP (feline infection peritonitis) treatment. He reported the Food and Drug Administration (FDA) stated on May 10, 2024, that in the absence of an FDA-approved drug to treat FIP veterinarians can prescribe GS-441524 from a licensed compounding pharmacy. This would hopefully deter pet owners from sourcing products from the black market, which may put their license in jeopardy. He opined that the black-market websites are practicing medicine without a license and without oversight will do major harm, as has been observed in similar past circumstances. Dr. Massie thanked Mr. López for his comments.

## **Approval of Minutes**

Dr. Massie opened the floor to any additions or corrections regarding the draft minutes from the following meetings:

- June 3, 2024, Full Board meeting
- July 3, 2024, Conference call

Hearing no additions or corrections, the minutes were approved as presented.

## **Legislative/Regulatory Report**

Ms. Barrett provided the report on legislative and regulatory activity.

Ms. Barrett stated the Legislative/Regulatory Committee and Inspections Committee had each recommended extensive regulatory reductions and revisions after a Notice of Intended Regulatory Action (NOIRA) was adopted by the Board at its October 13, 2022, meeting to implement a periodic review. In the interim the Board has taken other regulatory action as required and this, along with subsequent legislative acts, impact the 2022 recommended

revisions. Ms. Barrett recommended reconvening a Regulatory Committee to conduct an in-depth review of the periodic changes and present a more current regulatory action to the board at its next meeting.

Dr. Newman moved to convene a Regulatory Committee comprised of members to be appointed by the Board's president, to comprehensively review the 18VAC150-20 2022 NOIRA and prepare recommendations for the Board's consideration at its next meeting. The motion was seconded by Dr. Bailey and carried unanimously.

Ms. Barrett presented proposed regulatory action to reduce licensure requirements by endorsement for the Board's consideration.

Dr. Rucker moved to adopt proposed regulations reducing requirements for licensure by endorsement for veterinarians as discussed by the Board. The motion was seconded by Dr. Linas and carried unanimously.

Ms. Barrett presented proposed revisions to clarify Guidance Document 150-3 Preceptorships and Externships for Veterinary Technician Students.

Dr. Newman moved to accept revisions to Guidance Document 150-3 as presented. The motion was seconded by Dr. Rucker and carried unanimously.

Ms. Barrett presented proposed revisions to Guidance Document 150-4 Guidance Regarding "Chip" Clinics Outside of Approved Facilities, to comply with legislation effective July 1, 2024.

Dr. Newman moved to accept the revisions to Guidance Document 150-4 as presented. The motion was seconded by Dr. Bailey and carried unanimously.

## **Discussion Items**

AAVSB Annual Meeting:

Dr. Massie reported that he, Ms. Seeger, and Ms. Moss represented the Board at the American Association of State Regulatory Boards' (AAVSB's) annual conference in September on Coronado, California. Also in attendance was the Board's former executive director, Leslie Knachel, who was recognized for her contributions to the AAVSB for the past fourteen years. Additionally, he reported board staff Kelly Gottschalk, DVM, and Taryn Singleton, LVT, attended as both serve on committees for the AAVSB.

Information included presentations on the national examinations for veterinarians and veterinary technicians; diversity, equity and inclusion; DEA-controlled drugs; and the VCPR and telehealth.

Dr. Massie reported that the International Council for Veterinary Assessment (ICVA) announced the expansion of its testing windows from two to three times per year, beginning with the 2025-2026 testing cycle for national examinations for veterinarians and veterinary technicians and discussed changes to its retake policy.

Ms. Moss provided additional information regarding the ICVA's updated retake policy.

- Candidates have up to five attempts to pass the North American Veterinary Licensing Examination (NAVLE).
- All attempts since the NAVLE was implemented in 2000 will count toward the five-attempt limit.
- This policy applies to all candidates.
- Candidates who reach the five-attempt limit may file an appeal with the ICVA Board of Directors to request permission to take the NAVLE beyond this limit.

Ms. Moss reported that candidates who have not applied for licensure in Virginia are contacting the Board requesting it file an appeal on their behalf to obtain permission for additional retakes of the NAVLE. The Board discussed its position regarding this matter.

Dr. Bowman moved to adopt a position that the Board does not support any candidate for additional attempts to take the NAVLE beyond the five allowed by the ICVA. The motion was seconded by Dr. Rucker and passed unanimously.

Ms. Moss provided information on the Veterinarian Shortage Study Workgroup's first year activities.

Ms. Moss stated the Board is providing consultation for a medical services advisory board to develop guidelines for the treatment and transport of working canines injured in the line of duty, pursuant to HB 1309 effective July 1, 2024. The first meeting of the advisory board was held on October 17, 2024.

Ms. Moss provided an update on the licensing reciprocity agreement between Washington, DC, Maryland and Virginia, which the DC board considered at its most recent meeting. No action has been taken at this time.

### **Board Counsel's Report**

Mr. Saunders gave a status update on the appeal of a 2022 discipline case, which is scheduled before the Virginia Court of Appeals on November 19, 2024.

### **President's Report**

Dr. Massie stated he had no information to report to the Board.

### **Board of Health Professions' Report**

Ms. Moss reported that to date the Board of Health Professions does not have a meeting scheduled and that no new board members have been appointed by the governor. As there are currently eleven members constituting a quorum of the board, the board members will be polled to determine whether a meeting can be scheduled before the end of the year as required.

### **Staff Reports**

Ms. Moss provided licensing statistics and the following additional information to the Board:

- Impact Makers, a technology consulting firm, is conducting business analysis to update and reengineer licensing application processes.
- A new senior licensing specialist for veterinary medicine has been hired and is scheduled to start on October 25, 2024.
- A new part-time discipline support specialist has been hired to assist with establishment applications and compliance.
- Outreach – Taryn Singleton is creating additional educational information for students in LVT programs and for webinars.
- Kelly Smith, Director of Communications, is working with staff to develop a newsletter to increase board engagement.
- VCU is looking for a DVM to speak to students in pre-healthcare educational tracks to provide information about the field of veterinary medicine.

Ms. Foley provided an update on open and closed discipline cases.

### **New Business**

#### Elections

Dr. Massie provided information from the bylaws regarding officer elections.

- President  
Dr. Bailey moved to nominate Dr. Newman as president which was seconded by Dr. Rucker. No other nominations were received. The motion carried with seven votes in favor for Dr. Newman to serve a one-year term as President, beginning January 1, 2025.

Dr. Massie will complete his current term as president up to December 31, 2024.

- Vice-President  
Dr. Linas moved to nominate Dr. Bailey to serve a second term as vice-president. The motion was seconded by Dr. Newman. No other nominations were received. The motion carried with seven votes in favor for Dr. Bailey to serve a second one-year term as vice-president, beginning January 1, 2025.

Dr. Bailey will complete his current term as vice-president up to December 31, 2024.

- **Secretary**

Dr. Newman moved to nominate Dr. Rucker to serve as Secretary. The motion was seconded by Dr. Bailey. No other nominations were received. The motion carried with seven votes in favor for Dr. Rucker to serve a one-year term as Secretary, beginning January 1, 2025.

Dr. Linas will complete his current term as secretary up to December 31, 2024.

### **Next Meeting**

The next full board meeting is scheduled for March 11, 2025.

### **Adjournment**

With no objection, Dr. Massie adjourned the meeting at 12:36 PM.

---

Kelli Moss  
Executive Director

**VIRGINIA BOARD OF VETERINARY MEDICINE  
FORMAL HEARING MINUTES  
DEPARTMENT OF HEALTH PROFESSIONS  
BOARD ROOM 4  
HENRICO, VA  
October 21, 2024**

**CALL TO ORDER:** The meeting of the Virginia Board of Veterinary Medicine (Board) was called to order at 1:35 p.m. on October 21, 2024, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 4, Henrico, Virginia.

**PRESIDING OFFICER:** Thomas Massie, D.V.M., President

**MEMBERS PRESENT:** Richard Bailey, D.V.M.  
Jeffery Newman, D.V.M.  
Margaret Rucker, D.V.M.  
Patricia Seeger, L.V.T.

**QUORUM:** With five members of the Board present, a quorum was established.

**STAFF PRESENT:** Claire Foley, Deputy Executive Director  
Heather Pote, Senior Discipline Case Specialist

**BOARD COUNSEL:** Brent Saunders, Assistant Attorney General

**COURT REPORTER:** Juan Ortega, Ortega International Reporting

**PARTIES ON BEHALF OF THE COMMONWEALTH:** Mandy Wilson, Assistant Attorney General II

**COMMONWEALTH WITNESSES:** Gabriella Haggard  
Scott Dillon, Sr. Investigator

**RESPONDENT WITNESSES:** Mitchell Rode, DVM  
Michaela Rupp  
Claire Summers, DVM

**OTHERS PRESENT:** Kimberly Adkins  
Stew Nuckols

**MATTER SCHEDULED:**

**Claire Summers, Veterinarian**

Dr. Summers appeared before the Board in accordance with a Notice of Formal Hearing dated January 29, 2024. She was represented by Michael Thorsen, Esq. The Board received evidence from the Commonwealth and from Dr. Summers and her counsel regarding the allegations in the Notice.

**CLOSED SESSION:**

Dr. Bailey moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia (“Code”) for the purpose of deliberation to reach a decision in the matter of **Claire Summers, Veterinarian**. Additionally, he moved that Mr. Saunders and Ms. Foley attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded by Dr. Rucker and carried unanimously.

**RECONVENE:**

Dr. Bailey moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Rucker and carried unanimously.

The Board reconvened in open session pursuant to § 2.2-3712(D) of the Code.

**DECISION:**

Dr. Bailey moved to issue a reprimand to Dr. Summers and to require 6 hours of continuing education in the subject of equine anesthesia, and that the basis for this decision will be set forth in a final Board Order that will be sent to Dr. Summers at her address of record. The motion was seconded by Dr. Newman and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions and decision of this quorum of the Board.

**RECESS:**

The Board recessed at 7:35 p.m.

**RECONVENTION:**

The Board reconvened at 8:06 p.m.

**PRESIDING OFFICER:** Thomas Massie, D.V.M., President

**MEMBERS PRESENT:** Richard Bailey, D.V.M.  
Jeffery Newman, D.V.M.  
Patricia Seeger, L.V.T.

**QUORUM:** With four members of the Board present, a quorum was established.

**STAFF PRESENT:** Kelli G. Moss, Executive Director  
Claire Foley, Deputy Executive Director  
Heather Pote, Sr. Discipline Case Specialist

**BOARD COUNSEL:** Brent Saunders, Assistant Attorney General

**COURT REPORTER:** Juan Ortega, Ortega International Reporting

**PARTIES ON BEHALF OF THE COMMONWEALTH:** Emily Tatum, Sr. Adjudication Specialist,  
Administrative Proceedings Division

**COMMONWEALTH WITNESSES:** Martha Miller, Regional Manager, Enforcement  
Division  
Jessica Streeter

**RESPONDENT WITNESS:** Melissa Gomes, Ph.D.

**OTHERS PRESENT:** Nikki Crayton

**MATTER SCHEDULED:** **Chelsey LaMendola, Veterinary Technician**

Ms. LaMendola appeared before the Board in accordance with a Notice of Formal Hearing dated July 3, 2024. She was represented by Nora Ciancio, Esq. The Board received evidence from the Commonwealth and from Ms. LaMendola and her counsel regarding the allegations in the Notice.

**RECESS:** The Board recessed at 11:46 p.m. and will reconvene at the earliest opportunity to proceed with the formal hearing.

---

Kelli G. Moss, Executive Director

**VIRGINIA BOARD OF VETERINARY MEDICINE  
FORMAL HEARING MINUTES  
DEPARTMENT OF HEALTH PROFESSIONS  
TRAINING ROOM 1  
HENRICO, VA  
December 2, 2024**

**CALL TO ORDER:** The meeting of the Virginia Board of Veterinary Medicine (Board) was called to order at 9:21 a.m. on December 2, 2024, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Training Room 1, Henrico, Virginia. Dr. Massie stated for the record that all the same board members, staff members, and parties were in attendance as were at the first day of the hearing on October 21, 2024.

**PRESIDING OFFICER:** Thomas Massie, D.V.M., President

**MEMBERS PRESENT:** Richard Bailey, D.V.M.  
Jeffery Newman, D.V.M.  
Patricia Seeger, L.V.T.

**QUORUM:** With four members of the Board present, a quorum was established.

**STAFF PRESENT:** Kelli Moss, Executive Director  
Claire Foley, Deputy Executive Director  
Heather Pote, Senior Discipline Case Specialist

**BOARD COUNSEL:** Brent Saunders, Assistant Attorney General

**COURT REPORTER:** Joshua Delauter

**PARTIES ON BEHALF OF THE COMMONWEALTH:** Emily Tatum, Esq., Sr. Adjudication Specialist, Administrative Proceedings Division, Department of Health Professions

**OTHERS PRESENT:** Margaret Crayton

**MATTER SCHEDULED:** **Chelsey LaMendola, Veterinary Technician**

Ms. LaMendola appeared before the Board in accordance with a Notice of Formal Hearing dated November 8, 2024, for the second day of the hearing. She was represented by Nora Ciancio, Esq. The Board received evidence from the Commonwealth and from Ms.

LaMendola and her counsel regarding the allegations in the Notice.

**CLOSED SESSION:**

Dr. Bailey moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(16) of the Code of Virginia for the purpose of consideration and discussion of medical records of Chelsey LaMendola that are excluded from the Freedom of Information Act by the Code of Virginia, § 2.2-3705.5. Additionally, Dr. Bailey moved that Kelli Moss, Claire Foley, and Brent Saunders attend the meeting because their presence in the closed meeting is deemed necessary and/or will aid the Board in its deliberations. The motion was seconded by Dr. Newman and carried unanimously.

**RECONVENE:**

Dr. Bailey moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Seeger and carried unanimously.

The Committee reconvened in open session pursuant to § 2.2-3712(D) of the Code.

**CLOSED SESSION:**

Dr. Bailey moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia (“Code”) for the purpose of deliberation to reach a decision in the matter of **Chelsey LaMendola, Veterinary Technician**. Additionally, Dr. Bailey moved that Kelli Moss, Claire Foley, and Brent Saunders attend the meeting because their presence in the closed meeting is deemed necessary and/or will aid the Board in its deliberations. The motion was seconded by Dr. Newman and carried unanimously.

**RECONVENE:**

Dr. Bailey moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Newman and carried unanimously.

The Committee reconvened in open session pursuant to

§ 2.2-3712(D) of the Code.

**DECISION:**

Dr. Bailey moved to revoke the license of Chelsey LaMendola, Veterinary Technician, and that the basis for this decision will be set forth in a final Board Order that will be sent to Ms. LaMendola at her address of record. The motion was seconded by Ms. Seeger and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions and decision of this quorum of the Board.

**ADJOURNMENT:**

The Formal Hearing adjourned at 11:29 a.m.

---

Kelli G. Moss, Executive Director

**VIRGINIA BOARD OF VETERINARY MEDICINE  
POSSIBLE SUMMARY SUSPENSION CONSIDERATION  
MEETING MINUTES  
DEPARTMENT OF HEALTH PROFESSIONS  
HENRICO, VA  
DECEMBER 2, 2024**

**CALL TO ORDER:** Pursuant to §54.1-2408.1(A) of the Code of Virginia, a meeting of the Virginia Board of Veterinary Medicine was called to order on December 2, 2024, at 11:57 a.m., to consider a possible summary suspension.

**PRESIDING:** Thomas Massie, DVM, Chairperson

**MEMBERS PRESENT:** Richard Bailey, DVM  
Jeff Newman, DVM  
Patricia Seeger, LVT

**QUORUM:** With 4 members of the Board, a quorum is established.

**STAFF PRESENT:** Kelli Moss, Executive Director  
Claire Foley, J.D., Deputy Executive Director  
Heather Pote, Sr. Discipline Case Specialist

**OTHERS PRESENT:** Sean Murphy, Esq., Assistant Attorney General  
Christine Corey, Esq.; Administrative Proceedings  
Division, Department of Health Professions

**BOARD COUNSEL:** Brent Saunders, Esq., Assistant Attorney General

**Cody Swilley, Veterinarian  
Case 237665:** Mr. Murphy presented a summary of the evidence that the continued practice of Dr. Swilley may present a substantial danger to the health and safety of the public.

**DECISION:** Dr. Bailey moved to summarily suspend the license of Cody Swilley, Veterinarian to practice veterinary medicine pending a formal administrative hearing. The motion was seconded by Ms. Seeger and carried unanimously.

**ADJOURNMENT:** The meeting was adjourned at 12:06 p.m.

---

Kelli Moss  
Executive Director

### Call to Order

The January 15, 2025, Virginia Board of Veterinary Medicine Regulatory/Legislative Committee meeting was called to order at 9:11 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Training Room 1, Henrico, Virginia 23233.

### Chair

Thomas B. Massie, Jr., DVM

### Members Present

Bruce M. Bowman, DVM

### Member Attending Electronically

Margaret J. Rucker, DVM was approved by the Chair of the Board to participate electronically due to a scheduling conflict that prevented travel to the Richmond office for the meeting.

### Staff Present

Kelli Moss, Executive Director

Claire Foley, Deputy Executive Director

Erin Barrett, Director of Legislative and Regulatory Affairs

Matt Novak, Policy & Economic Analyst DHP (attended electronically)

Laura D. Paasch, Senior Licensing & Operations Specialist

Taryn Singleton, LVT, Discipline Case Specialist

### Establishment of Quorum

With two committee members present at the meeting location and a third committee member attending electronically, a quorum was established.

### Ordering of Agenda

Dr. Massie opened the floor to any edits or corrections regarding the agenda. Hearing none, the agenda was accepted as presented.

### Public Comment

No public comment was provided.

### Discussion

Ms. Barrett provided a legislative update and review of proposed regulations previously developed during the periodic review initiated in 2022. This committee considered these proposed regulations and revisions that resulted from additional regulatory actions taken by the board during the review period.

Dr. Rucker moved to recommend the proposed regulatory language as discussed, which was seconded by Dr. Bowman. The motion carried unanimously.

**Next Steps**

Ms. Barrett will provide more information at the board meeting scheduled for March 11, 2025.

**Adjournment**

With no objection, Dr. Massie adjourned the meeting at 11:57 PM.

---

Kelli Moss  
Executive Director

**Board of Veterinary Medicine**  
**Current Regulatory Actions**  
**As of February 18, 2025**

**In the Governor’s Office**

None.

**In the Secretary’s Office**

None.

**In the Department of Planning and Budget**

None.

**In the Office of the Attorney General**

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC150-20	Emergency/NOIRA	Limited practice as a veterinarian trainee	6/6/2024	257 days	Emergency regulations required pursuant to legislation
18VAC150-20	Emergency/NOIRA	Regulation of satellite offices of veterinary establishments	6/6/2024	257 days	Emergency regulations required pursuant to legislation
18VAC150-20	Proposed	Reduction of requirements for licensure by endorsement	11/4/2024	106 days	Reduces licensure by endorsement requirements

**Recently effective or awaiting publication**

VAC	Stage	Subject Matter	Publication date	Effective date/next steps
18VAC150-20	NOIRA	Implementation of 2022 Periodic Review	8/12/2024	Public comment period 8/12/2024 – 9/11/2024; proposed action before Board following review by the Regulatory Committee.

**Agenda Item: Adoption of proposed regulatory changes following 2022 periodic review of regulations**

**Included in your agenda package:**

- Proposed regulatory changes to Chapter 20 as recommended by the Regulatory Committee.

**Staff Note:** Due to the extended amount of time that this action was under review at the NOIRA stage, the Board requested that the Regulatory Committee review proposed changes in January following publication of the NOIRA. The Regulatory Committee met on January 15, 2025. The recommendation of the Regulatory Committee is reflected in the draft changes provided for review.

**Action needed:**

- Motion to accept the recommendation of the Regulatory Committee regarding proposed regulatory changes to Chapter 20.

**Project 7113 - Proposed**

**Board of Veterinary Medicine**

**Implementation of 2022 Periodic Review Changes**

**18VAC150-20-10. Definitions.**

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"AAVSB" means the American Association of Veterinary State Boards.

"Administer" has the meaning ascribed to it in § 54.1-3401 of the Code of Virginia.

"Automatic emergency lighting" is lighting that is powered by battery, generator, or alternate power source other than electrical power, is activated automatically by electrical power failure, and provides sufficient light to complete surgery or to stabilize the animal until surgery can be continued or the animal moved to another establishment.

"AVMA" means the American Veterinary Medical Association.

"Board" means the Virginia Board of Veterinary Medicine.

~~"Companion animal" means any dog, cat, horse, nonhuman primate, guinea pig, hamster, rabbit not raised for human food or fiber, exotic or native animal, reptile, exotic or native bird, or any feral animal or animal under the care, custody or ownership of a person or any animal that is bought, sold, traded, or bartered by any person. Agricultural animals, game species, or any animals regulated under federal law as research animals shall not be considered companion animals for the purposes of this chapter.~~ any animal not considered agricultural or equine.

"Controlled substance" means a drug, substance, or immediate precursor in Schedules I - VI as defined in § 54.1-3401 of the Code of Virginia.

"CVMA" means the Canadian Veterinary Medical Association.

Changes recommended by the Regulatory Committee January 2025

"DEA" means the U.S. Drug Enforcement Administration.

"Dispense" has the meaning ascribed to in § 54.1-3401 of the Code of Virginia.

~~"ICVA" means the International Council for Veterinary Assessment.~~

"Immediate supervision" means that the licensed veterinarian is immediately available to the licensed veterinary technician or assistant, either electronically or in person, and provides a specific order based on observation and diagnosis of the patient within the last 36 hours.

"Owner" means any person who (i) has a right of property in an animal; (ii) keeps or harbors an animal; (iii) has an animal in his care; or (iv) acts as a custodian of an animal.

"PAVE" means the Program for the Assessment of Veterinary Education Equivalence for veterinary technicians of the American Association of Veterinary State Boards.

"Preceptee" or "extern" means a student who is enrolled and in good standing in an AVMA accredited college of veterinary medicine or AVMA accredited veterinary technology program and who is receiving practical experience under the supervision of a licensed veterinarian or licensed veterinary technician.

"Preceptorship" or "externship" means a formal arrangement between an AVMA accredited college of veterinary medicine or an AVMA accredited veterinary technology program and a veterinarian who is licensed by the board and responsible for the practice of the preceptee. A preceptorship or externship shall be overseen by faculty of the college or program.

~~"Private animal shelter" means a facility that is used to house or contain animals and that is owned or operated by an incorporated, nonprofit, and nongovernmental entity, including a humane society, animal welfare organization, society for the prevention of cruelty to animals, or any other organization operating for the purpose of finding permanent adoptive homes for animals.~~

"Professional judgment" includes any decision or conduct in the practice of veterinary medicine, as defined by § 54.1-3800 of the Code of Virginia.

~~"Public animal shelter" means a facility operated by the Commonwealth, or any locality, for the purpose of impounding or sheltering seized, stray, homeless, abandoned, unwanted, or surrendered animals, or a facility operated for the same purpose under a contract with any locality.~~

"Specialist" means a veterinarian who has been awarded and has maintained the status of diplomate of a specialty organization recognized by the American Board of Veterinary Specialties of the American Veterinary Medical Association, or any other organization approved by the board.

"Surgery" means treatment through revision, destruction, incision or other structural alteration of animal tissue. Surgery does not include dental extractions of single-rooted teeth or skin closures performed by a licensed veterinary technician upon a diagnosis and pursuant to direct orders from a veterinarian.

"Veterinarian-in-charge" means a veterinarian who holds an active license in Virginia and who is responsible for maintaining a veterinary establishment within the standards set by this chapter, for complying with federal and state laws and regulations, and for notifying the board of the establishment's closure.

"Veterinary establishment" or "establishment" means any stationary or ambulatory practice, veterinary hospital, animal hospital, or premises wherein or out of which veterinary medicine is being conducted.

"Veterinary technician" means a person licensed by the board as required by § 54.1-3805 of the Code of Virginia.

**18VAC150-20-30. Posting of licenses; accuracy of address.**

A. All licenses and registrations issued by the board shall be posted in a place conspicuous to the public at the establishment where veterinary services are being provided or available for

inspection at the location where an equine dental technician is working. Licensees who do relief or temporary work in an establishment shall carry a license with them or post it at the establishment. Ambulatory veterinary practices that do not have an office accessible to the public shall carry their licenses and registrations in their vehicles. A license verification printed from the Department of Health Profession's website may be posted to satisfy this requirement.

B. It shall be the duty and responsibility of each licensee, registrant, and holder of a registration to operate a veterinary establishment to keep the board apprised at all times of his current address of record and the public address, if different from the address of record. All notices required by law or by this chapter to be mailed to any veterinarian, veterinary technician, registered equine dental technician, or holder of a registration to operate a veterinary establishment shall be validly given when mailed to the address of record furnished to the board pursuant to this regulation. All address changes shall be furnished to the board within 30 days of such change.

**18VAC150-20-70. Licensure renewal requirements.**

A. Every person licensed by the board shall, by January 1 of every year, submit to the board a completed renewal application and pay to the board a renewal fee as prescribed in 18VAC150-20-100. Failure to renew shall cause the license to lapse and become invalid, and practice with a lapsed license may subject the licensee to disciplinary action by the board. Failure to receive a renewal notice does not relieve the licensee of his responsibility to renew and maintain a current license.

B. Veterinarians shall ~~be required to have completed~~ complete a minimum of 15 hours, and veterinary technicians shall ~~be required to have completed~~ complete a minimum of eight hours, of approved continuing education for each annual renewal of licensure. Continuing education credits or hours may not be transferred or credited to another year.

Changes recommended by the Regulatory Committee January 2025

1. Approved continuing education credit shall be given for courses or programs related to the treatment and care of patients and shall be clinical courses in veterinary medicine or veterinary technology or courses that enhance patient safety, such as medical recordkeeping or compliance with requirements of the Occupational Health and Safety Administration (OSHA).

2. An approved continuing education course or program shall be sponsored by one of the following:

- a. The AVMA or its constituent and component/branch associations, specialty organizations, and board certified specialists in good standing within their specialty board;
- b. Colleges of veterinary medicine approved by the AVMA Council on Education;
- c. International, national, or regional conferences of veterinary medicine;
- d. Academies or species-specific interest groups of veterinary medicine;
- e. State associations of veterinary technicians;
- f. North American Veterinary Technicians Association;
- g. Community colleges with an approved program in veterinary technology;
- h. State or federal government agencies;
- i. American Animal Hospital Association (AAHA) or its constituent and component/branch associations;
- j. Journals or veterinary information networks recognized by the board as providing education in veterinary medicine or veterinary technology; or
- k. An organization or entity approved by the Registry of Approved Continuing Education of the AAVSB.

3. A licensee is exempt from completing continuing education requirements and considered in compliance on the first renewal date following his initial licensure by examination.
4. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.
5. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee prior to the renewal date. Such an extension shall not relieve the licensee of the continuing education requirement.
6. Licensees ~~are required to~~ shall attest to compliance with continuing education requirements on their annual license renewal and ~~are required to~~ shall maintain original documents verifying the date and subject of the program or course, the number of continuing education hours or credits, and certification from an approved sponsor. ~~Original~~ Licensees shall maintain continuing education documents ~~must be maintained~~ for a period of two years following renewal. The board shall periodically conduct a random audit to determine compliance. Practitioners selected for the audit shall provide all supporting documentation within 14 days of receiving notification of the audit unless an extension is granted by the board.
7. ~~Continuing education hours required by disciplinary order shall not be used to satisfy renewal requirements.~~
8. Up to two hours of the 15 hours required for annual renewal of a veterinarian license and up to one hour of the eight hours required for annual renewal of a veterinary technician license may be satisfied through delivery of veterinary services, without compensation, to

low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

~~9. Falsifying the attestation of compliance with continuing education on a renewal form or failure to comply with continuing education requirements may subject a licensee to disciplinary action by the board, consistent with § 54.1-3807 of the Code of Virginia.~~

C. A licensee who has requested that his license be placed on inactive status is not authorized to perform acts that are considered the practice of veterinary medicine or veterinary technology and, therefore, shall not be required to have continuing education for annual renewal. To reactivate a license, the licensee is required to submit evidence of completion of continuing education hours as required by § 54.1-3805.2 of the Code of Virginia and this section equal to the number of years in which the license has not been active for a maximum of two years.

**18VAC150-20-110. Requirements for licensure by examination as a veterinarian.**

~~A.~~ The applicant, in order to be licensed by the board to practice veterinary medicine, shall:

1. Have received a degree in veterinary medicine from a college or school of veterinary medicine accredited by the AVMA, as verified by an official transcript from the applicant's college or school, indicating completion of the veterinary degree. In lieu of a degree from an accredited college or school, an applicant may submit verification that he has fulfilled the requirements of the Educational Commission of Foreign Veterinary Graduates of the AVMA or the Program for the Assessment of Veterinary Education Equivalence of the AAVSB or any other substantially equivalent credentialing body as determined by the board; ~~and~~

2. Have passed the North American Veterinary License Examination (since the fall of 2000) or the National Board Examination and the Clinical Competency Test (prior to the fall of 2000) of the International Council for Veterinary Assessment (ICVA) or any other substantially equivalent national examination as approved by the board with a score acceptable to the board; and

~~B. All applicants shall also:~~

~~1. Submit the application fee specified in 18VAC150-20-100 and a complete application on a form obtained from the board;~~

~~2. 3. Provide verification that any license to practice veterinary medicine issued by a board of veterinary medicine in another state or United States jurisdiction is in good standing;~~

~~3. Sign a statement attesting that the applicant has read, understands, and will abide by the statutes and regulations governing the practice of veterinary medicine in Virginia; and~~

~~4. Have committed no acts that would constitute a violation of § 54.1-3807 of the Code of Virginia.~~

~~C. If the application for licensure has not been successfully completed within one year from the date of initial submission, a new application and fee shall be required.~~

**18VAC150-20-115. Requirements for licensure by examination as a veterinary technician.**

~~A. The applicant, in order to be licensed by the board as a veterinary technician, shall:~~

~~1. Have Submit an official copy of documentation demonstrating that the applicant received a degree in veterinary technology or veterinary nursing from a college or school accredited by the AVMA or the CVMA or obtained a PAVE certificate.~~

~~2. Have filed with the board the following documents:~~

~~a. A complete application on a form obtained from the board;~~

- ~~b. An official copy, indicating a veterinary technology or veterinary nursing degree, of the applicant's college or school transcript or documentation of a PAVE certificate; and~~
- ~~e. Verification Provide verification that the applicant is in good standing by each board any license, certification, or registration to practice as a veterinary technician or veterinary nurse issued by a board of veterinary medicine in another state or United States jurisdiction from which the applicant holds a license, certification, or registration to practice veterinary technology or veterinary nursing is in good standing.~~
3. Have passed the Veterinary Technician National Examination approved by the AAVSB or any other board-approved, national board examination for veterinary technology with a score acceptable to the board.
4. Sign a statement attesting that the applicant has read, understands, and will abide by the statutes and regulations governing the practice of veterinary medicine in Virginia.
5. Have submitted the application fee specified in 18VAC150-20-100.
6. Have committed no acts that would constitute a violation of § 54.1-3807 of the Code of Virginia.

~~B. The application for licensure shall be valid for a period of one year after the date of initial submission, after which time a new application and fee shall be required.~~

**18VAC150-20-121. Requirements for licensure by endorsement for veterinary technicians.**

~~In its discretion, the~~ The board may grant a license by endorsement to an applicant who is licensed, certified, or registered to practice as a veterinary technician or a veterinary nurse in another jurisdiction of the United States or Canada, provided that the applicant:

Changes recommended by the Regulatory Committee January 2025

1. Holds at least one current and unrestricted license, certification, or registration issued by the regulatory entity in another jurisdiction of the United States or Canada and that he is not a respondent in any ~~pending or unresolved~~ board action in any jurisdiction;
2. Provides documentation of having been regularly engaged in clinical practice as a licensed, certified, or registered veterinary technician or veterinary nurse for at least two of the past four years immediately preceding application in a jurisdiction in which the applicant holds a license, certification, or registration as a veterinary technician or veterinary nurse;
3. Has received a degree in veterinary technology or veterinary nursing from a college or school accredited by the AVMA or the CVMA or has passed the Veterinary Technician National Examination approved by the AAVSB or any other board-approved national board examination for veterinary technology with a score acceptable to the board; and
4. ~~Provides documentation of completion of at least 16 hours of continuing education requirements during the preceding four years;~~
5. ~~Submits the application fee specified in 18VAC150-20-100 and a complete application on a form obtained from the board;~~
6. ~~Signs a statement attesting that the applicant has read, understands, and will abide by the statutes and regulations governing the practice of veterinary medicine in Virginia; and~~
7. ~~Has committed no acts that would constitute a violation of § 54.1-3807 of the Code of Virginia.~~

Provides verification that any license, certification, or registration to practice as a veterinary technician or veterinary nurse issued by a board of veterinary medicine in another state, United States jurisdiction, or Canada is in good standing.

**18VAC150-20-122. Requirements for faculty licensure.**

A. ~~Upon payment of the fee prescribed in 18VAC150-20-100 and provided that no grounds exist to deny licensure pursuant to § 54.1-3807 of the Code of Virginia, the~~ The board may grant a restricted faculty license to engage in the practice of veterinary medicine as part of a veterinary medical education program accredited by the American Veterinary Medical Association Council on Education ~~to an applicant who:~~ if the dean or dean's designee of the veterinary medical education program has assessed the applicant's clinical competency and clinical experience and verifies that the applicant meets one of the following requirements:

1. ~~Is~~ The applicant is qualified for full licensure pursuant to 18VAC150-20-110 or 18VAC150-20-120;
2. ~~Is~~ The applicant is a graduate of an accredited veterinary program and has an unrestricted current license or if lapsed, is eligible for reinstatement in another United States jurisdiction; or
3. ~~Is~~ The applicant is a graduate of a veterinary program and has advanced training recognized by the American Board of Veterinary Specialties or a specialty training program acceptable to the veterinary medical education program in which he serves on the faculty.

B. ~~The dean of a veterinary medical education program shall provide verification that the applicant is being or has been hired by the program and shall include an assessment of the applicant's clinical competency and clinical experience that qualifies the applicant for a faculty license. Prior to issuance of a faculty license, the applicant shall provide the board verification that any license, certification, or registration to practice veterinary medicine, practice as a veterinary technician, or practice as a veterinary nurse issued by a board of veterinary medicine in another state or United states jurisdiction is in good standing.~~

C. The holder of a faculty license shall be entitled to perform all functions that a ~~person~~ licensed to practice veterinary medicine would be entitled veterinarian is authorized to perform when practicing as part of his faculty duties, Faculty duties, including patient care functions associated with teaching, research, and the delivery of patient care ~~that takes~~ shall take place only within a veterinary establishment or provided as diagnostic and clinical services operated by or affiliated with the veterinary medical education program. A faculty license shall not authorize the holder to practice veterinary medicine in nonaffiliated veterinary establishments or in private practice settings.

D. A faculty license shall expire on ~~December 31 of the second year after its issuance and may be renewed annually without a requirement for continuing education, as specified in 18VAC150-20-70, as long as the accredited program certifies to the licensee's continued employment. When such a license holder ceases serving on the faculty, the license shall be null and void upon termination of employment. The dean of the veterinary medical education program shall notify the board within 30 days of such termination of employment.~~ the following schedule:

1. If issued prior to July 1, the license expires December 31 of the year of issuance.
2. If issued July 1 or after, the license expires on December 31 of the following year.

E. Continuing education specified in 18VAC150-20-70 is not required for annual renewal of a restricted faculty license.

#### **18VAC150-20-123. Requirements for an intern/resident license.**

A. ~~Upon payment of the fee prescribed in 18VAC150-20-100 and provided that no grounds exist to deny licensure pursuant to § 54.1-3807 of the Code of Virginia, the~~ The board may issue grant a temporary restricted license to engage in the practice of veterinary medicine as part of a veterinary medical education program accredited by the American Veterinary Medical Association Council on Education to an intern or resident. ~~Upon recommendation of the dean or director of~~

~~graduate education of the veterinary medical education program, such a license may be issued to an applicant who is a graduate of an AVMA-accredited program or who meets requirements of the Educational Commission of Foreign Veterinary Graduates or the Program for the Assessment of Veterinary Education Equivalence of the American Association of Veterinary State Boards, as verified by the veterinary medical education program. The application shall include the beginning and ending dates of the internship or residency. if the following criteria are met:~~

1. The dean or dean's designee of the veterinary medical education program verifies that the applicant meets one of the following requirements:

a. The applicant graduated from a program accredited by AVMA; or

b. The applicant is eligible for or received a certificate of completion from the Educational Commission of Foreign Veterinary Graduates or the Program for the Assessment of Veterinary Education Equivalence of AAVSB.

2. The applicant provides verification that any license, certification, or registration to practice as a veterinary technician or veterinary nurse issued by a board of veterinary medicine in another state or United States jurisdiction is in good standing.

B. The intern or resident shall be supervised by a fully licensed veterinarian or a veterinarian who holds a restricted faculty license issued by the board. The intern or resident duties shall ~~only practice occur~~ within a veterinary establishment or be provided as diagnostic and clinical services operated by or affiliated with the veterinary medical education program. A ~~temporary~~ restricted intern or resident license shall not authorize the holder to practice veterinary medicine in nonaffiliated veterinary establishments or in private practice settings.

C. ~~An intern or resident license shall expire on August 1 of the second year after its issuance~~  
An initial intern or resident license is valid for two years with an expiration date of August 1 and

may be renewed upon recommendation by the dean or ~~director of graduate education~~ dean's designee of the veterinary medical education program.

**18VAC150-20-130. Requirements for practical training in a preceptorship or externship.**

A. The practical training and employment of qualified students of veterinary medicine or veterinary technology shall be governed and controlled as follows:

1. A veterinary student who is enrolled and in good standing in a veterinary college or school accredited or approved by the AVMA may be engaged in a preceptorship or externship. A veterinary preceptee or extern may perform duties that constitute the practice of veterinary medicine for which he has received adequate instruction by the college or school and only under the on-premises supervision of a licensed veterinarian.

2. A veterinary technician student who is enrolled and in good standing in a veterinary technology program accredited or approved by the AVMA may be engaged in a preceptorship or externship. A veterinary technician preceptee or extern may perform duties that constitute the practice of veterinary technology for which he has received adequate instruction by the program and only under the on-premises supervision of a licensed veterinarian or licensed veterinary technician.

3. A veterinary student or veterinary technician student shall not access or prepare controlled substances in Schedules II - V pursuant to 18VAC150-20-190(D).

B. Whenever a veterinary preceptee or extern is performing surgery on a patient, either assisted or unassisted, the supervising veterinarian shall be in the operatory during the procedure. Prior to allowing a preceptee or extern in veterinary medicine to perform surgery on a patient unassisted by a licensed veterinarian, a licensed veterinarian shall receive written informed consent from the owner.

C. When there is a veterinary or veterinary technician preceptee or extern practicing ~~in the establishment~~ under a supervising veterinarian, the supervising veterinarian shall disclose such practice to owners. The disclosure shall be by signage clearly visible to the public or ~~by inclusion on an informed consent form~~ verbally if such disclosure is documented in the patient record.

D. A veterinarian or veterinary technician who supervises a preceptee or extern remains responsible for the care and treatment of the patient.

**18VAC150-20-140. Unprofessional conduct.**

Unprofessional conduct as referenced in subdivision 5 of § 54.1-3807 of the Code of Virginia shall include the following:

1. Representing conflicting interests except by express consent of all concerned given after a full disclosure of the facts. Acceptance of a fee from both the buyer and the seller is prima facie evidence of a conflict of interest.
2. Practicing veterinary medicine or equine dentistry where an unlicensed person has the authority to control the professional judgment of the licensed veterinarian or the equine dental technician.
3. Issuing a certificate of health unless he shall know of his own knowledge by actual inspection and appropriate tests of the animals that the animals meet the requirements for the issuance of such certificate on the day issued.
4. Revealing confidences gained in the course of providing veterinary services to a client, unless required by law or necessary to protect the health, safety, or welfare of other persons or animals.
5. Advertising in a manner that is false, deceptive, or misleading or that makes subjective claims of superiority.

6. Violating any state law, federal law, or board regulation pertaining to the practice of veterinary medicine, veterinary technology or equine dentistry.
7. Practicing veterinary medicine or as an equine dental technician in such a manner as to endanger the health and welfare of his patients or the public, or being unable to practice veterinary medicine or as an equine dental technician with reasonable skill and safety.
8. Performing surgery on animals in an unregistered veterinary establishment or not in accordance with the establishment registration or with accepted standards of practice.
9. Refusing the board or its agent the right to inspect an establishment at reasonable hours.
10. Allowing unlicensed persons to perform acts restricted to the practice of veterinary medicine, veterinary technology, or an equine dental technician including any invasive procedure on a patient or delegation of tasks to persons who are not properly trained or authorized to perform such tasks.
11. Failing to provide immediate supervision to a licensed veterinary technician or an assistant in his employ.
12. Refusing to release a copy of a valid prescription upon request from an owner, unless there are medical reasons documented in the patient record and the veterinarian would not dispense the medication from his own practice.
13. Misrepresenting or falsifying information on an application or renewal form.
14. Failing to report suspected animal cruelty to the appropriate authorities.
15. Failing to release a copy of patient records when requested by the owner; a law-enforcement entity; or a federal, state, or local health regulatory agency.

16. Committing an act constituting fraud, deceit, or misrepresentation in dealing with the board or in the veterinarian-owner-patient relationship, or with the public.

17. Representing oneself as a "specialist" without meeting the definition set forth in 18VAC150-20-10 or using the words "specialist" or "specialty" in the name of a veterinary establishment unless there is a veterinarian on staff who meets the definition of a "specialist."

18. Failure to submit evidence of correction resulting from a violation noted in an inspection or reported by another agency within 14 days, unless an extension is granted by the board.

19. Falsifying the attestation of compliance with continuing education requirements on a renewal form or failure to comply with continuing education requirements.

**18VAC150-20-171. ~~Specialty practice in a limited setting.~~ (Repealed.)**

~~A licensed veterinarian may conduct drug testing at animal shows and events or examine any animal and express a professional judgment as to its health at (i) genetic screening clinics where animals are examined for cardiac, ophthalmic and auditory diseases, (ii) agricultural fairs, (iii) 4-H or other youth organization competitions, (iv) livestock auctions, (v) horse races, (vi) hunt club events, (vii) pet adoption events, or (viii) animal shows including but not limited to dog, cat, and horse shows.~~

**18VAC150-20-174. Prescribing of controlled substances for pain or chronic conditions.**

A. Evaluation of the patient and need for prescribing a controlled substance for pain.

1. For the purposes of this section, a controlled substance shall be a drugs in Schedules II through V ~~drug~~, as set forth in the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia), which ~~contains~~ contain an opioid, to include tramadol and buprenorphine.

2. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. ~~Prior to initiating treatment with a controlled substance, as defined, the~~ The prescriber shall perform a history and physical examination appropriate to the complaint and ~~conduct an assessment of~~ assess the patient's history as part of the initial evaluation prior to initiating treatment with a controlled substance.

3. If a controlled substance is necessary for treatment of pain, the veterinarian shall prescribe it in the lowest effective dose appropriate to the size and species of the animal for the least amount of time. The initial dose shall not exceed a 14-day supply.

B. ~~If the prescribing is within the accepted standard of care, a~~ A veterinarian may prescribe a controlled substance containing an opioid for management of pain, terminal illnesses, or certain chronic conditions, such as chronic heart failure, chronic bronchitis, osteoarthritis, collapsing trachea, or related conditions if such prescribing is within the accepted standard of care.

1. ~~For prescribing a controlled substance for management of pain after the initial 14-day prescription, the~~ The patient shall be seen and evaluated for the continued need for an opioid if a prescription of a controlled substance for the management of pain will be provided beyond the initial 14-day prescription. ~~For the prescribing of a controlled substance for terminal illnesses or certain chronic conditions, it~~ The prescriber is not required to see and reevaluate the patient for prescribing beyond 14 days if the prescription of a controlled substance is for terminal illness or certain chronic conditions.

2. ~~For any prescribing of a controlled substance beyond 14 days, the~~ The veterinarian shall develop a treatment plan for the patient for any prescribing of a controlled substance beyond 14 days, which shall include measures to be used to determine progress in treatment, further diagnostic evaluations or modalities that might be necessary, and the extent to which the pain or condition is associated with impairment.

3. ~~For continued prescribing of a controlled substance, the~~ The patient shall be seen and reevaluated at least every six months; for continued prescribing of a controlled substance and the justification for such prescribing documented in the patient record.

C. Prior to prescribing or dispensing a controlled substance, the veterinarian shall document a discussion with the owner about the responsibility for the security of the drug and proper disposal of any unused drug.

D. Continuation of treatment with controlled substances shall be supported by documentation of continued benefit from the prescribing. If the patient's progress is unsatisfactory, the veterinarian shall assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

E. The medical record for prescribing controlled substances shall include signs or presentation of the pain or condition, a presumptive diagnosis for the origin of the pain or condition, an examination appropriate to the complaint, a treatment plan, and the medication prescribed to include the date, type, dosage, and quantity prescribed.

**18VAC150-20-180. Requirements ~~to be~~ for a registered as a veterinary establishment.**

A. Every veterinary establishment shall apply for registration on a form provided by the board and submit the application fee specified in 18VAC150-20-100. The board may issue a registration as a stationary or ambulatory establishment. Every veterinary establishment shall have a veterinarian-in-charge registered with the board in order to operate.

1. Veterinary medicine may only be practiced out of a registered establishment except in emergency situations or ~~in limited specialized practices~~ as provided in ~~18VAC150-20-171~~ subsection A 4. ~~The injection of a microchip for identification purposes shall only be performed in a veterinary establishment, except personnel of public or private animal shelters may inject animals while in their possession.~~

2. An application for registration must be made to the board 45 days in advance of opening or changing the location of the establishment or requesting a change in the establishment category listed on the registration.

3. Any addition or renovation of involving changes to the structure or composition of a surgical room within a stationary establishment or an ambulatory establishment ~~that involves changes to the structure or composition of a surgery room~~ shall require, prior to its use, submission of an application and reinspection fee and reinspection by the board and payment of the required fee prior to use.

4. A veterinary establishment registration is not required for a licensed veterinarian to conduct drug testing at animal shows and events or to examine any animal and express a professional judgement as to its health at any of the following:

a. Genetic screening clinics where animals are examined for cardiac, ophthalmic, and auditory diseases;

b. Agricultural fairs;

c. 4-H or other youth organization competitions;

d. Livestock auctions;

e. Horse races;

f. Hunt club events;

g. Pet adoption events;

h. Animal shows, including, but not limited to, dog, cat, and horse shows; or

i. Rabies clinics pursuant to § 3.2-6521 of the Code of Virginia.

B. A veterinary establishment will be registered by the board when:

1. It is inspected by the board and is found to meet the standards set forth by 18VAC150-20-190 and 18VAC150-20-200 or 18VAC150-20-201 where applicable. ~~If, during a new or routine inspection, violations or deficiencies are found necessitating a reinspection, the prescribed reinspection fee will be levied. Failure to pay the fee shall be deemed unprofessional conduct and, until paid, the establishment shall be deemed to be unregistered.~~

2. A veterinarian currently licensed by and in good standing with the board is registered with the board in writing as veterinarian-in-charge and ensures that the establishment registration fee has been paid.

C. If, during a new or routine inspection, the board finds violations or deficiencies necessitating a reinspection, the veterinary establishment must pay the prescribed reinspection fee.

**18VAC150-20-181. Requirements for veterinarian-in-charge.**

A. The veterinarian-in-charge of a veterinary establishment is responsible for:

1. Regularly being on site as necessary to provide routine oversight to the veterinary establishment for patient safety and compliance with law and regulation.
2. Maintaining the facility within the standards set forth by this chapter.
3. ~~Performing the biennial controlled substance inventory and ensuring~~ Ensuring compliance at the facility establishment with any federal or state law relating to controlled substances as defined in § 54.1-3404 of the Code of Virginia. ~~The performance of the biennial inventory may be delegated to another licensee, provided the veterinarian-in-charge signs the inventory and remains responsible for its content and accuracy.~~
4. ~~Notifying the board in writing of the closure of the registered facility 10 days prior to closure.~~

~~5.~~ Notifying the board immediately if no longer acting as the veterinarian-in-charge and ensuring the security of any Schedule II - V drugs stocked under the veterinarian-in-charge's DEA registration by properly transferring or disposing of the controlled substances in compliance with all applicable local, state, and federal laws and regulations prior to relinquishing responsibilities as the veterinarian-in-charge.

~~6.~~ 5. Ensuring the establishment maintains a current and valid registration issued by the board.

6. Ensuring submission of a Notification for Closure of Veterinary Establishment form to the board prior to the closure of a veterinary establishment which provides information about the location or access to patient records and the disposition of all controlled substances.

B. Upon any change in veterinarian-in-charge, these procedures shall be followed:

1. The veterinarian-in-charge registered with the board remains responsible for the establishment and the stock of controlled substances until a new veterinarian-in-charge is registered or for five days, whichever occurs sooner.

2. ~~An application for a new registration~~ A completed Change of Veterinarian-in-Charge form or other form provided by the board, naming the new veterinarian-in-charge, and fee specified in 18VAC150-20-100 shall be made submitted five days prior to the change of the veterinarian-in-charge. If no prior notice was given by the previous veterinarian-in-charge, ~~an application form~~ for a new registration naming a new veterinarian-in-charge shall be filed as soon as possible, but no more than 10 days, after the change immediately. The previous establishment registration shall be void on the effective date of the change of veterinarian-in-charge and a new registration shall be issued by the board.

~~3. The previous establishment registration is void on the date of the change of veterinarian-in-charge and shall be returned by the former veterinarian-in-charge to the board five days following the date of change.~~

4. Prior to the opening of the business, on the date of the change of veterinarian-in-charge, the new veterinarian-in-charge shall take a complete inventory of all Schedules II through V drugs on hand pursuant to 18VAC150-20-190. ~~He~~ The veterinarian-in-charge shall date and sign the inventory and maintain it on premises for three years. That inventory may be designated as the official biennial controlled substance inventory.

~~C. Prior to the sale or closure of a veterinary establishment, the veterinarian-in-charge shall:~~

~~1. Follow the requirements for transfer of patient records to another location in accordance with § 54.1-2405 of the Code of Virginia; and~~

~~2. If there is no transfer of records upon sale or closure of an establishment, the veterinarian-in-charge shall provide to the board information about the location of or access to patient records and the disposition of all scheduled drugs.~~

**18VAC150-20-185. Renewal of veterinary establishment registrations.**

A. Every veterinary establishment shall be required to renew the registration by January 1 of each year and pay to the board a registration fee as prescribed in 18VAC150-20-100.

B. Failure to renew the establishment registration by January 1 of each year shall cause the registration to expire and become invalid. Practicing veterinary medicine in an establishment with an expired registration may subject a licensee or registration holder to disciplinary action by the board. The registration may be renewed without reinspection within ~~30~~ 90 days of expiration, provided the board receives a properly executed renewal application, renewal fee, and a late fee as prescribed in 18VAC150-20-100.

C. Reinstatement of an expired registration after ~~30~~ 90 days shall be at the discretion of the board and contingent upon a properly executed reinstatement application and payment of the late fee, the reinspection fee, the renewal fee and the veterinary establishment registration reinstatement fee. A reinspection is required when an establishment is reinstated.

**18VAC150-20-190. Requirements for drug storage, dispensing, destruction, and records for all establishments.**

A. All drugs shall be maintained, administered, dispensed, prescribed, and destroyed in compliance with state and federal laws, which include § 54.1-3303 of the Code of Virginia, the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia), applicable parts of the federal Food, Drug, and Cosmetic Control Act (21 USC § 301 et seq.), the Prescription Drug Marketing Act (21 USC §§ ~~301 et seq.~~ 331, 353, and 381), and the Controlled Substances Act (21 USC § 801 et seq.), as well as applicable portions of Title 21 of the Code of Federal Regulations.

B. All drug records must be retained for three years.

C. All repackaged tablets and capsules dispensed for companion animals shall be in approved safety closure containers, except safety caps shall not be required when any person who requests that the medication not have a safety cap or in such cases in which the medication is of such form or size that it cannot be reasonably dispensed in such containers (e.g., topical medications, ophthalmic, or otic). An owner request for nonsafety packaging shall be documented in the patient record.

~~C.~~ D. All drugs dispensed for companion animals shall be labeled with the following:

1. Name and address of the facility;
2. First and last name of owner;
3. Animal identification and species;

4. Date dispensed;
5. Directions for use;
6. Name, strength (if more than one dosage form exists), and quantity of the drug; and
7. Name of the prescribing veterinarian.

~~D.~~ E. All veterinary establishments shall maintain drugs in a secure manner with precaution taken to prevent theft or diversion. Only the veterinarian, veterinary technician, pharmacist, or pharmacy technician under the supervision of a pharmacist shall have access to or prepare Schedules II through V drugs, with the exception provided in subdivision ~~6~~ 4 of this subsection.

1. In a stationary establishment, the general stock of Schedules II through V drugs shall be stored in a securely locked cabinet or safe that is not easily movable.
2. The establishment may also have a working stock of Schedules II through V drugs that shall be kept in (i) a securely locked container, cabinet, or safe when not in use or (ii) direct possession of a veterinarian or veterinary technician. A working stock shall consist of only those drugs that are necessary for use during a normal business day or 24 hours, whichever is less.
3. Whenever the establishment is closed, all general stock, ~~and working stock~~, of ~~Schedules II through V drugs~~ and any dispensed prescriptions of Schedule II - V drugs that were not delivered during normal business hours shall be securely stored as required for the general stock.
4. ~~Prescriptions that have been dispensed and prepared for delivery shall be maintained under lock or in an area that is not readily accessible to the public and may be delivered to an owner by an unlicensed person, as designated by the veterinarian.~~

~~5.~~ Whenever a theft or any unusual loss of Schedules II through V drugs is discovered, the veterinarian-in-charge, or in his absence, his designee, shall immediately report such theft or loss to the Board of Veterinary Medicine and the Board of Pharmacy and to the DEA. The report to the boards shall be in writing and sent electronically or by regular mail. The report to the DEA shall be in accordance with 21 CFR 1301.76(b). If the veterinarian-in-charge is unable to determine the exact kind and quantity of the drug loss, he shall immediately take a complete inventory of all Schedules II through V drugs.

~~6.~~ 5. Access to drugs by unlicensed persons shall be allowed only under the following conditions:

a. An animal is being kept at the establishment outside of the normal hours of operation, and a licensed practitioner is not present in the facility;

b. The drugs are limited to those dispensed to a specific patient; and

c. The drugs are maintained separately from the establishment's general drug stock and kept in such a manner so they are not readily available to the public.

d. Prescription drugs that have been dispensed and prepared for delivery may be delivered to an owner by an unlicensed person as designated by the veterinarian. All prescriptions prepared for delivery shall be maintained under lock or in an area that is not readily accessible to the public.

~~E. F. Schedules~~ Schedule II through V drugs shall be destroyed in accordance with DEA regulations. Such destruction may occur by (i) transferring the drugs to another entity authorized to possess or provide for proper disposal of such drugs controlled substances or (ii) ~~destroying~~ rendering the drugs non-retrievable in compliance with applicable local, state, and federal laws and regulations. If ~~Schedules II through V~~ Schedule II - V drugs are ~~to be destroyed on site, a~~ the appropriate DEA drug destruction form shall be fully completed and used as the record of all drugs

to be destroyed. A copy of the destruction form shall be retained at the veterinarian practice site ~~with other inventory records~~ for three years unless otherwise required by state or federal regulations.

F. ~~G.~~ The drug storage area shall have appropriate provision for temperature control for all drugs and biologics. If drugs requiring refrigeration are maintained at the ~~facility~~ establishment, the drugs shall be kept in a refrigerator with the interior thermometer maintained between 36°F and 46°F. ~~If a refrigerated drug is in Schedules II through V, the drug~~ Schedule II - V refrigerated drugs shall be ~~kept~~ maintained with precaution taken to prevent theft or diversion, either in a locked container secured of substantial, rigid construction that is securely affixed to the refrigerator, or the refrigerator shall be locked securely. ~~Drugs stored at room temperature shall be maintained between 59°F and 86°F.~~

G. ~~H.~~ The stock of drugs shall be reviewed frequently, and expired drugs shall be clearly marked and removed from the working stock of drugs at the expiration date and. Drugs whose expiration is determined by date of initial use shall be clearly marked to show the new expiration date. Expired drugs shall not be administered or dispensed.

H. ~~I.~~ A distribution record shall be maintained in addition to the patient's record, in chronological order, to account for the administration, and dispensing, and wasting of all Schedules II through V Schedule II - V drugs. Distribution records for Schedule II drugs shall be continuous, maintained separately from all other drugs, and reconciled at least monthly. Distribution records for butorphanol to canine patients and buprenorphine to feline patients shall be maintained and reconciled monthly if dispensed for use outside of the establishment. Reconciliation requires an explanatory note on the inventory for any difference between the actual physical count and the theoretical count indicated by the distribution record. All distribution records

~~This record is to~~ shall be maintained for a period of three years from the date of transaction and made available for inspection upon request. This distribution record shall ~~include~~ clearly document the following:

1. Date of transaction;
2. Drug name, strength, and the amount dispensed, administered, and wasted;
3. Owner and animal identification; and
4. Identification of the veterinarian authorizing the administration or dispensing of the drug.

I. ~~J.~~ Original Legible invoices for all ~~Schedules Schedule II through V~~ Schedule II through V drugs received shall be maintained in chronological order ~~on the premises where the stock of drugs is held~~ at the address of record on file with the Drug Enforcement Administration, and the actual date of receipt shall be noted. ~~All drug records shall be maintained for a period of three years from the date of transaction.~~

J. ~~K.~~ A complete and accurate inventory of all ~~Schedules II through V~~ Schedule II - V drugs shall be taken, dated, and signed on any date that is within two years of the previous biennial inventory. ~~Drug strength must be specified. This inventory shall indicate if it was made at the opening or closing of business and shall be maintained on the premises where the drugs are held for three years from the date of taking the inventory., including all expired drugs maintained on the premises, shall be taken within two years of the previous biennial inventory, when there is a change in the veterinarian-in-charge, or change of location. The inventory shall contain the following:~~

1. Date;
2. Notation of whether inventory was taken at open or close of business. 24-hour establishments with no open or closing designation shall note the time the inventory is taken;

3. Name of drug, strength, and actual count of substance; and

4. Signature of the veterinarian-in-charge.

~~K. L. Inventories and records, including original invoices, of Schedule II drugs shall be maintained separately from all other records, and the establishment shall maintain a continuous inventory of all Schedule II drugs received, administered, or dispensed, with reconciliation at least monthly. Reconciliation requires an explanation noted on the inventory for any difference between the actual physical count and the theoretical count indicated by the distribution record. A continuous inventory shall accurately indicate the physical count of each Schedule II drug in the general and working stocks at the time of performing the inventory.~~

~~L. Veterinary establishments shall (i) maintain records of the dispensing of feline buprenorphine and canine butorphanol, (ii) reconcile such records monthly, and (iii) make such records available for inspection upon request.~~

M. Veterinary establishments in which bulk reconstitution of injectable, bulk compounding, or the ~~prepackaging~~ repackaging of drugs is performed shall maintain adequate control records for a period of one year or until the expiration, whichever is greater. The records shall show the name of the drugs used; strength, if any; date repackaged; quantity prepared; initials of the veterinarian verifying the process; the assigned lot or control number; the manufacturer's or distributor's name and lot or control number; and an expiration date. The drug name; strength, if any; the assigned lot or control number or the manufacturer's or distributor's name and lot or control number; and an appropriate expiration date determined by the veterinarian in accordance with USP guidelines shall appear on any subsequently repackaged or reconstituted units.

N. If a limited stationary or ambulatory practice uses the facilities of another veterinary establishment, the drug distribution log shall clearly reveal whose Schedules II through V drugs were used. If the establishment's drug stock is used, the distribution record shall show that the

procedure was performed by a visiting veterinarian who has the patient record. If the visiting veterinarian uses his own stock of drugs, he shall make entries in his own distribution record and in the patient record and shall leave a copy of the patient record at the other establishment.

**18VAC150-20-195. Recordkeeping.**

A. A An individual, legible, daily record of each patient treated ~~shall be maintained by the veterinarian at the registered veterinary establishment and~~ shall include at a minimum:

1. Name of the patient and the owner;
2. Identification of the treating veterinarian and of the person making the entry (Initials may be used if a master list that identifies the initials is maintained.);
3. Presenting complaint or reason for contact;
4. Date of contact;
5. Physical examination findings;
6. Tests and diagnostics performed and results;
7. Procedures performed, treatment given, and results;
8. Drugs administered, dispensed, or prescribed, including quantity, strength and dosage if more than one strength exists, and route of administration. For vaccines, identification of the lot and manufacturer shall be maintained;
9. Radiographs or digital images clearly labeled with identification of the establishment, the patient name, date taken, and anatomic specificity. If an original radiograph or digital image is transferred to another establishment or released to the owner, a record of this transfer or release shall be maintained on or with the patient's records; and
10. Any specific instructions for discharge or referrals to other practitioners.

~~B. An individual record shall be maintained on each patient, except that records for economic animals or litters of companion animals under the age of four months may be maintained on a per owner basis. Patient records, including radiographs or digital images, shall be kept for a period of three years following the last office visit or discharge of such animal from a veterinary establishment.~~ A legible, daily record for multiple agricultural animals or litters of companion animals under the age of four months may be maintained on a per-owner basis for any animals receiving the same diagnostics, treatment, or both. All patient records maintained on a per-owner basis must include the information specified in A 2 through A 10 and must identify: the owner; the location contact occurred; the number of animals; the animal species; and animal breed. If any animals on the multi-patient record have a unique result or difference to the animals treated on a per-owner basis, an individual patient record shall be maintained for that animal.

C. An initial rabies certification for an animal receiving a primary rabies vaccination shall clearly display the following information: "An animal is not considered immunized for at least 28 days after the initial or primary vaccination is administered."

D. All patient records, including radiographs or digital images, shall be maintained at the registered veterinary establishment for a period of three years following the last date of patient contact.

**18VAC150-20-200. Standards for stationary veterinary establishments.**

~~A. Stationary establishments.~~ A stationary establishment shall provide surgery and encompass all aspects of health care for small or large animals, or both. All stationary establishments shall ~~meet the requirements set forth in this subsection:~~

1. Provide sanitary facilities and maintain temperature, lighting, and ventilation for the care and medical well-being of patients, and a method for storing and disposing of deceased animals in accordance with any local ordinance or state and federal regulations.

2. A stationary establishment that is open to the public 24 hours a day shall have licensed personnel on premises at all times and shall be equipped to handle emergency critical care and hospitalization. The establishment shall have radiology/imaging and laboratory services on site.

3. A stationary establishment that is not open to the public 24 hours a day shall have licensed personnel available during its advertised hours of operation and shall disclose to the public that the establishment does not have continuous staffing in compliance with § 54.1-3806.1 of the Code of Virginia.

4. Provide for continuity of care when a patient is transferred to another establishment.

5. A limited stationary establishment shall post in a conspicuous manner the specific limitations on the scope of practice.

B. A stationary establishment may include ambulatory services.

C. A separate establishment registration is required for separate practices that share the same location.

~~Buildings and grounds must be maintained to provide sanitary facilities for the care and medical well-being of patients.~~

~~a. Temperature, ventilation, and lighting must be consistent with the medical well-being of the patients.~~

~~b. There shall be on-premises:~~

~~(1) Hot and cold running water of drinking quality, as defined by the Virginia Department of Health;~~

~~(2) An acceptable method of disposal of deceased animals, in accordance with any local ordinance or state and federal regulations; and~~

~~(3) Refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more.~~

~~e. Sanitary toilet and lavatory shall be available for personnel and owners.~~

D. All stationary establishments shall meet the following equipment requirements:

~~2.~~ 1. Areas within building. The areas within the facility shall include the following:

a. A reception area separate from other designated rooms;

b. Examination room or rooms ~~containing a table or tables with nonporous surfaces~~ appropriate to the species of the patient being treated;

c. A room that is reserved only for surgery, constructed of nonporous materials, and used for no other purpose. ~~In order that surgery can be performed in a manner~~ The surgery room shall be of adequate size to accommodate patients and be equipped with surgical supplies, instruments, and equipment commensurate with the services provided, and compatible with current veterinary medical practice with regard to anesthesia, asepsis, life support, and monitoring procedures; ~~the~~ The surgery room shall:

~~(1) Have walls constructed of nonporous material and extending from the floor to the ceiling;~~

~~(2) Be of a size adequate to accommodate a surgical table, anesthesia support equipment, surgical supplies, and all personnel necessary for safe performance of the surgery;~~

~~(3) Be kept so that storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures;~~

~~(4) Have a surgical table made of nonporous material;~~

- ~~(5) Have surgical supplies, instruments, and equipment commensurate with the kind of services provided;~~
- ~~(6) Have have surgical and automatic emergency lighting to facilitate performance of procedures; and~~
- ~~(7) For establishments Establishments that perform surgery on small animals, shall have a door to close off the surgery room from other areas of the practice.~~
3. 2. The A veterinary establishment shall have, at a minimum, proof of use of either in-house laboratory service or documentation of outside laboratory services ~~for performing lab tests~~, consistent with appropriate professional care for the species being treated.
4. ~~For housing animals, the establishment shall provide:~~
- ~~a. An animal identification system at all times when housing an animal;~~
  - ~~b. Accommodations of appropriate size and construction to prevent residual contamination or injury;~~
  - ~~c. Accommodations allowing for the effective separation of contagious and noncontagious patients; and~~
  - ~~d. Exercise areas that provide and allow effective separation of animals or walking the animals at medically appropriate intervals.~~
5. 3. A veterinary establishment shall either have radiology service in-house or documentation of outside services for obtaining diagnostic-quality radiographs. If radiology is in-house, the establishment shall:
- a. Document that radiographic equipment complies with Part VI (12VAC5-481-1581 et seq.), Use of Diagnostic X-Rays in the Healing Arts, of the Virginia Radiation

~~Protection Regulations of the Virginia Department of Health, which requirements are adopted by this board and incorporated herewith by reference in this chapter. ; and~~

b. Maintain and utilize lead aprons and gloves and individual radiation exposure badges for each employee exposed to radiographs.

~~6. Minimum equipment in the establishment shall include:~~

~~a. An appropriate method of sterilizing instruments;~~

~~b. Internal and external sterilization monitors;~~

~~c. Stethoscope;~~

~~d. Equipment for delivery of assisted ventilation appropriate to the species being treated, including endotracheal tubes;~~

~~e. Adequate means of determining patient's weight; and~~

~~f. Storage for records.~~

4. A veterinary establishment shall ensure the provision of adequate accommodations and exercise areas of appropriate size and construction to prevent residual contamination or injury. Such accommodations must allow for the effective separation of contagious patients as needed. An animal identification system shall be used at all times when housing an animal in the establishment.

5. A veterinary establishment shall include sterilized instruments, adequate sterilization monitors, equipment for the delivery of assisted ventilation appropriate to the species being treated, and adequate means of determining a patient's weight.

~~B. Additional requirements for stationary establishments.~~

~~1. A stationary establishment that is open to the public 24 hours a day shall have licensed personnel on premises at all times and shall be equipped to handle emergency critical~~

~~care and hospitalization. The establishment shall have radiology/imaging and laboratory services available on-site.~~

~~2. A stationary establishment that is not open to the public 24 hours a day shall have licensed personnel available during its advertised hours of operation and shall disclose to the public that the establishment does not have continuous staffing in compliance with § 54.1-3806.1 of the Code of Virginia.~~

~~3. All stationary establishments shall provide for continuity of care when a patient is transferred to another establishment.~~

~~G. Limited stationary establishments. When the scope of practice is less than full service, a specifically limited establishment registration shall be required. Upon submission of a completed application, satisfactory inspection, and payment of the veterinary establishment registration fee, a limited establishment registration may be issued. Such establishments shall have posted in a conspicuous manner the specific limitations on the scope of practice on a form provided by the board.~~

~~D. A separate establishment registration is required for separate practices that share the same location.~~

**DRAFT**

---

# *Virginia's Veterinarian Workforce: 2024*

---

Healthcare Workforce Data Center

January 2025

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233  
804-597-4213, 804-527-4434 (fax)  
E-mail: [HWDC@dhp.virginia.gov](mailto:HWDC@dhp.virginia.gov)

Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*More than 4,400 veterinarians voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Veterinary Medicine express our sincerest appreciation for their ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**Arne W. Owens, MS**  
*Director*

*Healthcare Workforce Data Center Staff:*

**Yetty Shobo, PhD**  
*Director*

**Barbara Hodgdon, PhD**  
*Deputy Director*

**Rajana Siva, MBA**  
*Data Analyst*

**Christopher Coyle, BA**  
*Research Assistant*

# Virginia Board of Veterinary Medicine

## ***President***

Jeffery Newman, DVM  
*Alexandria*

## ***Vice-President***

Richard G. Bailey, DVM  
*Fincastle*

## ***Secretary***

Margaret J. Rucker, DVM  
*Lebanon*

## ***Members***

Bruce M. Bowman, DVM  
*Fishersville*

Steven A. Linas, OD  
*Richmond*

Thomas B. Massie, Jr., DVM  
*Washington*

Patricia Seeger, LVT, BBA  
*Hampton*

## ***Executive Director***

Kelli Moss

## Contents

---

Results in Brief.....	2
Summary of Trends .....	2
Survey Response Rates.....	3
The Workforce.....	4
Demographics.....	5
Background .....	6
Education & Certifications .....	8
Current Employment Situation .....	9
Employment Quality.....	10
Job Satisfaction.....	11
2024 Labor Market .....	12
Work Site Distribution .....	13
Establishment Type .....	15
Languages.....	17
Time Allocation .....	18
Patient Workload .....	19
Patient Allocation .....	20
Retirement & Future Plans .....	21
Full-Time Equivalency Units.....	23
Maps .....	24
Virginia Performs Regions .....	24
Area Health Education Center Regions .....	25
Workforce Investment Areas .....	26
Health Services Areas .....	27
Planning Districts.....	28
Appendices.....	29
Appendix A: Weights .....	29

## The Veterinarian Workforce: At a Glance:

### The Workforce

Licensees:	5,245
Virginia's Workforce:	3,921
FTEs:	3,297

### Background

Rural Childhood:	29%
HS Diploma in VA:	36%
Prof. Degree in VA:	32%

### Current Employment

Employed in Prof.:	95%
Hold 1 Full-Time Job:	64%
Satisfied?:	90%

### Survey Response Rate

All Licensees:	85%
Renewing Practitioners:	93%

### Education

DVM/VMD:	74%
Masters or PhD:	12%

### Job Turnover

Switched Jobs:	5%
Employed Over 2 Yrs.:	63%

### Demographics

Female:	75%
Diversity Index:	24%
Median Age:	45

### Finances

Median Inc.:	\$120k-\$130k
Health Insurance:	52%
Under 40 w/ Ed. Debt:	68%

### Time Allocation

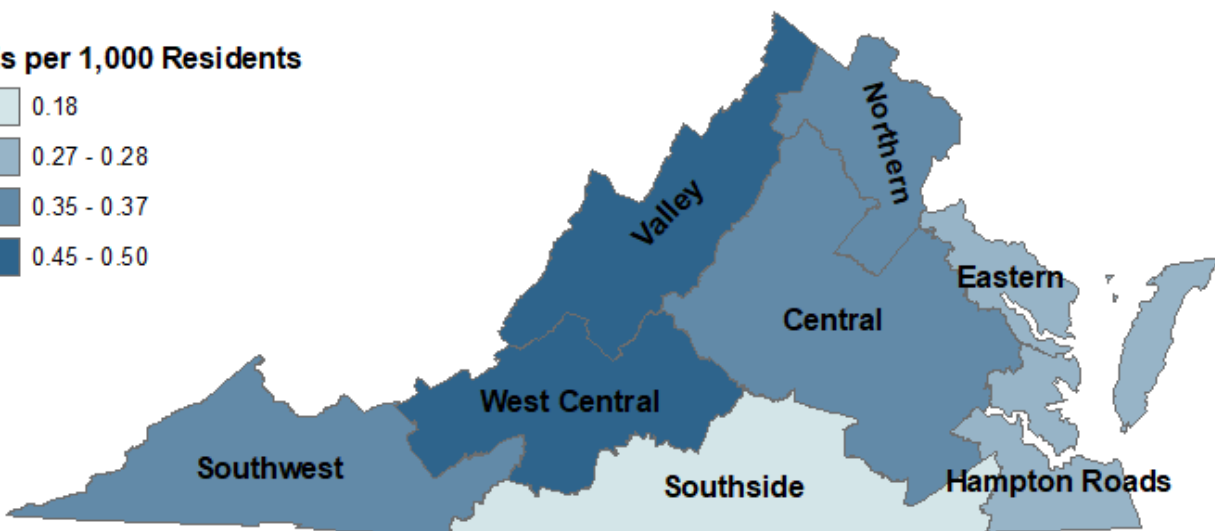
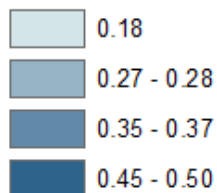
Patient Care:	90%-99%
Administration:	1%-9%
Patient Care Role:	85%

Source: Va. Healthcare Workforce Data Center

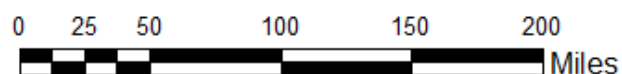
## Full-Time Equivalency Units Provided by Veterinarians per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2023  
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2024 Veterinarian Workforce survey. There were 4,475 veterinarians who voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every December for veterinarians. These survey respondents represent 85% of the 5,245 veterinarians licensed in the state and 93% of renewing practitioners.

The HWDC estimates that 3,921 veterinarians participated in Virginia's workforce during the survey period, which is defined as those veterinarians who worked at least a portion of the year in the state or who live in the state and intend to return to work as a veterinarian at some point in the future. During the past year, Virginia's veterinarian workforce provided 3,297 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Three out of every four veterinarians are female, including 84% of those who are under the age of 40. In a random encounter between two veterinarians, there is a 24% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 31% for those veterinarians who are under the age of 40. The comparable diversity index for Virginia's overall population is 60%. Nearly three out of every ten veterinarians grew up in a rural area, and 17% of veterinarians who grew up in a rural area currently work in a non-metro area of the state. In total, 9% of all veterinarians work in a non-metro area of Virginia.

Among all veterinarians, 95% are currently employed in the profession, 64% hold one full-time position, and 35% work between 40 and 49 hours per week. Among all veterinarians, 45% are employed in a group practice, while another 40% work in a solo practice or partnership. The typical veterinarian earns between \$120,000 and \$130,000 per year, and 71% of veterinarians receive this income in the form of a salary. In addition, 70% of veterinarians receive at least one employer-sponsored benefit, including 52% who have access to health insurance. Among all veterinarians, 90% are satisfied with their current work situation, including 50% who indicated that they are "very satisfied."

## Summary of Trends

---

In this section, all statistics for the current year are compared to the 2019 Veterinarian workforce. The number of licensed veterinarians in Virginia has increased by 15% (5,245 vs. 4,551). In addition, the size of Virginia's veterinary workforce has also risen by 15% (3,921 vs. 3,401), and the number of FTEs provided by this workforce has grown by 7% (3,297 vs. 3,082). Virginia's renewing veterinarians are also more likely to respond to this survey (93% vs. 84%).

Overall, the percentage of veterinarians who are female has increased (75% vs. 71%), although the opposite is true among those veterinarians who are under the age of 40 (84% vs. 85%). The diversity index of Virginia's veterinarians has increased (24% vs. 21%), a trend that has also occurred among those veterinarians who are under the age of 40 (31% vs. 28%). While there has been no change in the percentage of veterinarians who grew up in a rural area (29%), veterinarians who grew up in a rural area are slightly less likely to work in a non-metro area of the state (17% vs. 18%). Overall, the percentage of veterinarians who work in a non-metro area of Virginia has fallen slightly (9% vs. 10%).

Veterinarians are less likely to be employed in the profession (95% vs. 96%), hold one full-time job (64% vs. 69%), and work between 40 and 49 hours per week (35% vs. 38%). Instead, veterinarians are relatively more likely to hold two or more positions simultaneously (19% vs. 16%) and work less than 30 hours per week (14% vs. 12%). Veterinarians are relatively more likely to work in the non-profit sector (5% vs. 4%) or in a state/local government (3% vs. 2%) than in the for-profit sector (89% vs. 91%). Although veterinarians are less likely to carry education debt (43% vs. 45%), the median outstanding balance among those veterinarians with education debt has increased (\$160k-\$180k vs. \$110k-\$120k).

The median annual income of Virginia's veterinarian workforce has increased (\$120k-\$130k vs. \$90k-\$100k). The percentage of veterinarians who indicated that they are satisfied with their current employment situation has fallen slightly (90% vs. 91%). At the same time, there was a larger decline in the percentage of veterinarians who indicated that they are "very satisfied" with their current employment situation (50% vs. 57%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	4,623	88%
New Licensees	345	7%
Non-Renewals	277	5%
<b>All Licensees</b>	<b>5,245</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. Among all renewing veterinarians, 93% submitted a survey. These respondents represent 85% of the 5,245 veterinarians who held a license at some point in the past year.*

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
Under 30	98	223	70%
30 to 34	135	603	82%
35 to 39	99	630	86%
40 to 44	80	581	88%
45 to 49	63	527	89%
50 to 54	63	440	88%
55 to 59	55	420	88%
60 and Over	177	1,051	86%
<b>Total</b>	<b>770</b>	<b>4,475</b>	<b>85%</b>
<b>New Licenses</b>			
Issued in Past Year	196	149	43%
<b>Metro Status</b>			
Non-Metro	47	317	87%
Metro	426	2,787	87%
Not in Virginia	297	1,371	82%

Source: Va. Healthcare Workforce Data Center

Definitions

- The Survey Period:** The survey was conducted in December 2024.
- Target Population:** All veterinarians who held a Virginia license at some point between January 2024 and December 2024.
- Survey Population:** The survey was available to veterinarians who renewed their licenses online. It was not available to those who did not renew, including some veterinarians newly licensed in 2024.

Response Rates	
Completed Surveys	4,475
Response Rate, All Licensees	85%
Response Rate, Renewals	93%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Veterinarians

Number: 5,245  
 New: 7%  
 Not Renewed: 5%

Response Rates

All Licensees: 85%  
 Renewing Practitioners: 93%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

Veterinarian Workforce: 3,921  
 FTEs: 3,297

### Utilization Ratios

Licenses in VA Workforce: 75%  
 Licenses per FTE: 1.59  
 Workers per FTE: 1.19

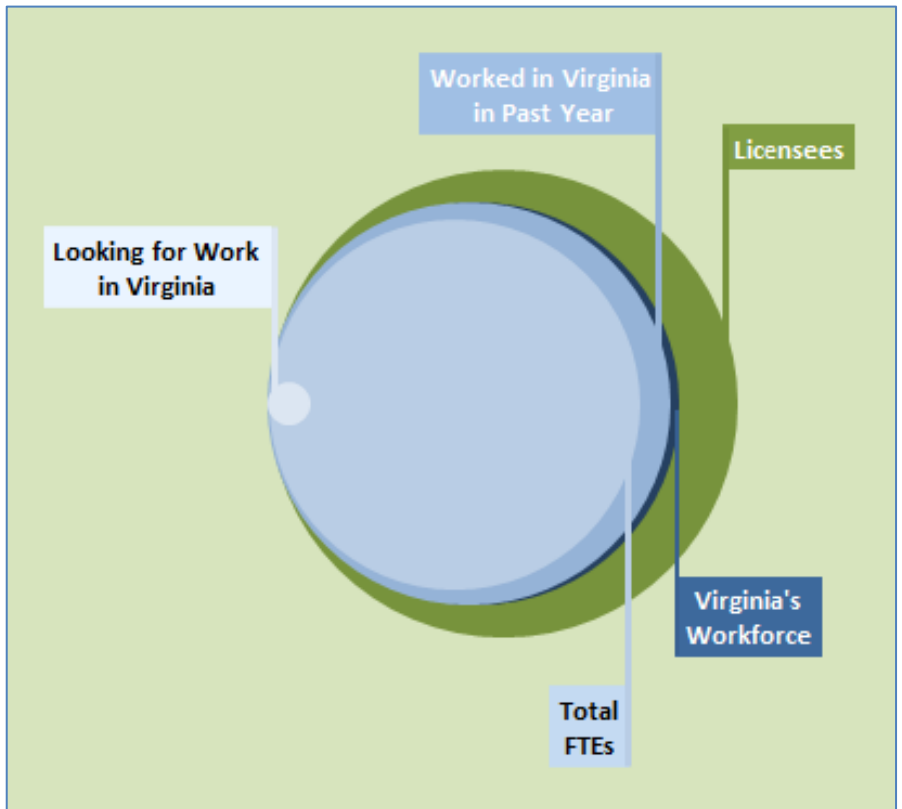
Source: Va. Healthcare Workforce Data Center

## Definitions

- 1. Virginia’s Workforce:** A licensee with a primary or secondary work site in Virginia at any time between January 2024 and December 2024 or who indicated intent to return to Virginia’s workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licenses in VA Workforce:** The proportion of licenses in Virginia’s Workforce.
- 4. Licenses per FTE:** An indication of the number of licenses needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia’s workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Veterinarian Workforce		
Status	#	%
Worked in Virginia in Past Year	3,877	99%
Looking for Work in Virginia	44	1%
Virginia's Workforce	3,921	100%
Total FTEs	3,297	
Licenses	5,245	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC’s methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>*

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	37	14%	225	86%	262	9%
30 to 34	77	16%	422	85%	500	17%
35 to 39	72	17%	358	83%	431	14%
40 to 44	62	17%	312	83%	374	12%
45 to 49	73	23%	243	77%	315	10%
50 to 54	80	29%	195	71%	274	9%
55 to 59	68	29%	163	71%	232	8%
60 and Over	290	47%	330	53%	619	21%
<b>Total</b>	<b>759</b>	<b>25%</b>	<b>2,248</b>	<b>75%</b>	<b>3,007</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	Veterinarians		Veterinarians Under 40	
	%	#	%	#	%
White	59%	2,613	87%	979	83%
Black	19%	72	2%	37	3%
Asian	7%	107	4%	51	4%
Other Race	0%	22	1%	2	0%
Two or More Races	3%	66	2%	40	3%
Hispanic	11%	120	4%	77	6%
<b>Total</b>	<b>100%</b>	<b>3,000</b>	<b>100%</b>	<b>1,186</b>	<b>100%</b>

\* Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2023.

Source: Va. Healthcare Workforce Data Center

Among the 40% of veterinarians who are under the age of 40, 84% are female. In addition, the diversity index among veterinarians who are under the age of 40 is 31%.

At a Glance:

**Gender**

% Female: 75%  
% Under 40 Female: 84%

**Age**

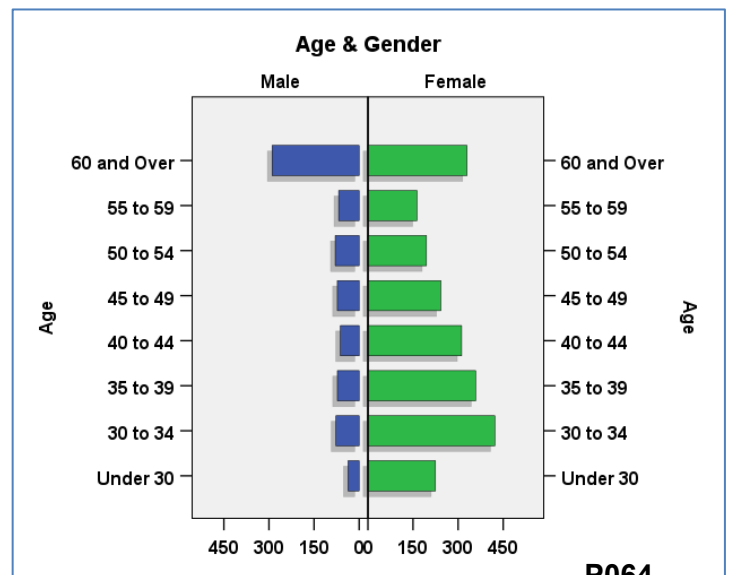
Median Age: 45  
% Under 40: 40%  
% 55 and Over: 28%

**Diversity**

Diversity Index: 24%  
Under 40 Div. Index: 31%

Source: Va. Healthcare Workforce Data Center

In a random encounter between two veterinarians, there is a 24% chance that they would be of different races or ethnicities (a measure known as the diversity index).



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 9%  
 Rural Childhood: 29%

### Virginia Background

HS in Virginia: 36%  
 Prof. Degree in VA: 32%  
 HS or Prof. Edu. in VA: 46%

### Location Choice

% Rural to Non-Metro: 17%  
 % Urban/Suburban to Non-Metro: 6%

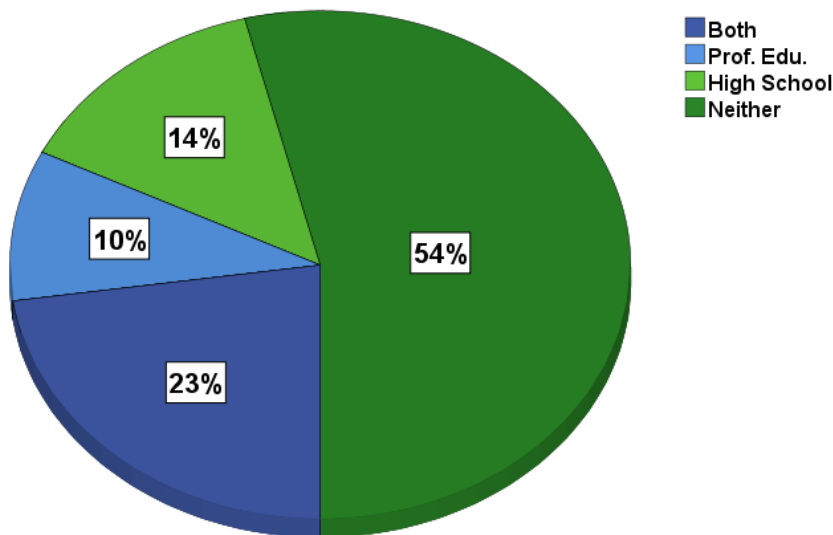
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	21%	70%	10%
2	Metro, 250,000 to 1 Million	40%	52%	8%
3	Metro, 250,000 or Less	43%	50%	8%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	52%	46%	3%
6	Urban, Pop. 5,000-19,999, Metro Adjacent	49%	45%	6%
7	Urban, Pop. 5,000-19,999, Non-Adjacent	73%	24%	3%
8	Rural, Metro Adjacent	46%	50%	4%
9	Rural, Non-Adjacent	50%	50%	0%
<b>Overall</b>		<b>29%</b>	<b>63%</b>	<b>9%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly three out of every ten veterinarians grew up in a self-described rural area, and 17% of veterinarians who grew up in a rural area currently work in a non-metro area of the state. In total, 9% of all veterinarians currently work in a non-metro county.

## Top Ten States for Veterinarian Recruitment

Rank	All Veterinarians			
	High School	#	Professional School	#
1	Virginia	1,076	Virginia	944
2	Maryland	188	Outside U.S./Canada	370
3	New York	149	Alabama	147
4	Pennsylvania	135	Tennessee	132
5	Outside U.S./Canada	130	Pennsylvania	124
6	New Jersey	118	Georgia	118
7	North Carolina	101	North Carolina	118
8	Florida	90	Ohio	102
9	California	83	New York	88
10	Ohio	73	Florida	67

Source: Va. Healthcare Workforce Data Center

*Among all veterinarians, 36% received their high school degree in Virginia, and 32% received their initial professional degree in the state.*

*Among veterinarians who obtained their initial license in the past five years, 31% received their high school degree in Virginia, while 24% received their initial professional degree in the state.*

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	259	Virginia	199
2	Outside U.S./Canada	41	Outside U.S./Canada	134
3	Pennsylvania	39	Tennessee	59
4	Maryland	38	Pennsylvania	34
5	New Jersey	35	Alabama	32
6	Florida	34	North Carolina	29
7	California	33	Ohio	26
8	New York	32	Illinois	24
9	North Carolina	31	Kansas	23
10	West Virginia	22	Georgia	23

Source: Va. Healthcare Workforce Data Center

*One out of every four licensed veterinarians did not participate in the state's veterinarian workforce. Among these licensees, 88% worked at some point in the past year, including 80% who currently work as veterinarians.*

### At a Glance:

#### Not in VA Workforce

Total:	1,324
% of Licensees:	25%
Federal/Military:	8%
Va. Border State/DC:	21%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Education		
Degree	#	% of Workforce
Bachelor of Science	2,119	54%
Other Bachelor's Degree	347	9%
Graduate Certificate	65	2%
Master's Degree	402	10%
PhD	63	2%
DVM/VMD	2,918	74%

Source: Va. Healthcare Workforce Data Center

More than two out of every five veterinarians carry education debt, including 68% of those who are under the age of 40. For those with education debt, their median outstanding balance is between \$160,000 and \$180,000.

At a Glance:

**Education**

DVM/VMD: 74%  
Masters or PhD: 12%

**Education Debt**

Carry Debt: 43%  
Under Age 40 w/ Debt: 68%  
Median Debt: \$160k-\$180k

**Training Program**

Surgery: 2%  
Internal Medicine: 1%  
Canine & Feline Practice: 1%

Source: Va. Healthcare Workforce Data Center

Other Education/Training		
Residency/Specialty Training	#	% of Workforce
Surgery	73	2%
Internal Medicine	51	1%
Canine and Feline Practice	48	1%
Public Health	46	1%
Critical Care/Emergency	45	1%
Equine Practice	41	1%
Laboratory Animal Medicine	30	1%
Sports Medicine and Rehabilitation	28	1%
Ophthalmology	25	1%
At Least One	548	14%
Other Education	#	% of Workforce
Preventative Medicine	329	8%
Theriogenology	80	2%
Other	242	6%
At Least One	583	15%

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All Veterinarians		Veterinarians Under 40	
	#	%	#	%
None	1,408	57%	323	32%
Less than \$60,000	237	10%	89	9%
\$60,000-\$79,999	74	3%	19	2%
\$80,000-\$99,999	62	2%	27	3%
\$100,000-\$119,999	59	2%	37	4%
\$120,000-\$139,999	39	2%	26	3%
\$140,000-\$159,999	43	2%	27	3%
\$160,000-\$179,999	41	2%	31	3%
\$180,000-\$199,999	51	2%	43	4%
\$200,000-\$219,999	57	2%	45	4%
\$220,000-\$239,999	39	2%	31	3%
\$240,000-\$259,999	44	2%	30	3%
\$260,000-\$279,999	33	1%	25	2%
\$280,000-\$299,999	30	1%	28	3%
\$300,000 or More	273	11%	222	22%
<b>Total</b>	<b>2,489</b>	<b>100%</b>	<b>1,004</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employment

Employed in Profession: 95%  
 Involuntarily Unemployed: < 1%

### Positions Held

1 Full-Time: 64%  
 2 or More Positions: 19%

### Weekly Hours

40 to 49: 35%  
 60 or More: 8%  
 Less than 30: 14%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	4	< 1%
Employed in a Veterinary-Related Capacity	2,745	95%
Employed, NOT in a Veterinary-Related Capacity	36	1%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	3	< 1%
Voluntarily Unemployed	43	2%
Retired	62	2%
<b>Total</b>	<b>2,894</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Among all veterinarians, 95% are currently employed in the profession, 64% hold one full-time job, and 35% work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	108	4%
One Part-Time Position	362	13%
Two Part-Time Positions	139	5%
One Full-Time Position	1,818	64%
One Full-Time Position & One Part-Time Position	291	10%
Two Full-Time Positions	28	1%
More than Two Positions	90	3%
<b>Total</b>	<b>2,836</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	108	4%
1 to 9 Hours	79	3%
10 to 19 Hours	122	4%
20 to 29 Hours	190	7%
30 to 39 Hours	712	25%
40 to 49 Hours	985	35%
50 to 59 Hours	384	14%
60 to 69 Hours	138	5%
70 to 79 Hours	51	2%
80 or More Hours	34	1%
<b>Total</b>	<b>2,803</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Annual Income		
Income Level	#	%
Volunteer Work Only	33	1%
Less than \$40,000	134	6%
\$40,000-\$59,999	136	6%
\$60,000-\$79,999	173	8%
\$80,000-\$99,999	210	9%
\$100,000-\$119,999	347	15%
\$120,000-\$139,999	332	15%
\$140,000-\$159,999	255	11%
\$160,000-\$179,999	156	7%
\$180,000-\$199,999	135	6%
\$200,000 or More	376	16%
<b>Total</b>	<b>2,287</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$120k-\$130k

**Benefits**  
Health Insurance: 52%  
Retirement: 54%

Source: Va. Healthcare Workforce Data Center

The median annual income of Virginia’s veterinarians is between \$120,000 and \$130,000. In addition, 70% of all veterinarians receive at least one employer-sponsored benefit, including 52% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
<b>Paid Vacation</b>	1,644	60%	69%
<b>Retirement</b>	1,494	54%	62%
<b>Health Insurance</b>	1,437	52%	57%
<b>Paid Sick Leave</b>	1,189	43%	50%
<b>Dental Insurance</b>	1,174	43%	48%
<b>Group Life Insurance</b>	697	25%	29%
<b>Signing/Retention Bonus</b>	432	16%	19%
<b>At Least One Benefit</b>	<b>1,925</b>	<b>70%</b>	<b>78%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Satisfaction

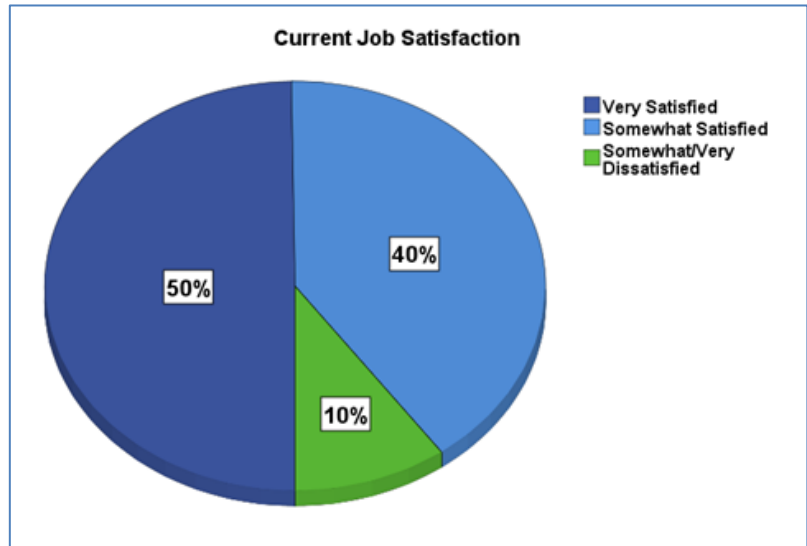
Satisfied: 90%  
Very Satisfied: 50%

### Exhaustion

Burned Out: 41%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	1,392	50%
Somewhat Satisfied	1,127	40%
Somewhat Dissatisfied	202	7%
Very Dissatisfied	76	3%
<b>Total</b>	<b>2,798</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Among all veterinarians, 90% are satisfied with their current employment situation, including 50% who indicated that they are "very satisfied."*

*More than two out of every five veterinarians are feeling burned out with their job. Among these veterinarians, nearly two-thirds will continue to work in their current position.*

Burned Out?		
	#	%
Yes	1,103	41%
No	1,558	59%
<b>Total</b>	<b>2,661</b>	<b>100%</b>
Experiencing Burnout		
Will Continue to Work in Current Position	722	27%
Seeking Another Position in Veterinary Care Profession	153	6%
Seeking Professional Resources to Deal with Burn Out	131	5%
Planning to Leave Veterinary Care Profession within 1-2 Years	97	4%
<b>Total</b>	<b>1,103</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in the Past Year		
In The Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	19	< 1%
Experience Voluntary Unemployment?	168	4%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	52	1%
Work Two or More Positions at the Same Time?	609	16%
Switch Employers or Practices?	215	5%
Experience at Least One?	<b>898</b>	<b>23%</b>

Source: Va. Healthcare Workforce Data Center

*Less than 1% of veterinarians experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 2.9% during the same time period.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
<b>Not Currently Working at This Location</b>	89	3%	36	6%
Less than 6 Months	176	6%	103	16%
6 Months to 1 Year	224	8%	76	12%
1 to 2 Years	523	19%	139	22%
3 to 5 Years	562	21%	111	18%
6 to 10 Years	377	14%	55	9%
More than 10 Years	776	28%	110	17%
<b>Subtotal</b>	<b>2,728</b>	<b>100%</b>	<b>629</b>	<b>100%</b>
Did Not Have Location	56		3,240	
Item Missing	1,136		52	
<b>Total</b>	<b>3,921</b>		<b>3,921</b>	

Source: Va. Healthcare Workforce Data Center

*More than 70% of all veterinarians either receive a salary or work on commission at their primary work location.*

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: < 1%  
Underemployed: 1%

**Turnover & Tenure**

Switched Jobs: 5%  
New Location: 21%  
Over 2 Years: 63%  
Over 2 Yrs., 2<sup>nd</sup> Location: 44%

**Employment Type**

Salary/Commission: 71%  
Business/Practice Income: 12%

Source: Va. Healthcare Workforce Data Center

*Among all veterinarians, 63% have worked at their primary work location for more than two years.*

Employment Type		
Primary Work Site	#	%
<b>Salary/Commission</b>	1,499	71%
Hourly Wage	250	12%
By Contract/Per Diem	89	4%
Business/Practice Income	242	11%
Unpaid	25	1%
<b>Subtotal</b>	<b>2,105</b>	<b>100%</b>
Did Not Have Location	56	
Item Missing	1,760	

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.3% and a high of 3.5%. At the time of publication, the unemployment rate for December 2024 was still preliminary.

## At a Glance:

### Concentration

Top Region:	36%
Top 3 Regions:	71%
Lowest Region:	1%

### Locations

2 or More (Past Year):	24%
2 or More (Now*):	21%

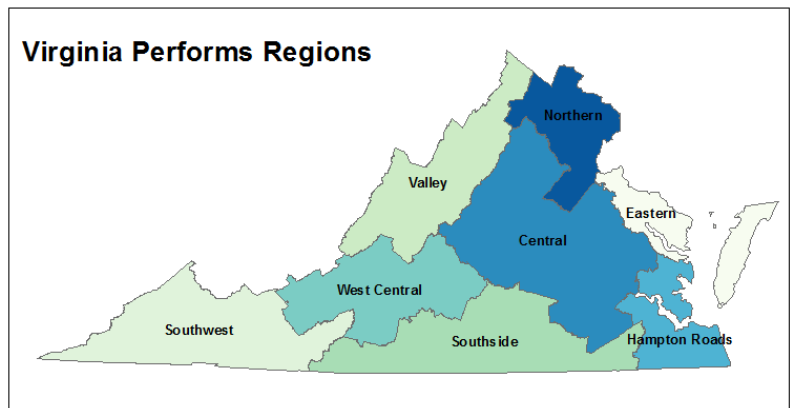
Source: Va. Healthcare Workforce Data Center

More than seven out of every ten veterinarians in the state work in Northern Virginia, Central Virginia, or Hampton Roads.

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	539	20%	97	15%
Eastern	30	1%	21	3%
Hampton Roads	416	15%	118	18%
Northern	982	36%	204	31%
Southside	59	2%	17	3%
Southwest	101	4%	20	3%
Valley	196	7%	37	6%
West Central	324	12%	66	10%
Virginia Border State/D.C.	22	1%	27	4%
Other U.S. State	41	2%	45	7%
Outside of the U.S.	2	0%	5	1%
<b>Total</b>	<b>2,712</b>	<b>100%</b>	<b>657</b>	<b>100%</b>
Item Missing	1,150		24	

Source: Va. Healthcare Workforce Data Center



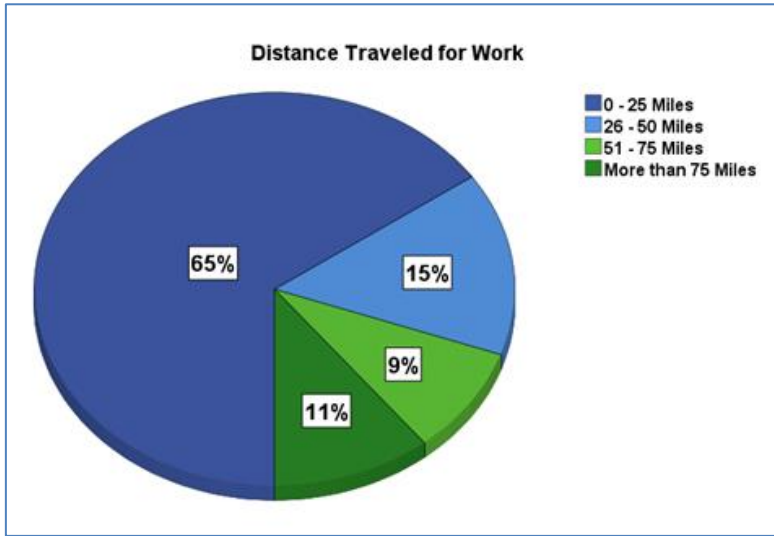
Source: Va. Healthcare Workforce Data Center

While 21% of veterinarians currently have multiple work locations, 24% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	44	2%	99	4%
1	2,043	74%	2,076	75%
2	398	14%	349	13%
3	163	6%	165	6%
4	33	1%	17	1%
5	26	1%	21	1%
6 or More	56	2%	35	1%
<b>Total</b>	<b>2,764</b>	<b>100%</b>	<b>2,764</b>	<b>100%</b>

\*At the time of survey completion, Dec. 2024.

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Primary Base Point**

- Top Region: 37%
- Top 3 Regions: 72%
- Lowest Region: 1%

**Work Travel**

- 0-25 Miles: 65%
- More than 50 Miles: 20%

Source: Va. Healthcare Workforce Data Center

Distance Traveled for Work		
Range	#	%
0-25 Miles	1,703	65%
26-50 Miles	393	15%
51-75 Miles	231	9%
More than 75 Miles	280	11%
<b>Total</b>	<b>2,607</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Nearly two-thirds of all veterinarians travel between 0 and 25 miles for their work. Another 20% travel more than 50 miles for their work.*

*Among all veterinarians, 72% have their primary base point location in Northern Virginia, Central Virginia, or Hampton Roads.*

Primary Base Point Location		
Virginia Performs Region	#	%
Central	527	20%
Eastern	35	1%
Hampton Roads	405	16%
Northern	946	37%
Southside	55	2%
Southwest	103	4%
Valley	198	8%
West Central	322	12%
<b>Total</b>	<b>2,591</b>	<b>100%</b>
Item Missing	1,330	

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	2,271	89%	535	87%
<b>Non-Profit</b>	121	5%	44	7%
<b>State/Local Government</b>	80	3%	25	4%
<b>Veterans Administration</b>	2	0%	1	0%
<b>U.S. Military</b>	23	1%	5	1%
<b>Other Federal Government</b>	51	2%	6	1%
<b>Total</b>	<b>2,548</b>	<b>100%</b>	<b>616</b>	<b>100%</b>
<b>Did Not Have Location</b>	56		3,240	
<b>Item Missing</b>	1,314		64	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

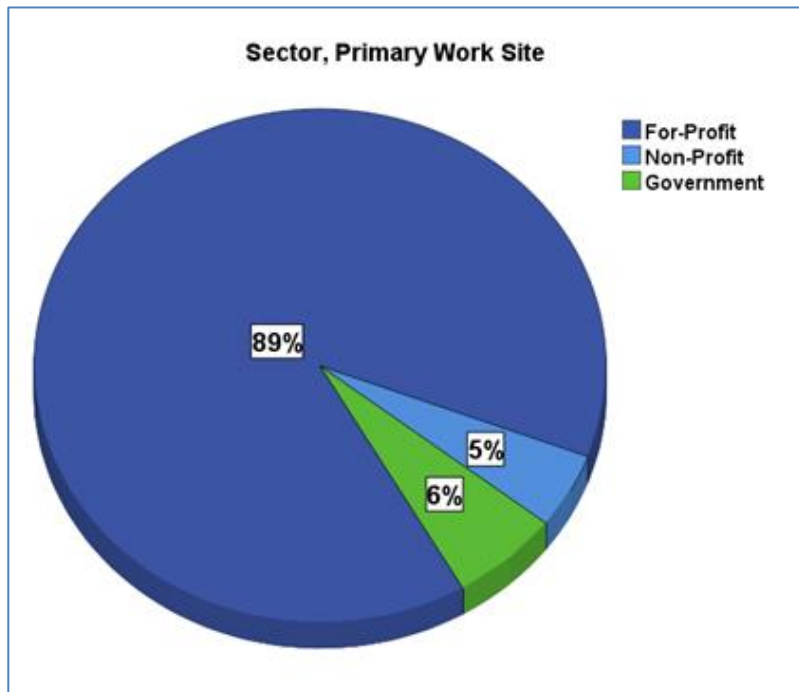
**Sector**

For-Profit:	89%
Federal:	3%

**Top Establishments**

Group Practice:	45%
Solo Practice:	40%
Veterinary Edu. Program:	2%

Source: Va. Healthcare Workforce Data Center



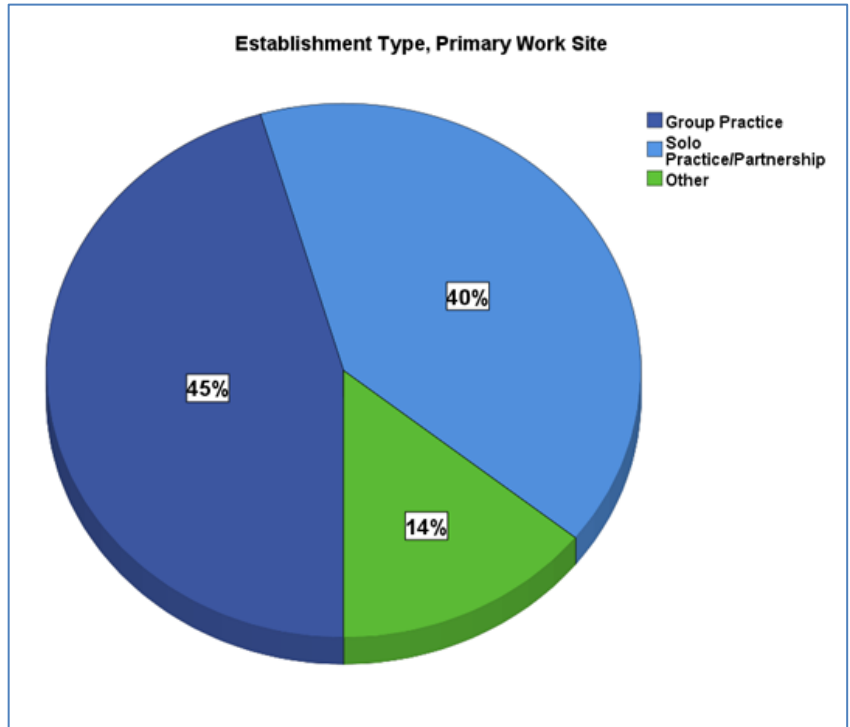
Source: Va. Healthcare Workforce Data Center

Among all veterinarians, 94% work in the private sector, including 89% who are employed in the for-profit sector. Another 3% of veterinarians work for state or local governments.

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Group Practice	1,152	45%	245	40%
Solo Practice/Partnership	1,021	40%	237	39%
Veterinary Education Program	62	2%	18	3%
Shelters or Rescue (Public or Private)	57	2%	29	5%
Public Health Program	37	1%	5	1%
Laboratory	32	1%	8	1%
Supplier Organization	8	0%	4	1%
Veterinary Technology Education Program	7	0%	6	1%
Non-Veterinary Education Program	5	0%	5	1%
Other Practice Setting	153	6%	49	8%
<b>Total</b>	<b>2,534</b>	<b>100%</b>	<b>606</b>	<b>100%</b>
<b>Did Not Have Location</b>	56		3,240	

Source: Va. Healthcare Workforce Data Center

*Among all veterinarians, 45% work at a group practice as their primary work location, while another 40% work at a solo practice/partnership.*



Source: Va. Healthcare Workforce Data Center

*Among those veterinarians who also have a secondary work location, 40% work at a group practice, and 39% work at a solo practice/partnership.*

## At a Glance: (Primary Locations)

### Languages Offered

Spanish:	19%
French:	2%
Korean:	1%

### Means of Communication

Other Staff Member:	73%
Respondent:	24%
Virtual Translation:	19%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	762	19%
French	66	2%
Korean	51	1%
Chinese	45	1%
Arabic	31	1%
Hindi	30	1%
Vietnamese	30	1%
Persian	24	1%
Tagalog/Filipino	18	0%
Urdu	15	0%
Amharic, Somali, or Other Afro-Asiatic Languages	9	0%
Pashto	7	0%
Others	87	2%
<b>At Least One Language</b>	<b>836</b>	<b>21%</b>

Source: Va. Healthcare Workforce Data Center

Nearly one out of every five veterinarians are employed at a primary work location that offers Spanish language services for patients.

## Means of Language Communication

Provision	#	% of Workforce with Language Services
Other Staff Member is Proficient	608	73%
Respondent is Proficient	201	24%
Virtual Translation Service	156	19%
Onsite Translation Service	45	5%
Other	17	2%

Source: Va. Healthcare Workforce Data Center

Nearly three out of every four veterinarians who are employed at a primary work location that offers language services for patients provide it by means of a staff member who is proficient.

## At a Glance: (Primary Locations)

### Typical Time Allocation

Patient Care: 90%-99%  
Administration: 1%-9%

### Roles

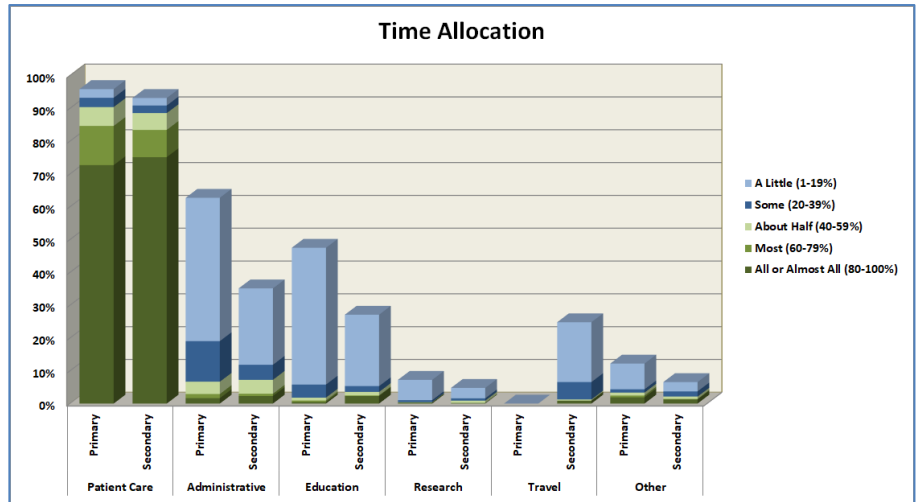
Patient Care: 85%  
Administration: 3%  
Education: 1%

### Patient Care Veterinarians

Median Admin. Time: 1%-9%  
Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



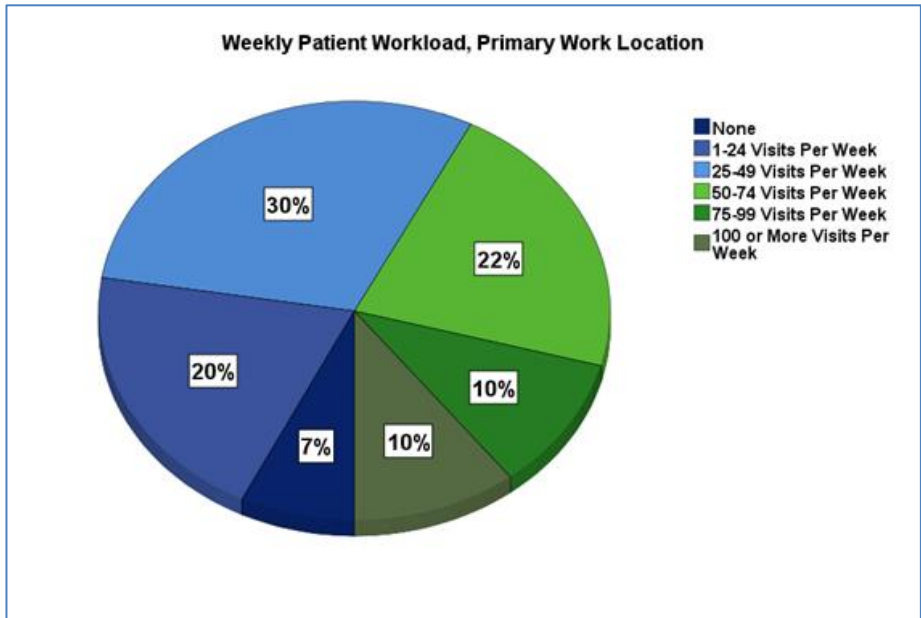
Source: Va. Healthcare Workforce Data Center

*Veterinarians spend most of their time treating patients. In fact, 85% of veterinarians fill a patient care role, defined as spending 60% or more of their time on patient care activities.*

Time Allocation												
Time Spent	Patient Care		Admin.		Education		Research		Travel		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	73%	75%	2%	2%	0%	2%	0%	0%	-	1%	2%	1%
<b>Most (60-79%)</b>	12%	8%	1%	1%	0%	0%	0%	0%	-	0%	1%	0%
<b>About Half (40-59%)</b>	6%	5%	4%	4%	1%	1%	0%	1%	-	0%	1%	1%
<b>Some (20-39%)</b>	3%	2%	12%	5%	4%	2%	1%	1%	-	5%	1%	2%
<b>A Little (1-19%)</b>	3%	2%	44%	23%	42%	22%	6%	3%	-	18%	8%	3%
<b>None (0%)</b>	4%	7%	37%	65%	53%	73%	93%	95%	-	75%	88%	94%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Patient Workload (Median)**  
 Primary Location: 25-49  
 Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

*The median workload for veterinarians at their primary work location is between 25 and 49 patients per week. For veterinarians who also have a secondary work location, the median workload is between 1 and 24 patients per week.*

Patient Care Visits				
# of Patients Per Week	Primary		Secondary	
	#	%	#	%
<b>None</b>	185	7%	65	10%
<b>1-24</b>	518	20%	314	50%
<b>25-49</b>	766	30%	122	20%
<b>50-74</b>	554	22%	70	11%
<b>75-99</b>	264	10%	27	4%
<b>100-124</b>	131	5%	16	3%
<b>125-149</b>	53	2%	1	0%
<b>150-174</b>	23	1%	3	0%
<b>175-199</b>	14	1%	2	0%
<b>200 or More</b>	46	2%	3	0%
<b>Total</b>	<b>2,554</b>	<b>100%</b>	<b>623</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Large Animals

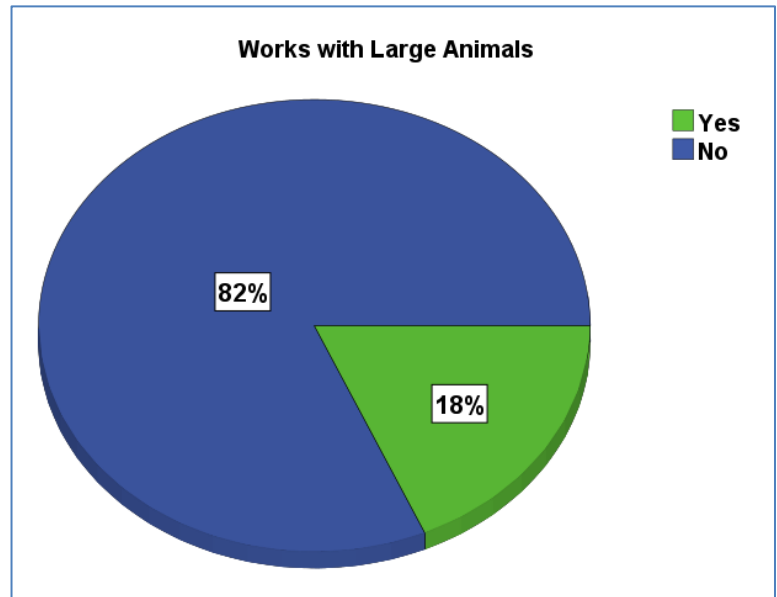
% Work w/  
Large Animals: 18%

#### Typical Patient Allocation

Dogs: > 50%  
Cats: 26-50%  
All Other Animals: 0-10%

Source: Va. Healthcare Workforce Data Center

### A Closer Look:



Source: Va. Healthcare Workforce Data Center

Nearly one out of every five veterinarians work with large animals. In addition, 56% of all veterinarians spend more than half of their time treating dogs, while 24% of veterinarians spend more than half of the time treating cats.

Works with Large Animals		
Response	#	%
Yes	525	18%
No	2,323	82%
<b>Total</b>	<b>2,848</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Patient Allocation				
Animal	Percentage of Time			
	0-10%	11-25%	26-50%	> 50%
Equines	88%	2%	1%	9%
Bovines (Dairy)	98%	1%	0%	1%
Bovines (Beef)	95%	2%	2%	1%
Sheep/Goats	96%	3%	1%	1%
Poultry	98%	1%	0%	1%
Camelids	99%	1%	1%	0%
Cats	13%	9%	54%	24%
Dogs	12%	3%	29%	56%
Small Animals (Exotics)	92%	5%	2%	2%
Other Animals	95%	1%	1%	3%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All Veterinarians		Veterinarians 50 and Over	
	#	%	#	%
<b>Under Age 50</b>	71	3%	-	-
<b>50 to 54</b>	123	5%	4	0%
<b>55 to 59</b>	263	11%	64	8%
<b>60 to 64</b>	552	23%	171	20%
<b>65 to 69</b>	696	30%	265	31%
<b>70 to 74</b>	286	12%	156	18%
<b>75 to 79</b>	109	5%	61	7%
<b>80 or Over</b>	54	2%	32	4%
<b>I Do Not Intend to Retire</b>	201	9%	93	11%
<b>Total</b>	<b>2,356</b>	<b>100%</b>	<b>846</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All Veterinarians**

Under 65: 43%  
Under 60: 19%

**Veterinarians 50 and Over**

Under 65: 28%  
Under 60: 8%

**Time Until Retirement**

Within 2 Years: 8%  
Within 10 Years: 24%  
Half the Workforce: By 2049

Source: Va. Healthcare Workforce Data Center

*More than two out of every five veterinarians expect to retire by the age of 65. Among veterinarians who are age 50 or over, 28% still expect to retire by age 65.*

*Within the next two years, 7% of Virginia's veterinarians expect to pursue additional educational opportunities, and 5% plan to increase their patient care hours.*

**Future Plans**

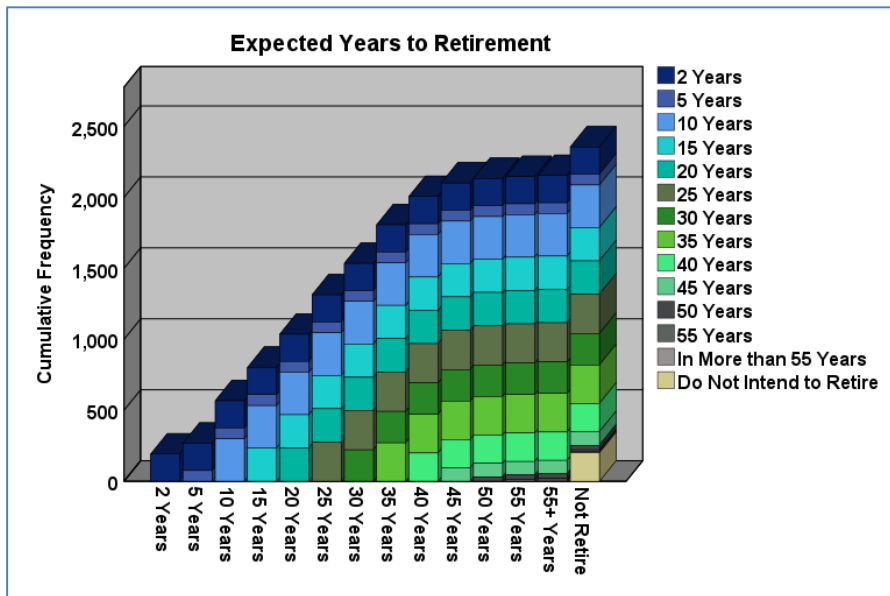
Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	58	1%
<b>Leave Virginia</b>	142	4%
<b>Decrease Patient Care Hours</b>	425	11%
<b>Decrease Teaching Hours</b>	19	0%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	206	5%
<b>Increase Teaching Hours</b>	114	3%
<b>Pursue Additional Education</b>	281	7%
<b>Return to the Workforce</b>	13	0%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectations to age, we can estimate the maximum years to retirement for veterinarians. While only 8% of veterinarians expect to retire in the next two years, 24% plan to retire within the next decade. More than half of the current workforce expect to retire by 2049.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	192	8%	8%
5 Years	77	3%	11%
10 Years	299	13%	24%
15 Years	235	10%	34%
20 Years	234	10%	44%
25 Years	277	12%	56%
30 Years	222	9%	65%
35 Years	271	12%	77%
40 Years	199	8%	85%
45 Years	95	4%	89%
50 Years	32	1%	91%
55 Years	13	1%	91%
In More Than 55 Years	8	0%	91%
Do Not Intend to Retire	201	9%	100%
<b>Total</b>	<b>2,356</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2034. Retirement will peak at 13% of the current workforce around the same time before declining to under 10% of the current workforce again around 2064.

## At a Glance:

### FTEs

Total: 3,297  
 FTEs/1,000 Residents<sup>2</sup>: 0.378  
 Average: 0.85

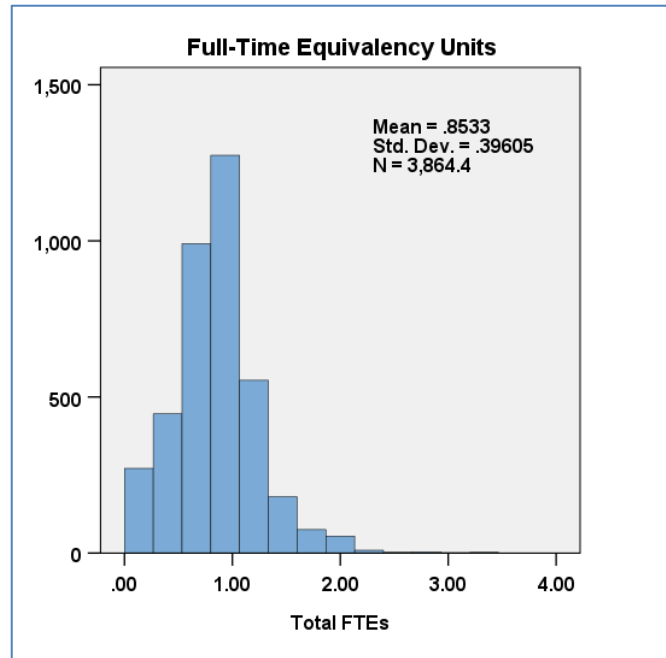
### Age & Gender Effect

Age, *Partial Eta*<sup>2</sup>: Medium  
 Gender, *Partial Eta*<sup>2</sup>: Small

*Partial Eta*<sup>2</sup> Explained:  
*Partial Eta*<sup>2</sup> is a statistical  
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

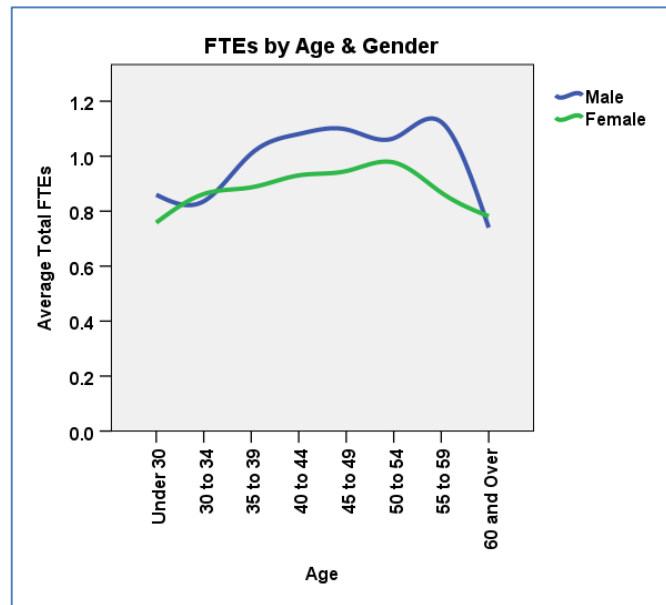


Source: Va. Healthcare Workforce Data Center

*The typical veterinarian provided 0.86 FTEs in the past year, or approximately 34 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.<sup>3</sup>*

Full-Time Equivalency Units		
Age	Average	Median
<b>Age</b>		
Under 30	0.73	0.81
30 to 34	0.76	0.83
35 to 39	0.91	0.93
40 to 44	0.92	0.80
45 to 49	0.98	0.99
50 to 54	0.96	0.86
55 to 59	0.88	0.77
60 and Over	0.76	0.78
<b>Gender</b>		
Male	0.91	0.96
Female	0.87	0.92

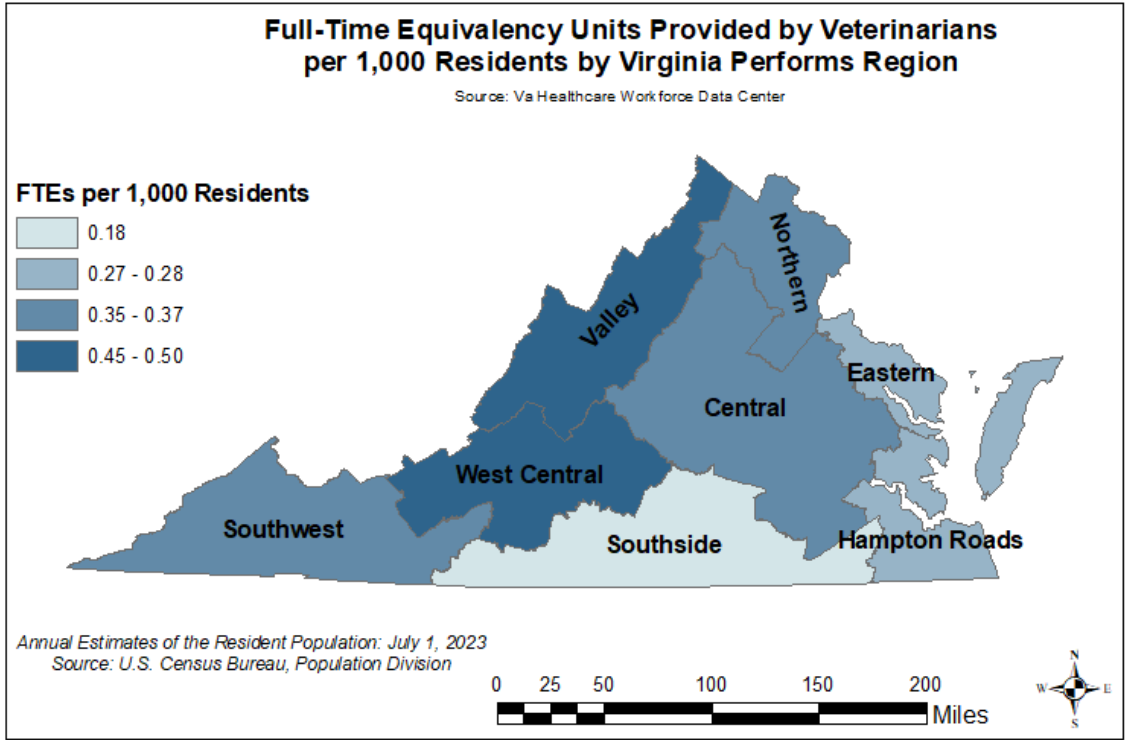
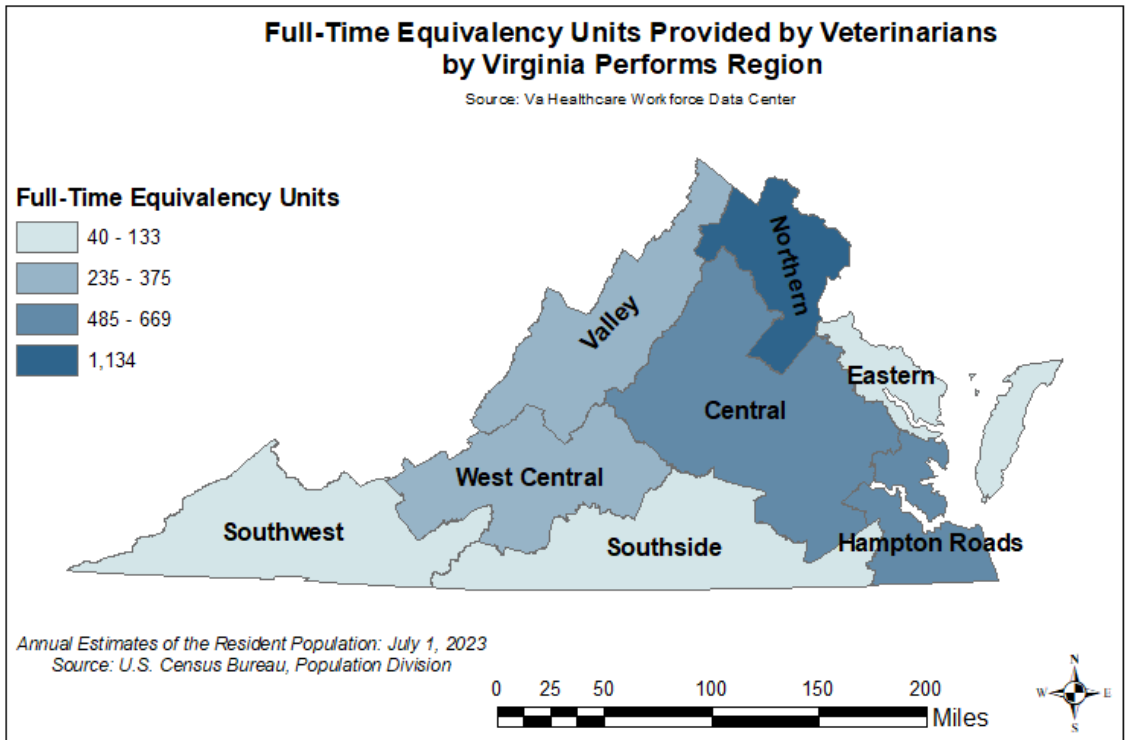
Source: Va. Healthcare Workforce Data Center

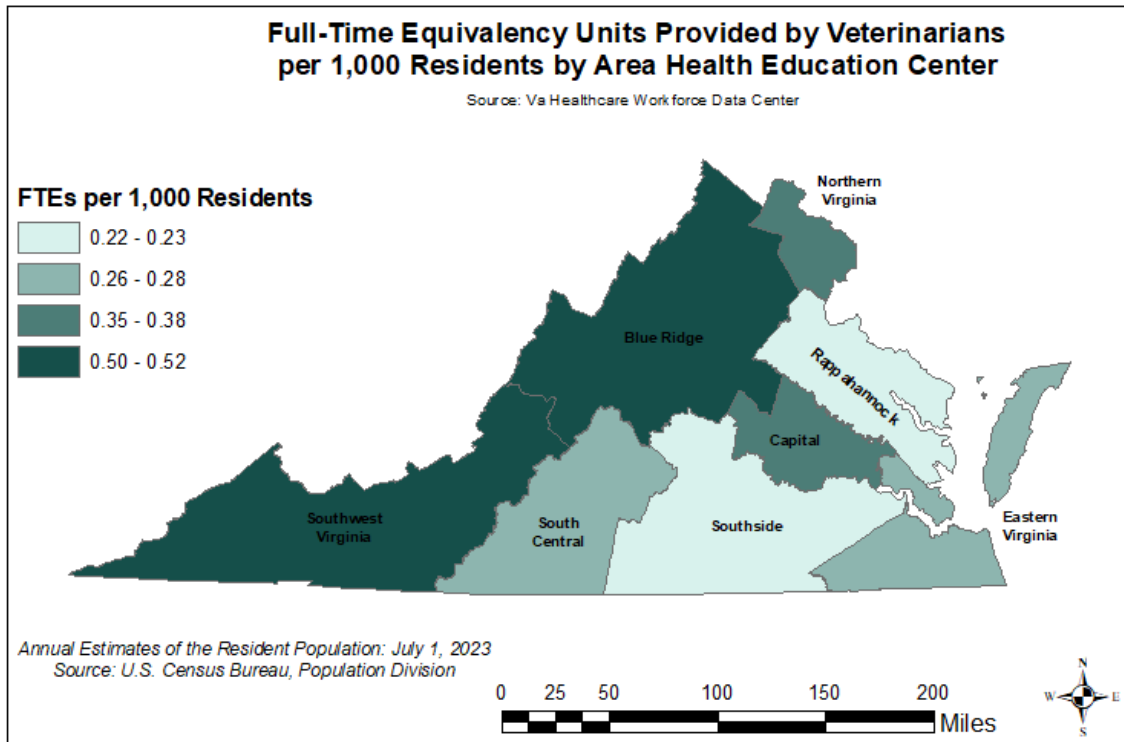
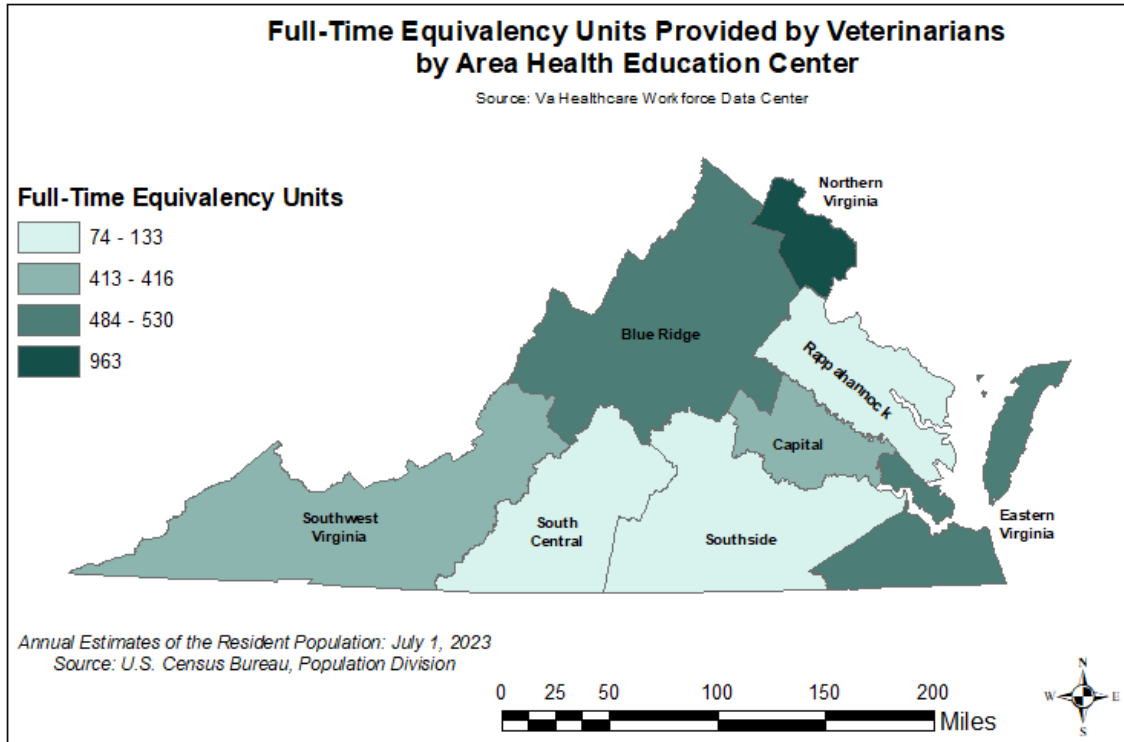


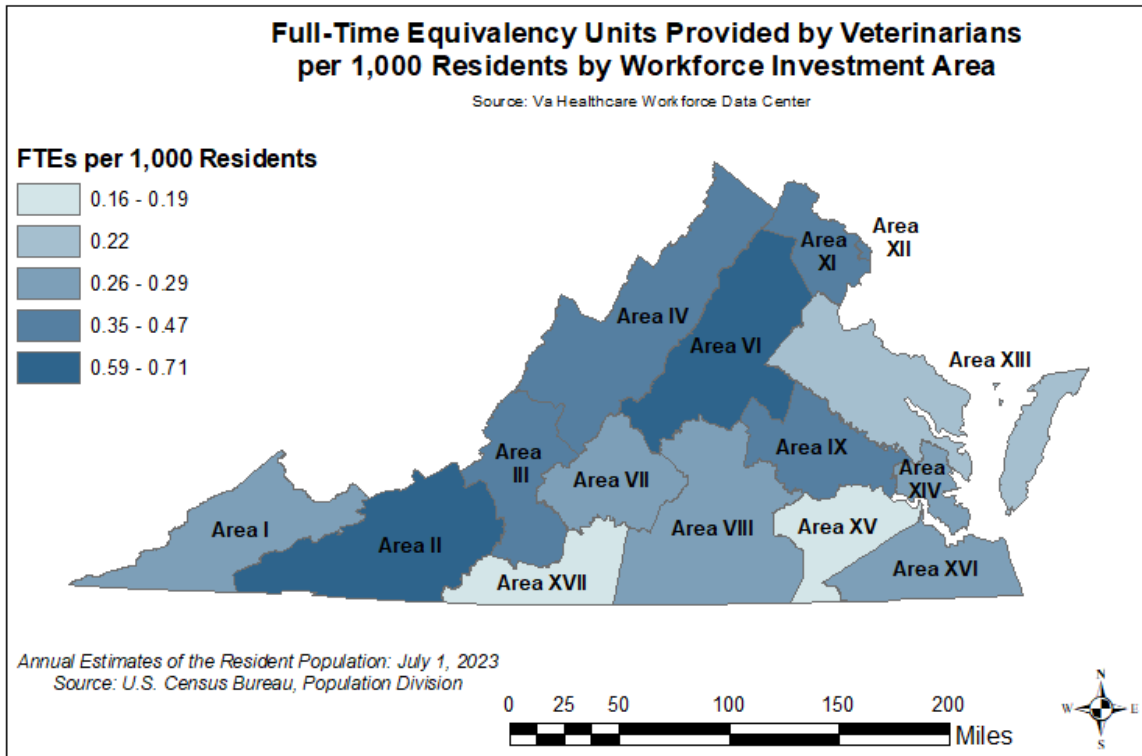
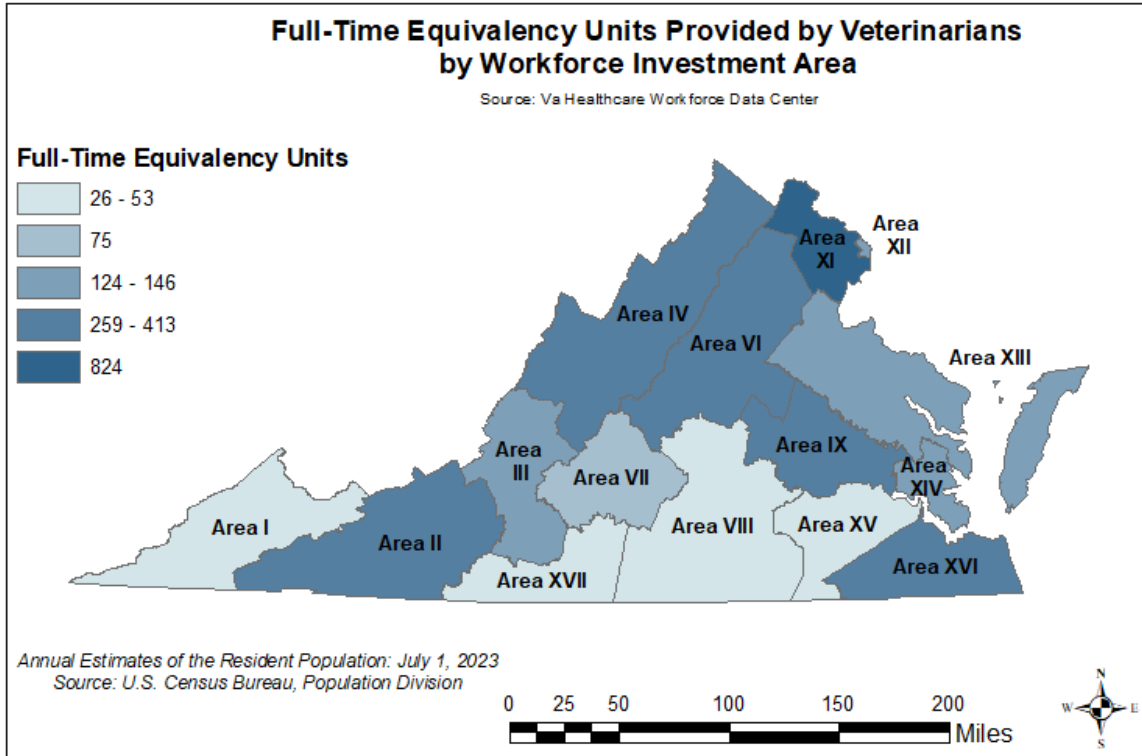
Source: Va. Healthcare Workforce Data Center

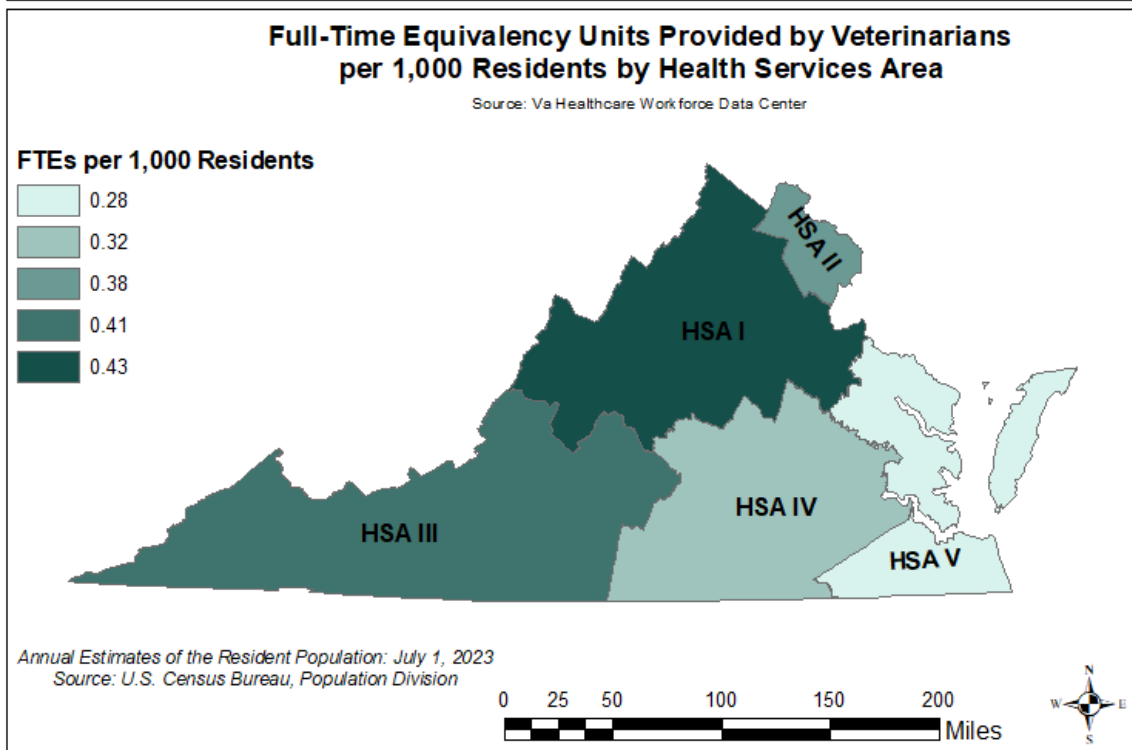
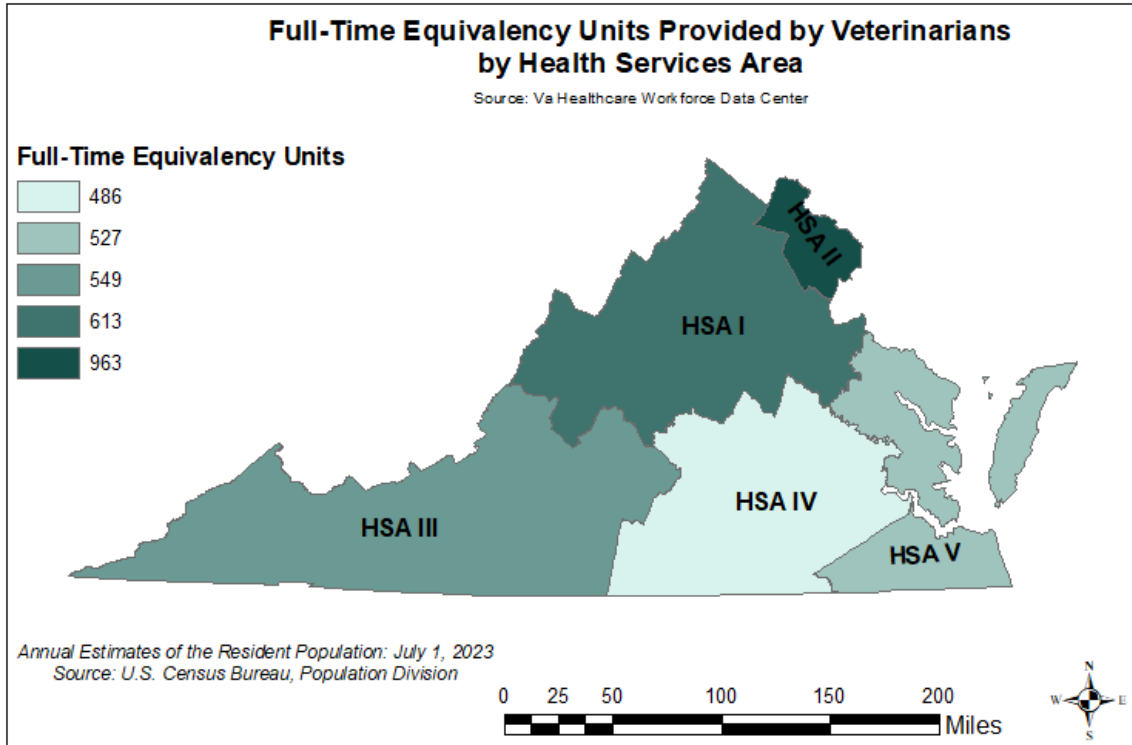
<sup>2</sup> Number of residents in 2023 was used as the denominator.

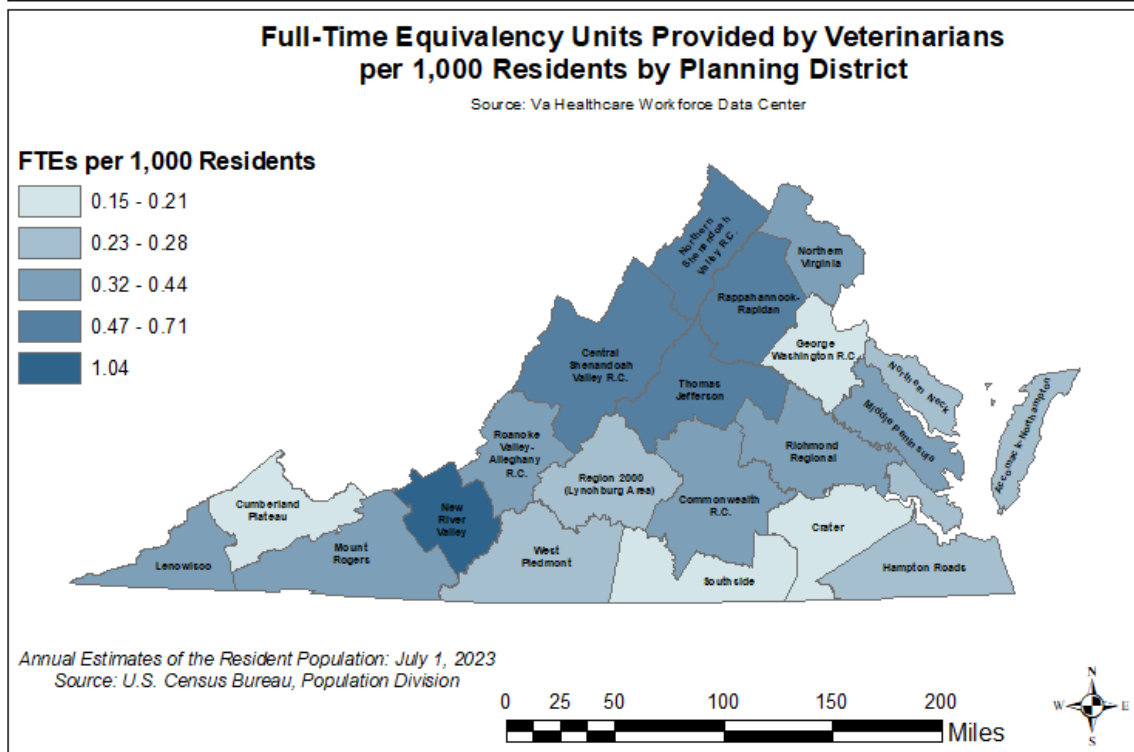
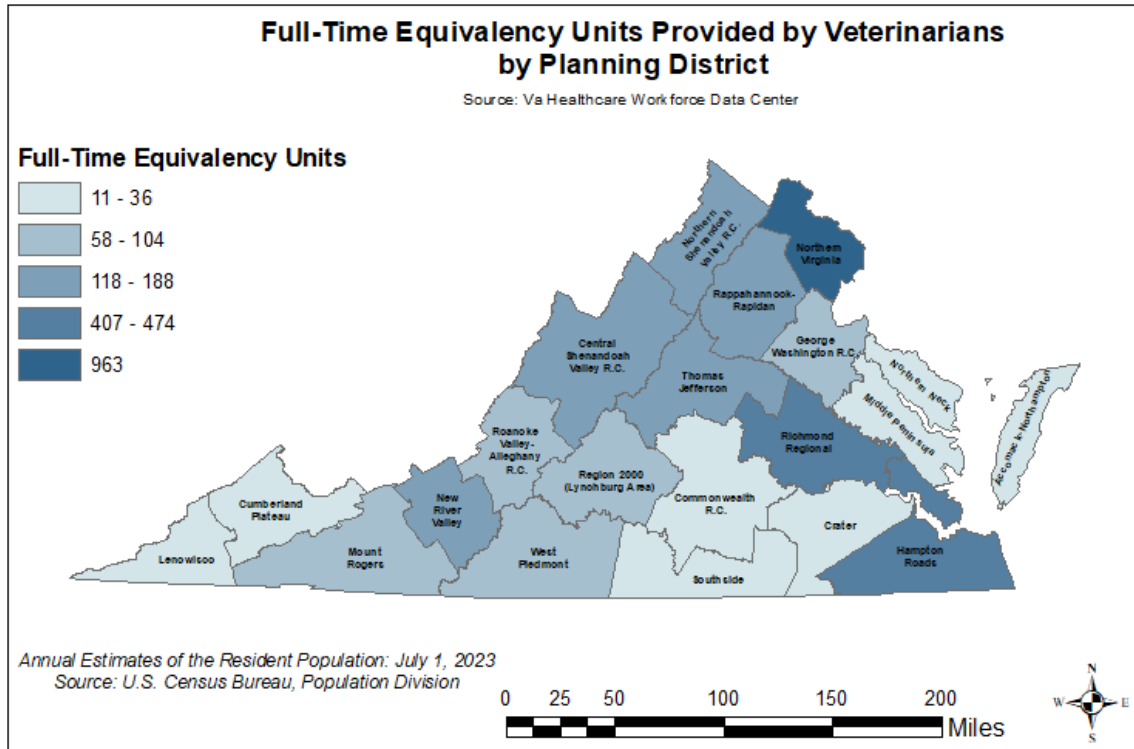
<sup>3</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction Effect were significant).











## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	2,341	87.48%	1.143	1.092	1.404
<b>Metro, 250,000 to 1 Million</b>	266	84.59%	1.182	1.129	1.452
<b>Metro, 250,000 or Less</b>	606	84.82%	1.179	1.126	1.448
<b>Urban, Pop. 20,000+, Metro Adj.</b>	31	83.87%	1.192	1.139	1.464
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	159	88.68%	1.128	1.077	1.385
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	52	92.31%	1.083	1.035	1.330
<b>Rural, Metro Adj.</b>	97	87.63%	1.141	1.090	1.402
<b>Rural, Non-Adj.</b>	25	68.00%	1.471	1.405	1.806
<b>Virginia Border State/D.C.</b>	789	83.02%	1.205	1.151	1.479
<b>Other U.S. State</b>	879	81.46%	1.228	1.173	1.508

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	321	69.47%	1.439	1.330	1.806
<b>30 to 34</b>	738	81.71%	1.224	1.131	1.536
<b>35 to 39</b>	729	86.42%	1.157	1.070	1.452
<b>40 to 44</b>	661	87.90%	1.138	1.052	1.427
<b>45 to 49</b>	590	89.32%	1.120	1.035	1.405
<b>50 to 54</b>	503	87.48%	1.143	1.057	1.434
<b>55 to 59</b>	475	88.42%	1.131	1.045	1.419
<b>60 and Over</b>	1,228	85.59%	1.168	1.080	1.466

Source: Va. Healthcare Workforce Data Center

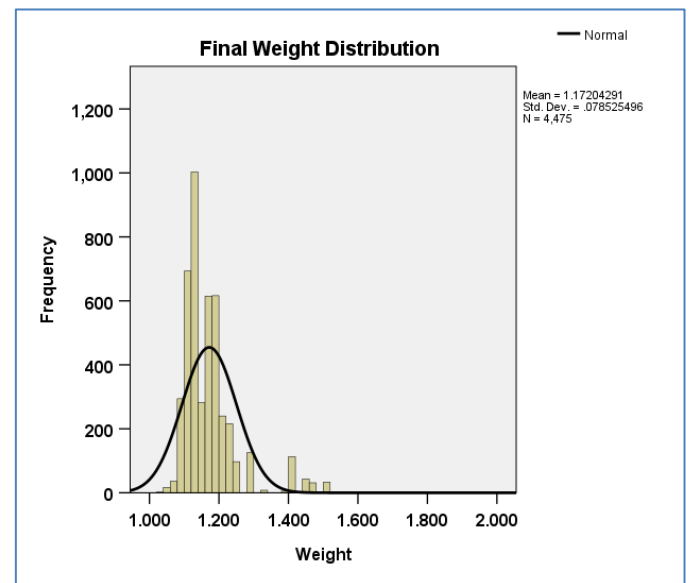
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

**Overall Response Rate: 0.853194**



Source: Va. Healthcare Workforce Data Center

**DRAFT**

---

# *Virginia's Veterinary Technician Workforce: 2024*

---

Healthcare Workforce Data Center

February 2025

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233  
804-597-4213, 804-527-4434 (fax)  
E-mail: [HWDC@dhp.virginia.gov](mailto:HWDC@dhp.virginia.gov)

Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*More than 2,500 Veterinary Technicians voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Veterinary Medicine express our sincerest appreciation for their ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**Arne W. Owens, MS**  
*Director*

*Healthcare Workforce Data Center Staff:*

Yetty Shobo, PhD  
*Director*

Barbara Hodgdon, PhD  
*Deputy Director*

Rajana Siva, MBA  
*Data Analyst*

Christopher Coyle, BA  
*Research Assistant*

# Virginia Board of Veterinary Medicine

## ***President***

Jeffery Newman, DVM  
*Alexandria*

## ***Vice-President***

Richard G. Bailey, DVM  
*Fincastle*

## ***Secretary***

Margaret J. Rucker, DVM  
*Lebanon*

## ***Members***

Bruce M. Bowman, DVM  
*Fishersville*

Steven A. Linas, OD  
*Richmond*

Thomas B. Massie, Jr., DVM  
*Washington*

Patricia Seeger, LVT, BBA  
*Hampton*

## ***Executive Director***

Kelli Moss

## Contents

---

Results in Brief.....	2
Summary of Trends .....	2
Survey Response Rates.....	3
The Workforce.....	4
Demographics.....	5
Background .....	6
Education & Certifications .....	8
Current Employment Situation .....	9
Employment Quality.....	10
Job Satisfaction.....	11
2024 Labor Market .....	12
Work Site Distribution .....	13
Establishment Type .....	15
Languages.....	17
Time Allocation .....	18
Patient Workload .....	19
Patient Allocation .....	20
Retirement & Future Plans .....	21
Full-Time Equivalency Units.....	23
Maps .....	24
Virginia Performs Regions .....	24
Area Health Education Center Regions .....	25
Workforce Investment Areas .....	26
Health Services Areas .....	27
Planning Districts.....	28
Appendices.....	29
Appendix A: Weights .....	29

# The Veterinary Technician Workforce At a Glance:

## The Workforce

Licensees:	2,854
Virginia's Workforce:	2,519
FTEs:	2,021

## Background

Rural Childhood:	36%
HS Diploma in VA:	69%
Prof. Degree in VA:	68%

## Current Employment

Employed in Prof.:	86%
Hold 1 Full-Time Job:	65%
Satisfied?:	89%

## Survey Response Rate

All Licensees:	90%
Renewing Practitioners:	100%

## Education

Associate:	90%
Baccalaureate:	8%

## Job Turnover

Switched Jobs:	8%
Employed Over 2 Yrs.:	59%

## Demographics

Female:	96%
Diversity Index:	24%
Median Age:	37

## Finances

Median Income:	\$40k-\$50k
Retirement Benefits:	67%
Under 40 w/ Ed. Debt:	38%

## Time Allocation

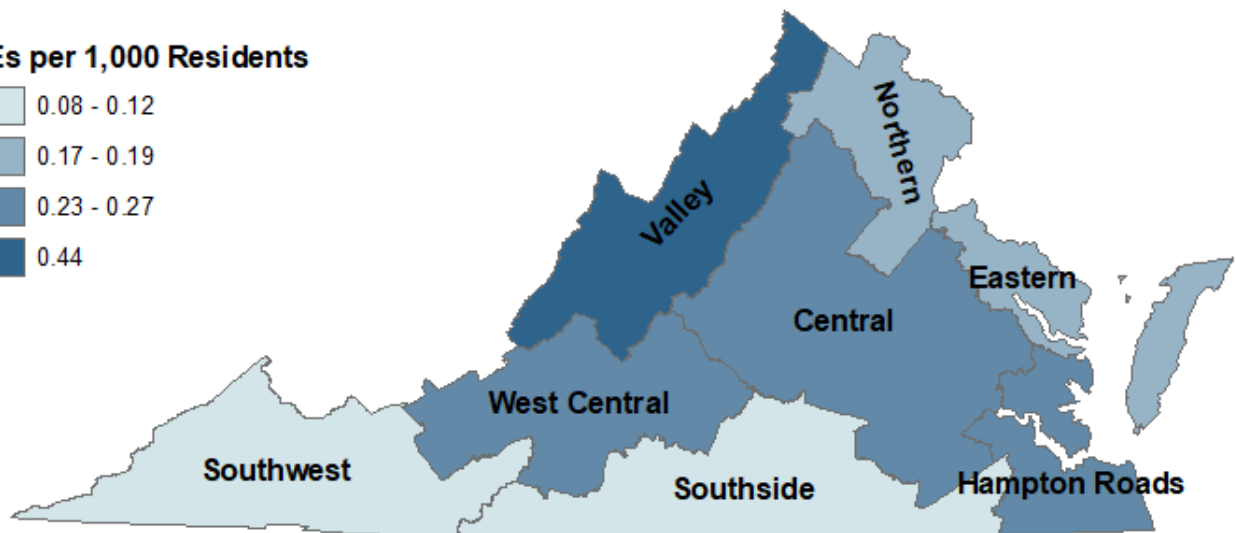
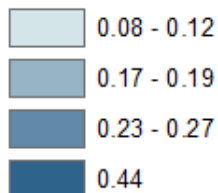
Patient Care:	80%-89%
Administration:	1%-9%
Patient Care Role:	71%

Source: Va. Healthcare Workforce Data Center

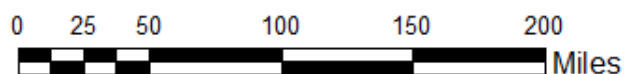
## Full-Time Equivalency Units Provided by Veterinary Technicians per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2023  
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2024 Veterinary Technician Workforce survey. In total, 2,580 veterinary technicians voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers this survey during the license renewal process, which takes place every December for veterinary technicians. These survey respondents represent 90% of the 2,854 veterinary technicians who are licensed in the state and nearly all renewing practitioners.

The HWDC estimates that 2,519 veterinary technicians participated in Virginia's workforce during the survey period, which is defined as those veterinary technicians who worked at least a portion of the year in the state or who live in the state and intend to return to work as a veterinary technician at some point in the future. During the past year, Virginia's veterinary technician workforce provided 2,021 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

The percentage of all veterinary technicians who are female is 96%, and the median age of this workforce is 37. In a random encounter between two veterinary technicians, there is a 24% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 28% for those veterinary technicians who are under the age of 40. The comparable diversity index for Virginia's overall population is 60%. More than one-third of all veterinary technicians grew up in a rural area, and 15% of veterinary technicians who grew up in a rural area currently work in a non-metro area of Virginia. In total, 7% of all veterinary technicians currently work in a non-metro area of the state.

Among all veterinary technicians, 86% are currently employed in the profession, 65% hold one full-time position, and 40% work between 40 and 49 hours per week. More than half of all veterinary technicians work in a solo practice/partnership, while another 29% work in a group practice. The median annual income for this workforce is between \$40,000 and \$50,000, and 79% receive this income in the form of an hourly wage. At the same time, 30% of veterinary technicians carry education debt, and the median outstanding balance among those with education debt is between \$20,000 and \$30,000. Nearly nine out of every ten veterinary technicians indicated that they are satisfied with their current work situation, including 43% who indicated that they are "very satisfied."

## Summary of Trends

---

In this section, all statistics for the current year are compared to the 2019 veterinary technician workforce. The number of licensed veterinary technicians in Virginia has increased by 19% (2,854 vs. 2,397). In addition, the size of Virginia's veterinary technician workforce has increased by 18% (2,519 vs. 2,130), and the number of FTEs provided by this workforce has also grown by 18% (2,021 vs. 1,716). Virginia's renewing veterinary technicians are more likely to respond to this survey (100% vs. 98%).

The median age of the veterinary technician workforce has increased (37 vs. 36). At the same time, the diversity index of Virginia's veterinary technician workforce has increased (24% vs. 19%). This is also the case among veterinary technicians who are under the age of 40 (28% vs. 22%). While there has been no change in the percentage of veterinary technicians who grew up in a rural area (36%), veterinary technicians who grew up in a rural area are more likely to work in a non-metro area of Virginia (15% vs. 12%). The percentage of all veterinary technicians who work in a non-metro area of the state has increased as well (7% vs. 6%).

Veterinary technicians are relatively more likely to work between 30 and 39 hours per week (34% vs. 29%) than between 40 and 49 hours per week (40% vs. 43%). The median annual income of Virginia's veterinary technician workforce has increased (\$40k-\$50k vs. \$30k-\$40k). Although veterinary technicians are less likely to carry education debt (30% vs. 34%), the median outstanding balance among those with education debt has increased (\$20k-\$30k vs. \$10k-\$20k). Veterinary technicians are slightly less likely to indicate that they are satisfied with their current work situation (89% vs. 90%). At the same time, there was a larger decline among those who indicated that they are "very satisfied" (43% vs. 50%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	2,478	87%
New Licensees	220	8%
Non-Renewals	156	5%
<b>All Licensees</b>	<b>2,854</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. Nearly all renewing veterinary technicians submitted a survey. These represent 90% of the 2,854 veterinary technicians who held a license at some point in the past year.*

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
Under 30	82	380	82%
30 to 34	52	504	91%
35 to 39	57	509	90%
40 to 44	26	397	94%
45 to 49	15	262	95%
50 to 54	15	189	93%
55 to 59	9	154	95%
60 and Over	18	185	91%
<b>Total</b>	<b>274</b>	<b>2,580</b>	<b>90%</b>
<b>New Licenses</b>			
Issued in Past Year	117	103	47%
<b>Metro Status</b>			
Non-Metro	13	204	94%
Metro	184	2,030	92%
Not in Virginia	77	345	82%

Source: Va. Healthcare Workforce Data Center

Definitions

- The Survey Period:** The survey was conducted in December 2024.
- Target Population:** All veterinary technicians who held a Virginia license at some point between January 2024 and December 2024.
- Survey Population:** The survey was available to veterinary technicians who renewed their licenses online. It was not available to those who did not renew, including some veterinary technicians newly licensed in 2024.

Response Rates	
Completed Surveys	2,580
Response Rate, All Licensees	90%
Response Rate, Renewals	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Veterinary Tech.

Number: 2,854  
 New: 8%  
 Not Renewed: 5%

Response Rates

All Licensees: 90%  
 Renewing Practitioners: 100%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

Veterinary Tech. Workforce: 2,519  
 FTEs: 2,021

### Utilization Ratios

Licensees in VA Workforce: 88%  
 Licensees per FTE: 1.41  
 Workers per FTE: 1.25

Source: Va. Healthcare Workforce Data Center

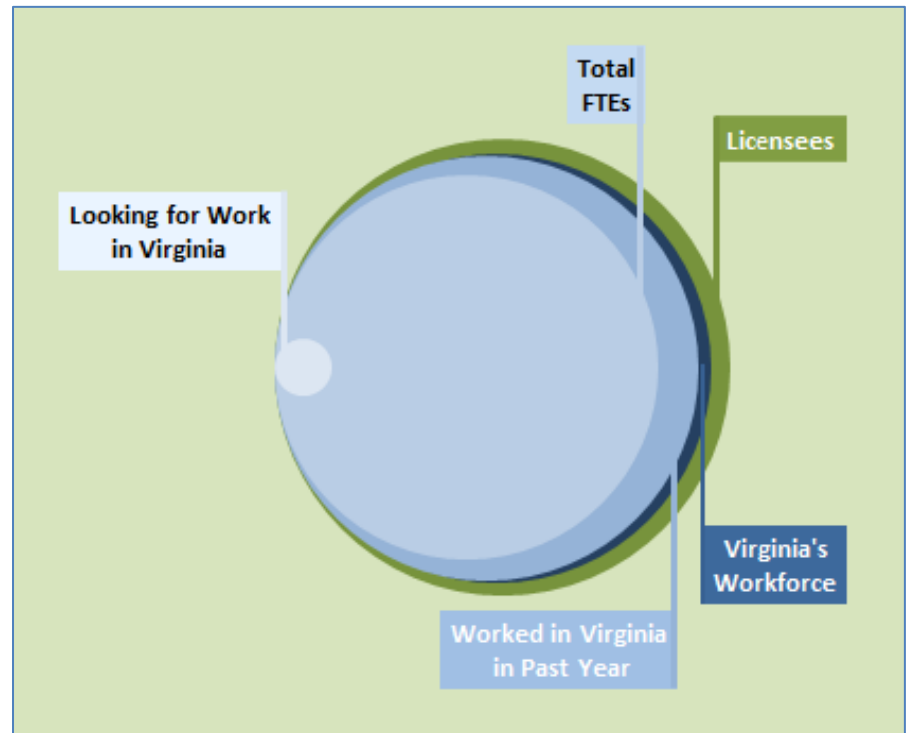
## Definitions

- 1. Virginia’s Workforce:** A licensee with a primary or secondary work site in Virginia at any time between January 2024 and December 2024 or who indicated intent to return to Virginia’s workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia’s Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia’s workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

### Veterinary Technician Workforce

Status	#	%
Worked in Virginia in Past Year	2,476	98%
Looking for Work in Virginia	43	2%
Virginia's Workforce	2,519	100%
Total FTEs	2,021	
Licensees	2,854	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC’s methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>*

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	12	4%	303	96%	315	18%
30 to 34	14	4%	368	96%	382	22%
35 to 39	14	4%	350	96%	364	21%
40 to 44	9	4%	226	96%	234	13%
45 to 49	6	4%	158	96%	164	9%
50 to 54	5	5%	96	95%	101	6%
55 to 59	1	1%	84	99%	85	5%
60 and Over	7	5%	114	95%	121	7%
<b>Total</b>	<b>68</b>	<b>4%</b>	<b>1,698</b>	<b>96%</b>	<b>1,766</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	Veterinary Technicians		Vet. Tech. Under 40	
	%	#	%	#	%
White	59%	1,543	87%	898	84%
Black	19%	36	2%	29	3%
Asian	7%	21	1%	15	1%
Other Race	0%	13	1%	5	0%
Two or More Races	3%	45	3%	31	3%
Hispanic	11%	113	6%	85	8%
<b>Total</b>	<b>100%</b>	<b>1,771</b>	<b>100%</b>	<b>1,063</b>	<b>100%</b>

\*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2023.

Source: Va. Healthcare Workforce Data Center

At a Glance:

**Gender**

% Female: 96%  
% Under 40 Female: 96%

**Age**

Median Age: 37  
% Under 40: 60%  
% 55 and Over: 12%

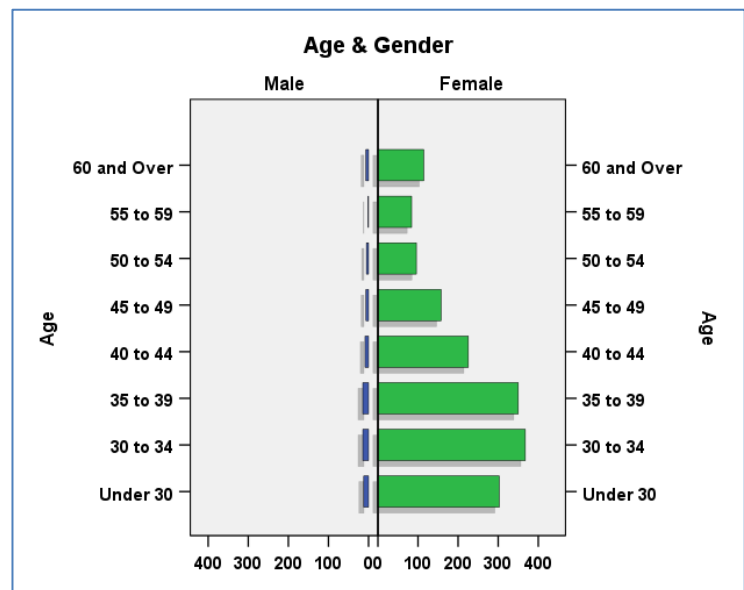
**Diversity**

Diversity Index: 24%  
Under 40 Div. Index: 28%

Source: Va. Healthcare Workforce Data Center

*In a chance encounter between two veterinary technicians, there is a 24% chance that they would be of different races or ethnicities (a measure known as the diversity index).*

*Among the 60% of veterinary technicians who are under the age of 40, 96% are female. In addition, the diversity index among veterinary technicians who are under the age of 40 is 28%.*



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 7%  
 Rural Childhood: 36%

### Virginia Background

HS in Virginia: 69%  
 Prof. Edu. in Virginia: 68%  
 HS or Prof. Edu. in VA: 79%

### Location Choice

% Rural to Non-Metro: 15%  
 % Urban/Suburban to Non-Metro: 2%

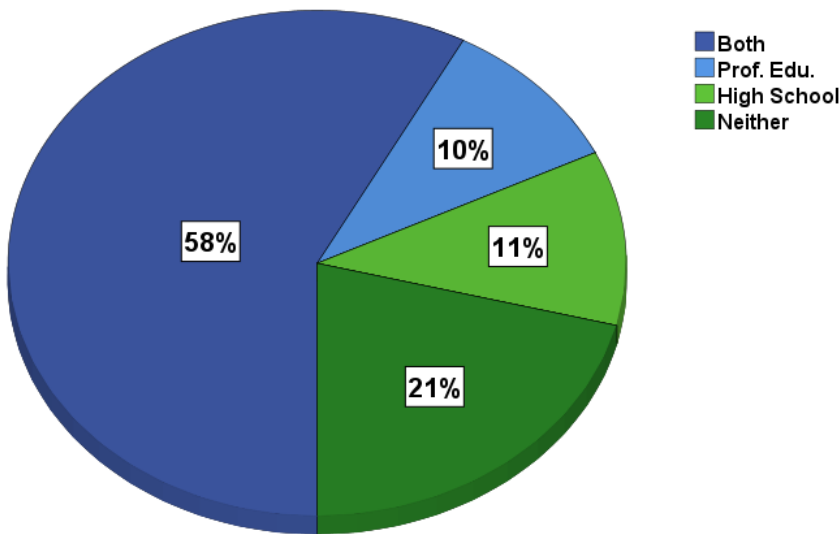
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	27%	65%	8%
2	Metro, 250,000 to 1 Million	45%	49%	6%
3	Metro, 250,000 or Less	53%	43%	5%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	50%	25%	25%
6	Urban, Pop. 5,000-19,999, Metro Adjacent	75%	25%	0%
7	Urban, Pop. 5,000-19,999, Non-Adjacent	94%	0%	6%
8	Rural, Metro Adjacent	96%	4%	0%
9	Rural, Non-Adjacent	29%	71%	0%
<b>Overall</b>		<b>36%</b>	<b>57%</b>	<b>7%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

*Among the 36% of veterinary technicians who grew up in a rural area, 15% currently work in a non-metro area of the state. In total, 7% of all veterinary technicians currently work in a non-metro area of Virginia.*

## Top Ten States for Veterinary Technician Recruitment

Rank	All Veterinary Technicians			
	High School	#	Professional School	#
1	Virginia	1,215	Virginia	1,165
2	New York	55	Pennsylvania	77
3	Pennsylvania	53	Texas	67
4	Maryland	49	Colorado	43
5	North Carolina	37	New York	37
6	Florida	30	Florida	35
7	New Jersey	25	New Mexico	29
8	California	23	California	27
9	West Virginia	23	Arizona	24
10	Outside U.S./Canada	22	Tennessee	23

Source: Va. Healthcare Workforce Data Center

*Among all veterinary technicians, 69% received their high school degree in Virginia, and 68% received their initial professional degree in the state.*

*Among veterinary technicians who have obtained their initial license in the past five years, 60% received their high school degree in Virginia, and 58% received their initial professional degree in the state.*

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	351	Virginia	331
2	New York	20	Pennsylvania	32
3	Maryland	19	Texas	20
4	North Carolina	19	California	17
5	Florida	16	Colorado	17
6	Pennsylvania	16	New York	16
7	West Virginia	11	Florida	16
8	New Jersey	11	Arizona	15
9	California	10	Tennessee	13
10	Tennessee	10	Ohio	9

Source: Va. Healthcare Workforce Data Center

*Among all veterinary technicians who held a license, 12% did not participate in the state's veterinary technician workforce. Among these licensees, 90% worked at some point in the past year, including 71% who currently work as veterinary technicians.*

### At a Glance:

#### Not in VA Workforce

Total:	335
% of Licensees:	12%
Federal/Military:	4%
VA Border State/DC:	19%

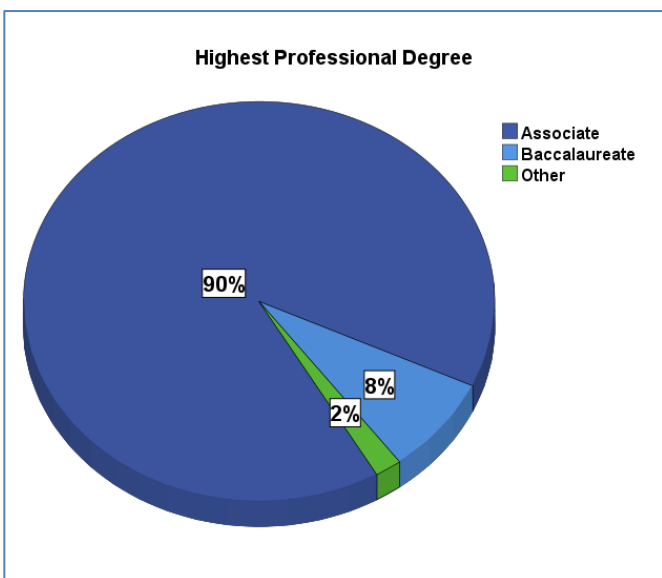
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Associate Degree	1,556	90%
Baccalaureate Degree	136	8%
Other	32	2%
<b>Total</b>	<b>1,724</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Three out of every ten veterinary technicians carry education debt, including 39% of those who are under the age of 40. For those with education debt, the median outstanding balance is between \$20,000 and \$30,000.



Source: Va. Healthcare Workforce Data Center

Certifications		
Certification	#	%
Veterinary Emergency and Critical Care Technicians	12	<1%
Veterinary Technicians in Anesthesia and Analgesia	11	<1%
Laboratory Animal Veterinary Technicians and Nurses	8	<1%
Veterinary Dental Technicians	8	<1%
Internal Medicine for Veterinary Technicians	6	<1%
<b>At Least One Certification</b>	<b>48</b>	<b>2%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Education**  
 Associate: 90%  
 Baccalaureate: 8%

**Education Debt**  
 Carry Debt: 30%  
 Under Age 40 w/ Debt: 38%  
 Median Debt: \$20k-\$30k

Source: Va. Healthcare Workforce Data Center

Amount Carried	All Vet. Tech.		Veterinary Tech. Under 40	
	#	%	#	%
None	996	70%	537	62%
Less than \$10,000	118	8%	89	10%
\$10,000-\$19,999	90	6%	75	9%
\$20,000-\$29,999	72	5%	61	7%
\$30,000-\$39,999	35	2%	29	3%
\$40,000-\$49,999	36	3%	28	3%
\$50,000-\$59,999	26	2%	20	2%
\$60,000-\$69,999	18	1%	15	2%
\$70,000-\$79,999	8	1%	6	1%
\$80,000-\$89,999	4	0%	4	0%
\$90,000-\$99,999	5	0%	2	0%
\$100,000 or More	11	1%	7	1%
<b>Total</b>	<b>1,420</b>	<b>100%</b>	<b>872</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employment

Employed in Profession: 86%  
 Involuntarily Unemployed: < 1%

### Positions Held

1 Full-Time: 65%  
 2 or More Positions: 17%

### Weekly Hours:

40 to 49: 40%  
 60 or More: 3%  
 Less than 30: 13%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	3	<1%
Employed in a Veterinary Technician-Related Capacity	1,464	86%
Employed, NOT in a Veterinary Technician-Related Capacity	146	9%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	5	<1%
Voluntarily Unemployed	65	4%
Retired	18	1%
<b>Total</b>	<b>1,702</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Among all veterinary technicians, 86% are currently employed in the profession, 65% hold one full-time job, and 40% work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	88	5%
One Part-Time Position	214	13%
Two Part-Time Positions	34	2%
One Full-Time Position	1,086	65%
One Full-Time Position & One Part-Time Position	216	13%
Two Full-Time Positions	14	1%
More than Two Positions	19	1%
<b>Total</b>	<b>1,671</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	88	5%
1 to 9 Hours	37	2%
10 to 19 Hours	76	5%
20 to 29 Hours	97	6%
30 to 39 Hours	554	34%
40 to 49 Hours	650	40%
50 to 59 Hours	85	5%
60 to 69 Hours	27	2%
70 to 79 Hours	8	0%
80 or More Hours	11	1%
<b>Total</b>	<b>1,633</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Annual Income		
Income Level	#	%
<b>Volunteer Work Only</b>	22	2%
<b>Less than \$20,000</b>	106	8%
<b>\$20,000-\$29,999</b>	87	7%
<b>\$30,000-\$39,999</b>	210	16%
<b>\$40,000-\$49,999</b>	300	23%
<b>\$50,000-\$59,999</b>	282	22%
<b>\$60,000 or More</b>	297	23%
<b>Total</b>	<b>1,303</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
 Median Income: \$40k-\$50k

**Benefits**  
 Health Insurance: 62%  
 Retirement: 67%

Source: Va. Healthcare Workforce Data Center

*The typical veterinary technician earns between \$40,000 and \$50,000 per year. In addition, 83% of all veterinary technicians receive at least one employer-sponsored benefit, including 62% who have access to health insurance.*

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
<b>Paid Vacation</b>	1,138	78%	77%
<b>Retirement</b>	979	67%	68%
<b>Health Insurance</b>	914	62%	62%
<b>Dental Insurance</b>	828	57%	56%
<b>Paid Sick Leave</b>	774	53%	53%
<b>Group Life Insurance</b>	481	33%	33%
<b>Signing/Retention Bonus</b>	166	11%	12%
<b>At Least One Benefit</b>	<b>1,222</b>	<b>83%</b>	<b>82%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Satisfaction

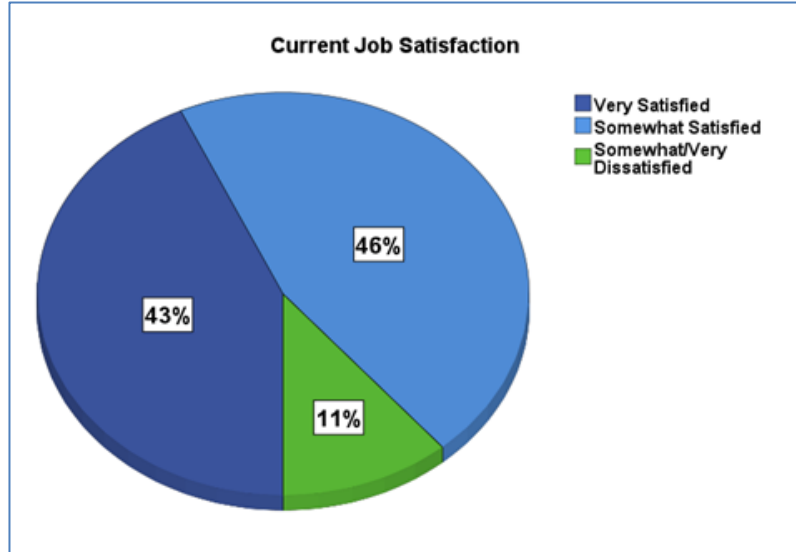
Satisfied: 89%  
Very Satisfied: 43%

### Exhaustion

Burned Out: 48%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	714	43%
Somewhat Satisfied	754	46%
Somewhat Dissatisfied	140	9%
Very Dissatisfied	46	3%
<b>Total</b>	<b>1,653</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Among all veterinary technicians, 89% are satisfied with their current employment situation, including 43% who indicated that they are "very satisfied."*

*Nearly half of all veterinary technicians are feeling burned out with their job. Among these veterinary technicians, nearly three out of five will continue to work in their current position.*

Burned Out?		
	#	%
Yes	776	48%
No	828	52%
<b>Experiencing Burnout</b>		
Will Continue to Work in Current Position	454	28%
Planning to Leave Veterinary Care Profession within 1-2 Years	127	8%
Seeking Another Position in Veterinary Care Profession	123	8%
Seeking Professional Resources to Deal with Burn Out	72	4%
<b>Total</b>	<b>776</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in the Past Year		
In The Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	21	1%
Experience Voluntary Unemployment?	132	5%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	66	3%
Work Two or More Positions at the Same Time?	356	14%
Switch Employers or Practices?	190	8%
<b>Experience At Least One?</b>	<b>618</b>	<b>25%</b>

Source: Va. Healthcare Workforce Data Center

*Only 1% of Virginia’s veterinary technicians experienced involuntary unemployment at some point in the past year. By comparison, Virginia’s average monthly unemployment rate was 2.9% during the same time period.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
<b>Not Currently Working at This Location</b>	63	4%	30	8%
Less than 6 Months	100	6%	59	17%
6 Months to 1 Year	162	10%	52	15%
1 to 2 Years	320	21%	76	22%
3 to 5 Years	371	24%	53	15%
6 to 10 Years	223	14%	44	12%
More than 10 Years	319	20%	39	11%
<b>Subtotal</b>	<b>1,558</b>	<b>100%</b>	<b>353</b>	<b>100%</b>
Did Not Have Location	94		2,138	
Item Missing	868		29	
<b>Total</b>	<b>2,519</b>		<b>2,519</b>	

Source: Va. Healthcare Workforce Data Center

*Nearly four out of every five veterinary technicians receive an hourly wage at their primary work location.*

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 1%  
Underemployed: 3%

**Turnover & Tenure**

Switched Jobs: 8%  
New Location: 24%  
Over 2 Years: 59%  
Over 2 Yrs., 2<sup>nd</sup> Location: 39%

**Employment Type**

Hourly Wage: 79%  
Salary/Commission: 18%

Source: Va. Healthcare Workforce Data Center

*Among all veterinary technicians, 59% have worked at their primary work location for more than two years.*

Employment Type		
Primary Work Site	#	%
<b>Salary/Commission</b>	203	18%
<b>Hourly Wage</b>	893	79%
<b>By Contract/Per Diem</b>	10	1%
<b>Business/Practice Income</b>	14	1%
<b>Unpaid</b>	13	1%
<b>Subtotal</b>	<b>1,134</b>	<b>100%</b>
<b>Did Not Have Location</b>	94	
<b>Item Missing</b>	1,292	

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.3% and a high of 3.5%. At the time of publication, the unemployment rate for December 2024 was still preliminary.

## At a Glance:

### Concentration

Top Region:	31%
Top 3 Regions:	76%
Lowest Region:	1%

### Locations

2 or More (Past Year):	24%
2 or More (Now*):	20%

Source: Va. Healthcare Workforce Data Center

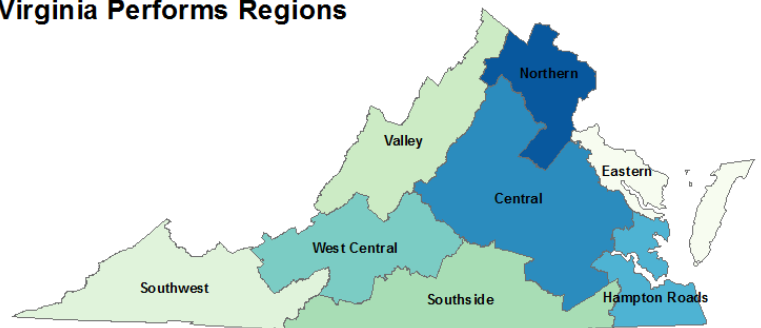
More than three out of every four veterinary technicians work in Northern Virginia, Central Virginia, or Hampton Roads.

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	368	24%	87	23%
Eastern	15	1%	4	1%
Hampton Roads	336	22%	89	24%
Northern	482	31%	104	28%
Southside	25	2%	2	1%
Southwest	40	3%	8	2%
Valley	142	9%	36	10%
West Central	133	9%	28	7%
Virginia Border State/D.C.	3	0%	9	2%
Other U.S. State	7	0%	10	3%
Outside of the U.S.	1	0%	1	0%
<b>Total</b>	<b>1,552</b>	<b>100%</b>	<b>378</b>	<b>100%</b>
Item Missing	874		3	

Source: Va. Healthcare Workforce Data Center

### Virginia Performs Regions



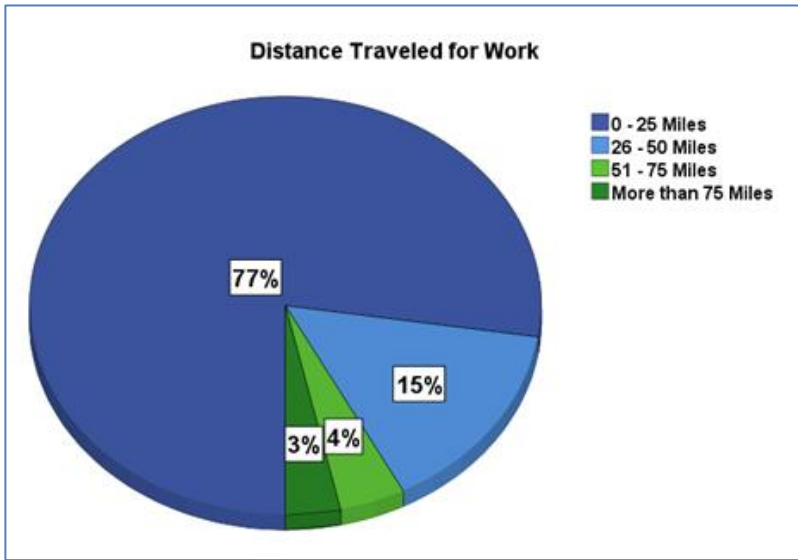
Source: Va. Healthcare Workforce Data Center

While 20% of veterinary technicians currently have multiple work locations, 24% of all veterinary technicians have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	46	3%	93	6%
1	1,172	73%	1,188	74%
2	253	16%	219	14%
3	105	7%	90	6%
4	10	1%	2	0%
5	1	0%	0	0%
6 or More	10	1%	7	0%
<b>Total</b>	<b>1,598</b>	<b>100%</b>	<b>1,598</b>	<b>100%</b>

\*At the time of survey completion, Dec. 2024.

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Primary Base Point**

Top Region: 30%  
 Top 3 Regions: 76%  
 Lowest Region: 1%

**Work Travel**

0-25 Miles: 77%  
 More than 50 Miles: 8%

Source: Va. Healthcare Workforce Data Center

Distance Traveled for Work		
Range	#	%
<b>0-25 Miles</b>	1,232	77%
<b>26-50 Miles</b>	238	15%
<b>51-75 Miles</b>	66	4%
<b>More than 75 Miles</b>	55	3%
<b>Total</b>	<b>1,591</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*More than three out of every four veterinary technicians travel between 0 and 25 miles for their work. Another 8% travel more than 50 miles for their work.*

*Among all veterinary technicians, 76% have their primary base point location in Northern Virginia, Central Virginia, or Hampton Roads.*

Primary Base Point Location		
Virginia Performs Region	#	%
<b>Central</b>	392	24%
<b>Eastern</b>	18	1%
<b>Hampton Roads</b>	345	21%
<b>Northern</b>	491	30%
<b>Southside</b>	25	2%
<b>Southwest</b>	41	3%
<b>Valley</b>	161	10%
<b>West Central</b>	138	9%
<b>Total</b>	<b>1,611</b>	<b>100%</b>
<b>Item Missing</b>	910	

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	1,270	87%	277	86%
<b>Non-Profit</b>	89	6%	28	9%
<b>State/Local Government</b>	87	6%	14	4%
<b>Veterans Administration</b>	1	0%	0	0%
<b>U.S. Military</b>	4	0%	2	1%
<b>Other Federal Government</b>	10	1%	1	0%
<b>Total</b>	<b>1,461</b>	<b>100%</b>	<b>322</b>	<b>100%</b>
<b>Did Not Have Location</b>	94		2,138	
<b>Item Missing</b>	965		58	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

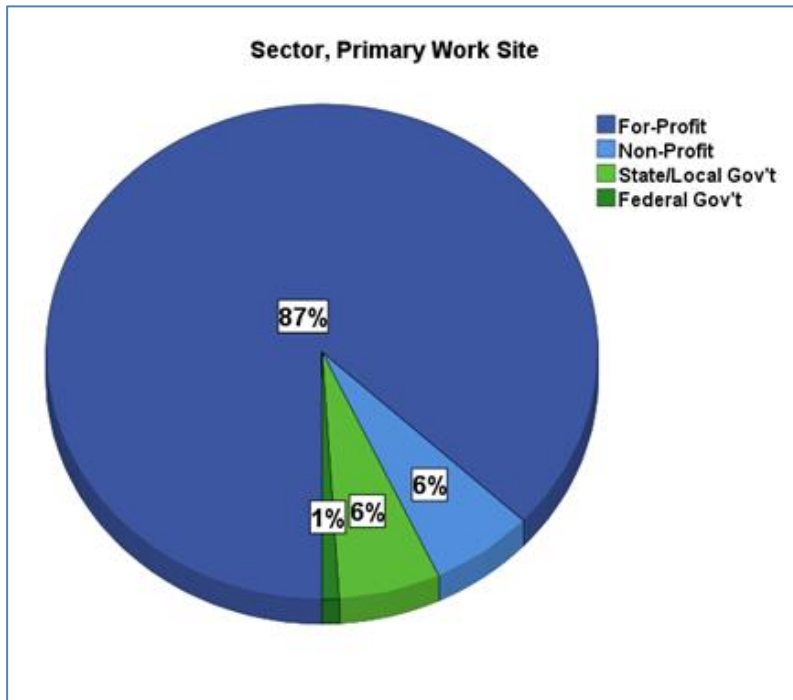
**Sector**

For-Profit:	87%
Federal:	1%

**Top Establishments**

Solo Practice:	53%
Group Practice:	29%
Shelters/Rescue:	3%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*More than nine out of every ten veterinary technicians work in the private sector, including 87% who are employed in the for-profit sector.*

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
<b>Solo Practice/Partnership</b>	767	53%	141	44%
<b>Group Practice</b>	415	29%	102	32%
<b>Shelters or Rescue (Public or Private)</b>	43	3%	15	5%
<b>Laboratory</b>	19	1%	5	2%
<b>Veterinary Education Program, Community College</b>	10	1%	3	1%
<b>Public Health Program</b>	9	1%	3	1%
<b>Veterinary Technology Program, Technical School</b>	7	0%	1	0%
<b>Supplier Organization</b>	5	0%	2	1%
<b>Other Practice Setting</b>	165	11%	47	15%
<b>Total</b>	<b>1,440</b>	<b>100%</b>	<b>319</b>	<b>100%</b>
<b>Do Not Have Location</b>	94		2,138	

Source: Va. Healthcare Workforce Data Center

*More than half of all veterinary technicians work at a solo practice or partnership as their primary work location, while another 29% work at a group practice.*

*More than three out of every five veterinary technicians place IV catheters as one of their duties at an LVT practice. In addition, 61% of veterinary technicians also administer anesthesia or sedation drugs.*

Duties Within Scope of LVT Practice		
Duty	#	% of Workforce
<b>Place IV Catheter</b>	1,542	61%
<b>Administer Anesthesia or Sedation Drugs</b>	1,530	61%
<b>Intubate</b>	1,502	60%
<b>Induce Anesthesia</b>	1,500	60%
<b>Access Schedules II Through V Controlled Drugs</b>	1,467	58%
<b>Perform Cystocentesis</b>	1,396	55%
<b>Scale Below the Gingiva</b>	1,013	40%
<b>Extract Single-Rooted Teeth</b>	801	32%
<b>Administer Chemotherapy Drugs</b>	428	17%
<b>At Least One Duty</b>	<b>1,566</b>	<b>62%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Languages Offered

Spanish:	17%
Chinese:	1%
French:	1%

### Means of Communication

Other Staff Member:	78%
Virtual Translation:	23%
Respondent:	12%

Source: Va. Healthcare Workforce Data Center

Nearly one out of every five veterinary technicians are employed at a primary work location that offers Spanish language services for patients.

## A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	436	17%
Chinese	36	1%
French	36	1%
Korean	32	1%
Vietnamese	28	1%
Arabic	23	1%
Hindi	19	1%
Tagalog/Filipino	19	1%
Urdu	16	1%
Amharic, Somali, or Other Afro-Asiatic Languages	14	1%
Pashto	14	1%
Persian	14	1%
Others	38	2%
<b>At Least One Language</b>	<b>453</b>	<b>18%</b>

Source: Va. Healthcare Workforce Data Center

## Means of Language Communication

Provision	#	% of Workforce with Language Services
<b>Other Staff Member is Proficient</b>	355	78%
<b>Virtual Translation Service</b>	102	23%
<b>Respondent is Proficient</b>	53	12%
<b>Onsite Translation Service</b>	20	4%
<b>Other</b>	16	4%

Source: Va. Healthcare Workforce Data Center

Nearly four out of every five veterinary technicians who are employed at a primary work location that offers language services for patients provide it by means of a staff member who is proficient.

## At a Glance: (Primary Locations)

### Typical Time Allocation

Patient Care: 80%-89%  
Administration: 1%-9%

### Roles

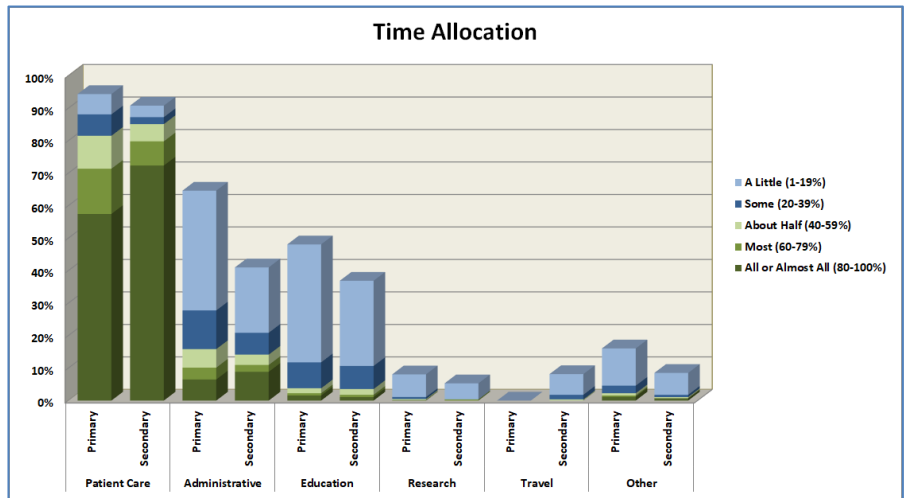
Patient Care: 71%  
Administration: 10%  
Education: 2%

### Patient Care Vet. Tech.

Median Admin. Time: 1%-9%  
Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



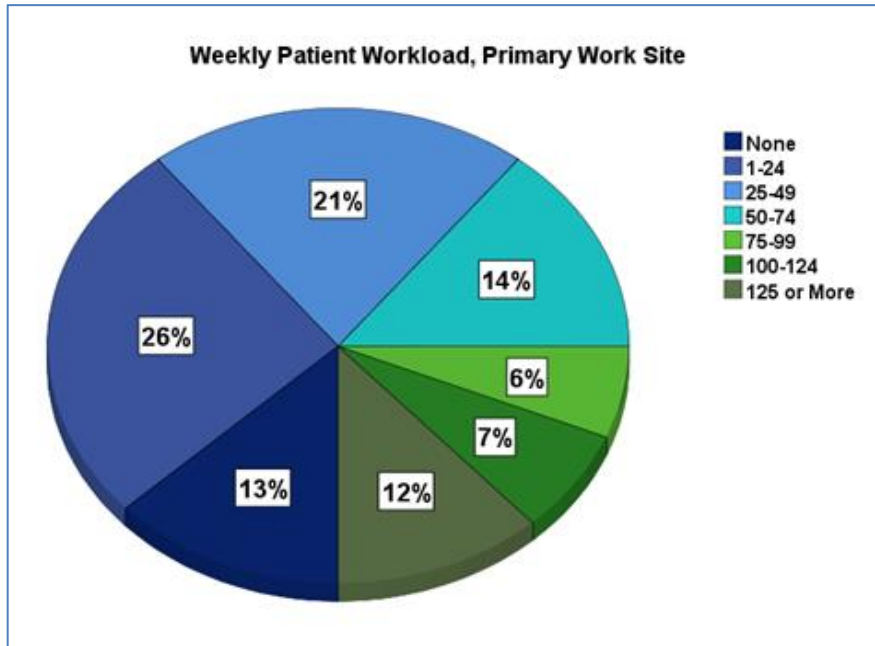
Source: Va. Healthcare Workforce Data Center

*Veterinary technicians spend most of their time treating patients. In fact, 71% of veterinary technicians fill a patient care role, defined as spending 60% or more of their time on patient care activities.*

Time Allocation												
Time Spent	Patient Care		Admin.		Education		Research		Travel		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	57%	72%	7%	9%	2%	1%	0%	0%	-	0%	1%	1%
<b>Most (60-79%)</b>	14%	7%	4%	2%	1%	1%	0%	0%	-	0%	0%	0%
<b>About Half (40-59%)</b>	10%	5%	6%	3%	2%	2%	0%	0%	-	0%	1%	0%
<b>Some (20-39%)</b>	7%	2%	12%	7%	8%	7%	1%	0%	-	1%	2%	1%
<b>A Little (1-19%)</b>	6%	4%	37%	20%	36%	26%	7%	5%	-	6%	11%	7%
<b>None (0%)</b>	6%	9%	35%	59%	52%	63%	92%	95%	-	92%	84%	91%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**



Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Patient Workload (Median)**

Primary Location: 25-49  
 Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

*The median workload for veterinary technicians at their primary work location is between 25 and 49 patients per week. For veterinary technicians who also have a secondary work location, the median workload is between 1 and 24 patients per week.*

Patient Care Visits				
# of Patients Per Week	Primary		Secondary	
	#	%	#	%
<b>None</b>	189	13%	65	20%
<b>1-24</b>	380	26%	109	34%
<b>25-49</b>	308	21%	71	22%
<b>50-74</b>	208	14%	32	10%
<b>75-99</b>	91	6%	15	5%
<b>100-124</b>	102	7%	14	4%
<b>125-149</b>	39	3%	4	1%
<b>150-174</b>	43	3%	2	1%
<b>175-199</b>	17	1%	3	1%
<b>200 or More</b>	70	5%	10	3%
<b>Total</b>	<b>1,447</b>	<b>100%</b>	<b>325</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Large Animals

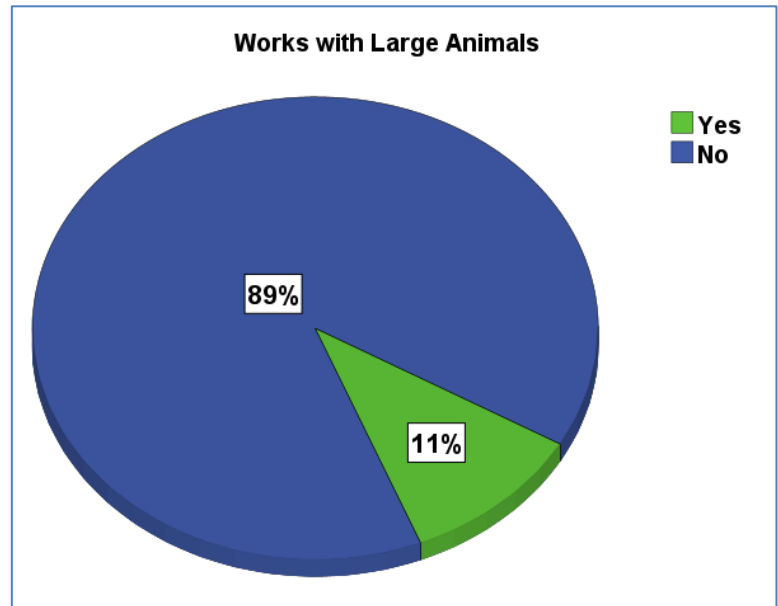
% Work w/  
Large Animals: 11%

### Typical Patient Allocation

Dogs: > 50%  
Cats: 26-50%  
All Other Animals: 0-10%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

*More than one out of every ten veterinary technicians work with large animals. In addition, 60% of all veterinary technicians spend more than half of their time treating dogs, while 48% of veterinary technicians spend more than half of their time treating cats.*

Works with Large Animals		
Response	#	%
Yes	164	11%
No	1,388	89%
<b>Total</b>	<b>1,552</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Patient Allocation				
Animal	Percentage of Time			
	0-10%	11-25%	26-50%	> 50%
Equines	90%	1%	1%	7%
Bovines (Dairy)	100%	0%	0%	0%
Bovines (Beef)	99%	1%	0%	0%
Sheep/Goats	98%	1%	1%	0%
Poultry	97%	2%	1%	1%
Camelids	99%	0%	1%	0%
Cats	13%	4%	34%	48%
Dogs	13%	2%	25%	60%
Small Animals (Exotics)	82%	11%	4%	3%
Other Animals	95%	1%	1%	3%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All Vet. Tech.		Vet. Tech. 50 and Over	
	#	%	#	%
<b>Under Age 50</b>	282	21%	-	-
<b>50 to 54</b>	132	10%	3	1%
<b>55 to 59</b>	160	12%	27	12%
<b>60 to 64</b>	282	21%	63	27%
<b>65 to 69</b>	244	18%	65	28%
<b>70 to 74</b>	77	6%	30	13%
<b>75 to 79</b>	29	2%	10	4%
<b>80 or Over</b>	15	1%	5	2%
<b>I Do Not Intend to Retire</b>	154	11%	27	12%
<b>Total</b>	<b>1,375</b>	<b>100%</b>	<b>230</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All Veterinary Technicians**

Under 65: 62%

Under 60: 42%

**Veterinary Tech. 50 and Over**

Under 65: 40%

Under 60: 13%

**Time Until Retirement**

Within 2 Years: 5%

Within 10 Years: 15%

Half the Workforce: By 2049

Source: Va. Healthcare Workforce Data Center

*More than three out of every five veterinary technicians expect to retire by the age of 65. Among veterinary technicians who are age 50 and over, 40% still expect to retire by the age of 65.*

*Within the next two years, 16% of Virginia's veterinary technicians expect to pursue additional educational opportunities, and 5% expect to increase their patient care hours.*

**Future Plans**

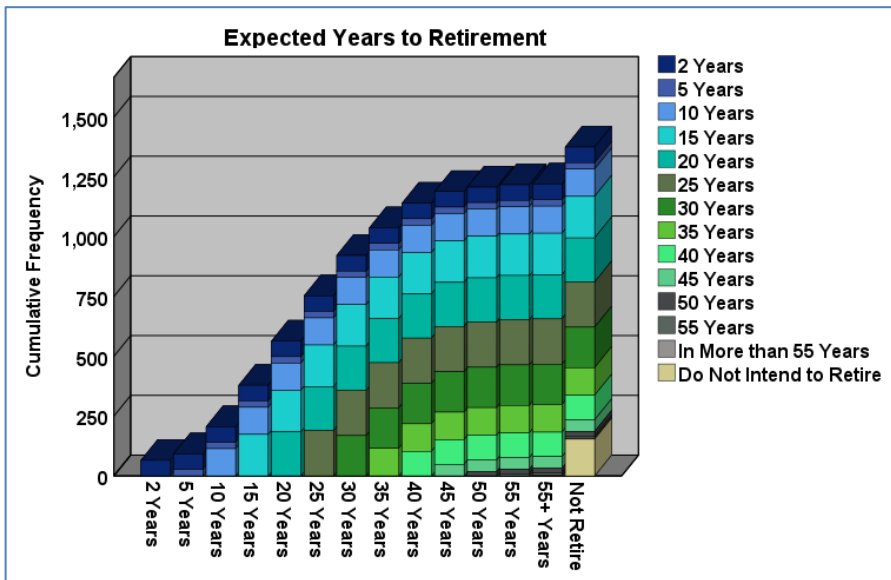
Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	167	7%
<b>Leave Virginia</b>	78	3%
<b>Decrease Patient Care Hours</b>	130	5%
<b>Decrease Teaching Hours</b>	18	1%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	123	5%
<b>Increase Teaching Hours</b>	104	4%
<b>Pursue Additional Education</b>	399	16%
<b>Return to the Workforce</b>	14	1%

Source: Va. Healthcare Workforce Data Center

*By comparing retirement expectations to age, we can estimate the maximum years to retirement for veterinary technicians. While only 5% of veterinary technicians expect to retire in the next two years, 15% plan to do so within the next decade. More than half of the current workforce expect to retire by 2049.*

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	65	5%	5%
5 Years	27	2%	7%
10 Years	114	8%	15%
15 Years	174	13%	28%
20 Years	184	13%	41%
25 Years	189	14%	55%
30 Years	169	12%	67%
35 Years	115	8%	75%
40 Years	103	7%	83%
45 Years	49	4%	86%
50 Years	19	1%	88%
55 Years	9	1%	89%
In More than 55 Years	3	0%	89%
Do Not Intend to Retire	154	11%	100%
<b>Total</b>	<b>1,375</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2039. Retirement will peak at 14% of the current workforce around 2049 before declining to under 10% of the current workforce again by 2059.*

## At a Glance:

### FTEs

Total: 2,021  
 FTEs/1,000 Residents<sup>2</sup>: 0.232  
 Average: 0.83

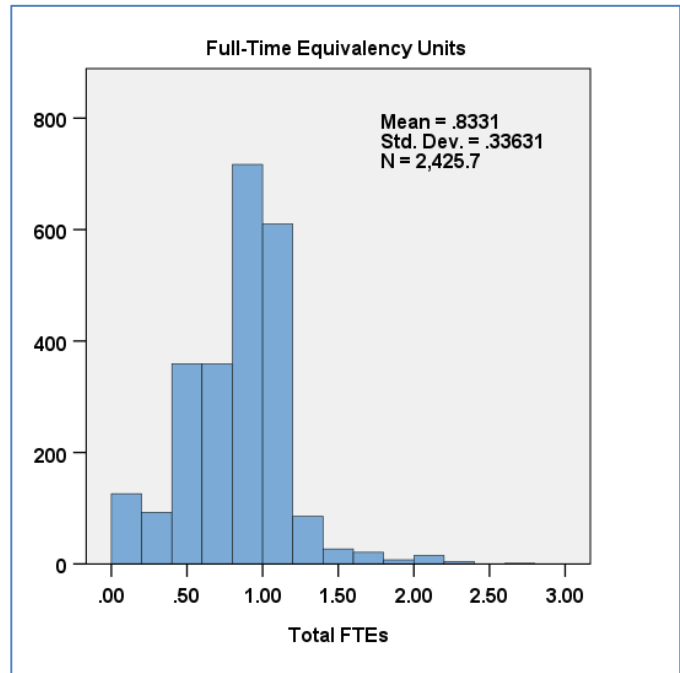
### Age & Gender Effect

Age, *Partial Eta*<sup>2</sup>: Small  
 Gender, *Partial Eta*<sup>2</sup>: Negligible

*Partial Eta*<sup>2</sup> Explained:  
*Partial Eta*<sup>2</sup> is a statistical  
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

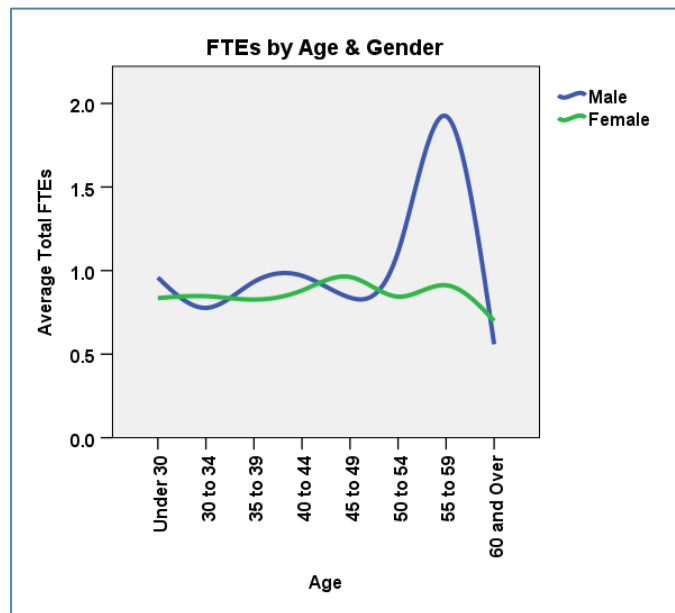


Source: Va. Healthcare Workforce Data Center

*The typical veterinary technician provided 0.91 FTEs in the past year, or approximately 36 hours per week for 50 weeks. Statistical tests indicate that FTEs vary by both age and gender.*

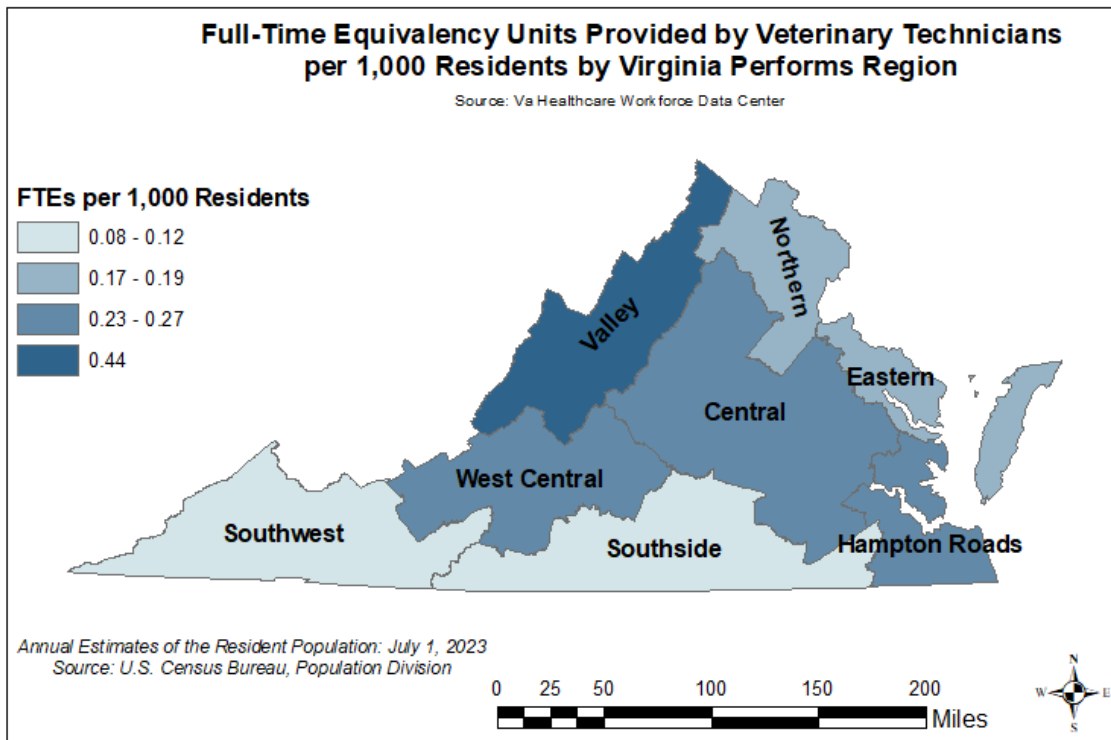
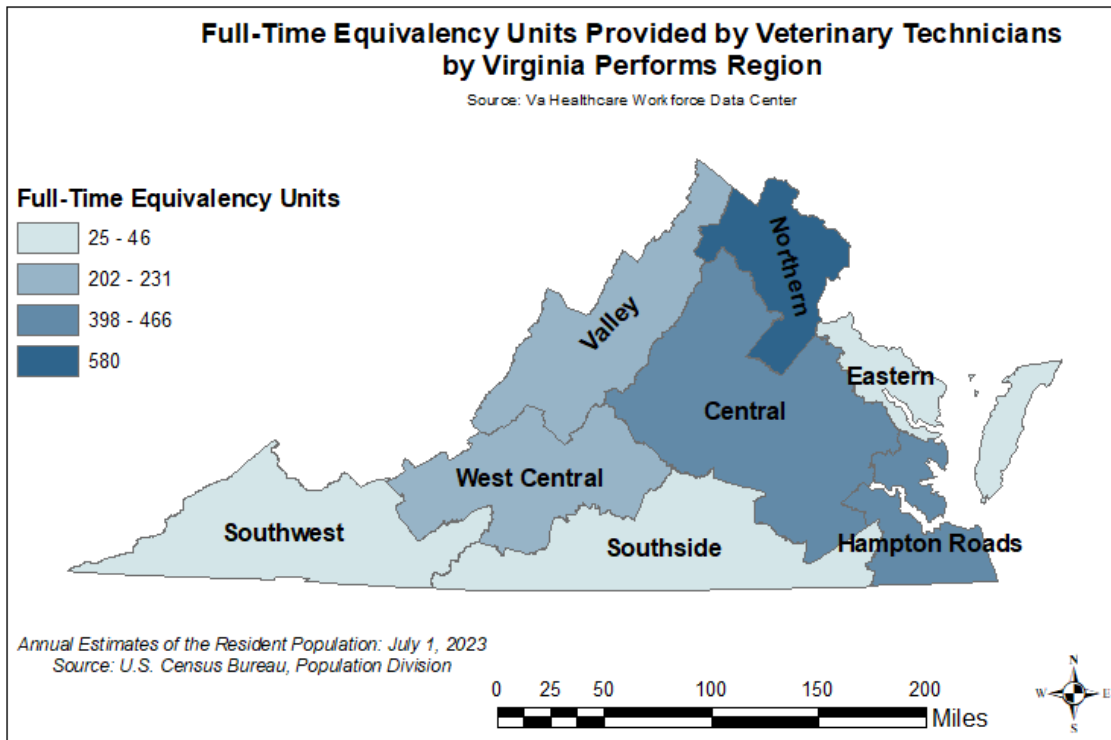
Full-Time Equivalency Units		
Age	Average	Median
Under 30	0.89	0.97
30 to 34	0.77	0.76
35 to 39	0.87	0.96
40 to 44	0.81	0.66
45 to 49	0.99	1.07
50 to 54	0.72	0.54
55 to 59	0.88	0.81
60 and Over	0.68	0.67
Gender		
Male	0.89	0.97
Female	0.85	0.93

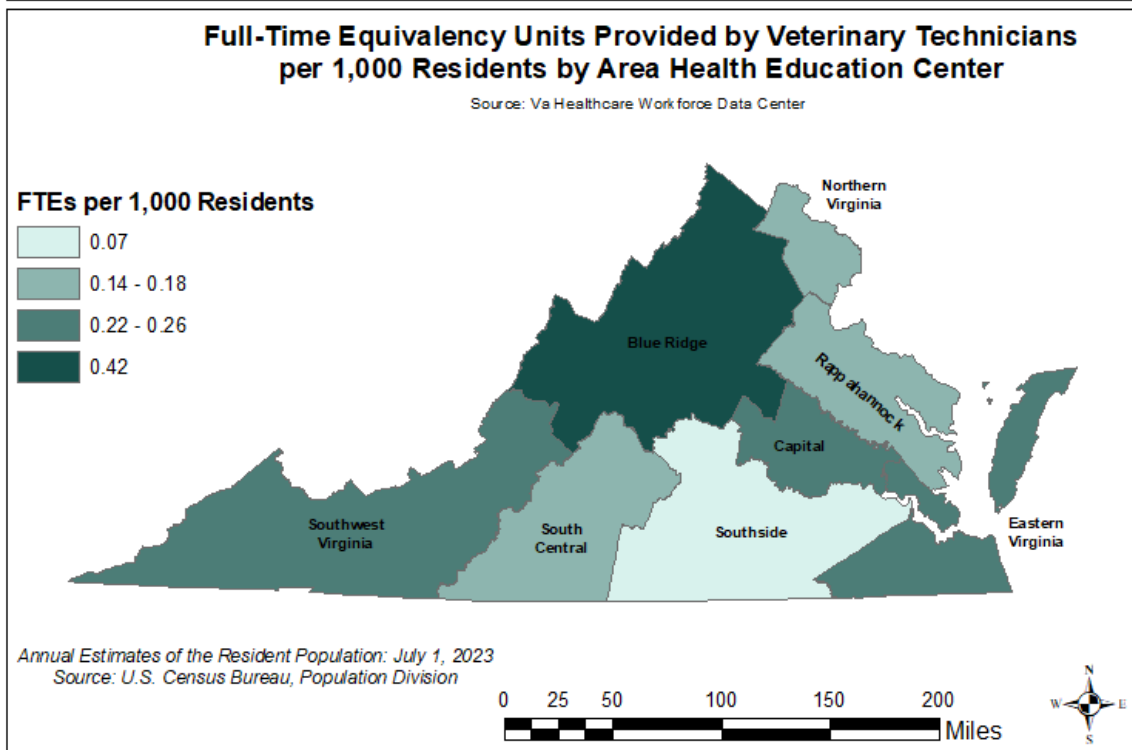
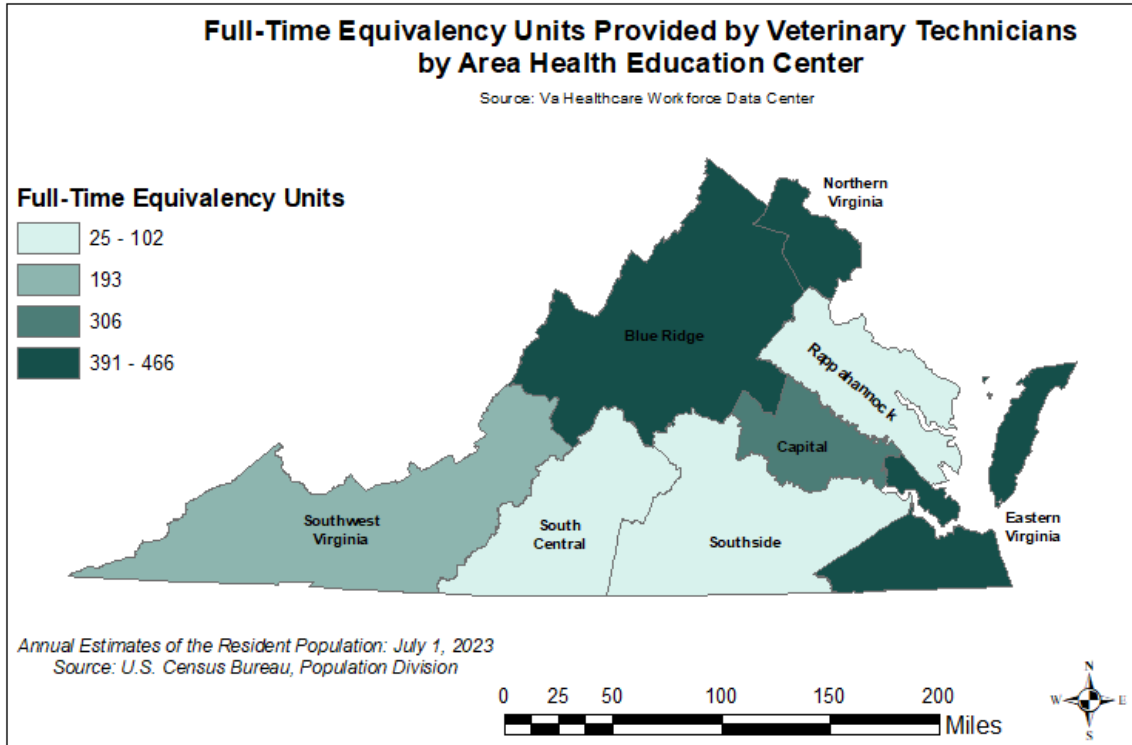
Source: Va. Healthcare Workforce Data Center

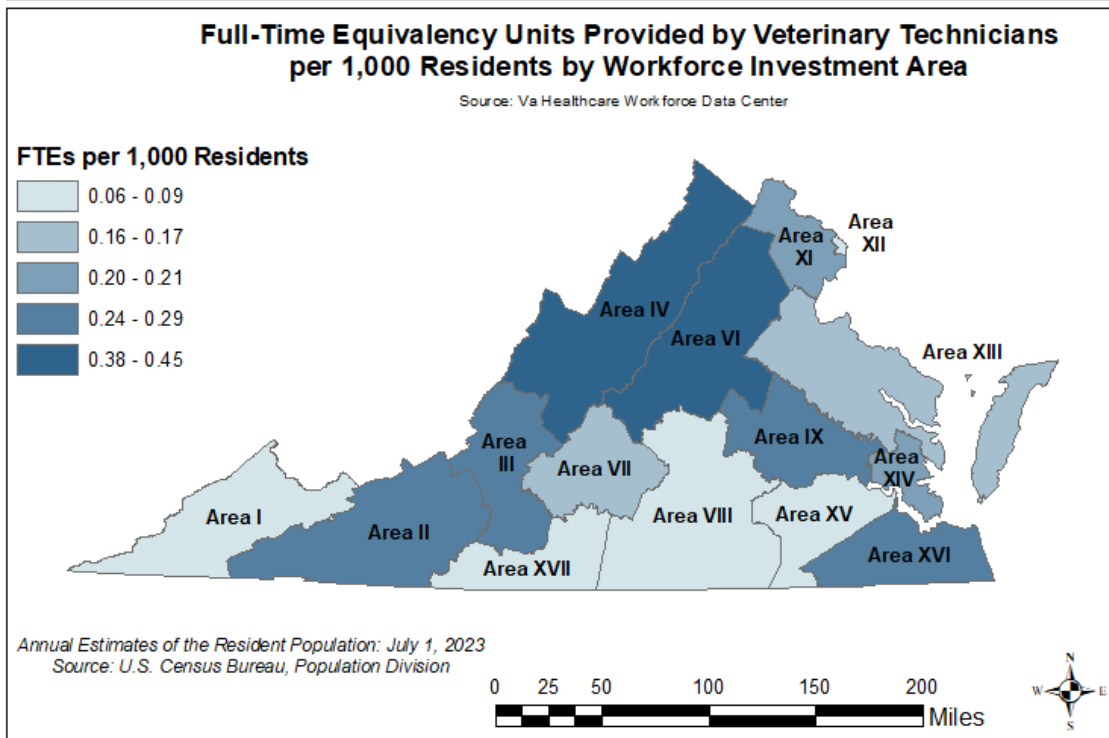
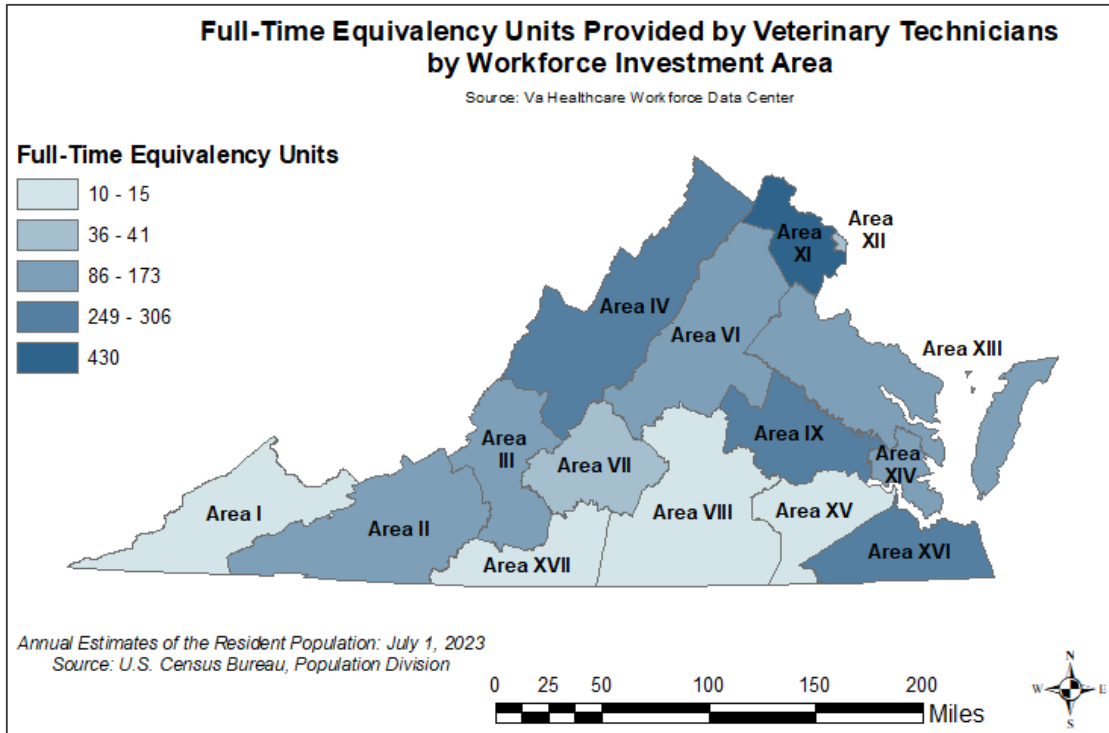


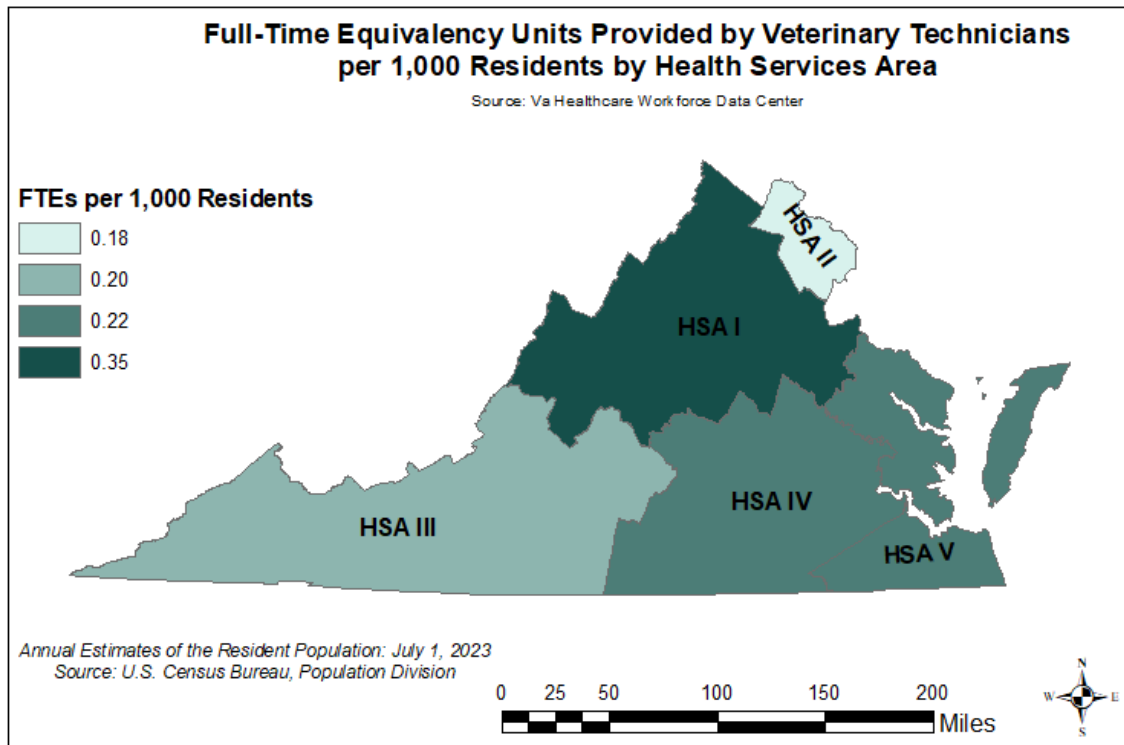
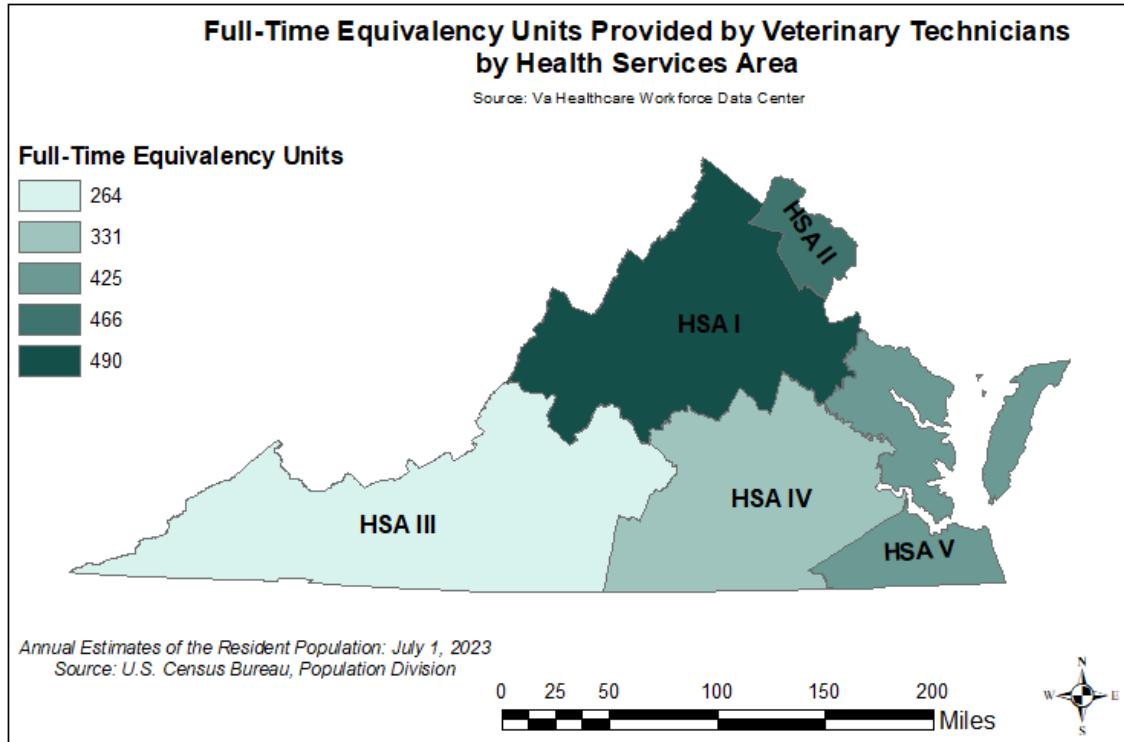
Source: Va. Healthcare Workforce Data Center

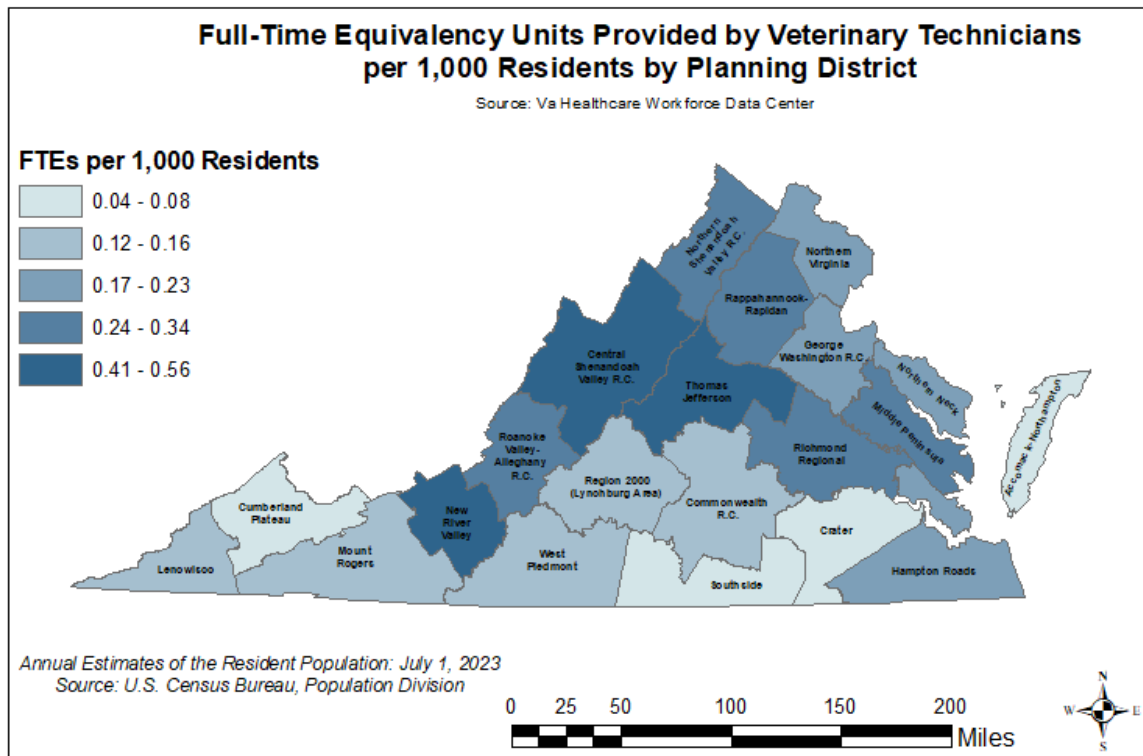
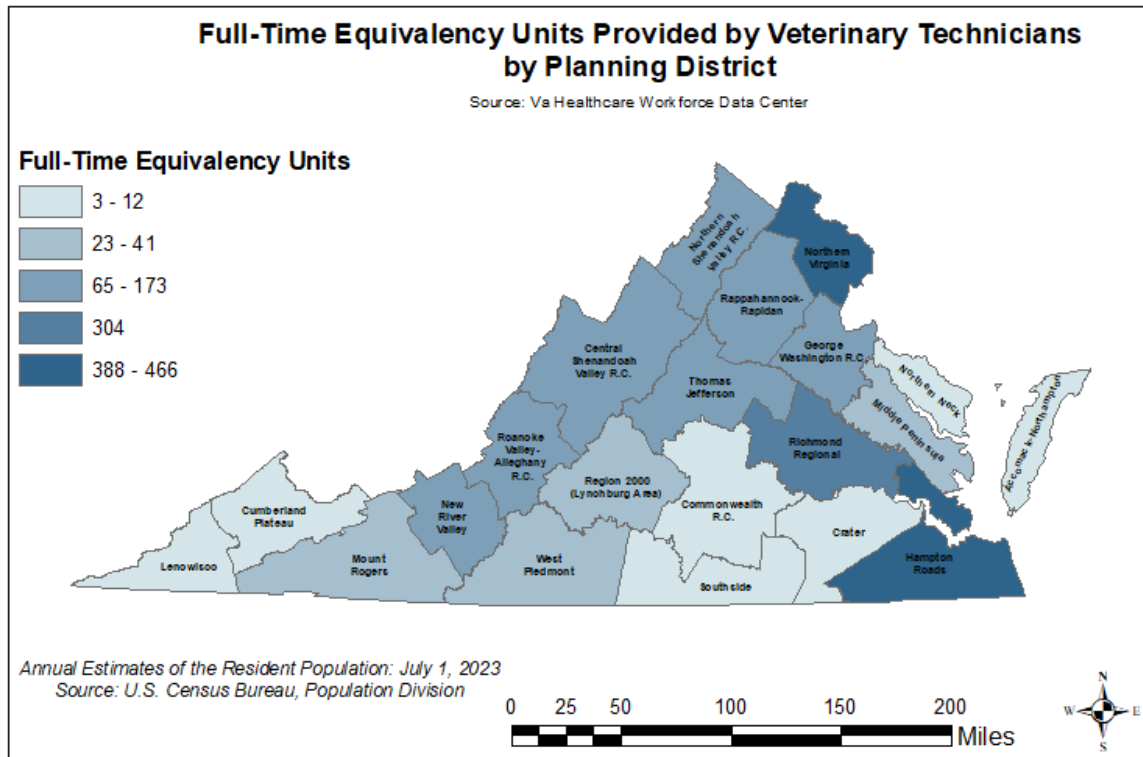
<sup>2</sup> Number of residents in 2023 was used as the denominator.











## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	1,615	91.15%	1.097	1.049	1.206
<b>Metro, 250,000 to 1 Million</b>	171	96.49%	1.036	0.991	1.139
<b>Metro, 250,000 or Less</b>	428	91.82%	1.089	1.041	1.197
<b>Urban, Pop. 20,000+, Metro Adj.</b>	10	100.00%	1.000	0.956	1.099
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	116	93.10%	1.074	1.027	1.180
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	23	91.30%	1.095	1.047	1.204
<b>Rural, Metro Adj.</b>	60	95.00%	1.053	1.006	1.157
<b>Rural, Non-Adj.</b>	8	100.00%	1.000	0.956	1.099
<b>Virginia Border State/D.C.</b>	245	81.22%	1.231	1.177	1.353
<b>Other U.S. State</b>	177	82.49%	1.212	1.159	1.332

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	462	82.25%	1.216	1.099	1.353
<b>30 to 34</b>	556	90.65%	1.103	0.997	1.228
<b>35 to 39</b>	566	89.93%	1.112	1.005	1.238
<b>40 to 44</b>	423	93.85%	1.065	0.963	1.186
<b>45 to 49</b>	277	94.58%	1.057	0.956	1.177
<b>50 to 54</b>	204	92.65%	1.079	1.011	1.201
<b>55 to 59</b>	163	94.48%	1.058	0.957	1.178
<b>60 and Over</b>	203	91.13%	1.097	0.992	1.221

Source: Va. Healthcare Workforce Data Center

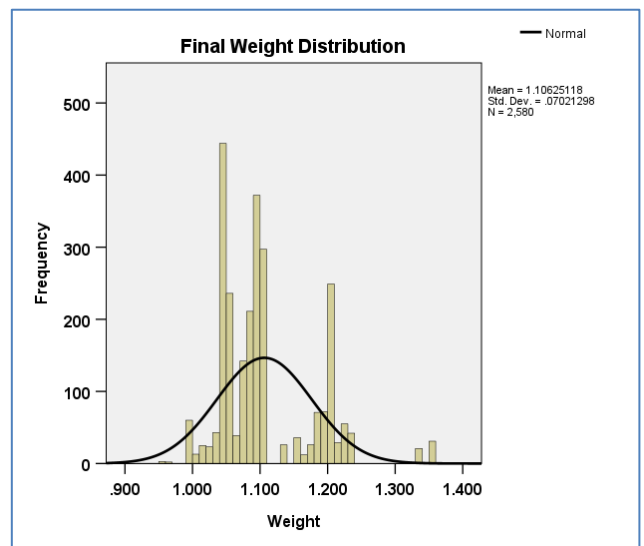
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

**Overall Response Rate: 0.903994**



Source: Va. Healthcare Workforce Data Center

**REPORT OF THE BOARD OF VETERINARY  
MEDICINE, VIRGINIA DEPARTMENT OF HEALTH  
PROFESSIONS**

**Shortage of Large Animal  
Veterinarians in the  
Commonwealth (HJR 43, 2024)**

**TO THE GOVERNOR AND  
THE GENERAL ASSEMBLY OF VIRGINIA**



**HOUSE DOCUMENT NO. 2**

**COMMONWEALTH OF VIRGINIA  
RICHMOND  
2025**



## COMMONWEALTH of VIRGINIA

Arne W. Owens  
Director

*Department of Health Professions*  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463

[www.dhp.virginia.gov](http://www.dhp.virginia.gov)  
PHONE (804) 367- 4400

**TO:** The Honorable Alfonso H. Lopez  
Chair, House Committee on Agriculture, Chesapeake and Natural Resources

The Honorable Sam Rasoul  
Chair, House Committee on Education

The Honorable David W. Marsden  
Chair, Senate Committee on Agriculture, Conservation and Natural Resources

The Honorable Ghazala F. Hashmi  
Chair, Senate Committee on Education and Health

**FROM:** Arne W. Owens *Arne W. Owens*  
Director, Virginia Department of Health Professions

**DATE:** January 3, 2025

**RE:** Report Regarding the Shortage of Large Animal Veterinarians in the Commonwealth

This report is submitted in compliance with House Joint Resolution No. 43 and Senate Joint Resolution No. 15, which required:

That the Board of Veterinary Medicine and the State Veterinarian be requested to study the shortage of large animal veterinarians. [The Board and State Veterinarian] shall (i) identify ways to strengthen existing debt repayment programs for veterinarians, (ii) examine options for developing programs that offer business support to provide incentives or low-interest business loans for large animal private practices; (iii) identify programs that support a strong pipeline of veterinary students from rural backgrounds and help such students navigate post-secondary education to increase retention; (iv) examine other possible solutions for increasing the

number of large animal veterinarians in the Commonwealth, such as expanding veterinary technician-type or physician assistant-type programs to allow large animal veterinarians to expand their scope of practice in rural areas; and (v) reexamine the recommendations from the 2010 study on the shortage of large animal veterinarians published pursuant to House Joint Resolution 730 (2009).

Should you have questions about this report, please feel free to contact me at (804) 367-4648 or [arne.owens@dhp.virginia.gov](mailto:arne.owens@dhp.virginia.gov).

AO/EB  
Enclosure

CC: The Honorable Janet Kelly, Secretary of Health and Human Resources

## **Preface**

This report is submitted in compliance with House Joint Resolution No. 43 and Senate Joint Resolution No. 15 (hereinafter “the Joint Resolutions”), which required:

That the Board of Veterinary Medicine and the State Veterinarian be requested to study the shortage of large animal veterinarians. [The Board and State Veterinarian] shall (i) identify ways to strengthen existing debt repayment programs for veterinarians, (ii) examine options for developing programs that offer business support to provide incentives or low-interest business loans for large animal private practices; (iii) identify programs that support a strong pipeline of veterinary students from rural backgrounds and help such students navigate post-secondary education to increase retention; (iv) examine other possible solutions for increasing the number of large animal veterinarians in the Commonwealth, such as expanding veterinary technician-type or physician assistant-type programs to allow large animal veterinarians to expand their scope of practice in rural areas; and (v) reexamine the recommendations from the 2010 study on the shortage of large animal veterinarians published pursuant to House Joint Resolution 730 (2009).

The Joint Resolutions require the Board to submit this report “no later than the first day of the next Regular Session of the General Assembly.” This is the first of two reports. Pursuant to the Joint Resolutions, the next report will be submitted by the first day of the 2026 General Assembly Session.

## **Contents**

I.	Executive Summary .....	5
II.	Meetings of the workgroup .....	9
III.	Supporting data .....	10
IV.	Financial resources.....	11
V.	Licensed veterinary technician scope of practice .....	12
VI.	Veterinary school class size .....	13
VII.	Workgroup recommendations .....	14
VIII.	Conclusions and next steps .....	15

# I. Executive Summary

Pursuant to the Joint Resolutions, the Board of Veterinary Medicine (“Board”) and the State Veterinarian convened a workgroup which met multiple times over the course of 2024. The workgroup considered the required topics of the Joint Resolutions, which were as follows:

1. Identify ways to strengthen existing debt repayment programs for veterinarians, including making recommendations on how to simplify application criteria, explore state matching loan repayment programs, limit barriers for participation, and improve methods for consistent identification of veterinary shortage areas to better target rural communities in need.
2. Explore options for developing programs that offer business support to provide incentives or low-interest business loans for large animal private practices.
3. Identify programs that support a strong pipeline of veterinary students from rural backgrounds and help such students navigate post-secondary education to increase retention.
4. Consider other possible solutions for increasing the number of large animal veterinarians in the Commonwealth, such as expanding veterinary technician-type or physician assistant-type programs to allow large animal veterinarians to expand their scope of practice in rural areas.
5. Reexamine the recommendations from the 2010 study on the shortage of large animal veterinarians published pursuant to House Joint Resolution 730 (2009).

The workgroup identified four subgroups for areas deemed essential to this study, which were (1) supporting data; (2) financial resources; (3) licensed veterinary technician (“LVT”) scope of practice; and (4) veterinary school class size. Each subgroup reported findings and recommendations to the workgroup as outlined below.

## **Supporting data**

The supporting data subgroup recommended that additional governmental and private sector resources be identified to develop frameworks for proposed solutions. The subgroup further recommended that the workgroup survey stakeholders such as cattlemen, extension agents, and biological farmers, and use that gathered data to pinpoint shortage areas and assess ongoing needs.

## **Financial resources**

The financial resources subgroup recommended exploring development of: (1) a loan repayment program that ties awards to practice in underserved communities; (2) matching awardees of grants with mentors to assist with grant-writing and other facets of mentorship; (3)

developing a pathway for haul-in<sup>1</sup> or shared use large animal veterinary facilities to address shortages in a variety of ways; and (4) expanding educational opportunities for participants in youth high school and agricultural development programs.

### **LVT scope of practice**

The LVT scope of practice subgroup recommended expanding educational outreach to advance awareness of LVT as a profession. The subgroup felt this would serve as a recruiting tool and maximize utilization of LVTs in large animal veterinary practice. The subgroup additionally recommended expanding pathways to LVT educational programs and expanding opportunities for large animal training in LVT program curricula. The subgroup recommended developing a haul-in practice model to increase opportunities for LVTs in large animal medicine and recommended exploring title protection to address the misidentification of veterinary assistants as “technicians.”<sup>2</sup>

### **Veterinary medicine class size**

The veterinary medicine class size subgroup recommended exploring additional funding options for students, expanding the scholarship programs for Virginia residents, and developing a loan repayment program to place new veterinarians in areas of need.

The full workgroup, based on the recommendations of the subgroups, believes four actions can be immediately pursued. Those include a request for budget funding to create additional seats for Virginia residents at the Virginia-Maryland College of Veterinary Medicine (“VMCVM”), a request for budget funding for a state loan repayment program to incentivize practice in areas of need, development of a regulatory framework for large animal haul-in facilities, and provision of additional pathways to large animal medicine and veterinary assistant programs that will attract and support large animal veterinary practice in rural Virginia.

As noted in the preface, this workgroup will span two years. This report comprises only the first year of work produced by the workgroup and its subgroups and should be viewed as an ongoing project that is not yet complete.

---

<sup>1</sup> Haul-in facilities would allow owners to bring animals to veterinarians to be treated at an inspected facility. Currently, there is no provision that allows practice to occur away from the location of the animal. Under current regulations, veterinary medicine may only be practiced out of a registered establishment categorized as stationary (“bricks and mortar”) or ambulatory (generally house calls or farm visits). Large animal veterinarians often travel extensively to provide healthcare at animals’ locations, impacting patient safety and contributing to burnout and attrition. Haul-in facilities would enable veterinarians to treat more patients, would address environmental factors (inclement weather, poor barn lighting), and travel times without requiring the veterinarian to incur the financial burden of opening and maintaining a stationary establishment.

<sup>2</sup> The Board of Veterinary Medicine routinely receives information through investigations, inspections and communication with the public that veterinarians, unlicensed veterinary assistants and the public use the term “veterinary technician” to describe all staff who assist the veterinarian, regardless of whether they are licensed. Unlicensed individuals have been identified as performing duties that require a licensed veterinary technician. This includes placing IV catheters, intubating surgical patients, and accessing/administering federally controlled drugs, all of which directly relate to patient and public safety.

## **Workgroup Members**

Kelli Moss, Chair  
Executive Director  
Virginia Board of Veterinary Medicine

Charles Broaddus, DVM, PhD, Dip. ACT  
State Veterinarian  
Department of Agriculture and Consumer Services

The Honorable Alfonso Lopez  
Virginia House of Delegates

The Honorable Timmy French  
Senate of Virginia

Thomas Massie, Jr., DVM  
President  
Virginia Board of Veterinary Medicine

Patricia Seeger, LVT  
Board Member  
Virginia Board of Veterinary Medicine

Daniel Givens, DVM, PhD  
Dean  
Virginia-Maryland College of Veterinary Medicine

Stacy Anderson, DVM, Mvsc, PhD, DACVS-LA  
Dean  
Lincoln Memorial College of Veterinary Medicine

Martha Moore  
Senior Vice President of Governmental Relations  
Virginia Farm Bureau

Nathaniel Burke, DVM  
President  
Virginia Veterinary Medical Association

Erin Barrett, JD  
Director of Legislative and Regulatory Affairs  
Department of Health Professions

Randall Evans, DVM  
Associate Dean of Career Services & Professional Development  
Lincoln Memorial College of Veterinary Medicine

Cliff Williamson  
Executive Director  
Virginia Agribusiness Council

Julia Murphy, DVM  
State Health Veterinarian  
Virginia Department of Health

Nicole Riley  
Senior Vice President of Policy and Strategic Partnerships  
Virginia Economic Development Partnership

Stephen Versen  
Deputy Director  
Virginia Tobacco Region Revitalization Commission

Jane Naramore, LVT  
Virginia Association of Licensed Veterinary Technicians

Beth Venit, VMD  
Chief Veterinary Officer  
American Association of Veterinary State Boards

Melinda McCall, DVM  
Virginia Academy of Food Animal Practitioners

Carol Hizer, LVT, ad hoc member  
Virginia Association of Licensed Veterinary Technicians

Jake Tabor, ad hoc member  
Legislative Specialist  
Virginia Farm Bureau

## **II. Meetings of the workgroup**

The workgroup held its initial meeting on April 15, 2024. At that meeting, the workgroup created subgroups to tackle the wide array of topics the workgroup was charged with addressing in the Joint Resolutions. The supporting data subgroup met on July 8, and August 19, 2024. The financial resources subgroup met on July 8 and September 4, 2024. The LVT scope of practice subgroup met on July 8 and September 9, 2024. The class size subgroup met on July 8, 2024. The full workgroup met for its final 2024 meeting on October 9, 2024.

As directed by the workgroup, an ad hoc committee met on November 6, 2024 to draft budget amendment requests for a state loan repayment incentive program and funding to increase the number of seats available to Virginia veterinary students for consideration by the 2025 General Assembly. This subgroup discussed survey questions for producers, developing a certification program for large animal veterinary assistants, and considerations for haul-in facilities.

In total, the workgroup or its subgroups met 10 times over the course of 2024, which entailed a significant contribution from the participants and the state agencies leading the workgroup.

### **III. Supporting data**

The supporting data subgroup collected and compiled information to share as reference materials with the workgroup. This reference material will facilitate development of proposed solutions and recommendations for the two-year study. The reference collection will be updated as additional governmental and private sector data are identified and will serve as an ongoing resource to the workgroup. The information will additionally serve as a public resource which will facilitate awareness and participation in programs and implemented solutions of the workgroup.

The subgroup additionally developed targeted questions for the Board of Veterinary Medicine's annual veterinarian license renewal survey. Those questions were included in the 2024 renewal survey and will capture data regarding types and locations of large animal veterinary shortages. The survey questions will be revised by the Board of Veterinary Medicine as needed in subsequent years to measure the efficacy of implemented solutions proposed by the workgroup and to identify shortage trends.

The subgroup will continue to collect data from food animal producers through various professional associations and large animal veterinarians to assess ongoing shortages or needs. This information will be included with the aggregate data compiled by the supporting data subgroup.

## **IV. Financial resources**

The success of financial resource programs depends on early and ongoing community involvement to place, support, and retain veterinarians in rural areas. The subgroup identified organizations that support community connections and include: (1) local agricultural economic development offices; (2) the Virginia Tobacco Regional Revitalization Commission; (3) county Farm Bureau offices; and (4) Virginia Cooperative Extension offices.

The subgroup recognized that the development of a state loan repayment program tied to practice in underserved communities may be combined with other loans to reduce the financial burdens on new veterinarians wishing to enter large animal practice. The subgroup recommended matching students and former students awarded such loan repayment with mentors to assist with grant-writing, finding this to be a key component to the success of a loan repayment program. The subgroup also felt student financial resources should be coordinated through a program administrator.

The subgroup identified geographic challenges, environmental conditions, and lack of shared resources as factors contributing to the attrition of large animal veterinarians in the Commonwealth. A proposed solution is to develop a regulatory pathway under the Board of Veterinary Medicine for haul-in or shared use veterinary establishments for large animals. Such establishments may expand utilization of LVTs in large animal medicine because only veterinarians and LVTs are authorized to access controlled drugs. For this reason, LVTs frequently oversee controlled drug management and inspection compliance for practices. A haul-in large animal practice model may be matched with grants or other funding for ongoing support. These establishments may also expand educational opportunities for participants in Future Farmers of America, 4-H youth development, and high school agricultural programs to generate early interest in large animal veterinary medicine.

## **V. Licensed veterinary technician scope of practice**

The subgroup examined a variety of references defining current LVT scope of practice to identify barriers to expansion. Virginia's LVT practice act may benefit from clarification to distinguish the role of an LVT from an unlicensed veterinary assistant. Title protection for LVTs may elevate the earning capacity of practitioners and address the misuse and misidentification of veterinary assistants as "technicians." Geographic variability, prohibitions to independent diagnosing and prescribing by LVTs, government requirements for food animal medicine, and financial constraints of large animal veterinarians to employ LVTs limit the practical use of LVTs in large animal medicine.

The subgroup developed targeted questions for the Board of Veterinary Medicine's annual veterinary technician license renewal survey. Those questions were included in the 2024 renewal survey to capture data to identify ongoing factors contributing to the low number of LVTs practicing in large animal veterinary medicine and animal shelters. The survey questions will be revised by the Board of Veterinary Medicine as needed in subsequent years to measure the efficacy of implemented solutions proposed by the workgroup and to identify shortage trends.

Limited exposure to large animal medicine in LVT educational programs contributes to fewer numbers of LVTs participating in large animal medicine upon graduation and licensure. Expansion of pathways to LVT programs and opportunities for large animal training in LVT program curricula is needed and may be integrated into a haul-in practice model to increase opportunities for LVTs in large animal medicine.

Large animal veterinarians typically work unassisted or use trained individuals to assist with corralling and restraining large animal patients. A certification program is available through the Department of Education vocational training that may be developed to meet national certification standards. This would provide large animal veterinarians with larger numbers of adequately and appropriately trained assistants to increase efficacy and safety of patients and the public.

## **VI. Veterinary school class size**

After reviewing information about enrollment, available financial assistance, current class size, and new veterinary programs seeking accreditation, the subgroup determined that available seats at veterinary schools could potentially increase by approximately 30%. Given the constraints of current programs in recruiting qualified faculty, available facilities, and budget, an overall increase in class size is not a feasible option to address the large animal veterinarian shortage. It is possible to increase the percentage of seats offered to Virginia residents if funding is made available and contractual obligations with neighboring states to provide seats are met. Additionally, VMCVM must secure adequate state funding to offer more seats to Virginia residents pursuing large animal medicine.

Lincoln Memorial College of Veterinary Medicine (“LMU-CVM”), a private program in Tennessee near the Virginia border, discussed expanding its scholarship program for Virginia residents. This would create another pathway to expose veterinary students to local mentorship, resources, and state infrastructure from which to develop a practice network upon graduation.

## **VII. Workgroup recommendations**

In its first year, the workgroup recommended addressing the large animal veterinarian shortage with the following steps:

1. Develop a pathway for rural and farming community youth to obtain training for national certification and recognition as large animal veterinary assistants.
2. Gather additional data from food producers to pinpoint which areas are most impacted by veterinarian shortages and gather data from large animal veterinarians to assess current practice needs. Use data for loan repayment incentivization program to establish new veterinarians in areas of need.
3. Create a board or partnership for ongoing dialogue among stakeholders and an information repository to identify continuing needs and shortages.
4. Draft budget amendment requests for an incentive-based loan repayment program in Virginia to place veterinarians in shortage areas.
5. Develop support systems to provide ongoing engagement to retain rural veterinarians after satisfying loan terms.
6. Develop a regulatory pathway and model for haul-in facilities.
7. Develop an integrated haul-in practice model to address a variety of needs, including environmental factors, opportunities for licensed veterinary technicians, shared resources, earlier educational opportunities in large animal medicine, and matching with grants or other available funding.
8. Draft budget amendment requests to fund additional seats at the state veterinary school for Virginia students.

## **VIII. Conclusions and next steps**

The workgroup determined that the success of addressing the large animal veterinarian shortage in rural areas depends on a multifaceted approach. This approach includes providing opportunities for students to learn about large animal veterinary medicine in primary and secondary education, offering diverse public and private financial assistance during veterinary school, and linking incentives to rural practice and developing infrastructure and resources for long-term success in underserved communities. While a shortage of LVT practitioners exists in the Commonwealth, this issue does not align with the mandates for this study. Solutions to address the shortage and issues like LVT title protection are outside of the scope of this workgroup. The Board of Veterinary Medicine will review data collected from the annual renewal survey to determine the best process to address shortages.

The workgroup will continue meeting in 2025 and the Department of Health Professions will produce its final report no later than the first day of the 2026 Session in accordance with the Joint Resolutions. Responses from the Board of Veterinary Medicine's annual renewal survey, food animal producers' survey, and large animal veterinarians' survey will be presented to the workgroup at its next meeting. The workgroup will discuss public engagement to increase awareness of the financial incentive programs and other resources as they develop.

## Veterinary Medicine Monthly Snapshot for January 2025

Veterinary Medicine closed more cases in January than received. Veterinary Medicine closed 28 patient care cases and 32 non-patient care cases for a total of 60 cases.

Cases Closed	
Patient Care	28
Non-Patient Care	32
<b>Total</b>	<b>60</b>

Veterinary Medicine received 15 patient care cases and 28 non-patient care cases for a total of 43 cases.

Cases Received	
Patient Care	15
Non-Patient Care	28
<b>Total</b>	<b>43</b>

As of January 31, 2025, there were 123 patient care cases open and 90 non-patient care cases open for a total of 213 cases.

Cases Open	
Patient Care	123
Non-Patient Care	90
<b>Total</b>	<b>213</b>

There were 9,204 Veterinary Medicine licensees as of January 31, 2025. The number of current licenses is broken down by profession in the following chart.

Current Licenses	
Equine Dental Technician	21
Veterinarian	4,992
Veterinary Establishment - Ambulatory	327
Veterinary Establishment - Stationary	1,003
Veterinary Faculty	87
Veterinary Intern/Resident	46
Veterinary Technician	2,728
<b>Total for Veterinary Medicine</b>	<b>9,204</b>

There were 46 licenses issued for Veterinary Medicine for the month of January. The number of current licenses is broken down by profession in the following chart.

Licenses Issued	
Veterinarian	20
Veterinary Establishment - Ambulatory	2
Veterinary Establishment - Stationary	3
Veterinary Faculty	2
Veterinary Technician	19
<b>Total for Veterinary Medicine</b>	<b>46</b>