

July 29, 2025
Board Room 4
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

March 11, 2025 – Full Board Meeting
March 11, 2025 – Formal Hearing
May 29, 2025 – Summary Suspension Consideration

Pages 2-10

Agency Director’s Report – Mr. Arne Owens, Director

Presentations

Pages 11-88

- Communications Update – **Ms. Kelly Smith (pp 11-19)**
- 2024 Healthcare Workforce Data Center Reports – **Dr. Yetty Shobo/Dr. Barbara Hodgdon**
 - Veterinarians (**pp 20-52**)
 - Veterinary Technicians (**pp 53-85**)
- Revisions to SRP Worksheet and Instructions – **Ms. Kim Small (pp 86-88)**

Discussion

Pages 89-124

- Consideration of continuing education approval – **Ms. Kelli Moss**
 - Abdominal Ultrasound for the General Practitioner (**pp 89-99**)
 - Bovine Emergency Response Plan (**pp 100-116**)
- Treatment and Transport of Working Canines – **Ms. Moss**
 - Draft Virginia K9 Scope of Practice Procedures (**pp 117-118**)
 - Draft Virginia K9 Scope of Practice Formulary (**pp 119-120**)
- Large Animal Veterinarian Shortage Study Workgroup – **Ms. Moss**
 - § 3.2-5901.2. State Veterinarian; large animal veterinary grant program (**p 121**)
 - AFID/VTRRC fund planning grant for large animal veterinarians (**pp 122-124**)

Regulatory Report – Ms. Erin Barrett/Mr. Matthew Novak

Pages 125-126

- Current regulatory actions (**p 125**)
- Consideration of regulations for haul-in veterinary establishments (**p 126**)

Board Counsel’s Report – Mr. Brent Saunders

President’s Report – Dr. Newman

Board of Health Professions Report – Ms. Moss

Staff Reports

Pages 127-129

- Executive Director’s Report – **Ms. Moss**
 - HPMP 2024 Annual Report
 - Outreach
 - Conflict of Interest Policy (p 127)
 - Statistics (pp 128-129)
- Discipline Report – **Ms. Claire Foley**

New Business – Dr. Newman

Next Meeting – Dr. Newman/Ms. Moss

Pages 130-131

- Board calendars and meeting scheduling (pp 130-131)
- October 21, 2025 - Next full board meeting

Meeting Adjournment – Dr. Newman

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

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 March 11, 2025, Virginia Board of Veterinary Medicine (Board) meeting was called to order at 9:04 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 1, Henrico, Virginia 23233.

Presiding Officer

Jeffrey B. Newman, DVM, President

Members Present

Richard G. Bailey, DVM, Vice President

Margaret J. Rucker, DVM, Secretary

Thomas B. Massie, Jr., DVM

Bruce M. Bowman, DVM

Patricia Seeger, LVT, BBA

Steve Linas, OD

Staff Present

Arne W. Owens, Agency Director

Kelli Moss, Executive Director

Erin Barrett, Director of Legislative and Regulatory Affairs

Claire Foley, Deputy Executive Director

James E. Rutkowski, 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

Talya George, Virginia Veterinary Medical Association (VVMA)

Lina Cortes Kwapisz

Establishment of Quorum

With seven board members in attendance, a quorum was established.

Introductions

Dr. Newman introduced Assistant Attorney General, James Rutkowski, who is present as counsel for the Board.

Ordering of Agenda

Dr. Newman opened the floor to any edits or corrections regarding the agenda. Ms. Moss stated that the 2024 Healthcare Workforce Data Center Reports will be presented by Dr. Shobo and Dr. Hodgdon at the next board meeting. Dr. Massie moved to accept the agenda with this revision. The motion was seconded by Dr. Rucker and carried unanimously.

Public Comment

The Board received public comment from Lina Cortes Kwapisz, a graduate of a non-AVMA certified veterinary school, who requested the Board to consider allowing temporary licensing for veterinarians who have passed the national examination to work under a licensed veterinarian's supervision pending scheduling of the Clinical Proficiency Examination to be certified by the Educational Commission of Foreign Veterinary Graduates. Dr. Newman thanked Ms. Cortes for her comments.

Approval of Minutes

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

- October 21, 2024, Full Board meeting
- October 21, 2024, Formal hearings
- December 2, 2024, Formal hearing
- December 2, 2024, Board consideration of a summary suspension
- January 15, 2025, Legislative/Regulatory Committee Meeting

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

Agency Director's Report

Mr. Owens provided an update on the agency's activities.

Legislative/Regulatory Report

Ms. Barrett provided the report on legislative and regulatory activity which include legislation passed by the 2025 General Assembly regarding the Large Animal Veterinarian Shortage Study.

Ms. Barrett reviewed proposed regulatory reductions recommended by Legislative/Regulatory Committee for the periodic review initiated in 2022.

Motion: Dr. Rucker moved to accept the recommendation of the Regulatory Committee regarding proposed regulatory changes to Chapter 20. The motion was seconded by Dr. Bailey and carried unanimously.

Discussion Items

Ms. Moss provided an update from this year's annual conference of the Virginia Veterinary Medical Association, where she presented board updates and information about the large animal veterinarian shortage study workgroup's progress. She reported veterinarians' concerns about vaccine clinics operating within Virginia, requirements for examinations and records. Ms. Moss reported she and staff will continue outreach efforts to educate licensees on regulatory actions and other board activities.

Board Counsel's Report

Mr. Rutkowski gave a status update on a Board decision heard by the Court of Appeals of Virginia.

President's Report

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

Board of Health Professions' Report

Ms. Moss reported that agency staff were preparing for the elimination of the Board of Health Professions as passed by the 2025 General Assembly.

Staff Reports

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

- The Board's senior licensing specialist position is vacant again and staff are recruiting to fill this position.
- She recognized staff members Laura Jackson, Laura Paasch and Charles "Chip" Atkins for assuming additional job duties to assist with processing veterinary license applications.
- An additional position is being developed to assist with licensing and inspections of veterinary establishments.
- Once effective, emergency regulations for satellite offices to registered establishments will result in additional administrative duties for staff.
- Information sessions were presented to veterinarian and veterinary technology students by board staff.

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

New Business

There was no new business to report.

Next Meeting

The next full board meeting is scheduled for July 29, 2025.

Adjournment

With no objection, Dr. Newman adjourned the meeting at 10:19 AM.

Kelli Moss
Executive Director

**VIRGINIA BOARD OF VETERINARY MEDICINE
FORMAL HEARING MINUTES
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 1
HENRICO, VA
March 11, 2025**

CALL TO ORDER: The meeting of the Virginia Board of Veterinary Medicine (Board) was called to order at 12:08 p.m. on March 11, 2025, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 1, Henrico, Virginia.

PRESIDING OFFICER: Jeffery Newman, D.V.M., President

MEMBERS PRESENT: Bruce Bowman, D.V.M.
Steven Linas, O.D.
Thomas Massie, D.V.M
Margaret Rucker, D.V.M
Patricia Seeger, L.V.T.

QUORUM: With six 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: Jim Rutkowski, Assistant Attorney General

COURT REPORTER: Kandi Oliver

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

COMMONWEALTH WITNESSES: Brooke Dayton, D.V.M
Allison Geise
Individual A
Individual B
Lisa O'Neill
Josette Richmond, D.V.M.
Amy Tanner, Sr. Investigator, Enforcement Division

RESPONDENT WITNESSES: Sarah Hicks
Cody Swilley, D.V.M.

Jennifer Zambriski, D.V.M.

OTHERS PRESENT:

Laura Booberg, Esq., Administrative Proceedings
Division
Scott Pearl, Esq., Administrative Proceedings Division

MATTER SCHEDULED:

Cody Swilley, Veterinarian

Dr. Swilley appeared before the Board in accordance with a Notice of Formal Hearing dated December 2, 2024. He was represented by Brittany Haddox, Esq. The Board received evidence from the Commonwealth and from Dr. Swilley and his counsel regarding the allegations in the Notice.

CLOSED SESSION:

Dr. Massie 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 **Cody Swilley, Veterinarian**. Additionally, Dr. Massie moved that Kelli Moss, Claire Foley, and Jim Rutkowski 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 Ms. Seeger and carried unanimously.

RECONVENE:

Dr. Massie 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.

DECISION:

Dr. Massie moved to issue a reprimand and continue the indefinite suspension of Dr. Swilley’s license to practice as a veterinarian until such time that Dr. Swilley provides evidence to the Board of obtaining Fear Free certification for canines and felines and the completion of six hours of Board-approved anger management courses. The basis for this decision will be set forth in a final Board Order that will be sent to Dr. Swilley at his address of record. The motion was seconded by Dr. Rucker 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 6:46 p.m.

Kelli G. Moss, Executive Director

**VIRGINIA BOARD OF VETERINARY MEDICINE
POSSIBLE SUMMARY SUSPENSION CONSIDERATION
MEETING MINUTES
DEPARTMENT OF HEALTH PROFESSIONS
HENRICO, VA
May 29, 2025**

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 May 29, 2025, at 10:03 a.m., to consider a possible summary suspension.

PRESIDING: Jeffrey Newman, DVM, President

MEMBERS PRESENT: Richard Bailey, DVM
Bruce Bowman, DVM
Steven Linas, OD
Thomas Massie, DVM
Margaret Rucker, DVM
Patricia Seeger, LVT

QUORUM: With 7 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

Barron Hall, Veterinarian
Case Nos. 232986, 236714, 241192, 243144, and 244434

Mr. Murphy presented a summary of the evidence that the continued practice of Dr. Hall may present a substantial danger to the health and safety of the public.

DECISION: Dr. Bailey moved to summarily suspend the license of Barron Hall, Veterinarian to practice veterinary medicine pending a formal administrative hearing. The motion was seconded by Dr. Linas and carried unanimously.

ADJOURNMENT: The meeting was adjourned at 10:28 a.m.

Kelli G. Moss
Executive Director

DRAFT

Communications Update for the Board of Veterinary Medicine

July 29, 2025

Kelly A. Smith, Director of Communications



Role of Communications Director

Lead and support the third part of our mission:

The mission of the Department of Health Professions is to ensure safe and competent patient care by **licensing** health professionals, **enforcing** standards of practice, and **providing information to healthcare practitioners and the public.**

Examples:

- Serve as DHP media contact and coordinate with content experts for replies
- Support Boards with stakeholder communications (licensee news, for example)
- Develop an intentional public outreach strategy using digital media (LinkedIn)

DHP Media Inquiries

- We receive more than 100 annually; our media monitoring service tracks Board/DHP “mentions”
- Transparency is key to build public trust
 - promote public resources like License Lookup and Case Decisions
 - Code of Virginia protects confidentiality (public orders only)
- View the media as a partner in educating and informing the public (opportunity to share resources that promote public safety)

Old News Brief Sample

- Partnership with Board staff, Communications, and Information Technology
- Goal to enhance delivery of licensee information required to know and engage them
- Increase timely renewals and reduce future complaints/disciplinary cases

CE BROKER

As of October 1, 2024, the Virginia Board of Physical Therapy is now using [CE Broker](#) as an optional continuing education (CE) tracking system. Licensees are strongly encouraged to use this platform for tracking and reporting CE.

Through this partnership, you have access to a variety of accounts, including a free version, with features to track your CE and help you stay in compliance with your renewal requirements.

Key benefits to a CE Broker account:

- [Digital Tracking](#) | Access your complete course history, store your certificates, and check your compliance status any time.
- [Course Search](#) | Find every course needed to successfully complete your license renewal requirements.
- [Easy Reporting](#) | Most education providers will automatically report course completions to CE Broker for you, but you can also easily self-report any missing credits by uploading your proof of completion.

How to activate your CE Broker Account:

1. Visit <https://cebroke.com/plans>
2. Choose the best plan for you and enter your license number
3. Start tracking your continuing education today!

UPCOMING 2024 RENEWAL

Electronic renewal notices for the upcoming December 31, 2024, expiration date will be sent to the email address on record with the Board *on November 1, 2024*.

If you need to update your address of record or email address, please log into your account using the [Online Licensing website](#) to make the necessary change.

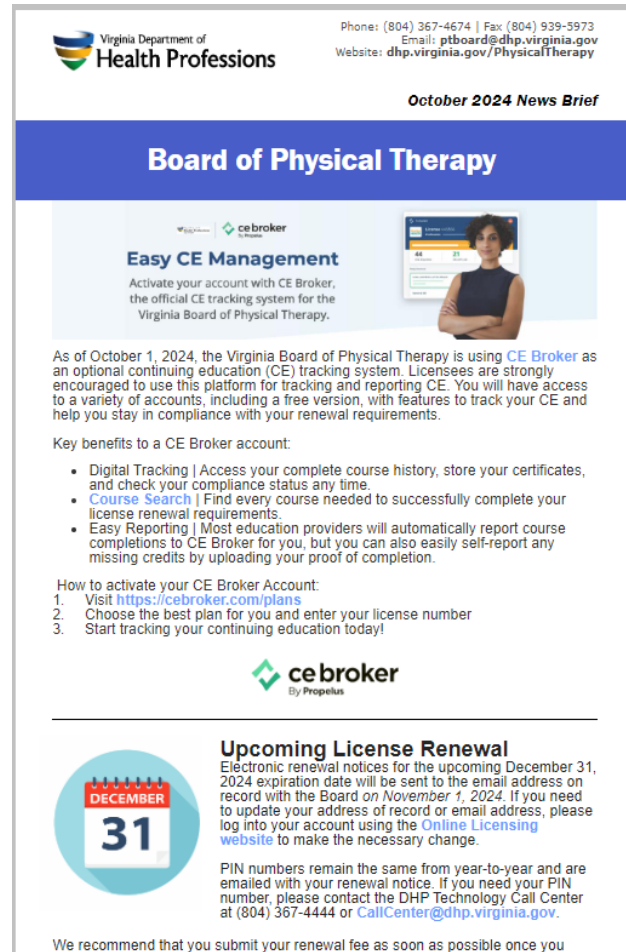
PIN numbers remain the same from year-to-year and are emailed with your renewal notice. If you need your PIN number, please contact the DHP Technology Call Center at (804) 367-4444 or CallCenter@dhp.virginia.gov.

We recommend that you submit your renewal fee as soon as possible once you have been notified that it is time to renew to avoid any late fees and interruption in your ability to practice. The Board does not consider the date of postmarked mail, so any payments received after December 31, 2024, will be considered late.

REMINDER - CURRENT PT COMPACT PRIVILEGE HOLDERS

All compact privileges expire on the same date as your home state license. If Virginia is your designated home state, then your compact privileges are set to expire on December 31, 2024.

Pilot –Board News Brief Redesign



Virginia Department of Health Professions

Phone: (804) 367-4674 | Fax: (804) 939-5973
Email: ptboard@dhp.virginia.gov
Website: dhp.virginia.gov/PhysicalTherapy

October 2024 News Brief

Board of Physical Therapy

Easy CE Management
Activate your account with CE Broker, the official CE tracking system for the Virginia Board of Physical Therapy.

As of October 1, 2024, the Virginia Board of Physical Therapy is using **CE Broker** as an optional continuing education (CE) tracking system. Licensees are strongly encouraged to use this platform for tracking and reporting CE. You will have access to a variety of accounts, including a free version, with features to track your CE and help you stay in compliance with your renewal requirements.

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3. Start tracking your continuing education today!

cebroker
By Propelus

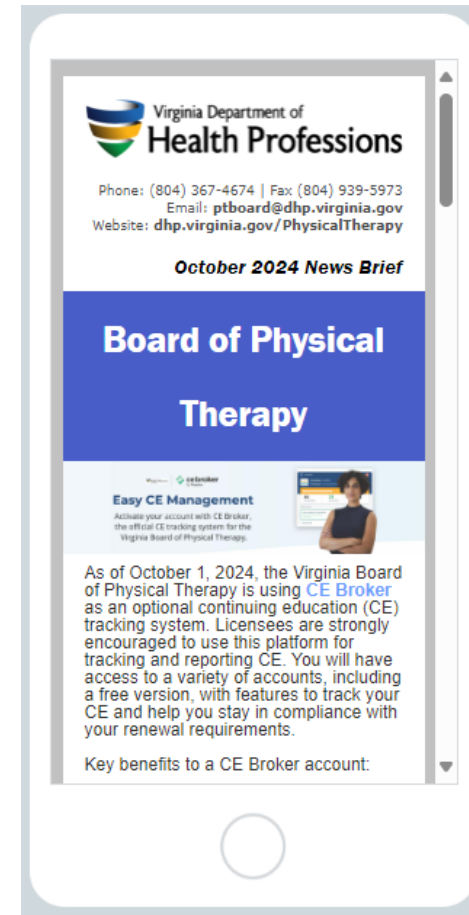
Upcoming License Renewal

Electronic renewal notices for the upcoming December 31, 2024 expiration date will be sent to the email address on record with the Board on *November 1, 2024*. If you need to update your address of record or email address, please log into your account using the [Online Licensing website](#) to make the necessary change.

PIN numbers remain the same from year-to-year and are emailed with your renewal notice. If you need your PIN number, please contact the DHP Technology Call Center at (804) 367-4444 or CallCenter@dhp.virginia.gov.

We recommend that you submit your renewal fee as soon as possible once you

computer desktop view (top page)



Virginia Department of Health Professions

Phone: (804) 367-4674 | Fax: (804) 939-5973
Email: ptboard@dhp.virginia.gov
Website: dhp.virginia.gov/PhysicalTherapy

October 2024 News Brief

Board of Physical Therapy

Easy CE Management
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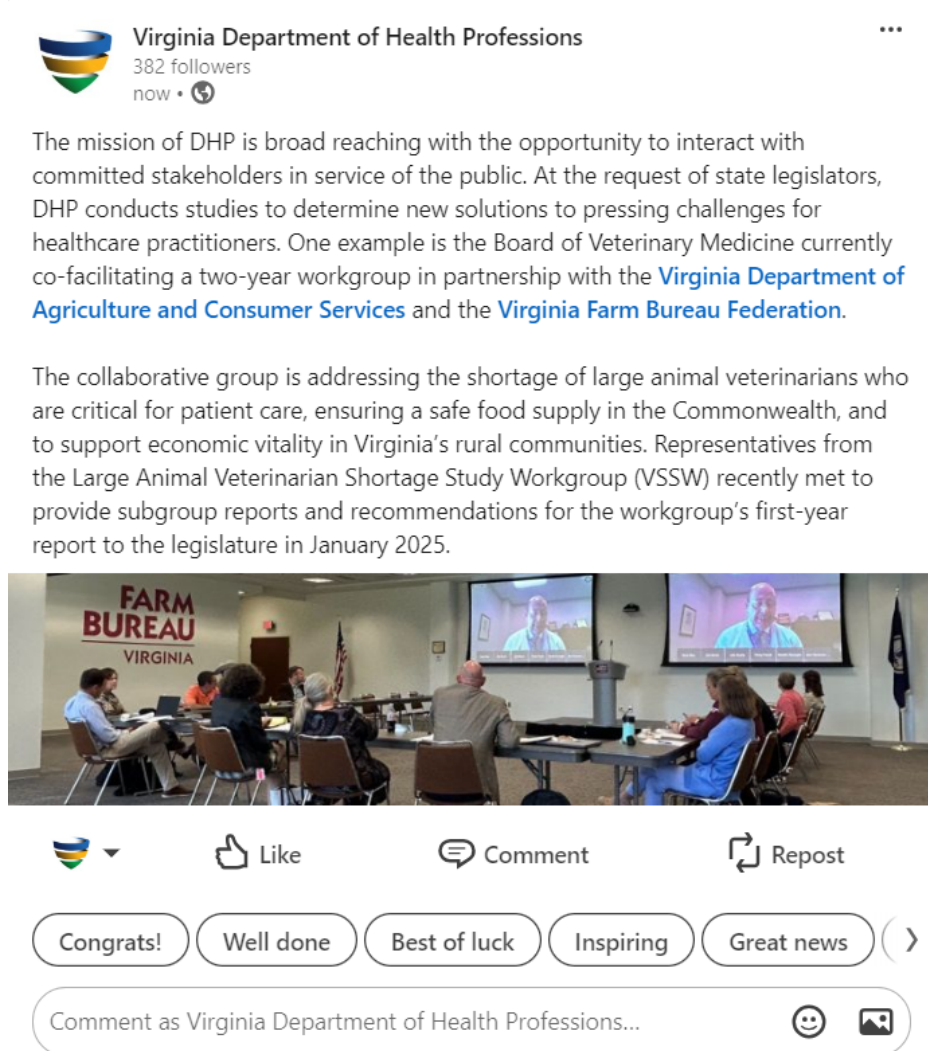
Key benefits to a CE Broker account:

mobile view

News Brief Performance

- Sent to 14,306 licensees
- Open rate to date is 85% (industry average is 33%)
- Initially, 10,814 opened October News Brief
- After resend, another 1,241 opened the email
- 94% viewed from a desktop computer
- 6% from mobile device
- Click through rate 8% (industry average is 1-2%)

First DHP LinkedIn Page Post



The screenshot shows a LinkedIn post from the Virginia Department of Health Professions. The profile picture is a logo with blue, yellow, and green waves. The name is "Virginia Department of Health Professions" with "382 followers" and "now" below it. The post text reads: "The mission of DHP is broad reaching with the opportunity to interact with committed stakeholders in service of the public. At the request of state legislators, DHP conducts studies to determine new solutions to pressing challenges for healthcare practitioners. One example is the Board of Veterinary Medicine currently co-facilitating a two-year workgroup in partnership with the [Virginia Department of Agriculture and Consumer Services](#) and the [Virginia Farm Bureau Federation](#). The collaborative group is addressing the shortage of large animal veterinarians who are critical for patient care, ensuring a safe food supply in the Commonwealth, and to support economic vitality in Virginia's rural communities. Representatives from the Large Animal Veterinarian Shortage Study Workgroup (VSSW) recently met to provide subgroup reports and recommendations for the workgroup's first-year report to the legislature in January 2025." Below the text is a photo of a meeting with a "FARM BUREAU VIRGINIA" sign and a screen showing a video call. At the bottom are interaction buttons: Like, Comment, Repost, and a carousel of tags including "Congrats!", "Well done", "Best of luck", "Inspiring", and "Great news". A comment box at the bottom says "Comment as Virginia Department of Health Professions..." with smiley and image icons.

- Creating public outreach & education plan to fulfill our mission (public safety) and reach new audiences
- This post organically reached 542 people; nearly 8% engaged with the post; 19 reacted with “like”
- Tagging partners helps share the love and expand our audiences

Another Vet Med Post

- Leveraging awareness days/months to humanize the Boards and increase awareness via “plain speak” moments
- This post organically reached 267 people; nearly 7% engagement rate with a repost and a comment from a stakeholder:

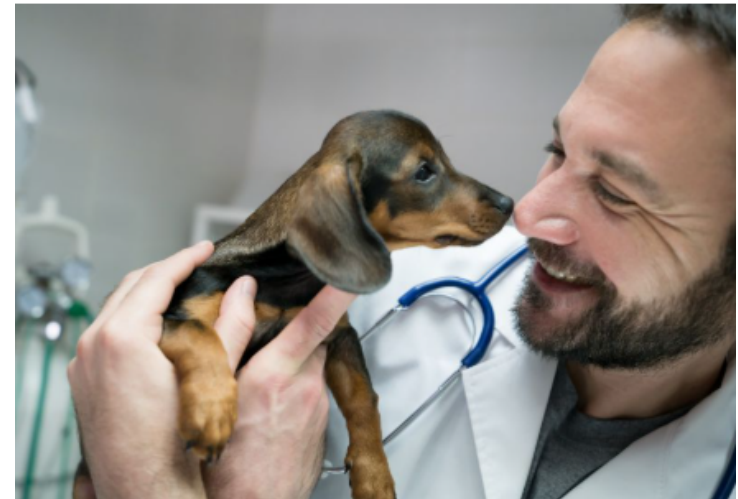
“Deeply meaningful! Veterinarians not only save lives but also strengthen the bond between humans and animals. Celebrating them is celebrating unconditional love.”

Today is World Veterinary Day.

The Virginia Board of Veterinary Medicine celebrates the contributions of more than 5,200 licensed veterinarians and veterinary faculty, supported by licensed veterinary technicians; and registered equine dental technicians, in Virginia. This team of dedicated professionals protects the health of animals, people, and the environment.

Veterinarians are typically looked at as caretakers of our beloved pets, but the reality is, they are much more. As providers of veterinary medicine, they also advance animal welfare, aquaculture, epidemiology, equine medicine, food safety, One Health, production animal medicine, public health, research and education, and the human-animal bond.

[American Association of Veterinary State Boards](#)
[AVMA \(American Veterinary Medical Association\)](#)



John Robertson IV and 4 others 1 comment · 1 repost

Like Comment Repost

Comment as Virginia Department of Health Professions...

Most relevant ▾

Duncan Houston BVSc • 3rd+
Vet + Pet Dad + CEO: Founder with expertise in B2B, B2C, E-commerce and...
2mo ...
Deeply meaningful! Veterinarians not only save lives but also strengthen the bond between humans and animals. Celebrating them is celebrating unconditional love.

Like | Reply

Any Questions?

Thank for the opportunity to share
our Communications efforts!



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

Follow us on Tumblr: 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

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Alexandria

Vice-President

Richard G. Bailey, DVM
Fincastle

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Margaret J. Rucker, DVM
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Richmond

Thomas B. Massie, Jr., DVM
Washington

Patricia Seeger, LVT, BBA
Hampton

Executive Director

Kelli Moss

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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

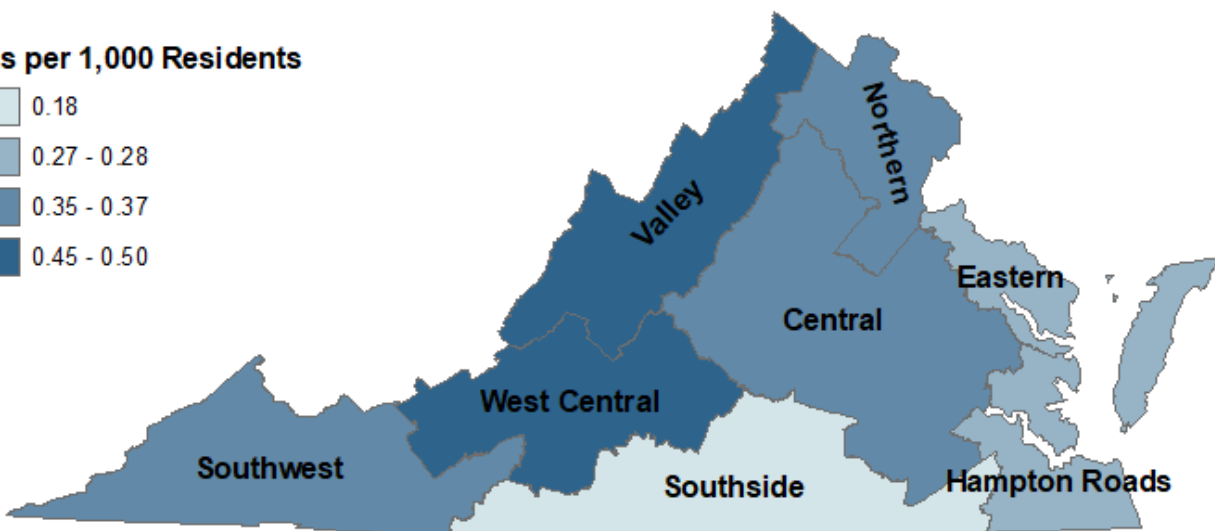
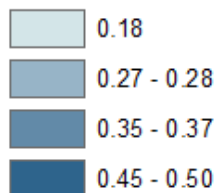
Patient Care:	90%-99%
Administration:	1%-9%
Patient Care Role:	85%

Source: Va. Healthcare Workforce Data Center

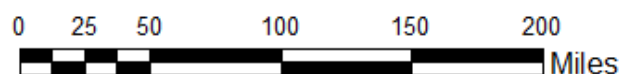
Full-Time Equivalency Units Provided by Veterinarians per 1,000 Residents by Virginia Performs Region

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%
All Licensees	5,245	100%

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
By Age			
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%
Total	770	4,475	85%
New Licenses			
Issued in Past Year	196	149	43%
Metro Status			
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

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

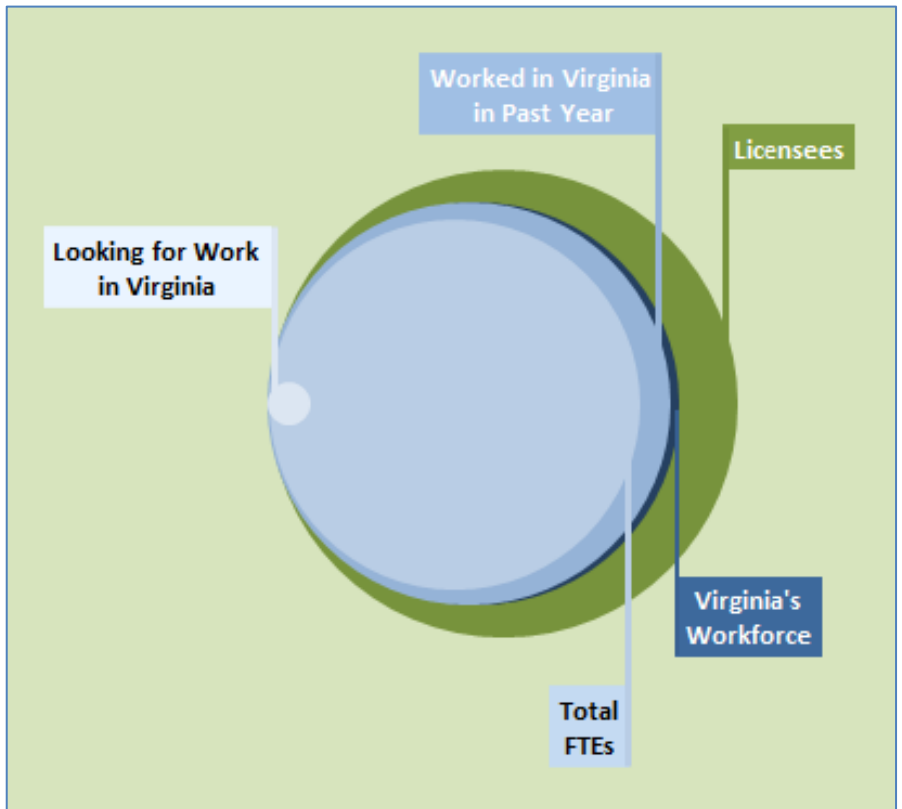
Source: Va. Healthcare Workforce Data Center

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. 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.

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	
Licensees	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%
Total	759	25%	2,248	75%	3,007	100%

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%
Total	100%	3,000	100%	1,186	100%

* 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

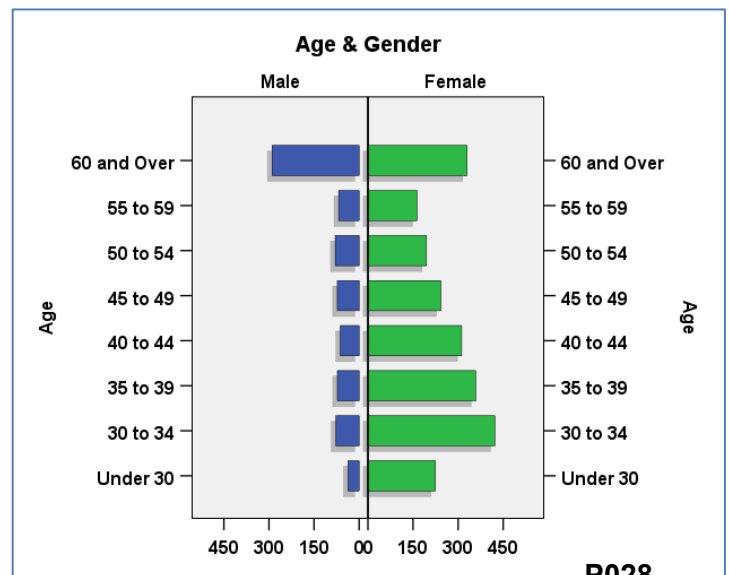
Median Age: 45
% Under 40: 40%
% 55 and Over: 28%

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%

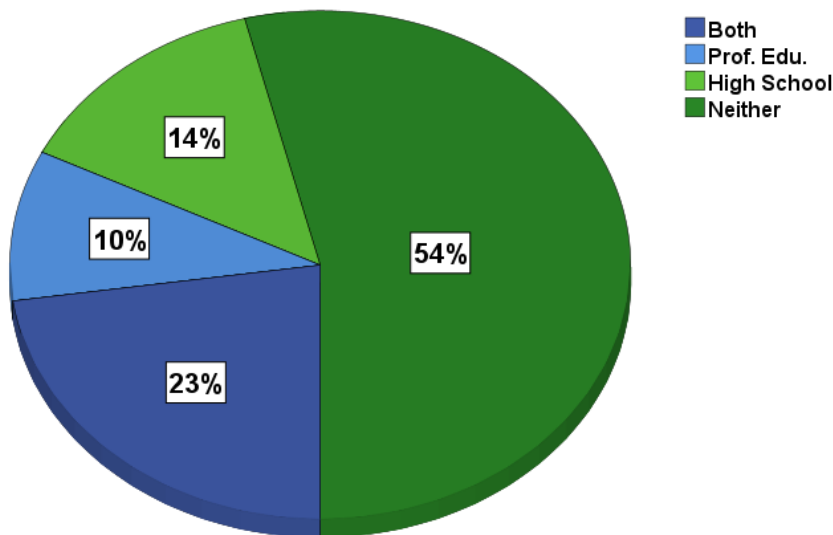
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
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%
Non-Metro Counties				
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%
Overall		29%	63%	9%

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%
Total	2,489	100%	1,004	100%

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%
Total	2,894	100%

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%
Total	2,836	100%

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%
Total	2,803	100%

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%
Total	2,287	100%

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
Paid Vacation	1,644	60%	69%
Retirement	1,494	54%	62%
Health Insurance	1,437	52%	57%
Paid Sick Leave	1,189	43%	50%
Dental Insurance	1,174	43%	48%
Group Life Insurance	697	25%	29%
Signing/Retention Bonus	432	16%	19%
At Least One Benefit	1,925	70%	78%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Satisfaction

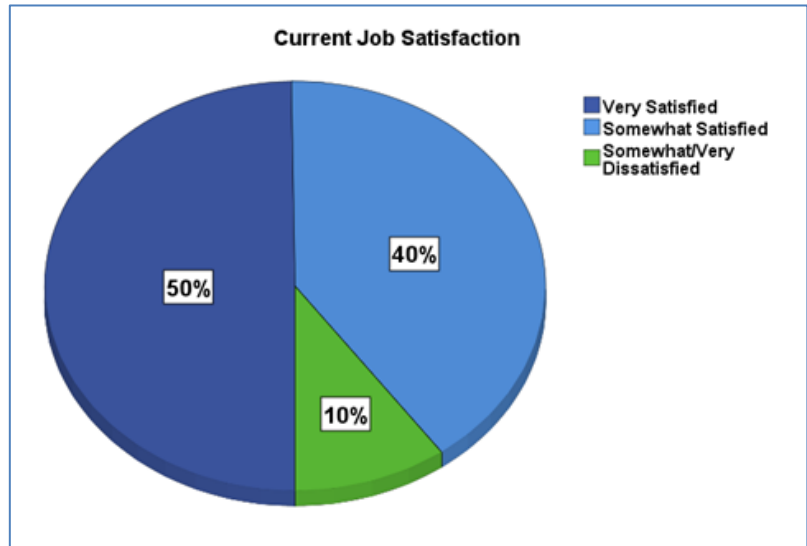
Satisfied: 90%
Very Satisfied: 50%

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%
Total	2,798	100%

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%
Total	2,661	100%
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%
Total	1,103	100%

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?	898	23%

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.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	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%
Subtotal	2,728	100%	629	100%
Did Not Have Location	56		3,240	
Item Missing	1,136		52	
Total	3,921		3,921	

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., 2nd 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	#	%
Salary/Commission	1,499	71%
Hourly Wage	250	12%
By Contract/Per Diem	89	4%
Business/Practice Income	242	11%
Unpaid	25	1%
Subtotal	2,105	100%
Did Not Have Location	56	
Item Missing	1,760	

Source: Va. Healthcare Workforce Data Center

¹ 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%

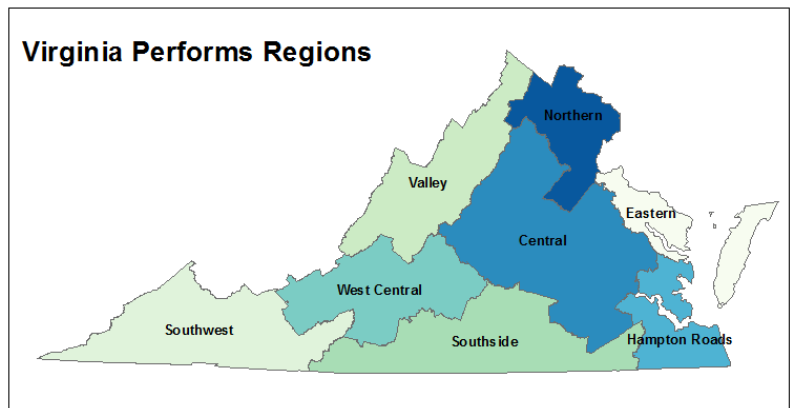
Source: Va. Healthcare Workforce Data Center

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%
Total	2,712	100%	657	100%
Item Missing	1,150		24	

Source: Va. Healthcare Workforce Data Center



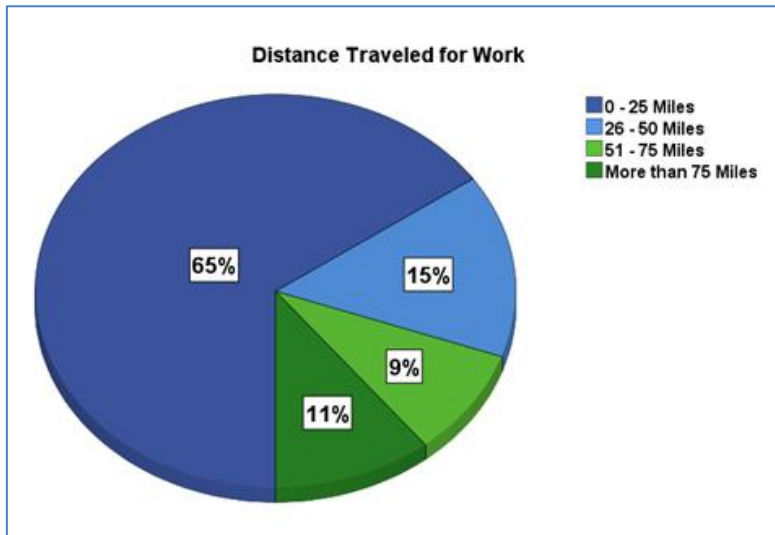
Source: Va. Healthcare Workforce Data Center

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%
Total	2,764	100%	2,764	100%

*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%
Total	2,607	100%

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%
Total	2,591	100%
Item Missing	1,330	

Source: Va. Healthcare Workforce Data Center

A Closer Look:

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

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

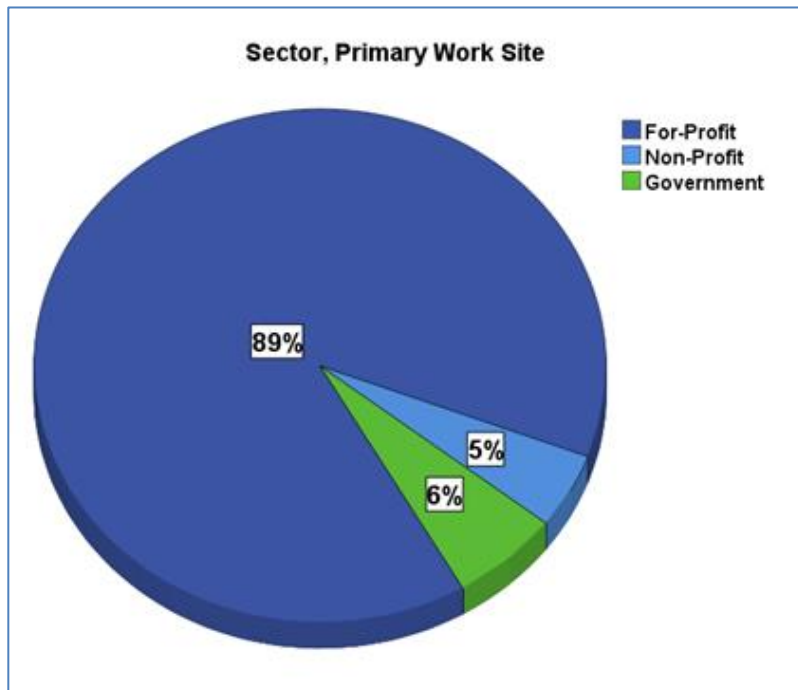
Sector

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

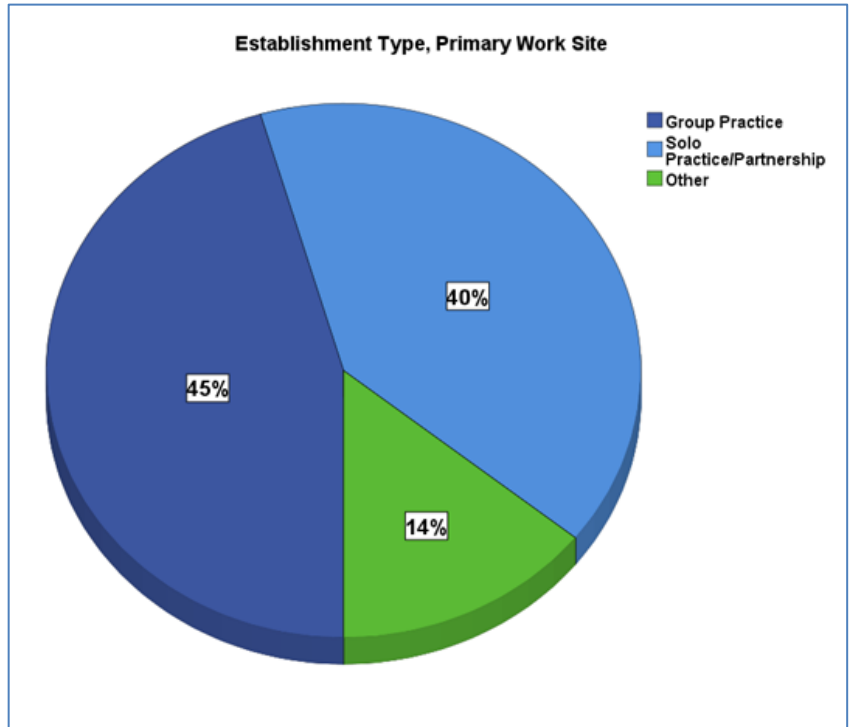
Among all veterinarians, 94% work in the private sector, including 89% who are employed in the for-profit sector. Another 3% of veterinarians work for state or local governments.

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%
Total	2,534	100%	606	100%
Did Not Have Location	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.

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



Source: Va. Healthcare Workforce Data Center

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%
At Least One Language	836	21%

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

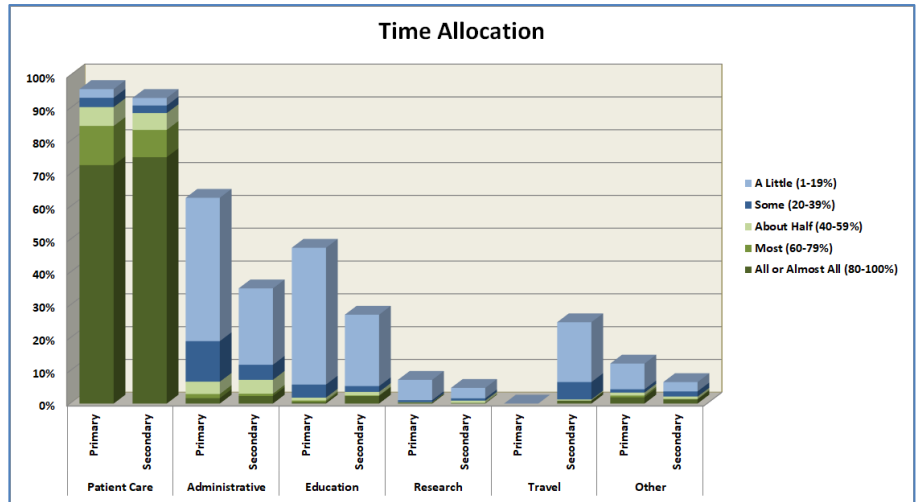
Patient Care: 85%
Administration: 3%
Education: 1%

Patient Care Veterinarians

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



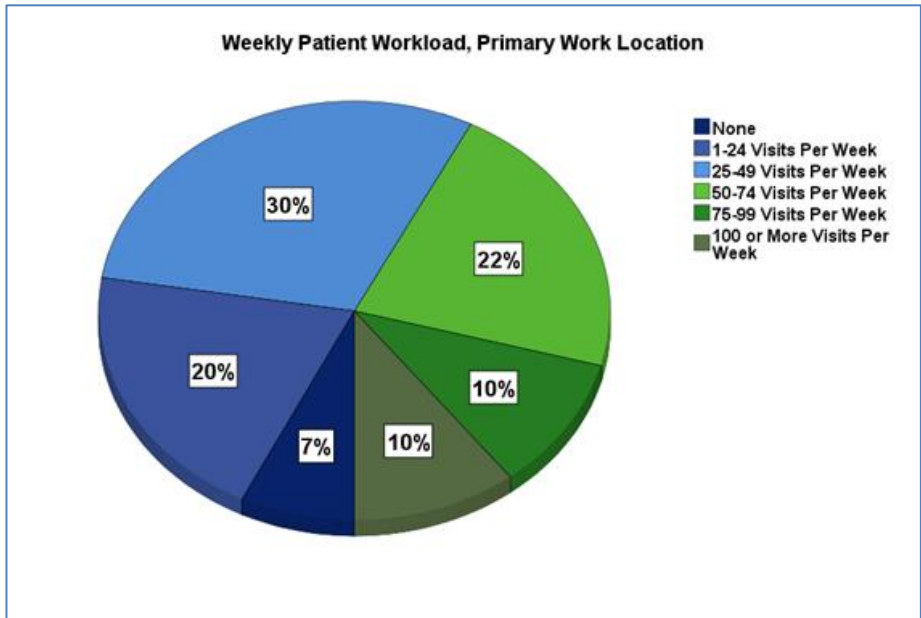
Source: Va. Healthcare Workforce Data Center

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
All or Almost All (80-100%)	73%	75%	2%	2%	0%	2%	0%	0%	-	1%	2%	1%
Most (60-79%)	12%	8%	1%	1%	0%	0%	0%	0%	-	0%	1%	0%
About Half (40-59%)	6%	5%	4%	4%	1%	1%	0%	1%	-	0%	1%	1%
Some (20-39%)	3%	2%	12%	5%	4%	2%	1%	1%	-	5%	1%	2%
A Little (1-19%)	3%	2%	44%	23%	42%	22%	6%	3%	-	18%	8%	3%
None (0%)	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	
	#	%	#	%
None	185	7%	65	10%
1-24	518	20%	314	50%
25-49	766	30%	122	20%
50-74	554	22%	70	11%
75-99	264	10%	27	4%
100-124	131	5%	16	3%
125-149	53	2%	1	0%
150-174	23	1%	3	0%
175-199	14	1%	2	0%
200 or More	46	2%	3	0%
Total	2,554	100%	623	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Large Animals

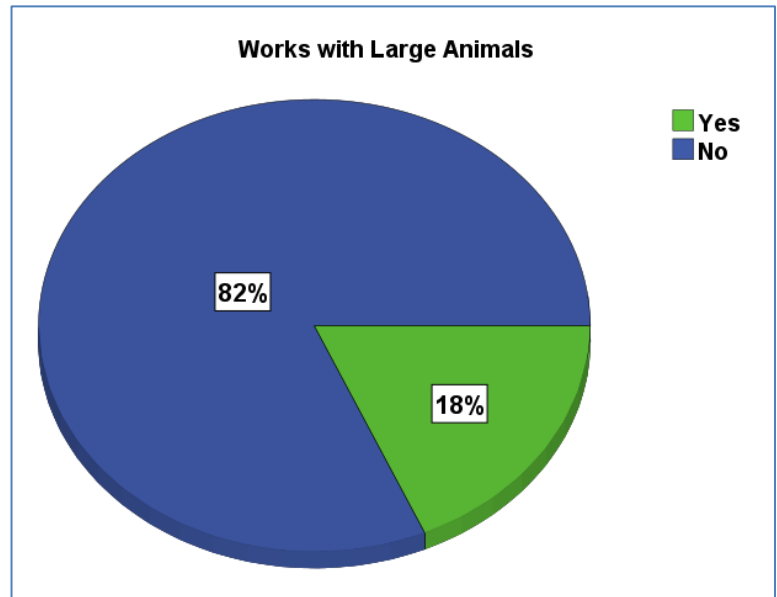
% Work w/
Large Animals: 18%

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%
Total	2,848	100%

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

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

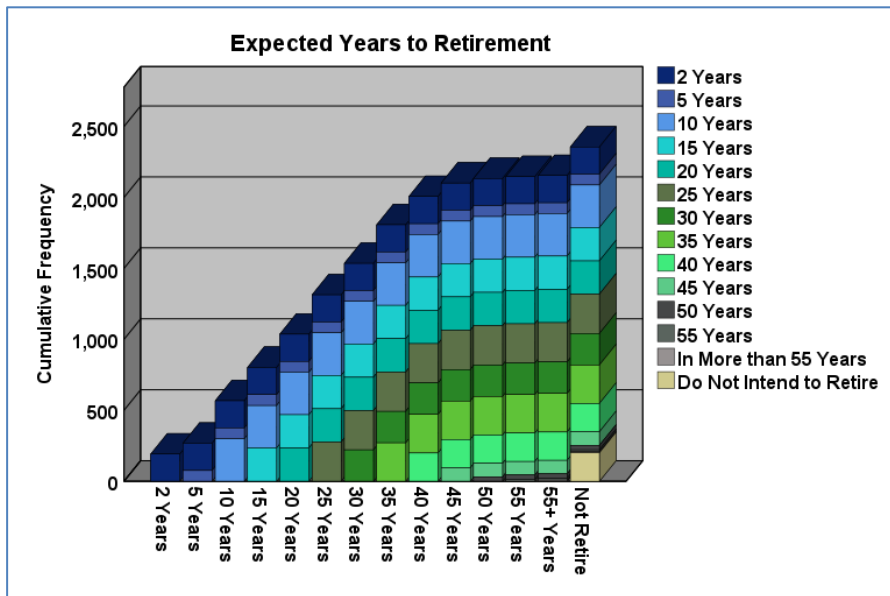
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	58	1%
Leave Virginia	142	4%
Decrease Patient Care Hours	425	11%
Decrease Teaching Hours	19	0%
Increase Participation		
Increase Patient Care Hours	206	5%
Increase Teaching Hours	114	3%
Pursue Additional Education	281	7%
Return to the Workforce	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%
Total	2,356	100%	

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 Residents²: 0.378
 Average: 0.85

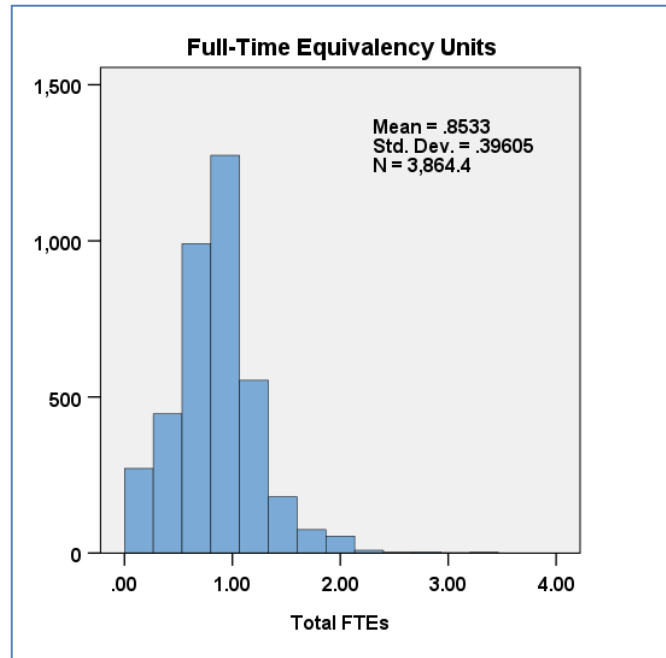
Age & Gender Effect

Age, *Partial Eta*²: Medium
 Gender, *Partial Eta*²: Small

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

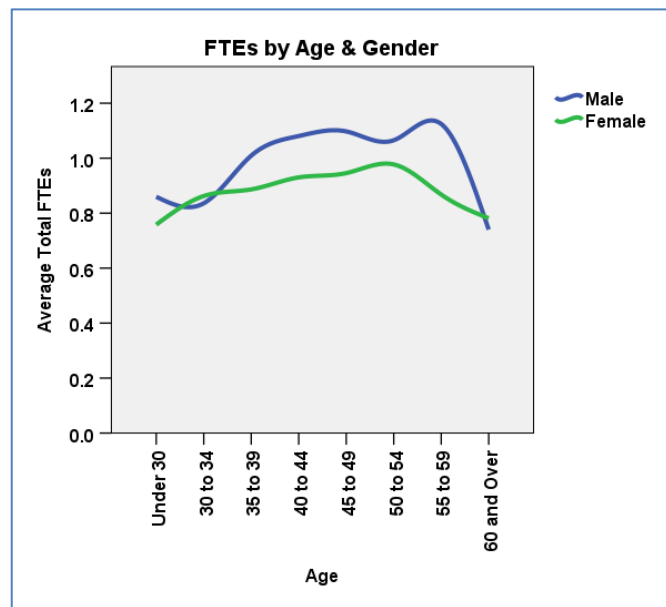


Source: Va. Healthcare Workforce Data Center

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.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
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
Gender		
Male	0.91	0.96
Female	0.87	0.92

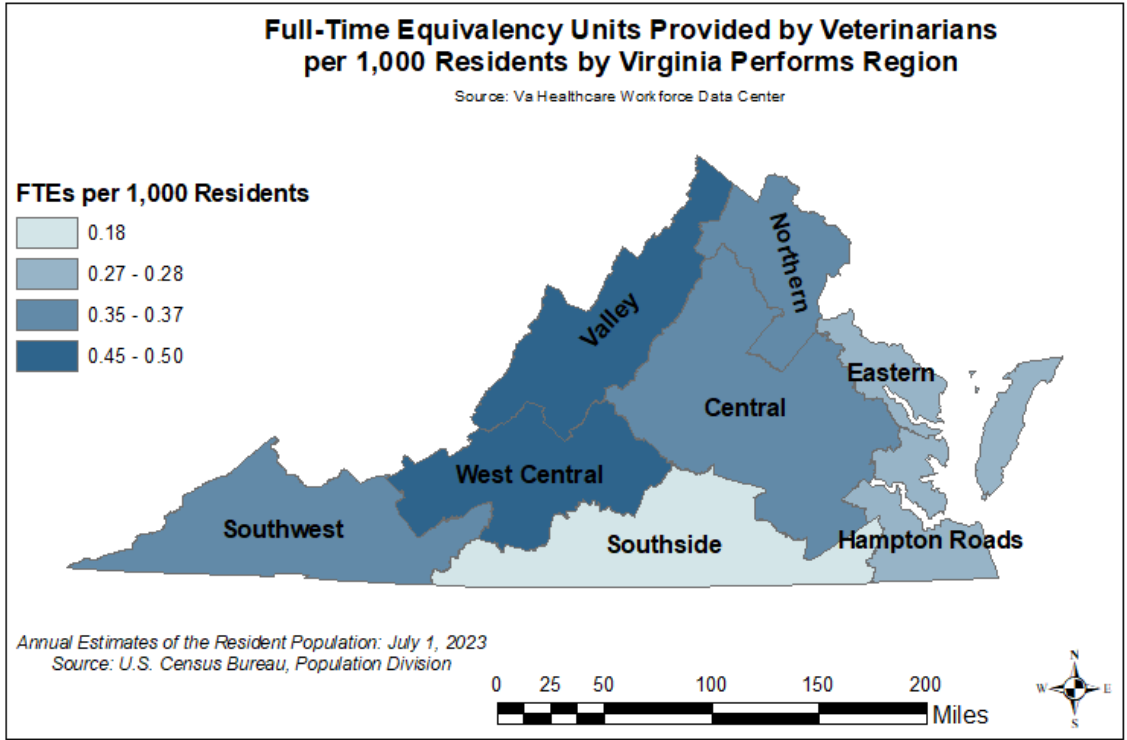
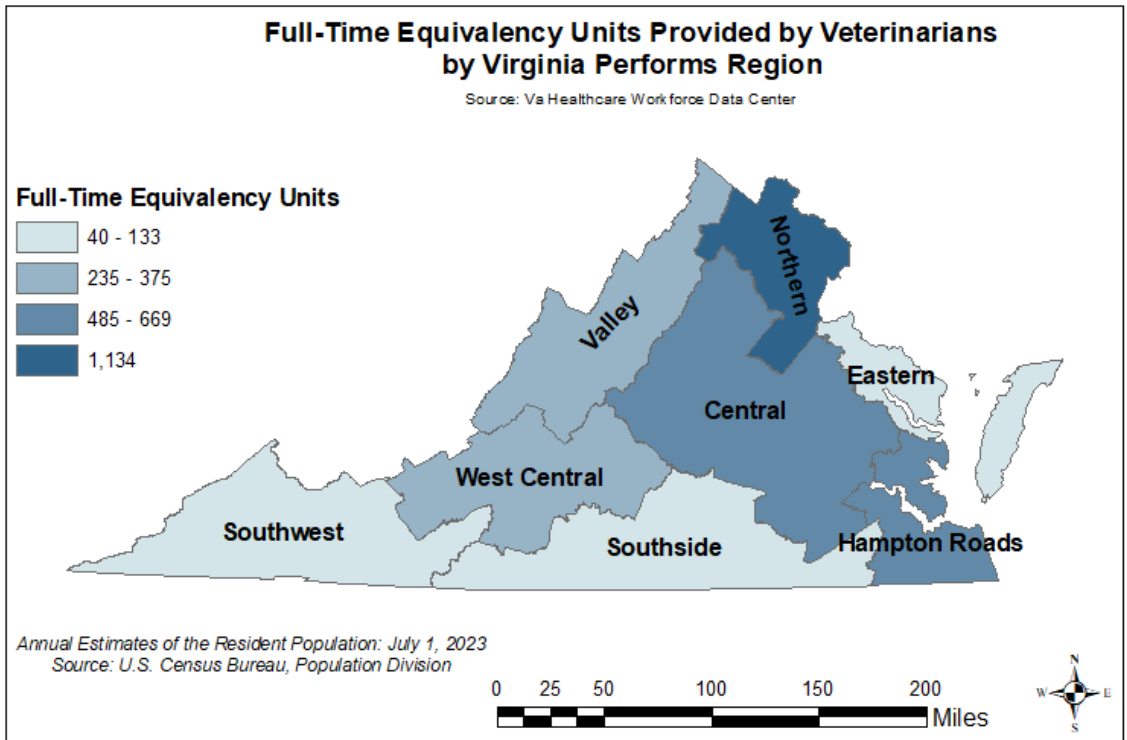
Source: Va. Healthcare Workforce Data Center

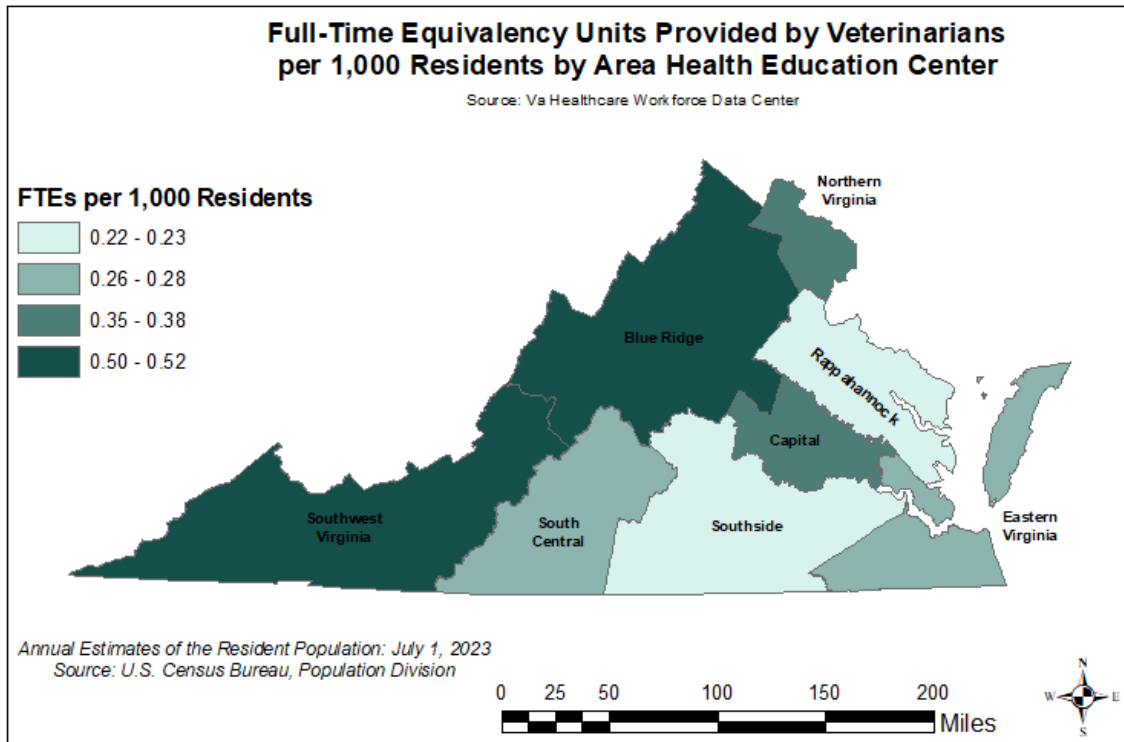
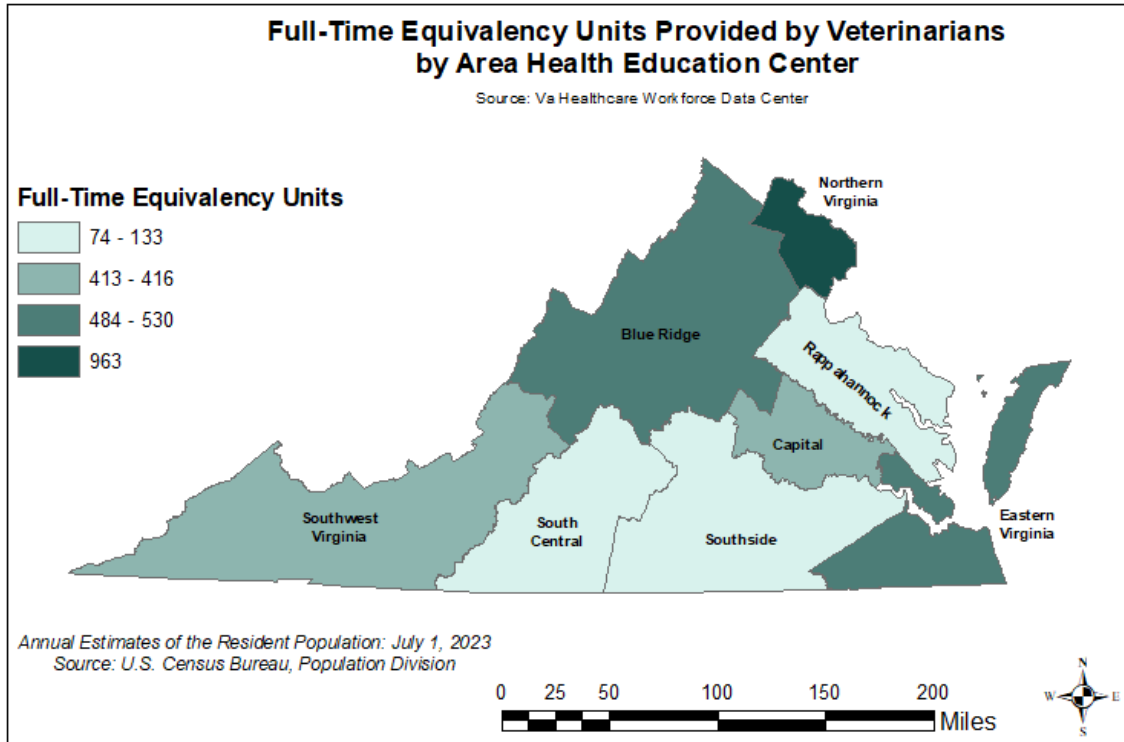


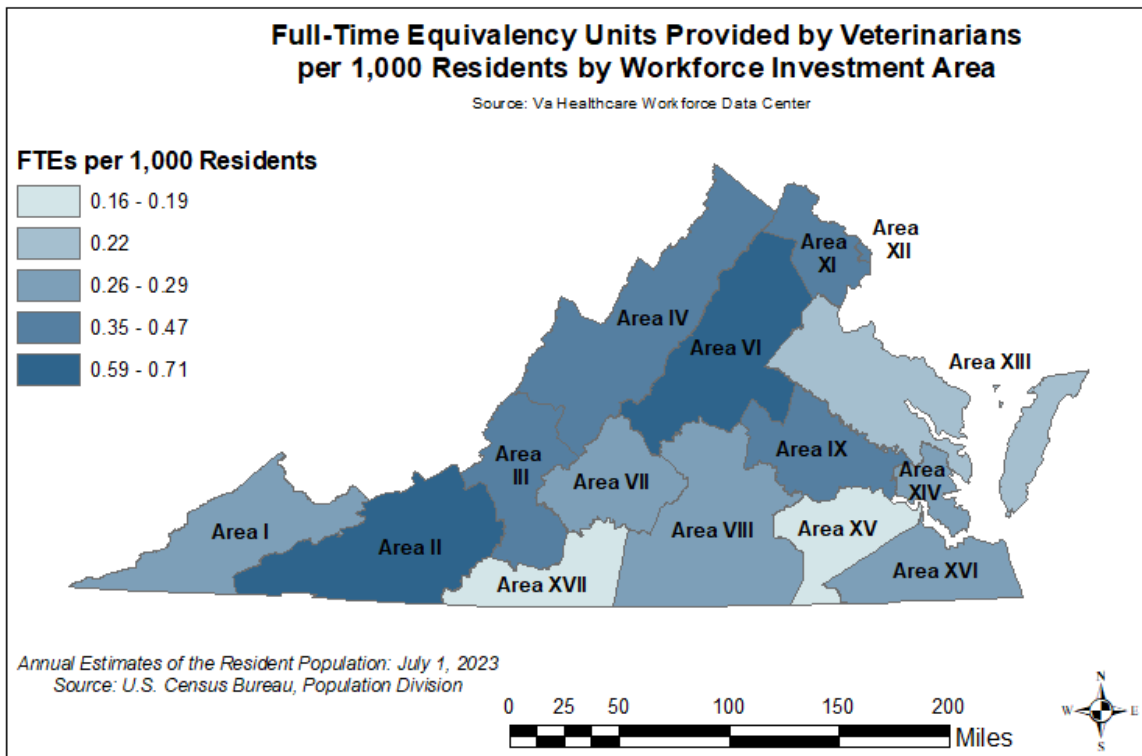
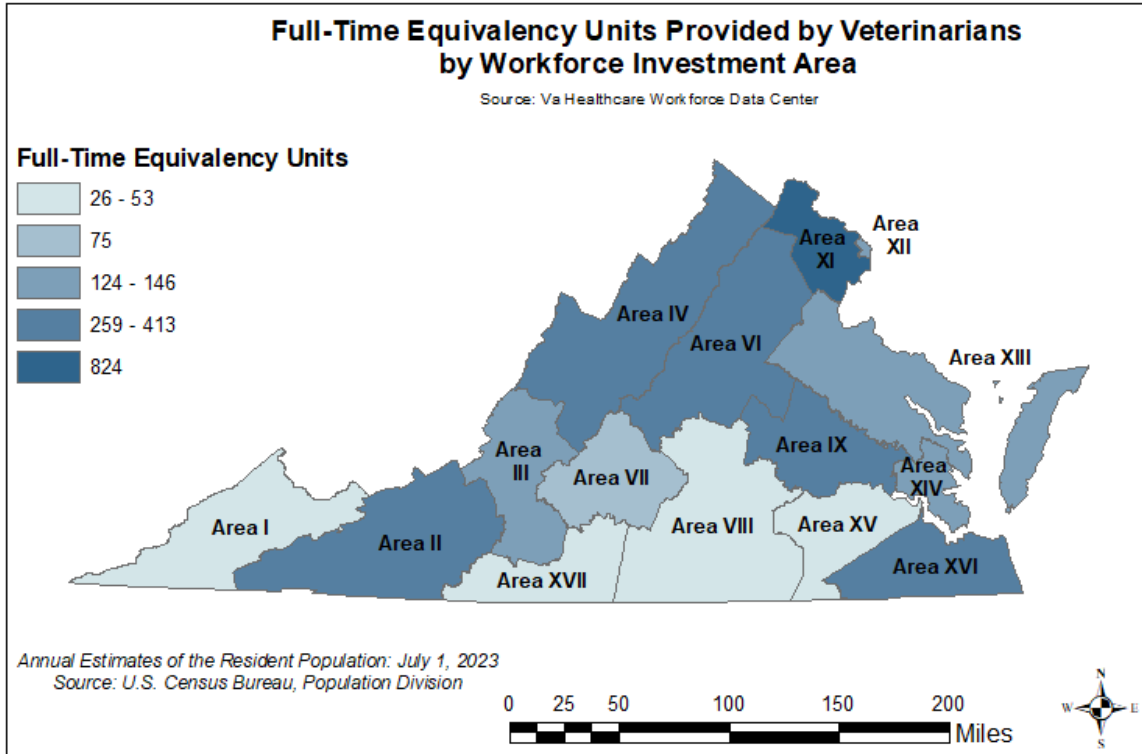
Source: Va. Healthcare Workforce Data Center

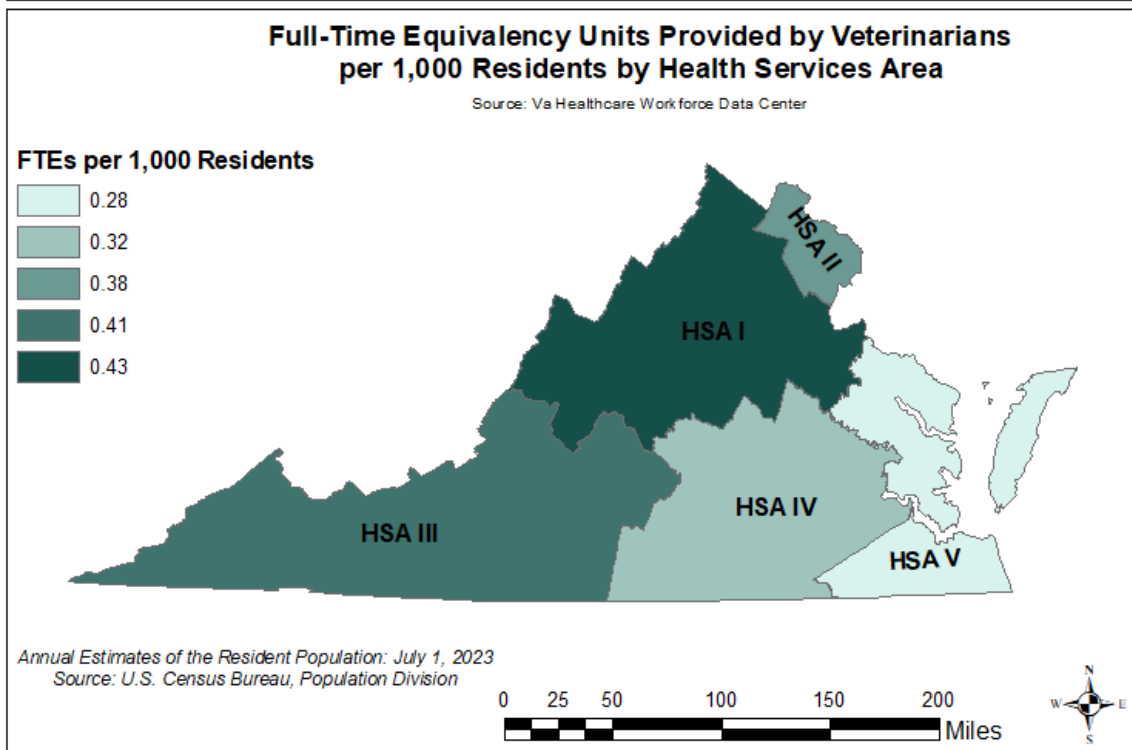
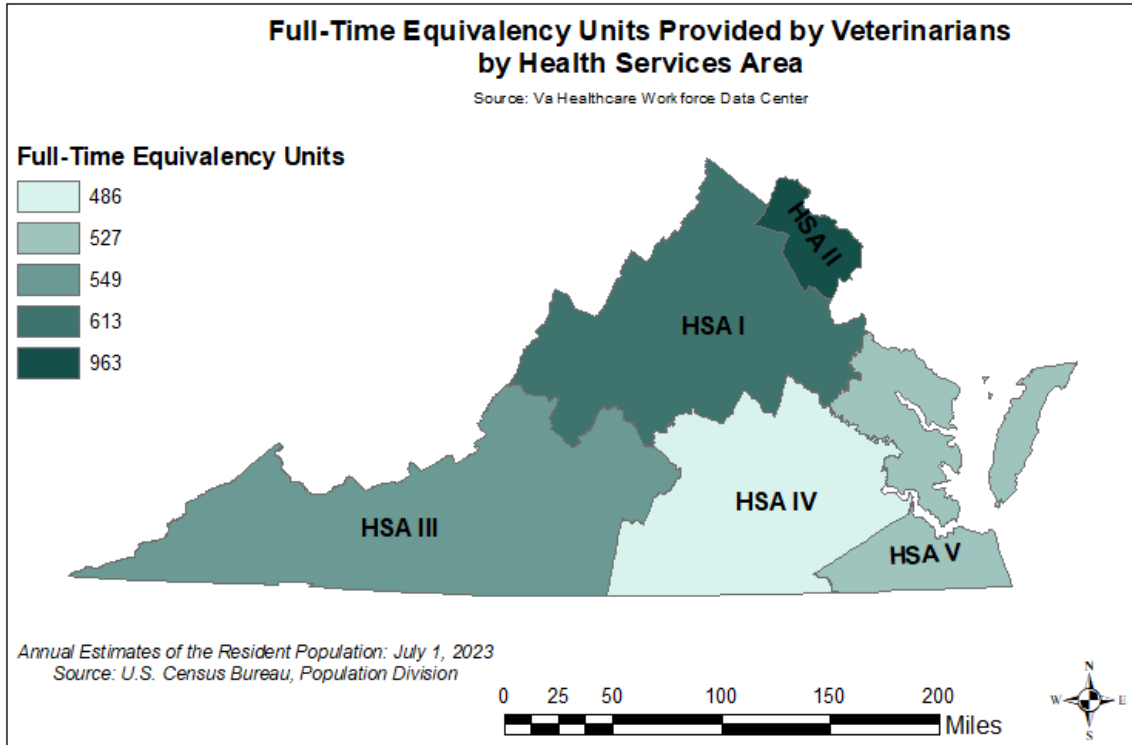
² Number of residents in 2023 was used as the denominator.

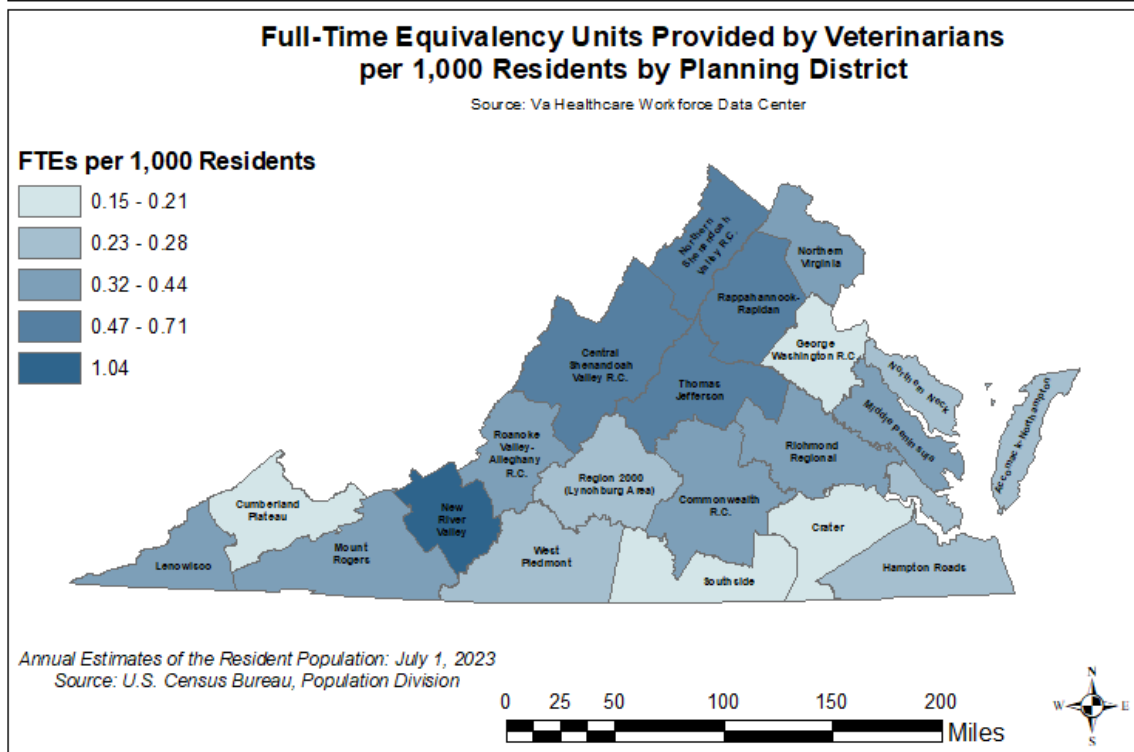
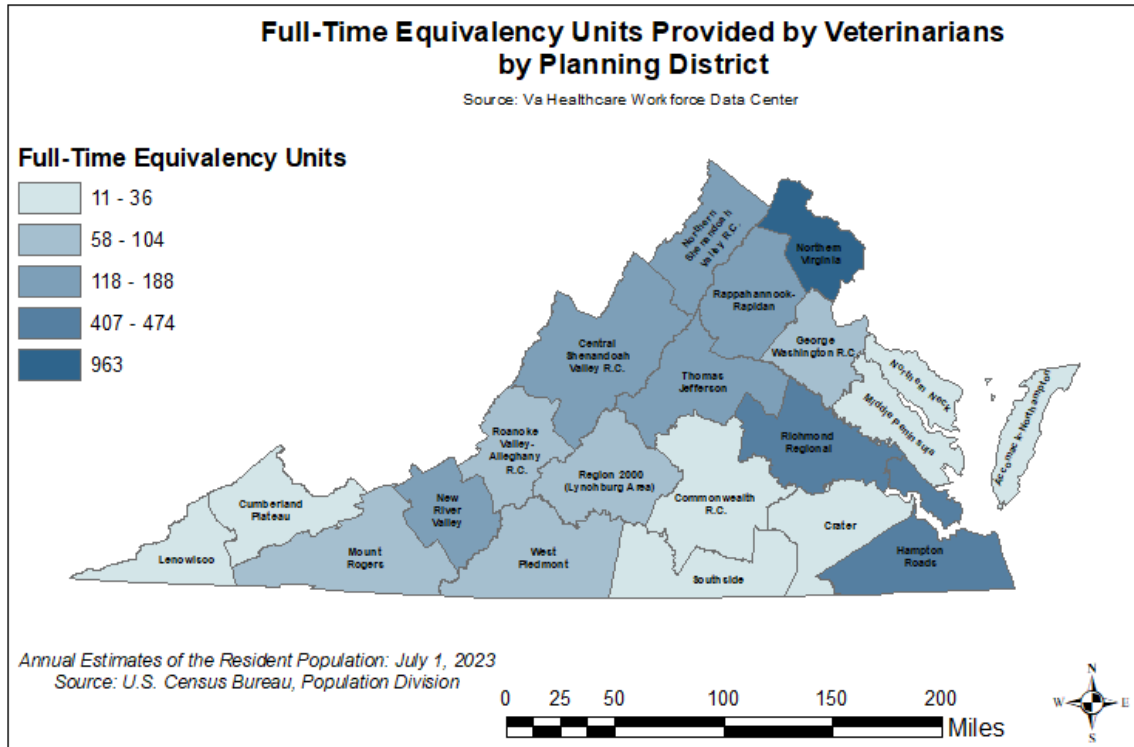
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction Effect were significant).











Appendices

Appendix A: Weights

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

Source: Va. Healthcare Workforce Data Center

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

Source: Va. Healthcare Workforce Data Center

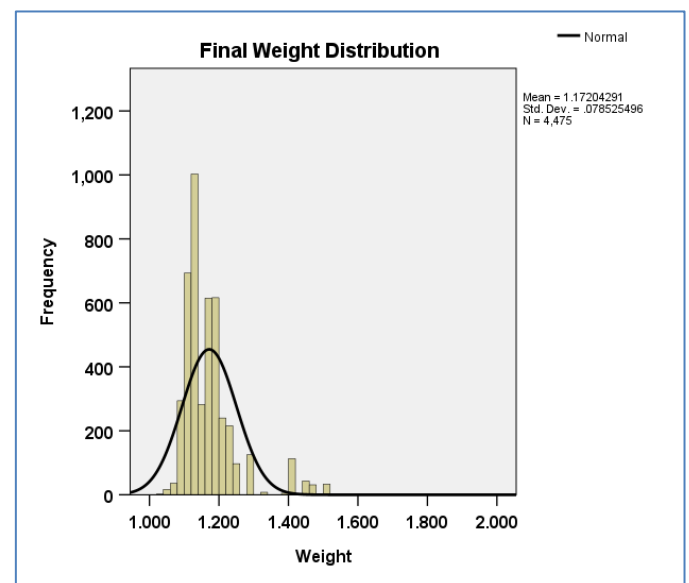
See the Methods section on the HWDC website for details on HWDC methods:

<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
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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!

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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

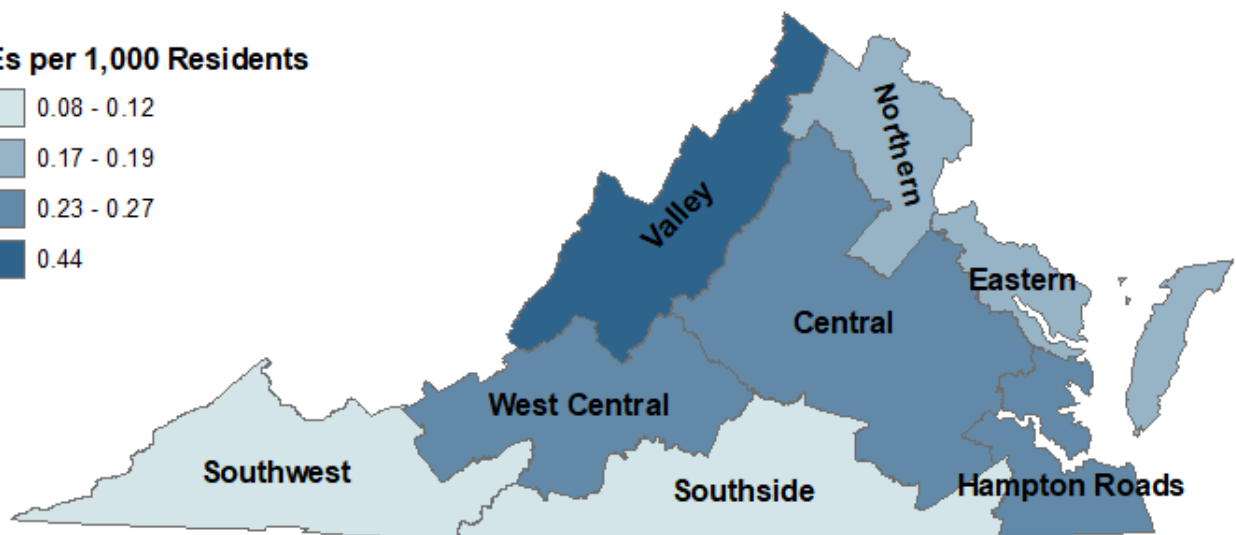
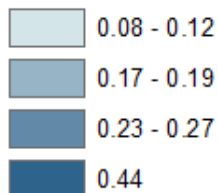
Patient Care:	80%-89%
Administration:	1%-9%
Patient Care Role:	71%

Source: Va. Healthcare Workforce Data Center

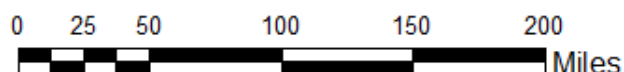
Full-Time Equivalency Units Provided by Veterinary Technicians per 1,000 Residents by Virginia Performs Region

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%
All Licensees	2,854	100%

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
By Age			
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%
Total	274	2,580	90%
New Licenses			
Issued in Past Year	117	103	47%
Metro Status			
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

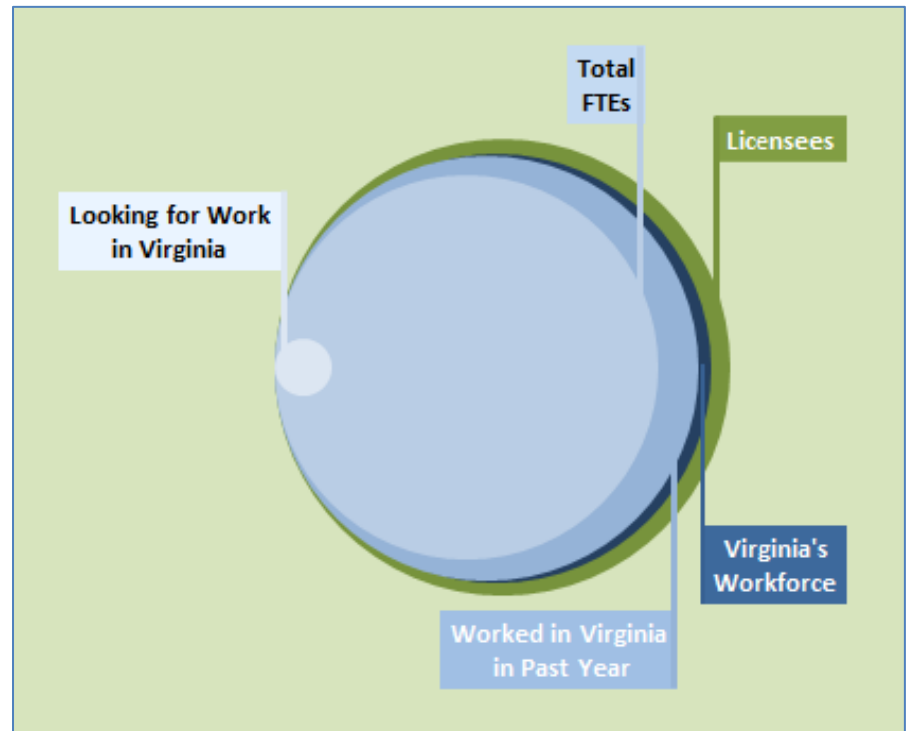
Definitions

- 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%
Total	68	4%	1,698	96%	1,766	100%

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%
Total	100%	1,771	100%	1,063	100%

*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%

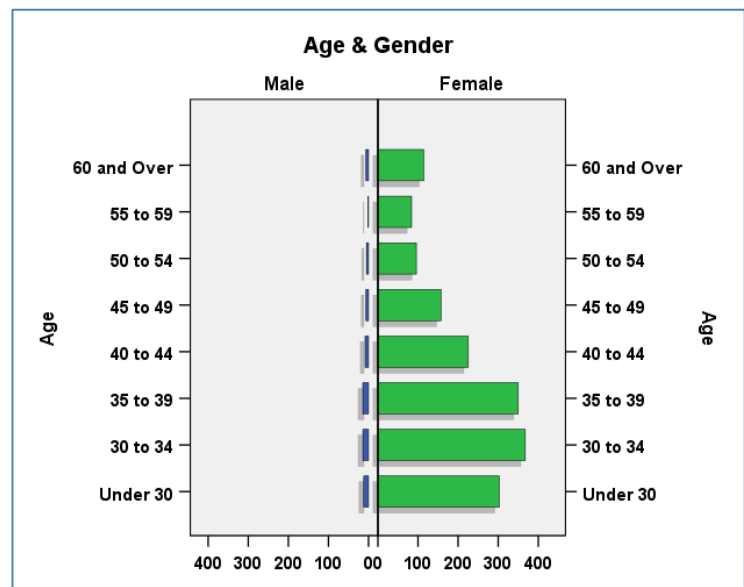
Diversity

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%

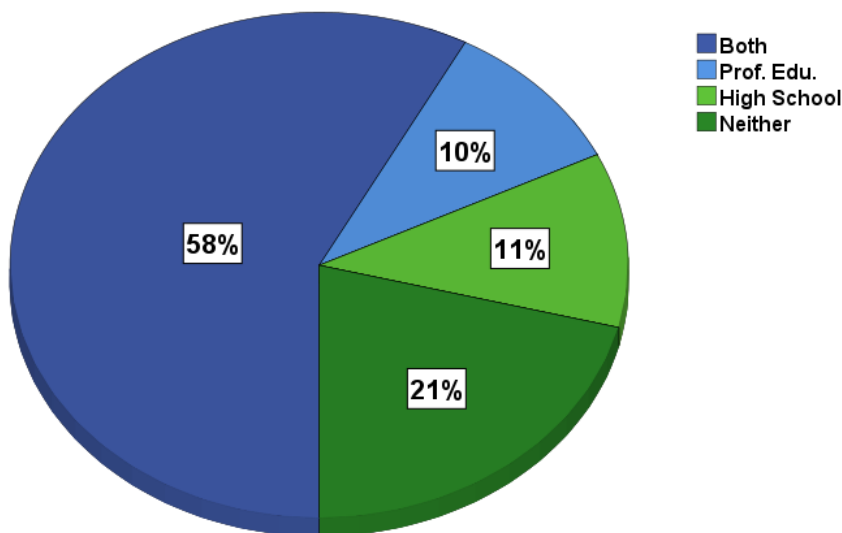
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
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%
Non-Metro Counties				
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%
Overall		36%	57%	7%

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%

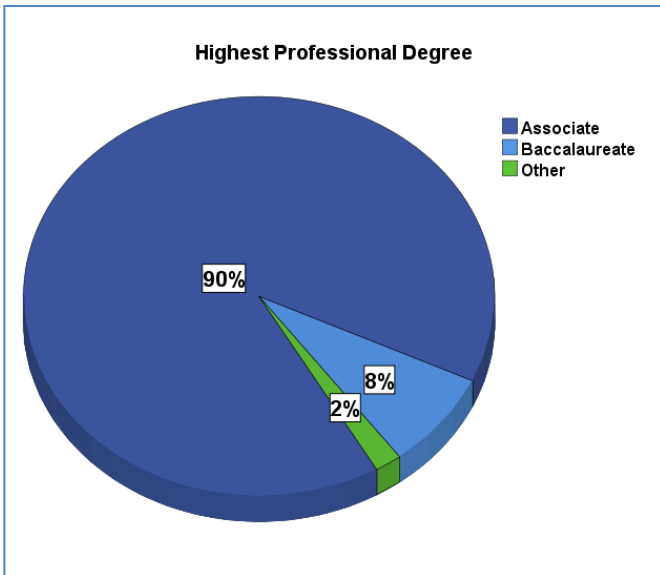
Source: Va. Healthcare Workforce Data Center

A Closer Look:

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

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%
At Least One Certification	48	2%

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%
Total	1,420	100%	872	100%

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%
Total	1,702	100%

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%
Total	1,671	100%

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%
Total	1,633	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

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

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
Paid Vacation	1,138	78%	77%
Retirement	979	67%	68%
Health Insurance	914	62%	62%
Dental Insurance	828	57%	56%
Paid Sick Leave	774	53%	53%
Group Life Insurance	481	33%	33%
Signing/Retention Bonus	166	11%	12%
At Least One Benefit	1,222	83%	82%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Satisfaction

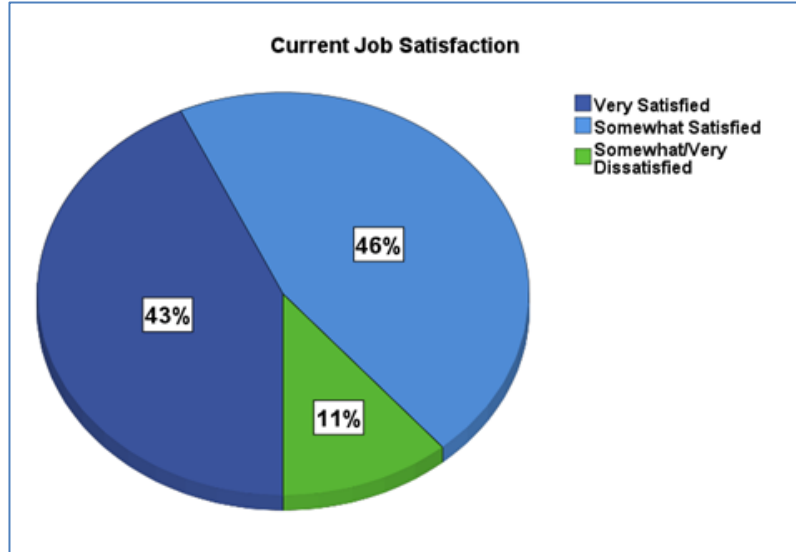
Satisfied: 89%
Very Satisfied: 43%

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%
Total	1,653	100%

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%
Experiencing Burnout		
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%
Total	776	100%

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%
Experience At Least One?	618	25%

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.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	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%
Subtotal	1,558	100%	353	100%
Did Not Have Location	94		2,138	
Item Missing	868		29	
Total	2,519		2,519	

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., 2nd 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	#	%
Salary/Commission	203	18%
Hourly Wage	893	79%
By Contract/Per Diem	10	1%
Business/Practice Income	14	1%
Unpaid	13	1%
Subtotal	1,134	100%
Did Not Have Location	94	
Item Missing	1,292	

Source: Va. Healthcare Workforce Data Center

¹ 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

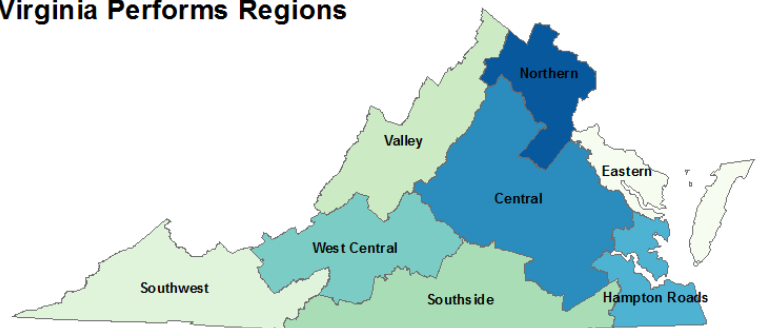
More than three out of every four veterinary technicians work in Northern Virginia, Central Virginia, or Hampton Roads.

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%
Total	1,552	100%	378	100%
Item Missing	874		3	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



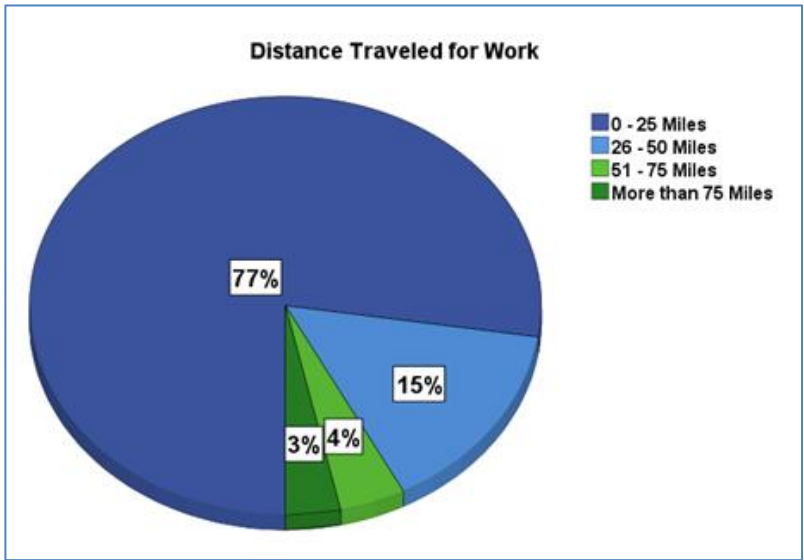
Source: Va. Healthcare Workforce Data Center

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%
Total	1,598	100%	1,598	100%

*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	#	%
0-25 Miles	1,232	77%
26-50 Miles	238	15%
51-75 Miles	66	4%
More than 75 Miles	55	3%
Total	1,591	100%

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	#	%
Central	392	24%
Eastern	18	1%
Hampton Roads	345	21%
Northern	491	30%
Southside	25	2%
Southwest	41	3%
Valley	161	10%
West Central	138	9%
Total	1,611	100%
Item Missing	910	

Source: Va. Healthcare Workforce Data Center

A Closer Look:

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

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

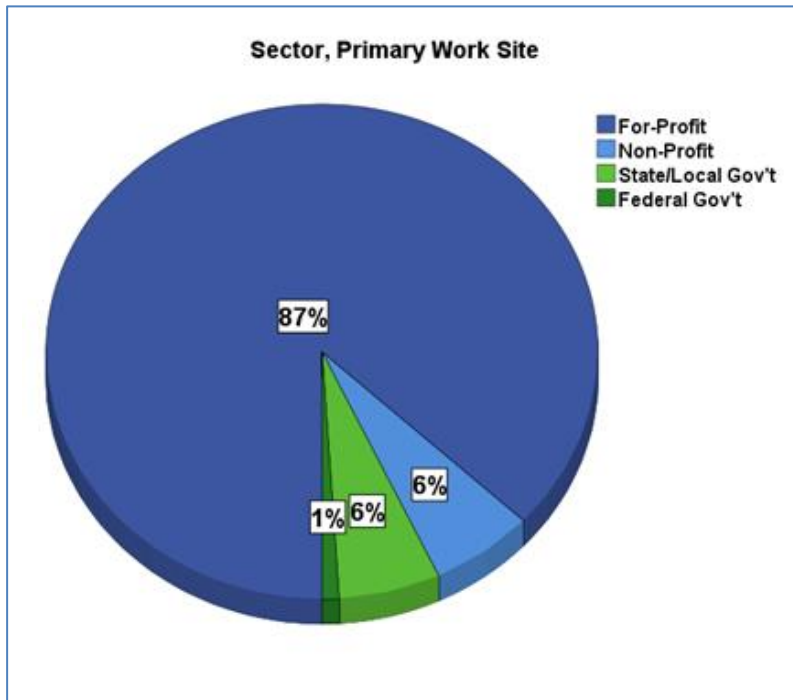
Sector

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	
	#	%	#	%
Solo Practice/Partnership	767	53%	141	44%
Group Practice	415	29%	102	32%
Shelters or Rescue (Public or Private)	43	3%	15	5%
Laboratory	19	1%	5	2%
Veterinary Education Program, Community College	10	1%	3	1%
Public Health Program	9	1%	3	1%
Veterinary Technology Program, Technical School	7	0%	1	0%
Supplier Organization	5	0%	2	1%
Other Practice Setting	165	11%	47	15%
Total	1,440	100%	319	100%
Do Not Have Location	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
Place IV Catheter	1,542	61%
Administer Anesthesia or Sedation Drugs	1,530	61%
Intubate	1,502	60%
Induce Anesthesia	1,500	60%
Access Schedules II Through V Controlled Drugs	1,467	58%
Perform Cystocentesis	1,396	55%
Scale Below the Gingiva	1,013	40%
Extract Single-Rooted Teeth	801	32%
Administer Chemotherapy Drugs	428	17%
At Least One Duty	1,566	62%

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

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%
At Least One Language	453	18%

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.

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.

Means of Language Communication

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

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

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

Roles

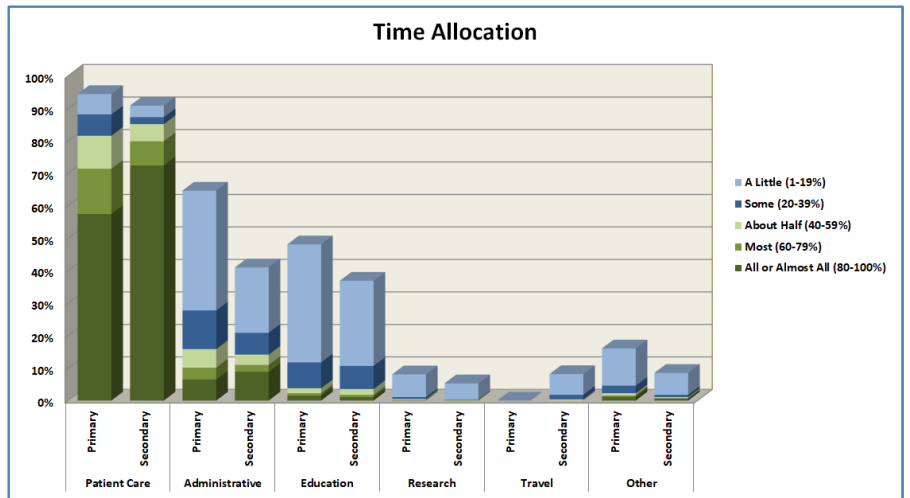
Patient Care: 71%
Administration: 10%
Education: 2%

Patient Care Vet. Tech.

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



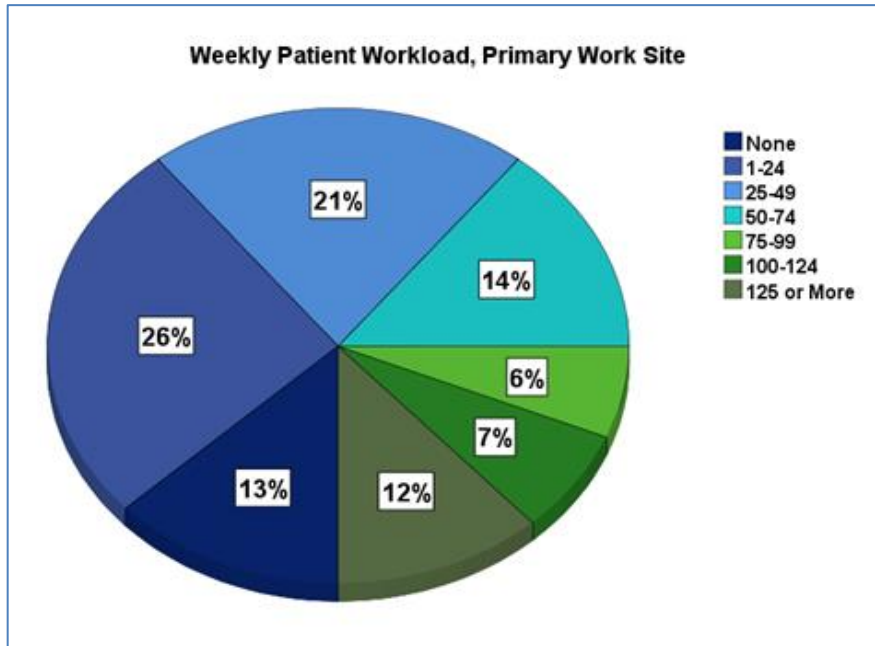
Source: Va. Healthcare Workforce Data Center

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
All or Almost All (80-100%)	57%	72%	7%	9%	2%	1%	0%	0%	-	0%	1%	1%
Most (60-79%)	14%	7%	4%	2%	1%	1%	0%	0%	-	0%	0%	0%
About Half (40-59%)	10%	5%	6%	3%	2%	2%	0%	0%	-	0%	1%	0%
Some (20-39%)	7%	2%	12%	7%	8%	7%	1%	0%	-	1%	2%	1%
A Little (1-19%)	6%	4%	37%	20%	36%	26%	7%	5%	-	6%	11%	7%
None (0%)	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	
	#	%	#	%
None	189	13%	65	20%
1-24	380	26%	109	34%
25-49	308	21%	71	22%
50-74	208	14%	32	10%
75-99	91	6%	15	5%
100-124	102	7%	14	4%
125-149	39	3%	4	1%
150-174	43	3%	2	1%
175-199	17	1%	3	1%
200 or More	70	5%	10	3%
Total	1,447	100%	325	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Large Animals

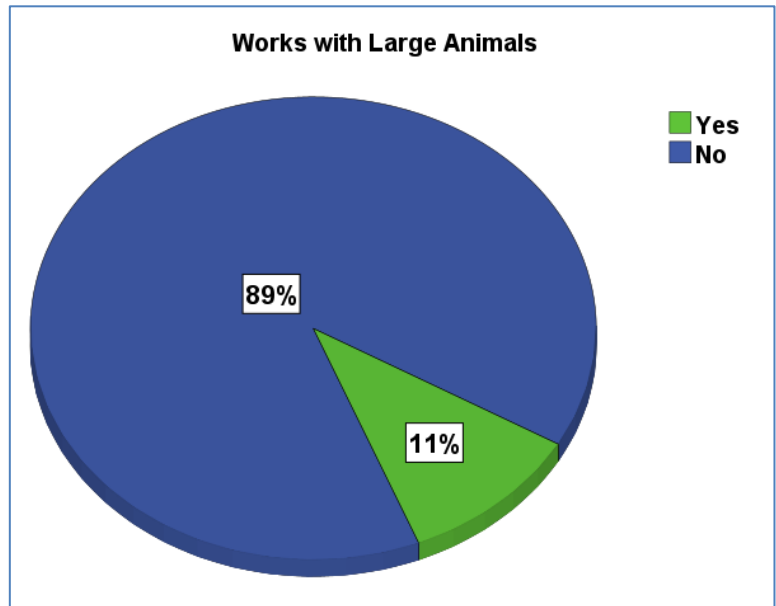
% Work w/
Large Animals: 11%

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%
Total	1,552	100%

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

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

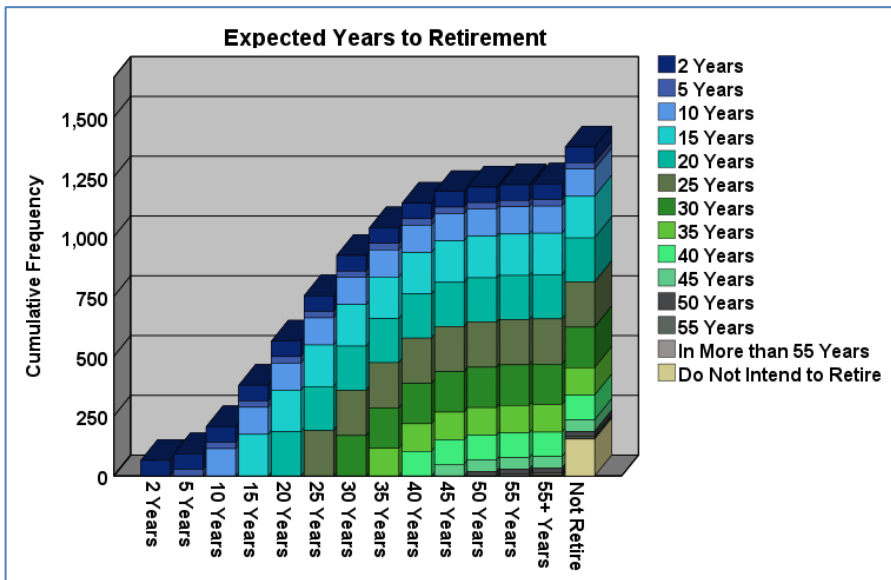
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	167	7%
Leave Virginia	78	3%
Decrease Patient Care Hours	130	5%
Decrease Teaching Hours	18	1%
Increase Participation		
Increase Patient Care Hours	123	5%
Increase Teaching Hours	104	4%
Pursue Additional Education	399	16%
Return to the Workforce	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%
Total	1,375	100%	

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 Residents²: 0.232
 Average: 0.83

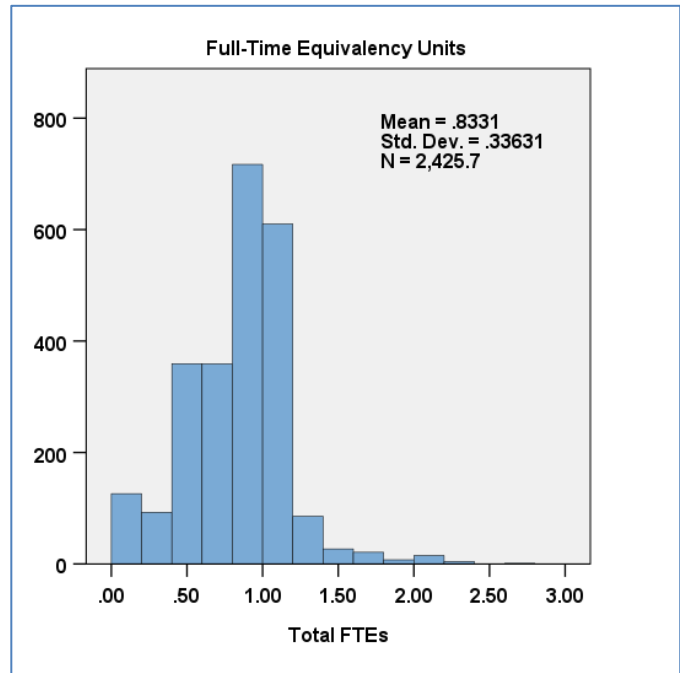
Age & Gender Effect

Age, *Partial Eta*²: Small
 Gender, *Partial Eta*²: Negligible

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

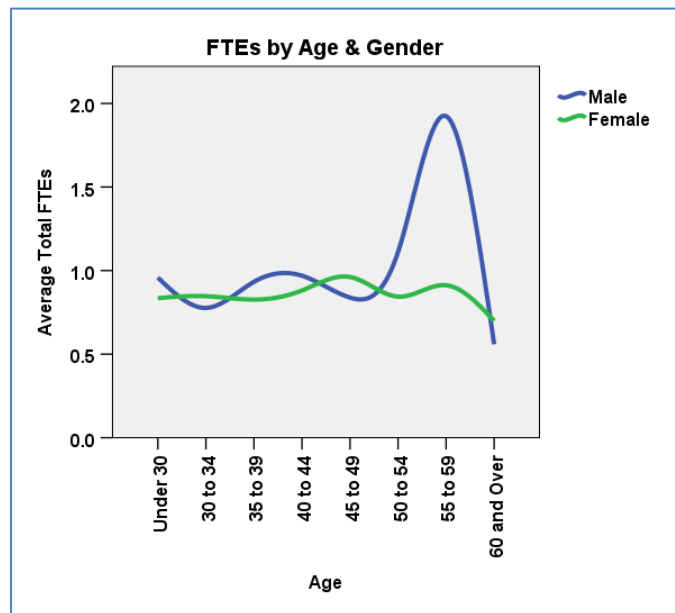


Source: Va. Healthcare Workforce Data Center

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.

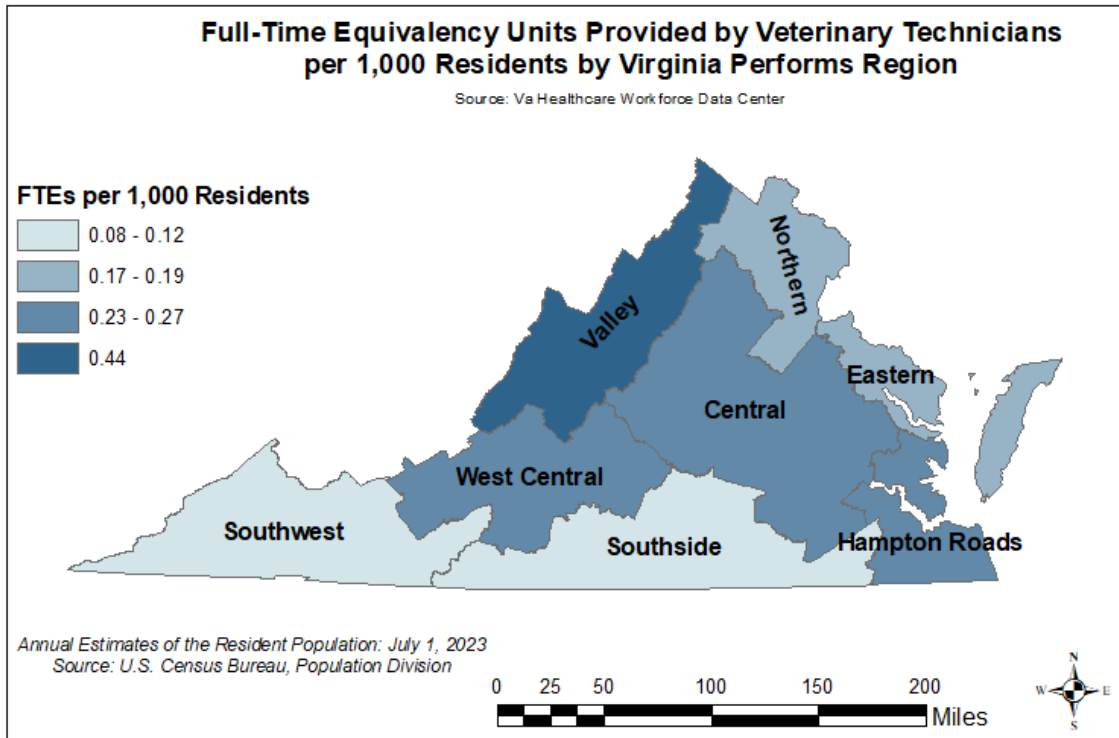
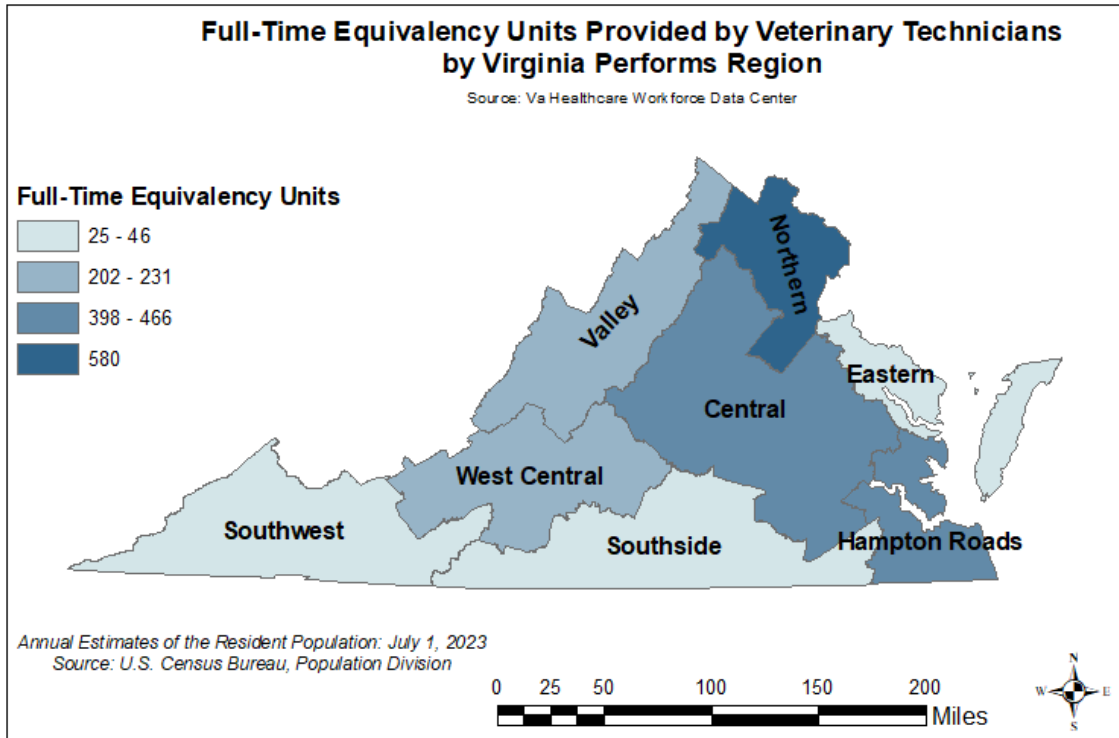
Full-Time Equivalency Units		
Age	Average	Median
Under 30	0.89	0.97
30 to 34	0.77	0.76
35 to 39	0.87	0.96
40 to 44	0.81	0.66
45 to 49	0.99	1.07
50 to 54	0.72	0.54
55 to 59	0.88	0.81
60 and Over	0.68	0.67
Gender		
Male	0.89	0.97
Female	0.85	0.93

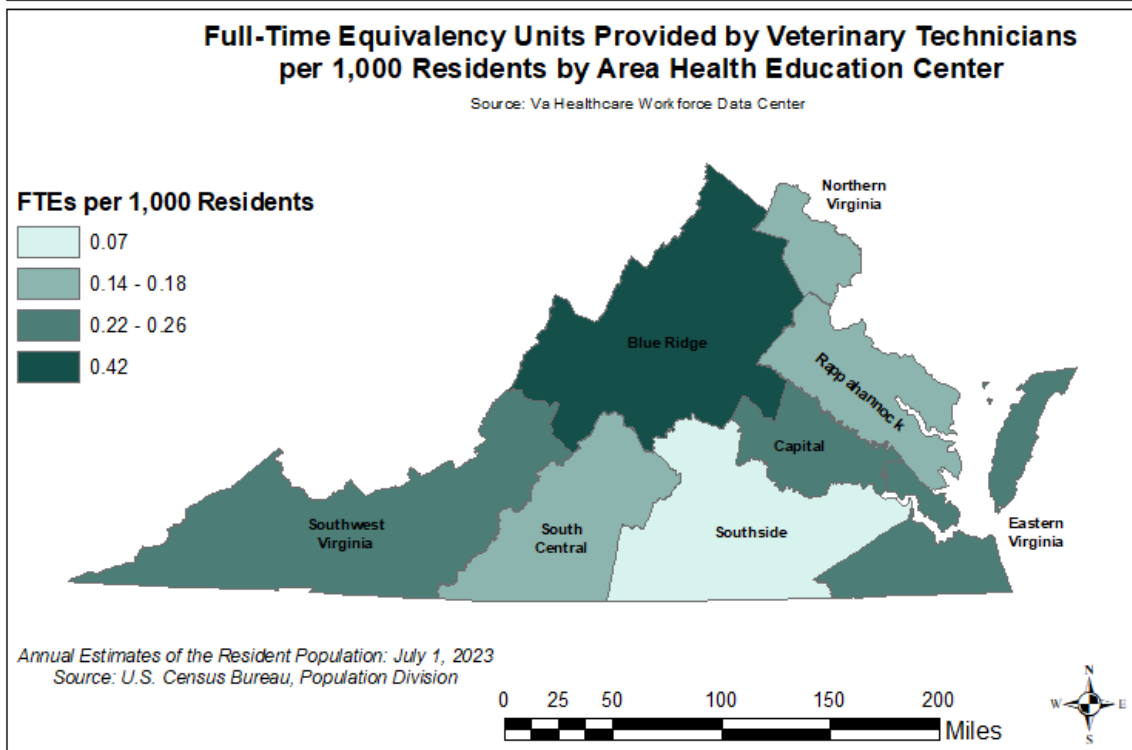
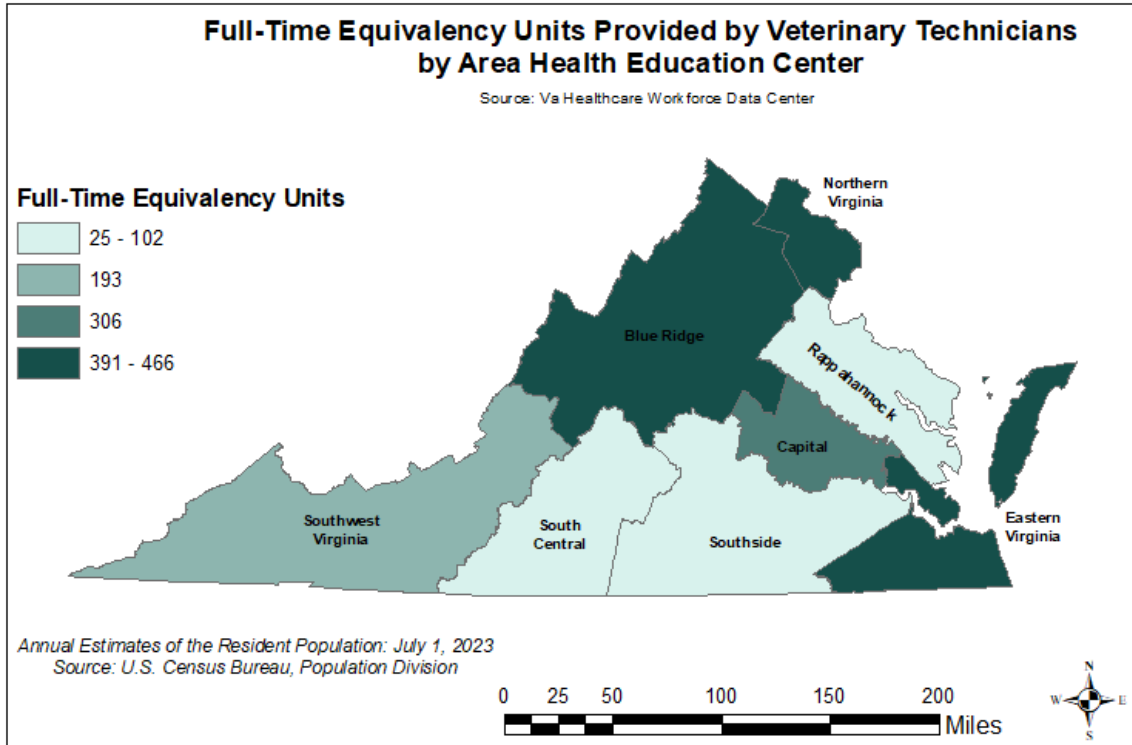
Source: Va. Healthcare Workforce Data Center

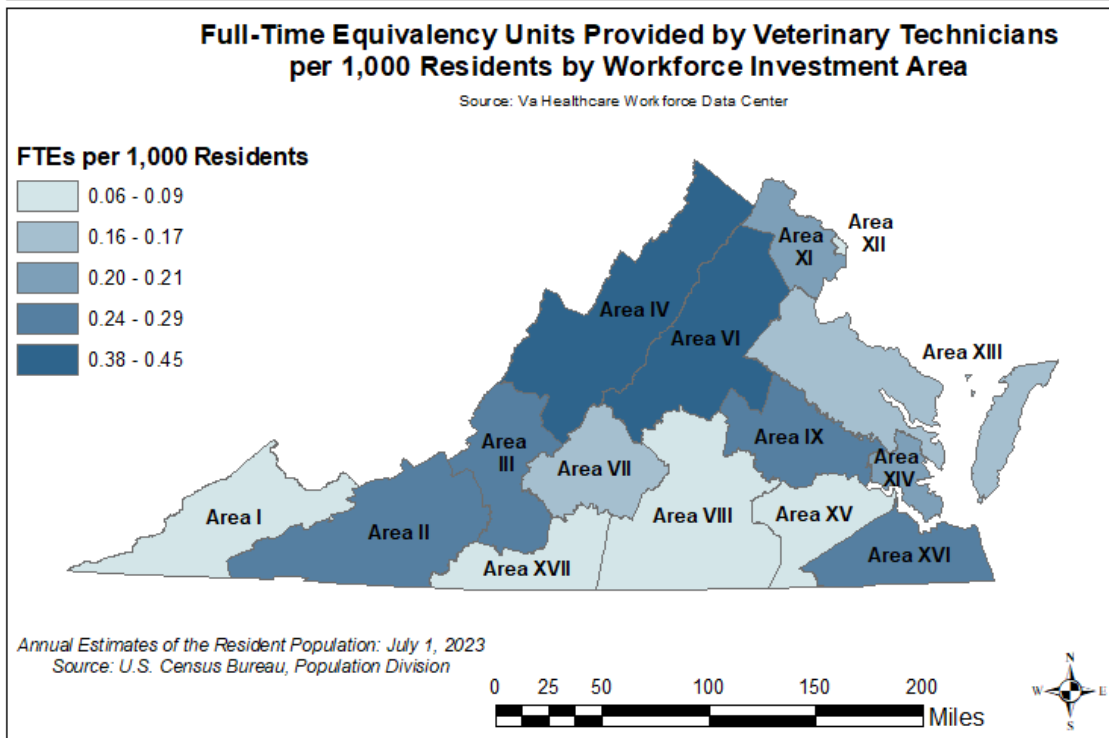
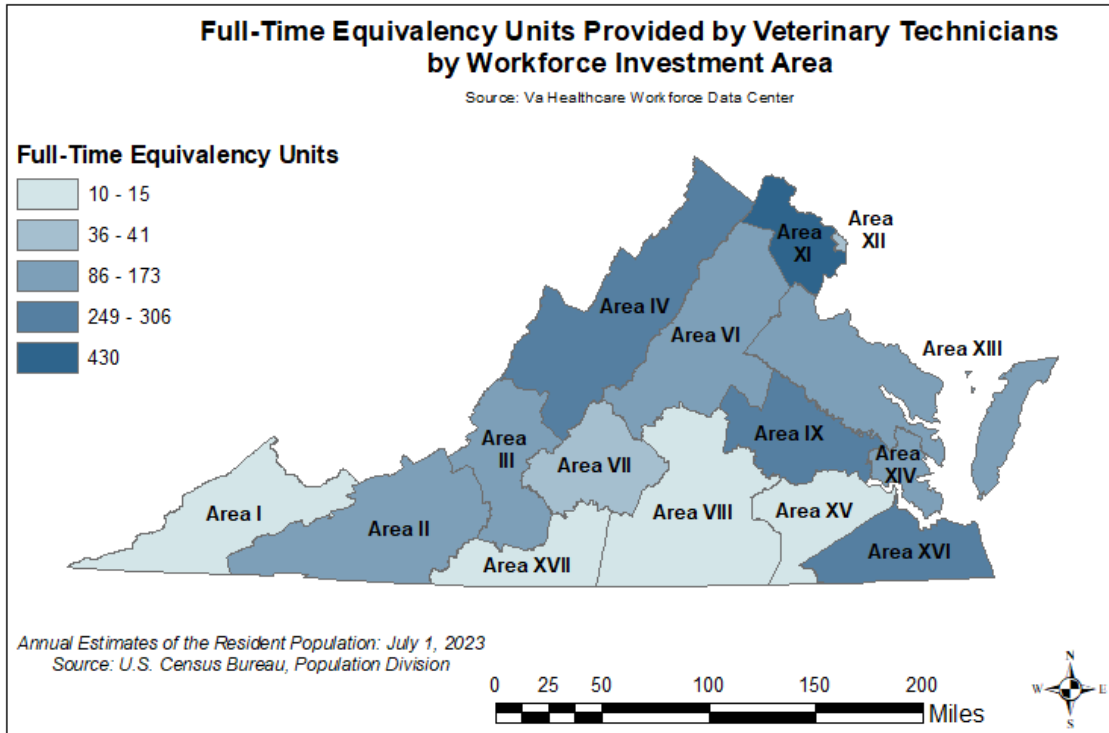


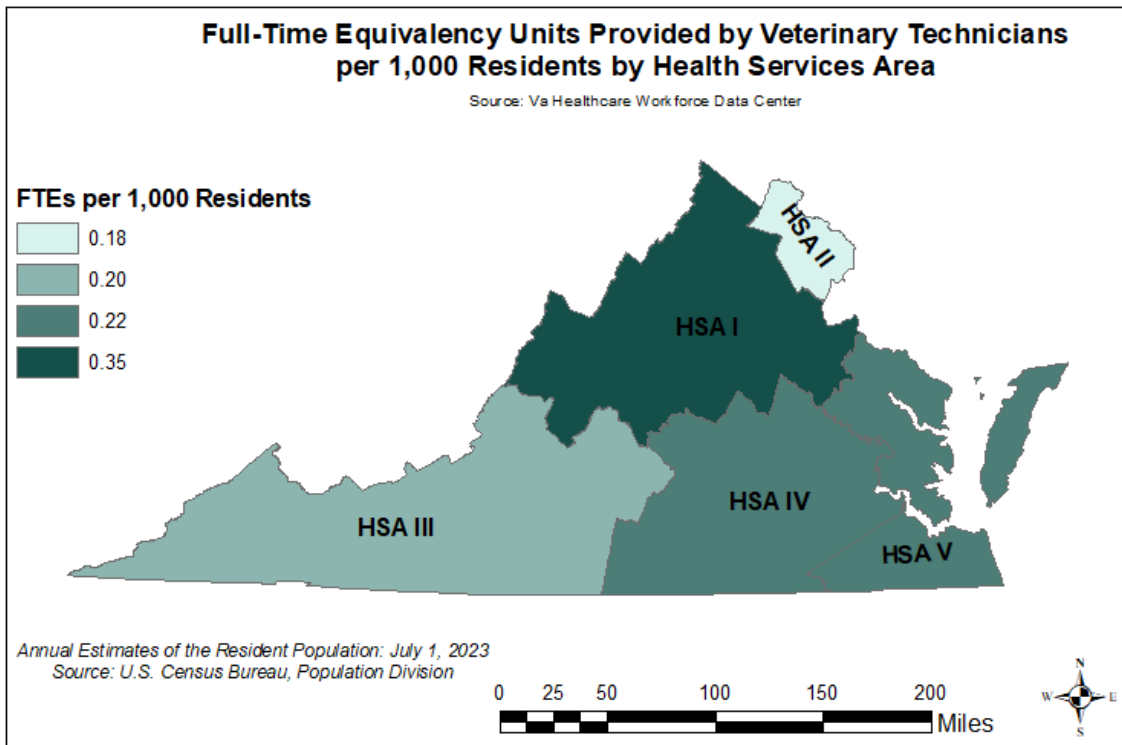
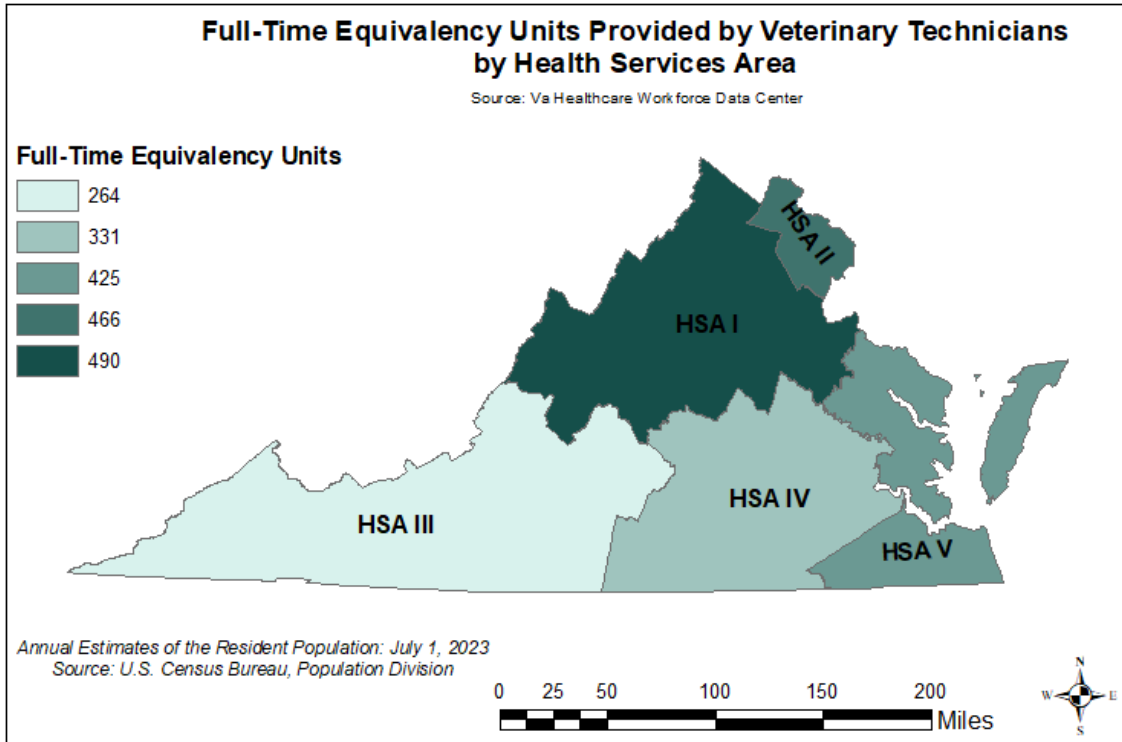
Source: Va. Healthcare Workforce Data Center

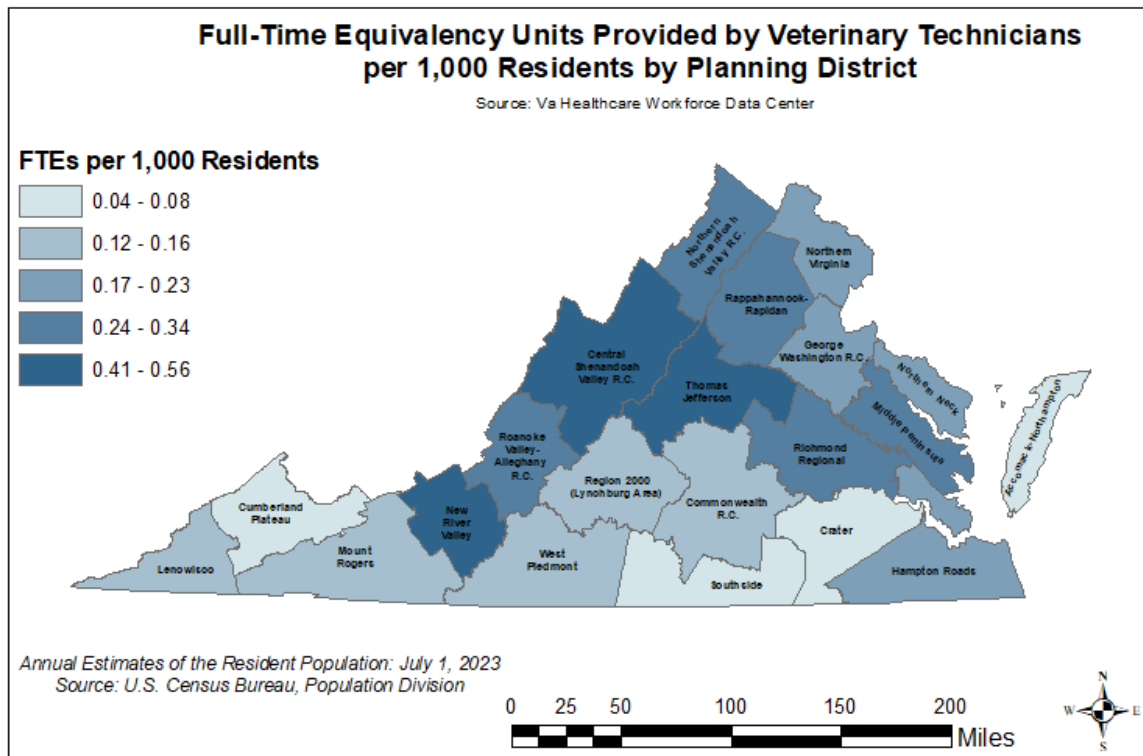
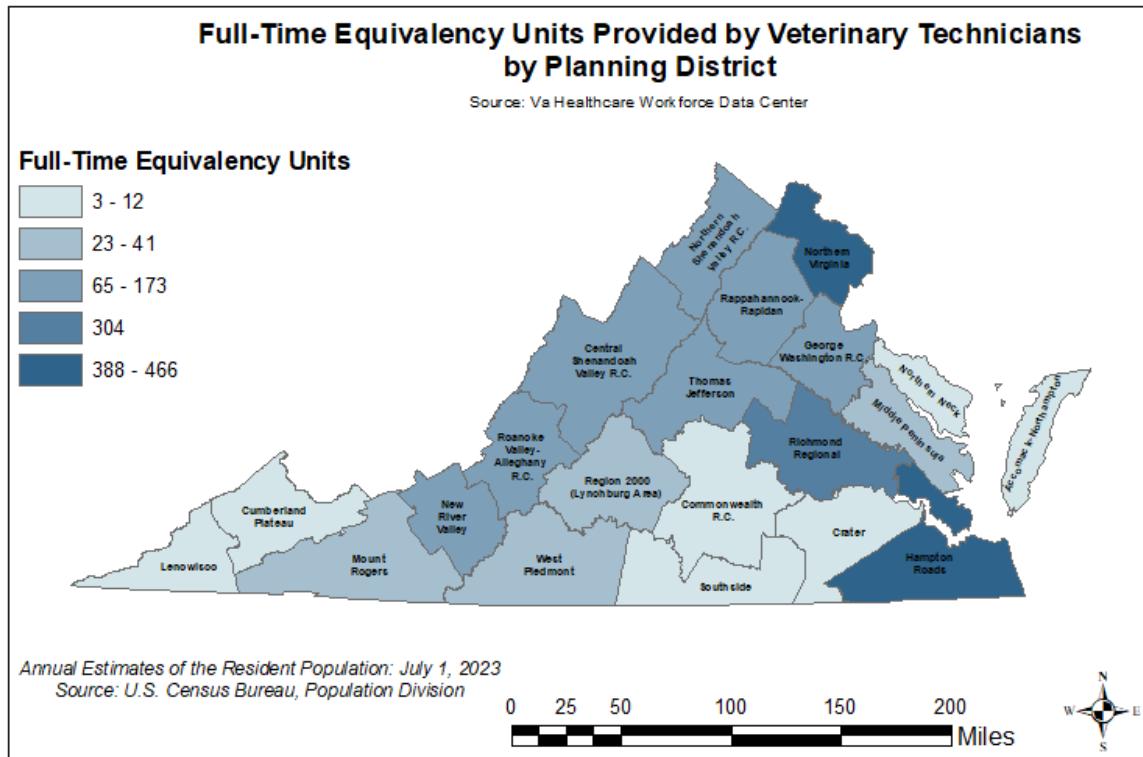
² Number of residents in 2023 was used as the denominator.











Appendices

Appendix A: Weights

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

Source: Va. Healthcare Workforce Data Center

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

Source: Va. Healthcare Workforce Data Center

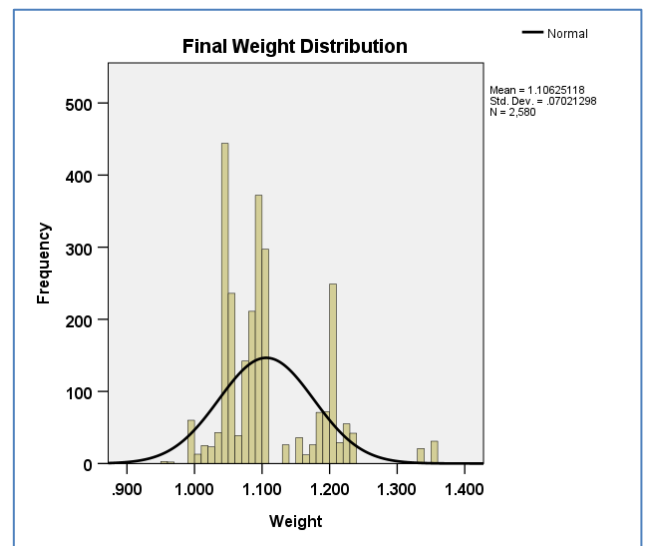
See the Methods section on the HWDC website for details on HWDC methods:

<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

Board of Veterinary Medicine - Sanctioning Reference Points Worksheet

Va Department of Health Professions

July 29, 2025

Case Type (score only one)

	<u>Points</u>	<u>Score</u>
a. Inability to Safely Practice/Abuse, Abandonment, or Neglect	25	_____
b. Standard of Care/ Inappropriate Relationship	10	_____
c. Unlicensed Activity/Business Practice	5	_____

Offense and Respondent Factors (score all that apply)

a. Two or more patients involved	20	_____
b. Act of commission	20	_____
c. Impaired on duty	15	_____
d. Concurrent action (criminal, malpractice, employer)	15	_____
e. Respondent took no corrective action	15	_____
f. Any patient injury or death	10	_____
g. Case involved drug diversion or excessive prescribing	10	_____
h. Past difficulties (drugs, alcohol, mental, physical)	10	_____
i. Sanctioned by another state or entity	10	_____
j. Five or more major violations	5	_____
k. Financial or material motivation	5	_____

Prior Record Factors (score all that apply)

a. Any prior Board violations	15	_____
b. Previous violation similar to current offense	5	_____

Total Worksheet Score

Recommendations for Sanctioning

<u>Score</u>	<u>Sanction Recommendation</u>	<u>Monetary Penalty Ranges</u>
0 - 25	No Sanction/Monetary Penalty/Inspection	up to \$1,000
26 - 65	Reprimand/CE	\$500 - \$1,500
66 - 95	Treatment/Monitoring	\$1,000 - \$2,000
96 and up	Loss of License or Recommend Formal	\$1,500 and up

Respondent Name: _____

Date: _____

Veterinary Medicine
Sanctioning Reference Points Worksheet Instructions
July 29, 2025

Step 1: Case Type (score only one)

Enter the point value that corresponds to the case type. If a case has multiple aspects, enter the point value for the case type that is highest on the worksheet list. (See page XX for an expanded list.)

- | | |
|--|-----------|
| a. Inability to Safely Practice/Abuse, Abandonment, or Neglect | 25 points |
| b. Standard of Care/ Inappropriate Relationship | 10 points |
| c. Unlicensed Activity/ Business Practice | 5 points |

Step 2: Offense and Respondent Factors (score all that apply)

Score all factors related to the circumstances of the case presented.

- a. Enter "20" if the offense involved two or more patients.
- b. Enter "20" if this was an act of commission. An act of commission is interpreted as purposeful or with knowledge.
- c. Enter "15" if the respondent was impaired or incapacitated while practicing. Score this factor only if the respondent was at work during the time of impairment or incapacitation. Impairment includes substance abuse (alcohol or drugs) while incapacitation includes mental or physical concerns.
- d. Enter "15" if there was a concurrent criminal action, action the employer, or malpractice case due to the incident. Examples of actions by an employer can include verbal or written warnings as well as termination.
- e. Enter "15" if the respondent took no corrective action prior to the case being heard.
- f. Enter "10" if any physical injury to the patient resulted from the respondent's actions. Patient death is included here.
- g. Enter "10" if the case involved drug diversion or excessive/inappropriate prescribing by the respondent.
- h. Enter "10" if the respondent has had any past difficulties (substances, mental/physical). This includes: drugs, alcohol, mental capabilities or physical capabilities. Examples can include prior convictions for DUI/DWI, inpatient/outpatient treatment, and bona fide mental health care for a condition affecting his/her abilities to function properly.

- i. Enter “10” if the respondent has been sanctioned by another state or entity. Examples of other entities can include HPMP warnings or dismissals as well as sanctions from Game and Inland Fisheries or the Department of Wildlife Resources.
- j. Enter “5” if the case included an inspection which resulted in five or more major violations.
- k. Enter “5” if there was financial or material motivation by the respondent.

Step 3: Prior Record Factors (score all that apply)

- a. Enter “15” if the respondent has any prior Virginia Board of Veterinary Medicine violations.
- b. Enter “5” if the respondent has had any prior similar Virginia Board of Veterinary Medicine violations. Similar violations are those which fall into the same case category. For instance, a respondent before the board for an unlicensed activity case would be scored if he/she had a prior violation for improper patient billing. (See page XX for a complete list)

Step 4: Combine all for a Total Worksheet Score

Step 5: Recommendations for Sanctioning

The Total Worksheet Score corresponds to the Sanctioning Reference Points Recommendations for Sanctioning at the bottom of the worksheet. To determine the appropriate recommended sanction, find the score range on the left that corresponds to the Total Worksheet Score that was calculated. That range then corresponds to a Sanction Recommendation. For instance, if a Total Worksheet Score is 35, the recommended sanction is “Reprimand/CE”.

“Monetary Penalty Ranges” in the last column correspond to the point ranges in the first column. However, for a sanction to be considered in agreement with the worksheet recommendation, it only has to correspond with the Sanction Recommendation column (agreement or disagreement with the Monetary Penalty Ranges column is not used when tracking compliance with the SRP worksheets).

Step 6: Coversheet

Complete the coversheet, including the case type, sanction threshold, imposed sanction, and the reason for departure if applicable.

Dr. Maria Glover

Cary, NC 27511 Ph: 919-469-8086 maria.glover@thrivepet.com

Professional Summary

Service-oriented small animal veterinarian with 24 years of experience. Special skills include abdominal ultrasound, canine and feline surgery and dentistry, and client communication.

Employment History

Kildaire Animal Medical Center *May 2012-present*

Full-time Veterinarian

Medical Director (2017-present)

- Practice high quality canine/feline medicine and surgery.
- Full abdominal ultrasound for active patients and on a referral basis.
- Responsible for employee management, hiring and firing.
- Demonstrate leadership in action- training, organization of events, troubleshooting, rewards programs.

Park Veterinary Hospital *June 2021-May 2012*

Full time associate Veterinarian

- Practice high quality canine/feline medicine and surgery.
- Abdominal ultrasound beginning in 2002.

Education

- *Bachelor of Science in Pre-Veterinary Science* *May 1996*

University of Massachusetts at Amherst

- *DVM- N.C. State College of Veterinary Medicine* *May 2001*

Additional Training

Attended more than seven CE meetings for abdominal ultrasound and cardiac ultrasound at the Academy of Veterinary Imaging, Arlington, TX. Most recently, I retook the course for Advanced Soft Tissue Ultrasound in 2024.

Abdominal Ultrasound for the General Practitioner- First Session

Part One:

Ultrasound Basics, AFAST and the Urinary System

In this course, we cover the basics of ultrasound including the terminology, physics, artifacts and image optimization. This is the foundation to being able to evaluate the abdominal structures as the course moves forward.

In addition, we discuss the use of ultrasound to look for any free fluid in the abdomen (AFAST= Abdominal Fluid Assessment by Sonography for Trauma).

Finally, we cover the urinary system- urinary bladder, kidneys and ureters- normal and abnormal findings.

Objectives: After taking this course, participants will understand the use of ultrasound to identify artifacts as well as to optimize the images. They will have the ability to perform AFAST to evaluate the abdomen for free fluid. In addition, they will be able to evaluate the urinary system for normal and abnormal structures.

Part Two:

Liver, Gallbladder and Vasculature

In this course, we discuss normal and abnormal findings of the liver, gallbladder and associated vascular structures.

Objectives: After taking this course, participants will understand the use of ultrasound to evaluate the liver, gallbladder and vasculature in the abdomen for normal and abnormal structures.

Combined, this session involves 3 hours of lecture material and 2 hours of hands on practice on live patients.

Abdominal Ultrasound for the General Practitioner- Second Session

Part Three:

Spleen and TFAST

In this course, we cover use of ultrasound for evaluation of the spleen to look for normal vs. abnormal structures. We also cover use of ultrasound for sampling of the spleen.

We discuss TFAST (Thoracic Fluid Assessment by Sonography for Trauma), to identify free fluid in the thoracic cavity in the critical patient.

OBJECTIVES- After taking this course, the participant will understand the use of ultrasound for evaluation of the spleen, common splenic abnormalities, method for sampling of the spleen, as well as fluid identification in the thoracic cavity.

Part Four:

GI Tract, Pancreas, Adrenal Glands and Lymph Nodes

In this course, we cover imaging of the entire GI Tract, the pancreas, adrenal glands, and lymph nodes of the abdomen, as well as common abnormal findings for these structures.

OBJECTIVES: After taking this portion of the course, participants will be able to identify normal GI Tract, pancreas, adrenal glands and lymph nodes in the canine and feline patient, as well as the commonly seen abnormalities of these structures. We will also cover sampling of the lymph nodes in patients with lymphadenopathy.

Combined, Part 3 and 4 of this course involves 3 hours of lecture material and 2 hours of hands-on practice on live patients to make a total of 5 hours of CE credit for attendees.



GEORGIA STATE BOARD OF VETERINARY MEDICINE Board Members:

237 Coliseum Drive * Macon, Georgia 31217
Phone: (404) 424-9966

Jessica Sewell, LVT
Board Chair
Wendy Cuevas, DACVPM
Vice Chair
Seth Stowers, DVM
Board Member
John Tarabula, DVM
Board Member
William Wright, DVM
Board Member
Matthew Bradley, DVM
Board Member

April 30, 2025

Dr. Maria Glover, DVM
Thrive Pet Healthcare
Kildaire Animal Center
1409 Kildaire Farm Rd
Cary, NC 27511

Email: maria.glover@thrivepet.com

RE: Continuing Education Program Approval

Dear Dr. Glover,

This letter is to advise you that the Georgia State Board of Veterinary Medicine has approved the following program(s) in accordance with Board Rule 700-7-.03:

<u>Title</u>	<u>Code</u>	<u>CE Hour(s)</u>	<u>Date(s)</u>
Abdominal Ultrasound for the General Practitioner Part 1 and 2	GBVM-2916	5 Hours	June 28-29, 2025

In addition, the Board requires that the assigned approval code be present on the completion certificate which is provided to each participant.

Do not submit copies of the C.E. certificates to the Board office. In accordance with Board Rule 700-7-.03 and 700-7-.04 each Veterinarian and Veterinary Technician must maintain a record of the certificates verifying the hours obtained. During the period of renewal, the Board will randomly audit a percentage of Veterinarians and Veterinary Technicians for compliance with the Board's continuing education requirements. Licensees who are selected for the audit will be required to submit copies of the certificates to the Board at that time.

Please Note: We will no longer be accepting any outdated versions of the Continuing Education

Application for approval requests. Please visit the Georgia State Board of Veterinary Medicine website to review the **General Instructions Form** and the **Application for Continuing Education Approval Requests**, which is located under the **Application/Form Downloads** section to apply for CE Approval. You are also encouraged to review the **Frequently Asked Questions** and **Board Rules and Policies** as it relates to the approval of continuing education coursework. All approved C.E. courses can be found on the **Approved Continuing Education Programs List** located under the Application/Form Downloads section as well.

If you have any questions concerning this matter, you may contact our office at (404) 424-9966 or PLB-Healthcare2@sos.ga.gov.

Sincerely,

GEORGIA STATE BOARD OF VETERINARY MEDICINE

237 Coliseum Drive • Macon, Georgia 31217 • (404) 424-9966
<https://sos.ga.gov/georgia-state-board-veterinary-medicine>

P092



GEORGIA STATE BOARD OF VETERINARY MEDICINE **Board Members:**

237 Coliseum Drive * Macon, Georgia 31217
Phone: (404) 424-9966

Jessica Sewell, LVT
Board Chair
Wendy Cuevas, DACVPM
Vice Chair
Seth Stowers, DVM
Board Member
John Tarabula, DVM
Board Member
William Wright, DVM
Board Member
Matthew Bradley, DVM
Board Member

June 26, 2025

Dr. Maria Glover, DVM
Thrive Pet Healthcare
Kildaire Animal Center
1409 Kildaire Farm Rd
Cary, NC 27511

Email: maria.glover@thrivepet.com

RE: Continuing Education Program Approval

Dear Dr. Glover,

This letter is to advise you that the Georgia State Board of Veterinary Medicine has approved the following program(s) in accordance with Board Rule 700-7-.03:

Title	Code	CE Hour(s)	Date(s)
Abdominal Ultrasound for the General Practitioner Part 3 and 4	GBVM-2923	5 Hours	September 14, 2025

In addition, the Board requires that the assigned approval code be present on the completion certificate which is provided to each participant.

Do not submit copies of the C.E. certificates to the Board office. In accordance with Board Rule 700-7-.03 and 700-7-.04 each Veterinarian and Veterinary Technician must maintain a record of the certificates verifying the hours obtained. During the period of renewal, the Board will randomly audit a percentage of Veterinarians and Veterinary Technicians for compliance with the Board's continuing education requirements. Licensees who are selected for the audit will be required to submit copies of the certificates to the Board at that time.

Please Note: We will no longer be accepting any outdated versions of the Continuing Education

Application for approval requests. Please visit the Georgia State Board of Veterinary Medicine website to review the **General Instructions Form** and the **Application for Continuing Education Approval Requests**, which is located under the **Application/Form Downloads** section to apply for CE Approval. You are also encouraged to review the **Frequently Asked Questions** and **Board Rules and Policies** as it relates to the approval of continuing education coursework. All approved C.E. courses can be found on the **Approved Continuing Education Programs List** located under the Application/Form Downloads section as well.

If you have any questions concerning this matter, you may contact our office at (404) 424-9966 or PLB-Healthcare2@sos.ga.gov.

Sincerely,

GEORGIA STATE BOARD OF VETERINARY MEDICINE

237 Coliseum Drive • Macon, Georgia 31217 • (404) 424-9966
<https://sos.ga.gov/georgia-state-board-veterinary-medicine>

P093



ce broker

By Propelus

Your course application titled Abdominal Ultrasound Part 3 and 4 for KILDAIRE ANIMAL MEDICAL CENTER/ DR. MARIA GLOVER has been approved by the South Carolina Board of Veterinary Medical Examiners. Please log in to CE Broker to advertise any offerings for this course for licensee viewing. Click the link in your Message Box to see course details.

CE Broker Tracking #: 20-1261957

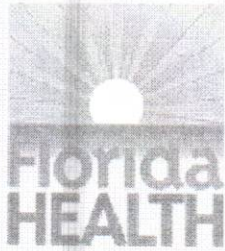
South Carolina Board of Veterinary Examiners: : AMY HOLLEMAN

Board/Council Comment(s): (None)



Don't Forget: Registering your courses through CE Broker automatically allows them to appear in our marketplace to provide your content with exposure to the public and gives your institution reach, credibility, and mobility. Applicants / licensees are able to view course offerings through the CE Broker "course search" feature.

Thank you,
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Re: Continuing Education Program Request

I write concerning a request received by the North Carolina Veterinary Medical Board for approval of a continuing education opportunity sponsored by the "Kildaire Animal Medical Center". The following CE program is approved for total of **5 hour** of continuing education credit:

Program Title	Dates/Locations	Presenter
Abdominal Ultrasound for the General Practioner	June 9, 2024	Dr. Maria Glover

First Session

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Very truly yours,

Tod J. Schadler DVM

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Re: Continuing Education Program Request

I write concerning a request received by the North Carolina Veterinary Medical Board for approval of a continuing education opportunity sponsored by the "Kildaire Animal Medical Center". The following CE program is approved for total of **5 hours** of continuing education credit:

Program Title	Dates/Locations	Presenter
Abdominal Ultrasound for the General Practitioner	August 18, 2024	Dr. Maria Glover

Second Session

As part of any approval, please retain a certificate of completion or proof of attendance for your personal records.

Should you have any further question regarding this, please do not hesitate to contact the Board office.

Very truly yours,

A handwritten signature in black ink that reads "Keith West".

Keith West
Executive Director

BOVINE EMERGENCY RESPONSE PLAN (BERP)

April 20, 2024

Willow Bend Agricultural Innovation Center

Union, West Virginia

7:45 am	Register
8:00 am	Administrative Overview/ Pre test-BERP Team
8:30 am	Introduction to BERP and Local Emergency Planning
9:15 am	Animal Care and Handling
10:00 am	Break
10:15 am	Euthanasia
11:30 am	Biosecurity
12:00 noon	Lunch
1:00 pm	Debriefing/Safety
1:30 pm	Transportation Hazards
2:30 pm	Relocate for practicum/Break
2:45 pm	Practicums Euthanasia Animal Handling Trailers up close
4:45 pm	Post test/Distribute Certificates-BERP Team
5:00 pm	Adjourn

Bovine Emergency Response Plan (BERP) for First Responders

Purpose

Annually over fifty million head of domestic and imported cattle and calves are marketed and transported for breeding, feeding, and slaughter in the United States. Nearly all of these cattle are transported via semi-truck and trailer. In other regions pickup truck and pull type trailers are used regularly to move cattle and calves to or from pasture or to market. It is estimated that there are several hundred thousand head of livestock on the road on any given day in the United States. The transport of livestock is an integral and economically significant part of the beef cattle industry.

The number of livestock transported in the United State via semi-truck and trailer has significantly increased since the mid 1950's. In recent years, anti-animal agriculture activist groups widely used a ban on the transport of equine animals to slaughter to drive the abolition of equine slaughter in the United States. Within the beef cattle industry, there is concern activist groups will attempt to further regulate livestock production by writing and supporting legislation banning the transport of food animals for slaughter.

As the number of livestock being transported via motor vehicle has increased, so has the number of accidents involving livestock. A major percentage of the livestock transport accidents in the United States and Canada involved semi-trucks carrying cattle. Currently in the United States, standard operating procedures for addressing accidents involving the transport of livestock do not exist. The Bovine Emergency Response Plan (BERP) developed a framework for local emergency responders and law enforcement to more appropriately address accidents involving cattle transport vehicles. The Plan includes standardized procedures, suggestions and materials for dispatchers and first responders in the areas of call assessment, scene arrival and assessment, scene containment and security, extraction of cattle from the trailer, relocation of cattle involved in the accident, mortality disposal, securing the wrecked transport vehicle (if needed), humane euthanasia of cattle, and debriefing.

It is for the needs of first responders and their safety, public safety and animal care and well bring that this training is targeted.

Course Goal and Learning Objectives

Course Goal

This training will provide agricultural and traditional responders with an introduction, some performance skills and understanding, relative to some of the unique situations for emergency responders that motor vehicle incidents with bovines can present. The knowledge and skills gained will assist in the effective preparation and response to this type of emergency and the unique situations that are presented.

Learning Objectives

At the conclusion of the training the first responder will be able to:

1. Recognize some of the unique features of incidents where bovine or large animals are involved.
2. Recognizing hazards associated with incidents involving bovines and other large animals.
3. Understand biosecurity issues associated with livestock (zoonotic disease, Foreign Animal Disease (FAD), etc.)
4. Demonstrate understanding of animal behavior, animal care and welfare and animal handling techniques for bovines and other large animals.
5. Describe the various methods of proper animal restraint and humane euthanasia that may be used in emergencies involving bovines or other large animals.
6. Develop skills in creating containment strategies using existing structures, gates, panels etc. to restrict movement of cattle for triage, controlling loose animals, etc.
7. Introduction to extrication of live animals/mortality from damaged transporter.
8. Describe proper handling of mortality at scene and after.
9. Enhance understanding of descriptive terms relative to bovines.
10. Understand the importance of debriefing following an incident involving bovines or other animals.

Target Audience

Basic Characteristics

This training is intended for first responders (including Fire Service, Law Enforcement and EMS), emergency management, public health, public safety communicators, governmental administrative, veterinarians and others who may provide support, assistance or aid to those dealing with bovine or large animal emergencies.

Audience Needs

The agricultural or traditional responders will answer the call to incidents involving bovines or other large animals within their jurisdiction. They will respond to incidents that present unique hazards and situations and could assume the immediate role of Incident Commander (IC) until the local ICS and emergency response plans have been implemented.

At the conclusion of the training the responders/participants will:

- a. Recognize some of the unique hazards and responder safety issues associated with bovine motor vehicle incidents.
- b. Know ICS and the application of protocols to be integrated in response to bovine and large animal emergencies.
- c. Know some of the issues and concerns of bovine and large animal incidents.

- d. Know proper animal care and handling methods and humane euthanasia techniques.

Educational Credits

Educational credits will be awarded for participation in this program. Law enforcement, EMS, OEM Directors, Veterinary Medicine CE and others as announced have been approved for this training.

Scope of the Course

The BERP course is designed to be a 1 day course providing an overview of response and issues present in incidents involving bovines and other large animals. Lectures include background and response actions, biosecurity, proper animal care and handling, humane euthanasia, mortality handling and disposal. Hands-on training provides knowledge in animal handling, euthanasia, triage and containment.



Bovine

Emergency Response Plan

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A Framework
for a National
Bovine Emergency
Response Plan

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Acknowledgements

The educational project was funded by the Beef Checkoff.

The educational project was funded by USDA-NIFA Smith Lever Special Needs Funds.

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Abstract

Annually, more than 50 million head of domestic and imported cattle and calves are marketed and transported for breeding, feeding and slaughter in the U.S. Nearly all of these cattle are transported via truck and semitrailer.

As the number of livestock being transported via motor vehicle has increased, so has the number of accidents involving livestock transport. A major percentage of the livestock transport accidents in the U.S. and Canada involved semitrailers carrying cattle.

In the U.S., standard operating procedures for addressing accidents involving the transport of livestock do not exist. The Bovine Emergency Response Plan developed a framework for local emergency responders and law enforcement to more appropriately address accidents involving cattle transport vehicles.

The plan includes standardized procedures and materials for dispatchers and first responders in the areas of call assessment, scene arrival and assessment, scene containment and security, extraction of cattle from the trailer, relocation of cattle involved in the accident, mortality disposal, the righting of the wrecked transport vehicle (if needed), humane euthanasia of cattle and debriefing.

A Bovine Emergency Response Plan dissemination and implementation strategy is being developed. The Bovine Emergency Response Plan development team also has identified needed educational materials and curriculum, and additional funding needs to develop these materials and programs.

Key Words

Cattle transportation, emergency response, standard operating procedures, accidents, humane euthanasia

Introduction

Annually, more than 50 million head of domestic and imported cattle and calves are marketed and transported for breeding, feeding and slaughter in the U.S. Nearly all of these cattle are transported via truck and semitrailer. The number of livestock transported in the U.S. via truck and semitrailer has increased significantly since the mid-1950s. The transport of livestock is an integral part of the beef cattle industry.

According to a 2007 news article, in a seven-year period, more than 400 livestock transport accidents were reported in the U.S. and Canada. Of these accidents, 56 percent involved cattle trucks. Of the 169 documented cattle truck accidents, 23 percent involved trucks hauling finished cattle to slaughter and 70 percent involved the transport of feeders and calves. Only 1 percent of the reports identify weather as a cause of the accident. In fact, most of the accidents occurred in October, followed by November, August, April and May (Duckworth, 2007).

In the U.S., standard operating procedures for addressing accidents involving the transport of livestock do not exist. In several states, animal health authorities, law enforcement, livestock industries, first responders and livestock transport industries have identified a need for a “plan” or set of standard operating procedures to address cattle transportation accidents.

The objectives of the Bovine Emergency Response Plan were to: 1) develop a framework local law enforcement, first responders and emergency management could use to more appropriately address accidents involving cattle transport vehicles (The development team understood that this plan needed to be rigid enough to cover all of the critically needed areas but flexible enough to fit the needs of local municipalities.); 2) identify further educational materials and curriculum related to the project; and 3) identify future funding needs related to the development and sustainability of the Bovine Emergency Response Plan and its associated educational materials and program.

Identification of Needed Educational Materials

The following were identified as educational materials that need to be developed:

- Potbelly (truck and trailer) and gooseneck stock trailer that can be taken across the country to teach local first responders how to cut into a trailer in varying situations. Ideally, these trailers would be on hydraulics and easily and cheaply “recovered.”
- Certified Humane Euthanasia Technician course
- Regional network of veterinary schools that can serve as advisers for euthanasia questions. This would be similar to the “Language Line” used by emergency dispatchers across the country.
- Develop a Stand-alone App for Android and Apple devices that would guide personnel through the process of responding to incidents involving cattle being transported. The App would include detailed instructions on response, as well as tutorial videos where appropriate.

Conclusion

The Bovine Emergency Response Plan is a set of standard operating procedures developed for first responders to more appropriately address cattle transport accidents. These procedures include materials for dispatchers and first responders in the areas of call assessment, scene arrival and assessment; scene containment and security; extraction of cattle from the trailer; relocation of cattle involved in the accident; mortality disposal; the righting of the wrecked transport vehicle (if needed); humane euthanasia of cattle; and debriefing. A Bovine Emergency Response Plan dissemination and implementation strategy is being developed. The Bovine Emergency Response Plan development team has also identified needed educational materials and curriculum, and additional funding needs to develop these materials and programs.

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PROCEDURES FOR HUMANE EUTHANASIA

Humane Euthanasia of Sick, Injured and/or Debilitated Livestock



J.K. Shearer, DVM, MS
and
Alejandro Ramirez, DVM, MPH, PhD



IOWA STATE UNIVERSITY
University Extension



PROCEDURES FOR THE HUMANE EUTHANASIA OF SICK, INJURED AND/OR DEBILITATED LIVESTOCK

J. K. Shearer, DVM, MS
and
Alejandro Ramirez, DVM, MPH, PhD

Preface

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The topic of euthanasia is unpleasant under any circumstances. It is, however, one of those tasks that veterinarians and others who work with livestock must be prepared to do. In many cases it is the only practical way to provide prompt relief of otherwise uncontrollable animal suffering. To that extent, it is a responsibility of all who own or work with livestock to have the proper equipment and knowledge to conduct this procedure with maximum efficiency and effectiveness.

The purpose of this brochure is to aid those who may be required to perform these procedures in situations where veterinary assistance is not available. Indications for euthanasia along with important human and animal considerations are discussed. Specific anatomical sites for proper placement of penetrating captive bolt or gunshot are described and illustrated for all major livestock species. Certain methods of euthanasia require exsanguination to ensure death therefore, this technique and appropriate methods to confirm death are described. This brochure is intended for use by livestock owners, market operators, law enforcement personnel, persons who transport livestock and others who may need to know proper methods for euthanasia of farm animals. Persons requiring additional information are referred to the web site or J. K. Shearer, Dairy Extension Veterinarian, as listed in this brochure.

Supplementary Materials Available:

- Wall Chart on Euthanasia of Cattle
- Desk Card on Euthanasia of Cattle
- Wallet Card on Euthanasia of Cattle
- Multi-species Index Card

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Biosecurity for Beef Cattle Operations

For beef cattle, biosecurity involves a system of management practices that prevent diseases from infecting a herd. Although biosecurity is often associated with foreign animal diseases, the term also applies to common diseases that affect herds, such as blackleg and bovine viral diarrhea. Vaccines can help prevent disease, but other management practices can be even more important. By developing biosecurity protocols that protect cattle from the common diseases, producers are establishing a safety net against a possible outbreak of a foreign animal disease in the United States.

How Disease Is Spread

Disease spreads directly—from an infected animal to a susceptible animal—or indirectly, from an infected animal to an object or equipment, and then to a susceptible animal. For example, feeding a calf with a bottle that has not been properly sterilized can be a way of indirect transmission.

Disease is transmitted in seven primary ways:

- **Aerosol:** Disease pathogens are carried in the air on moisture droplets from sneezing or coughing.
- **Direct contact:** Disease pathogen contacts an open wound, saliva, blood or mucous membranes, or is passed from nose to nose, by rubbing and biting.
- **Oral:** Susceptible animals consume disease-causing

By Jason Cleere, Assistant Professor and Extension Beef Cattle Specialist
Ron Gill, Professor and Extension Livestock Specialist
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The Texas A&M System



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- pathogens in contaminated feed and water or lick or chew contaminated objects.
- Reproductive: Disease pathogens are spread during mating or gestation.
 - Vehicles: Contaminated objects, such as needles, trailers, trucks or clothing, transfer the disease-causing pathogen from an infected animal to a susceptible animal.
 - Vector-borne: A living insect, animal or human carries the disease from an infected animal to a susceptible animal.
 - Fomites: Diseases are transmitted through contaminated soil, water and food.

Immunity

Immunity allows the animal to resist a disease by preventing the pathogen's development or by counteracting the effects of its toxins. Immune animals have antibodies, which destroy a specific pathogen before it causes an illness. Immunity is natural, active or passive.

Natural immunity is provided by the body's natural defenses, such as the skin and nasal passages, which help keep disease pathogens out of the body. Some cells in the body also attack disease-causing foreign particles. Fetuses can acquire antibodies *in utero* through placental transfer.

Passive immunity comes through the transfer of antibodies from one animal to another, such as through colostrum in the mother's milk shortly after birth. Newborns must receive about 10 percent of their body weight in colostrum within the first 24 hours after birth to ensure some protection against diseases.

Active immunity is provided by protective vaccinations or by the body's fight against an infection. Both modified-live and killed vaccines cause the body to produce antibodies without actually acquiring the disease. Booster vaccinations may be necessary to maintain immunity.

Vaccinations

Total disease prevention is not possible; therefore, any ranch biosecurity plan requires a sound vaccination program that targets diseases the cattle may be exposed to.

Vaccines are only as effective as the animal's immune response; injecting cattle with vaccine does not guarantee the herd's immunity. Factors such as nutritional, shipping, social and weather stress can decrease the level of immune response. Minimizing animal stress will improve the disease protection within the herd. Handling and administering vaccines according to the manufacturer's label is important in maintaining the integrity of vaccine and providing protection against the targeted disease.



When handling and working with vaccines:

- Read the label and/or medication insert before vaccinating animals.
- Observe the expiration date and storage information.
- Keep refrigerators at the proper temperature to maintain vaccine effectiveness, usually between 36 degrees F and 46 degrees F.
- Protect vaccines from sunlight.
- Give the right vaccine to the right species. If the label indicates it is for use in swine, do not use it in cattle. This extra-label use is illegal unless done under the supervision and recommendation of a veterinarian.
- Give the proper dose in the appropriate area on the animal, using the recommended technique.
- Do not insert a used needle back into an open bottle. Always use a sterile needle.
- Use a transfer needle or a sterile needle to reconstitute modified-live vaccines.
- Use boiling water, not chemical sterilants, to disinfect syringes.
- Mix only the quantity of modified-live vaccine that will be used within 1 hour.
- Dispose of the remaining opened vaccine properly after completing the day's inoculations because the vaccine does not keep well once the bottle seal has been punctured.
- Give booster vaccinations when the label requires it.
- Keep a record of all vaccinations and treatments.
- Follow withdrawal periods.

Consult a veterinarian to ensure proper timing and implementation of a vaccination schedule. Even under ideal conditions, vaccinations are not 100 percent effective. Take extra care in handling and administering vaccines to achieve the highest possible level of immunity.

Evaluate the cost-benefit ratio of any biosecurity management practices. Do the benefits outweigh the costs? For example, if a weaned calf is worth about \$550, the loss of that calf can cost the ranch \$550 in lost revenue. If a vaccination routine that costs \$1.50 per animal, including new needles for each, is implemented on a 40-cow herd, the total cost for this biosecurity practice may be as low as \$60. If the result is one more calf, the net benefit is \$490.

Procedures for Handling Incoming Cattle

Almost every ranch eventually must add new breeding animals to the operation. Some stocker or feedlot operations continuously add new cattle. These new cattle can bring disease to the ranch. Minimize this risk by:

- Defining the level of disease risk for the new cattle. For example, yearling virgin bulls from a purebred breeder with a strict health protocol may be low risk, while cows from an unknown source may be high risk.
- Isolating new animals from the rest of the herd for at least 3 weeks, and possibly at a location off the ranch
- Watching the isolated animals closely for symptoms of illness, such as elevated temperature and abnormal behavior
- Consulting a local veterinarian to determine which diseases to test quarantined animals for
- Vaccinating cattle according to ranch protocols

Limiting Unauthorized Access to Pastures and Cattle

Unauthorized visitors may introduce diseases to the ranch, increase the risk of theft and cause liability issues. To help prevent this:

- Keep doors and gates locked at all times.
- Post "No Trespassing" signs.
- Conduct random security checks and look for signs of unauthorized activity or entry.
- Maintain good perimeter fences.
- Know your neighbors and set up a crime watch program.
- Secure pesticides, fertilizers, feed and nutrients.
- Secure water sources and identify alternative sources.

General Biosecurity Practices

Consider these additional general management tips:

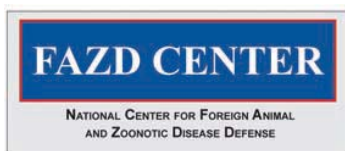
- Disinfect reusable equipment, including tattooers, implant guns, ear notchers, dehorers and castration knives, between animals. Sterilize equipment that has been used off the ranch before it is brought back to the ranch.
- Identify cattle and maintain current records.
- Watch cattle for adverse health symptoms or behavior; sudden and unexplained deaths; large numbers of sick animals; unusual ticks or maggots; blisters around an animal's nose, teats, mouth or hooves; difficulty rising and walking; a drop in milk production; and a large number of dead insects, rodents or wildlife. Contact a veterinarian immediately if these symptoms occur.
- Keep cattle away from exotic wildlife that may harbor disease.



- Develop a carcass disposal plan.
- Remove animals that are "reservoirs" for certain diseases such as Johne's, trichomoniasis or bovine viral diarrhoea. These animals continue to shed the pathogen and infect other animals.
- Avoid fecal and urine contamination of feed and water sources.
- Control pest populations and limit access to feedstuffs.
- Create an emergency contact list of resource people within the community. Post copies near telephones and on bulletin boards. Have employees enter these numbers into their cell phones.

Summary

Protecting cattle from disease is cost-effective. Ranch biosecurity hinges on preventing the introduction of disease into the operation and developing adequate immunity in the herd.



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Livestock

Escape Prevention and Capture Planning Guidelines

An Essential Guide for Livestock Exhibits at Public Events

**William R. Pritchard Veterinary Medical Teaching Hospital
International Animal Welfare Training Institute**

**School of Veterinary Medicine
University of California, Davis**

January 2011

Acknowledgments

The preparers of this manual wish to acknowledge the many significant contributions of the following individuals dedicated to the creation and assembling of these training materials.

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Virginia Office of Emergency Medical Services
Scope of Practice - Operational Canine Procedures for EMS Personnel

This SOP represents *practice maximums*.

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT	I	P
Specific tasks in this document shall refer to the Virginia Education Standards.							
AIRWAY TECHNIQUES							
Airway Maneuvers							
	Maneuvers to open airway			•	•	•	•
Cricothyrotomy							•
Obstructed Airway Clearance				•	•	•	•
Intubation							
	Manual					•	•
	Visualize upper-airway					•	•
	Orotracheal					•	•
	Rapid sequence intubation (RSI)					•	•
	Confirmation procedures			•	•	•	•
Oxygen Delivery Systems							
	Mask			•	•	•	•
	Humidification/cooling oxygenation			•	•	•	•
Suction							
	Manually operated			•	•	•	•
	Mechanically operated			•	•	•	•
	Endotracheal suctioning				•	•	•
Ventilation – assisted / mechanical							
	Mask ventilation			•	•	•	•
	Mechanical Ventilator (Manual/Automated Transport Ventilator)					•	•
Anesthesia (Local)							
	Local by infiltration, intraosseus				•	•	•
Pain Control & Sedation							
	Pharmacological (non-inhaled)				•	•	•
Blood and Component Therapy Administration							
	Blood products						
		Maintain				•	•
		Initiate				•	•
Diagnostic Procedures							
	Blood chemistry analysis - glucometry			•	•	•	•
	Capnography			•	•	•	•
	Pulse oximetry			•	•	•	•
	Ultrasonography						
Genital/Urinary							
	Foley catheter						
		Place bladder catheter				•	•
		Maintain bladder catheter				•	•
Head and Neck							
	Control of epistaxis						
		Ice pack around nose		•	•	•	•
Hemodynamic Techniques							
	Arterial catheter maintenance						•
	Central venous maintenance						•
	Intraosseous access & infusion			•		•	•

*Investigational medications and procedures which have been reviewed and approved by an Institutional Review Board (IRB) will be considered to be approved by the Medical Direction Committee solely within the context of the approved study. Investigators involved in IRB approved research are asked to present their study plans to the MDC for informational purposes so that the committee can maintain an awareness of on-going pre-hospital research in the Commonwealth. Those who desire to conduct non-IRB reviewed pilot projects, demonstration projects, or research are asked to present those proposals to the MDC prior to their implementation for review and approval by the MDC.

Use of medication not listed which is indicated by medical control and/or the operational medical director due to the use of a weapon of mass destruction is exempt from this list.



Virginia Office of Emergency Medical Services
Scope of Practice - Operational Canine Procedures for EMS Personnel

This SOP represents *practice maximums*.

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT	I	P
	Peripheral venous access and maintenance				•	•	•
	Mechanical IV pumps				•	•	•
Hemodynamic Monitoring							
	Cardiac monitoring (multi lead)					•	•
Other Techniques							
	Vital signs			•	•	•	•
	Bleeding control						
	Foreign body removal (excludes ocular injuries)	Tourniquets	•	•	•	•	•
		Superficial without local anesthesia		•	•	•	•
		Imbedded with local anesthesia/exploration					
	Incision/Drainage						
	Intravenous therapy				•	•	•
	Medication administration			•	•	•	•
	Orogastric tube				•	•	•
	Canine restraint, physical			•	•	•	•
	Canine restraint, medication					•	•
	Wound closure techniques					•	•
	Wound management			•	•	•	•
	Treat and release			•	•	•	•
	Intranasal medication administration				•	•	•
Resuscitation							
	Cardiopulmonary resuscitation (CPR)		•	•	•	•	•
	Cardiac pacing					•	•
	Defibrillation/Cardioversion				•	•	•
		Manual defibrillation/cardioversion				•	•
		Automatic external defibrillator (AED)		•	•	•	•
	Post resuscitative care			•	•	•	•
Skeletal Procedures							
	Care of the amputated part		•		•	•	•
	Fracture/Dislocation immobilization techniques			•	•	•	•
	Fracture/Dislocation reduction techniques						
		Manipulation of angulated/pulseless extremities		•	•	•	•
		Joint reduction techniques		•	•	•	•
	Spine immobilization techniques			•	•	•	•
Abdominal/Thoracic							
	Gastric Volvulus						
		Needle decompression					•
	Thoracostomy/pleural decompression						
		Needle decompression				•	•
		Finger or tube thoracostomy					•
Body Substance Isolation / PPE							
				•	•	•	•
Lifting and moving techniques							
				•	•	•	•
Ophthalmological							
	Ocular irrigation			•	•	•	•
Point of Care (POC) Testing							
	Glucometry (must be canine approved devices)			•	•	•	•

*Investigational medications and procedures which have been reviewed and approved by an Institutional Review Board (IRB) will be considered to be approved by the Medical Direction Committee solely within the context of the approved study. Investigators involved in IRB approved research are asked to present their study plans to the MDC for informational purposes so that the committee can maintain an awareness of on-going pre-hospital research in the Commonwealth. Those who desire to conduct non-IRB reviewed pilot projects, demonstration projects, or research are asked to present those proposals to the MDC prior to their implementation for review and approval by the MDC.

Use of medication not listed which is indicated by medical control and/or the operational medical director due to the use of a weapon of mass destruction is exempt from this list.



Virginia Office of Emergency Medical Services
 Scope of Practice - Operational Canine Formulary for EMS Personnel

This SOP represents practice maximums.

CATEGORY		EMR	EMT	AEMT	I	P
Analgesics						
	Opiates			●	●	●
	Dissociative analgesics (Ketamine 0.5 mg/kg or less)			●	●	●
	Non steroidal agents					
Anesthetics/Sedatives						
	Topical/Otic/Occular		●	●	●	●
	Local (infiltration, intraosseus)			●	●	●
	Sedation for the aggressive canine					
	Alpha 2 agonist				●	●
	Ketamine greater than 0.5 mg/kg IV/IM					●
	Antipsychotics					
	Benzodiazepines (for sedation)					
Anticonvulsants	Includes benzodiazepines and anti-epileptic drugs			●	●	●
Antidotes						
	Anticholinergic Antagonists				●	●
	Anticholinesterase Antagonists		●	●	●	●
	Narcotic Antagonists		●	●	●	●
	Cyanide Antidote - hydroxycobalamin			●	●	●
	Cholinesterase Reactivator		●	●	●	●
	Combination antidotes, e.g. DuoDote		●	●	●	●
Biologicals						
	Antibiotics			●	●	●
Blood/Blood products						
	Initiate					●
	Maintain				●	●
Blood Modifiers						
	Hemostatic agents		●	●	●	●
	Anti-fibrinolytics (eg tranexamic acid)			●	●	●
Cardiovascular Agents						
	Vasopressors					
	Epinephrine infusions and push dose pressors				●	●

VIRGINIA ACTS OF ASSEMBLY - 2025 SESSION

CHAPTER 262

An Act to amend the Code of Virginia by adding a section numbered 3.2-5901.2, relating to State Veterinarian; large animal veterinary grant program; report.

[S 921]

Approved March 21, 2025

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 3.2-5901.2 as follows:

§ 3.2-5901.2. State Veterinarian; large animal veterinary grant program.

A. As used in this section:

"Large animal veterinarian" means a person who is actively engaged in and is licensed to practice veterinary medicine pursuant to Chapter 38 (§ 54.1-3800 et seq.) of Title 54.1 and whose specialties include livestock, poultry, or equine, as that term is defined in § 3.2-6200.

"Program" means the large animal veterinary grant program established by the State Veterinarian pursuant to subsection B.

B. The State Veterinarian shall establish a large animal veterinary grant program to provide grants to increase or stabilize the number of large animal veterinarians practicing in areas of the Commonwealth that have been identified by the State Veterinarian as having a shortage of such veterinarians. The State Veterinarian shall annually select from a pool of applicants no more than four large animal veterinarians to participate in the program.

C. The State Veterinarian, in consultation with the Board of Veterinary Medicine and relevant stakeholders, including the Virginia Farm Bureau Federation, the Virginia Academy of Food Animal Practitioners, and the Virginia Veterinary Medical Association, shall develop criteria for applicants to participate in the program, which shall include:

- 1. The geographic area of the Commonwealth that an applicant serves or would serve and the need for large animal veterinary services in such area;*
- 2. The number of localities that an applicant serves or would serve;*
- 3. The number of different large animal veterinarian specialties in which an applicant practices; and*
- 4. The percentage of time an applicant devotes to large animal veterinary services.*

2. That the State Veterinarian shall establish the large animal veterinary grant program pursuant to § 3.2-5901.2 of the Code of Virginia, as created by this act, no later than July 1, 2026.

3. That the State Veterinarian shall submit a report evaluating the extent to which the large animal veterinary grant program created pursuant to § 3.2-5901.2 of the Code of Virginia, as created by this act, has helped to address the shortage of large animal veterinarians in the Commonwealth. Such report shall be submitted to the Board of Veterinary Medicine and the Chairmen of the Senate Committee on Agriculture, Conservation and Natural Resources and the House Committee on Agriculture, Chesapeake and Natural Resources no later than July 1, 2030.



Commonwealth of Virginia
Office of Governor Glenn Youngkin

FOR IMMEDIATE RELEASE · July 14, 2025

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Tobacco Region Revitalization Commission

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Russell County IDA

Contact: Ernie McFaddin

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**Governor Glenn Youngkin Announces
Planning Grant for Large Animal Veterinary
Services in Russell County**

Funds will be used to develop an incentive program to attract large animal veterinarians to Southwest Virginia

RICHMOND, VA – Governor Glenn Youngkin today announced that Russell County will receive a Governor’s Agriculture and Forestry Industries Development (AFID) Fund Planning Grant, which will be combined with funding from the Virginia Tobacco Region Revitalization Commission to support the development of a comprehensive incentive program to help bring large animal veterinarians to the region.

“Large animal veterinarians are indispensable to our agricultural communities and food supply chain,” **said Governor Glenn Youngkin**. “As communities across the country face shortages of these professionals, Virginia is taking strategic steps to build a strong, sustainable pipeline of large animal veterinarians in rural areas. I’m pleased to support Russell County and regional partners in addressing this need.”

A \$20,000 AFID Planning Grant paired with \$20,000 from the Virginia Tobacco Region Revitalization Commission will create a long-term incentive program that includes recruitment of large animal veterinarians to Southwest Virginia; enhancement of availability and quality of veterinary services; financial and logistical support to new veterinarians; and creation of a corresponding education program with regional veterinary schools. In lieu of a cash match, Russell County is donating 2.3 acres to house facilities and equipment leased to prospective veterinarians. Having access to the facilities and equipment will allow new and relocating large animal veterinarians to build a practice quickly and deliver services promptly.

“Agriculture in Virginia is innovative. We’re excited to see Russell County use the Governor’s Agriculture and Forestry Industries Development Fund to develop a multi-faceted plan to solve a large-scale problem,” **said Secretary of Agriculture and Forestry Matthew Lohr**. “This grant is a great example of local, regional, and state partners working together.”

“The Virginia Tobacco Region Revitalization Commission is excited about this partnership as it works toward our goals of strengthening and revitalizing the economies of Southern and Southwest Virginia,” **said Tobacco Commission Chairman, Delegate Will Morefield**. “We look forward to working with Russell County to expand large animal veterinary capacity, which is a vital service for our rural communities.”

“This incentive program will be a great benefit to Russell County cattle producers and other farmers in the area,” **said Ernie McFaddin, Executive Director of Russell County IDA**. “We are always looking for ways to support the local agricultural community, and this program will fill a significant need.”

In addition, earlier this year, Governor Youngkin signed HB 2303 and SB921, which direct the State Veterinarian to establish a large animal veterinary grant program no later than July 1, 2026. The program established by these bills will provide grants to increase or stabilize the number of large animal veterinarians practicing in areas of the Commonwealth that currently have a shortage including Russell County.

The Virginia Department of Agriculture and Consumer Services administers the AFID Planning Grant program and accepts applications for the program on a rolling basis. Successful applications demonstrate a clear need, a proposed solution, and strong support from local government and the agriculture and forestry community. The AFID Planning Grant program requires a one-to-one match however, allowances for a reduced match are available for economically distressed localities. Interested localities should contact the Virginia Department of Agriculture and Consumer Services at (804) 786-6911 for more information.

The Virginia Tobacco Region Revitalization's Southwest Virginia Program focuses on projects critical to the economic renewal of the region, including agribusiness, business development, industrial sites and infrastructure, tourism, and more. More information on this program can be obtained by calling (804) 894-9652.

###

Office of the Governor, Commonwealth of Virginia | P.O. Box 1475 | Richmond, VA 23218 US

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Board of Veterinary Medicine
Current Regulatory Actions
As July 16, 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	405 days	Emergency regulations required pursuant to legislation
18VAC150-20	Emergency/NOIRA	Regulation of satellite offices of veterinary establishments	6/6/2024	405 days	Emergency regulations required pursuant to legislation
18VAC150-20	Proposed	Reduction of requirements for licensure by endorsement	11/4/2024	254 days	Reduces licensure by endorsement requirements
18VAC150-20	Proposed	Implementation of 2022 Periodic Review	3/13/2025	125 days	Implements changes from 2022 periodic review

Recently effective or awaiting publication

None.

Agenda Item: Consideration of NOIRA for Haul-In Facilities

Staff Note: This was a recommendation from the Large Animal Veterinarian Workgroup. Staff will provide more information during the meeting.

Action Needed: Motion to initiate a Notice of Intended Regulatory Action regarding haul-in facilities.

Policy Name	Conflict of interest policy acknowledgment for board members		Policy Number	76-10.24
Section Title	Case Decision and Discipline	Section Number	76-10	Former Policy No.
Approval Authority	Agency Director		Effective Date	6/30/2025
Responsible Executive	Chief Operating Officer		Revised Date	6/23/2025
Responsible Office	Director's Office		Last Reviewed	6/23/2025
Responsible Reviewer	Barrett, Erin			

Purpose:

The purpose of this policy is to ensure acknowledgment by Board members of the need to notify Board administration of any conflicts of interest regarding investigations or disciplinary matters.

Policy:

All Board members will sign and date the conflict of interest acknowledgment as noted below.

Procedures:

Upon orientation to the Board, Board members and advisory board members will sign and date a document that states the following:

"As a Board member or Advisory Board member, it is your duty to notify the Executive Director (or designee) of any conflicts of interest between you and the subject of any investigation or disciplinary action. Such notification must occur as soon as you are aware of the conflict."

The applicable board will maintain an electronic copy of the signed acknowledgment in a manner determined by the custodian of the record for the Board.

Veterinary Medicine Monthly Snapshot for May 2025

Veterinary Medicine closed more cases in May than received. Veterinary Medicine closed 22 patient care cases and 8 non-patient care cases for a total of 30 cases.

Cases Closed	
Patient Care	22
Non-Patient Care	8
Total	30

Veterinary Medicine has received 12 patient care cases and 4 non-patient care cases for a total of 16 cases.

Cases Received	
Patient Care	12
Non-Patient Care	4
Total	16

As of May 31,2025, there were 101 patient care cases open and 92 non-patient care cases open for a total of 193 cases.

Cases Open	
Patient Care	101
Non-Patient Care	92
Total	193

There were 9,543 veterinary medicine licensees as of May 31,2025. The number of current licenses is broken down by profession in the following chart.

Current Licenses	
Equine Dental Technician	23
Veterinarian	5,196
Veterinary Establishment - Ambulatory	340
Veterinary Establishment - Stationary	1,006
Veterinary Faculty	94
Veterinary Intern/Resident	58
Veterinary Technician	2,826
Total for Veterinary Medicine	9,543

There were 110 licenses issued for veterinary medicine for the month of May. The number of current licenses is broken down by profession in the following chart.

Licenses Issued	
Veterinarian	64
Veterinary Establishment - Ambulatory	2
Veterinary Establishment - Stationary	6
Veterinary Faculty	2
Veterinary Intern/Resident	9
Veterinary Technician	27
Total for Veterinary Medicine	110

BOARD OF VETERINARY MEDICINE

2025 REVISED CALENDAR

February 12, 2025 (Wednesday)	TR 2 HR 1 & 3 9:00 AM	INFORMAL CONFERENCES
MARCH 11, 2025 (Tuesday)	BR 3 9:00 AM	BOARD MEETING FORMAL HEARING
MARCH 12, 2025 (Wednesday)		FORMAL HEARING
April 17, 2025 (Thursday)	TR 1 HR 2 & 4 9:00 AM	INFORMAL CONFERENCES
June 5, 2025 (Thursday)	TR 1 HR 2 & 4 9:00 AM	INFORMAL CONFERENCES
JULY 29, 2025 (Tuesday)	BR 4 9:00 AM	BOARD MEETING FORMAL HEARING, IF NEEDED
September 9, 2025 (Tuesday)	TR 2 HR 1 & 3 9:00 AM	INFORMAL CONFERENCES
OCTOBER 21, 2025 (Tuesday)	BR 4 9:00 AM	BOARD MEETING FORMAL HEARING, IF NEEDED
NOVEMBER 6, 2025 (Thursday)	TR 1 HR 2 & 4 9:00 AM	INFORMAL CONFERENCES
December 10, 2025 (Wednesday)	BR 1 HR 1 & 6 9:00 AM	INFORMAL CONFERENCES

BOARD OF VETERINARY MEDICINE

2026 CALENDAR

January 23, 2026 (Friday)	BR 3 9:00 AM	FORMAL HEARING
February 10, 2026 (Tuesday)	TR 1 9:00 AM	INFORMAL CONFERENCES
March 4, 2026 (Wednesday)	BR 2 9:00 a.m.	BOARD MEETING FORMAL HEARING IF NEEDED
April 23, 2026 (Thursday)	TR 1 9:00 AM	INFORMAL CONFERENCES
May 19, 2026 (Tuesday)	TR 1 9:00 AM	INFORMAL CONFERENCES
July 28, 2026 (Tuesday)	BR 4 9:00 AM	BOARD MEETING FORMAL HEARING IF NEEDED
September 17, 2026 (Thursday)	TR 1 9:00 AM	INFORMAL CONFERENCES
October 27, 2026 (Tuesday)	BR 2 9:00 AM	BOARD MEETING FORMAL HEARING IF NEEDED
November 17, 2026 (Tuesday)	TR 1 9:00 AM	INFORMAL CONFERENCES
December 15, 2026 (Tuesday)	TR 1 9:00 AM	INFORMAL CONFERENCES