

October 21, 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 and Introduction of New Board Member
- Emergency Egress Procedures
- Mission Statement

Ordering of Agenda – Dr. Newman

Public Comment – Dr. Newman

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

Approval of Minutes – Dr. Newman

Pages 2-20

July 29, 2025 Full Board Meeting
July 29, 2025 Formal Hearings
July 30, 2025 Formal Hearings
August 14, 2025 Formal Hearing
August 15, 2025 Formal Hearing

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

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

Pages 21-41

- Current regulatory actions (p 21)
- Repeal of Guidance Document 150-14 (pp 22-25)
- Policy Review for electronic participation (pp 26-28)
- Updated SRP Manual policy document (pp 29-41)

Discussion

Pages 42-68

- Consideration of continuing education approval – **Ms. Kelli Moss**
 - Abdominal Ultrasound for the General Practitioner (pp 42-66)
- Required documentation for controlled drugs – **Ms. Moss/Ms. Claire Foley (pp 67-68)**

Board Counsel’s Report – Mr. Brent Saunders

President’s Report – Dr. Newman

Staff Reports

Pages 69-76

- Executive Director’s Report – **Ms. Moss**
 - American Association of Veterinary State Boards 2025 Annual Meeting
 - Treatment and Transport of Working Canines Workgroup (pp 69-75)
 - Large Animal Veterinarian Shortage Study Workgroup
 - Outreach
 - Licensing updates
 - Statistics (p 76)
- Discipline Report – **Ms. Claire Foley**

New Business – Dr. Newman

Page 77

- Officer elections

Next Meeting – Dr. Newman/Ms. Moss

Page 78

- Board calendar
- March 4, 2026 - Next full board meeting

Meeting Adjournment – Dr. Newman

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

DRAFT

MISSION STATEMENT

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

Call to Order

The July 29, 2025, Virginia Board of Veterinary Medicine (Board) meeting was called to order at 9:02 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, 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
Steve Linas, OD

Member Attending Virtually

Patricia Seeger, LVT, BBA

Staff Present

Arne W. Owens, Agency Director
Kelli Moss, Executive Director
Claire Foley, Deputy Executive Director
Erin Barrett, Director of Legislative and Regulatory Affairs, DHP
Matt Novak, Policy & Economic Analyst, DHP
Brent Saunders, Senior Assistant Attorney General, Board Counsel
Yetty Shobo, PhD, Director of Healthcare Workforce Data Center (HWDC), DHP
Barbara Hodgdon, Deputy Director, HWDC, DHP
Cherese Lampkins, Summer Intern for HWDC, DHP
Kelly Smith, Director of Communications, DHP
Laura D. Paasch, Senior Licensing & Operations Specialist
Taryn Singleton, LVT, Discipline Case Specialist
Charles Atkins, Licensing Specialist

Public Present

Jake Tabor, Legislative Specialist at Virginia Farm Bureau Federation
Talya George, Virginia Veterinary Medical Association (VVMA)

Establishment of Quorum

Six out of the seven board members were present in the Richmond office, constituting a quorum for conducting business. Ms. Seeger was approved by the President of the Board to participate electronically due to a scheduling conflict that prevented travel to the Richmond office for the meeting.

Introductions

Dr. Newman welcomed Senior Assistant Attorney General Brent Saunders, who has been named as the board's legal counsel after sharing duties over the past several months following previous board counsel Laura Booberg's transition to DHP.

Dr. Newman congratulated Mr. Charles "Chip" Atkins who has assumed a new, full-time position administering the board's veterinary establishment registrations after working part-time with the board since August 2024 under Ms. Foley's supervision.

Ordering of Agenda

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

Public Comment

Ms. Moss reported there were no requests to provide public comment.

Approval of Minutes

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

- March 11, 2025, Full Board meeting
- March 11, 2025, Formal hearing
- May 29, 2025, Telephone conference call

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, including a report of the 2025 General Assembly activities, the elimination of the Board of Health Professions effective July 1, 2025, DHP's review of operations and budgetary efficiency workgroup, and 2026 legislative proposals.

Presentations

Ms. Smith presented updates on communications and outreach efforts, including agency responses to media inquiries about Board activities, the development of newsletters to provide board updates, and social media presence.

Dr. Hodgdon presented the 2024 Healthcare Workforce Data Center reports for Veterinarians and Veterinary Technicians.

Ms. Small reported on proposed revisions to the Sanctioning Reference Points worksheet and instructions for the Board's consideration.

Dr. Bailey moved to accept the proposed revisions to the SRP worksheet and instructions. The motion was seconded by Dr. Rucker and carried unanimously.

Discussion

Ms. Moss provided information regarding continuing education courses submitted for the board's consideration.

Abdominal Ultrasound for the General Practitioner – Maria Glover, DVM

The Board discussed the need for additional information and requested Ms. Moss to provide the additional information requested for consideration at the next meeting.

Bovine Emergency Response Plan (BERP) – Mr. Jake Tabor

Ms. Moss provided information regarding BERP, a program developed to coordinate responses by local emergency responders, law enforcement and veterinarians when incidents occurred involving cattle transport vehicles. In response to questions Mr. Tabor provided additional information for the board's consideration.

Dr. Bowman moved to approve four hours of continuing education for the BERP course as presented. The motion was seconded by Dr. Rucker and carried unanimously.

Ms. Moss provided information on the Treatment and Transport of Working Canines Workgroup and presented proposed procedures and formulary for first responders' scope of practice when treating working canines who are injured in the line of duty.

Ms. Moss provided information on the Large Animal Veterinarian Shortage Study Workgroup's (VSSW's) second year activities, including legislation passed in 2025 creating and funding a large animal veterinary grant program administered by the Virginia Department of Agricultural and Consumer Services, and the Governor's Agriculture and Forestry Industries Development (AFID) Fund Planning Grant in partnership with the Virginia Tobacco Region Revitalization Commission (VTRRC) to support the development of a comprehensive incentive program to help bring large animal veterinarians to the region and support them through a centralized haul-in veterinary establishment.

Regulatory Report

Mr. Novak provided the report on regulatory activity which includes current regulatory actions and consideration of a motion to initiate a Notice of Intended Regulatory Action regarding haul-in veterinary establishments, which aligns with the AFID/VTRRC grant and with a first-year recommendation of the VSSW.

Dr. Massie moved to initiate a Notice of Intended Regulatory Action regarding haul-in veterinary establishments. The motion was seconded by Dr. Rucker and carried unanimously.

Board Counsel's Report

Mr. Saunders gave a status update on two discipline cases that were appealed following formal hearings.

President's Report

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

Board of Health Professions' Report

Ms. Moss reported that all members have been notified of the elimination of the Board of Health Professions by Mr. Owens, who expressed appreciation to each of them for serving on this policy board.

Staff Reports

Ms. Moss provided updates regarding licensee participation in the Health Practitioners' Monitoring Program, board outreach efforts and presentations, attendance by Dr. Bowman and her at the upcoming annual conference of the American Association of Veterinary State Boards in September, and licensing statistics.

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

New Business

There was no new business to report.

Next Meeting

Ms. Moss reviewed the board calendars for the remainder of 2025 and for 2026 and informed the Board about a new meeting invitation process being implemented that will enable them to add scheduled meetings to their calendars. The next board meeting is scheduled for October 21, 2025, and a formal hearing will be held immediately after the board meeting.

Adjournment

With no objection, Dr. Newman adjourned the meeting at 11:30 AM.

Kelli G. Moss
Executive Director

DRAFT

**VIRGINIA BOARD OF VETERINARY MEDICINE
FORMAL HEARING MINUTES
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 4
HENRICO, VA
July 29, 2025**

CALL TO ORDER: The meeting of the Virginia Board of Veterinary Medicine (Board) was called to order at 12:22 p.m. on July 29, 2025, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia.

FIRST HEARING

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

MEMBERS PRESENT: Richard Bailey, D.V.M.
Bruce Bowman, D.V.M.
Steven Linas, O.D.
Thomas Massie, D.V.M.
Margaret Rucker, D.V.M.

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: Brent Saunders, Senior Assistant Attorney General

COURT REPORTER: Juan Ortega

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

OTHERS PRESENT: Shane Lamond
Paul Wade, Sr. Investigator, Enforcement Division

MATTER SCHEDULED: **Nicole Lamond, Veterinary Technician Reinstatement Applicant**

Ms. Lamond appeared before the Board in accordance with a Notice of Formal Hearing dated February 5, 2025, and continuance letter dated February 6, 2025. She was represented by Paulo Franco, Esq. The Board received evidence from the Commonwealth and from Ms. Lamond and her 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 **Nicole Lamond, Veterinary Technician Reinstatement Applicant**. Additionally, Dr. Massie moved that Kelli Moss, Claire Foley, and Brent Saunders attend the meeting because their presence in the closed meeting is deemed necessary and/or will aid the Board in its deliberations. The motion was seconded by Dr. Rucker 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 Dr. Bailey and carried unanimously.

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

DECISION:

Dr. Massie moved to reinstate the license of Nicole Lamond, Veterinary Technician Reinstatement Applicant, contingent upon conditions, and that the basis for this decision will be set forth in a final Board Order that will be sent to Ms. Lamond at her 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 2:24 p.m.

SECOND HEARING

Called to order at 2:39 p.m.

PRESIDING OFFICER:

Jeffery Newman, D.V.M., President

MEMBERS PRESENT:

Richard Bailey, D.V.M.
Bruce Bowman, D.V.M.
Steven Linas, O.D.

QUORUM:

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

STAFF PRESENT:

Kelli Moss, Executive Director

Heather Pote, Senior Discipline Case Specialist

BOARD COUNSEL:

Brent Saunders, Senior Assistant Attorney General

COURT REPORTER:

Juan Ortega

**PARTIES ON BEHALF OF
THE COMMONWEALTH:**

Emily Tatum, Esq., Sr. Adjudication Specialist,
Administrative Proceedings Division, Department of
Health Professions

OTHERS PRESENT:

Cheryl Strait, Sr. Investigator, Enforcement Division

MATTER SCHEDULED:

Delaney Tysinger, Veterinary Technician

Ms. Tysinger did not appear before the Board in accordance with a Notice of Formal Hearing dated July 2, 2025, to inquire into allegations that she may have violated certain laws and regulations governing veterinary practice in Virginia. Dr. Newman ruled that adequate notice had been provided to Ms. Tysinger and that the formal hearing would proceed. The Board received evidence from the Commonwealth regarding the allegations in the Notice.

CLOSED SESSION:

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

RECONVENE:

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

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

DECISION:

Dr. Bailey moved to indefinitely suspend the license of Delaney Tysinger, Veterinary Technician Reinstatement

Applicant. Suspension will be stayed upon proof of Ms. Tysinger's entry into the Health Practitioners Monitoring Program. The basis for this decision will be set forth in a final Board Order that will be sent to Ms. Tysinger at her address of record. The motion was seconded by Dr. Linas 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 3:16 p.m.

Kelli G. Moss, Executive Director

DRAFT

**VIRGINIA BOARD OF VETERINARY MEDICINE
FORMAL HEARING MINUTES
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 4
HENRICO, VA
July 30, 2025**

CALL TO ORDER: The meeting of the Virginia Board of Veterinary Medicine (Board) was called to order at 9:07 a.m. on July 30, 2025, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia.

FIRST HEARING

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

MEMBERS PRESENT: Richard Bailey, D.V.M.
Steven Linas, O.D.
Thomas Massie, D.V.M.
Margaret Rucker, D.V.M.

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

STAFF PRESENT: Kelli Moss, Executive Director
Heather Pote, Senior Discipline Case Specialist

BOARD COUNSEL: Brent Saunders, Senior Assistant Attorney General

COURT REPORTER: Juan Ortega

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

OTHERS PRESENT: Sarah Rogers, DPA, Director of Enforcement Division

MATTER SCHEDULED: **Kristen Mitchell, Veterinary Technician**

Ms. Mitchell did not appear before the Board in accordance with a Notice of Formal Hearing dated June 26, 2025, to inquire into allegations that she may have violated certain laws and regulations governing veterinary practice in Virginia. Dr. Newman ruled that adequate notice had been provided to Ms. Mitchell and that the formal hearing would proceed. The Board received evidence from the Commonwealth 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 **Kristen Mitchell, Veterinary Technician**. Additionally, Dr. Massie moved that Kelli Moss and Brent Saunders attend the meeting because their presence in the closed meeting is deemed necessary and/or will aid the Board in its deliberations. The motion was seconded by Dr. Rucker 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 Dr. Rucker and carried unanimously.

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

DECISION:

Dr. Massie moved to revoke the license of Kristen Mitchell, Veterinary Technician, and that the basis for this decision will be set forth in a final Board Order that will be sent to Ms. Mitchell at her 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 9:40 a.m.

SECOND HEARING

Called to order at 10:00 a.m.

PRESIDING OFFICER:

Jeffery Newman, D.V.M., President

MEMBERS PRESENT:

Richard Bailey, D.V.M.
Steven Linas, O.D.
Thomas Massie, D.V.M.
Margaret Rucker, D.V.M.

QUORUM:

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

STAFF PRESENT:

Kelli Moss, Executive Director
Heather Pote, Senior Discipline Case Specialist

BOARD COUNSEL: Brent Saunders, Senior Assistant Attorney General

COURT REPORTER: Juan Ortega

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

MATTER SCHEDULED: **Dawn Barton, Veterinary Technician**

Ms. Barton did not appear before the Board in accordance with a Notice of Formal Hearing dated June 17, 2025, to inquire into allegations that she may have violated certain laws and regulations governing veterinary practice in Virginia. Dr. Newman ruled that adequate notice had been provided to Ms. Barton and that the formal hearing would proceed. The Board received evidence from the Commonwealth 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 **Dawn Barton, Veterinary Technician**. Additionally, Dr. Massie moved that Kelli Moss and Brent Saunders attend the meeting because their presence in the closed meeting is deemed necessary and/or will aid the Board in its deliberations. The motion was seconded by Dr. Bailey 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 Dr. Rucker and carried unanimously.

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

DECISION: Dr. Massie moved to revoke the license of Dawn Barton, Veterinary Technician, and that the basis for this decision will be set forth in a final Board Order that will be sent to Ms. Barton at her 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 10:22 a.m.

THIRD HEARING

Called to order at 1:08 p.m.

PRESIDING OFFICER:

Jeffery Newman, D.V.M., President

MEMBERS PRESENT:

Richard Bailey, D.V.M.
Steven Linas, O.D.
Thomas Massie, D.V.M.
Margaret Rucker, D.V.M.

QUORUM:

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

STAFF PRESENT:

Kelli Moss, Executive Director
Heather Pote, Senior Discipline Case Specialist

BOARD COUNSEL:

Brent Saunders, Senior Assistant Attorney General

OTHERS PRESENT:

Wendy Ashworth, Sr. Inspector, Enforcement Division
Taryn Singleton, LVT, Board staff
Chip Atkins, Board staff
Jocelyn Miller

COURT REPORTER:

Juan Ortega

**PARTIES ON BEHALF OF
THE COMMONWEALTH:**

Christine Corey, Esq., Sr. Adjudication Specialist,
Administrative Proceedings Division, Department of
Health Professions

MATTER SCHEDULED:

**Providence Square Veterinary Clinic and Referral
Services, Stationary Veterinary Establishment**

Alexandra Bedford, veterinarian-in-charge of Providence Square Veterinary Clinic and Referral Services, appeared before the Board in accordance with a Notice of Formal Hearing dated May 28, 2025, to inquire into allegations that the establishment may have violated certain laws and regulations governing veterinary practice in Virginia. Providence Square Veterinary Clinic and Referral Services

was represented by Matthias Kaseorg, Esq. The Board received evidence from the Commonwealth and from Dr. Bedford and Mr. Kaseorg 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 **Providence Square Veterinary Clinic and Referral Services, Stationary Veterinary Establishment**. Additionally, Dr. Massie moved that Kelli Moss and Brent Saunders attend the meeting because their presence in the closed meeting is deemed necessary and/or will aid the Board in its deliberations. The motion was seconded by Dr. Rucker 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 Dr. Bailey and carried unanimously.

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

DECISION:

Dr. Massie moved to place the registration of Providence Square Veterinary Clinic and Referral Services, Stationary Veterinary Establishment on probation with terms, and that the basis for this decision will be set forth in a final Board Order that will be sent to Providence Square Veterinary Clinic and Referral Services. 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 4:27 p.m.

Kelli G. Moss, Executive Director

**VIRGINIA BOARD OF VETERINARY MEDICINE
FORMAL HEARING MINUTES
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 4
HENRICO, VA
August 14, 2025**

CALL TO ORDER: The meeting of the Virginia Board of Veterinary Medicine (Board) was called to order at 9:10 a.m. on August 14, 2025, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia.

PRESIDING OFFICER: Richard Bailey, D.V.M., Vice-President

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

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

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

BOARD COUNSEL: Jim Rutkowski, Senior Assistant Attorney General

COURT REPORTER: Juan Ortega

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

COMMONWEALTH WITNESSES: Sean Ennis, Sr. Investigator, Enforcement Division
Dell Guglielmo
Susan Morris
Mary Buelow, D.V.M.
Hanh Chau, D.V.M.
Audrey Dollinger, D.V.M.
Todd Troutner, Sr. Investigator, Enforcement Division
Kevin Wolfe, Sr. Inspector, Enforcement Division

RESPONDENT WITNESSES: Kirsten Ramirez
Ben Colmery, D.V.M.
Barron Hall, D.V.M.

OTHERS PRESENT:

Janice Mittino
Everly Becraft
Michelle Hall
Tashan Arrivas
Kelly Gottschalk
Chip Atkins
Taryn Singleton
Elora Grochowski
Shannon Eastman
Selena Mary Healey
Selena Michelle Healey
Mecca Gladney
Shiquan Cox
Nathan Messer
Aaron Zeitlin
Joseph Zeitlin
Leslie Carleton
Alvero Quinoez

MATTER SCHEDULED:

Barron Hall, Veterinarian

Dr. Hall appeared before the Board in accordance with a Notice of Formal Hearing dated May 29, 2025, and was represented by John McGavin, Esq. The Board received evidence from the Commonwealth and from Dr. Hall and his counsel regarding the allegations in the Notice.

RECESS:

The Board recessed at 3:12 p.m. and will reconvene on August 15, 2025, to continue the Formal Hearing.

**VIRGINIA BOARD OF VETERINARY MEDICINE
FORMAL HEARING MINUTES
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 4
HENRICO, VA
August 15, 2025**

CALL TO ORDER: The meeting of the Virginia Board of Veterinary Medicine (Board) was called to order at 9:00 a.m. on August 15, 2025, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia. Dr. Bailey stated for the record that all the same Board members, staff members, and parties were in attendance as were at the first day of the hearing on August 14, 2025.

PRESIDING OFFICER: Richard Bailey, D.V.M., Vice-President

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

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

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

BOARD COUNSEL: Jim Rutkowski, Senior Assistant Attorney General

COURT REPORTER: Juan Ortega

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

COMMONWEALTH WITNESSES: Sean Ennis, Sr. Investigator, Enforcement Division
Dell Guglielmo
Susan Morris
Mary Buelow, D.V.M.
Hanh Chau, D.V.M.
Audrey Dollinger, D.V.M.
Todd Troutner, Sr. Investigator, Enforcement Division
Kevin Wolfe, Sr. Inspector, Enforcement Division

RESPONDENT WITNESSES: Kirsten Ramirez

Ben Colmery, D.V.M.
Barron Hall, D.V.M.

OTHERS PRESENT:

Everly Becraft
Michelle Hall
Tashan Arrivas
Kelly Gottschalk
Taryn Singleton
Shannon Eastman
Selena Mary Healey
Selena Michelle Healey
Mecca Gladney
Shiquan Cox
Leslie Carleton
Pam Smith

MATTER SCHEDULED:

Barron Hall, Veterinarian

Dr. Hall appeared before the Board in accordance with a Notice of Formal Hearing dated May 29, 2025, for the second day of the hearing. He was represented by John McGavin, Esq. The Board received evidence from the Commonwealth and from Dr. Hall and his counsel regarding the allegations in the Notice.

CLOSED SESSION:

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

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

DECISION:

Dr. Bowman moved to continue Dr. Hall’s license on indefinite suspension for not less than 90 days. The license shall be reinstated after 90 days contingent upon Dr. Hall’s completion of terms and conditions and placed on probation of not less than one year of active practice subject to terms and conditions. The motion was seconded by Dr. Linas and carried unanimously.

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

ADJOURNMENT:

The Formal Hearing adjourned at 5:50 p.m.

Kelli G. Moss, Executive Director

DRAFT

Board of Veterinary Medicine
Current Regulatory Actions
As October 10, 2025

In the Governor’s Office

None.

In the Secretary’s Office

| VAC | Stage | Subject Matter | Submitted from agency | Time in current location | Notes |
|-------------|-------|----------------------------------|-----------------------|--------------------------|---|
| 18VAC150-20 | NOIRA | Regulation of haul-in facilities | 8/4/2025 | 53 days | Result of large animal veterinarian workgroup |

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 | 491 days | Emergency regulations required pursuant to legislation |
| 18VAC150-20 | Emergency/NOIRA | Regulation of satellite offices of veterinary establishments | 6/6/2024 | 491 days | Emergency regulations required pursuant to legislation |
| 18VAC150-20 | Proposed | Reduction of requirements for licensure by endorsement | 11/4/2024 | 340 days | Reduces licensure by endorsement requirements |
| 18VAC150-20 | Proposed | Implementation of 2022 Periodic Review | 3/13/2025 | 211 days | Implements changes from 2022 periodic review |

Recently effective or awaiting publication

None.

Agenda Item: Repeal of Guidance Document 150-14

Included in your Agenda Package:

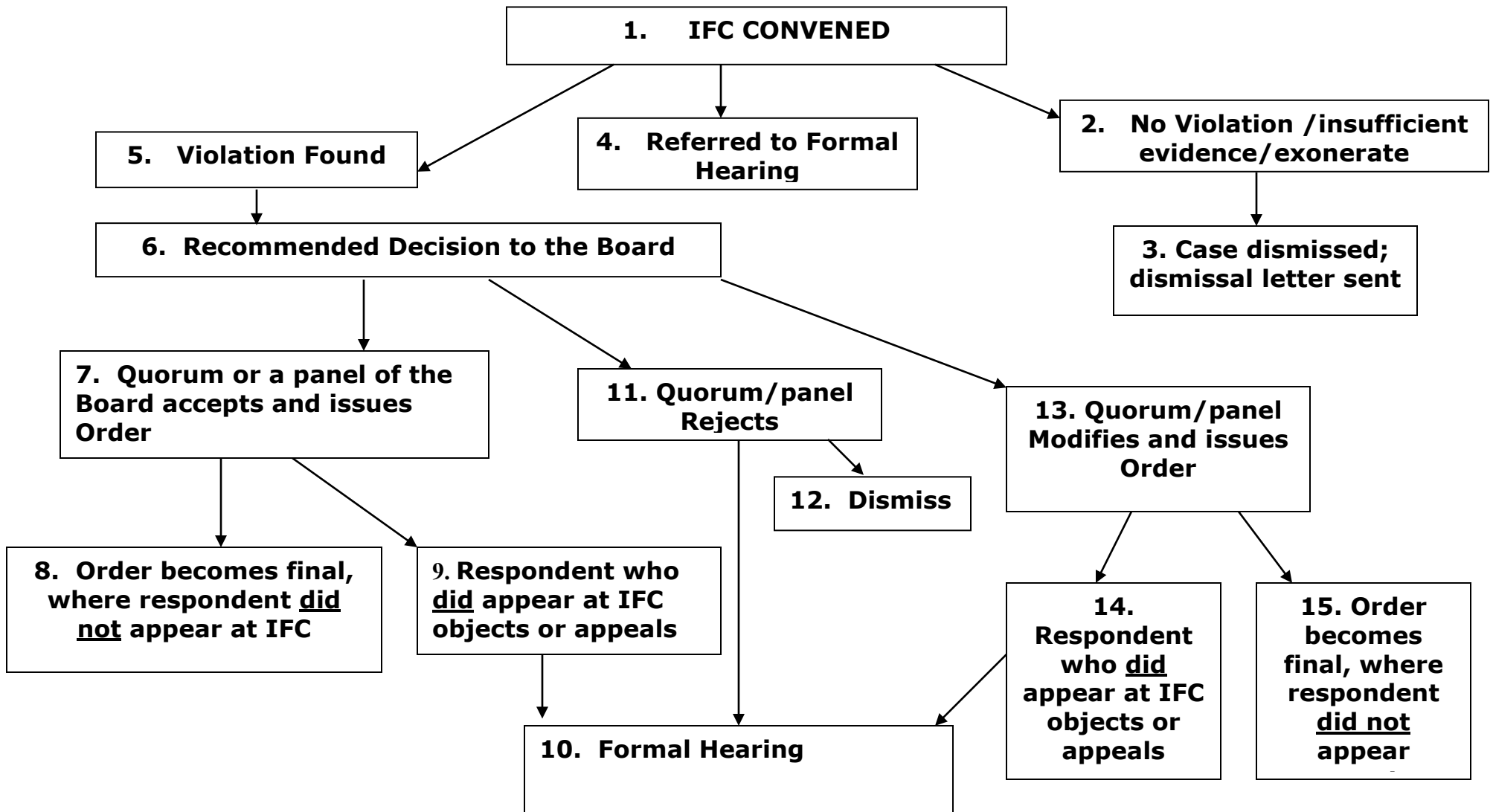
- Guidance Document 150-14

Staff Note: The contents of GD150-14 are now covered by an agency policy and do not need to be included as a Board guidance document. Other Boards with a similar guidance document are also being advised to repeal their documents.

Action Needed:

- Motion to repeal Guidance Document 150-14

Guidance for Conduct of an Informal Conference by an Agency Subordinate of a Health Regulatory Board at the Department of Health Professions



Narrative explanation of Flow Chart on Delegation to an Agency Subordinate

This describes the process in which a subordinate hears a case at an informal conference up to a case that may be referred to a formal hearing.

1. Pursuant to a notice, the designated agency subordinate (“subordinate”) will convene the informal conference (“IFC”). An IFC before a subordinate is conducted in the same manner as an IFC before a committee of the board. Following the presentation of information by the parties, the subordinate will consider the evidence presented and render a recommended decision regarding the findings of fact, conclusions of law, and if appropriate, the sanction to be imposed.
2. The subordinate may recommend that the respondent be exonerated, that there be a finding of no violation, or that insufficient evidence exists to determine that a statutory and/or regulatory violation has occurred.
 3. If the subordinate makes such a finding, the case is dismissed and a dismissal letter is issued to the respondent notifying him of the determination.
4. The subordinate may decide that the case should be referred to a formal hearing. A hearing before the board would then be scheduled and notice sent to the respondent.
5. The subordinate may determine that a violation has occurred and recommend the findings of fact and conclusions of law along with an appropriate sanction.
 6. With the assistance of APD, the subordinate drafts a recommended decision, which includes the findings of fact, conclusions of law and sanction. The recommendation is provided to the respondent and to the board and must be ratified by a quorum of the board or a panel consisting of at least five members of the board.
7. If the quorum or panel of the board accepts the recommended decision and:
 8. If the respondent did not appear at the IFC, the board’s decision becomes a final order that can only be appealed to a circuit court; or
 - 9-10. If the respondent did appear at the IFC and objects to and appeals the order, he may request a

formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.

11. A quorum or panel of the board may reject the recommended decision of the subordinate, in which case:

The quorum/panel may decide to refer the case for a formal hearing **(10)**; or the quorum/panel may decide to dismiss the case and a dismissal letter is issued to the respondent notifying him of the decision of the board **(12)**.

13. A quorum or panel of the board may modify the subordinate's recommended decision and issue an order reflecting the modified decision to the respondent.

15. If the respondent did not appear at the informal conference, then the board's decision becomes a final order that can only be appealed to a circuit court.

14-10. If the respondent did appear at the informal conference and objects to and appeals the order, he may request a formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.

Agenda Item: Readoption of electronic meeting policy

Included in your agenda package:

- Electronic participation policy.

Staff notes: Virginia Code § 2.2-3708.3(D) requires public bodies to adopt electronic participation policies. The attached policy is consistent with the law and is applied across DHP.

Action needed:

- Motion to readopt the electronic participation policy.

Virginia Department of Health Professions

Meetings Held with Electronic Participation

Purpose:

To establish a written policy for allowing electronic participation of board or committee members for meetings of the health regulatory boards of the Department of Health Professions or their committees.

Policy:

Electronic participation by members of the health regulatory boards of the Department of Health Professions or their committees shall be in accordance with the procedures outlined in this policy.

Authority:

This policy for conducting a meeting with electronic participation shall be in accordance with [Virginia Code § 2.2-3708.3](#).

Procedures:

1. One or more members of the Board or a committee may participate electronically if, on or before the day of a meeting, the member notifies the chair and the executive director that he/she is unable to attend the meeting due to:
 - a. a temporary or permanent disability or other medical condition that prevents the member's physical attendance;
 - b. a medical condition of a member of the member's family requires the member to provide care that prevents the member's physical attendance;
 - c. the member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting; or
 - d. the member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter.

No member, however, may use remote participation due to personal matters more than two meetings per calendar year or 25% of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

2. Participation by a member through electronic communication means must be approved by the board chair or president. The reason for the member's electronic participation shall

be stated in the minutes in accordance with Virginia Code § 2.2-3708.3(A)(4). If a member's participation from a remote location is disapproved because it would violate this policy, it must be recorded in the minutes with specificity.

3. The board or committee holding the meeting shall record in its minutes the remote location from which the member participated; the remote location, however, does not need to be open to the public and may be identified by a general description.

Sanctioning Reference Points Instruction Manual

Board of Veterinary Medicine

Adopted January 2007
Revised November 2008
Revised February 2010
Revised June 2014
Revised October 2025

Prepared for
Virginia Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico Virginia 23233-1463
804-367-4400 tel
dhp.virginia.gov

Prepared by
VisualResearch, Inc.
Post Office Box 1025
Midlothian, Virginia 23113
vis-res.com

Table Of Contents

General Information

| | |
|-----------------------|---|
| Overview | 2 |
| Background | 2 |
| Goals | 2 |
| Methodology | 3 |
| Qualitative Analysis | 3 |
| Quantitative Analysis | 3 |

Characteristics of the SRP System

| | |
|-------------------------|---|
| Wide Sanctioning Ranges | 3 |
| Sanctioning Thresholds | 3 |
| Voluntary Nature | 4 |

Using the SRP System

| | |
|---|---|
| Case Types Covered by the SRP System | 5 |
| Sanctioning Reference Points Case Types Table | 5 |
| Worksheets Not Used in Certain Cases | 6 |
| Completing the SRP Worksheet & Coversheet | 6 |
| Worksheets | 6 |
| Coversheets | 6 |
| Determining a Specific Sanction | 7 |
| Sanctioning Reference Points Threshold Table | 7 |

Board of Veterinary Medicine SRP Coversheet, Worksheet, and Instructions

| | |
|---|----|
| Sanctioning Reference Points Coversheet | 9 |
| Sanctioning Reference Points Worksheet | 10 |
| Sanctioning Reference Points Worksheet Instructions | 11 |

General Information

Overview

The Virginia Department of Health Professions (DHP) has spent the last 20 years studying sanctioning in disciplinary cases. The study has examined all of DHP's health regulatory Boards. Focusing on the Board of Veterinary Medicine, this manual contains background on the project, the goals and purposes of the Sanctioning Reference Points (SRP) system, and a revised offense-based worksheet with sanctioning recommendation thresholds used to help Board members determine how similarly situated respondents have been treated in the past.

This SRP system is based on a specific sample of cases, and thus only applies to people sanctioned by the Virginia Board of Veterinary Medicine. Moreover, the worksheet has not been tested or validated on any other groups of people. Therefore, it should not be used to sanction respondents coming before other health regulatory boards, other states, or other disciplinary bodies.

The current SRP system is comprised of a single worksheet which scores case types and factors identified using statistical analysis and is built upon the Department's effort to maintain consistent sanctioning practices over time. The original Veterinary Medicine SRP Manual was adopted in January 2007 and has been applied to cases closed in violation for the last 18 years. This lengthy board history allows for a comprehensive look at past sanctioning practices while also serving as a baseline for changing future sanctioning policy.

These instructions and the use of the SRP system fall within current DHP and Veterinary Medicine policies and procedures. Furthermore, all sanctioning recommendations are those currently available to and used by the Board and are specified within existing Virginia statutes. If an SRP worksheet recommendation is more or less severe than a Virginia statute or DHP regulation, the existing law or policy supersedes the worksheet recommendation.

Background

When the Board of Veterinary Medicine adopted their first SRP manual in 2007, it was understood that a sanctioning system of this type was not intended to be a static document. The culture of the profession changes over time as do the types of cases, the factors related to sanctioning, and the sanctioning decisions themselves. The Board recognizes that ongoing monitoring and updating of the SRP worksheet and manual will be an inherent part of the process of consistency and fairness in sanctioning its licensees with the goal of protecting the public.

This study of Veterinary Medicine's sanctioning practices relied on a quantitative analysis of recent cases ending in violation coupled with a qualitative analysis of Board member and staff input. The analysis resulted in changes to the worksheet and manual for the Board.

Goals

Since inception, the Department of Health Professions and, specifically, the Board of Veterinary Medicine have continually cited the following purposes and goals for establishing and maintaining SRPs:

- Making sanctioning decisions more predictable
- Providing an education tool for new Board members
- Adding an empirical element to a process that is inherently subjective
- Providing a resource for those involved in proceedings
- Neutralizing sanctioning inconsistencies
- Validating Board member or staff recall of past cases
- Reducing the influence of undesirable factors
- Helping to predict future caseloads or need for services

Methodology

The fundamental dilemma when developing a sanctioning reference system is deciding whether the supporting analysis should be grounded in historical data (a descriptive approach) or whether it should be developed normatively (a prescriptive approach). A normative approach reflects what policymakers feel sanction recommendations should be, as opposed to what they have been. SRPs can also be developed using historical data analysis with normative adjustments. This approach combines information from past practice with policy adjustments, to achieve a more balanced outcome. The SRP manual adopted in 2007 was based on a descriptive approach with a limited number of normative adjustments. This newly revised manual continues to make use of the same approach, drawing from historical data to inform worksheet modifications.

Qualitative Analysis

Researchers conducted in-depth personal interviews with Board members and staff, as well as holding informal conversations with representatives from the Attorney General's office. The interview results were used to build consensus regarding the purpose and utility of SRPs and to further frame the study's analysis. Additionally, interviews helped ensure the factors that Board members consider when sanctioning continued to be included during the quantitative phase of the study. Previous scoring factors were examined for their continued relevance and sanctioning influence.

Quantitative Analysis

In order to update the previous SRP manual, researchers reviewed cases that had closed in violation between 2023 and March 2025. Over 75 different factors were collected on these cases to describe the attributes interviewees identified as potentially impacting sanctioning decisions. Researchers used data available through the DHP case management system combined with primary data collected from stored files. The files contained investigative reports, Board notices, Board orders, and all other documentation made available to Board members when deciding a case sanction.

A comprehensive database was created to analyze the offense and respondent factors which were identified as potentially influencing sanctioning decisions. Using statistical analysis to construct a historical portrait of past sanctioning decisions, significant factors along with their relative weights were derived. Those factors and weights were formulated into worksheet factors and sanctioning thresholds. Although a myriad of factors can help explain sanction variation, only those "legal" factors the Board felt should consistently play a role in sanctioning decisions continued to be included on the worksheets. By using this method, the goal was to achieve more neutrality in sanctioning by ensuring the Board considers the same set of "legal" factors for each case that comes before the Board for sanctioning.

Characteristics of the SRP System

Wide Sanctioning Ranges

The SRPs consider and weigh the circumstances of an offense and the relevant characteristics of the respondent, providing the Board with a sanctioning model that encompasses roughly 75% of historical practice. This means that approximately 25% of past cases received sanctions either higher or lower than what the reference points indicate, recognizing that aggravating and mitigating factors play a role in sanctioning. The wide sanctioning ranges allow the Board to customize a particular sanction within the broader SRP recommended range.

Sanctioning Thresholds

The Board indicated early in the SRP study that sanctioning can be influenced by several factors such as: case type, patient injury, and other factors related to the respondent (prior history with the board, for instance), all of which are unique in any particular case. The empirical analysis supported this notion and subsequently, the SRPs make use of case type, offense factors, and factors related to the respondent to arrive at a "Total Worksheet Score" which is then used to determine the statistically driven sanctioning recommendation.

Voluntary Nature

The SRP system should be viewed as a decision-aid to be used by the Board of Veterinary Medicine. Sanctioning within the SRP ranges is "totally voluntary," meaning that the system is viewed strictly as a tool and the Board may choose any sanction outside the recommendation. The Board maintains complete discretion in determining the sanction handed down. However, a structured sanctioning system is of little value if the Board is not provided with the appropriate coversheet and worksheet in every case eligible for scoring. A coversheet and worksheet should be completed in cases resolved by Informal Conferences or Pre-Hearing Consent Orders. The coversheet and worksheets will be referenced by Board members during executive session only after a violation has been determined.

Using the SRP System

Case Types Covered by the SRP System

A single sanctioning reference points worksheet is used to score all types of disciplinary cases. When multiple cases have been combined for disposition by the Board into one order, enter the point value for the case type group which appears highest on the following table and receives the most points. This table assigns the various case types brought before the Board to one of three broader case type categories on the worksheet. If a case type is not listed, find the most analogous offense type listed and use the appropriate score.

One coversheet and worksheet are completed that encompasses the entire event. For instance, if a respondent is before the Board for both an Unlicensed Activity and a Standard of Care violation, the Case Type selected would be Standard of Care because it is higher on the table and receives a greater number of points.

Sanctioning Reference Points Case Types Table

| | | |
|--|---|----------------------|
| Inability to Safely Practice/ Abuse, Abandonment, Neglect | <ul style="list-style-type: none"> • Impairment due to use of alcohol, illegal substances, or prescription drugs • Incapacitation due to mental, physical, or medical conditions • Any sexual assault, mistreatment of a patient, inappropriate termination of provider/patient relationship, leaving a patient unattended in a health-care environment, failure to do what a reasonable person would do in a similar situation. | 25 Points |
| Standard of Care/ Inappropriate Relationship | <ul style="list-style-type: none"> • Improper/unnecessary performance of surgery, improper patient management, and other surgery-related issues • Instances in which the diagnosis/treatment was improper, delayed, or unsatisfactory. Also includes failure to diagnose/treat & other diagnosis/treatment issues • Prescribing, labeling, dispensing, and administration errors. Also includes improper management of patient regimen and failure to provide counseling as well as other medication/prescription related issues. • Dispensing in violation of DCA (to include dispensing for non-medicinal purposes, excessive prescribing, not in accordance with dosage, filling an invalid prescription, or dispensing without a relationship), prescription forgery, drug adulteration, patient deprivation, or stealing drugs from patients • Dual, sexual, or other boundary issues. Includes inappropriate touching and written or oral communications | 10 Points |
| Unlicensed Activity/ Business Practice | <ul style="list-style-type: none"> • Practicing a profession or occupation without holding a valid license to include: practicing on a revoked, suspended, lapsed, non-existent or expired license, as well as aiding and abetting the practice of unlicensed activity • Advertising, records, inspections, audits, self-referral of patients, required report not filed, prescription blanks, or disclosure • Improper patient billing • Falsification of licensing/renewal documents • Failure to maintain security of controlled substances | 5 Points |

Worksheets Not Used in Certain Cases

The SRPs are not applied in any of the following circumstances:

- Action by Another Board - When a case which has already been adjudicated by a Board from another state appears before the Virginia Board of Veterinary Medicine, Virginia often attempts to mirror the sanction handed down by the other Board typically requiring that all conditions set by the other Board are completed or complied with in Virginia. The SRPs do not apply to cases previously heard and adjudicated by another Board.
- Compliance/Reinstatement - The SRPs should be applied to new cases only.
- Confidential Consent Agreement (CCA) - SRPs will not be used in cases settled by CCA.
- Formal Hearings - SRPs will not be used in cases that reach a Formal Hearing level.
- Mandatory Suspensions - Virginia law requires that under certain circumstances (conviction of a felony, declaration of legal incompetence or incapacitation, etc.) a license must be suspended. The sanction is defined by law and is therefore excluded from the SRP system.
- Pre-Defined Sanctions – The SRP system does not apply to certain cases that have already been assigned pre-determined actions as set by the Board of Veterinary Medicine.

Completing the SRP Worksheet & Coversheet

Ultimately, it is the responsibility of the Board to complete the SRP coversheet and worksheet in all applicable cases. The information relied upon to complete a coversheet and worksheet is derived from the case packet provided to the Board and the respondents. It is possible that information discovered at the time of the informal conference may impact worksheet scoring. The SRP coversheet and worksheet, once completed, are confidential under the Code of Virginia. Additionally, the manual, including a blank coversheet and worksheet, can be found at: www.dhp.state.va.us (paper copy also available on request).

Worksheets

Scoring instructions are contained adjacent to the worksheet in a subsequent section of this manual. Detailed instructions are provided for each factor and should be referenced to ensure accurate scoring. When scoring, the scoring weights assigned to a factor on the worksheet cannot be adjusted. The scoring weights can only be applied as ‘yes or no’ with all or none of the points applied. In instances where a scoring factor is difficult to interpret, the Board has final authority over how a case is scored.

Coversheets

The coversheet (shown on page 9) is completed to ensure a uniform record of each case and to facilitate recordation of other pertinent information critical for continued system monitoring, evaluation, and improvement. If the Board feels the sanctioning threshold does not recommend an appropriate sanction, the Board should depart either high or low when handing down a sanction. If the Board disagrees with the sanctioning recommendation and imposes a sanction greater or lesser than the recommended sanction, a short explanation should be recorded on the coversheet. The explanation could identify the factors and reasons for departure (see examples below). This process ensures worksheets are revised to reflect current Board practice and to maintain the dynamic nature of the system. For example, if a particular reason is continually cited, the Board can examine the issue more closely to determine if the worksheet should be modified to better reflect Board practice.

Aggravating and mitigating circumstances that may influence Board decisions can include, but should not be limited to, factors such as:

- Age of prior record
- Dishonesty/Obstruction
- Motivation/Intent
- Remorse
- Extreme patient vulnerability
- Restitution/Self-corrective action
- Multiple offenses/Isolated incident

Determining a Specific Sanction

The worksheet has a set of scoring thresholds which directly correspond to sanctioning recommendations. The recommendations can include, on the low end, No Sanction, Monetary Penalty, or Inspection and on the high end, a Loss of License or the case being Referred to a Formal Hearing. After considering the sanction recommendation, the Board should fashion a more detailed sanction(s) based on the individual case circumstances.

“Monetary Penalty Ranges” in the last column also correspond to the point ranges in the first column. When assessing whether an imposed sanction is in agreement with the SRP recommendation, monetary penalty amounts are not considered. An imposed sanction is considered in agreement with the SRP recommendation even if the monetary penalty handed down is outside the range indicated on the matrix.

Sanctioning Reference Points Threshold Table

| Score | Sanctioning Recommendation | Available Sanctions | Monetary Penalty |
|-----------|---|--|-------------------|
| 0 - 25 | No Sanction/Monetary Penalty/Inspection | No Sanction Monetary Penalty Stayed Monetary Penalty Inspection | up to \$1,000 |
| 26 - 65 | Reprimand/CE | Reprimand Continuing Education Written attestation of understanding of Regulation(s) | \$500 - \$1,500 |
| 66 - 95 | Treatment/Monitoring | Stayed Suspension Probation HPMP Practice Restrictions | \$1,000 - \$2,000 |
| 96 and up | Loss of License or Recommend Formal | Revocation Suspension Surrender Refer to Formal Hearing | \$1,500 and up |

Sanctioning Reference Points Coversheet, Worksheet, and Instructions

Board of Veterinary Medicine

Sanctioning Reference Points Coversheet

Board of Veterinary Medicine
Adopted Oct 2025

1. Complete the Case Type, Offense and Respondent, and Prior Record scoring sections.
2. Determine the Sanction Recommendation based on the Total Worksheet Score and Scoring Ranges.
3. Complete this coversheet, noting the sanctioning outcome and a reason for departure, if applicable.

Case Number(s): _____

Respondent Name: _____

License Number(s): _____

Resolution Method: Informal Conference
 Pre-Hearing Consent Order

Case Type: Inability to Safely Practice/Abuse, Abandonment, or Neglect
 Standard of Care/ Inappropriate Relationship
 Unlicensed Activity/Business Practice

Sanctioning Result: No Sanction/Monetary Penalty/Inspection
 Reprimand/CE
 Treatment/Monitoring
 Loss of License or Recommend Formal

Imposed Sanction(s): No Sanction
 Reprimand
 Monetary Penalty, \$ _____
 Stayed Monetary Penalty, \$ _____
 Probation
 Stayed Suspension
 Suspension
 Revocation
 Surrender
 Recommend Formal
 Other Sanction: _____

Terms: Continuing Education
 HPMP (enter/continue)
 Practice Restriction
 Other Terms: _____

Was imposed sanction a departure from the recommendation? No Yes, give reason below

Reasons for Departure from Sanctioning Recommendation: _____

Worksheet Preparer's Name: _____

Date Worksheet Completed: _____

Confidential pursuant to § 54.1-2400.2 of the Code of Virginia

Sanctioning Reference Points Worksheet

Board of Veterinary Medicine
Adopted Oct 2025

| Case Type Score (score only one) | Points | Score |
|--|---------------|--------------|
| 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) | Points | Score |
|--|---------------|--------------|
| 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/inappropriate 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) | Points | Score |
|--|---------------|--------------|
| a. Any prior Board violations | 15 | _____ |
| b. Previous violation similar to current offense | 5 | _____ |

Total Worksheet Score

| Scoring Ranges | Sanctioning Recommendations | Monetary Penalty |
|----------------|--|--------------------|
| 0 - 25 | No Sanction Monetary Penalty Stayed Monetary Penalty Inspection | up to \$1,000 |
| 26 - 65 | Reprimand Continuing Education Written attestation of understanding of Regulation(s) | \$500 to \$1,500 |
| 66 - 95 | Treatment/Monitoring: Stayed Suspension Probation HPMP Practice Restrictions | \$1,000 to \$2,000 |
| 96 and up | Loss of License: Revocation Suspension Surrender Refer to Formal Hearing | \$1,500 and up |

Sanctioning Reference Points

Worksheet Instructions

Board of Veterinary Medicine
Adopted Oct 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 5 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.

- Enter "20" if the offense involved two or more patients.
- Enter "20" if this was an act of commission. An act of commission is interpreted as purposeful or with knowledge.
- 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.
- 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.
- Enter "15" if the respondent took no corrective action prior to the case being heard.
- Enter "10" if any physical injury to the patient resulted from the respondent's actions. Patient death is included here.
- Enter "10" if the case involved drug diversion or excessive/inappropriate prescribing by the respondent.
- 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.
- 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.
- Enter "5" if the case included an inspection which resulted in five or more major violations.
- Enter "5" if there was financial or material motivation by the respondent.

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

- Enter "15" if the respondent has any prior Virginia Board of Veterinary Medicine violations.
- 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 5 for a complete list)

Step 4: Combine all for a Total Worksheet Score

Step 5: Sanctioning Recommendations

The Total Worksheet Score corresponds to the Sanction Ranges and Recommendations 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/Continuing Education”.

“Monetary Penalty Ranges” in the last column also correspond to the point ranges in the first column. When assessing whether an imposed sanction is in agreement with the SRP recommendation, monetary penalty amounts are not considered. An imposed sanction is considered in agreement with the SRP recommendation even if the monetary penalty handed down is outside the range indicated on the matrix.

Step 6: Coversheet

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

Re: Continuing Education Course in VA

From Maria Glover <maria.glover@thrivepet.com>

Date Wed 8/13/2025 7:34 AM

To Moss, Kelli G. (DHP) <Kelli.Moss@DHP.VIRGINIA.GOV>

 2 attachments (2 MB)

Completed Course Evaluations.pdf; 2025ContinuingEducationCredit.docx;

Good afternoon,

Thanks so much for the response! All requested questions are answered below:

1. What is the target audience and intent of the courses?

The course is mainly for veterinarians and veterinary technicians in general practice with companions animals (dogs and cats). In most veterinary schools, the students have some exposure to the modality of ultrasound, but not as much individual hands on practice that would be needed to become proficient.

- a. Are these courses intended to teach new skills or provide additional information to veterinary practitioners who currently use ultrasound?

In general, most small animal practices now have access to an ultrasound unit, though they may not be the state of the art models. The course I developed is a beginner level introductory course, so it would be beneficial to anyone even with no training or previous exposure to the ultrasound modality. However, many of the attendees have had previous courses or training in other settings, and they can still benefit from the course, especially the hands on wet lab portion for additional practice on live patients.

- b. Or are these courses designed to introduce veterinarians to ultrasound who are unfamiliar with it and have never used it?

The curriculum is designed for practitioners who have no previous training in ultrasound- it covers the basics of the modality and the use of the machine to get optimized images when using it.

- c. If intended for all veterinarians, what information/skills are taught above and beyond instruction received in veterinary school?

The basics of ultrasound and imaging are usually covered in most vet school and technician school curriculums, but there is limited exposure to hands on use of the machine on live patients. This course covers the basics of the physics and use of ultrasound, the normal and common abnormal findings of all of the abdominal structures, and the hands on practice that is so important to proficiency.

- d. If intended as a foundational or introductory course, how are prospective participants notified?

In our company, many of the Doctors and Veterinary Technicians are requesting this additional education from their supervisors and medical leaders. It is a much needed modality, and proficiency in ultrasound is a highly valued skill. I have had requests from Regional Directors within our company to come and teach this course in various states, so far just along the east coast. As we are able to plan and prepare for my visit, the regional directors invite any interested team members and we develop a schedule and list of those that are able to attend. The course is offered to these employees at no cost to them.

2. How many times have you taught this course and in what settings?

As of today, I have taught the first session (Part 1 and 2) on 9 separate occasions in North Carolina, South Carolina, Georgia and Tennessee. I am scheduled to teach the first session again in 2 locations in Massachusetts later this month. I have taught the second session (Part 3 and 4) on 6 separate occasions and will be returning to teach the second session in Georgia, Tennessee and Massachusetts before the end of this year. The sessions are all held in small animal hospitals within our company (Thrive Pet Healthcare) and all attendees have been employed by Thrive hospitals.

6. What is the total number of participants that have attended this courses and how many participants attend at one time?

As of this email, 79 veterinarians and veterinary technicians have attended these courses. The number of participants that attend vary based on the number of people interested and number of machines available at the locations. I have taught to as few as 2 attendees, and as many as 17 in one class. Generally, I limit the number of attendees to about 7 or 8 people per ultrasound machine we have available. So when there are 2 machines available for the wet lab, I would limit the number of people to 15 or 16 at the most, so they are able to get adequate time to practice for each person.

7. From what source and in what health conditions are the live patients that are obtained and used in the hands-on portion of the course?

We always use employee owned patients who are young and healthy candidates for sedation. They are always examined and determined to be safe candidates for sedation prior to the wet lab.

8. Is a post-course test required at the end of either or both courses or is the certificate given for attendance?

Attendees do get a CE certificate at the end of the course, I provide this in printed form or digital form via email if requested. I have attached an example. There is no test or survey required at the end of the course, unless required by the state Veterinary Medical Board. For example, the state of Georgia does require a method for attendees to give feedback, so there is a survey to assess the value and quality of the experience for the attendees when I teach in Georgia specifically. The wet lab portion of the course has been valuable in assessing the knowledge gained from the lecture material. During the wet lab, I have each attendee show their ability to identify specific structures and locations we covered in the lecture material.

9. Is a participant required to attend both days to receive a certificate or could they attend either session to receive credit for one course?

Most participants make great effort to attend both sessions, but it is not always possible. It is not required to attend both sessions to receive credit. Each session provides 5 hours of CE credit

separately, and attendees can attend one or both sessions. I typically separate the two sessions by 1-2 months, so there is time for the students to practice and get more comfortable with the use of the machine and normal structures before the second session and additional material.

10. What type of feedback have you solicited/received from participants that you can provide to the Board?

I have gotten survey feedback from attendees at multiple courses. The best feedback is that many of the veterinarians who have attended have taken the course multiple times when I have taught the course repeatedly in North Carolina and South Carolina. I have attached some of the survey responses from the course in Georgia in case that is helpful.

11. Do you intend to or are you in the process of pursuing approval for this course from the Registry of Approved Continuing Education (RACE) of the AAVSB?
- If not, why not?
 - If so, what is the status of the approval?

Currently, I am collaborating with some of the medical leadership in our company to develop a RACE approved ultrasound course. Our goal is to develop modules for the lecture portion of the material that can be completed online. Interested veterinarians and veterinary technicians would then take the course work online prior to the wet lab, and we would continue to provide the hands on wet lab portion in person. This is in the very early stages of development, so I suspect that it will not be accomplished until 2026.

Thanks so much for the consideration, I am happy to answer any additional questions if needed!

Dr. Maria Glover

From: Moss, Kelli G. (DHP) <Kelli.Moss@DHP.VIRGINIA.GOV>
Sent: Monday, August 11, 2025 6:57 PM
To: Maria Glover <maria.glover@thrivepet.com>
Subject: Re: Continuing Education Course in VA

Good evening, Dr. Glover,

The Board reviewed the course descriptions you provided, and they request you provide additional information as follows:

- What is the target audience and intent of the courses?
 - Are these courses intended to teach new skills or provide additional information to veterinary practitioners who currently use ultrasound?
 - Or are these courses designed to introduce veterinarians to ultrasound who are unfamiliar with it and have never used it?
 - If intended for all veterinarians, what information/skills are taught above and beyond instruction received in veterinary school?
 - If intended as a foundational or introductory course, how are prospective participants notified?
- How many times have you taught this course and in what settings?

3. What is the total number of participants that have attended this courses and how many participants attend at one time?
4. From what source and in what health conditions are the live patients that are obtained and used in the hands-on portion of the course?
5. Is a post-course test required at the end of either or both courses or is the certificate given for attendance?
6. Is a participant required to attend both days to receive a certificate or could they attend either session to receive credit for one course?
7. What type of feedback have you solicited/received from participants that you can provide to the Board?
8. Do you intend to or are you in the process of pursuing approval for this course from the Registry of Approved Continuing Education (RACE) of the AAVSB?
 - a. If not, why not?
 - b. If so, what is the status of the approval?

Please feel free to call me if you need additional information regarding the Board's questions. They have asked the additional information to be provided to them at their next meeting (currently October 21, 2025).

Regards,
Kelli

Kelli G. Moss

Executive Director

Board of Audiology & Speech-Language Pathology

Board of Optometry

Board of Veterinary Medicine

9960 Mayland Dr.

Henrico, VA 23233

Phone: (804) 597-4130

Fax: (804) 767-1011

kelli.moss@dhp.virginia.gov



Any and all statements provided herein shall not be construed as an official policy, position, opinion or statement of the Virginia Boards of Audiology and Speech-Language Pathology, Optometry and Veterinary Medicine (Boards). Board staff cannot and do not provide legal advice. Board staff provide assistance to the public by providing reference to Boards' statutes and regulations; however, any such assistance provided by Board staff shall not be construed as legal advice for any particular situation, nor shall any such assistance be construed to communicate all applicable laws and regulations governing any particular situation or occupation. Please consult an attorney regarding any legal questions related to state or federal laws and regulations, including the interpretation and application of the laws and regulations governing the Boards.

Under no circumstances shall the Boards, their members, officers, agents, or employees be liable for any actions taken or omissions made in reliance on any information contained in this e mail.

From: Maria Glover <maria.glover@thrivepet.com>

Sent: Monday, August 11, 2025 1:40 PM

P045

2025 Continuing Education Credit

South Atlanta Veterinary Emergency and Specialty Center

| Date | Seminar Topic | Credit hours |
|---------|---|--------------|
| 6/29/25 | Abdominal Ultrasound for the General Practitioner | 5.0 |

Part 1 and 2

Speaker: Maria Glover, DVM- License #4947 NC

Kildaire Animal Medical Center

1409 Kildaire Farm Rd.

Cary, NC 27511

919-469-8086

Attendee: _____ Lic. # _____

*Approved by the Georgia Veterinary Medical Board for 5 hours of Continuing Education, approval code GVMB-2916.

Course Evaluation for Abdominal Ultrasound Training Part 1 and 2

Score the following statements from 1-10:

I understand the basics of how ultrasound works and can recognize common artifacts that can occur.

1 2 3 4 5 6 7 8 9 10

I am comfortable evaluating the urinary bladder in the canine and feline patient.

1 2 3 4 5 6 7 8 9 10

I am comfortable collecting a urine sample via cystocentesis for any canine or feline patient with ultrasound guidance.

1 2 3 4 5 6 7 8 9 10

I am comfortable evaluating the kidneys and am familiar with what the normal kidney should look like.

1 2 3 4 5 6 7 8 9 10

I am able to measure the length of the kidneys effectively.

1 2 3 4 5 6 7 8 9 10

I know how to use ultrasound to evaluate the liver parenchyma and vessels.

1 2 3 4 5 6 7 8 9 10

I know how to compare the liver to other abdominal organs to assess whether the liver appears normal.

1 2 3 4 5 6 7 8 9 10

I can identify and assess the gallbladder for canine and feline patients.

1 2 3 4 5 6 7 8 9 10

I am comfortable performing AFAST in canine and feline patients.

1 2 3 4 5 6 7 8 9 10

Any additional comments are welcome! Feel free to leave feedback below. I hope that you have enjoyed this session! Dr. Maria Glover

Course Evaluation for Abdominal Ultrasound Training Part 1 and 2

Score the following statements from 1-10:

I understand the basics of how ultrasound works and can recognize common artifacts that can occur.

1 2 3 4 5 6 7 8 9 10

I am comfortable evaluating the urinary bladder in the canine and feline patient.

1 2 3 4 5 6 7 8 9 10

I am comfortable collecting a urine sample via cystocentesis for any canine or feline patient with ultrasound guidance.

1 2 3 4 5 6 7 8 9 10

I am comfortable evaluating the kidneys and am familiar with what the normal kidney should look like.

1 2 3 4 5 6 7 8 9 10

I am able to measure the length of the kidneys effectively.

1 2 3 4 5 6 7 8 9 10

I know how to use ultrasound to evaluate the liver parenchyma and vessels.

1 2 3 4 5 6 7 8 9 10

I know how to compare the liver to other abdominal organs to assess whether the liver appears normal.

1 2 3 4 5 6 7 8 9 10

I can identify and assess the gallbladder for canine and feline patients.

1 2 3 4 5 6 7 8 9 10

I am comfortable performing AFAST in canine and feline patients.

1 2 3 4 5 6 7 8 9 10

Any additional comments are welcome! Feel free to leave feedback below. I hope that you have enjoyed this session! Dr. Maria Glover

Thank you so much! The lecture was very informative as well as practical. I'm looking forward to part 2!

Course Evaluation for Abdominal Ultrasound Training Part 1 and 2

Score the following statements from 1-10:

I understand the basics of how ultrasound works and can recognize common artifacts that can occur.

1 2 3 4 5 6 7 8 9 (10)

I am comfortable evaluating the urinary bladder in the canine and feline patient.

1 2 3 4 5 6 7 8 9 (10)

I am comfortable collecting a urine sample via cystocentesis for any canine or feline patient with ultrasound guidance.

1 2 3 4 5 6 7 8 9 (10)

I am comfortable evaluating the kidneys and am familiar with what the normal kidney should look like.

1 2 3 4 5 6 7 8 9 (10)

I am able to measure the length of the kidneys effectively.

1 2 3 4 5 6 7 8 9 (10)

I know how to use ultrasound to evaluate the liver parenchyma and vessels.

1 2 3 4 5 6 7 8 9 (10)

I know how to compare the liver to other abdominal organs to assess whether the liver appears normal.

1 2 3 4 5 6 7 8 9 (10)

I can identify and assess the gallbladder for canine and feline patients.

1 2 3 4 5 6 7 8 9 (10)

I am comfortable performing TFAST in canine and feline patients.

1 2 3 4 5 6 7 8 9 (10)

Any additional comments are welcome! Feel free to leave feedback below. I hope that you have enjoyed this session! Dr. Maria Glover

Course Evaluation for Abdominal Ultrasound Training Part 1 and 2

Score the following statements from 1-10:

I understand the basics of how ultrasound works and can recognize common artifacts that can occur.

1 2 3 4 5 6 7 8 9 10

I am comfortable evaluating the urinary bladder in the canine and feline patient.

1 2 3 4 5 6 7 8 9 10

I am comfortable collecting a urine sample via cystocentesis for any canine or feline patient with ultrasound guidance.

1 2 3 4 5 6 7 8 9 10

I am comfortable evaluating the kidneys and am familiar with what the normal kidney should look like.

1 2 3 4 5 6 7 8 9 10

I am able to measure the length of the kidneys effectively.

1 2 3 4 5 6 7 8 9 10

I know how to use ultrasound to evaluate the liver parenchyma and vessels.

1 2 3 4 5 6 7 8 9 10

I know how to compare the liver to other abdominal organs to assess whether the liver appears normal.

1 2 3 4 5 6 7 8 9 10

I can identify and assess the gallbladder for canine and feline patients.

1 2 3 4 5 6 7 8 9 10

I am comfortable performing TFAST in canine and feline patients.

1 2 3 4 5 6 7 8 9 10

Any additional comments are welcome! Feel free to leave feedback below. I hope that you have enjoyed this session! Dr. Maria Glover

Course Evaluation for Abdominal Ultrasound Training Part 1 and 2

Score the following statements from 1-10:

I understand the basics of how ultrasound works and can recognize common artifacts that can occur.

1 2 3 4 5 6 7 8 9 10

I am comfortable evaluating the urinary bladder in the canine and feline patient.

1 2 3 4 5 6 7 8 9 10

I am comfortable collecting a urine sample via cystocentesis for any canine or feline patient with ultrasound guidance.

1 2 3 4 5 6 7 8 9 10

I am comfortable evaluating the kidneys and am familiar with what the normal kidney should look like.

1 2 3 4 5 6 7 8 9 10

I am able to measure the length of the kidneys effectively.

1 2 3 4 5 6 7 8 9 10

I know how to use ultrasound to evaluate the liver parenchyma and vessels.

1 2 3 4 5 6 7 8 9 10

I know how to compare the liver to other abdominal organs to assess whether the liver appears normal.

1 2 3 4 5 6 7 8 9 10

I can identify and assess the gallbladder for canine and feline patients.

1 2 3 4 5 6 7 8 9 10

I am comfortable performing TFAST in canine and feline patients.

1 2 3 4 5 6 7 8 9 10

Any additional comments are welcome! Feel free to leave feedback below. I hope that you have enjoyed this session! Dr. Maria Glover

Course Evaluation for Abdominal Ultrasound Training Part 3 and 4

Score the following statements from 1-10:

I can identify the spleen and feel comfortable with the normal appearance.

1 2 3 4 5 6 7 8 9 10

I am comfortable performing a needle aspirate of the spleen.

1 2 3 4 5 6 7 8 9 10

I understand and am comfortable with the use of ultrasound to perform TFAST.

1 2 3 4 5 6 7 8 9 10

I am comfortable identifying the stomach on ultrasound.

1 2 3 4 5 6 7 8 9 10

I am able to measure the wall thickness of the stomach and intestines.

1 2 3 4 5 6 7 8 9 10

I can identify the layers in the wall of the stomach and small intestines.

1 2 3 4 5 6 7 8 9 10

I know the landmarks to evaluate when attempting to identify the pancreas.

1 2 3 4 5 6 7 8 9 10

I know the landmarks to evaluate when attempting to identify the adrenal glands.

1 2 3 4 5 6 7 8 9 10

I am familiar with the locations to evaluate in the abdomen to identify lymph nodes.

1 2 3 4 5 6 7 8 9 10

Any additional comments are welcome! Feel free to leave feedback below. I hope that you have enjoyed this session! Dr. Maria Glover

Course Evaluation for Abdominal Ultrasound Training Part 3 and 4

Score the following statements from 1-10:

I can identify the spleen and feel comfortable with the normal appearance.

1 2 3 4 5 6 7 8 9 10

I am comfortable performing a needle aspirate of the spleen.

1 2 3 4 5 6 7 8 9 10

I understand and am comfortable with the use of ultrasound to perform TFAST.

1 2 3 4 5 6 7 8 9 10

I am comfortable identifying the stomach on ultrasound.

1 2 3 4 5 6 7 8 9 10

I am able to measure the wall thickness of the stomach and intestines.

1 2 3 4 5 6 7 8 9 10

I can identify the layers in the wall of the stomach and small intestines.

1 2 3 4 5 6 7 8 9 10

I know the landmarks to evaluate when attempting to identify the pancreas.

1 2 3 4 5 6 7 8 9 10

I know the landmarks to evaluate when attempting to identify the adrenal glands.

1 2 3 4 5 6 7 8 9 10

I am familiar with the locations to evaluate in the abdomen to identify lymph nodes.

1 2 3 4 5 6 7 8 9 10

Any additional comments are welcome! Feel free to leave feedback below. I hope that you have enjoyed this session! Dr. Maria Glover

Course Evaluation for Abdominal Ultrasound Training Part 3 and 4

Score the following statements from 1-10:

I can identify the spleen and feel comfortable with the normal appearance.

1 2 3 4 5 6 7 8 9 10

I am comfortable performing a needle aspirate of the spleen.

1 2 3 4 5 6 7 8 9 10

I understand and am comfortable with the use of ultrasound to perform TFAST.

1 2 3 4 5 6 7 8 9 10

I am comfortable identifying the stomach on ultrasound.

1 2 3 4 5 6 7 8 9 10

I am able to measure the wall thickness of the stomach and intestines.

1 2 3 4 5 6 7 8 9 10

I can identify the layers in the wall of the stomach and small intestines.

1 2 3 4 5 6 7 8 9 10

I know the landmarks to evaluate when attempting to identify the pancreas.

1 2 3 4 5 6 7 8 9 10

I know the landmarks to evaluate when attempting to identify the adrenal glands.

1 2 3 4 5 6 7 8 9 10

I am familiar with the locations to evaluate in the abdomen to identify lymph nodes.

1 2 3 4 5 6 7 8 9 10

Any additional comments are welcome! Feel free to leave feedback below. I hope that you have enjoyed this session! Dr. Maria Glover

Course Evaluation for Abdominal Ultrasound Training Part 3 and 4

Score the following statements from 1-10:

I can identify the spleen and feel comfortable with the normal appearance.

1 2 3 4 5 6 7 8 9 10

I am comfortable performing a needle aspirate of the spleen.

1 2 3 4 5 6 7 8 9 10

I understand and am comfortable with the use of ultrasound to perform TFAST.

1 2 3 4 5 6 7 8 9 10

I am comfortable identifying the stomach on ultrasound.

1 2 3 4 5 6 7 8 9 10

I am able to measure the wall thickness of the stomach and intestines.

1 2 3 4 5 6 7 8 9 10

I can identify the layers in the wall of the stomach and small intestines.

1 2 3 4 5 6 7 8 9 10

I know the landmarks to evaluate when attempting to identify the pancreas.

1 2 3 4 5 6 7 8 9 10

I know the landmarks to evaluate when attempting to identify the adrenal glands.

1 2 3 4 5 6 7 8 9 10

I am familiar with the locations to evaluate in the abdomen to identify lymph nodes.

1 2 3 4 5 6 7 8 9 10

Any additional comments are welcome! Feel free to leave feedback below. I hope that you have enjoyed this session! Dr. Maria Glover

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:

| Title | Code | CE Hour(s) | Date(s) |
|--|-----------|------------|------------------|
| 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>

P059



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>

P060



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

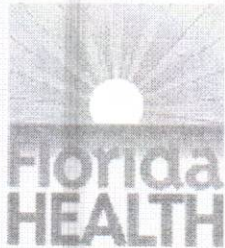
South Carolina Board of Veterinary Examiners: : AMY HOLLEMAN

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,
CE Broker
www.CEBroker.com



CE Broker is the official continuing education tracking system of the Florida Department of Health. Trusted by boards and associations across the nation.



Preferred Vendor +10

© 2023 CE Broker, inc. All rights reserved. 525 3rd Street North Suite 105, Jacksonville Beach, Florida 32250, USA. We take your privacy seriously: please take a look at our [Privacy Policy](#)

This message was sent by an automated system. Please do not reply.



ce broker

By Propelus

Your course application titled Abdominal Ultrasound Part 1 and 2- 2024 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 #: 20-1230178

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,
CE Broker
www.CEBroker.com



CE Broker is the official continuing education tracking system of the Florida Department of Health. Trusted by boards and associations across the nation.



Preferred Vendor +10

© 2023 CE Broker, inc. All rights reserved. 525 3rd Street North Suite 105, Jacksonville Beach, Florida 32250, USA. We take your privacy seriously: please take a look at our [Privacy Policy](#)

NORTH CAROLINA VETERINARY MEDICAL BOARD

Tod J. Schadler, DVM
Executive Director
Matthew W. Skidmore
Board Attorney



Azure D. Holland, DVM - President
Raleigh
Allen L. Cannedy, DVM - Vice President
Hillsborough
Robin A. Lazaro, RVT - Secretary/Treasurer
Raleigh
Susan K. Bull, DVM
Waynesville
Edward L. Faulkner, DVM
Mathews
Ronald J. Komich, DVM
Greensboro
Timothy Gold,
Conover
Michael Martin, DVM
Raleigh

May 14, 2024

Maria Glover, DVM
Kildaire Animal Medical Center
maria.glover@thrivepet.com

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

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,

Tod J. Schadler DVM

Tod J. Schadler, DVM
Executive Director

NORTH CAROLINA VETERINARY MEDICAL BOARD

Keith West
Executive Director
Matthew W. Skidmore
Board Attorney



Azure D. Holland, DVM - President
Raleigh
Allen L. Cannedy, DVM - Vice President
Hillsborough
Robin A. Lazaro, RVT - Secretary/Treasurer
Raleigh
Susan K. Bull, DVM
Waynesville
Edward L. Faulkner, DVM
Matthews
Ronald J. Komich, DVM
Greensboro
Timothy Gold,
Conover
Michael Martin, DVM
Raleigh

July 17, 2024

Maria Glover, DVM
Kildaire Animal Medical Center
maria.glover@thrivepet.com

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

Recordkeeping requirements for receipt of controlled drugs:

Board of Veterinary Medicine Regulations (September 26, 2024)

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

I. Original invoices for all Schedules II through V drugs received shall be maintained in chronological order on the premises where the stock of drugs is held, and the actual date of receipt shall be noted. All drug records shall be maintained for a period of three years from the date of transaction.

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

From the DEA Practitioners Manual [https://www.dea diversion.usdoj.gov/GDP/\(DEA-DC-071\)\(EO-DEA226\) Practitioner's Manual \(final\).pdf](https://www.dea diversion.usdoj.gov/GDP/(DEA-DC-071)(EO-DEA226) Practitioner's Manual (final).pdf)

Procuring Schedule III-V Controlled Substances No official government order form is required for ordering schedule III-V controlled substances. A practitioner must record the date the drugs were received. 21 CFR 1304.21(d). The record must also contain the name of each controlled substance, the finished form, the number of dosage units of finished form in each commercial container, and the number of commercial containers received. 21 CFR 1304.22(a)(2)(iv) and 1304.22(c).

CODE OF FEDERAL REGULATIONS (CFR) TITLE 21/CHAPTER II

§ 1304.21 General requirements for continuing records.

(a) Every registrant required to keep records pursuant to § 1304.03 shall maintain, on a current basis, a complete and accurate record of each substance manufactured, imported, received, sold, delivered, exported, or otherwise disposed of by him/her, and each inner liner, sealed inner liner, and unused and returned mail-back package, except that no registrant shall be required to maintain a perpetual inventory.

(d) In recording dates of receipt, distribution, other transfers, or destruction, the date on which the controlled substances are actually received, distributed, otherwise transferred, or destroyed will be used as the date of receipt, distribution, transfer, or destruction (e.g., invoices or packing slips, or DEA Form 41).

§ 1304.22 Records for manufacturers, distributors, dispensers, researchers, importers, exporters, registrants that reverse distribute, and collectors.

Each person registered or authorized (by [§§ 1301.13\(e\)](#), [1307.11](#), [1307.13](#), or [part 1317 of this chapter](#)) to manufacture, distribute, dispense, import, export, reverse distribute, destroy, conduct research with

controlled substances, or collect controlled substances from ultimate users, shall maintain records with the information listed in [paragraphs \(a\) through \(f\)](#) of this section.

(a) **Records for manufacturers.** Each person registered or authorized to manufacture controlled substances shall maintain records with the following information:

(2) For each controlled substance in finished form,

(iv) The number of units of finished forms and/or commercial containers acquired from other persons, including the date of and number of units and/or commercial containers in each acquisition to inventory and the name, address, and registration number of the person from whom the units were acquired;

(c) **Records for dispensers and researchers.** Each person registered or authorized to dispense or conduct research with controlled substances shall maintain records with the same information required of manufacturers pursuant to [paragraph \(a\)\(2\)\(i\), \(ii\), \(iv\), \(vii\), and \(ix\)](#) of this section. In addition, records shall be maintained of the number of units or volume of such finished form dispensed, including the name and address of the person to whom it was dispensed, the date of dispensing, the number of units or volume dispensed, and the written or typewritten name or initials of the individual who dispensed or administered the substance on behalf of the dispenser. In addition to the requirements of this paragraph, practitioners dispensing gamma-hydroxybutyric acid under a prescription must also comply with [§ 1304.26](#).

VIRGINIA DRUG CONTROL ACT (DCA)

§ 54.1-3404. Inventories of controlled substances required of certain persons; contents and form of record.

C. The record of such drugs received shall in every case show:
the date of receipt, the name and address of the person from whom received and the kind and quantity of drugs received,
the kind and quantity of drugs produced or removed from process of manufacture,
and the date of such production or removal from process of manufacture.
The record shall in every case show the proportion of morphine, cocaine, or ecgonine contained in or producible from crude opium or coca leaves received or produced.

VIRGINIA ACTS OF ASSEMBLY -- 2024 SESSION

CHAPTER 550

An Act to have the State Emergency Medical Services Advisory Board develop guidelines and guidance for the provision of emergency treatment of fire, police, and search and rescue dogs.

[H 1309]

Approved April 5, 2024

Be it enacted by the General Assembly of Virginia:

1. § 1. *That the State Emergency Medical Services Advisory Board shall, in consultation with the Board of Veterinary Medicine, develop guidelines and guidance for the provision of emergency treatment of fire, police, and search and rescue dogs injured in the line of duty and the transportation of such dogs by an emergency medical services vehicle to a veterinary care facility equipped to provide emergency treatment to such dog.*

Final Report on House Bill 1309

Guidelines for the Emergency Treatment and Transport of Fire, Police, and Search and Rescue Dogs

Executive Summary

House Bill 1309 directs the Virginia State Emergency Medical Services Advisory Board, in consultation with the Board of Veterinary Medicine to develop statewide guidelines and guidance for the provision of emergency treatment of fire, police, and search and rescue dogs injured in the line of duty and transport of such dogs by an emergency medical services vehicle to a veterinary care facility equipped to provide emergency treatment to such dog.

Operational canines provide critical public safety functions, including locating missing persons, detecting explosives and narcotics, apprehending dangerous suspects, and searching collapsed structures. These canines routinely enter high-risk environments and face hazards similar to those of their human partners.

At present, Virginia Emergency Medical Services (EMS) providers do not have clear statutory authority or standardized protocols for providing emergency medical care or transport to injured operational canines. This creates uncertainty for providers and leaves a significant gap in the Commonwealth's public safety system.

The Advisory Board, in consultation with veterinary and subject matter experts, reviewed national trends, examined existing legislation in other states, and considered best practices for EMS education, equipment, and oversight. This report outlines the history, findings, and recommendations regarding implementation of House Bill 1309.

Definition

- Operational working canine, a canine trained to operate under the command of law enforcement or other first responders.

Background and History

Operational canines are a well-established component of public safety operations in Virginia. They are deployed by local law enforcement agencies, fire departments, and search and rescue teams across the Commonwealth. Their roles include:

- Tracking and apprehension of violent offenders.
- Detection of explosives, narcotics, and accelerants.
- Search and rescue missions in collapsed structures and disaster zones.

Final Report on House Bill 1309

Guidelines for the Emergency Treatment and Transport of Fire, Police, and Search and Rescue Dogs

- Location of missing children and vulnerable adults.

Despite their contributions, working canines currently lack the same level of prehospital emergency support that is routinely available to human partners. EMS providers who are trained and equipped to render lifesaving interventions are restricted by the absence of statutory authority and standardized treatment protocols. Operational canines that are injured in the line of duty should be able to receive safe and efficacious treatment from EMS personnel. Additionally, EMS should be able to provide transport to higher levels of veterinary care.

Several states have addressed this issue following the deaths of operational canines in the line of duty. Massachusetts, Florida, Ohio, and Texas have enacted laws authorizing EMS providers to treat and transport injured operational dogs. In most cases, legislation was reactive, following a canine's death. Virginia has the opportunity to act proactively.

Committee Review Process

In carrying out the directive of House Bill 1309, the Virginia State EMS Advisory Board, in consultation with the Board of Veterinary Medicine, undertook the following steps:

- 1. Consultation with Experts** – Input was gathered from veterinary professionals, medical providers, law enforcement canine handlers, fire/rescue personnel, and national subject matter experts.
- 2. Review of National Legislation** – The Board studied recent statutes in Massachusetts (“Nero’s Law”), Florida, Ohio, and Texas.
- 3. Assessment of EMS Capacity** – Current EMS training programs, equipment, and clinical oversight structures were reviewed for applicability to operational canine care.
- 4. Evaluation of Risks and Needs** – Common injuries and illnesses encountered by working canines were examined, including gunshot wounds, blunt trauma, heat-related illness, toxic exposures, and collapse-related injuries.

Final Report on House Bill 1309

Guidelines for the Emergency Treatment and Transport of Fire, Police, and Search and Rescue Dogs

Findings

1. Critical Gap in Emergency Care

- a. Operational canines are frequently exposed to high-risk environments.
- b. Current Virginia law does not provide EMS providers with clear authority to render care or transport these animals.
- c. This gap increases the risk of preventable deaths and reduces operational readiness.

2. Existing EMS Training and Equipment are Largely Applicable

- a. Most standard EMS equipment and techniques are suitable for canine patients, with minor adaptations.
- b. Additional low-cost items, such as muzzles and canine-specific oxygen masks, would enhance care.
- c. Targeted training modules can be integrated into existing EMS education programs.

3. Operational Canines Represent a Significant Public Safety Investment

- a. Canines undergo extensive, specialized training to perform mission-critical tasks.
- b. The loss of an operational canine has both practical and emotional consequences for agencies and communities.

4. National Legislative Trends Favor Expanded Authority

- a. Other states have authorized EMS providers to treat and transport operational canines, typically after high-profile incidents.
- b. Virginia can lead nationally by implementing proactive, evidence-based standards rather than reacting after tragedy.

5. Oversight and Integration are Achievable

- a. EMS medical directors and veterinary partners can provide appropriate clinical oversight.
- b. Guidelines can be incorporated into existing Virginia EMS Education Standards and protocols.

Recommendations

Final Report on House Bill 1309

Guidelines for the Emergency Treatment and Transport of Fire, Police, and Search and Rescue Dogs

The Virginia State EMS Advisory Board, in consultation with the Board of Veterinary Medicine, makes the following recommendations:

1. Legislative Action.

- a. *Recommended: An EMS provider who acts in good faith in providing emergency medical treatment and/or transport to a working canine injured in the line of duty is immune from criminal or civil liability.*
- b. *Recommended: Virginia law allowing emergency medical services (EMS) to provide emergency medical treatment and/or transport for a working canine injured in the line of duty.*

2. Adopt an Operational Canine Scope of Practice.

- a. Approve defined procedures for airway management, CPR, bleeding control, IV/IO access, wound care, and monitoring.

3. Adopt an Operational Canine Scope of Formulary

- a. Authorize an essential medication formulary including pain management, emergency drugs, fluids, and adjunct therapies.

4. Authorize EMS Providers to Treat and Transport Operational Canines.

- a. Grant statutory authority for EMS providers, at all certification levels, to treat and transport working dogs within established guidelines as approved by agency Operational Medical Directors.

5. Establish Regional Veterinary Partnerships

- a. Identify veterinary facilities capable of 24/7 emergency services for operational canines.
- b. Incorporate transport destinations into regional EMS protocols.

6. Implement Training Requirements

- a. Incorporate canine-specific modules into EMS initial certification and continuing education.
- b. Utilize simulation, canine mannequins, and veterinary subject matter experts in training.

7. Provide Oversight and Liability Protections

Final Report on House Bill 1309

Guidelines for the Emergency Treatment and Transport of Fire, Police, and Search and Rescue Dogs

- a. Require EMS medical directors to oversee canine protocols.
- b. Extend liability protections to EMS providers acting under the approved guidelines.

8. *Support Sustainable Funding Approaches*

- a. Pursue funding through state appropriations, federal homeland security grants, and veterinary partnerships.
- b. Implement in phases to manage costs and ensure sustainability.

Guidelines

- 1) If authorized by the agency and their operational medical director, certified EMS providers may transport any operational canine to a destination to obtain veterinary care. The transport vehicle could include, but not limited to, licensed EMS vehicles.
- 2) The EMS agency and operational medical director are responsible to ensure certified EMS providers are appropriately trained to provide care to operational canines within their approved scope of practice and formulary as approved by the Virginia Office of Emergency Medical Services.
- 3) An EMS provider shall not be liable for or subject to any of the following that allegedly arises from an act or omission associated with the provision of pre-hospital emergency veterinary care to an operational working canine injured in the line of duty, unless the act or omission constitutes willful or wanton misconduct: (i) damages in a civil action; (ii) prosecution in a criminal proceeding; and (iii) professional disciplinary action.
- 4) The Virginia Board of Pharmacy shall not take disciplinary action against an EMS provider's license for reasons arising from an act or omission associated with the provision of pre-hospital emergency veterinary care consistent with this section to an operational working canine, unless the act or omission constitutes willful or wanton misconduct.

Conclusion

House Bill 1309 addresses a recognized gap in Virginia's public safety system by establishing clear guidelines for the emergency treatment and transport of operational canines.

By adopting this legislation, Virginia will:

Final Report on House Bill 1309

Guidelines for the Emergency Treatment and Transport of Fire, Police, and Search and Rescue Dogs

- Protect the lives of canine partners who serve alongside first responders.
- Safeguard significant state and local investments in training and readiness.
- Provide EMS providers with clear authority, training, and legal protection.
- Position the Commonwealth as a national leader in operational canine emergency medicine.

Operational canines risk their lives daily for the safety of Virginia's communities. House Bill 1309 ensures that, when injured in the line of duty, they receive timely and appropriate emergency care—just as their human partners do.

DRAFT

Veterinary Medicine Monthly Snapshot for August 2025

Veterinary Medicine received more cases in August than closed. Veterinary Medicine closed 9 patient care cases and 11 non-patient care cases for a total of 20 cases.

| Cases Closed | |
|------------------|-----------|
| Patient Care | 9 |
| Non-Patient Care | 11 |
| Total | 20 |

Veterinary Medicine has received 26 patient care cases and 14 non-patient care cases for a total of 40 cases.

| Cases Received | |
|------------------|-----------|
| Patient Care | 26 |
| Non-Patient Care | 14 |
| Total | 40 |

As of August 31,2025, there were 137 patient care cases open and 87 non-patient care cases open for a total of 224 cases.

| Cases Open | |
|------------------|------------|
| Patient Care | 137 |
| Non-Patient Care | 87 |
| Total | 224 |

There are 9,787 Veterinary Medicine licensees as of August 31,2025. The number of current licenses are broken down by profession in the following chart.

| Current Licenses | |
|---------------------------------------|--------------|
| Equine Dental Technician | 23 |
| Veterinarian | 5,357 |
| Veterinary Establishment - Ambulatory | 341 |
| Veterinary Establishment - Stationary | 1,010 |
| Veterinary Faculty | 101 |
| Veterinary Intern/Resident | 43 |
| Veterinary Technician | 2,912 |
| Total for Veterinary Medicine | 9,787 |

There are 84 licenses issued for Veterinary Medicine for the month of August. The number of current licenses are broken down by profession in the following chart.

| Licenses Issued | |
|---------------------------------------|-----------|
| Veterinarian | 44 |
| Veterinary Establishment - Stationary | 2 |
| Veterinary Faculty | 1 |
| Veterinary Intern/Resident | 1 |
| Veterinary Technician | 36 |
| Total for Veterinary Medicine | 84 |

VIRGINIA BOARD OF VETERINARY MEDICINE BYLAWS

Article I. Officers of the Board.

A. Election of officers.

1. The officers of the Board of Veterinary Medicine shall be a President, a Vice-President and a Secretary. At the last regularly scheduled meeting of the calendar year, the board shall elect its officers. Nominations for office shall be selected by open ballot, and election shall require a majority of the members present.
2. The term of office shall be one year from January 1 to December 31; a person may serve in the same office for one additional term.
3. A vacancy occurring in any office shall be filled during the next meeting of the board.

B. Duties of the officers

1. President.

The President shall preside at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act, and requires adherence of it on the part of the board members. The President shall appoint all committees unless otherwise ordered by the board.

2. Vice-President.

The Vice-President shall, in the absence or incapacity of the President, perform pro tempore all of the duties of the President.

3. Secretary.

The Secretary shall perform generally all the duties necessary and usually pertaining to such office

4. In the absence of the President, Vice-President and Secretary, the President shall appoint another board member to preside at the meeting and/or formal administrative hearing.

5. The Executive Director shall be the custodian of all board records and all papers of value. The Executive Director shall preserve a correct list of all applicants and licensees. The

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 |