

February 3, 2026
Hearing Room 5
10:00 a.m.

Agenda
Virginia Board of Veterinary Medicine
Regulatory Advisory Panel Meeting

Call to Order – Bruce Bowman, DVM, Chair

- Welcome
- Emergency Egress Procedures

Introductions – Dr. Bowman

Ordering of Agenda – Dr. Bowman

Public Comment – Dr. Bowman

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

Discussion –Kelli Moss/Matthew Novak

Pages 1-70

- 2025 Large Animal Veterinarian Shortage Study Report (HJR 43, 2024) (pp 1-16)
- NOIRA for Haul In Establishments (pp 17-19)
- Discussion of Haul-in Facility Regulations in Virginia (pp 20-70)
 - Current regulations (pp 21-49)
 - California board proposed regulatory changes for large animal facilities (pp 50-70)

Next Steps – Mr. Novak/Ms. Moss

Meeting Adjournment – Dr. Bowman

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

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

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

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



HOUSE DOCUMENT NO. 2

**COMMONWEALTH OF VIRGINIA
RICHMOND
2025**



COMMONWEALTH of VIRGINIA

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Director

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

The Honorable Sam Rasoul
Chair, House Committee on Education

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

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

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

DATE: January 3, 2025

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

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

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

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

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

AO/EB
Enclosure

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

Preface

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

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

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

Contents

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

I. Executive Summary

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

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

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

Supporting data

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

Financial resources

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

developing a pathway for haul-in¹ or shared use large animal veterinary facilities to address shortages in a variety of ways; and (4) expanding educational opportunities for participants in youth high school and agricultural development programs.

LVT scope of practice

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

Veterinary medicine class size

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

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

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

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

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

Workgroup Members

Kelli Moss, Chair
Executive Director
Virginia Board of Veterinary Medicine

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

The Honorable Alfonso Lopez
Virginia House of Delegates

The Honorable Timmy French
Senate of Virginia

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

Patricia Seeger, LVT
Board Member
Virginia Board of Veterinary Medicine

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

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

Martha Moore
Senior Vice President of Governmental Relations
Virginia Farm Bureau

Nathaniel Burke, DVM
President
Virginia Veterinary Medical Association

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

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

Cliff Williamson
Executive Director
Virginia Agribusiness Council

Julia Murphy, DVM
State Health Veterinarian
Virginia Department of Health

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

Stephen Versen
Deputy Director
Virginia Tobacco Region Revitalization Commission

Jane Naramore, LVT
Virginia Association of Licensed Veterinary Technicians

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

Melinda McCall, DVM
Virginia Academy of Food Animal Practitioners

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

Jake Tabor, ad hoc member
Legislative Specialist
Virginia Farm Bureau

II. Meetings of the workgroup

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

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

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

III. Supporting data

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

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

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

IV. Financial resources

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

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

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

V. Licensed veterinary technician scope of practice

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

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

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

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

VI. Veterinary school class size

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

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

VII. Workgroup recommendations

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

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

VIII. Conclusions and next steps

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

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



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Notice of Intended Regulatory Action (NOIRA) Agency Background Document

Agency name	Board of Veterinary Medicine, Department of Health Professions
Virginia Administrative Code (VAC) Chapter citation(s)	18VAC150-20
VAC Chapter title(s)	Regulations Governing the Practice of Veterinary Medicine
Action title	Regulation of haul-in facilities
Date this document prepared	7/29/2025

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 19 (2022) (EO 19), any instructions or procedures issued by the Office of Regulatory Management (ORM) or the Department of Planning and Budget (DPB) pursuant to EO 19, the Regulations for Filing and Publishing Agency Regulations (1 VAC 7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

Brief Summary

Provide a brief summary (preferably no more than 2 or 3 paragraphs) of the subject matter, intent, and goals of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation).

Following a recommendation from the 2025 report of the Large Animal Veterinarian Shortage Study Workgroup, the Board is issuing a NOIRA to begin the process of regulating haul-in veterinary facilities. The regulation of haul-in facilities would allow owners to bring animals to veterinarians to be treated in an inspected facility. There is currently no provision that allows this.

Acronyms and Definitions

Define all acronyms or technical definitions used in this form.

N/A

Mandate and Impetus

Identify the mandate for this regulatory change and any other impetus that specifically prompted its initiation, (e.g., new or modified mandate, petition for rulemaking, periodic review, or board decision). For purposes of executive branch review, "mandate" has the same meaning as defined in the ORM procedures, "a directive from the General Assembly, the federal government, or a court that requires that a regulation be promulgated, amended, or repealed in whole or part."

The impetus for this action is the [2025 report of the Large Animal Veterinarian Shortage Study Workgroup](#).

Legal Basis

Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia and Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

Regulations of the Board of Veterinary Medicine are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Virginia Code § 54.1-2400(6) specifically states that the general powers and duties of health regulatory boards shall be "[t]o promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) that are reasonable and necessary to administer effectively the regulatory system."

Purpose

Describe the specific reasons why the agency has determined that this regulation is essential to protect the health, safety, or welfare of citizens. In addition, explain any potential issues that may need to be addressed as the regulation is developed.

The purpose of this regulatory action is to regulate a facility type that is not currently permitted under the law to allow greater access to care for large animals.

Substance

Briefly identify and explain the new substantive provisions that are being considered, the substantive changes to existing sections that are being considered, or both.

The Board will be developing a model for regulating haul-in facilities, including facility registration and inspections, treatment guidelines, etc. It is difficult to know what will be included as these will be initial regulations for a new facility and treatment type.

Alternatives to Regulation

Describe any viable alternatives to the regulatory change that were considered, and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the regulatory change. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulatory change.

The workgroup determined that a regulatory change should be initiated. Other non-regulatory ideas were discussed and can be viewed [here](#).

Periodic Review and Small Business Impact Review Announcement

This NOIRA is not being used to announce a periodic review or a small business impact review.

Public Participation

Indicate how the public should contact the agency to submit comments on this regulation, and whether a public hearing will be held, by completing the text below. In addition, as required by § 2.2-4007.02 of the Code of Virginia, describe any other means that will be used to identify and notify interested parties and seek their input, such as regulatory advisory panels or general notices.

The Board of Veterinary Medicine is providing an opportunity for comments on this regulatory proposal, including but not limited to (i) the costs and benefits of the regulatory proposal, (ii) any alternative approaches, and (iii) the potential impacts of the regulation.

Anyone wishing to submit written comments for the public comment file may do so through the Public Comment Forums feature of the Virginia Regulatory Town Hall web site at: <https://townhall.virginia.gov>. Comments may also be submitted by mail, email or fax to Matt Novak, Agency Regulatory Coordinator, 9960 Mayland Drive, Henrico, VA 23233 or matthew.novak@dhp.virginia.gov or by fax to (804) 915-0382. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

Agenda Item: Discussion of Haul-in Facility Regulations in Virginia

Included in your Agenda Package:

- Current Virginia regulations (18VAC150-20); and
- Model regulations for haul-in facilities from other jurisdictions;

Staff Note: Discussion by this RAP will help guide development of draft regulations to permit haul-in facilities in Virginia. This group will likely not finish its work in one meeting. Once the RAP has come to a consensus and our work is done, the next step is to recommend draft regulatory language to the Board of Veterinary Medicine. The regulatory action to permit and regulate haul-in facilities has been approved by the Governor's office and is awaiting publication. Based on timing of publication schedules and this group's workload, the Board will likely consider proposed stage language no earlier than July.

Commonwealth of Virginia



VIRGINIA BOARD OF VETERINARY MEDICINE

REGULATIONS

GOVERNING THE PRACTICE OF VETERINARY

MEDICINE

Title of Regulations: 18VAC150-20-10 et seq.

**Statutory Authority: § 54.1-2400 and Chapter 38
of Title 54.1 of the *Code of Virginia***

Effective Date: September 26, 2024

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TABLE OF CONTENTS

TABLE OF CONTENTS.....	2
Part I. General Provisions.....	4
18VAC150-20-10. Definitions.....	4
18VAC150-20-15. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.....	5
18VAC150-20-20. [Repealed]	6
18VAC150-20-30. Posting of licenses; accuracy of address.....	6
18VAC150-20-40 through 18VAC150-20-60. [Repealed].....	6
18VAC150-20-70. Licensure renewal requirements.....	6
18VAC150-20-75. Expired license; reinstatement; practice with an expired or lapsed license not permitted.....	8
18VAC150-20-80 and 18VAC150-20-90. [Repealed]	8
18VAC150-20-100. Fees.....	8
Part II. Licensure for Veterinarians and Veterinary Technicians.....	10
18VAC150-20-110. Requirements for licensure by examination as a veterinarian.....	10
18VAC150-20-115. Requirements for licensure by examination as a veterinary technician.....	10
18VAC150-20-120. Requirements for licensure by endorsement as a veterinarian.....	11
18VAC150-20-121. Requirements for licensure by endorsement for veterinary technicians.....	12
18VAC150-20-122. Requirements for faculty licensure.....	12
18VAC150-20-123. Requirements for an intern/resident license.....	13
18VAC150-20-130. Requirements for practical training in a preceptorship or externship.....	13
18VAC150-20-135. Voluntary practice by out-of-state practitioners.....	14
Part III. Unprofessional Conduct.....	14
18VAC150-20-140. Unprofessional conduct.....	14
18VAC150-20-150 through 18VAC150-20-170. [Repealed].....	15
Part IV. Standards of Practice.....	16
18VAC150-20-171. Specialty practice in a limited setting.....	16
18VAC150-20-172. Delegation of duties.....	16
18VAC150-20-173. Informed consent for surgery.....	17
18VAC150-20-174. Prescribing of controlled substances for pain or chronic conditions.....	17
Part V. Veterinary Establishments.....	18
18VAC150-20-180. Requirements to be registered as a veterinary establishment.....	18
18VAC150-20-181. Requirements for veterinarian-in-charge.....	19

18VAC150-20-185. Renewal of veterinary establishment registrations.	20
18VAC150-20-190. Requirements for drug storage, dispensing, destruction, and records for all establishments.....	20
18VAC150-20-195. Recordkeeping.....	23
18VAC150-20-200. Standards for stationary veterinary establishments.....	24
18VAC150-20-201. Standards for ambulatory veterinary establishments.	26
18VAC150-20-205. [Repealed]	27
18VAC150-20-210. Revocation or suspension of a veterinary establishment registration.....	27
 Part VI. Equine Dental Technicians.....	 27
18VAC150-20-220. Requirements for registration as an equine dental technician.....	27
18VAC150-20-230. Application requirements for registration as an equine dental technician.	28
18VAC150-20-240. Standards of practice for equine dental technicians.	29

Part I. General Provisions.

18VAC150-20-10. Definitions.

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

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

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

"AVMA" means the American Veterinary Medical Association.

"Board" means the Virginia Board of Veterinary Medicine.

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

"CVMA" means the Canadian Veterinary Medical Association.

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

"ICVA" means the International Council for Veterinary Assessment.

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

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

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

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

"Preceptorship" or "externship" means a formal arrangement between an AVMA accredited college of veterinary medicine or an AVMA accredited veterinary technology program and a

veterinarian who is licensed by the board and responsible for the practice of the preceptee. A preceptorship or externship shall be overseen by faculty of the college or program.

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

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

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

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

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

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

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

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

18VAC150-20-15. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.

A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate.

B. Criteria for delegation. Cases that may be delegated to an agency subordinate are those that do not involve standard of care or those that may be recommended by a committee of the board.

C. Criteria for an agency subordinate. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding shall include current or former board members deemed

knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

18VAC150-20-20. [Repealed]

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

A. All licenses and registrations issued by the board shall be posted in a place conspicuous to the public at the establishment where veterinary services are being provided or available for inspection at the location where an equine dental technician is working. Licensees who do relief or temporary work in an establishment shall carry a license with them or post it at the establishment. Ambulatory veterinary practices that do not have an office accessible to the public shall carry their licenses and registrations in their vehicles.

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

18VAC150-20-40 through 18VAC150-20-60. [Repealed]

18VAC150-20-70. Licensure renewal requirements.

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

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

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

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

a. The AVMA or its constituent and component/branch associations, specialty organizations, and board certified specialists in good standing within their specialty board;

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

3. A licensee is exempt from completing continuing education requirements and considered in compliance on the first renewal date following his initial licensure by examination.

4. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

5. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee prior to the renewal date. Such an extension shall not relieve the licensee of the continuing education requirement.

6. Licensees are required to attest to compliance with continuing education requirements on their annual license renewal and are required to maintain original documents verifying the date and subject of the program or course, the number of continuing education hours or credits, and certification from an approved sponsor. Original documents must be maintained for a period of two years following renewal. The board shall periodically conduct a random audit to determine compliance. Practitioners selected for the audit shall provide all supporting documentation within 14 days of receiving notification of the audit unless an extension is granted by the board.

7. Continuing education hours required by disciplinary order shall not be used to satisfy renewal requirements.

8. Up to two hours of the 15 hours required for annual renewal of a veterinarian license and up to one hour of the eight hours required for annual renewal of a veterinary technician license

may be satisfied through delivery of veterinary services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

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

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

18VAC150-20-75. Expired license; reinstatement; practice with an expired or lapsed license not permitted.

A. A license may be renewed up to one year after the expiration date, provided a late fee as prescribed in 18VAC150-20-100 is paid in addition to the required renewal fee. A license shall automatically lapse if the licensee fails to renew by the expiration date. The practice of veterinary medicine without a current, active license is unlawful and may subject the licensee to disciplinary action by the board.

B. Reinstatement of licenses expired for more than one year shall be at the discretion of the board. To reinstate a license, the licensee shall pay the reinstatement fee as prescribed in 18VAC150-20-100 and submit evidence of completion of continuing education hours as required by § 54.1-3805.2 of the Code of Virginia and 18VAC150-20-70 equal to the number of years in which the license has been expired, for a maximum of two years. The board may require additional documentation of clinical competency and professional activities.

18VAC150-20-80 and 18VAC150-20-90. [Repealed]

18VAC150-20-100. Fees.

The following fees shall be in effect:

Veterinary application for licensure	\$200
Veterinary application for faculty licensure	\$100
Veterinary license renewal (active)	\$175
Veterinary license renewal (inactive)	\$85

Veterinary faculty license renewal	\$75
Veterinary reinstatement of expired license	\$255
Veterinary license late renewal	\$60
Veterinary faculty license late renewal	\$25
Veterinarian reinstatement after disciplinary action	\$450
Veterinary intern/resident license -- initial or renewal	\$25
Veterinary technician application for licensure	\$65
Veterinary technician license renewal	\$50
Veterinary technician license renewal (inactive)	\$25
Veterinary technician license late renewal	\$20
Veterinary technician reinstatement of expired license	\$95
Veterinary technician reinstatement after disciplinary action	\$125
Equine dental technician initial registration	\$100
Equine dental technician registration renewal	\$70
Equine dental technician late renewal	\$25
Equine dental technician reinstatement	\$120
Initial veterinary establishment registration	\$300
Veterinary establishment renewal	\$200
Veterinary establishment late renewal	\$75
Veterinary establishment reinstatement	\$75
Veterinary establishment reinspection	\$300
Veterinary establishment -- change of location	\$300
Veterinary establishment -- change of veterinarian-in-charge	\$40
Duplicate license	\$15

Duplicate wall certificate	\$25
Handling fee for returned check or dishonored credit card or debit card	\$50
Licensure verification to another jurisdiction	\$25

Part II. Licensure for Veterinarians and Veterinary Technicians.

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

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

1. Have received a degree in veterinary medicine from a college or school of veterinary medicine accredited by the AVMA, as verified by an official transcript from the applicant's college or school, indicating completion of the veterinary degree. In lieu of a degree from an accredited college or school, an applicant may submit verification that he has fulfilled the requirements of the Educational Commission of Foreign Veterinary Graduates of the AVMA or the Program for the Assessment of Veterinary Education Equivalence of the AAVSB or any other substantially equivalent credentialing body as determined by the board; and
2. Have passed the North American Veterinary License Examination (since the fall of 2000) or the National Board Examination and the Clinical Competency Test (prior to the fall of 2000) of the ICVA or any other substantially equivalent national examination as approved by the board with a score acceptable to the board.

B. All applicants shall also:

1. Submit the application fee specified in 18VAC150-20-100 and a complete application on a form obtained from the board;
2. Provide verification that any license to practice veterinary medicine issued by a board of veterinary medicine in another state or United States jurisdiction is in good standing;
3. Sign a statement attesting that the applicant has read, understands, and will abide by the statutes and regulations governing the practice of veterinary medicine in Virginia; and
4. Have committed no acts that would constitute a violation of § 54.1-3807 of the Code of Virginia.

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

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

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

1. Have received a degree in veterinary technology or veterinary nursing from a college or school accredited by the AVMA or the CVMA or obtained a PAVE certificate.
 2. Have filed with the board the following documents:
 - a. A complete application on a form obtained from the board;
 - b. An official copy, indicating a veterinary technology or veterinary nursing degree, of the applicant's college or school transcript or documentation of a PAVE certificate; and
 - c. Verification that the applicant is in good standing by each board in another state or United States jurisdiction from which the applicant holds a license, certification, or registration to practice veterinary technology or veterinary nursing.
 3. Have passed the Veterinary Technician National Examination approved by the AAVSB or any other board-approved, national board examination for veterinary technology with a score acceptable to the board.
 4. Sign a statement attesting that the applicant has read, understands, and will abide by the statutes and regulations governing the practice of veterinary medicine in Virginia.
 5. Have submitted the application fee specified in [18VAC150-20-100](#).
 6. Have committed no acts that would constitute a violation of § [54.1-3807](#) of the Code of Virginia.
- B. The application for licensure shall be valid for a period of one year after the date of initial submission, after which time a new application and fee shall be required.

18VAC150-20-120. Requirements for licensure by endorsement as a veterinarian.

The board may, in its discretion, grant a license by endorsement to an applicant who is licensed to practice veterinary medicine in another jurisdiction of the United States, provided that the applicant:

1. Holds at least one current, unrestricted license in another jurisdiction of the United States and is not a respondent in any pending or unresolved board action in any jurisdiction;
2. Provides documentation of having been regularly engaged in clinical practice for at least two of the past four years immediately preceding application;
3. Provides documentation of completion of at least 30 hours of continuing education requirements during the preceding four years;
4. Submits the application fee specified in 18VAC150-20-100 and a complete application on a form obtained from the board;

5. Signs a statement attesting that the applicant has read, understands, and will abide by the statutes and regulations governing the practice of veterinary medicine in Virginia; and
6. Has committed no acts that would constitute a violation of § 54.1-3807 of the Code of Virginia.

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

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

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

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

A. Upon payment of the fee prescribed in 18VAC150-20-100 and provided that no grounds exist to deny licensure pursuant to § 54.1-3807 of the Code of Virginia, the board may grant a faculty license to engage in the practice of veterinary medicine as part of a veterinary medical education program accredited by the American Veterinary Medical Association Council on Education to an applicant who:

1. Is qualified for full licensure pursuant to 18VAC150-20-110 or 18VAC150-20-120;
2. Is a graduate of an accredited veterinary program and has an unrestricted current license or if lapsed, is eligible for reinstatement in another United States jurisdiction; or

3. Is a graduate of a veterinary program and has advanced training recognized by the American Board of Veterinary Specialties or a specialty training program acceptable to the veterinary medical education program in which he serves on the faculty.

B. The dean of a veterinary medical education program shall provide verification that the applicant is being or has been hired by the program and shall include an assessment of the applicant's clinical competency and clinical experience that qualifies the applicant for a faculty license.

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

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

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

A. Upon payment of the fee prescribed in 18VAC150-20-100 and provided that no grounds exist to deny licensure pursuant to § 54.1-3807 of the Code of Virginia, the board may issue a temporary license to practice veterinary medicine to an intern or resident. Upon recommendation of the dean or director of graduate education of the veterinary medical education program, such a license may be issued to an applicant who is a graduate of an AVMA-accredited program or who meets requirements of the Educational Commission of Foreign Veterinary Graduates or the Program for the Assessment of Veterinary Education Equivalence of the American Association of Veterinary State Boards, as verified by the veterinary medical education program. The application shall include the beginning and ending dates of the internship or residency.

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

C. An intern or resident license shall expire on August 1 of the second year after its issuance and may be renewed upon recommendation by the dean or director of graduate education of the veterinary medical education program.

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

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

1. A veterinary student who is enrolled and in good standing in a veterinary college or school accredited or approved by the AVMA may be engaged in a preceptorship or externship. A

veterinary preceptee or extern may perform duties that constitute the practice of veterinary medicine for which he has received adequate instruction by the college or school and only under the on-premises supervision of a licensed veterinarian.

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

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

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

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

18VAC150-20-135. Voluntary practice by out-of-state practitioners.

Any veterinarian who seeks registration to practice on a voluntary basis under the auspices of a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least five business days prior to engaging in such practice. An incomplete application will not be considered;
2. Provide a complete record of professional licensure in each state in which he has held a license and a copy of every current license;
3. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services;
4. Pay a registration fee of \$10; and
5. Provide a statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 4 of §54.1-3801 of the Code of Virginia.

Part III. Unprofessional Conduct.

18VAC150-20-140. Unprofessional conduct.

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

1. Representing conflicting interests except by express consent of all concerned given after a full disclosure of the facts. Acceptance of a fee from both the buyer and the seller is prima facie evidence of a conflict of interest.
2. Practicing veterinary medicine or equine dentistry where an unlicensed person has the authority to control the professional judgment of the licensed veterinarian or the equine dental technician.
3. Issuing a certificate of health unless he shall know of his own knowledge by actual inspection and appropriate tests of the animals that the animals meet the requirements for the issuance of such certificate on the day issued.
4. Revealing confidences gained in the course of providing veterinary services to a client, unless required by law or necessary to protect the health, safety or welfare of other persons or animals.
5. Advertising in a manner that is false, deceptive, or misleading or that makes subjective claims of superiority.
6. Violating any state law, federal law, or board regulation pertaining to the practice of veterinary medicine, veterinary technology or equine dentistry.
7. Practicing veterinary medicine or as an equine dental technician in such a manner as to endanger the health and welfare of his patients or the public, or being unable to practice veterinary medicine or as an equine dental technician with reasonable skill and safety.
8. Performing surgery on animals in an unregistered veterinary establishment or not in accordance with the establishment registration or with accepted standards of practice.
9. Refusing the board or its agent the right to inspect an establishment at reasonable hours.
10. Allowing unlicensed persons to perform acts restricted to the practice of veterinary medicine, veterinary technology, or an equine dental technician including any invasive procedure on a patient or delegation of tasks to persons who are not properly trained or authorized to perform such tasks.
11. Failing to provide immediate supervision to a licensed veterinary technician or an assistant in his employ.
12. Refusing to release a copy of a valid prescription upon request from an owner, unless there are medical reasons documented in the patient record and the veterinarian would not dispense the medication from his own practice.
13. Misrepresenting or falsifying information on an application or renewal form.
14. Failing to report suspected animal cruelty to the appropriate authorities.
15. Failing to release a copy of patient records when requested by the owner; a law-enforcement entity; or a federal, state, or local health regulatory agency.
16. Committing an act constituting fraud, deceit, or misrepresentation in dealing with the board or in the veterinarian-owner-patient relationship, or with the public.
17. Representing oneself as a "specialist" without meeting the definition set forth in 18VAC150-20-10 or using the words "specialist" or "specialty" in the name of a veterinary establishment unless there is a veterinarian on staff who meets the definition of a "specialist."
18. Failure to submit evidence of correction resulting from a violation noted in an inspection or reported by another agency within 14 days, unless an extension is granted by the board.

18VAC150-20-150 through 18VAC150-20-170. [Repealed]

Part IV. Standards of Practice.

18VAC150-20-171. Specialty practice in a limited setting.

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

18VAC150-20-172. Delegation of duties.

A. A licensed veterinarian may delegate the administration (including by injection) of Schedule VI drugs to a properly trained assistant under his immediate supervision. The prescribing veterinarian has a specific duty and responsibility to determine that the assistant has had adequate training to safely administer the drug in a manner prescribed.

B. Injections involving chemotherapy drugs, subgingival scaling, intubation, or the placement of intravenous catheters shall not be delegated to an assistant. An assistant shall also not be delegated the induction of sedation or anesthesia by any means. The monitoring of a sedated or anesthetized patient may be delegated to an assistant, provided a veterinarian or licensed veterinary technician remains on premises until the patient is fully recovered.

C. Tasks that may be delegated by a licensed veterinarian to a properly trained assistant include:

1. Grooming;
2. Feeding;
3. Cleaning;
4. Restraining;
5. Assisting in radiology;
6. Setting up diagnostic tests;
7. Prepping a patient or equipment for surgery;
8. Dental polishing and scaling of teeth above the gum line (supragingival);
9. Drawing blood samples; or
10. Filling of Schedule VI prescriptions under the direction of a veterinarian licensed in Virginia.

D. A licensed veterinarian may delegate duties electronically, verbally, or in writing to appropriate veterinary personnel provided the veterinarian has physically examined the patient within the previous 36 hours.

E. Massage therapy, physical therapy, or laser therapy may be delegated by a veterinarian to persons qualified by training and experience by an order from the veterinarian.

F. The veterinarian remains responsible for the duties being delegated and remains responsible for the health and safety of the animal.

18VAC150-20-173. Informed consent for surgery.

A. Before surgery is performed, informed consent shall be obtained from the owner and documented in the patient record. Veterinarians shall inform an owner of the risks, benefits, and alternatives of the recommended surgery that a reasonably prudent practitioner in similar practice in Virginia would tell an owner.

B. An exception to the requirement for consent prior to performance of surgery may be made in an emergency situation when a delay in obtaining consent would likely result in imminent harm to the patient.

C. If a veterinary preceptee or extern is to perform the surgery, either assisted or unassisted, the informed consent shall include that information. If the surgery is to be performed by a preceptee or extern unassisted by the veterinarian, the written informed consent shall specifically state that information.

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

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

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

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

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

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

1. For prescribing a controlled substance for management of pain after the initial 14-day prescription referenced in subsection A of this section, the patient shall be seen and evaluated for the continued need for an opioid. For the prescribing of a controlled substance for terminal illnesses

or certain chronic conditions, it is not required to see and reevaluate the patient for prescribing beyond 14 days.

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

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

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

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

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

Part V. Veterinary Establishments.

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

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

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

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

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

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

1. It is inspected by the board and is found to meet the standards set forth by 18VAC150-20-190 and 18VAC150-20-200 or 18VAC150-20-201 where applicable. If, during a new or routine inspection, violations or deficiencies are found necessitating a reinspection, the prescribed

reinspection fee will be levied. Failure to pay the fee shall be deemed unprofessional conduct and, until paid, the establishment shall be deemed to be unregistered.

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

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

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

1. Regularly being on site as necessary to provide routine oversight to the veterinary establishment for patient safety and compliance with law and regulation.
2. Maintaining the facility within the standards set forth by this chapter.
3. Performing the biennial controlled substance inventory and ensuring compliance at the facility with any federal or state law relating to controlled substances as defined in § 54.1-3404 of the Code of Virginia. The performance of the biennial inventory may be delegated to another licensee, provided the veterinarian-in-charge signs the inventory and remains responsible for its content and accuracy.
4. Notifying the board in writing of the closure of the registered facility 10 days prior to closure.
5. Notifying the board immediately if no longer acting as the veterinarian-in-charge.
6. Ensuring the establishment maintains a current and valid registration issued by the board.

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

1. The veterinarian-in-charge registered with the board remains responsible for the establishment and the stock of controlled substances until a new veterinarian-in-charge is registered or for five days, whichever occurs sooner.
2. An application for a new registration, naming the new veterinarian-in-charge, shall be made five days prior to the change of the veterinarian-in-charge. If no prior notice was given by the previous veterinarian-in-charge, an application for a new registration naming a new veterinarian-in-charge shall be filed as soon as possible, but no more than 10 days, after the change.
3. The previous establishment registration is void on the date of the change of veterinarian-in-charge and shall be returned by the former veterinarian-in-charge to the board five days following the date of change.
4. Prior to the opening of the business, on the date of the change of veterinarian-in-charge, the new veterinarian-in-charge shall take a complete inventory of all Schedules II through V drugs on hand. He shall date and sign the inventory and maintain it on premises for three years. That inventory may be designated as the official biennial controlled substance inventory.

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

1. Follow the requirements for transfer of patient records to another location in accordance with § 54.1-2405 of the Code of Virginia; and
2. If there is no transfer of records upon sale or closure of an establishment, the veterinarian-in-charge shall provide to the board information about the location of or access to patient records and the disposition of all scheduled drugs.

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

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

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

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

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

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

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

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

1. Name and address of the facility;
2. First and last name of owner;
3. Animal identification and species;
4. Date dispensed;
5. Directions for use;
6. Name, strength (if more than one dosage form exists), and quantity of the drug; and
7. Name of the prescribing veterinarian.

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

1. In a stationary establishment, the general stock of Schedules II through V drugs shall be stored in a securely locked cabinet or safe that is not easily movable.
2. The establishment may also have a working stock of Schedules II through V drugs that shall be kept in (i) a securely locked container, cabinet, or safe when not in use or (ii) direct possession of a veterinarian or veterinary technician. A working stock shall consist of only those drugs that are necessary for use during a normal business day or 24 hours, whichever is less.
3. Whenever the establishment is closed, all general and working stock of Schedules II through V drugs and any dispensed prescriptions that were not delivered during normal business hours shall be securely stored as required for the general stock.
4. Prescriptions that have been dispensed and prepared for delivery shall be maintained under lock or in an area that is not readily accessible to the public and may be delivered to an owner by an unlicensed person, as designated by the veterinarian.
5. Whenever a theft or any unusual loss of Schedules II through V drugs is discovered, the veterinarian-in-charge, or in his absence, his designee, shall immediately report such theft or loss to the Board of Veterinary Medicine and the Board of Pharmacy and to the DEA. The report to the boards shall be in writing and sent electronically or by regular mail. The report to the DEA shall be in accordance with 21 CFR 1301.76(b). If the veterinarian-in-charge is unable to determine the exact kind and quantity of the drug loss, he shall immediately take a complete inventory of all Schedules II through V drugs.
6. Access to drugs by unlicensed persons shall be allowed only under the following conditions:
 - a. An animal is being kept at the establishment outside of the normal hours of operation, and a licensed practitioner is not present in the facility;
 - b. The drugs are limited to those dispensed to a specific patient; and
 - c. The drugs are maintained separately from the establishment's general drug stock and kept in such a manner so they are not readily available to the public.

E. Schedules II through V drugs shall be destroyed by (i) transferring the drugs to another entity authorized to possess or provide for proper disposal of such drugs or (ii) destroying the drugs in compliance with applicable local, state, and federal laws and regulations. If Schedules II through V drugs are to be destroyed, a DEA drug destruction form shall be fully completed and used as the record of all drugs to be destroyed. A copy of the destruction form shall be retained at the veterinarian practice site with other inventory records.

F. The drug storage area shall have appropriate provision for temperature control for all drugs and biologics. If drugs requiring refrigeration are maintained at the facility, the drugs shall be kept in a refrigerator with the interior thermometer maintained between 36°F and 46°F. If a refrigerated drug is in Schedules II through V, the drug shall be kept in a locked container secured to the refrigerator, or the refrigerator shall be locked. Drugs stored at room temperature shall be maintained between 59°F and 86°F.

G. The stock of drugs shall be reviewed frequently, and expired drugs shall be removed from the working stock of drugs at the expiration date and shall not be administered or dispensed.

H. A distribution record shall be maintained in addition to the patient's record, in chronological order, for the administration and dispensing of all Schedules II through V drugs. This record is to be maintained for a period of three years from the date of transaction. This distribution record shall include the following:

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

I. 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.

J. A complete and accurate inventory of all Schedules II through V drugs shall be taken, dated, and signed on any date that is within two years of the previous biennial inventory. Drug strength must be specified. This inventory shall indicate if it was made at the opening or closing of business and shall be maintained on the premises where the drugs are held for three years from the date of taking the inventory.

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.

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

M. Veterinary establishments in which bulk reconstitution of injectable, bulk compounding, or the prepackaging of drugs is performed shall maintain adequate control records for a period of one year or until the expiration, whichever is greater. The records shall show the name of the drugs used;

strength, if any; date repackaged; quantity prepared; initials of the veterinarian verifying the process; the assigned lot or control number; the manufacturer's or distributor's name and lot or control number; and an expiration date.

N. If a limited stationary or ambulatory practice uses the facilities of another veterinary establishment, the drug distribution log shall clearly reveal whose Schedules II through V drugs were used. If the establishment's drug stock is used, the distribution record shall show that the procedure was performed by a visiting veterinarian who has the patient record. If the visiting veterinarian uses his own stock of drugs, he shall make entries in his own distribution record and in the patient record and shall leave a copy of the patient record at the other establishment.

18VAC150-20-195. Recordkeeping.

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

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

B. An individual record shall be maintained on each patient, except that records for economic animals or litters of companion animals under the age of four months may be maintained on a per owner basis. Patient records, including radiographs or digital images, shall be kept for a period of three years following the last office visit or discharge of such animal from a veterinary establishment.

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

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

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

1. Buildings and grounds must be maintained to provide sanitary facilities for the care and medical well-being of patients.
 - a. Temperature, ventilation, and lighting must be consistent with the medical well-being of the patients.
 - b. There shall be on-premises:
 - (1) Hot and cold running water of drinking quality, as defined by the Virginia Department of Health;
 - (2) An acceptable method of disposal of deceased animals, in accordance with any local ordinance or state and federal regulations; and
 - (3) Refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more.
 - c. Sanitary toilet and lavatory shall be available for personnel and owners.
2. Areas within building. The areas within the facility shall include the following:
 - a. A reception area separate from other designated rooms;
 - b. Examination room or rooms containing a table or tables with nonporous surfaces;
 - c. A room that is reserved only for surgery and used for no other purpose. In order that surgery can be performed in a manner compatible with current veterinary medical practice with regard to anesthesia, asepsis, life support, and monitoring procedures, the surgery room shall:
 - (1) Have walls constructed of nonporous material and extending from the floor to the ceiling;
 - (2) Be of a size adequate to accommodate a surgical table, anesthesia support equipment, surgical supplies, and all personnel necessary for safe performance of the surgery;
 - (3) Be kept so that storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures;

- (4) Have a surgical table made of nonporous material;
 - (5) Have surgical supplies, instruments, and equipment commensurate with the kind of services provided;
 - (6) Have surgical and automatic emergency lighting to facilitate performance of procedures; and
 - (7) For establishments that perform surgery on small animals, have a door to close off the surgery room from other areas of the practice.
3. The veterinary establishment shall have, at a minimum, proof of use of either in-house laboratory service or outside laboratory services for performing lab tests, consistent with appropriate professional care for the species being treated.
4. For housing animals, the establishment shall provide:
- a. An animal identification system at all times when housing an animal;
 - b. Accommodations of appropriate size and construction to prevent residual contamination or injury;
 - c. Accommodations allowing for the effective separation of contagious and noncontagious patients; and
 - d. Exercise areas that provide and allow effective separation of animals or walking the animals at medically appropriate intervals.
5. A veterinary establishment shall either have radiology service in-house or documentation of outside services for obtaining diagnostic-quality radiographs. If radiology is in-house, the establishment shall:
- a. Document that radiographic equipment complies with Part VI (12VAC5-481-1581 et seq.), Use of Diagnostic X-Rays in the Healing Arts, of the Virginia Radiation Protection Regulations of the Virginia Department of Health, which requirements are adopted by this board and incorporated herewith by reference in this chapter.
 - b. Maintain and utilize lead aprons and gloves and individual radiation exposure badges for each employee exposed to radiographs.
6. Minimum equipment in the establishment shall include:
- a. An appropriate method of sterilizing instruments;
 - b. Internal and external sterilization monitors;
 - c. Stethoscope;

- d. Equipment for delivery of assisted ventilation appropriate to the species being treated, including endotracheal tubes;
- e. Adequate means of determining patient's weight; and
- f. Storage for records.

B. Additional requirements for stationary establishments.

1. A stationary establishment that is open to the public 24 hours a day shall have licensed personnel on premises at all times and shall be equipped to handle emergency critical care and hospitalization. The establishment shall have radiology/imaging and laboratory services available on site.
2. A stationary establishment that is not open to the public 24 hours a day shall have licensed personnel available during its advertised hours of operation and shall disclose to the public that the establishment does not have continuous staffing in compliance with § 54.1-3806.1 of the Code of Virginia.
3. All stationary establishments shall provide for continuity of care when a patient is transferred to another establishment.

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

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

18VAC150-20-201. Standards for ambulatory veterinary establishments.

A. Agricultural or equine ambulatory practice. An agricultural or equine ambulatory establishment is a mobile practice in which health care is performed at the location of the animal. Surgery on large animals may be performed as part of an agricultural or equine ambulatory practice provided the establishment has surgical supplies, instruments, and equipment commensurate with the kind of surgical procedures performed. All agricultural or equine ambulatory establishments shall meet the requirements of a stationary establishment for laboratory, radiology, and minimum equipment, with the exception of equipment for assisted ventilation.

B. House call or proceduralist establishment. A house call or proceduralist establishment is an ambulatory practice in which health care of small animals is performed at the residence of the owner of the small animal or another establishment registered by the board. A veterinarian who has established a veterinarian-owner-patient relationship with an animal at the owner's residence or at another registered veterinary establishment may also provide care for that animal at the location of the patient.

1. Surgery may be performed only in a surgical suite at a registered establishment that has passed inspection. However, surgery requiring only local anesthetics may be performed at a location other than in a surgical suite.

2. House call or proceduralist establishments shall meet the requirements of a stationary establishment for laboratory, radiology, and minimum equipment, with the exception of equipment for assisted ventilation.

C. Mobile service establishment. A mobile service establishment is a veterinary clinic or hospital that can be moved from one location to another and from which veterinary services are provided. A mobile service establishment shall meet all the requirements of a stationary establishment appropriate for the services provided.

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

18VAC150-20-205. [Repealed]

18VAC150-20-210. Revocation or suspension of a veterinary establishment registration.

The board may revoke or suspend or take other disciplinary action deemed appropriate against the registration of a veterinary establishment if it finds the establishment to be in violation of any provision of laws or regulations governing veterinary medicine or if:

1. The board or its agents are denied access to the establishment to conduct an inspection or investigation;
2. The holder of a registration does not pay any and all prescribed fees or monetary penalties;
3. The establishment is performing procedures beyond the scope of a limited stationary establishment registration; or
4. The establishment has no veterinarian-in-charge registered with the board.

Part VI. Equine Dental Technicians.

18VAC150-20-220. Requirements for registration as an equine dental technician.

A. A person applying for registration as an equine dental technician shall provide a recommendation from at least two veterinarians licensed in Virginia who attest that at least 50% of their practice is equine, and that they have observed the applicant within the past five years immediately preceding the attestation and can attest to his competency to be registered as an equine dental technician.

B. The qualifications for registration shall include documentation of one of the following:

1. Current certification from the International Association of Equine Dentistry;

2. Completion of a board-approved certification program or training program;
3. Completion of a veterinary technician program that includes equine dentistry in the curriculum; or
4. Evidence of equine dental practice for at least five years and proof of 16 hours of continuing education in equine dentistry completed within the five years immediately preceding application for registration.

C. In order to maintain an equine dental technician registration, a person shall renew such registration by January 1 of each year by payment of the renewal fee specified in 18VAC150-20-100 and attestation of obtaining 16 hours of continuing education relating to equine dentistry within the past three years.

1. Equine dental technicians shall be required to maintain original documents verifying the date and subject of the continuing education program or course, the number of continuing education hours, and certification of completion from a sponsor. Original documents shall be maintained for a period of two years following renewal. The board shall periodically conduct a random audit to determine compliance. Practitioners selected for the audit shall provide all supporting documentation within 14 days of receiving notification of the audit, unless granted an extension by the board.

- a. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the technician, such as temporary disability, mandatory military service, or officially declared disasters.

- b. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the technician prior to the renewal date. Such an extension shall not relieve the technician of the continuing education requirement.

2. Registration may be renewed up to one year after the expiration date, provided a late fee as prescribed in 18VAC150-20-100 is paid in addition to the required renewal fee.

3. Reinstatement of registration expired for more than one year shall be at the discretion of the board. To reinstate a registration, the applicant shall pay the reinstatement fee as prescribed in 18VAC150-20-100 and submit evidence of completion of continuing education hours equal to the number of years in which the registration has been expired, for a maximum of two years. The board may require additional documentation of clinical competency and professional activities.

18VAC150-20-230. Application requirements for registration as an equine dental technician.

In addition to the evidence of qualification required in 18VAC150-20-220, an applicant for registration shall provide:

1. Submission of a completed application and the applicable fee as specified in 18VAC150-20-100; and

2. Submission of satisfactory evidence of good moral character as specified in an application provided by the board.

18VAC150-20-240. Standards of practice for equine dental technicians.

A. The practice of an equine dental technician may include the performance of routine dental maintenance with nonmotorized hand tools but shall not include cutting or chipping teeth or extraction of rooted teeth.

B. The planing or leveling of equine teeth using motorized tools or the extraction of wolf teeth premolars shall be performed in accordance with §54.1-3813 C 2 of the Code of Virginia.

C. A record of each individual patient treated shall be maintained by the equine dental technician and shall include all relevant procedures performed. Client records shall be kept for a period of three years following the last visit and shall be available for inspection.



MEMORANDUM

DATE	August 13, 2018
TO	Veterinary Medical Board
FROM	Amanda Drummond, Administrative Programs Coordinator
SUBJECT	Amend Sections 2030-2030.5, Article 4, Division 20, Title 16 of the California Code of Regulations (CCR) Regarding Minimum Standards for Alternate Veterinary Premises/Practices

Background:

The Minimum Standards for Alternate Veterinary Premises/Practices has been an ongoing project between the Multidisciplinary Advisory Committee (MDC) Premises Permit Subcommittee, Veterinary Medical Board (Board) staff, the California Veterinary Medical Association (CVMA) and various stakeholders. The Board originally requested the CVMA to initiate a taskforce to discuss premise practice types.

At the October 2017 MDC meeting, CVMA reported on their findings and recommendations for revisions to the regulations. The discussion of Minimum Standards for Alternate Veterinary Premises was further discussed at the February 2018 MDC meeting where Dr. Sullivan reviewed that he and Ms. Annemarie Del Mugnaio participated in meetings with CVMA and multiple stakeholders to ensure that multiple types of veterinary premises were identified. The MDC discussed, made additional recommendations, and approved the proposed language for Minimum Standards for Alternate Veterinary Premises/Practices at the February 2018 MDC meeting.

The proposed regulations are now before the Board for your review and consideration.

Attachments:

- Amended version of the proposed changes to CCR sections 2030-2030.5 showing the proposed revisions that the MDC voted on (changes are denoted with strike through and underline)
- Clean version of the proposed changes to CCR sections 2030-2030.5 (without strikethrough and underline)

Minimum Standards for Alternate Premises
Proposed Language – Original Version with Edits

2030. Minimum Standards - Fixed Veterinary Premises.

All fixed premises where veterinary medicine and its various branches are being practiced, and all instruments, apparatus and apparel used in connection with those practices, shall be kept clean and sanitary at all times and shall conform to or possess the following minimum standards: The facilities and practice types in sections 2030.1 through 2030.5 are premises pursuant to section 4853 of the code and shall be registered with the board and meet all of the requirements in section 2030.05. If the facility or practice type is operated from a building or facility that is the licensee manager's principal place of business and the building or facility is registered with the board, the facility or practice type shall be considered a mobile unit and exempt from independent registration with the board.

(a) Indoor lighting for halls, wards, reception areas, examining and surgical rooms shall be adequate for their intended purpose.

(b) A reception room and office, or a combination of the two.

(c) An examination room separate from other areas of the facility and of sufficient size to accommodate the doctor, assistant, patient and client.

(d) If animals are housed or retained for treatment, the following shall be provided:

(1) Compartments for animals which are maintained in a comfortable and sanitary manner.

(2) Effective separation of known or suspected contagious animals.

(3) If there are to be no personnel on the premises during any time an animal is left at the veterinary facility, prior notice of this fact shall be given to the client. For purposes of this paragraph, prior notice may be accomplished by posting a sign in a place and manner conspicuous to the clients at the entrance of the premises, stating that there may be times when there are no personnel on the premises.

(e) When a veterinary premises is closed, a sign shall be posted and visible outside the primary entrance with a telephone number and location where emergency care is available. An answering machine or service shall be used to notify the public when the veterinary premises will be re-opened and where after hours emergency care is available. If no after hours emergency care is available, full disclosure shall be provided to the public prior to rendering services.

(f) The veterinary premises shall meet the following standards:

(1) Fire precautions shall meet the requirements of local and state fire prevention codes.

(2) The facility, its temperature, and ventilation shall be maintained so as to assure the comfort of all patients.

(3) The disposal of waste material shall comply with all applicable state, federal, and local laws and regulations.

(4) The veterinary premises shall have the capacity to render diagnostic radiological services, either on the premises or through other commercial facilities. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.

(5) Clinical pathology and histopathology diagnostic laboratory services shall be available within the veterinary premises or through outside services.

(6) All drugs and biologicals shall be maintained, administered, dispensed and prescribed in compliance with state and federal laws.

(7) Sanitary methods for the disposal of deceased animals shall be provided and maintained.

(8) Veterinary medical equipment used to perform aseptic procedures shall be sterilized and maintained in a sterile condition.

(9) Current veterinary reference materials shall be readily available on the premises.

(10) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times.

(11) The veterinary premises shall have equipment to deliver oxygen in emergency situations.

~~(12) Appropriate drugs and equipment shall be readily available to treat an animal emergency.~~

~~(g) A veterinary premises which provides aseptic surgical services shall comply with the following:~~

~~(1) A room, separate and distinct from all other rooms shall be reserved for aseptic surgical procedures which require aseptic preparation. A veterinarian may perform emergency aseptic surgical procedures in another room~~

~~when the room designated for aseptic surgery is occupied or temporarily unavailable.~~

~~(A) A veterinary premises which is currently registered with the board, but does not have a separate room reserved for aseptic surgical procedures, shall obtain compliance with this subdivision on or before January 1, 2014.~~

~~(B) The board may exempt a veterinary premises which is currently registered with the board, but does not have a separate aseptic surgery room, where it determines that it would be a hardship for the veterinary premises to comply with the provisions of this subdivision.~~

~~In determining whether a hardship exists, the board shall give due consideration to the following factors:~~

~~1. Zoning limitations.~~

~~2. Whether the premises constitutes a historical building.~~

~~3. Whether compliance with this requirement would compel the veterinary practice to relocate to a new location.~~

~~(2) Storage in the surgery room shall be limited to items and equipment normally related to aseptic surgery and surgical procedures. Equipment not normally related to surgery and surgical procedure includes, but is not limited to, equipment used for dental prophylaxis, autoclaves and non-surgical radiographic equipment.~~

~~(3) Open shelving is prohibited in the surgical room.~~

~~(4) The surgery room shall not contain a functional sink with an open drain.~~

~~(5) The doors into the surgery room must be able to be fully closed, fill the entire door space, be made of non-porous material and not provide access from outside the hospital. In cases where the size of the animal prevents entry to the hospital via a regularly sized door, doors for outside access are permitted as long as such doors are able to be fully closed, fill the entire door space and be made of non-porous material.~~

~~(6) The surgery room shall be well lighted, shall have equipment for viewing radiographs and shall have effective emergency lighting with a viable power source.~~

~~(7) The floors, table tops, and counter tops of the surgery room shall be of a non-porous material suitable for regular disinfecting, and cleaning, and shall be cleaned and disinfected regularly.~~

~~(8) Surgical instruments and equipment shall be:~~

~~(A) Adequate for the type of surgical procedures performed.~~

~~(B) Sterilized as required by the surgical procedure performed and instruments used.~~

~~(9) In any sterile procedure, a separate sterile pack shall be used for each animal.~~

~~(10) All instruments, packs and equipment that have been sterilized shall have an indicator that reacts to and verifies sterilization.~~

~~(11) The following attire shall be required for aseptic surgery:~~

~~(A) Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask which covers his or her hair and mouth, nose and any facial hair, except for eyebrows or eyelashes. All members of the surgical team who will be handling the instruments or touching the surgical site shall wear sterilized surgical gowns with long sleeves and sterilized gloves.~~

~~(B) Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap and mask.~~

~~(h) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear clean clothing and footwear when appropriate. For purposes of this section, "clean surgery" shall mean the performance of a surgical operation for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures.~~

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4853, 4854, and 4883, Business and Professions Code.

2030.05. Minimum Standards - Licensee Manager.

(a) A Licensee Manager is the California licensed veterinarian named as the Licensee Manager on a facility's premises permit.

(b) The Licensee Manager is responsible for ensuring that the premises for which he/she is manager complies with the requirements in sections 4853, 4854, 4855 and 4856 of the ~~Business and Professions Code, Division 2, Chapter 11, Article 3~~ code. The Licensee Manager is responsible for ensuring that the physical and operational components of a premises meet the minimum standards of practice as set forth in sections 2030 through 2032.5 of the California Code of Regulations, Title 16, Division 20, Article 4.

(c) The Licensee Manager is responsible for ensuring that no unlicensed activity is occurring within the premises or in any location where any function of veterinary medicine, veterinary surgery or veterinary dentistry is being conducted off the premises under the auspices of this premises license.

(d) The Licensee Manager shall maintain whatever physical presence is reasonable within the facility to ensure that the requirements in subdivisions (a) – through (c) are met.

(e) Each licensed veterinarian shall be responsible for their individual violations of the Veterinary Medicine Practice Act or any regulation adopted thereunder.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4853, 4854, 4855, 4856, and 4883, Business and Professions Code.

2030.1. Minimum Standards - Small Animal Fixed ~~Premises~~Facility.

~~For purposes of these rules and regulations, a "small animal fixed premises facility" shall mean a fixed veterinary premises which concentrates in providing building where veterinary medicine and its various branches are being practiced and where veterinary services are being provided to common domestic household pets. In addition to the requirements in section 2030, small animal fixed premises shall provide:~~ A small animal fixed facility shall meet the following minimum standards:

(a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times.

(b) Indoor lighting for halls, wards, reception areas, examining and surgical rooms shall be adequate for their intended purpose.

(c) Fire precautions shall meet the requirements of local and state fire prevention codes.

(d) The facility, temperature, and ventilation shall be maintained so as to assure the comfort of all patients.

(e) The floors, table tops, and counter tops in areas where animals are being treated shall be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.

(f) Shall have a reception area and office, or a combination of the two.

(g) Shall have an examination room separate from other areas of the facility and of sufficient size to accommodate the doctor, assistant, patient, and client.

(h) Current veterinary reference materials shall be readily available at the facility.

(i) All drugs and biologicals shall be stored and maintained according to the manufacturer's recommendations and administered, prescribed, and dispensed in compliance with state and federal laws.

(j) Shall have the ability to provide diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.

(k) Shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services.

(l) Shall have appropriate drugs, including oxygen, and equipment to provide immediate emergency care.

(m) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations.

(n) If animals are housed or retained for treatment, the following shall be provided:

(1) Compartments or exercise runs or areas for animals shall be consistent with husbandry standards and shall be comfortable, sanitary, and provide for effective separation of animals and waste products.

(2) Effective separation of known or suspected contagious animals.

(3) Prior notice shall be given to the client if there are to be no personnel on-site during any time an animal is left at the facility. For purposes of this paragraph, prior notice may be accomplished by posting a sign in a place and manner conspicuous to the clients at the primary entrance of the premises, stating that there may be times when there are no personnel on the premises.

(4)(a) When medically and/or species appropriate for a given species, ~~where~~ where animals are kept on the veterinary premises for 24 hours or more, the animals shall be provided with an opportunity for proper exercise. Compliance with this section may be achieved by the use of exercise runs/areas or by providing the animal with the opportunity for outdoor walks. ~~Where a premises has exercise runs, they shall be clean and sanitary and provide for effective separation of animals and their waste products.~~

(o) When the facility is closed, a sign shall be posted and visible outside the primary entrance with a telephone number and location where emergency care is available. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services.

(p) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times.

(q) Sanitary methods for the disposal of deceased animals shall be provided.

(r)(b) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal.

(s) If aseptic surgery is performed, the following shall be provided:

(1) A room, separate and distinct from all other rooms shall be reserved for aseptic surgical procedures which require aseptic preparations. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable. The board may exempt a facility which is currently registered with the board, but does not have a separate aseptic surgery room, where it determines that it would be a hardship for the facility to comply with the provisions of this section. In determining whether a hardship exists, the board shall give due consideration to the following factors:

(A) Zoning limitations.

(B) Whether the facility constitutes a historical building.

(C) Whether compliance with this requirement would compel the veterinary practice to relocate to a new location.

(2) Storage in the surgery room shall be limited to items and equipment normally related to aseptic surgery and surgical procedures. Equipment not normally related to surgery and surgical procedure includes, but is not limited to, equipment used for dental prophylaxis, autoclaves and non-surgical radiographic equipment.

(3) Open shelving is prohibited in the surgical room.

(4) The surgical room shall not contain a functional sink with an open drain.

(5) Surgery room doors shall be able to be fully closed, fill the entire door space, be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly, and not provide access from outside the facility when aseptic surgery services are provided.

(6) The surgery room shall be well lighted, shall have equipment for viewing radiographs and shall have effective emergency lighting with a viable power source.

(7) Surgical instruments and equipment shall be:

(A) Adequate for the type of surgical procedures performed.

(B) Sterilized as required by the surgical procedure performed and instruments used.

(8) In any sterile procedure, a separate sterile pack shall be used for each animal.

(9) All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization.

(10) The following attire shall be required for aseptic surgery:

(A) Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask which covers his or her hair and mouth, nose and any facial hair, except for eyebrows or eyelashes. All members of the surgical team who will be handling the instruments or touching the surgical site shall wear sterilized surgical gowns with long sleeves and sterilized gloves. Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap and mask.

(t) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear appropriate apparel. For purposes of this section, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4854 and 4883, Business and Professions Code.

2030.15 Minimum Standards – Large Animal Fixed Facility

For purposes of these regulations, a "large animal fixed facility" shall mean a building where veterinary medicine and its various branches are being practiced and where veterinary services are being provided to equine and food animals and livestock as defined in section 4825.1 (c) and (d) of the code. A large animal fixed facility shall meet the following minimum standards:

(a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times.

(b) Indoor lighting for halls, wards, reception areas, examining and surgical rooms shall be adequate for their intended purpose.

(c) Fire precautions shall meet the requirements of local and state fire prevention codes.

(d) The facility, temperature, and ventilation shall be maintained so as to assure the comfort of all patients.

(e) The floors, table tops, and counter tops in areas where animals are being treated shall be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.

- (f) Shall have a reception area and office, or a combination of the two.
- (g) Shall have an examination room separate from other areas of the facility and of sufficient size to accommodate the doctor, assistant, patient, and client.
- (h) Current veterinary reference materials shall be readily available at the facility.
- (i) All drugs and biologicals shall be stored and maintained according to the manufacturer's recommendations and administered, prescribed, and dispensed in compliance with state and federal laws.
- (j) Shall have the ability to provide diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.
- (k) Shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services.
- (l) Shall have appropriate drugs and equipment to provide immediate emergency care.
- (m) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations.
- (n) If animals are housed or retained for treatment, the following shall be provided:
- (1) Compartments or exercise areas for animals shall be consistent with husbandry standards and shall be comfortable, sanitary, and provide for effective separation of animals and waste products.
 - (2) Effective separation of known or suspected contagious animals.
 - (3) Prior notice shall be given to the client if there are to be no personnel on-site during any time an animal is left at the facility. For purposes of this paragraph, prior notice may be accomplished by posting a sign in a place and manner conspicuous to the clients at the primary entrance of the premises, stating that there may be times when there are no personnel on the premises.
 - (4) When medically appropriate for a given species, where animals are kept at the facility for 24 hours or more, the animals shall be provided with an opportunity for proper exercise. Compliance with this section may be achieved by the use of exercise areas or by providing the animal with the opportunity for outdoor walks.
- (o) When the facility is closed, a sign shall be posted and visible outside the primary entrance with a telephone number and location where emergency care is available. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services.
- (p) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times.
- (q) Sanitary methods for the disposal of deceased animals shall be provided.
- (r) If aseptic surgery is performed, the following shall be provided:
- (1) A room, separate and distinct from all other rooms shall be reserved for aseptic surgical procedures which require aseptic preparations. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable. The board may exempt a facility which is currently registered with the board, but does not have a separate aseptic surgery room, where it determines that it would be a hardship for the facility to comply with the provisions of this section. In determining whether a hardship exists, the board shall give due consideration to the following factors:
 - (A) Zoning limitations.
 - (B) Whether the facility constitutes a historical building.
 - (C) Whether compliance with this requirement would compel the veterinary practice to relocate to a new location.
 - (2) Storage in the surgery room shall be limited to items and equipment normally related to aseptic surgery and surgical procedures. Equipment not normally related to surgery and surgical procedure includes, but is not limited to, equipment used for dental prophylaxis, autoclaves and non-surgical radiographic equipment.
 - (3) Open shelving is prohibited in the surgical room.

(4) Surgery room doors shall be able to be fully closed, fill the entire door space, be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly, and not provide access from outside the facility when aseptic surgery services are provided. In cases where the size of the animal prevents entry to the hospital via a regularly-sized door, doors for outside access are permitted as long as such doors are able to be fully closed, fill the entire door space and be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.

(5) The surgery room shall be well lighted, shall have equipment for viewing radiographs and shall have effective emergency lighting with a viable power source.

(6) Surgical instruments and equipment shall be:

(A) Adequate for the type of surgical procedures performed.

(B) Sterilized as required by the surgical procedure performed and instruments used.

(7) In any sterile procedure, a separate sterile pack shall be used for each animal.

(8) All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization.

(9) The following attire shall be required for aseptic surgery:

(A) Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask which covers his or her hair and mouth, nose and any facial hair, except for eyebrows or eyelashes. All members of the surgical team who will be handling the instruments or touching the surgical site shall wear sterilized surgical gowns with long sleeves and sterilized gloves.

(B) Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap and mask.

(s) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear appropriate apparel. For purposes of this section, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4854 and 4883, Business and Professions Code.

2030.2. Minimum Standards - Small Animal Mobile-Clinic Facility.

For purposes of these regulations, a "small animal mobile clinic facility" shall mean a trailer or mobile facility established to function as a veterinary premises which concentrates in providing unit or vehicle where veterinary medicine and its various branches are being practiced and where veterinary services are being provided to common domestic household pets and is required by section 4853 of the code to be registered with the board.

(a) A small animal mobile clinic facility shall have meet the following minimum standards:

(a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times.

(b)(1) Shall have H hot and cold water.

(c)(2) Shall have Aa 110-volt power source for diagnostic equipment.

(d)(3) Shall have Aa collection tank for disposal of waste material.

(4) Lighting adequate for the procedures to be performed in the mobile clinic.

(5) Floors, table tops, and counter tops shall be of a non-porous material suitable for regular disinfecting, and cleaning, and shall be cleaned and disinfected regularly.

(6) Compartments to transport or hold animals, if applicable.

~~(b) A small animal mobile clinic shall also have:~~

~~(e)(1) Indoor lighting for halls, wards, reception areas, examining and surgical rooms, which shall be adequate for its intended purpose.~~

~~(2) an examination room separate from other areas of the facility, which shall be of sufficient size to accommodate the doctor, assistant, patient and client.~~

~~(f)(3) Fire precautions that meet the requirements of local and state fire prevention codes,~~

~~(g)(4) The facility, temperature, and ventilation controls adequate shall be maintained so as to assure the comfort of all patients.~~

~~(5) a small animal mobile clinic which provides aseptic surgical services shall also have a room separate and distinct from other rooms, which shall be reserved for aseptic surgical procedures. Storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable. A small animal mobile clinic which provides aseptic surgical services and that is currently registered with the board, but does not have a separate room reserved for aseptic surgical procedures, shall provide the board with the vehicle identification number of the mobile clinic and obtain compliance with this subdivision on or before January 1, 2006.~~

~~(A) A small animal mobile clinic that provides aseptic surgery shall also have an examination area separate from the surgery room that is large enough to conduct an examination.~~

~~(c) A small animal mobile clinic shall have the ability and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services it is providing.~~

~~(d) A small animal mobile clinic shall provide either after hours emergency services to its patients or, if no after hours emergency care is available, full disclosure to the public prior to rendering services.~~

~~(h) The floors, table tops, and counter tops shall be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.~~

~~(i) Shall have an examination room of sufficient size to accommodate the doctor, assistant, patient, and client.~~

~~(j) Current veterinary reference materials shall be readily available at the facility.~~

~~(k) All drugs and biologicals shall be stored and maintained according to the manufacturer's recommendations and administered, prescribed, and dispensed in compliance with state and federal laws.~~

~~(l) Shall have the ability to provide diagnostic radiological services, on the premises or through other commercial facilities. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.~~

~~(m) Shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services.~~

~~(n) Shall have appropriate drugs, including oxygen, and equipment to provide immediate emergency care.~~

~~(o) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations.~~

~~(p) If animals are housed or retained for treatment, the following shall be provided:~~

~~(1) Compartments or exercise runs or areas for animals shall be consistent with husbandry standards and shall be comfortable, sanitary, and provide for effective separation of animals and waste products.~~

~~(2) Effective separation of known or suspected contagious animals.~~

~~(3) When medically appropriate for a given species, where animals are kept at the facility for 24 hours or more, the animals shall be provided with an opportunity for proper exercise. Compliance with this section may be achieved by the use of exercise runs/areas or by providing the animal with the opportunity for outdoor walks.~~

~~(4) Prior notice shall be given to the client if there are to be no personnel on-site during any time an animal is left at the facility.~~

~~(q) Prior notice shall be given to the client when the facility is closed. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after hour emergency care is available. If emergency services are not provided by the facility, a legible list of contact information for facilities or practices~~

that provide emergency services shall be provided to the client. If no after-hour emergency care is available, full disclosure shall be provided to the public prior to rendering services.

(r) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times.

(s) Sanitary methods for the disposal of deceased animals shall be provided.

(t)(e) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal.

(u) If aseptic surgery is performed, the following shall be provided:

(1) A room, separate and distinct from all other rooms, which shall be reserved for aseptic surgical procedures. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable.

(2) Shall have an examination area separate from the surgery room.

(3) Storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures. Equipment not normally related to surgery and surgical procedure includes, but is not limited to, equipment used for dental prophylaxis, autoclaves, and non-surgical radiographic equipment.

(4) Open shelving is prohibited in the surgical room.

(5) The surgical room shall not contain a functional sink with an open drain.

(6) The surgery room shall be well lighted, shall have equipment for viewing radiographs and shall have effective emergency lighting with a viable power source.

(7) Surgical instruments and equipment shall be:

(A) Adequate for the type of surgical procedures performed.

(B) All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization

(C) A separate sterile pack shall be used for each animal.

(8) Surgery room doors shall be able to be fully closed, fill the entire door space, be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.

(9) The following attire shall be required:

(A) Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask which covers his or her hair and mouth, nose and any facial hair, except for eyebrows or eyelashes. All members of the surgical team who will be handling the instruments or touching the surgical site shall wear sterilized surgical gowns with long sleeves and sterilized gloves.

(B) Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap and mask.

(10) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear appropriate apparel. For purposes of this section, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4853 and 4854, Business and Professions Code.

2030.3. Minimum Standards - Small Animal Vaccination Clinic Practice.

~~(a) The term~~ For purposes of these regulations, an “small-animal vaccination clinic practice” shall mean a privately or publicly supported vaccination clinic where a veterinarian performs vaccinations and/or immunizations against disease on multiple animals, and where the veterinarian may also perform location where the scope of veterinary practice is limited to only vaccinations and preventative procedures for parasite control. An animal vaccination practice shall meet the following minimum standards:

~~(a)~~ All instruments, apparatus, and apparel shall be kept clean and sanitary at all times.

~~(b)~~ Diagnostic tests shall not be performed, and dangerous drugs shall not be prescribed or dispensed.

~~(c)(b)~~ A veterinarian must remain on site throughout the duration of a vaccination clinic practice and must maintain responsibility for all medical decisions made. The veterinarian is responsible for proper immunization and parasitic vaccination and preventative procedures for parasite control and the completeness of recommendations made to the public by the paraprofessional staff that the veterinarian supervises or employs. The veterinarian is responsible for documenting that the patient appears healthy enough to receive vaccines or preventable parasiticides as well as providing consultation and referral of clients when disease is detected or suspected.

~~(d)~~ Lighting shall be adequate for the procedures to be performed in the vaccination practice.

~~(e)~~ Fire precautions shall meet the requirements of local and state fire prevention codes.

~~(f)~~ When applicable, floors, table tops, and counter tops in areas where animals are being treated shall be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.

~~(g)(c)~~ The disposal of waste material shall comply with all applicable state, federal, and local laws and regulations.

~~(h)~~ Current veterinary reference materials shall be readily available at the practice.

~~(i)(d)~~ All drugs and biologicals shall be stored, and maintained, administered, dispensed and prescribed according to the manufacturer’s recommendations and administered and in compliance with state and federal laws.

~~(j)~~ Shall have the appropriate drugs and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided.

~~(e)~~ Lighting shall be adequate for the procedures to be performed in the vaccination clinic.

~~(f)~~ Floors, table tops, and counter tops shall be of a non-porous material suitable for regular disinfecting, and cleaning, and shall be cleaned and disinfected regularly.

~~(k)(g)~~ Equipment shall be of the type and quality to provide for the delivery of vaccines and parasiticides in the best interest of the patient and with safety to the public.

~~(l)(h)~~ Fresh, clean water shall be available for sanitizing and first aid. Disposable towels and soap shall be readily available.

~~(i)~~ A vaccination clinic shall have the ability and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services it is providing.

~~(m)(j)~~ The vaccination clinic shall provide a legible list of the name, address, and hours of operation of all contact information for facilities or practices that provide or advertise emergency services and, when applicable, the location of other clinics provided by the same entity on that day, that are located within a 30-minute or 30-mile radius shall be provided to the client.

~~(n)(k)~~ The vaccination clinic shall maintain all vaccination records for a minimum of three (3) years from the date of the vaccination that they were administered.

~~(l)~~ If any diagnostic tests are performed or dangerous drugs are provided, administered, prescribed or dispensed, then a valid veterinary-client-patient relationship must be established, including a complete physical exam and Medical Records as set forth in section 2032.3.

~~(o)(m)~~ The veterinarian shall be identifiable to the public, including, but not limited to the posting of a copy of the veterinarian’s license, as set forth in section 4850 of the code Business and Professions Code.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4853, 4854, and 4883, Business and Professions Code.

2030.4. Minimum Standards – Small Animal House Call Practice.

For purposes of these regulations, a “small animal house call practice” shall mean one in which veterinary medicine and its various branches are being practiced and where veterinary services are being provided to household pets at the location where the animal resides. A small animal house call practice shall meet the following minimum standards:

- (a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times.
- (b) General anesthesia and aseptic surgical procedures shall not be performed.
- (c) Prior notice shall be given to the client when the practice is closed. An answering machine or service shall be used to notify the public when the practice will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services.
- (d) A legible list of contact information for facilities or practices that provide emergency services shall be provided to the client.
- (e) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations.
- (f) Shall have the ability to provide diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.
- (g) Shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services.
- (h) All drugs and biologicals shall be stored and maintained according to the manufacturer’s recommendations and administered, prescribed, and dispensed in compliance with state and federal laws.
- (i) Sanitary methods for the disposal of deceased animals shall be provided.
- (j) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal.
- (k) Shall have the appropriate drugs and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided.
- (l) Current veterinary reference materials shall be readily available.
- (m) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear appropriate apparel.
- (n) For purposes of this section, “clean surgery” shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4854 and 4883, Business and Professions Code.

2030.5. Minimum Standards – Large Animal Ambulatory Practice.

For purposes of these regulations, a “large animal ambulatory practice” shall mean a practice where veterinary medicine and its various branches are being practiced either at the location of the animal or by operating in more than one location providing veterinary services to large animals belonging to multiple clients that are not permanently housed or boarded at that location(s). For purposes of this section, large animal pertains to equine and food animals and livestock, as defined in subdivisions (c) and (d) of section 4825.1 of the code. A large animal ambulatory practice shall meet the following minimum standards:

(a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times.

(b) Prior notice shall be given to the client when the practice is closed. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services.

(c) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations.

(d) Shall have the ability to provide diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.

(e) Shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services

(f) All drugs and biologicals shall be stored and maintained according to the manufacturer’s recommendations and administered, prescribed, and dispensed in compliance with state and federal laws.

(g) Current veterinary reference materials shall be readily available.

(h) Shall have the appropriate drugs and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided.

(i) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear appropriate apparel. For purposes of this section, “clean surgery” shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4825.1 , 4854, and 4883, Business and Professions Code.

**Minimum Standards for Alternate Premises
Proposed Language – Clean Version with No Markup**

Section 2030. Minimum Standards - Fixed Veterinary Premises.

The facilities and practice types in sections 2030.1 through 2030.5 are premises pursuant to section 4853 of the code and shall be registered with the board and meet all of the requirements in section 2030.05. If the facility or practice type is operated from a building or facility that is the licensee manager's principal place of business and the building or facility is registered with the board, the facility or practice type shall be considered a mobile unit and exempt from independent registration with the board.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4853, 4854, and 4883, Business and Professions Code.

Section 2030.05 Minimum Standards - Licensee Manager.

- (a) A Licensee Manager is the California licensed veterinarian named as the Licensee Manager on a facility's premises permit.
- (b) The Licensee Manager is responsible for ensuring that the premises for which he/she is manager complies with the requirements in sections 4853, 4854, 4855 and 4856 of the code. The Licensee Manager is responsible for ensuring that the physical and operational components of a premises meet the minimum standards of practice as set forth in sections 2030 through 2032.5 of the California Code of Regulations, Title 16, Division 20, Article 4.
- (c) The Licensee Manager is responsible for ensuring that no unlicensed activity is occurring within the premises or in any location where any function of veterinary medicine, veterinary surgery or veterinary dentistry is being conducted off the premises under the auspices of this premises license.
- (d) The Licensee Manager shall maintain whatever physical presence is reasonable within the facility to ensure that the requirements in subdivisions (a) through (c) are met.
- (e) Each licensed veterinarian shall be responsible for their individual violations of the Veterinary Medicine Practice Act or any regulation adopted thereunder.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4853, 4854, 4855, 4856, and 4883, Business and Professions Code.

2030.1. Minimum Standards - Small Animal Fixed Facility.

For purposes of these regulations, a “small animal fixed facility” shall mean a building where veterinary medicine and its various branches are being practiced and where veterinary services are being provided to household pets. A small animal fixed facility shall meet the following minimum standards:

In addition to the requirements in section 2030, small animal fixed premises shall provide:

- (a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times.
- (b) Indoor lighting for halls, wards, reception areas, examining and surgical rooms shall be adequate for their intended purpose.
- (c) Fire precautions shall meet the requirements of local and state fire prevention codes.
- (d) The facility, temperature, and ventilation shall be maintained so as to assure the comfort of all patients.
- (e) The floors, table tops, and counter tops in areas where animals are being treated shall be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.
- (f) Shall have a reception area and office, or a combination of the two.
- (g) Shall have an examination room separate from other areas of the facility and of sufficient size to accommodate the doctor, assistant, patient, and client.
- (h) Current veterinary reference materials shall be readily available at the facility.
- (i) All drugs and biologicals shall be stored and maintained according to the manufacturer’s recommendations and administered, prescribed, and dispensed in compliance with state and federal laws.
- (j) Shall have the ability to provide diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.
- (k) Shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services.
- (l) Shall have appropriate drugs, including oxygen, and equipment to provide immediate emergency care.
- (m) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations.
- (n) If animals are housed or retained for treatment, the following shall be provided:
 - (1) Compartments or exercise runs or areas for animals shall be consistent with husbandry standards and shall be comfortable, sanitary, and provide for effective separation of animals and waste products.
 - (2) Effective separation of known or suspected contagious animals.
 - (3) Prior notice shall be given to the client if there are to be no personnel on-site during any time an animal is left at the facility. For purposes of this paragraph, prior notice may be accomplished by posting a sign in a place and manner conspicuous to the clients at the primary entrance of the premises, stating that there may be times when there are no personnel on the premises.
 - (4) When medically and/or species appropriate for a given species, where animals are kept on the veterinary premises for 24 hours or more, the animals shall be provided with an opportunity for proper exercise. Compliance with this section may be achieved by the use of exercise runs/areas or by providing the animal with the opportunity for outdoor walks.
- (o) When the facility is closed, a sign shall be posted and visible outside the primary entrance with a telephone number and location where emergency care is available. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services.
- (p) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times.
- (q) Sanitary methods for the disposal of deceased animals shall be provided.
- (r) If aseptic surgery is performed, the following shall be provided:

- (1) A room, separate and distinct from all other rooms shall be reserved for aseptic surgical procedures which require aseptic preparations. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable. The board may exempt a facility which is currently registered with the board, but does not have a separate aseptic surgery room, where it determines that it would be a hardship for the facility to comply with the provisions of this section. In determining whether a hardship exists, the board shall give due consideration to the following factors:
 - (A) Zoning limitations.
 - (B) Whether the facility constitutes a historical building.
 - (C) Whether compliance with this requirement would compel the veterinary practice to relocate to a new location.
- (2) Storage in the surgery room shall be limited to items and equipment normally related to aseptic surgery and surgical procedures. Equipment not normally related to surgery and surgical procedure includes, but is not limited to, equipment used for dental prophylaxis, autoclaves and non-surgical radiographic equipment.
- (3) Open shelving is prohibited in the surgical room.
- (4) Surgery room doors shall be able to be fully closed, fill the entire door space, be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly, and not provide access from outside the facility when aseptic surgery services are provided.
- (5) The surgery room shall be well lighted, shall have equipment for viewing radiographs and shall have effective emergency lighting with a viable power source.
- (6) Surgical instruments and equipment shall be:
 - (A) Adequate for the type of surgical procedures performed.
 - (B) Sterilized as required by the surgical procedure performed and instruments used.
- (7) In any sterile procedure, a separate sterile pack shall be used for each animal.
- (8) All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization.
- (9) The following attire shall be required for aseptic surgery:
 - (A) Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask which covers his or her hair and mouth, nose and any facial hair, except for eyebrows or eyelashes. All members of the surgical team who will be handling the instruments or touching the surgical site shall wear sterilized surgical gowns with long sleeves and sterilized gloves.
 - (B) Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap and mask.
- (s) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear appropriate apparel. For purposes of this section, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4854 and 4883, Business and Professions Code.

2030.2. Minimum Standards - Small Animal Mobile Facility.

For purposes of these regulations, a “small animal mobile facility” shall mean a mobile unit or vehicle where veterinary medicine and its various branches are being practiced and where veterinary services are being provided to household pets. A small animal mobile facility shall meet the following minimum standards:

- (a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times.
- (b) Shall have hot and cold water.
- (c) Shall have a 110-power source for diagnostic equipment.
- (d) Shall have a collection tank for disposal of waste material.
- (e) Indoor lighting for halls, wards, reception areas, examining and surgical rooms, which shall be adequate for its intended purpose.
- (f) Fire precautions shall meet the requirements of local and state fire prevention codes.
- (g) The facility, temperature, and ventilation controls shall be maintained so as to assure the comfort of all patients.
- (h) The floors, table tops, and counter tops shall be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.
- (i) Shall have an examination room of sufficient size to accommodate the doctor, assistant, patient, and client.
- (j) Current veterinary reference materials shall be readily available at the facility.
- (k) All drugs and biologicals shall be stored and maintained according to the manufacturer’s recommendations and administered, prescribed, and dispensed in compliance with state and federal laws.
- (l) Shall have the ability to provide diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.
- (m) Shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services.
- (n) Shall have appropriate drugs, including oxygen, and equipment to provide immediate emergency care.
- (o) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations.
- (p) If animals are housed or retained for treatment, the following shall be provided:
 - (1) Compartments or exercise runs or areas for animals shall be consistent with husbandry standards and shall be comfortable, sanitary, and provide for effective separation of animals and waste products.
 - (2) Effective separation of known or suspected contagious animals.
 - (3) When medically appropriate for a given species, where animals are kept at the facility for 24 hours or more, the animals shall be provided with an opportunity for proper exercise. Compliance with this section may be achieved by the use of exercise runs/areas or by providing the animal with the opportunity for outdoor walks.
 - (4) Prior notice shall be given to the client if there are to be no personnel on-site during any time an animal is left at the facility.
- (q) Prior notice shall be given to the client when the facility is closed. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after hour emergency care is available. If emergency services are not provided by the facility, a legible list of contact information for facilities or practices that provide emergency services shall be provided to the client. If no after-hour emergency care is available, full disclosure shall be provided to the public prior to rendering services.
- (r) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times.
- (s) Sanitary methods for the disposal of deceased animals shall be provided.
- (t) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal.

- (u) If aseptic surgery is performed, the following shall be provided:
- (1) A room, separate and distinct from all other rooms, which shall be reserved for aseptic surgical procedures. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable.
 - (2) Shall have an examination area separate from the surgery room.
 - (3) Storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures. Equipment not normally related to surgery and surgical procedure includes, but is not limited to, equipment used for dental prophylaxis, autoclaves, and non-surgical radiographic equipment.
 - (4) Open shelving is prohibited in the surgical room.
 - (5) The surgical room shall not contain a functional sink with an open drain.
 - (6) The surgery room shall be well lighted, shall have equipment for viewing radiographs and shall have effective emergency lighting with a viable power source.
 - (7) Surgical instruments and equipment shall be:
 - (A) Adequate for the type of surgical procedures performed.
 - (B) All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization
 - (C) A separate sterile pack shall be used for each animal.
 - (8) Surgery room doors shall be able to be fully closed, fill the entire door space, be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.
 - (9) The following attire shall be required:
 - (A) Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask which covers his or her hair and mouth, nose and any facial hair, except for eyebrows or eyelashes. All members of the surgical team who will be handling the instruments or touching the surgical site shall wear sterilized surgical gowns with long sleeves and sterilized gloves.
 - (B) Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap and mask.
 - (10) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear appropriate apparel. For purposes of this section, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4853 and 4854, Business and Professions Code.

2030.3. Minimum Standards - Animal Vaccination Practice.

For purposes of these regulations, an “animal vaccination practice” shall mean a location where the scope of veterinary practice is limited to only vaccinations and preventative procedures for parasitic control. An animal vaccination practice shall meet the following minimum standards:

- (a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times.
- (b) Diagnostic tests shall not be performed, and dangerous drugs shall not be prescribed or dispensed.
- (c) A veterinarian must remain on site throughout the duration of a vaccination practice. The veterinarian is responsible for proper vaccination and preventative procedures for parasite control and the completeness of recommendations made to the public by the paraprofessional staff that the veterinarian supervises or employs. The veterinarian is responsible for documenting that the patient appears healthy enough to receive vaccines or preventable parasiticides as well as providing consultation and referral of clients when disease is detected or suspected.
- (d) Lighting shall be adequate for the procedures to be performed in the vaccination practice.
- (e) Fire precautions shall meet the requirements of local and state fire prevention codes.
- (f) When applicable, floors, table tops, and counter tops in areas where animals are being treated shall be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.
- (g) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations.
- (h) Current veterinary reference materials shall be readily available at the practice.
- (i) All drugs and biologicals shall be stored and maintained according to the manufacturer’s recommendations and administered in compliance with state and federal laws.
- (j) Shall have the appropriate drugs and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided.
- (k) Equipment shall be of the type and quality to provide for the delivery of vaccines and parasiticides in the best interest of the patient and with safety to the public.
- (l) Fresh, clean water shall be available for sanitizing and first aid. Disposable towels and soap shall be readily available.
- (m) A legible list of contact information for facilities or practices that provide or advertise emergency services shall be provided to the client.
- (n) Maintain records of all vaccinations and drugs administered to each patient for a minimum of three (3) years from the date that they were administered.
- (o) The veterinarian shall be identifiable to the public, including, but not limited to the posting of the veterinarian’s license, as set forth in section 4850 of the code.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4853, 4854, and 4883, Business and Professions Code.

Section 2030.4. Minimum Standards – Small Animal House Call Practice.

For purposes of these regulations, a “small animal house call practice” shall mean one in which veterinary medicine and its various branches are being practiced and where veterinary services are being provided to household pets at the location where the animal resides. A small animal house call practice shall meet the following minimum standards:

- (a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times.
- (b) General anesthesia and aseptic surgical procedures shall not be performed.
- (c) Prior notice shall be given to the client when the practice is closed. An answering machine or service shall be used to notify the public when the practice will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services.
- (d) A legible list of contact information for facilities or practices that provide emergency services shall be provided to the client.
- (e) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations.
- (f) Shall have the ability to provide diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.
- (g) Shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services.
- (h) All drugs and biologicals shall be stored and maintained according to the manufacturer’s recommendations and administered, prescribed, and dispensed in compliance with state and federal laws.
- (i) Sanitary methods for the disposal of deceased animals shall be provided.
- (j) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal.
- (k) Shall have the appropriate drugs and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided.
- (l) Current veterinary reference materials shall be readily available.
- (m) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear appropriate apparel.
- (n) For purposes of this section, “clean surgery” shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4854 and 4883, Business and Professions Code.

2030.5. Minimum Standards – Large Animal Ambulatory Practice.

For purposes of these regulations, a “large animal ambulatory practice” shall mean a practice where veterinary medicine and its various branches are being practiced either at the location of the animal or by operating in more than one location providing veterinary services to large animals belonging to multiple clients that are not permanently housed or boarded at that location(s). For purposes of this section, large animal pertains to equine and food animals and livestock, as defined in subdivisions (c) and (d) of section 4825.1 of the code. A large animal ambulatory practice shall meet the following minimum standards:

- (a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times.
- (b) Prior notice shall be given to the client when the practice is closed. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services.
- (c) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations.
- (d) Shall have the ability to provide diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.
- (e) Shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services
- (f) All drugs and biologicals shall be stored and maintained according to the manufacturer’s recommendations and administered, prescribed, and dispensed in compliance with state and federal laws.
- (g) Current veterinary reference materials shall be readily available.
- (h) Shall have the appropriate drugs and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided.
- (i) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear appropriate apparel. For purposes of this section, “clean surgery” shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4825.1, 4854, and 4883, Business and Professions Code.