

March 4, 2026
Board Room 2
9:00 a.m.

Agenda
Virginia Board of Veterinary Medicine
Full Board Meeting

Call to Order – Richard G. Bailey, DVM, Board President

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- Emergency Egress Procedures
- Mission Statement

Ordering of Agenda – Dr. Bailey

Public Comment – Dr. Bailey

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

Approval of Minutes – Dr. Bailey

Pages 2-14

- October 21, 2025 Board Meeting (pp 2-7)
- October 21, 2025 Formal Hearing (pp 8-11)
- January 23, 2026 Formal Hearings (pp 12-14)

Agency Director’s Report – Dr. David Brown, Director

Legislative/Regulatory Report – Ms. Erin Barrett

Pages 15-35

- Legislative Report (pp 15-17)
- Consideration of Petition for Rulemaking (pp 18-21)
- Current Regulatory Actions (pp 22-23)
- Consideration of proposed amendments to board policies (pp 24-35)
 - Board bylaws (pp 25-30)
 - Disposition of Cases Involving Applicants Practicing Veterinary Technology Prior to Licensure (pp 31-32)
 - Disposition of Cases Involving Failure of Veterinarian-in-Charge to Notify Board of Veterinary Establishment Closure (pp 33-35)

Discussion

Pages 36-101

- 2025 Healthcare Workforce Data Center Reports – **Dr. Barbara Hodgdon (pp)**
 - Veterinarians (pp 36-68)
 - Veterinary Technicians (pp 69-101)
- Consideration of Audit of 2025 Renewal CE

Board Counsel’s Report – Mr. Brent Saunders

President’s Report – Dr. Bailey

Staff Reports

Pages 102-147

- Executive Director’s Report – **Ms. Moss**
 - Veterinary Shortage Study Workgroup
 - 2026 Second and Final Report (pp 102-120)
 - Regulatory Committee and Regulatory Advisory Panel updates

-
- VVMA 2026 Virginia Veterinary Conference
 - Report to VVMA Board of Directors (**pp 121-124**)
 - American Association of Veterinary State Boards 2026 Annual Meeting
 - International Council on Veterinary Assessment (ICVA) Reports
 - 2025 Report to Licensing Boards (**pp 125-132**)
 - NAVLE 2024-2025 Technical Report (**pp 133-142**)
 - Outreach
 - Newsletter (**pp 143-146**)
 - Statistics (**p 147**)
 - Licensing Report – **Ms. Laura Jackson**
 - Discipline Report – **Ms. Claire Foley**
-

New Business – Dr. Bailey

Next Meeting – Dr. Bailey/Ms. Moss

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- 2026 Board Meeting Calendar (**p 148**)
 - May 19, 2026 – Formal hearing
 - July 28, 2026 - Full board meeting
-

Meeting Adjournment – Dr. Bailey

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

MISSION STATEMENT

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

Call to Order

The October 21, 2025, Virginia Board of Veterinary Medicine (Board) meeting was called to order at 9:11 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia 23233.

Presiding Officer

Jeffrey B. Newman, DVM, President

Members Present

Richard G. Bailey, DVM, Vice President
Margaret J. Rucker, DVM, Secretary
Richard Godine, DVM
Patricia Seeger, LVT, BBA
Steve Linas, OD

Member Not Present

Bruce M. Bowman, DVM

Staff Present

Arne W. Owens, Agency Director
Kelli Moss, Executive Director
Matt Novak, Policy & Economic Analyst
Claire Foley, Deputy Executive Director
M. Brent Saunders, Senior Assistant Attorney General, Board Counsel
Laura Jackson, Board Administrator
Laura D. Paasch, Senior Licensing & Operations Specialist
Taryn Singleton, LVT, Discipline Case Specialist

Public Present

Victoria Staples, Virginia Veterinary Medical Association (VVMA)
Greg Habeeb

Establishment of Quorum

Six out of the seven board members were present in the Richmond office, constituting a quorum for conducting business.

Introduction

Dr. Newman welcomed Dr. Godine to the Board, who was appointed to the Board after it's last meeting.

Ordering of Agenda

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

Public Comment

No public comment was provided.

Approval of Minutes

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

- July 29, 2025, Full Board meeting
- July 29, 2025, Formal hearings
- July 30, 2025, Formal hearings
- August 14, 2025, Formal hearing
- August 15, 2025, Formal hearing

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

Agency Director's Report

Mr. Owens provided an update on the agency's activities, including DHP's focus on operational and budgetary efficiency measures and participation in development of the biennial budget.

Regulatory Report

Mr. Novak provided the report on regulatory activity, including the status of current regulatory actions and the pending appointment of a Regulatory Advisory Panel to develop regulations for large animal haul-in veterinary establishments.

Mr. Novak presented information for the Board to repeal Guidance Document 150-14, which is no longer needed after an agency policy was adopted to delegate case adjudication duties to an agency subordinate.

- Dr. Rucker moved to repeal Guidance Document 150-14. The motion was seconded by Dr. Bailey and carried unanimously.

Mr. Novak provided information on the readoption of the Board's electronic participation policy, which the Board is required to review annually.

- Dr. Rucker moved to readopt the electronic participation policy. The motion was seconded by Dr. Godine and carried unanimously.

Mr. Novak presented the revised Sanctioning Reference Points (SRP) manual, which was finalized after the Board previously adopted the SRP worksheet and instructions.

- Dr. Bailey moved to adopt the revised SRP manual as a policy document. The motion was seconded by Dr. Linas. The motion carried with six votes in favor.

Discussion

Ms. Moss provided additional information as requested by the Board at its July 29, 2025, meeting regarding a continuing education course entitled Abdominal Ultrasound for the General Practitioner for the Board's consideration.

- Dr. Rucker moved to approve two 5-hour sessions entitled Abdominal Ultrasound for the General Practitioner as presented to meet the regulatory requirements for continuing education under 18 VAC 150-20-70. The motion was seconded by Dr. Godine and carried unanimously.

Ms. Moss and Ms. Foley provided information regarding regulatory requirements for drug records under 18 VAC 150-20-190(I) and (K), which requires the maintenance of original invoices for the receipt of controlled drugs. Ms. Foley reported technological and other factors impact compliance with this regulation as invoices are no longer routinely provided with shipments, but shipments do include packing slips containing the same information needed for documenting receipt of controlled drugs.

- Dr. Bailey moved to interpret the maintenance of original packing slips to satisfy the regulatory requirement to maintain original invoices under 18 VAC 150-20-190 (I) and (K). The motion was seconded by Dr. Linas and carried unanimously.

Board Counsel's Report

Mr. Saunders gave status updates on two board decisions that were appealed to circuit court.

President's Report

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

Staff Reports

Executive Director's Report

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

- American Association of Veterinary State Boards (AAVSB) 2025 Annual Meeting
Ms. Moss and Dr. Bowman represented the Board at the 2025 AAVSB's annual

conference in September in Cincinnati, Ohio. She provided a brief report by Dr. Bowman and gave details about three resolutions passed by the AAVSB Delegate Assembly. They are not expand membership beyond North America, not endorse the creation of the Veterinary Professional Associate until and unless a nationally accredited educational and credentialing framework has been established and regulatory infrastructure has been developed and to focus on recognition and utilization of existing credentialed veterinary technicians, and to establish the VCPR through in-person examinations requiring a valid license in the jurisdiction where the veterinarian is practicing.

➤ EMS Treatment and Transport of Working K9s:

Ms. Moss reported that this workgroup has concluded and provided the draft report for House Bill 1309, Guidelines for the Emergency Treatment and Transport of Fire, Police, Search and Rescue Dogs, which included the following:

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

➤ Large Animal Veterinarian Shortage Study Workgroup:

Ms. Moss reported that this workgroup held its last meeting on September 3, 2025, and the second and final report will be presented to the 2026 General Assembly and provided to the Board at its next meeting. She reported that several recommendations from the first-year report have resulted in legislation and funding for two separate grants:

- Four recipients will be awarded grants up to \$110,000, disbursed over a three-year period. The Virginia Department of Agriculture and Consumer Services (VDACS) received 44 applications, which were reviewed by a panel.
- Governor Glenn Youngkin awarded Russell County a Governor's Agriculture and Forestry Industries Development (AFID) Fund Planning Grant, to be combined with funding from the Virginia Tobacco Region Revitalization Commission (TRRC) to support the development of a comprehensive incentive program to help bring large animal veterinarians to the region.

- Ms. Moss reported that Dr. Bowman served as the Board's representative in reviewing VDACS' applications for grant awards. She presented a brief report on his behalf that the panel received 43 applications from which it selected the four award recipients. The TRRC also made its selections from the same pool. Distribution statewide was outstanding and awards between equine exclusive, bovine exclusive, and mixed equine/bovine practices resulted in a satisfactory distribution of funds.

➤ Board Outreach

Ms. Moss provided the following information on outreach efforts by board staff:

- Ms. Foley and Ms. Singleton conducted virtual presentations of inspection information in September to Blue Ridge Community College veterinary technology students. She and Ms. Foley will conduct a second virtual presentation on October 30 to the same class providing board information and licensing processes.
- The Virginia Veterinary Medical Association (VVMA) has invited her to present board information at its annual meeting in February 2026.
- Board staff are collaborating with DHP's communications team to develop a quarterly newsletter that will provide updated information and increase engagement with licensees and the public.

➤ DVM Reciprocity

Ms. Moss reported that she is working with the Maryland and DC veterinary boards on an agreement to expedite licensing applications from each other's jurisdiction with guidance from Mr. Saunders.

- Ms. Moss reported that an affidavit has been created using a template developed by Mr. Saunders to expedite military servicemember applications for licensure under the Military Servicemembers Civil Relief Act (SCRA). She reported that Ms. Foley and staff are working to update other forms related to the inspection process.
- Ms. Moss provided an update on open and closed licensure applications.

Ms. Foley provided an update on open and closed discipline cases and reported that the discipline team resolved the most cases during the previous quarter in the past nine quarters. She acknowledged her staff and thanked the board members for their hard work in achieving this target. She reported the case clearance rate, age of pending caseload and time to disposition all exceeded DHP's performance measures, upholding the agency's mission of ensuring safe and competent patient care.

New Business

Elections

Dr. Newman provided information from the Bylaws regarding officer elections.

President:

Dr. Rucker moved to nominate Dr. Bailey as president which was seconded by Dr. Godine. No other nominations were received. The motion carried unanimously. Dr. Bailey will serve a one-year term as president of the Board beginning January 1, 2026.

Vice-President:

Dr. Bailey moved to nominate Dr. Rucker to serve as vice-president. The motion was seconded by Dr. Godine. No other nominations were received. The motion carried unanimously. Dr. Rucker will serve a one-year term as vice-president of the Board beginning January 1, 2026.

Secretary:

Dr. Rucker moved to nominate Dr. Godine to serve as Secretary. The motion was seconded by Dr. Bailey. No other nominations were received. The motion carried unanimously. Dr. Godine will serve a one-year term as secretary beginning January 1, 2026.

Other New Business

Dr. Bailey announced a coordinator position was created within the Department of Large Animal Clinical Sciences at the Virginia-Maryland College of Veterinary Medicine at Virginia Tech. The role is designed to support the recruitment, placement, and long-term retention of large animal veterinarians in Virginia, particularly in areas with demonstrated need and community support. Applications are now being accepted and he encouraged board members to share this information with qualified individuals who may be interested in applying for the position.

Next Meeting

Ms. Moss reviewed the 2026 calendar and noted the next full board meeting is scheduled for March 4, 2026.

Adjournment

With no objection, Dr. Newman adjourned the meeting at 10:16 AM.

Kelli G. Moss
Executive Director

**VIRGINIA BOARD OF VETERINARY MEDICINE
FORMAL HEARING MINUTES
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 4
HENRICO, VA
October 21, 2025**

CALL TO ORDER: The meeting of the Virginia Board of Veterinary Medicine (Board) was called to order at 11:03 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia.

FIRST HEARING

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

MEMBERS PRESENT: Richard Godine, D.V.M.
Margaret Rucker, D.V.M.
Patricia Seeger, L.V.T.

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

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

BOARD COUNSEL: Brent Saunders, Senior Assistant Attorney General

COURT REPORTER: Colleen Gregory-Gettel

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

OTHERS PRESENT: Kris Keilman, Sr. Investigator, Enforcement Division

MATTER SCHEDULED: **John Fabish, Veterinarian**

Dr. Fabish appeared via video call before the Board in accordance with a Notice of Formal Hearing dated August 20, 2025. He was not represented by counsel. The Board received evidence from Dr. Fabish and the Commonwealth regarding the allegations in the Notice.

CLOSED SESSION:

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

RECONVENE:

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

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

DECISION:

Dr. Rucker moved to revoke the license of John Fabish, Veterinarian, and that the basis for this decision will be set forth in a final Board Order that will be sent to Dr. Fabish at his address of record. The motion was seconded by Dr. Godine and carried unanimously.

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

ADJOURNMENT:

The Formal Hearing adjourned at 12:52 p.m.

SECOND HEARING

Called to order at 1:46 p.m.

PRESIDING OFFICER:

Jeffery Newman, D.V.M., President

MEMBERS PRESENT:

Richard Bailey, D.V.M.
Richard Godine, D.V.M.
Patricia Seeger, L.V.T.

QUORUM:

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

STAFF PRESENT:

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

BOARD COUNSEL: Brent Saunders, Senior Assistant Attorney General

COURT REPORTER: Colleen Gregory-Gettel

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

MATTER SCHEDULED: **Gary Dehne, Veterinarian Reinstatement Applicant**

Dr. Dehne appeared before the Board in accordance with a Notice of Formal Hearing dated September 5, 2025, to consider his application for reinstatement of his license to practice as a veterinarian in Virginia. He was not represented by counsel. The Board received evidence from the Commonwealth and from Dr. Dehne regarding the allegations in the Notice.

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

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

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

DECISION: Dr. Bailey moved to deny the application for reinstatement for Gary Dehne, Veterinarian Reinstatement Applicant. The basis for this decision will be set forth in a final Board Order that will be sent to Dr. Dehne at his address of record. The motion was seconded by Ms. Seeger and carried unanimously.

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

ADJOURNMENT

The Formal Hearing adjourned at 2:15 p.m.

Kelli G. Moss, Executive Director

DRAFT

**VIRGINIA BOARD OF VETERINARY MEDICINE
FORMAL HEARING MINUTES
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 3
HENRICO, VA
January 23, 2026**

CALL TO ORDER: The meeting of the Virginia Board of Veterinary Medicine (Board) was called to order at 12:09 p.m. on January 23, 2026, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 3, Henrico, Virginia.

FIRST HEARING

PRESIDING OFFICER: Margaret Rucker, D.V.M., Vice-President

MEMBERS PRESENT: Richard Godine, D.V.M.
Steven Linas, O.D.
Jeffrey Newman, D.V.M
Patricia Seeger, L.V.T.

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

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

BOARD COUNSEL: Brent Saunders, Senior Assistant Attorney General

COURT REPORTER: Juan Ortega

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

COMMONWEALTH WITNESSES : Katie Flores, Sr. Investigator, Enforcement Division
Sai Rivera, DEA Investigator

MATTER SCHEDULED:

Jennifer Stepp, Veterinarian Applicant

Dr. Stepp did not appear before the Board in accordance with a Notice of Formal Hearing dated December 11, 2025, to consider her application for licensure to practice veterinary medicine in Virginia and to inquire into allegations that she may have violated certain laws and regulations governing veterinary practice in Virginia. Dr. Rucker ruled that adequate notice had been provided to Dr. Stepp and that the formal hearing would proceed. The Board received evidence from the Commonwealth regarding the allegations in the Notice.

CLOSED SESSION:

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

RECONVENE:

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

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

DECISION:

Dr. Newman moved to deny the application for licensure of Jennifer Stepp, Veterinarian Applicant, and that the basis for this decision will be set forth in a final Board Order that will be sent to Dr. Stepp at her address of record. The motion was seconded by Ms. Seeger and carried unanimously.

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

ADJOURNMENT:

The Formal Hearing adjourned at 1:16 p.m.

Kelli G. Moss, Executive Director

Legislative Report
Board of Veterinary Medicine
As of February 24, 2026
Updates will be provided verbally.

[HB 1287](#) - Veterinarians; amending applications of licensure, etc.
Chief Patron: Cohen

Board of Veterinary Medicine; applications for licensure or renewal; indication of interest to serve as a veterinarian for a public or private animal shelter. Directs the Board of Veterinary Medicine to amend its applications for licensure or renewal of licensure to allow applicants to indicate interest in serving as a veterinarian for public or private animal shelters and to provide disclosure that, if the applicant indicates such interest, the Board shall provide their name and contact information to the State Veterinarian for inclusion on a list distributed to animal shelters quarterly.

Passed House: Y
02/10/2026: Senate – Referred to Committee on Agriculture, Conservation and Natural
02/24/2026: Senate – on Committee docket

[SB 331](#) - Veterinary Medicine, Board of; traineeships.
Chief Patron: Roem

Board of Veterinary Medicine; traineeships. Expands eligibility for veterinary traineeship programs to include (i) graduates of an American Veterinary Medical Association-accredited college of veterinary medicine who have not yet passed the North American Veterinary Licensing Examination (NAVLE); and (ii) registrants in the Educational Commission for Foreign Veterinary Graduates (ECFVG) program who have taken and received a passing score on the NAVLE and have completed all steps of the ECFVG program except for the clinical proficiency examination.

Passed Senate: Y
02/24/2026: House – Reported from Health and Human Services

[HB 669](#) - Impersonation of certain licensed professionals by chatbot; definitions, notice, civil liability.
Chief Patron: Maldonado

Professions and occupations; impersonation of certain licensed professionals by chatbot; notice; civil liability. Provides that a proprietor that owns, operates, or deploys a chatbot, defined in the bill, shall not permit such chatbot to provide any substantive response, information, or advice, or take any action that, if taken by a natural person, would (i) constitute the unlawful practice of architecture, engineering, surveying, landscape architecture, geology, dentistry, medicine, nursing, optometry, pharmacy, physical therapy, certain mental health

professions, psychology, social work, or veterinary medicine; (ii) violate the provisions of law making it unlawful for any person to practice medicine, osteopathic medicine, chiropractic, or podiatry or as a physician assistant in the Commonwealth without a valid unrevoked license or to practice law without being authorized or licensed; or (iii) violate the provisions of law making it unlawful for a teacher to be employed without a license or provisional license or relating to division superintendents, members of a school board or other school officers, or principals or teachers in a public school. The bill allows a person injured by a proprietor who engages in any such conduct to sue therefor no more than two years after the cause of action accrues and recover compensatory damages and reasonable attorney fees and costs.

The bill also requires a proprietor operating or deploying a chatbot to provide a clear, conspicuous, and explicit notice to users that they are interacting with a chatbot but specifies that the provisions of such notice shall not be a defense to liability.

02/18/2026: House – Left in Committee Appropriations

02/11/2026: House – Appropriations subcommittee recommends laying on the table (5-Y 0-N)

02/09/2026: House – Reported from Communications, Technology and Innovation with substitute and referred to Appropriations (20-Y 1-N 1-A)

[HB 796](#) - Regulatory boards; adjustment of fees, recovery of disciplinary and monitoring costs, report.

Chief Patron: Hayes

Companion: SB680 (Head)

Professions and occupations; adjustment of fees by regulatory boards; recovery of disciplinary and monitoring costs. Repeals the provision of law that requires, following the close of any biennium, when the account for any regulatory board within the Department of Professional and Occupational Regulation (DPOR) shows revenue to be a certain percentage greater than expenses, such regulatory board to distribute excess revenue to current regulants and reduce its licensure or certification fees so that fees are sufficient but not excessive to cover expenses. The bill also repeals the provision with respect to the Department of Health Professions (DHP) that requires, following the close of any biennium, when the account for any regulatory board shows expenses allocated to it for the past biennium to be a certain percentage greater than moneys collected by the board, the board to revise its fees so that such fees are sufficient but not excessive to cover expenses. The bill makes it permissive for the regulatory boards within DPOR and DHP to annually revise the fees levied by it for certification, licensure, registration, or permit and renewal so that the fees are sufficient but not excessive to cover expenses. The bill specifies that each regulatory board must report such revisions to DPOR or DHP and requires each agency to report such revisions to the Chairs of the House Committee on Appropriations and the Senate Committee on Finance and Appropriations by November 1, 2026, and annually thereafter. Regulatory boards are also permitted to recover reasonable administrative costs associated with investigation, disciplinary proceedings, monitoring, and confirming compliance with any terms and conditions imposed from any person who is (i) licensed, registered, certified, or issued a multistate or compact licensure privilege by any regulatory or health regulatory board and (ii) issued a finding of a violation of law or regulation

from such regulatory or health regulatory board. Such administrative costs shall not exceed \$500 for regulatory boards within DPOR and \$1,500 for health regulatory boards within DHP.

Passed House: Y

02/25/2026: Senate – On docket for General Laws and Technology

02/18/2026: Senate – Referred to Committee on General Laws and Technology

02/17/2026: House – Read third time and passed House (68-Y 28-N 0-A)

Agenda Item: Consideration of petition for rulemaking

Included in your agenda package:

- Petition for rulemaking received by the Board; and
- Comments received via Town Hall during the public comment period.

Staff note: The petitioner requests that the Board amend 18VAC150-20 to include a requirement that veterinarians check all animals for a microchip prior to beginning treatment.

Action needed:

- Motion to either:
 - Adopt the petition and initiate rulemaking; or
 - Take no action on the petition, stating why.



COMMONWEALTH OF VIRGINIA Board of Veterinary Medicine

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

DHP – MAILROOM (804) 367-4468 (Tel)
OCT 24 2025 (804) 527-4471 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)

Smith, DEANNA L

Street Address

3108 Dupont Ave

Area Code and Telephone Number

804-402-3330

City

Richmond

State

VA

Zip Code

23234

Email Address (optional)

ldeanna62@gmail.com

Fax (optional)

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

Record Keeping Requirements 18VAC 150-20-195 #5 Physical exam
Veterinary Practice § 54.1-3800 Referencing Diagnosis and Exam

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

All of the practicing providers should scan every new patient for possible microchip implantations. Clients of records should not be immune to this part of the exam

I had a pet microchipped and she got out of our yard. I believe it was possible she may have seen a vet and this was not discovered. My vets have never checked any of my animals, and we took various ages into the office. They may have discovered

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

our new found pet was lost.

Signature:

Deanna L Smith

Date:

9/15/2025

P019



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Agency Department of Health Professions

Board Board of Veterinary Medicine

Chapter Regulations Governing the Practice of Veterinary Medicine **[18 VAC 150 - 20]**

5 comments

All good comments for this forum [Show Only Flagged](#)

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Commenter: Anonymous

11/27/25 12:13 pm

Agree - Amendment to require veterinarians to check all animals for a microchip

I believe we would be providing a necessary service to owners whose animals have gone missing. Most people are forthcoming if they found the animal they are bringing, and the next step is to check for a microchip. However, there could be an instance where this information isn't mentioned or is missed. By checking to see if an animal has a microchip prior to treatment, we might be able to help reunite animals with their original family. Of course, sometimes animals are microchipped, and the original owner no longer wants the animal, but at least this could be verified.

CommentID: 238107

Commenter: Chris Griffey Memorial Feline Foundation/ Ellen Carozza LVT, VTS

11/28/25 10:39 am

AGREE to checking the chip

As someone who runs a rescue and chips every single cat in our care and then registers it, I have been on the end of a shelter contacting me for someone giving up one of our cats to the local shelter vs returning it to us as it states in the contract. In my 30 plus years in vet med, I have seen too many cases of stealing pets even with chips and having to get law enforcement involved, ER's and GPs' not wanting to check because they don't want to be on the receiving end of dealing with who is the pet's owner etc.. and not wanting to trace a non-owner registered chip- but that chip can be traced to placement simply due to the "headache" it can cause.

If we are recommending permanent ID, we should be checking new patients each time that come in for care, as well as patients that are DOA from road side accidents etc... our scope of care DOES NOT STOP because the person presenting the animal is not the owner or has to pay for services in order to get any type of care, including a chip check.

If you aren't already checking for a chip, you are providing a sub-level performance of medicine.

CommentID: 238111

Commenter: Anonymous

12/2/25 10:32 pm

Disagree

Tedious. Will take way too long to do. Not even sure what the purpose of this petition is

CommentID: 238314

Commenter: Anonymous

12/6/25 8:30 pm

Agree but additional clarification needed

As a general practice, we are regularly checking new patients for microchips as a way to help locate lost animals and ensure the owner's pet still has a working microchip in case anything were to happen. My question for clarification is are we suggesting that we need to contact the microchip company to verify the owner of the implanted microchip prior to exam/treatment? If so, what time frame is acceptable because most of the time, that is private information that only the microchip company is privy too. Personally my pets are registered by Homeagain and they will not give out my information to a clinic or shelter to contact me, only home again will contact me. This could severely prolonged patient care, especially in emergency settings.

CommentID: 238496

Commenter: Les Foldesi, MS, CHP Emeritus

12/17/25 11:12 am

Agree, but no additional requirements/duties

I support the petitioner's request to require veterinarians to check companion animals (canine and feline) for a microchip. Other than requiring the veterinary to check for a microchip, the petitioner did not express what actions should be taken with the information taken. One assumes at a minimum the veterinarian will document in the patient chart whether there was a microchip present and if so the alphanumeric code. However, I am opposed to the Board imposing any additional requirement or duty on the veterinarian or the veterinary facility.

CommentID: 238699

Board of Veterinary Medicine
Current Regulatory Actions
As February 24, 2026

In the Governor’s Office

None.

In the Secretary’s Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC150-20	NOIRA	Regulation of haul-in facilities	8/4/2025	53 days	Result of large animal veterinarian workgroup
18VAC150-20	Emergency/NOIRA	Limited practice as a veterinarian trainee	6/6/2024	28 days	Emergency regulations required pursuant to legislation
18VAC150-20	Emergency/NOIRA	Regulation of satellite offices of veterinary establishments	6/6/2024	28 days	Emergency regulations required pursuant to legislation

In the Department of Planning and Budget

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC150-20	Proposed	Reduction of requirements for licensure by endorsement	11/4/2024	33 days	Reduces licensure by endorsement requirements

In the Office of the Attorney General

None.

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication Date	Effective Date	Notes
18VAC150-20	NOIRA	Regulation of haul-in facilities	3/9/2026	N/A	Comment period 3/9/2026 – 4/8/2026

Awaiting transmittal to next stage

VAC	Stage	Subject Matter	Next Review	Approximate Submission	Notes
18VAC150-20	Proposed	Implementation of 2022 Periodic Review	DPB	April 2026	Implements changes from 2022 periodic review

Agenda Item: Consideration of amendments to board policies

Included in your agenda package:

- Policy department proposed amendments to board bylaws;
- Policy department proposed amendments to policy on disposition of cases involving LVTs practicing prior to licensure; and
- Policy department proposed amendments to policy on disposition of cases involving failure of VIC to notify board of veterinary establishment closure.

Staff note: All three documents were previously guidance documents. These documents did not meet the statutory definition of guidance documents and have been reclassified as policy documents. Any changes made by the board will become effective immediately rather than following the statutory waiting period and comment period imposed on guidance document changes.

Action needed:

- Motion to revise policy documents as presented or amended by the board.

**VIRGINIA BOARD OF VETERINARY MEDICINE
BYLAWS**

Article I. Officers of the Board.

A. Election of officers.

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

B. Duties of the officers

1. President.

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

2. Vice-President.

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

3. Secretary.

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

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

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

Executive Director shall manage the correspondence of the board and shall perform all such other duties as naturally pertain to this position.

Article II. Meetings.

A. Number and organization of meetings.

1. For purposes of these bylaws, the board shall schedule at least three full board meetings in each year, with the right to change the date or cancel any board meeting; ~~with the exception that one meeting shall take place annually.~~ The board recognizes that any full board meeting may be cancelled for lack of business, although other entities of the board may meet, such as disciplinary panels or the regulatory committee.
2. A majority of the members of the board shall constitute a quorum for the transaction of business. The current edition of Robert's Rules of Order, revised, shall apply unless overruled by these bylaws or when otherwise agreed.

B. Attendance of board members.

Members shall attend all scheduled meetings of the board and committee to which they serve, unless prevented by illness or similar unavoidable cause. In the event of two consecutive unexcused absences at any meeting of the board or its committees, the President shall make a recommendation about the board member's continued service to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

~~C. Order of business. The order of the business shall be as follows:~~

- ~~1. Call to order with statement made for the record of how many and which board members are present and that it constitutes a quorum.~~
- ~~2. Public comment.~~
- ~~3. Approval of minutes.~~
- ~~4. The Executive Director and the President shall collaborate on the remainder of the agenda.~~

Article III. Committees.

A. Standing Committees:

1. Special Conference Committee.

This committee shall consist of two board members who shall review information regarding alleged violations of the veterinary medicine laws and regulations and determine if probable cause exists to proceed with possible disciplinary action. The President shall also designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date. Further, should the caseload increase to the level that additional special conference committees are needed, the President may appoint additional committees.

2. Regulatory/Legislative Committee.

The committee shall consist of at least three board members. ~~The board delegates to the Regulatory/Legislative Committee to recommend actions to petitions for rulemaking.~~ This committee is responsible for the development of proposals for new regulations or amendments to existing regulations with all required accompanying documentation; the drafting of board responses to public comment as required in conjunction with rulemaking; conducting the required review of all existing regulations as required by the board's Public Participation Guidelines and any Executive Order of the Governor, and other required tasks related to regulations. In accordance with the Administrative Process Act, Va. Code § 2.2-4000 et seq., any proposed draft regulation and response to public comment shall be reviewed and approved by the full board prior to publication. The board delegates the authority to develop proposals for legislative initiatives of the board. Any proposed draft legislation and response to public comment shall be reviewed and approved by the full board prior to publication.

3. Credentials Committee.

The committee shall consist of two board members. The members of the committee may review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations when the Board President deems necessary. The committee shall not be required to meet collectively.

B. Ad hoc committees

~~There may be ad~~ Ad hoc committees; may be appointed as needed and shall consist of ~~three~~ two or more persons appointed by the board who are knowledgeable in the particular area of practice or education under consideration by the board. The committee shall review matters as requested by the board and advise the board relative to the matters or make recommendations for consideration by the board.

Article IV. General Delegation of Authority.

A. The ~~Board~~ board delegates to board staff the authority to issue and renew licenses and registrations for which statutory and regulatory qualifications have been met.

B. The ~~Board~~ board delegates to the Executive Director the authority to reinstate a license or registration when the reinstatement is due to the lapse of the license or registration rather than a disciplinary action and there is no basis upon which the ~~Board~~ board could refuse to reinstate.

C. The ~~Board~~ board delegates to board staff the authority to develop, approve and update information on forms used in the daily operations of board business, ~~to include, but not limited to,~~ including licensure applications, renewal forms, inspection forms and documents used in the disciplinary process. The Executive Director shall consult with the board President prior to posting inspection form changes.

D. The ~~Board~~ board delegates authority to the Executive Director to negotiate a ~~Consent Order~~ consent order in consultation with the chair of a ~~Special Conference Committee~~ special conference committee or formal hearing.

E. The ~~Board~~ board delegates to the Executive Director the authority to sign as entered any ~~Order~~ order or ~~Consent Order~~ consent order resulting from the disciplinary process or other administrative proceeding.

F. The ~~Board~~ board delegates to the Executive Director, who may consult with a special conference committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.

G. The ~~Board~~ board delegates to the Executive Director the authority to review information regarding alleged violations of law or regulations and, in consultation with a member of a special conference committee, make a determination as to whether probable cause exists to proceed with possible disciplinary action.

H. The ~~Board~~ board delegates authority to the Executive Director to close non-jurisdictional cases and fee disputes cases without review by a board member.

I. The ~~Board~~ board delegates authority to the Executive Director to grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee or registrant prior to the renewal date.

J. The ~~Board~~ board delegates authority to the Executive Director to grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee or registrant, such as temporary disability, mandatory military service, or officially declared disasters.

K. The ~~Board~~ board delegates authority to the Executive Director to issue an advisory letter, offer a confidential consent agreement or offer a ~~Consent Order~~ consent order for action consistent with any board-approved guidance document.

L. The ~~Board~~ board delegates to the President the authority to represent the board in instances where board “consultation” or “review” may be requested where a vote of the board is not required, and a meeting is not feasible.

M. The ~~Board~~ board delegates to the Department of Health Professions’ inspectors the authority to issue an Inspection Summary upon completion of an inspection, and the ~~Board~~ board delegates to the Executive Director the authority to take action consistent with any board-approved guidance document related to inspection violations.

N. The ~~Board~~ board delegates to the Executive Director the authority to grant an accommodation of additional testing time or other requests for accommodation to candidates for ~~Board~~ board -required examinations pursuant to the Americans with Disabilities Act, provided the candidate provides documentation that supports such an accommodation.

O. The ~~Board~~ board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Va. Code § 54.1-2400.2(~~F~~), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.

P. The ~~Board~~ board delegates authority to the Executive Director to request and accept from a licensee or registrant, in lieu of disciplinary action, a ~~Confidential Consent Agreement~~ confidential consent agreement, pursuant to Va. Code § 54.1-2400(14), consistent with any guidance documents adopted by the ~~Board~~ board.

Q. The ~~Board~~ board delegates authority to the Executive Director or designee to make probable cause decisions for cases involving the following:

- Impairment;
- Diversion;
- Failure to maintain drugs in a secure manner;
- Inspections;
- Compliance with ~~Board~~ board ~~Orders~~ orders;
- PMP reporting;
- Compliance with continuing education requirements;
- Unlicensed activity;
- Aiding and abetting unlicensed activity;
- Fraud;
- Unprofessional conduct for failure to release records; and
- Compliance with medical recordkeeping requirements.

R. The ~~Board~~ board delegates authority to the Executive Director or designee to make investigation decisions for cases involving the following:

- Lack of evidence to proceed; and
- Reports of drug theft and loss

Article V. Amendments.

Proposed amendments to these bylaws shall be presented in writing to all ~~Board~~ board members, the Executive Director of the ~~Board~~ board, and the ~~Board~~ board's legal counsel prior to any regularly scheduled ~~Board~~ board meeting. Amendments to the bylaws shall become effective with a favorable vote of at least two-thirds of the board members present at that regular meeting.

VIRGINIA BOARD OF VETERINARY MEDICINE

**Disposition of Cases Involving Applicants Practicing
Veterinary Technology Prior to Licensure**

Board Action for Practicing Veterinary Technology Prior to Licensure

The Board adopted the following [guidelines](#) [standard policies](#) for resolution of a case in which an otherwise qualified veterinary technician who is not engaged in a preceptorship or externship practices veterinary technology prior to initial licensure:

Cause	Possible Action
First offense: 31 days or less	Advisory Letter
First offense: 32 to 90 days	Confidential Consent Agreement
First offense: 91 days or more	Consent Order; Reprimand

Board Action for Unprofessional Conduct Related to Allowing Unlicensed Persons to Perform Restricted Acts

The Board adopted the following [guidelines](#) [standard policies](#) for resolution of a case in which a licensee allowed an otherwise qualified veterinary technician who is not engaged in a preceptorship or externship to perform acts prior to licensure that are restricted to a licensed veterinary technician:

Cause	Possible Action
First offense: 31 days or less	Advisory Letter
First offense: 32 to 90 days	Confidential Consent Agreement
First offense: 91 days or more	Consent Order; Reprimand

References:

[Va. Code § 54.1-3805](#)

[Va. Code § 54.1-3807](#)

[18VAC150-20-140](#)

Applicable Laws and Regulations

~~§ 54.1-3805. License required.~~

~~No person shall practice veterinary medicine or as a veterinary technician in this Commonwealth unless such person has been licensed by the Board.~~

~~§ 54.1-3807. Refusal to grant and to renew; revocation and suspension of licenses and registrations.~~

~~The Board may refuse to grant or to renew, may suspend or revoke any license to practice veterinary medicine or to practice as a veterinary technician or registration to practice as an equine dental technician if such applicant or holder:~~

Adopted: March 7, 2019

Effective: May 2, 2019

Revised March 4, 2026

~~5. Is guilty of unprofessional conduct as defined by regulations of the Board;~~

~~**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:~~

~~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.~~

Reaffirmed: March 11, 2021

Revised March 4, 2026

Virginia Board of Veterinary Medicine
Policy for Disposition of Cases Involving
Failure of Veterinarian-in-Charge to Notify
Board of Veterinary Establishment Closure

Q: What will the Board accept as notification of closure?

A: Notification must be in writing, and the Board must be notified 10 days prior to closure. Notification may be sent via email or mail. ~~The Notification for Closure of Veterinary Establishment A form for use in notifying the Board is available to utilize to notify the Board~~ of the closure of a veterinary establishment [is available on the Board's website.](#)

Board Action for Non-Compliance

The Board adopted the following [guidelines standard policies](#) for resolution of cases of non-compliance by a veterinarian-in-charge's failure to provide prior notification to the Board of a veterinary establishment's closure in accordance with 18VAC150-20-181:

Veterinarian-in-Charge

Cause	Possible Action
First offense: 90 days or less after closure	Advisory Letter
First offense: 91 days or more	Confidential Consent Agreement
Second offense	Consent Order; Reprimand

References:

[Va. Code § 54.1-2405](#)

[Va. Code § 54.1-3804\(3\)](#)

[18VAC150-20-181](#)

Applicable Law, Regulation and Guidance

[Code of Virginia](#)

§ 54.1-3804. Specific powers of Board.

In addition to the powers granted in § 54.1-2400, the Board shall have the following specific powers and duties:

Reaffirmed: March 11, 2021

Revised March 4, 2026

~~3. To regulate, inspect, and register all establishments and premises where veterinary medicine is practiced.~~

~~§ 54.1-2405. Transfer of patient records in conjunction with closure, sale, or relocation of practice; notice required.~~

~~A. No person licensed, registered, or certified by one of the health regulatory boards under the Department shall transfer records pertaining to a current patient in conjunction with the closure, sale or relocation of a professional practice until such person has first attempted to notify the patient of the pending transfer, by mail, at the patient's last known address, and by publishing prior notice in a newspaper of general circulation within the provider's practice area, as specified in § 8.01-324.~~

~~The notice shall specify that, at the written request of the patient or an authorized representative, the records or copies will be sent, within a reasonable time, to any other like-regulated provider of the patient's choice or provided to the patient pursuant to § 32.1-127.1:03. The notice shall also disclose whether any charges will be billed by the provider for supplying the patient or the provider chosen by the patient with the originals or copies of the patient's records. Such charges shall not exceed the actual costs of copying and mailing or delivering the records.~~

~~B. For the purposes of this section:~~

~~"Current patient" means a patient who has had a patient encounter with the provider or his professional practice during the two-year period immediately preceding the date of the record transfer.~~

~~"Relocation of a professional practice" means the moving of a practice located in Virginia from the location at which the records are stored at the time of the notice to another practice site that is located more than 30 miles away or to another practice site that is located in another state or the District of Columbia.~~

Regulations Governing the Practice of Veterinary Medicine

~~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.~~

Reaffirmed: March 11, 2021

Revised March 4, 2026

~~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.~~

DRAFT

Virginia's Veterinarian Workforce: 2025

Healthcare Workforce Data Center

February 2026

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

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

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

In total, 4,558 veterinarians voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Veterinary Medicine express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BA
Research Assistant

Virginia Board of Veterinary Medicine

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Fincastle

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Hampton

Executive Director

Kelli Moss

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The Veterinarian Workforce: At a Glance:

The Workforce

Licensees:	5,500
Virginia's Workforce:	4,132
FTEs:	3,781

Background

Rural Childhood:	27%
HS Diploma in VA:	36%
Prof. Degree in VA:	31%

Current Employment

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

Survey Response Rate

All Licensees:	83%
Renewing Practitioners:	93%

Education

DVM/VMD:	72%
Masters or PhD:	12%

Job Turnover

Switched Jobs:	5%
Employed Over 2 Yrs.:	64%

Demographics

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

Finances

Median Inc.: \$130k-\$140k	
Health Insurance:	53%
Under 40 w/ Ed. Debt:	64%

Time Allocation

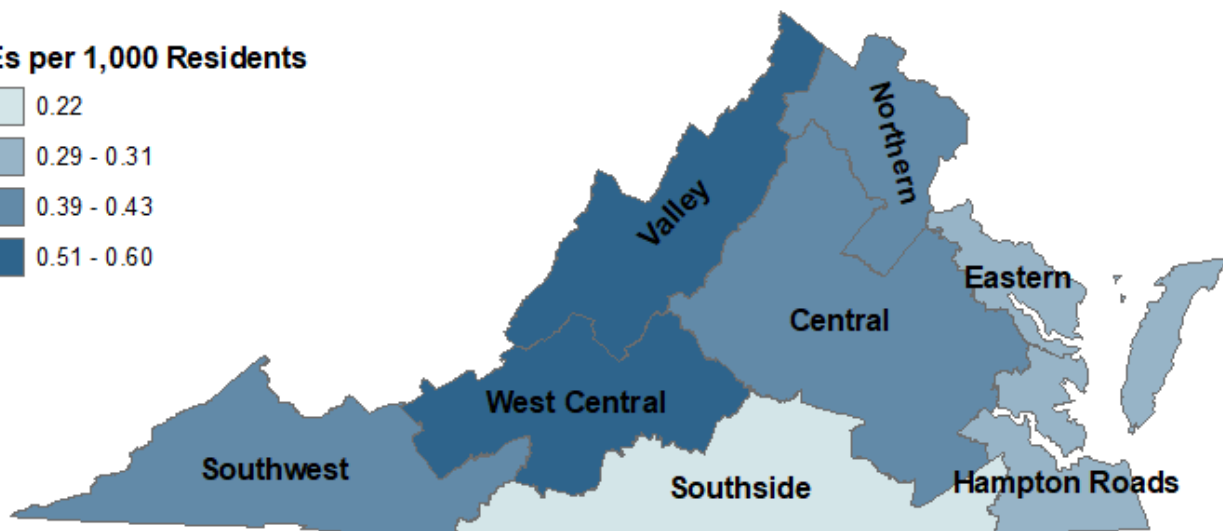
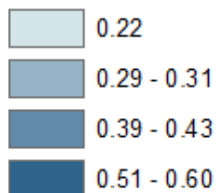
Patient Care:	90%-99%
Administration:	1%-9%
Patient Care Role:	86%

Source: Va. Healthcare Workforce Data Center

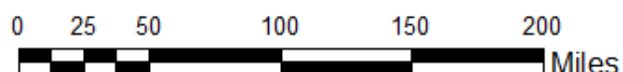
Full-Time Equivalency Units Provided by Veterinarians per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



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



This report contains the results of the 2025 Veterinarian Workforce survey. There were 4,558 veterinarians who voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every December for veterinarians. These survey respondents represent 83% of the 5,500 veterinarians licensed in the state and 93% of renewing practitioners.

The HWDC estimates that 4,132 veterinarians participated in Virginia's workforce during the survey period, which is defined as those veterinarians who worked at least a portion of the year in the state or who live in the state and intend to return to work as a veterinarian at some point in the future. During the past year, Virginia's veterinarian workforce provided 3,781 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Three out of every four veterinarians are female, and the median age of this workforce is 45. In a random encounter between two veterinarians, there is a 24% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 33% for those veterinarians who are under the age of 40. The comparable diversity index for Virginia's overall population is 60%. More than one out of every four veterinarians grew up in a rural area, and 16% of veterinarians who grew up in a rural area currently work in a non-metro area of the state. In total, 9% of all veterinarians work in a non-metro area of Virginia.

Among all veterinarians, 95% are currently employed in the profession, 64% hold one full-time position, and 35% work between 40 and 49 hours per week. In total, 46% of veterinarians are employed in a group practice, while another 39% work in a solo practice or partnership. The typical veterinarian earns between \$130,000 and \$140,000 per year, and 72% of veterinarians receive this income as a salary. In addition, 71% of veterinarians receive at least one employer-sponsored benefit, including 53% who have access to health insurance. Among all veterinarians, 90% are satisfied with their current work situation, including 51% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2020 Veterinarian workforce. The number of licensed veterinarians in Virginia has increased by 18% (5,500 vs. 4,666). In addition, the size of Virginia's veterinary workforce has risen by 19% (4,132 vs. 3,483), and the number of FTEs provided by this workforce has grown by 11% (3,781 vs. 3,403). Virginia's renewing veterinarians are also more likely to respond to this survey (93% vs. 88%).

The percentage of all veterinarians who are female has increased (75% vs. 72%). In addition, the diversity index of this workforce has increased (24% vs. 22%), a trend that has also occurred among those veterinarians who are under the age of 40 (33% vs. 29%). Veterinarians are less likely to have grown up in a rural area (27% vs. 30%), and veterinarians who grew up in a rural area are also less likely to work in a non-metro area of the state (16% vs. 17%). However, there has been no change in the percentage of all veterinarians who work in a non-metro area of Virginia (9%).

Veterinarians are less likely to be employed in the profession (95% vs. 96%), hold one full-time job (64% vs. 69%), and work between 40 and 49 hours per week (35% vs. 38%). Instead, veterinarians are relatively more likely to hold two or more positions simultaneously (19% vs. 15%) and work less than 30 hours per week (13% vs. 12%). Veterinarians are also relatively more likely to work in the non-profit sector (5% vs. 4%) than in the for-profit sector (89% vs. 91%). Although veterinarians are less likely to carry education debt (42% vs. 46%), the median outstanding balance among those veterinarians with education debt has increased (\$180k-\$200k vs. \$120k-\$130k).

The median annual income of Virginia's veterinarian workforce has increased (\$130k-\$140k vs. \$100k-\$110k), and veterinarians are more likely to receive these earnings as a salary (72% vs. 71%) than as business income (11% vs. 15%). The percentage of veterinarians who indicated that they are satisfied with their current employment situation has fallen slightly (90% vs. 91%). In addition, there was a larger decline in the percentage of veterinarians who indicated that they are "very satisfied" with their current employment situation (51% vs. 57%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	4,651	85%
New Licensees	442	8%
Non-Renewals	407	7%
All Licensees	5,500	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing veterinarians, 93% submitted a survey. These respondents represent 83% of the 5,500 veterinarians who held a license at some point in the past year.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	127	245	66%
30 to 34	175	580	77%
35 to 39	124	647	84%
40 to 44	95	590	86%
45 to 49	89	563	86%
50 to 54	72	422	85%
55 to 59	65	433	87%
60 and Over	195	1,078	85%
Total	942	4,558	83%
New Licenses			
Issued in Past Year	255	187	42%
Metro Status			
Non-Metro	60	322	84%
Metro	477	2,842	86%
Not in Virginia	405	1,394	77%

Source: Va. Healthcare Workforce Data Center

Definitions

- The Survey Period:** The survey was conducted in December 2025.
- Target Population:** All veterinarians who held a Virginia license at some point between January 2025 and December 2025.
- Survey Population:** The survey was available to veterinarians who renewed their licenses online. It was not available to those who did not renew, including some veterinarians newly licensed in 2025.

Response Rates	
Completed Surveys	4,558
Response Rate, All Licensees	83%
Response Rate, Renewals	93%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Veterinarians

Number: 5,500
 New: 8%
 Not Renewed: 7%

Response Rates

All Licensees: 83%
 Renewing Practitioners: 93%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Veterinarian Workforce: 4,132
 FTEs: 3,781

Utilization Ratios

Licensees in VA Workforce: 75%
 Licensees per FTE: 1.45
 Workers per FTE: 1.09

Source: Va. Healthcare Workforce Data Center

Definitions

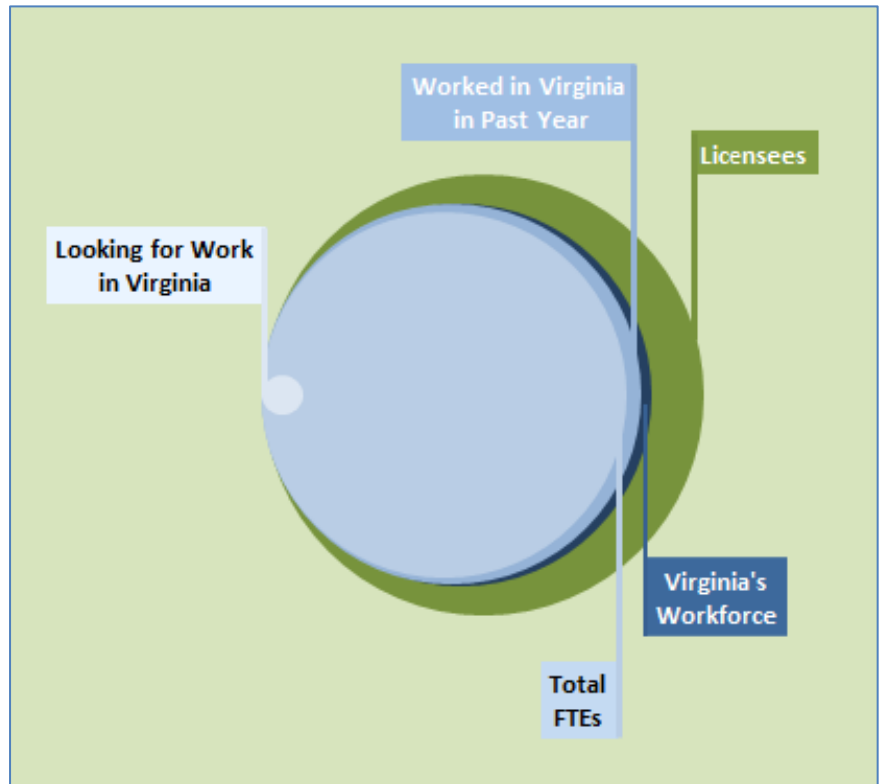
- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time between January 2025 and December 2025 or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Veterinarian Workforce

Status	#	%
Worked in Virginia in Past Year	4,085	99%
Looking for Work in Virginia	47	1%
Virginia's Workforce	4,132	100%
Total FTEs	3,781	
Licensees	5,500	

Source: Va. Healthcare Workforce Data Center

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



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	37	13%	243	87%	281	9%
30 to 34	89	18%	412	82%	501	16%
35 to 39	75	16%	387	84%	462	15%
40 to 44	61	17%	309	83%	370	12%
45 to 49	78	22%	277	78%	355	11%
50 to 54	78	30%	182	70%	260	8%
55 to 59	64	27%	171	73%	235	8%
60 and Over	296	47%	333	53%	629	20%
Total	778	25%	2,314	75%	3,092	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	Veterinarians		Veterinarians Under 40	
	%	#	%	#	%
White	59%	2,684	87%	1,009	82%
Black	19%	86	3%	41	3%
Asian	7%	98	3%	47	4%
Other Race	0%	18	1%	5	0%
Two or More Races	3%	80	3%	48	4%
Hispanic	11%	128	4%	87	7%
Total	100%	3,094	100%	1,237	100%

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

Source: Va. Healthcare Workforce Data Center

Among the 40% of veterinarians who are under the age of 40, 84% are female. In addition, the diversity index among veterinarians who are under the age of 40 is 33%.

At a Glance:

Gender

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

Age

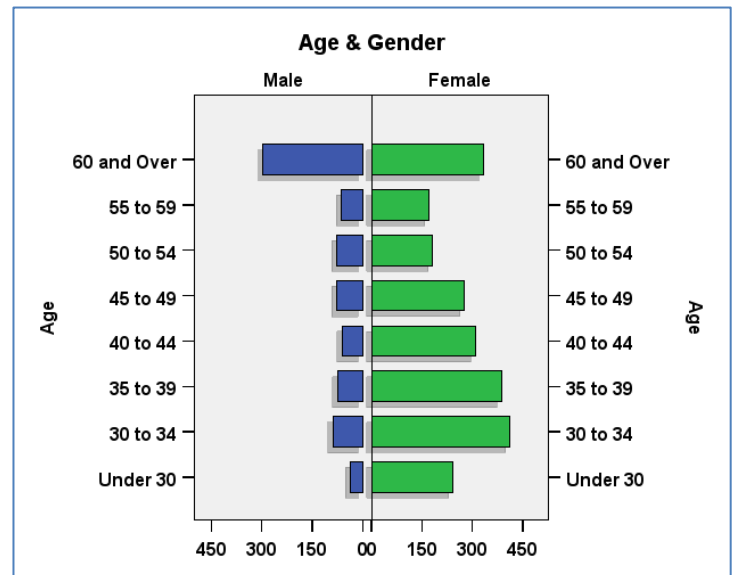
Median Age: 45
% Under 40: 40%
% 55 and Over: 28%

Diversity

Diversity Index: 24%
Under 40 Div. Index: 33%

Source: Va. Healthcare Workforce Data Center

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



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 8%
 Rural Childhood: 27%

Virginia Background

HS in Virginia: 36%
 Prof. Degree in VA: 31%
 HS or Prof. Edu. in VA: 45%

Location Choice

% Rural to Non-Metro: 16%
 % Urban/Suburban to Non-Metro: 6%

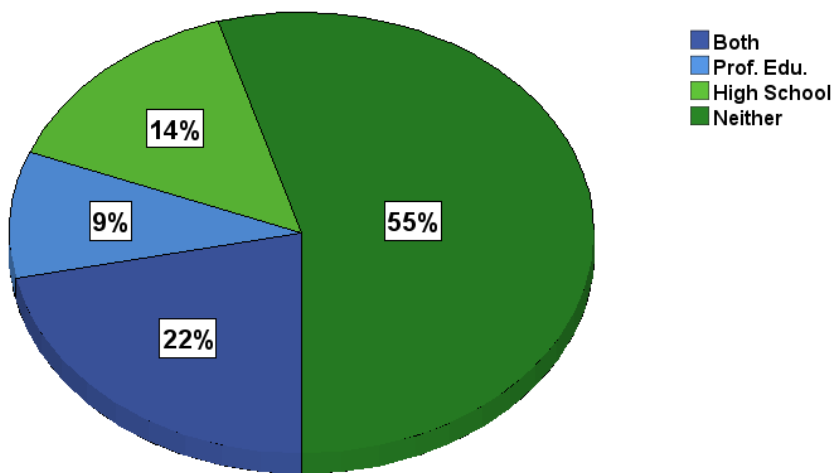
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	20%	72%	9%
2	Metro, 250,000 to 1 Million	39%	53%	8%
3	Metro, 250,000 or Less	40%	54%	6%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	42%	54%	4%
6	Urban, Pop. 5,000-19,999, Metro Adjacent	43%	53%	5%
7	Urban, Pop. 5,000-19,999, Non-Adjacent	77%	21%	3%
8	Rural, Metro Adjacent	44%	48%	8%
9	Rural, Non-Adjacent	74%	26%	0%
Overall		27%	65%	8%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

More than one out of every four veterinarians grew up in a self-described rural area, and 16% of veterinarians who grew up in a rural area currently work in a non-metro area of the state. In total, 9% of all veterinarians currently work in a non-metro county.

Top Ten States for Veterinarian Recruitment

Rank	All Veterinarians			
	High School	#	Professional School	#
1	Virginia	1,102	Virginia	939
2	Maryland	205	Outside U.S./Canada	419
3	New York	162	Alabama	159
4	Outside U.S./Canada	135	North Carolina	128
5	Pennsylvania	128	Tennessee	127
6	New Jersey	115	Pennsylvania	124
7	North Carolina	107	Georgia	109
8	Florida	107	Ohio	108
9	California	79	New York	96
10	Ohio	72	Florida	81

Source: Va. Healthcare Workforce Data Center

Among all veterinarians, 36% received their high school degree in Virginia, and 31% received their initial professional degree in the state.

Among veterinarians who obtained their initial license in the past five years, 30% received their high school degree in Virginia, while 22% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	263	Virginia	185
2	Florida	53	Outside U.S./Canada	167
3	Maryland	46	Tennessee	52
4	Outside U.S./Canada	43	Alabama	38
5	New York	38	Ohio	35
6	Pennsylvania	36	North Carolina	26
7	North Carolina	29	Florida	25
8	California	27	California	25
9	New Jersey	23	Pennsylvania	23
10	West Virginia	23	Mississippi	23

Source: Va. Healthcare Workforce Data Center

One out of every four licensed veterinarians did not participate in the state's veterinarian workforce. Among these licensees, 89% worked at some point in the past year, including 60% who currently work as veterinarians.

At a Glance:

Not in VA Workforce

Total:	1,368
% of Licensees:	25%
Federal/Military:	8%
Va. Border State/DC:	22%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Education		
Degree	#	% of Workforce
Bachelor of Science	2,205	53%
Other Bachelor's Degree	349	8%
Graduate Certificate	76	2%
Master's Degree	409	10%
PhD	76	2%
DVM/VMD	2,992	72%

Source: Va. Healthcare Workforce Data Center

More than two out of every five veterinarians carry education debt, including 64% of those who are under the age of 40. For those with education debt, their median outstanding balance is between \$180,000 and \$200,000.

At a Glance:

Education

DVM/VMD: 72%
Masters or PhD: 12%

Education Debt

Carry Debt: 42%
Under Age 40 w/ Debt: 64%
Median Debt: \$180k-\$200k

Training Program

Surgery: 2%
Equine Practice: 1%
Internal Medicine: 1%

Source: Va. Healthcare Workforce Data Center

Other Education/Training		
Residency/Specialty Training	#	% of Workforce
Surgery	69	2%
Equine Practice	55	1%
Internal Medicine	51	1%
Canine and Feline Practice	49	1%
Public Health	48	1%
Critical Care/Emergency	43	1%
Laboratory Animal Medicine	35	1%
Pathology	26	1%
Sports Medicine and Rehabilitation	23	1%
At Least One	571	14%
Other Education	#	% of Workforce
Preventative Medicine	303	7%
Therigenology	81	2%
Other	243	6%
At Least One	576	14%

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All Veterinarians		Veterinarians Under 40	
	#	%	#	%
None	1,485	58%	379	36%
Less than \$60,000	217	9%	77	7%
\$60,000-\$79,999	55	2%	23	2%
\$80,000-\$99,999	64	3%	30	3%
\$100,000-\$119,999	62	2%	35	3%
\$120,000-\$139,999	29	1%	18	2%
\$140,000-\$159,999	39	2%	27	3%
\$160,000-\$179,999	36	1%	28	3%
\$180,000-\$199,999	61	2%	46	4%
\$200,000-\$219,999	60	2%	49	5%
\$220,000-\$239,999	35	1%	26	2%
\$240,000-\$259,999	45	2%	29	3%
\$260,000-\$279,999	32	1%	26	2%
\$280,000-\$299,999	39	2%	33	3%
\$300,000 or More	292	11%	216	21%
Total	2,552	100%	1,042	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

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

Positions Held

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

Weekly Hours

40 to 49: 35%
 60 or More: 8%
 Less than 30: 13%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	5	< 1%
Employed in a Veterinary-Related Capacity	2,829	95%
Employed, NOT in a Veterinary-Related Capacity	32	1%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	1	< 1%
Voluntarily Unemployed	40	1%
Retired	67	2%
Total	2,974	100%

Source: Va. Healthcare Workforce Data Center

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

Current Positions		
Positions	#	%
No Positions	108	4%
One Part-Time Position	393	14%
Two Part-Time Positions	105	4%
One Full-Time Position	1,863	64%
One Full-Time Position & One Part-Time Position	305	10%
Two Full-Time Positions	31	1%
More than Two Positions	106	4%
Total	2,911	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	108	4%
1 to 9 Hours	76	3%
10 to 19 Hours	110	4%
20 to 29 Hours	180	6%
30 to 39 Hours	780	27%
40 to 49 Hours	1,010	35%
50 to 59 Hours	379	13%
60 to 69 Hours	143	5%
70 to 79 Hours	53	2%
80 or More Hours	45	2%
Total	2,884	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	24	1%
Less than \$40,000	128	5%
\$40,000-\$59,999	117	5%
\$60,000-\$79,999	156	7%
\$80,000-\$99,999	196	8%
\$100,000-\$119,999	318	13%
\$120,000-\$139,999	345	15%
\$140,000-\$159,999	308	13%
\$160,000-\$179,999	170	7%
\$180,000-\$199,999	164	7%
\$200,000 or More	437	18%
Total	2,363	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$130k-\$140k

Benefits
Health Insurance: 53%
Retirement: 54%

Source: Va. Healthcare Workforce Data Center

The median annual income of Virginia’s veterinarians is between \$130,000 and \$140,000. In addition, 71% of all veterinarians receive at least one employer-sponsored benefit, including 53% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	1,719	61%	72%
Retirement	1,523	54%	63%
Health Insurance	1,497	53%	60%
Dental Insurance	1,235	44%	52%
Paid Sick Leave	1,206	43%	50%
Group Life Insurance	757	27%	33%
Signing/Retention Bonus	459	16%	21%
At Least One Benefit	1,995	71%	80%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Satisfaction

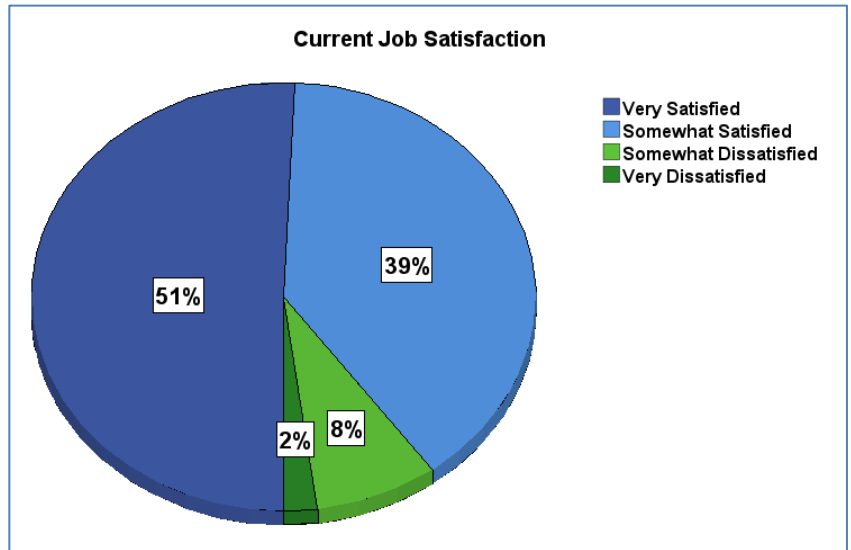
Satisfied: 90%
Very Satisfied: 51%

Exhaustion

Burned Out: 40%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	1,462	51%
Somewhat Satisfied	1,132	39%
Somewhat Dissatisfied	228	8%
Very Dissatisfied	62	2%
Total	2,884	100%

Source: Va. Healthcare Workforce Data Center

Among all veterinarians, 90% are satisfied with their current employment situation, including 51% who indicated that they are "very satisfied."

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

Burned Out?		
	#	%
Yes	1,104	40%
No	1,662	60%
Total	2,766	100%
Experiencing Burnout		
Will Continue to Work in Current Position	746	68%
Seeking Another Position in Veterinary Care Profession	137	12%
Seeking Professional Resources to Deal with Burn Out	126	11%
Planning to Leave Veterinary Care Profession within 1-2 Years	95	9%
Total	1,104	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In The Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	40	1%
Experience Voluntary Unemployment?	163	4%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	59	1%
Work Two or More Positions at the Same Time?	602	15%
Switch Employers or Practices?	210	5%
Experience at Least One?	887	21%

Source: Va. Healthcare Workforce Data Center

In total, 1% of veterinarians experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 3.6% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	80	3%	41	6%
Less than 6 Months	166	6%	85	13%
6 Months to 1 Year	253	9%	86	13%
1 to 2 Years	525	19%	118	18%
3 to 5 Years	601	21%	145	22%
6 to 10 Years	418	15%	50	8%
More than 10 Years	774	27%	124	19%
Subtotal	2,817	100%	648	100%
Did Not Have Location	55		3,447	
Item Missing	1,260		36	
Total	4,132		4,132	

Source: Va. Healthcare Workforce Data Center

In total, 72% of all veterinarians either receive a salary or work on commission at their primary work location.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 1%

Turnover & Tenure

Switched Jobs: 5%
New Location: 21%
Over 2 Years: 64%
Over 2 Yrs., 2nd Location: 49%

Employment Type

Salary/Commission: 72%
Business/Practice Income: 11%

Source: Va. Healthcare Workforce Data Center

Among all veterinarians, 64% have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	1,570	72%
Hourly Wage	226	10%
By Contract/Per Diem	117	5%
Business/Practice Income	237	11%
Unpaid	24	1%
Subtotal	2,174	100%
Did Not Have Location	55	
Item Missing	1,903	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 3.1% and a high of 3.9%. At the time of publication, the unemployment rate for December 2025 was still preliminary.

At a Glance:

Concentration

Top Region:	35%
Top 3 Regions:	72%
Lowest Region:	1%

Locations

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

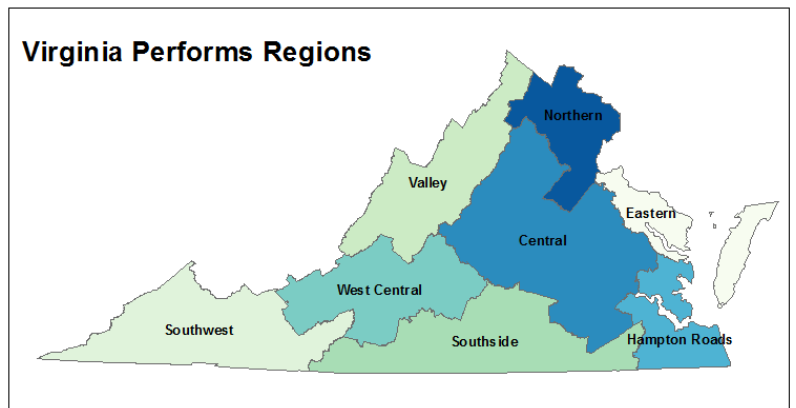
Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	586	21%	117	18%
Eastern	38	1%	6	1%
Hampton Roads	430	15%	111	17%
Northern	990	35%	218	33%
Southside	51	2%	18	3%
Southwest	106	4%	26	4%
Valley	203	7%	40	6%
West Central	317	11%	57	9%
Virginia Border State/D.C.	28	1%	22	3%
Other U.S. State	49	2%	41	6%
Outside of the U.S.	2	0%	6	1%
Total	2,800	100%	662	100%
Item Missing	1,278		22	

Source: Va. Healthcare Workforce Data Center



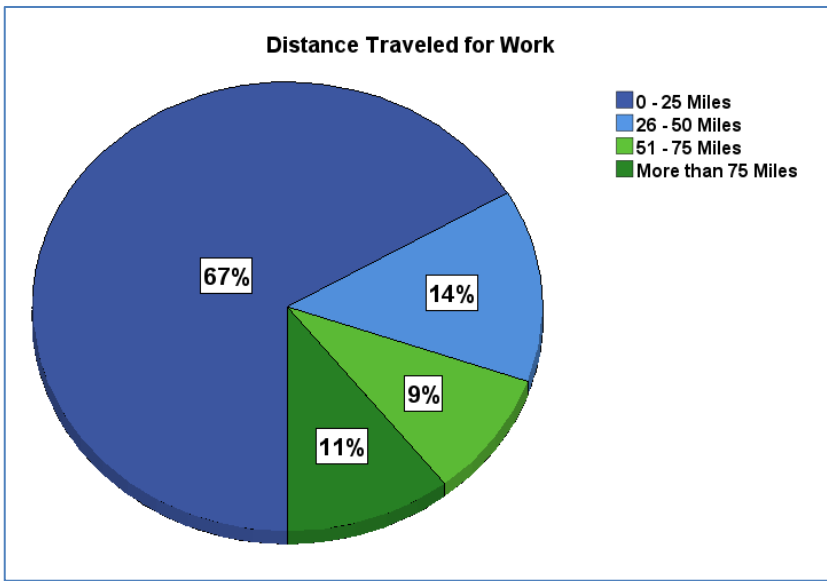
Source: Va. Healthcare Workforce Data Center

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

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	47	2%	105	4%
1	2,132	75%	2,141	75%
2	393	14%	372	13%
3	164	6%	156	6%
4	34	1%	24	1%
5	18	1%	26	1%
6 or More	72	3%	35	1%
Total	2,859	100%	2,859	100%

*At the time of survey completion, Dec. 2025.

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Base Point

Top Region: 36%

Top 3 Regions: 73%

Lowest Region: 1%

Work Travel

0-25 Miles: 67%

More than 50 Miles: 20%

Source: Va. Healthcare Workforce Data Center

Distance Traveled for Work		
Range	#	%
0-25 Miles	1,809	67%
26-50 Miles	378	14%
51-75 Miles	246	9%
More than 75 Miles	287	11%
Total	2,720	100%

Source: Va. Healthcare Workforce Data Center

Two out of every three veterinarians travel between 0 and 25 miles for their work. Another 20% travel more than 50 miles for their work.

Among all veterinarians, 73% have their primary base point location in Northern Virginia, Central Virginia, or Hampton Roads.

Primary Base Point Location		
Virginia Performs Region	#	%
Central	581	21%
Eastern	39	1%
Hampton Roads	430	16%
Northern	971	36%
Southside	56	2%
Southwest	121	4%
Valley	201	7%
West Central	310	11%
Total	2,709	100%
Item Missing	1,423	

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	2,367	89%	530	87%
Non-Profit	135	5%	44	7%
State/Local Government	82	3%	21	3%
Veterans Administration	2	0%	0	0%
U.S. Military	26	1%	8	1%
Other Federal Government	37	1%	8	1%
Total	2,649	100%	611	100%
Did Not Have Location	55		3,447	
Item Missing	1,429		74	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

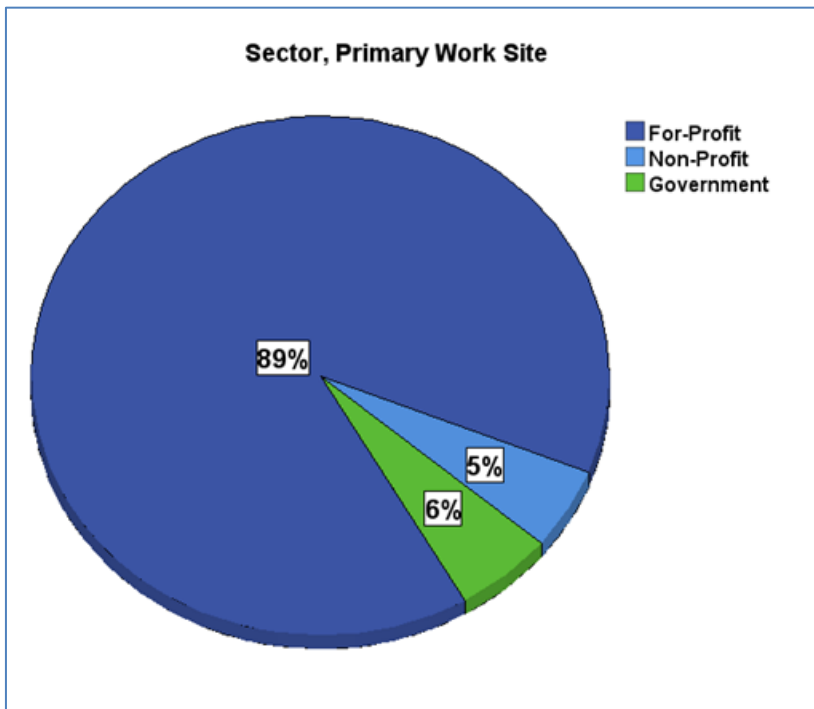
Sector

For-Profit:	89%
Federal:	2%

Top Establishments

Group Practice:	46%
Solo Practice:	39%
Veterinary Edu. Program:	3%

Source: Va. Healthcare Workforce Data Center



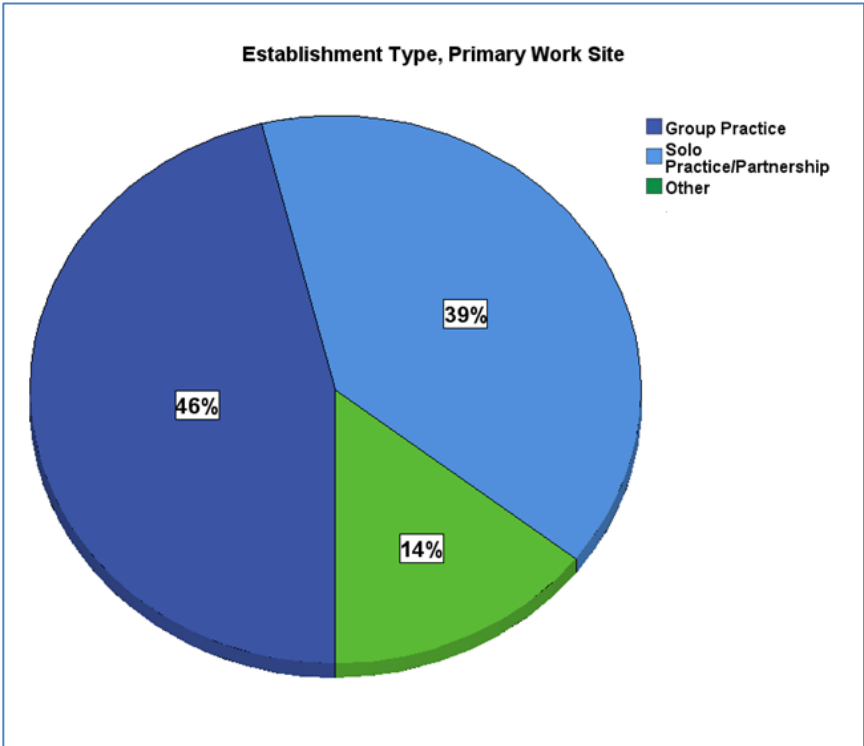
Source: Va. Healthcare Workforce Data Center

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

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Group Practice	1,207	46%	232	39%
Solo Practice/Partnership	1,034	39%	234	39%
Veterinary Education Program	74	3%	18	3%
Shelters or Rescue (Public or Private)	66	3%	37	6%
Laboratory	30	1%	4	1%
Public Health Program	21	1%	6	1%
Supplier Organization	6	0%	1	0%
Veterinary Technology Education Program	5	0%	5	1%
Non-Veterinary Education Program	5	0%	4	1%
Other Practice Setting	170	6%	60	10%
Total	2,618	100%	601	100%
Did Not Have Location	55		3,447	

Source: Va. Healthcare Workforce Data Center

Among all veterinarians, 46% work at a group practice as their primary work location, while another 39% work at a solo practice/partnership.



Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

**At a Glance:
(Primary Locations)**

Languages Offered

Spanish:	19%
French:	2%
Chinese:	1%

Means of Communication

Other Staff Member:	74%
Respondent:	22%
Virtual Translation:	20%

Source: Va. Healthcare Workforce Data Center

Languages Offered		
Language	#	% of Workforce
Spanish	800	19%
French	64	2%
Chinese	56	1%
Korean	48	1%
Arabic	33	1%
Hindi	28	1%
Vietnamese	28	1%
Persian	22	1%
Urdu	20	0%
Tagalog/Filipino	19	0%
Amharic, Somali, or Other Afro-Asiatic Languages	11	0%
Pashto	10	0%
Others	72	2%
At Least One Language	866	21%

Source: Va. Healthcare Workforce Data Center

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

Means of Language Communication

Provision	#	% of Workforce with Language Services
Other Staff Member is Proficient	645	74%
Respondent is Proficient	190	22%
Virtual Translation Service	177	20%
Onsite Translation Service	50	6%
Other	18	2%

Source: Va. Healthcare Workforce Data Center

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

At a Glance: (Primary Locations)

Typical Time Allocation

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

Roles

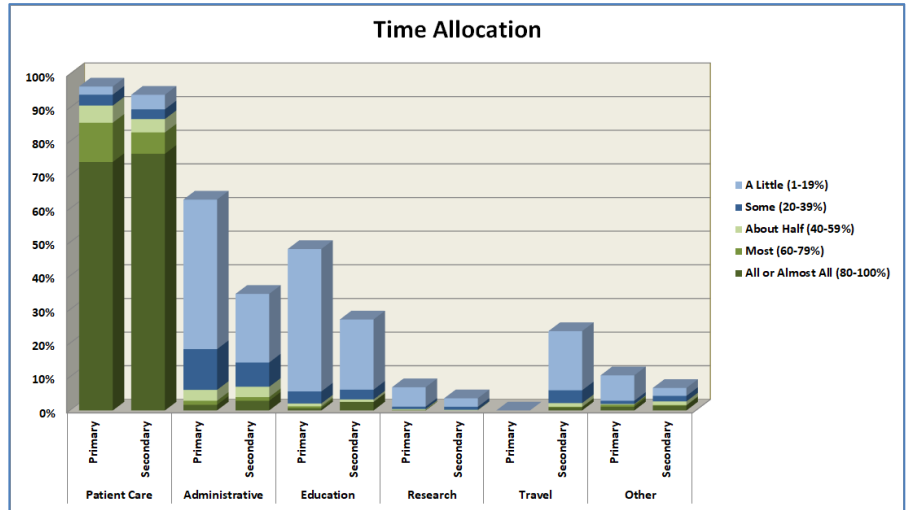
Patient Care: 86%
Administration: 3%
Education: 1%

Patient Care Veterinarians

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



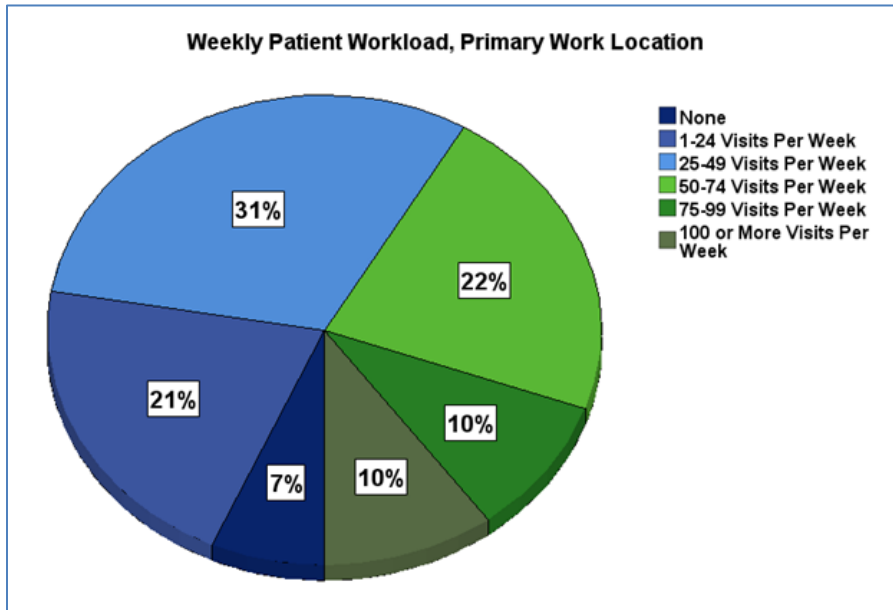
Source: Va. Healthcare Workforce Data Center

Veterinarians spend most of their time treating patients. In fact, 86% of veterinarians fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation												
Time Spent	Patient Care		Admin.		Education		Research		Travel		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	74%	76%	2%	3%	1%	3%	0%	0%	-	1%	1%	1%
Most (60-79%)	12%	6%	1%	1%	1%	0%	0%	0%	-	0%	1%	0%
About Half (40-59%)	5%	4%	3%	3%	1%	1%	0%	0%	-	1%	0%	1%
Some (20-39%)	3%	3%	12%	7%	4%	3%	1%	1%	-	4%	1%	2%
A Little (1-19%)	2%	4%	44%	20%	42%	21%	6%	3%	-	18%	8%	2%
None (0%)	4%	6%	37%	66%	52%	73%	93%	96%	-	76%	90%	93%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

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

Source: Va. Healthcare Workforce Data Center

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

# of Patients Per Week	Patient Care Visits			
	Primary		Secondary	
	#	%	#	%
None	176	7%	65	11%
1-24	555	21%	341	56%
25-49	811	31%	114	19%
50-74	581	22%	42	7%
75-99	251	10%	18	3%
100-124	139	5%	13	2%
125-149	51	2%	6	1%
150-174	25	1%	3	0%
175-199	13	0%	0	0%
200 or More	38	1%	8	1%
Total	2,640	100%	610	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Large Animals

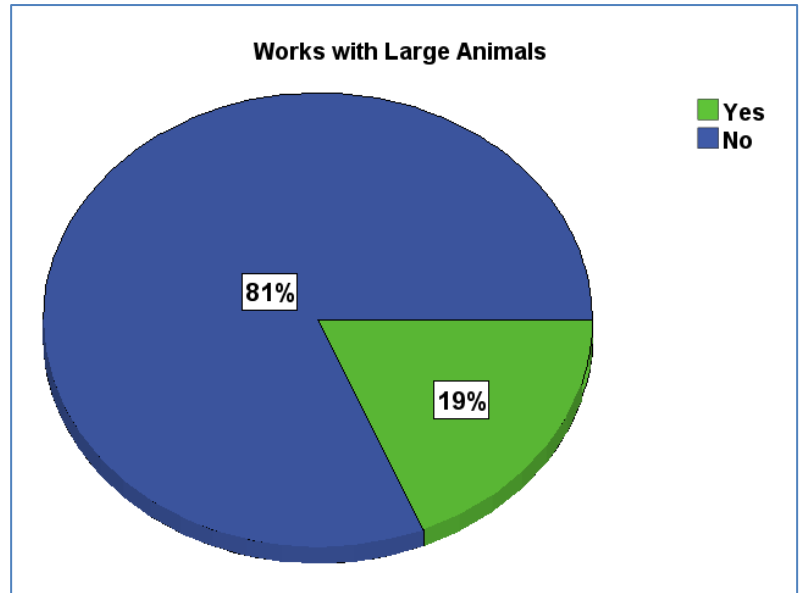
% Work w/
Large Animals: 19%

Typical Patient Allocation

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

Nearly one out of every five veterinarians work with large animals. In addition, 52% of all veterinarians spend more than half of their time treating dogs, while 22% of veterinarians spend more than half of their time treating cats.

Works with Large Animals		
Response	#	%
Yes	548	19%
No	2,381	81%
Total	2,929	100%

Source: Va. Healthcare Workforce Data Center

Patient Allocation				
Animal	Percentage of Time			
	0-10%	11-25%	26-50%	> 50%
Equines	87%	2%	1%	9%
Bovines (Dairy)	98%	1%	0%	1%
Bovines (Beef)	95%	2%	2%	1%
Sheep/Goats	96%	2%	1%	0%
Poultry	98%	1%	0%	1%
Camelids	99%	1%	1%	0%
Cats	12%	9%	57%	22%
Dogs	11%	3%	34%	52%
Small Animals (Exotics)	92%	5%	2%	1%
Other Animals	95%	1%	0%	3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All Veterinarians		Veterinarians 50 and Over	
	#	%	#	%
Under Age 50	79	3%	-	-
50 to 54	124	5%	7	1%
55 to 59	296	12%	51	6%
60 to 64	629	26%	195	24%
65 to 69	668	28%	244	30%
70 to 74	257	11%	139	17%
75 to 79	106	4%	61	7%
80 or Over	64	3%	36	4%
I Do Not Intend to Retire	195	8%	89	11%
Total	2,418	100%	822	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Veterinarians

Under 65: 47%
Under 60: 21%

Veterinarians 50 and Over

Under 65: 31%
Under 60: 7%

Time Until Retirement

Within 2 Years: 7%
Within 10 Years: 22%
Half the Workforce: By 2050

Source: Va. Healthcare Workforce Data Center

Nearly half of all veterinarians expect to retire by the age of 65. Among veterinarians who are age 50 or over, 31% still expect to retire by age 65.

Within the next two years, 7% of Virginia's veterinarians expect to pursue additional educational opportunities, and 6% plan to increase their patient care hours.

Future Plans

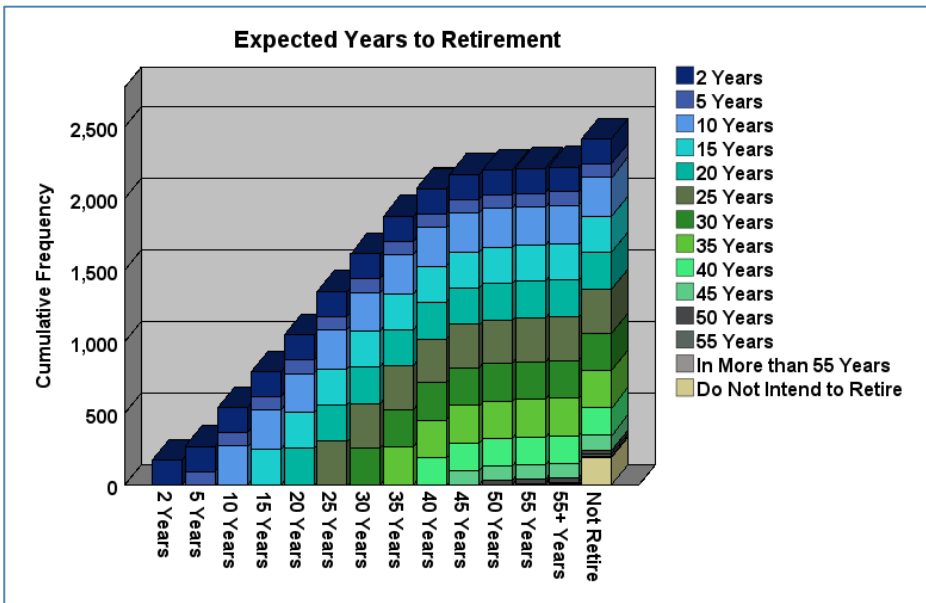
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	71	2%
Leave Virginia	131	3%
Decrease Patient Care Hours	406	10%
Decrease Teaching Hours	24	1%
Increase Participation		
Increase Patient Care Hours	241	6%
Increase Teaching Hours	137	3%
Pursue Additional Education	290	7%
Return to the Workforce	11	0%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectations to age, we can estimate the maximum years to retirement for veterinarians. While only 7% of veterinarians expect to retire in the next two years, 22% plan to retire within the next decade. More than half of the current workforce expect to retire by 2050.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	175	7%	7%
5 Years	94	4%	11%
10 Years	272	11%	22%
15 Years	250	10%	33%
20 Years	257	11%	43%
25 Years	306	13%	56%
30 Years	261	11%	67%
35 Years	264	11%	78%
40 Years	191	8%	86%
45 Years	102	4%	90%
50 Years	31	1%	91%
55 Years	12	0%	92%
In More Than 55 Years	9	0%	92%
Do Not Intend to Retire	195	8%	100%
Total	2,418	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2035. Retirement will peak at 13% of the current workforce around 2050 before declining to under 10% of the current workforce again around 2065.

At a Glance:

FTEs

Total: 3,781
 FTEs/1,000 Residents²: 0.434
 Average: 0.93

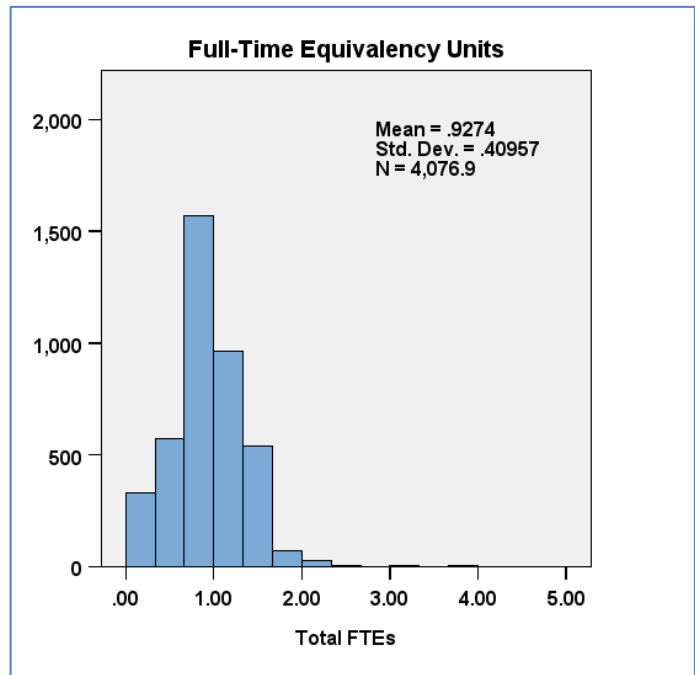
Age & Gender Effect

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

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

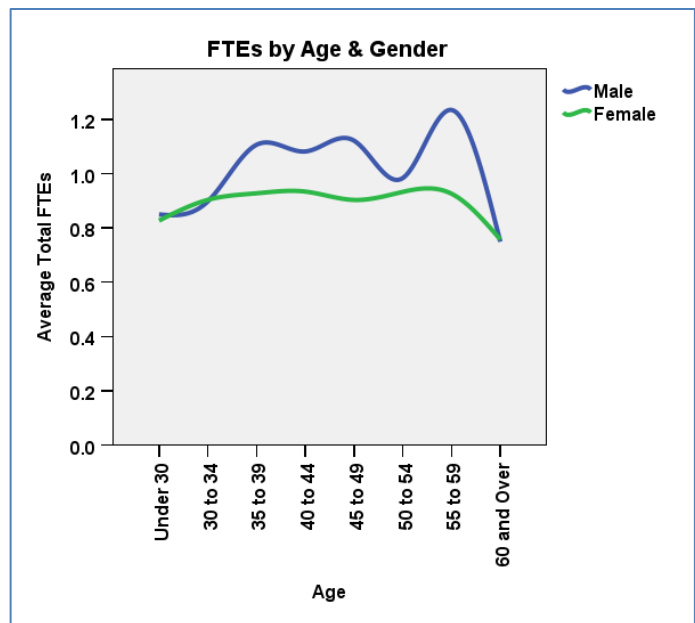


Source: Va. Healthcare Workforce Data Center

The typical veterinarian provided 0.89 FTEs in the past year, or approximately 36 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.86	0.94
30 to 34	0.90	0.88
35 to 39	1.04	1.05
40 to 44	1.12	1.09
45 to 49	0.91	0.79
50 to 54	0.86	0.66
55 to 59	1.09	1.22
60 and Over	0.77	0.81
Gender		
Male	0.94	0.94
Female	0.89	0.91

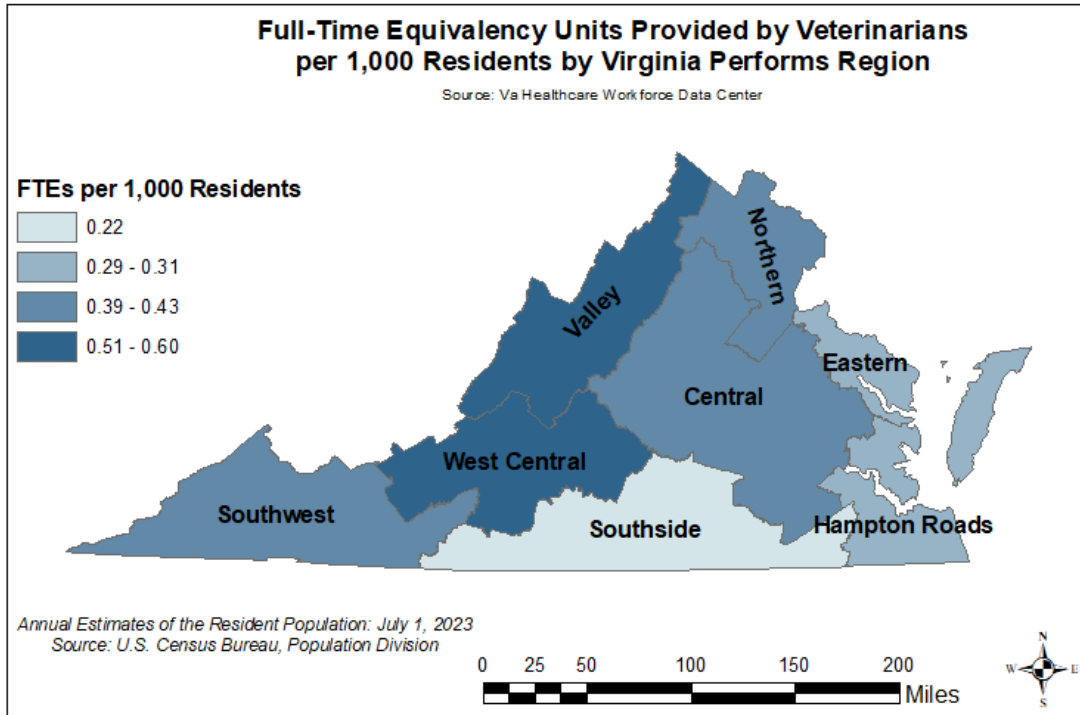
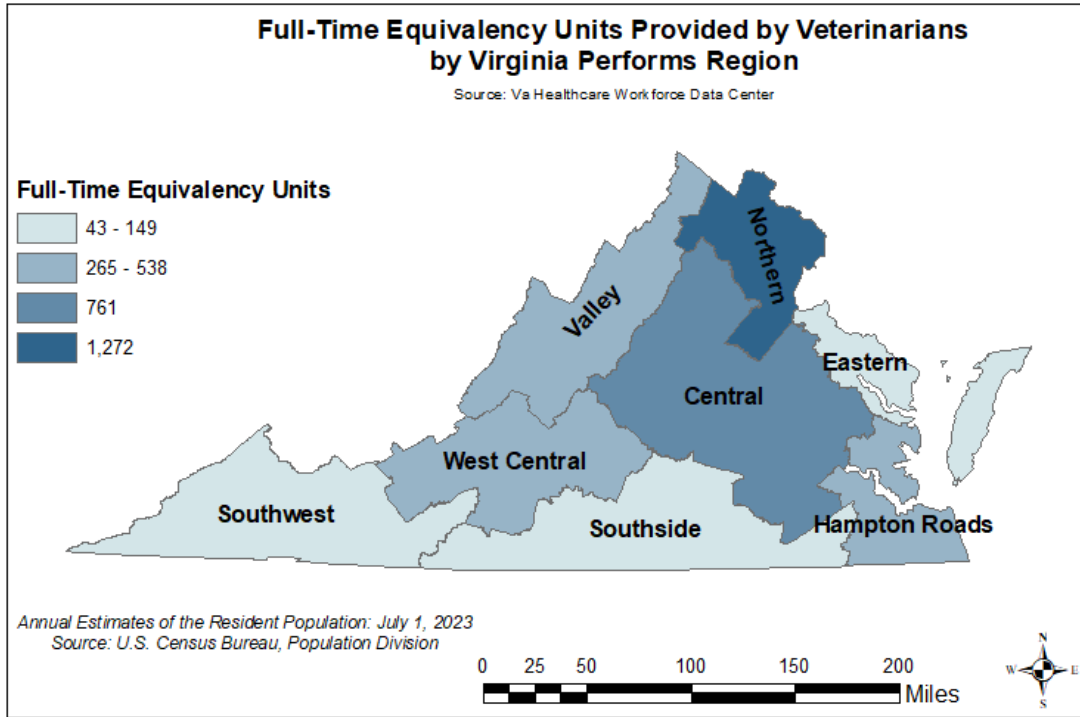
Source: Va. Healthcare Workforce Data Center

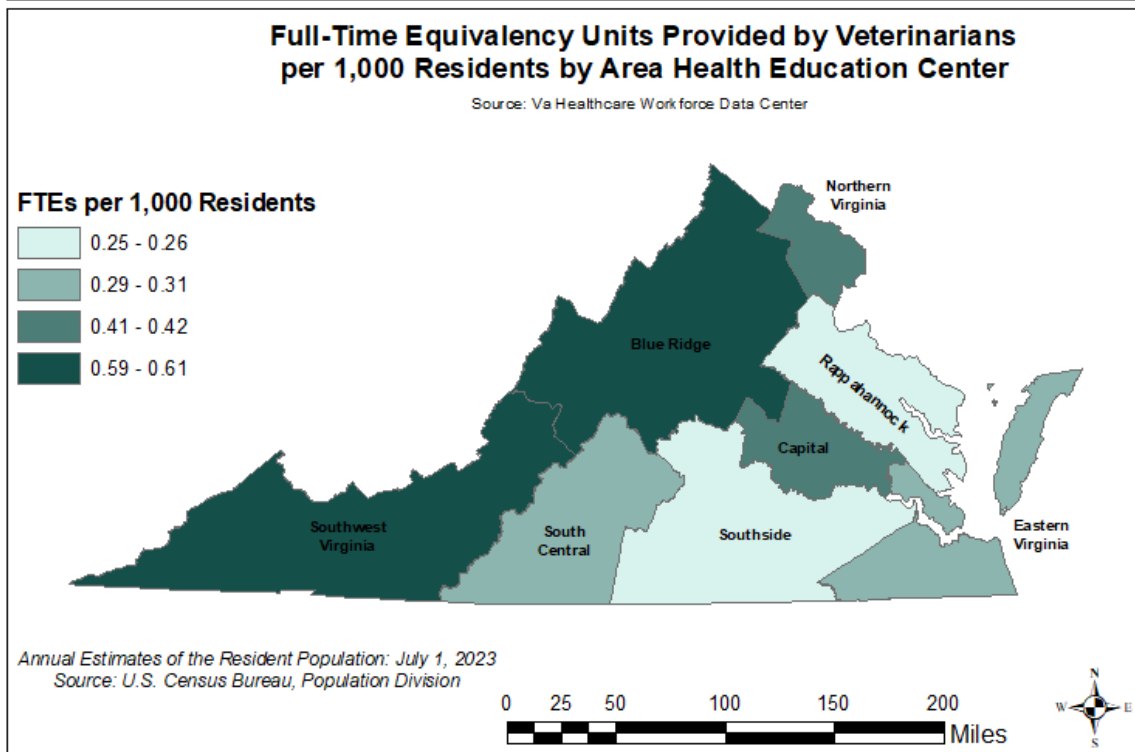
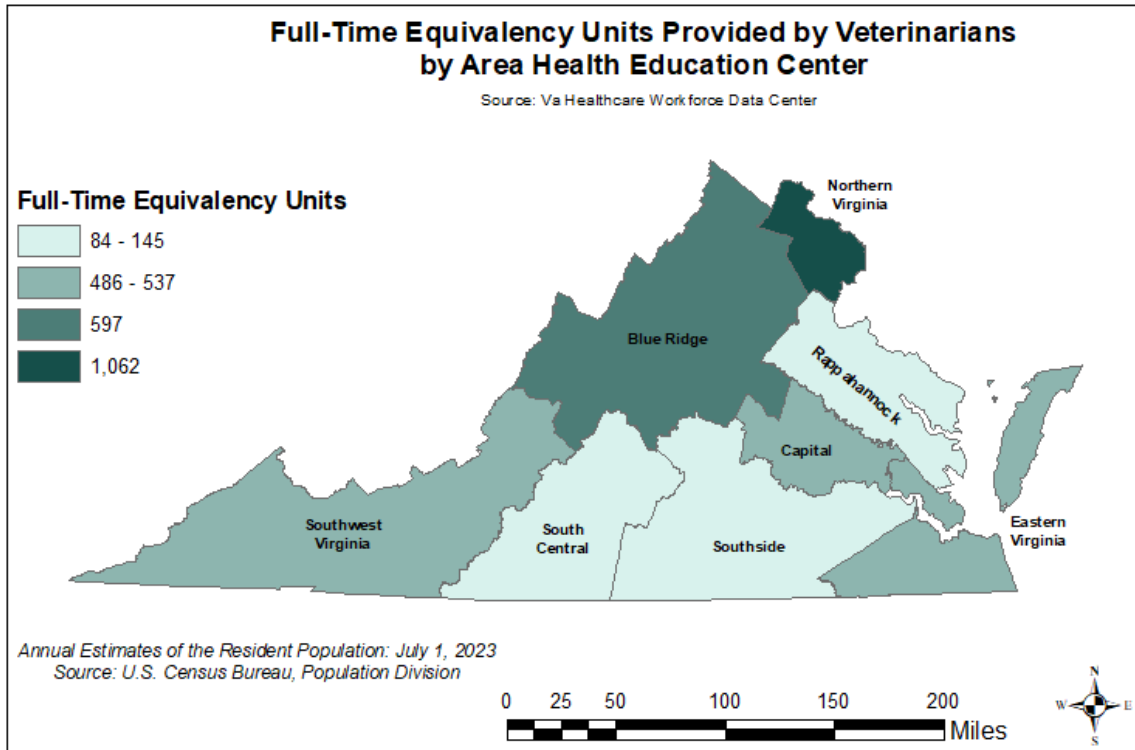


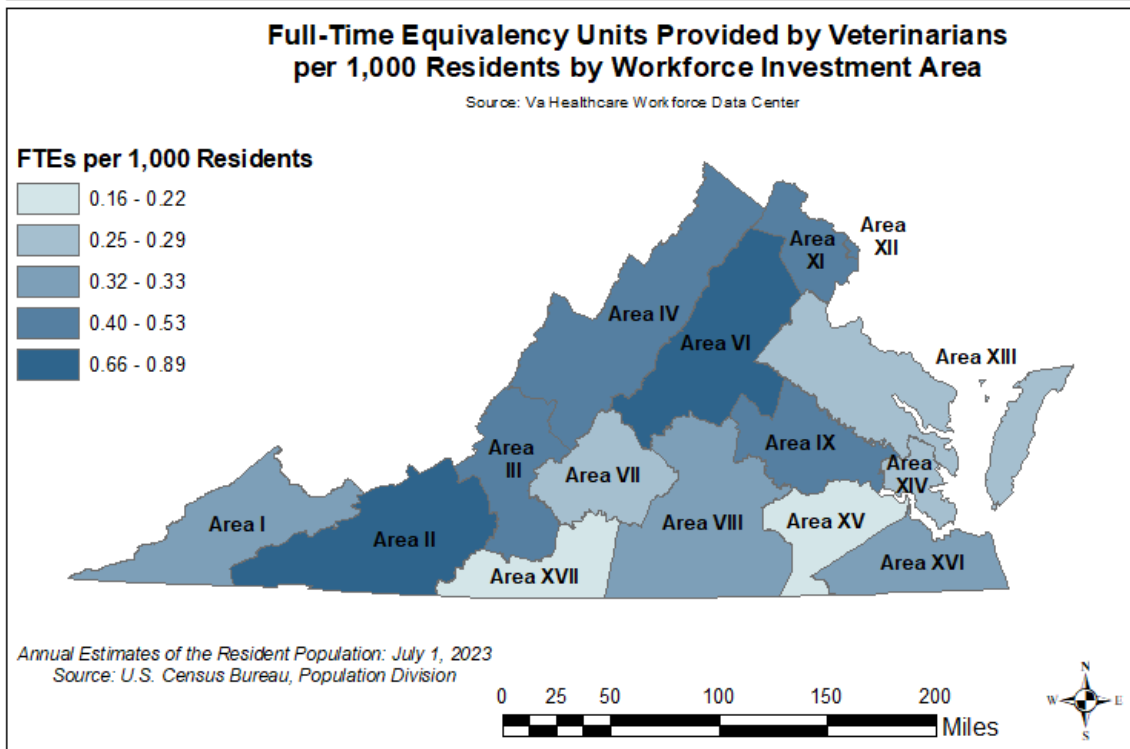
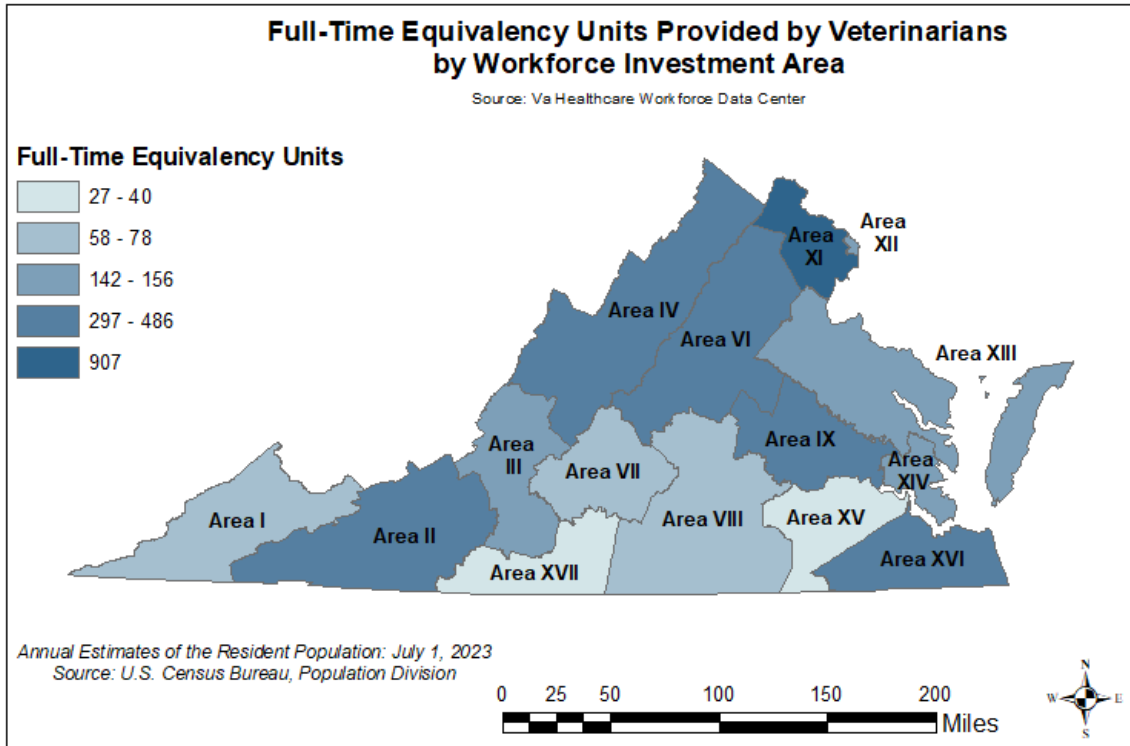
Source: Va. Healthcare Workforce Data Center

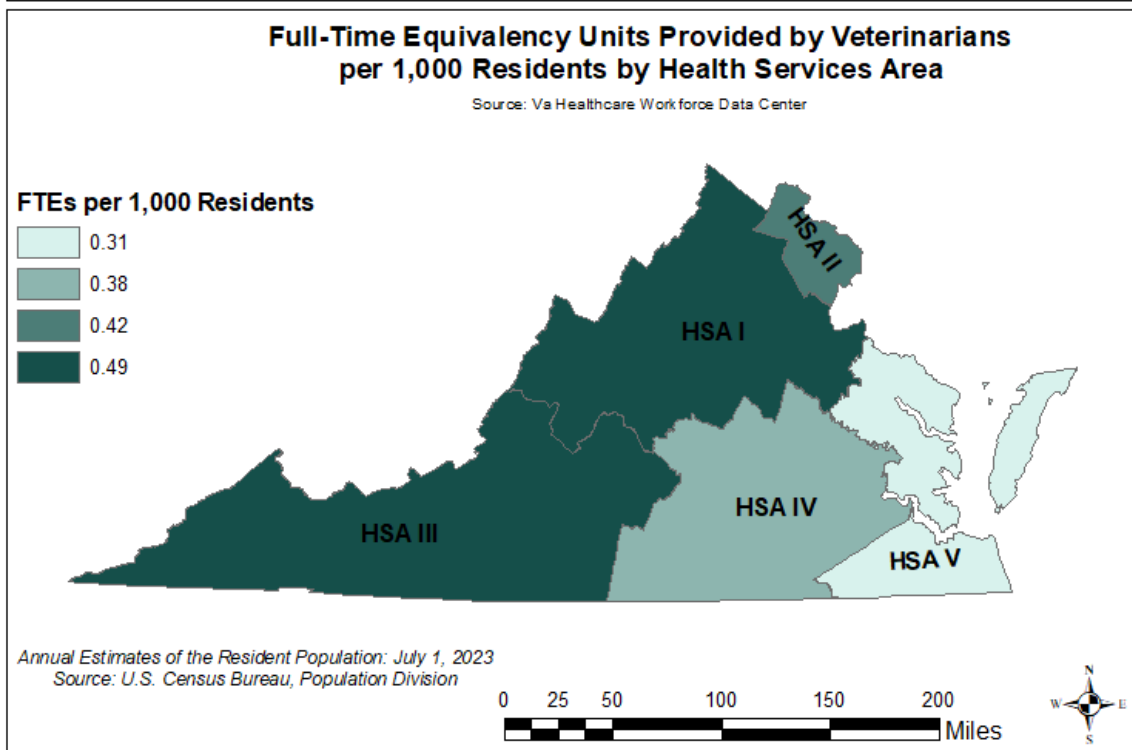
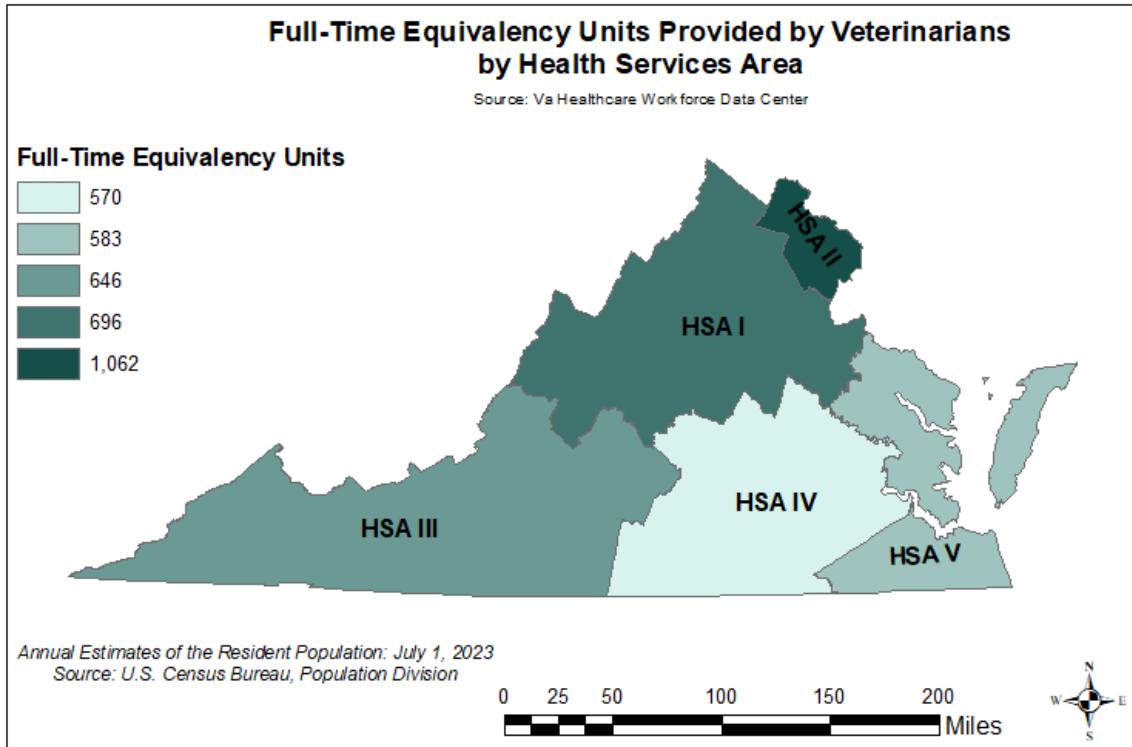
² Number of residents in 2023 was used as the denominator.

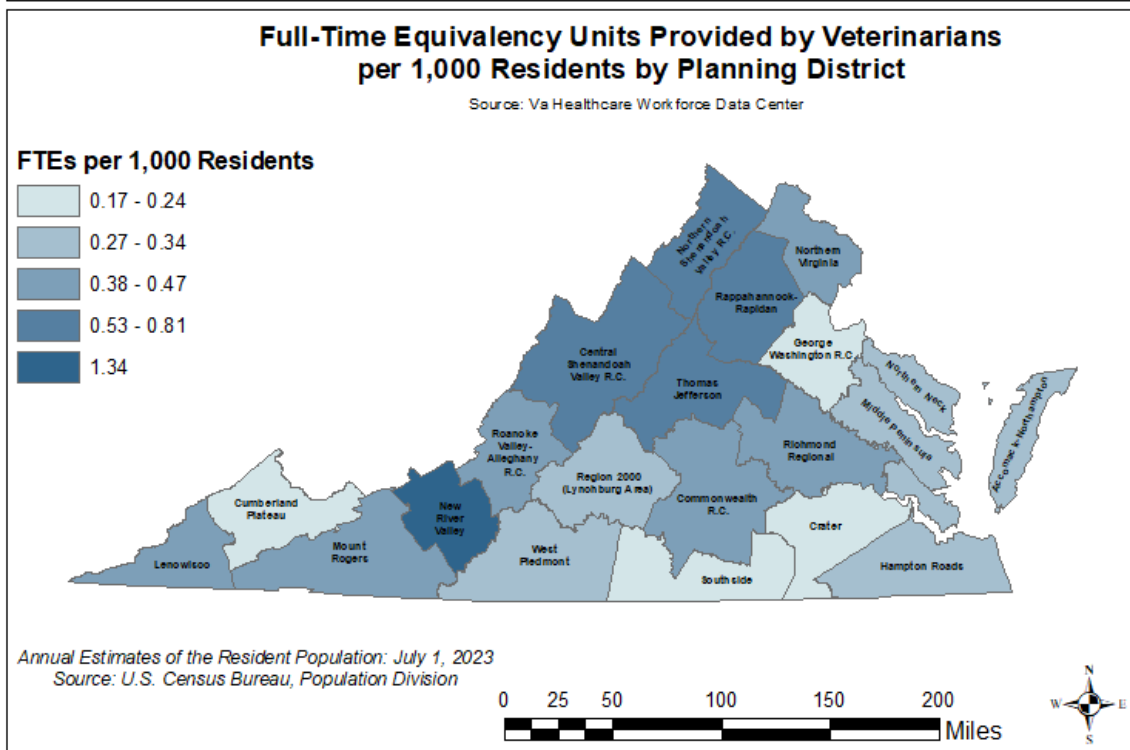
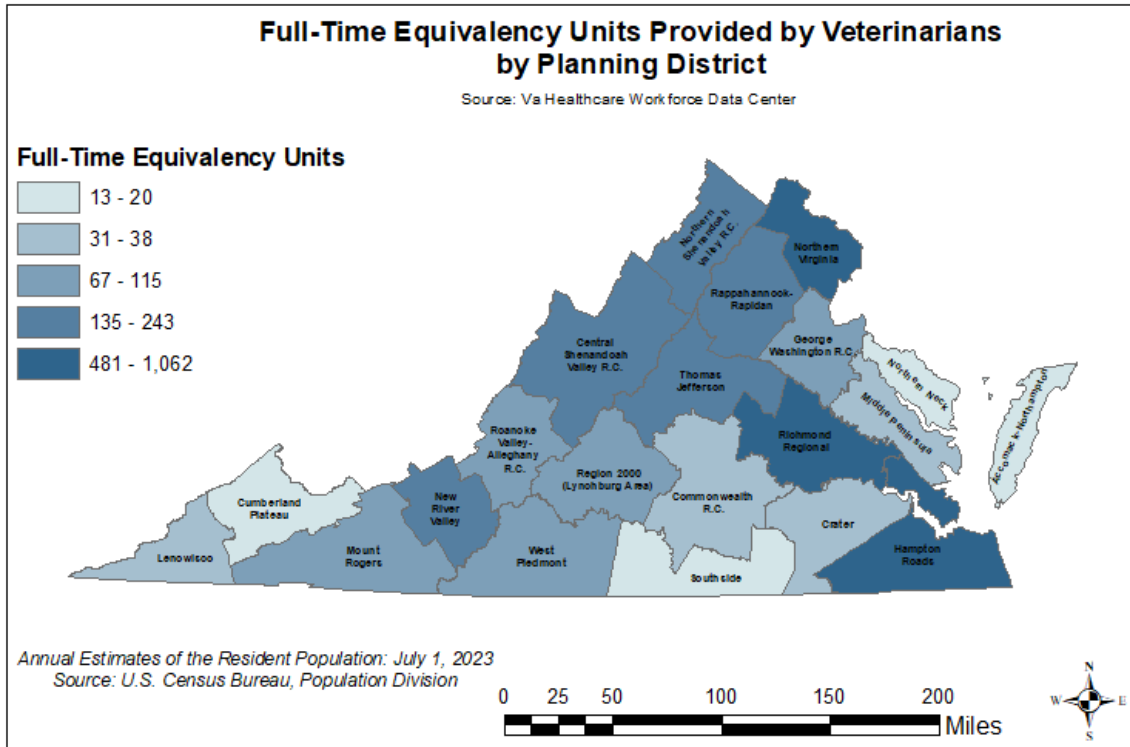
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction Effect were significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	2,424	86.22%	1.160	1.105	1.459
Metro, 250,000 to 1 Million	274	83.21%	1.202	1.145	1.512
Metro, 250,000 or Less	621	84.38%	1.185	1.130	1.491
Urban, Pop. 20,000+, Metro Adj.	33	81.82%	1.222	1.165	1.538
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	164	85.37%	1.171	1.117	1.474
Urban, Pop. 2,500-19,999, Non-Adj.	55	90.91%	1.100	1.048	1.384
Rural, Metro Adj.	103	83.50%	1.198	1.142	1.507
Rural, Non-Adj.	27	70.37%	1.421	1.354	1.788
Virginia Border State/D.C.	854	77.52%	1.290	1.230	1.623
Other U.S. State	945	77.46%	1.291	1.230	1.624

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	372	65.86%	1.518	1.384	1.788
30 to 34	755	76.82%	1.302	1.187	1.533
35 to 39	771	83.92%	1.192	1.086	1.403
40 to 44	685	86.13%	1.161	1.058	1.367
45 to 49	652	86.35%	1.158	1.056	1.364
50 to 54	494	85.43%	1.171	1.067	1.379
55 to 59	498	86.95%	1.150	1.048	1.354
60 and Over	1,273	84.68%	1.181	1.077	1.391

Source: Va. Healthcare Workforce Data Center

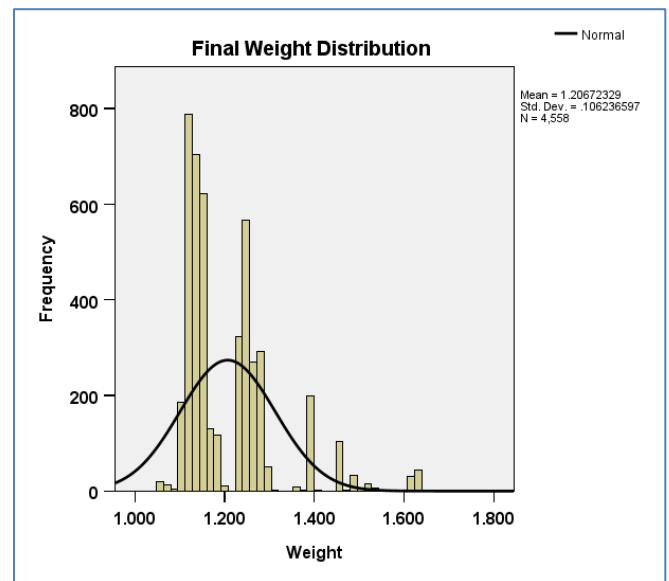
See the Methods section on the HWDC website for details on HWDC methods:

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

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

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

Overall Response Rate: 0.828727



Source: Va. Healthcare Workforce Data Center

Virginia's Veterinary Technician Workforce: 2025

Healthcare Workforce Data Center

February 2025

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

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

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

In total, 2,643 Veterinary Technicians voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Veterinary Medicine express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BA
Research Assistant

Virginia Board of Veterinary Medicine

President

Richard G. Bailey, DVM
Fincastle

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Margaret J. Rucker, DVM
Lebanon

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Hampton

Executive Director

Kelli Moss

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The Veterinary Technician Workforce At a Glance:

The Workforce

Licenses:	3,009
Virginia's Workforce:	2,645
FTEs:	2,158

Background

Rural Childhood:	36%
HS Diploma in VA:	69%
Prof. Degree in VA:	67%

Current Employment

Employed in Prof.:	88%
Hold 1 Full-Time Job:	64%
Satisfied?:	89%

Survey Response Rate

All Licenses:	88%
Renewing Practitioners:	99%

Education

Associate:	90%
Baccalaureate:	8%

Job Turnover

Switched Jobs:	6%
Employed Over 2 Yrs.:	60%

Demographics

Female:	96%
Diversity Index:	24%
Median Age:	38

Finances

Median Income:	\$40k-\$50k
Retirement Benefits:	69%
Under 40 w/ Ed. Debt:	36%

Time Allocation

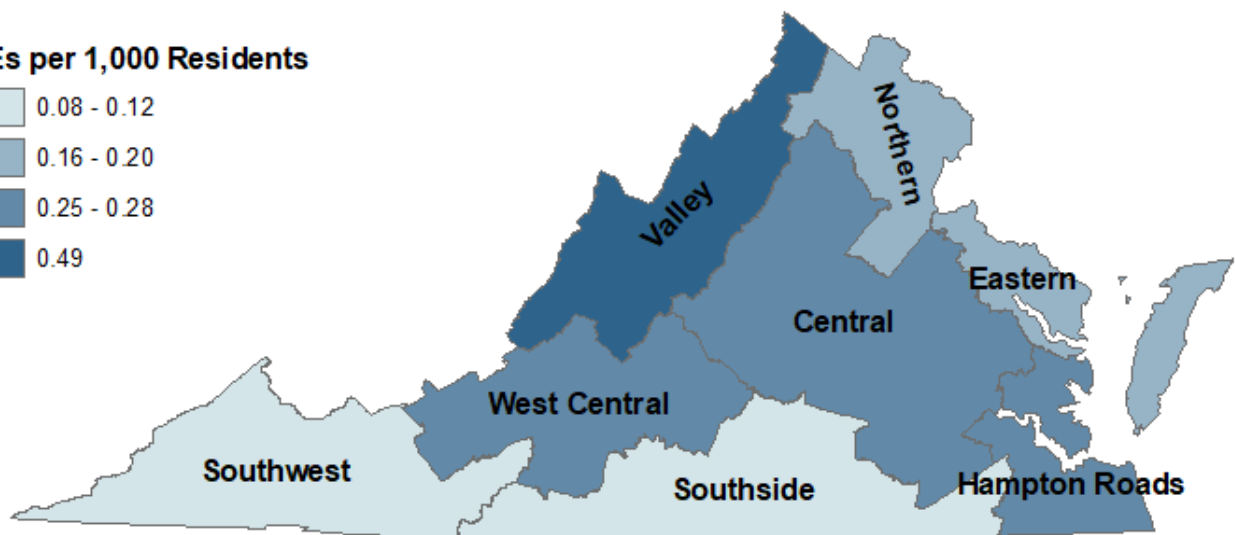
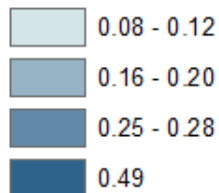
Patient Care:	80%-89%
Administration:	1%-9%
Patient Care Role:	73%

Source: Va. Healthcare Workforce Data Center

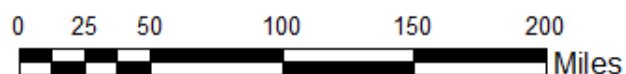
Full-Time Equivalency Units Provided by Veterinary Technicians per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



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



This report contains the results of the 2025 Veterinary Technician Workforce survey. In total, 2,643 veterinary technicians voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers this survey during the license renewal process, which takes place every December for veterinary technicians. These survey respondents represent 88% of the 3,009 veterinary technicians who are licensed in the state and 99% of renewing practitioners.

The HWDC estimates that 2,645 veterinary technicians participated in Virginia's workforce during the survey period, which is defined as those veterinary technicians who worked at least a portion of the year in the state or who live in the state and intend to return to work as a veterinary technician at some point in the future. During the past year, Virginia's veterinary technician workforce provided 2,158 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

The percentage of all veterinary technicians who are female is 96%, and the median age of this workforce is 38. In a random encounter between two veterinary technicians, there is a 24% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 29% for those veterinary technicians who are under the age of 40. The comparable diversity index for Virginia's overall population is 60%. More than one-third of all veterinary technicians grew up in a rural area, and 14% of veterinary technicians who grew up in a rural area currently work in a non-metro area of Virginia. In total, 7% of all veterinary technicians currently work in a non-metro area of the state.

Among all veterinary technicians, 88% are currently employed in the profession, 64% hold one full-time position, and 37% work between 40 and 49 hours per week. More than half of all veterinary technicians work in a solo practice/partnership, while another 32% work in a group practice. The median annual income for this workforce is between \$40,000 and \$50,000, and 80% receive this income as an hourly wage. At the same time, 28% of veterinary technicians carry education debt, and the median outstanding balance among those with education debt is between \$10,000 and \$20,000. Nearly nine out of every ten veterinary technicians indicated that they are satisfied with their current work situation, including 43% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2020 veterinary technician workforce. The number of licensed veterinary technicians in Virginia has increased by 22% (3,009 vs. 2,460). In addition, the size of Virginia's veterinary technician workforce has increased by 19% (2,645 vs. 2,214), and the number of FTEs provided by this workforce has grown by 15% (2,158 vs. 1,882). Virginia's renewing veterinary technicians are more likely to respond to this survey (99% vs. 98%).

While there has been no change in the percentage of veterinary technicians who are female (96%), the median age of this workforce has increased (38 vs. 36). The diversity index of Virginia's veterinary technicians has increased (24% vs. 19%), a trend that has also occurred among veterinary technicians who are under the age of 40 (29% vs. 23%). Veterinary technicians are slightly less likely to have grown up in a rural area (36% vs. 37%), but veterinary technicians who grew up in a rural area are more likely to work in a non-metro area of Virginia (14% vs. 11%). The percentage of all veterinary technicians who work in a non-metro area of the state has increased as well (7% vs. 6%).

While veterinary technicians are more likely to be currently employed in the profession (88% vs. 85%), they are also less likely to hold one-full time job (64% vs. 67%) or work between 40 and 49 hours per week (37% vs. 42%). Veterinary technicians are more likely to work in the for-profit sector (89% vs. 86%) than for a state/local government (5% vs. 7%). The median annual income of this workforce has increased (\$40k-\$50k vs. \$30k-\$40k). While there was no change in the percentage of all veterinary technicians who indicated that they are satisfied with their current work situation (89%), the percentage of veterinary technicians who indicated that they are "very satisfied" has fallen (43% vs. 51%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	2,571	85%
New Licensees	237	8%
Non-Renewals	201	7%
All Licensees	3,009	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing veterinary technicians, 99% submitted a survey. These represent 88% of the 3,009 veterinary technicians who held a license at some point in the past year.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	94	384	80%
30 to 34	63	495	89%
35 to 39	77	524	87%
40 to 44	47	420	90%
45 to 49	29	282	91%
50 to 54	15	186	93%
55 to 59	19	160	89%
60 and Over	22	192	90%
Total	366	2,643	88%
New Licenses			
Issued in Past Year	141	96	41%
Metro Status			
Non-Metro	22	206	90%
Metro	246	2,078	89%
Not in Virginia	98	358	79%

Source: Va. Healthcare Workforce Data Center

Definitions

- The Survey Period:** The survey was conducted in December 2025.
- Target Population:** All veterinary technicians who held a Virginia license at some point between January 2025 and December 2025.
- Survey Population:** The survey was available to veterinary technicians who renewed their licenses online. It was not available to those who did not renew, including some veterinary technicians newly licensed in 2025.

Response Rates	
Completed Surveys	2,643
Response Rate, All Licensees	88%
Response Rate, Renewals	99%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Veterinary Tech.

Number: 3,009
 New: 8%
 Not Renewed: 7%

Response Rates

All Licensees: 88%
 Renewing Practitioners: 99%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Veterinary Tech. Workforce: 2,645
 FTEs: 2,158

Utilization Ratios

Licensees in VA Workforce: 88%
 Licensees per FTE: 1.39
 Workers per FTE: 1.23

Source: Va. Healthcare Workforce Data Center

Definitions

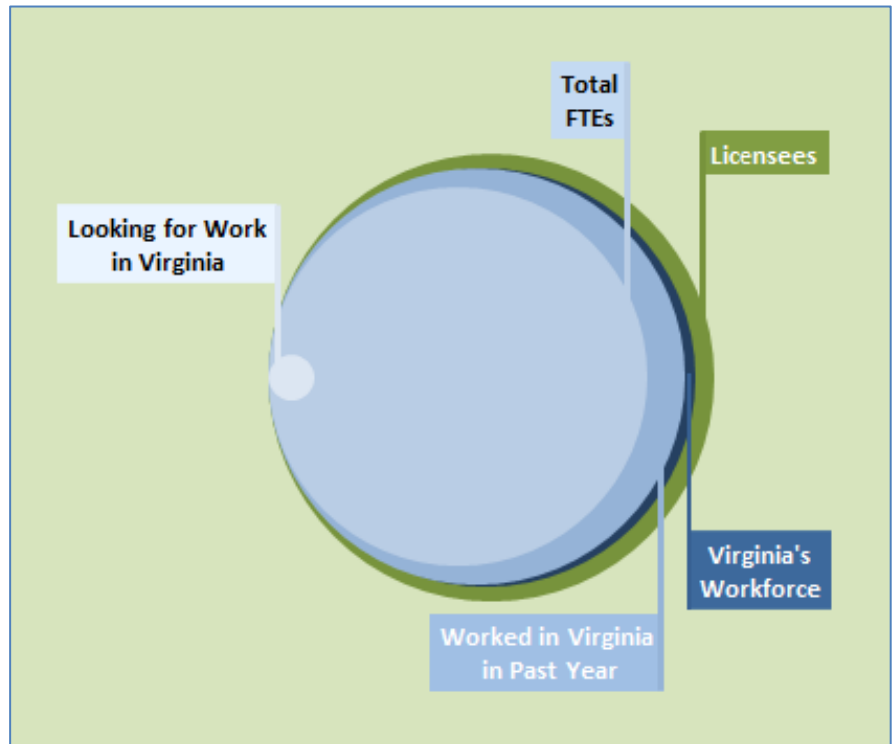
- 1. Virginia’s Workforce:** A licensee with a primary or secondary work site in Virginia at any time between January 2025 and December 2025 or who indicated intent to return to Virginia’s workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia’s Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia’s workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Veterinary Technician Workforce

Status	#	%
Worked in Virginia in Past Year	2,613	99%
Looking for Work in Virginia	31	1%
Virginia's Workforce	2,645	100%
Total FTEs	2,158	
Licensees	3,009	

Source: Va. Healthcare Workforce Data Center

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



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	11	3%	325	97%	336	19%
30 to 34	18	5%	345	95%	363	20%
35 to 39	15	4%	357	96%	372	21%
40 to 44	8	3%	248	97%	255	14%
45 to 49	10	6%	163	94%	172	10%
50 to 54	6	7%	91	94%	97	5%
55 to 59	2	2%	92	98%	94	5%
60 and Over	6	5%	113	95%	119	7%
Total	75	4%	1,734	96%	1,809	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	Veterinary Technicians		Vet. Tech. Under 40	
	%	#	%	#	%
White	59%	1,569	87%	895	84%
Black	19%	36	2%	29	3%
Asian	7%	20	1%	14	1%
Other Race	0%	9	0%	1	0%
Two or More Races	3%	59	3%	40	4%
Hispanic	11%	118	7%	90	8%
Total	100%	1,811	100%	1,069	100%

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

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

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

Age

Median Age: 38
% Under 40: 59%
% 55 and Over: 12%

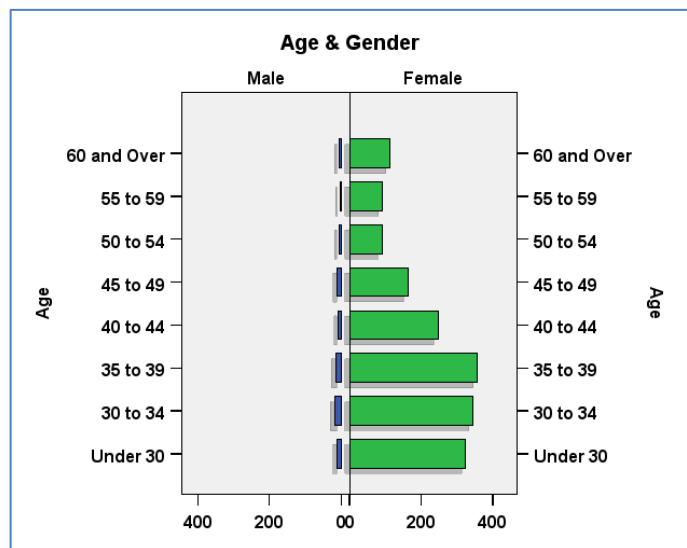
Diversity

Diversity Index: 24%
Under 40 Div. Index: 29%

Source: Va. Healthcare Workforce Data Center

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

Among the 59% of veterinary technicians who are under the age of 40, 96% are female. In addition, the diversity index among veterinary technicians who are under the age of 40 is 29%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 6%
 Rural Childhood: 36%

Virginia Background

HS in Virginia: 69%
 Prof. Edu. in Virginia: 67%
 HS or Prof. Edu. in VA: 78%

Location Choice

% Rural to Non-Metro: 14%
 % Urban/Suburban to Non-Metro: 2%

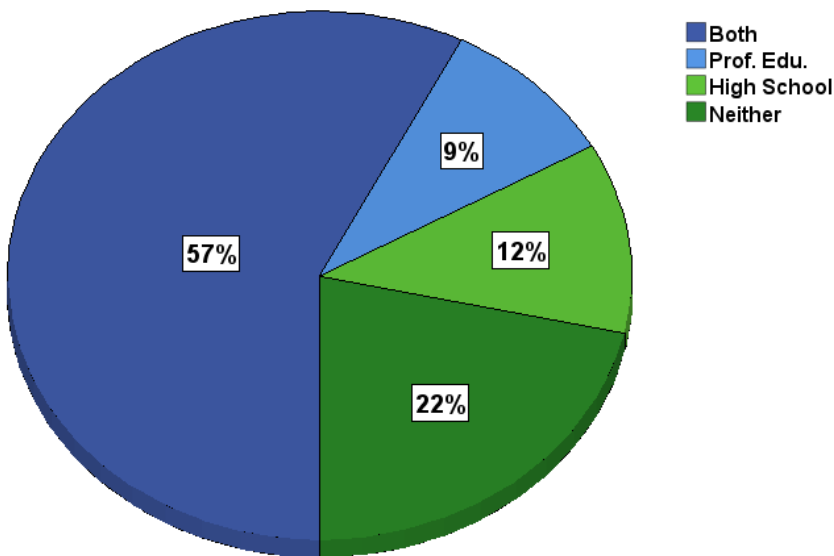
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	27%	65%	8%
2	Metro, 250,000 to 1 Million	52%	48%	0%
3	Metro, 250,000 or Less	52%	44%	4%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	86%	14%	0%
6	Urban, Pop. 5,000-19,999, Metro Adjacent	69%	30%	2%
7	Urban, Pop. 5,000-19,999, Non-Adjacent	100%	0%	0%
8	Rural, Metro Adjacent	78%	19%	4%
9	Rural, Non-Adjacent	50%	50%	0%
Overall		36%	58%	6%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Among the 36% of veterinary technicians who grew up in a rural area, 14% currently work in a non-metro area of the state. In total, 7% of all veterinary technicians currently work in a non-metro area of Virginia.

Top Ten States for Veterinary Technician Recruitment

Rank	All Veterinary Technicians			
	High School	#	Professional School	#
1	Virginia	1,247	Virginia	1,181
2	New York	65	Pennsylvania	78
3	Pennsylvania	55	Texas	75
4	Maryland	40	New York	49
5	North Carolina	37	Colorado	43
6	California	30	New Mexico	36
7	Florida	28	California	35
8	West Virginia	26	Florida	34
9	Ohio	22	Tennessee	28
10	Outside U.S./Canada	21	North Carolina	28

Source: Va. Healthcare Workforce Data Center

Among all veterinary technicians, 69% received their high school degree in Virginia, and 67% received their initial professional degree in the state.

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

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	384	Virginia	360
2	New York	24	Pennsylvania	34
3	Pennsylvania	19	California	25
4	Florida	18	Texas	23
5	Maryland	18	New York	22
6	North Carolina	17	Tennessee	18
7	California	16	Florida	17
8	Ohio	14	Colorado	15
9	Tennessee	13	New Mexico	11
10	Outside U.S./Canada	11	Arizona	11

Source: Va. Healthcare Workforce Data Center

Among all veterinary technicians who held a license, 12% did not participate in the state's veterinary technician workforce. Among these licensees, 88% worked at some point in the past year, including 45% who currently work as veterinary technicians.

At a Glance:

Not in VA Workforce

Total:	364
% of Licensees:	12%
Federal/Military:	4%
VA Border State/DC:	14%

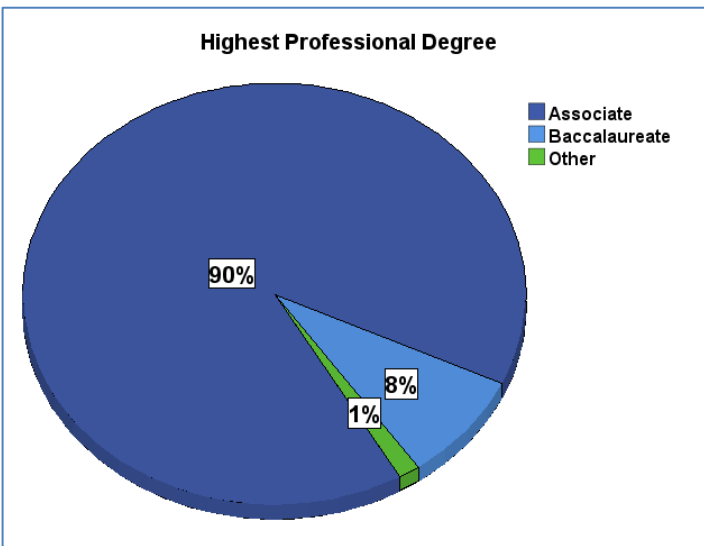
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Associate Degree	1,591	90%
Baccalaureate Degree	147	8%
Other	24	1%
Total	1,762	100%

Source: Va. Healthcare Workforce Data Center

More than one out of every four veterinary technicians carry education debt, including 36% of those who are under the age of 40. For those with education debt, the median outstanding balance is between \$10,000 and \$20,000.



Source: Va. Healthcare Workforce Data Center

Certifications		
Certification	#	%
Veterinary Emergency and Critical Care Technicians	19	1%
Veterinary Technicians in Anesthesia and Analgesia	13	<1%
Laboratory Animal Veterinary Technicians and Nurses	7	<1%
Veterinary Dental Technicians	6	<1%
Internal Medicine for Veterinary Technicians	6	<1%
At Least One Certification	51	2%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

Associate: 90%

Baccalaureate: 8%

Education Debt

Carry Debt: 28%

Under Age 40 w/ Debt: 36%

Median Debt: \$10k-\$20k

Source: Va. Healthcare Workforce Data Center

Amount Carried	All Vet. Tech.		Veterinary Tech. Under 40	
	#	%	#	%
None	1,077	72%	571	64%
Less than \$10,000	127	8%	92	10%
\$10,000-\$19,999	93	6%	78	9%
\$20,000-\$29,999	66	4%	53	6%
\$30,000-\$39,999	35	2%	29	3%
\$40,000-\$49,999	39	3%	30	3%
\$50,000-\$59,999	17	1%	12	1%
\$60,000-\$69,999	12	1%	9	1%
\$70,000-\$79,999	9	1%	7	1%
\$80,000-\$89,999	4	0%	2	0%
\$90,000-\$99,999	5	0%	2	0%
\$100,000 or More	11	1%	6	1%
Total	1,495	100%	891	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 88%
 Involuntarily Unemployed: 1%

Positions Held

1 Full-Time: 64%
 2 or More Positions: 18%

Weekly Hours:

40 to 49: 37%
 60 or More: 3%
 Less than 30: 12%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	1	< 1%
Employed in a Veterinary Technician-Related Capacity	1,534	88%
Employed, NOT in a Veterinary Technician-Related Capacity	122	7%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	10	1%
Voluntarily Unemployed	56	3%
Retired	22	1%
Total	1,746	100%

Source: Va. Healthcare Workforce Data Center

Among all veterinary technicians, 88% are currently employed in the profession, 64% hold one full-time job, and 37% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	88	5%
One Part-Time Position	213	13%
Two Part-Time Positions	36	2%
One Full-Time Position	1,094	64%
One Full-Time Position & One Part-Time Position	230	13%
Two Full-Time Positions	14	1%
More than Two Positions	29	2%
Total	1,704	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	88	5%
1 to 9 Hours	40	2%
10 to 19 Hours	64	4%
20 to 29 Hours	98	6%
30 to 39 Hours	602	36%
40 to 49 Hours	623	37%
50 to 59 Hours	97	6%
60 to 69 Hours	39	2%
70 to 79 Hours	4	0%
80 or More Hours	10	1%
Total	1,665	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	27	2%
Less than \$20,000	112	8%
\$20,000-\$29,999	103	7%
\$30,000-\$39,999	192	14%
\$40,000-\$49,999	271	19%
\$50,000-\$59,999	305	22%
\$60,000 or More	388	28%
Total	1,397	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

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

Benefits
 Health Insurance: 62%
 Retirement: 69%

Source: Va. Healthcare Workforce Data Center

The typical veterinary technician earns between \$40,000 and \$50,000 per year. In addition, 85% of all veterinary technicians receive at least one employer-sponsored benefit, including 62% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	1,200	78%	78%
Retirement	1,051	69%	68%
Health Insurance	947	62%	61%
Dental Insurance	868	57%	56%
Paid Sick Leave	791	52%	51%
Group Life Insurance	519	34%	34%
Signing/Retention Bonus	184	12%	12%
At Least One Benefit	1,304	85%	85%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Satisfaction

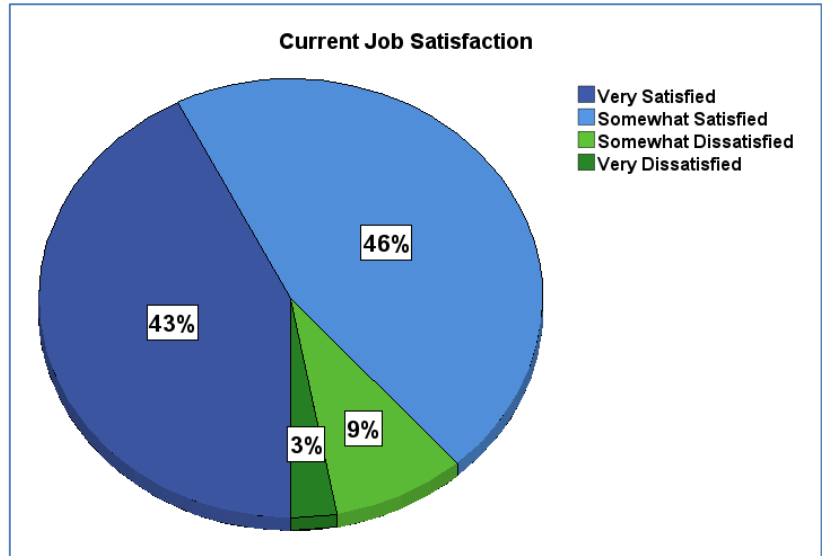
Satisfied: 89%
Very Satisfied: 43%

Exhaustion

Burned Out: 47%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	715	43%
Somewhat Satisfied	770	46%
Somewhat Dissatisfied	143	9%
Very Dissatisfied	50	3%
Total	1,677	100%

Source: Va. Healthcare Workforce Data Center

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

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

Burned Out?		
	#	%
Yes	776	47%
No	866	53%
Total	1,642	100%
Experiencing Burnout		
Will Continue to Work in Current Position	466	60%
Seeking Another Position in Veterinary Care Profession	116	15%
Planning to Leave Veterinary Care Profession within 1-2 Years	106	14%
Seeking Professional Resources to Deal with Burn Out	88	11%
Total	776	100%

Source: Va. Healthcare Workforce Data Center

P083

A Closer Look:

Employment Instability in the Past Year		
In The Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	28	1%
Experience Voluntary Unemployment?	126	5%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	69	3%
Work Two or More Positions at the Same Time?	381	14%
Switch Employers or Practices?	160	6%
Experience At Least One?	628	24%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia’s veterinary technicians experienced involuntary unemployment at some point in the past year. By comparison, Virginia’s average monthly unemployment rate was 3.6% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	70	4%	17	4%
Less than 6 Months	106	7%	76	20%
6 Months to 1 Year	140	9%	54	14%
1 to 2 Years	328	20%	91	24%
3 to 5 Years	422	26%	71	19%
6 to 10 Years	247	15%	35	9%
More than 10 Years	303	19%	34	9%
Subtotal	1,616	100%	379	100%
Did Not Have Location	72		2,239	
Item Missing	957		27	
Total	2,645		2,645	

Source: Va. Healthcare Workforce Data Center

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

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 3%

Turnover & Tenure

Switched Jobs: 6%
New Location: 23%
Over 2 Years: 60%
Over 2 Yrs., 2nd Location: 37%

Employment Type

Hourly Wage: 80%
Salary/Commission: 17%

Source: Va. Healthcare Workforce Data Center

Among all veterinary technicians, 60% have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	206	17%
Hourly Wage	939	80%
By Contract/Per Diem	7	1%
Business/Practice Income	12	1%
Unpaid	14	1%
Subtotal	1,179	100%
Did Not Have Location	72	
Item Missing	1,394	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 3.1% and a high of 3.9%. At the time of publication, the unemployment rate for December 2025 was still preliminary.

At a Glance:

Concentration

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

Locations

2 or More (Past Year):	25%
2 or More (Now*):	22%

Source: Va. Healthcare Workforce Data Center

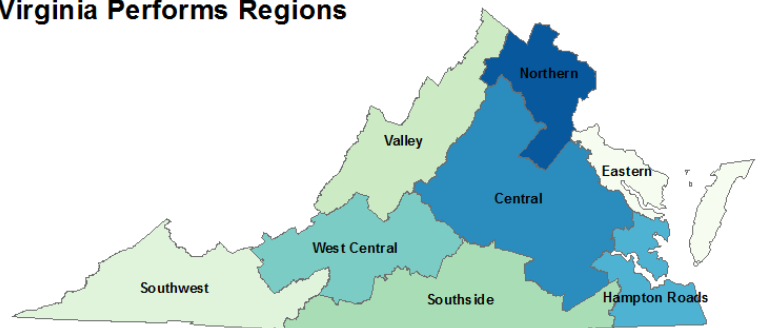
More than three out of every four veterinary technicians work in Northern Virginia, Central Virginia, or Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	384	24%	93	23%
Eastern	10	1%	4	1%
Hampton Roads	340	21%	82	21%
Northern	506	31%	126	32%
Southside	19	1%	5	1%
Southwest	44	3%	11	3%
Valley	161	10%	37	9%
West Central	133	8%	23	6%
Virginia Border State/D.C.	6	0%	2	1%
Other U.S. State	9	1%	15	4%
Outside of the U.S.	1	0%	0	0%
Total	1,613	100%	398	100%
Item Missing	961		8	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

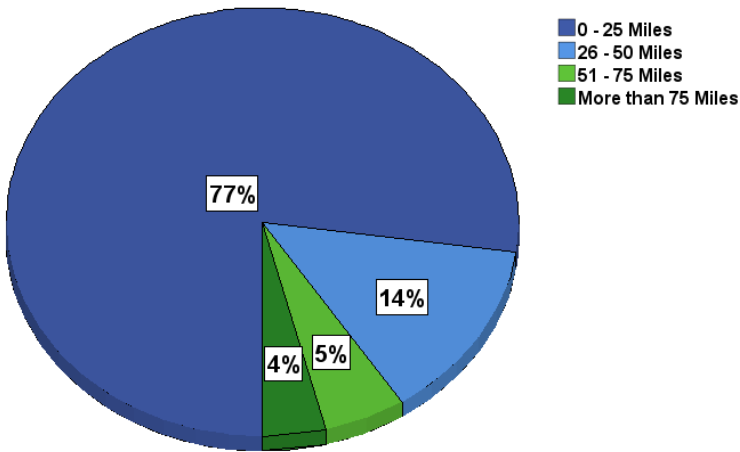
While 22% of veterinary technicians currently have multiple work locations, 25% of all veterinary technicians have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	34	2%	93	6%
1	1,211	73%	1,200	73%
2	245	15%	225	14%
3	126	8%	117	7%
4	16	1%	6	0%
5	5	0%	2	0%
6 or More	13	1%	7	0%
Total	1,650	100%	1,650	100%

*At the time of survey completion, Dec. 2025.

Source: Va. Healthcare Workforce Data Center

Distance Traveled for Work



Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Base Point

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

Work Travel

0-25 Miles:	77%
More than 50 Miles:	9%

Source: Va. Healthcare Workforce Data Center

Distance Traveled for Work

Range	#	%
0-25 Miles	1,269	77%
26-50 Miles	223	14%
51-75 Miles	85	5%
More than 75 Miles	66	4%
Total	1,643	100%

Source: Va. Healthcare Workforce Data Center

More than three out of every four veterinary technicians travel between 0 and 25 miles for their work. Another 9% travel more than 50 miles for their work.

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

Primary Base Point Location

Virginia Performs Region	#	%
Central	402	24%
Eastern	14	1%
Hampton Roads	342	21%
Northern	519	31%
Southside	23	1%
Southwest	46	3%
Valley	175	11%
West Central	135	8%
Total	1,656	100%
Item Missing	910	

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,347	89%	314	88%
Non-Profit	85	6%	28	8%
State/Local Government	81	5%	15	4%
Veterans Administration	2	0%	0	0%
U.S. Military	1	0%	0	0%
Other Federal Government	6	0%	0	0%
Total	1,522	100%	357	100%
Did Not Have Location	72		2,239	
Item Missing	1,050		50	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

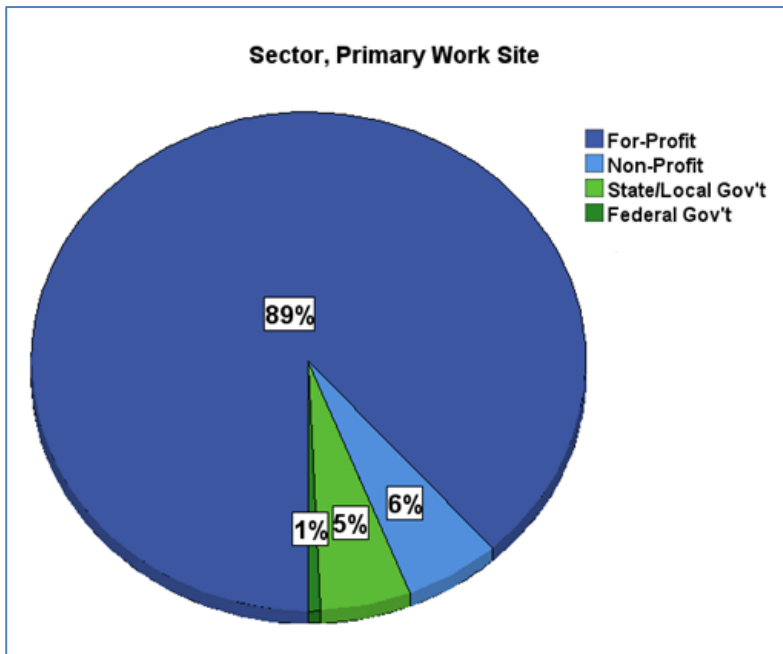
Sector

For-Profit:	89%
Federal:	1%

Top Establishments

Solo Practice:	52%
Group Practice:	32%
Shelters/Rescue:	3%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than nine out of every ten veterinary technicians work in the private sector, including 89% who are employed in the for-profit sector.

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Solo Practice/Partnership	782	52%	173	49%
Group Practice	476	32%	110	31%
Shelters or Rescue (Public or Private)	48	3%	21	6%
Veterinary Education Program, Community College	15	1%	8	2%
Laboratory	15	1%	2	1%
Veterinary Technology Program, Technical School	5	0%	1	0%
Supplier Organization	4	0%	1	0%
Public Health Program	3	0%	1	0%
Other Practice Setting	155	10%	36	10%
Total	1,503	100%	353	100%
Do Not Have Location	72		2,239	

Source: Va. Healthcare Workforce Data Center

More than half of all veterinary technicians work at a solo practice or partnership as their primary work location, while another 32% work at a group practice.

More than three out of every five veterinary technicians place IV catheters as one of their duties at an LVT practice. In addition, 60% of veterinary technicians also administer anesthesia or sedation drugs.

Duties Within Scope of LVT Practice		
Duty	#	% of Workforce
Place IV Catheter	1,606	61%
Administer Anesthesia or Sedation Drugs	1,583	60%
Intubate	1,567	59%
Induce Anesthesia	1,564	59%
Access Schedules II Through V Controlled Drugs	1,521	58%
Perform Cystocentesis	1,470	56%
Scale Below the Gingiva	1,013	38%
Extract Single-Rooted Teeth	832	31%
Administer Chemotherapy Drugs	416	16%
At Least One Duty	1,624	61%

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Languages Offered

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

Means of Communication

Other Staff Member:	78%
Virtual Translation:	23%
Respondent:	11%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	496	19%
French	56	2%
Korean	47	2%
Chinese	44	2%
Vietnamese	36	1%
Arabic	35	1%
Hindi	33	1%
Tagalog/Filipino	30	1%
Persian	28	1%
Amharic, Somali, or Other Afro-Asiatic Languages	25	1%
Urdu	24	1%
Pashto	21	1%
Others	40	2%
At Least One Language	518	20%

Source: Va. Healthcare Workforce Data Center

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

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

Means of Language Communication

Provision	#	% of Workforce with Language Services
Other Staff Member is Proficient	405	78%
Virtual Translation Service	118	23%
Respondent is Proficient	58	11%
Onsite Translation Service	24	5%
Other	11	2%

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

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

Roles

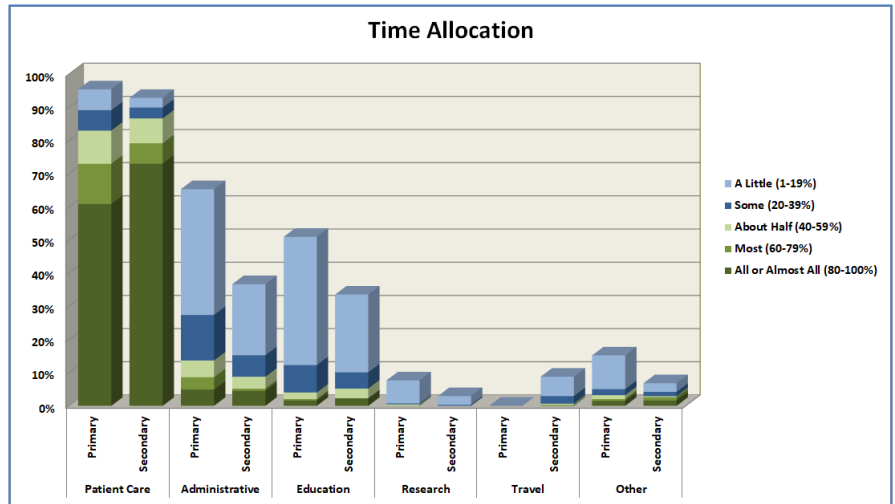
Patient Care: 73%
Administration: 9%
Education: 2%

Patient Care Vet. Tech.

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



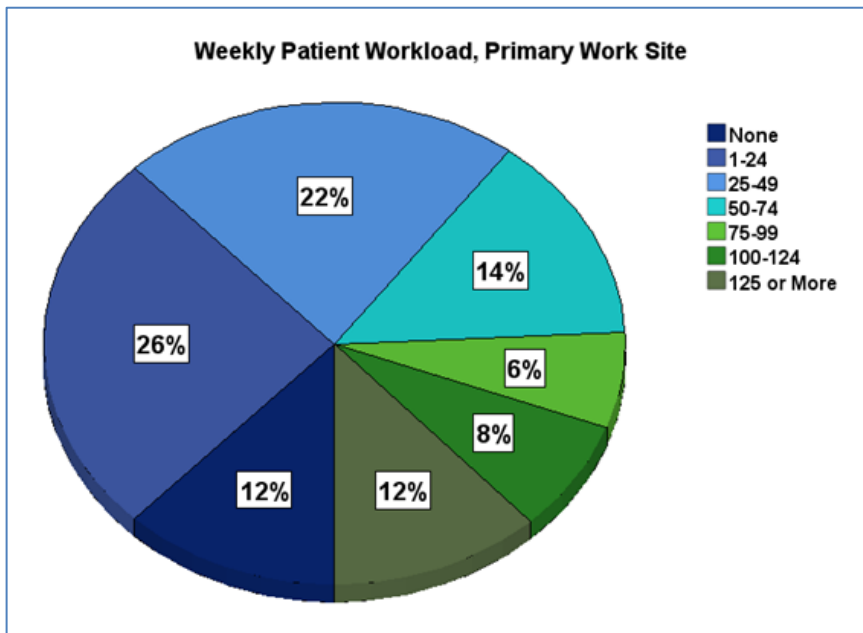
Source: Va. Healthcare Workforce Data Center

Veterinary technicians spend most of their time treating patients. In fact, 73% of veterinary technicians fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation												
Time Spent	Patient Care		Admin.		Education		Research		Travel		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	61%	73%	5%	5%	2%	2%	0%	0%	-	0%	1%	2%
Most (60-79%)	12%	6%	4%	1%	0%	0%	0%	0%	-	0%	1%	1%
About Half (40-59%)	10%	7%	5%	4%	2%	3%	0%	0%	-	0%	1%	0%
Some (20-39%)	6%	3%	14%	6%	8%	5%	0%	0%	-	2%	2%	1%
A Little (1-19%)	6%	3%	38%	21%	39%	23%	7%	3%	-	6%	10%	3%
None (0%)	5%	7%	35%	63%	49%	66%	92%	97%	-	91%	85%	93%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload (Median)

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

Source: Va. Healthcare Workforce Data Center

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

Patient Care Visits				
# of Patients Per Week	Primary		Secondary	
	#	%	#	%
None	184	12%	53	15%
1-24	394	26%	148	42%
25-49	338	22%	64	18%
50-74	212	14%	20	6%
75-99	98	6%	18	5%
100-124	115	8%	16	5%
125-149	60	4%	20	6%
150-174	43	3%	7	2%
175-199	13	1%	0	0%
200 or More	65	4%	7	2%
Total	1,522	100%	353	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Large Animals

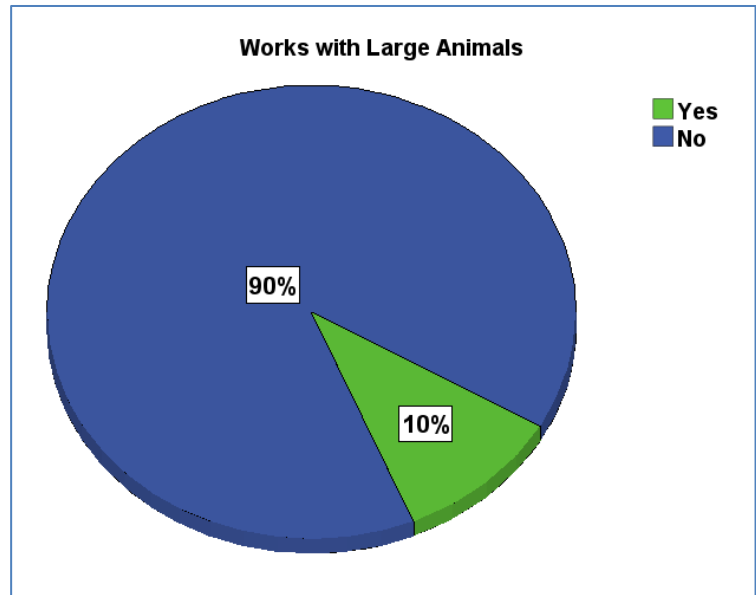
% Work w/
Large Animals: 10%

Typical Patient Allocation

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

One out of every ten veterinary technicians work with large animals. In addition, 61% of all veterinary technicians spend more than half of their time treating dogs, while 47% of veterinary technicians spend more than half of their time treating cats.

Works with Large Animals		
Response	#	%
Yes	165	10%
No	1,423	90%
Total	1,588	100%

Source: Va. Healthcare Workforce Data Center

Patient Allocation				
Animal	Percentage of Time			
	0-10%	11-25%	26-50%	> 50%
Equines	91%	2%	1%	6%
Bovines (Dairy)	99%	1%	0%	0%
Bovines (Beef)	98%	1%	0%	1%
Sheep/Goats	97%	2%	0%	0%
Poultry	97%	2%	1%	0%
Camelids	99%	1%	0%	0%
Cats	11%	5%	37%	47%
Dogs	10%	2%	27%	61%
Small Animals (Exotics)	84%	10%	3%	3%
Other Animals	96%	0%	1%	2%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All Vet. Tech.		Vet. Tech. 50 and Over	
	#	%	#	%
Under Age 50	264	18%	-	-
50 to 54	142	10%	8	3%
55 to 59	160	11%	26	10%
60 to 64	302	21%	65	26%
65 to 69	294	20%	79	31%
70 to 74	80	5%	32	13%
75 to 79	20	1%	9	4%
80 or Over	21	1%	3	1%
I Do Not Intend to Retire	175	12%	30	12%
Total	1,458	100%	252	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Veterinary Technicians

Under 65: 60%

Under 60: 39%

Veterinary Tech. 50 and Over

Under 65: 39%

Under 60: 13%

Time Until Retirement

Within 2 Years: 5%

Within 10 Years: 16%

Half the Workforce: By 2050

Source: Va. Healthcare Workforce Data Center

Three out of every five veterinary technicians expect to retire by the age of 65. Among veterinary technicians who are age 50 and over, 39% still expect to retire by the age of 65.

Within the next two years, 15% of Virginia's veterinary technicians expect to pursue additional educational opportunities, and 5% expect to increase their patient care hours.

Future Plans

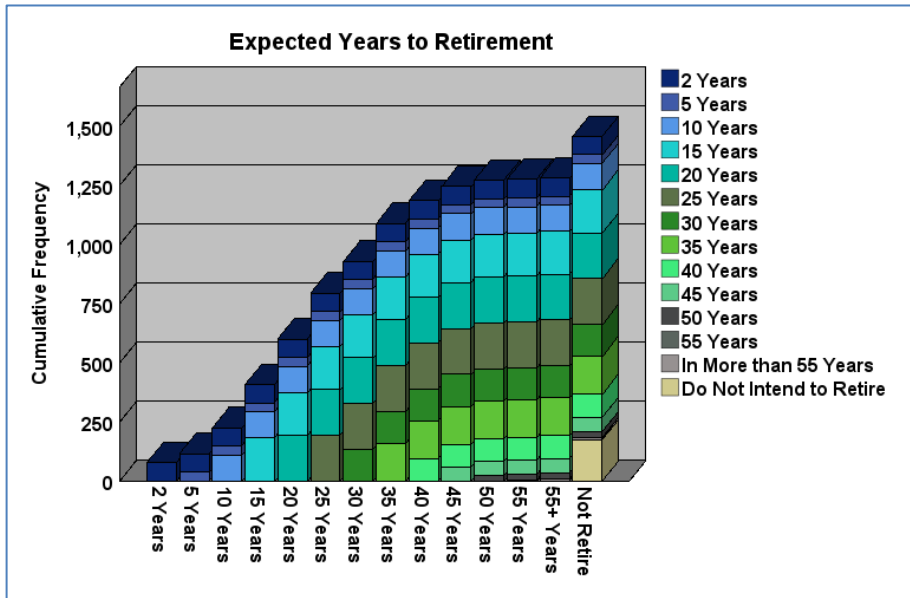
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	124	5%
Leave Virginia	79	3%
Decrease Patient Care Hours	139	5%
Decrease Teaching Hours	19	1%
Increase Participation		
Increase Patient Care Hours	131	5%
Increase Teaching Hours	116	4%
Pursue Additional Education	399	15%
Return to the Workforce	9	0%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectations to age, we can estimate the maximum years to retirement for veterinary technicians. While only 5% of veterinary technicians expect to retire in the next two years, 16% plan to do so within the next decade. More than half of the current workforce expect to retire by 2050.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	77	5%	5%
5 Years	38	3%	8%
10 Years	111	8%	16%
15 Years	182	12%	28%
20 Years	192	13%	41%
25 Years	195	13%	55%
30 Years	135	9%	64%
35 Years	160	11%	75%
40 Years	96	7%	81%
45 Years	61	4%	86%
50 Years	25	2%	87%
55 Years	4	0%	88%
In More than 55 Years	7	0%	88%
Do Not Intend to Retire	175	12%	100%
Total	1,458	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2040. Retirement will peak at 13% of the current workforce around 2050 before declining to under 10% of the current workforce again by 2065.

At a Glance:

FTEs

Total: 2,158
 FTEs/1,000 Residents²: 0.248
 Average: 0.84

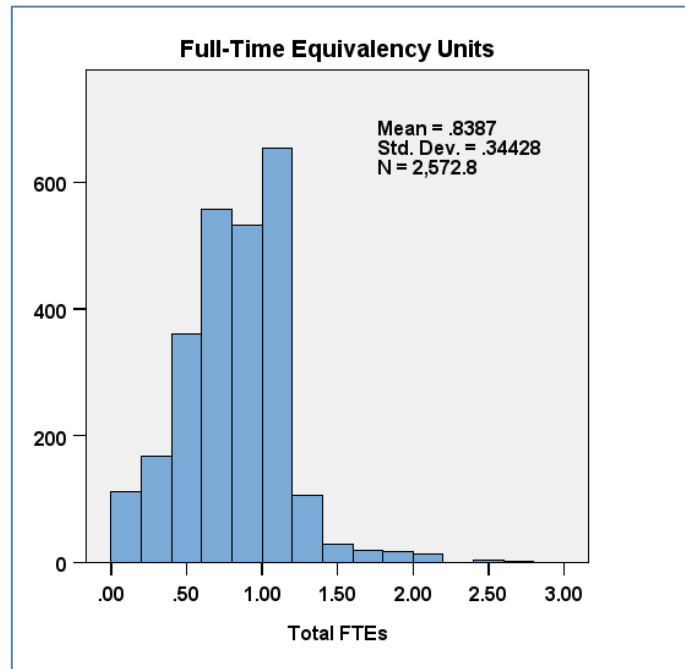
Age & Gender Effect

Age, *Partial Eta*²: Small
 Gender, *Partial Eta*²: None

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

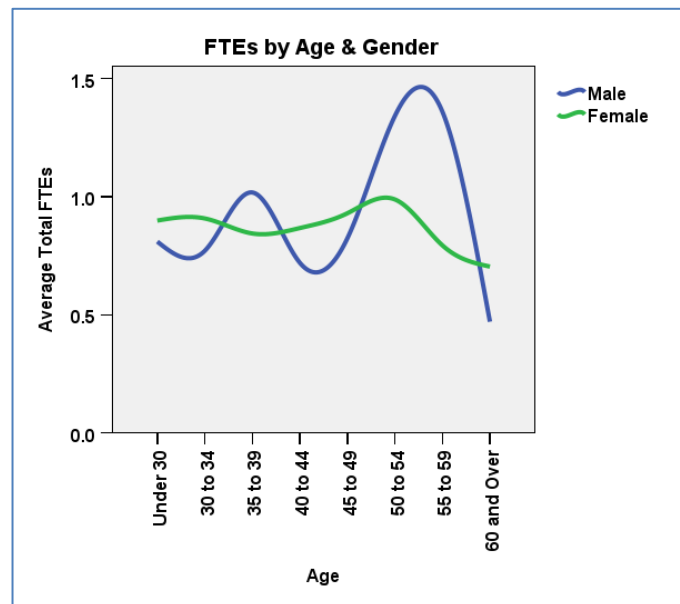


Source: Va. Healthcare Workforce Data Center

The typical veterinary technician provided 0.84 FTEs in the past year, or approximately 34 hours per week for 50 weeks. Although FTEs appear to vary by age, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Under 30	0.87	0.83
30 to 34	0.97	1.05
35 to 39	0.75	0.62
40 to 44	0.83	0.78
45 to 49	0.87	0.78
50 to 54	1.03	1.05
55 to 59	0.61	0.31
60 and Over	0.66	0.59
Gender		
Male	0.87	0.93
Female	0.87	0.93

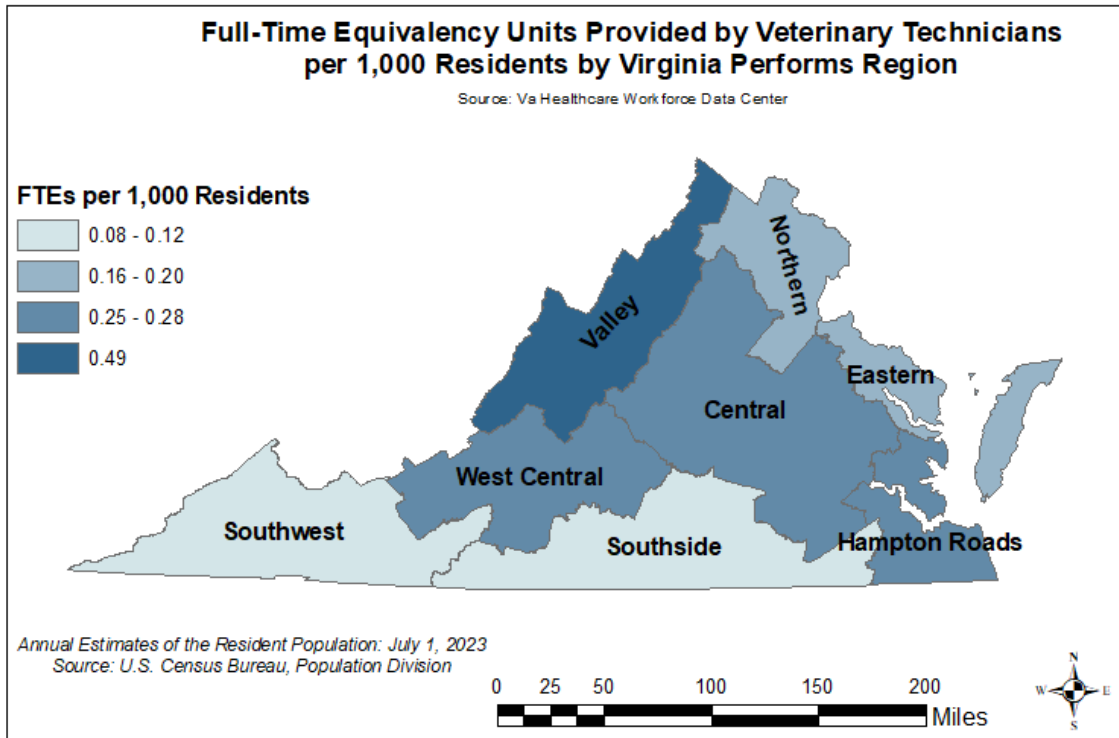
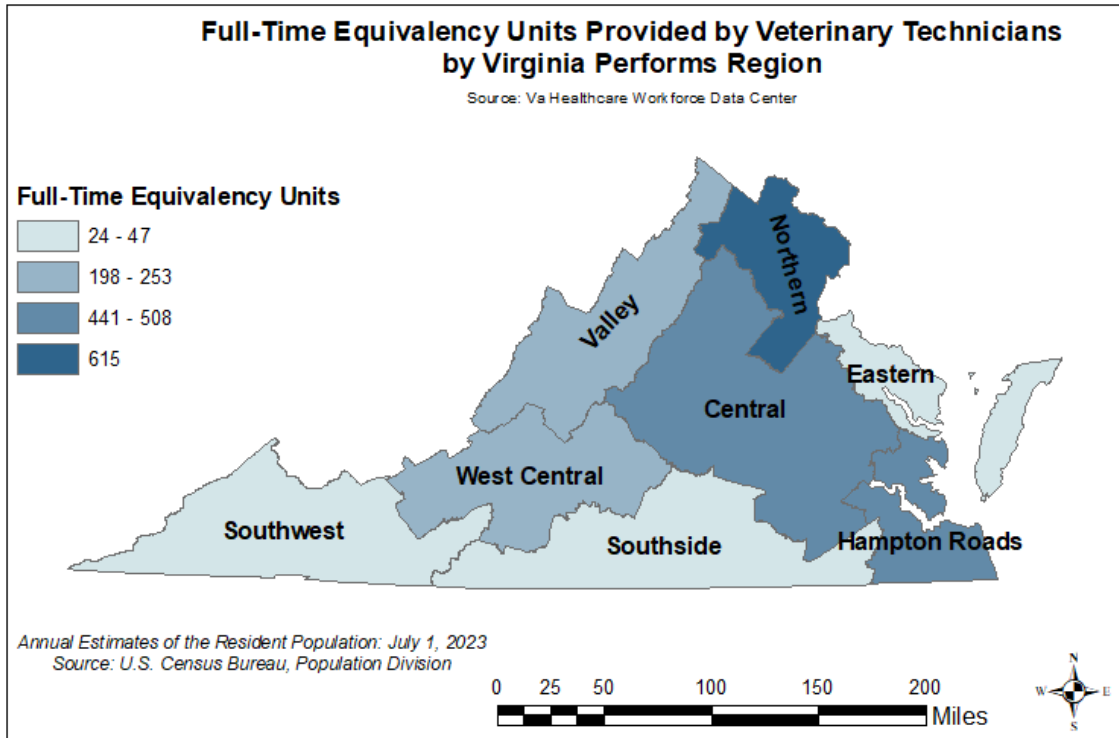
Source: Va. Healthcare Workforce Data Center

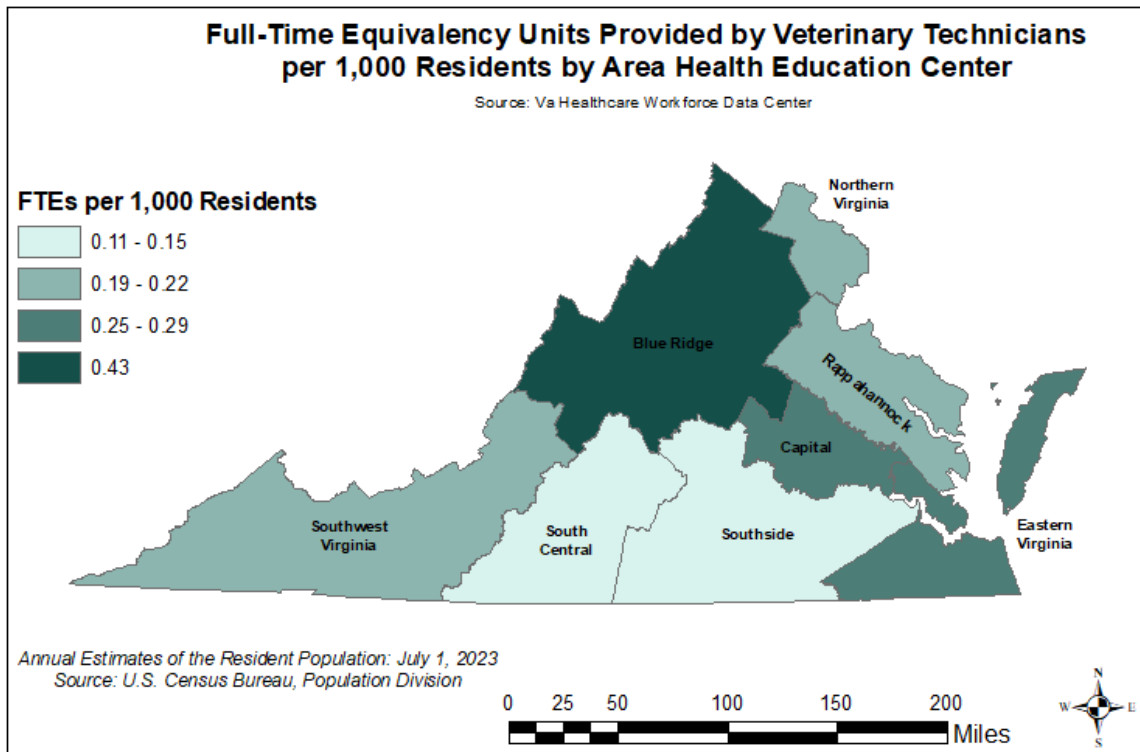
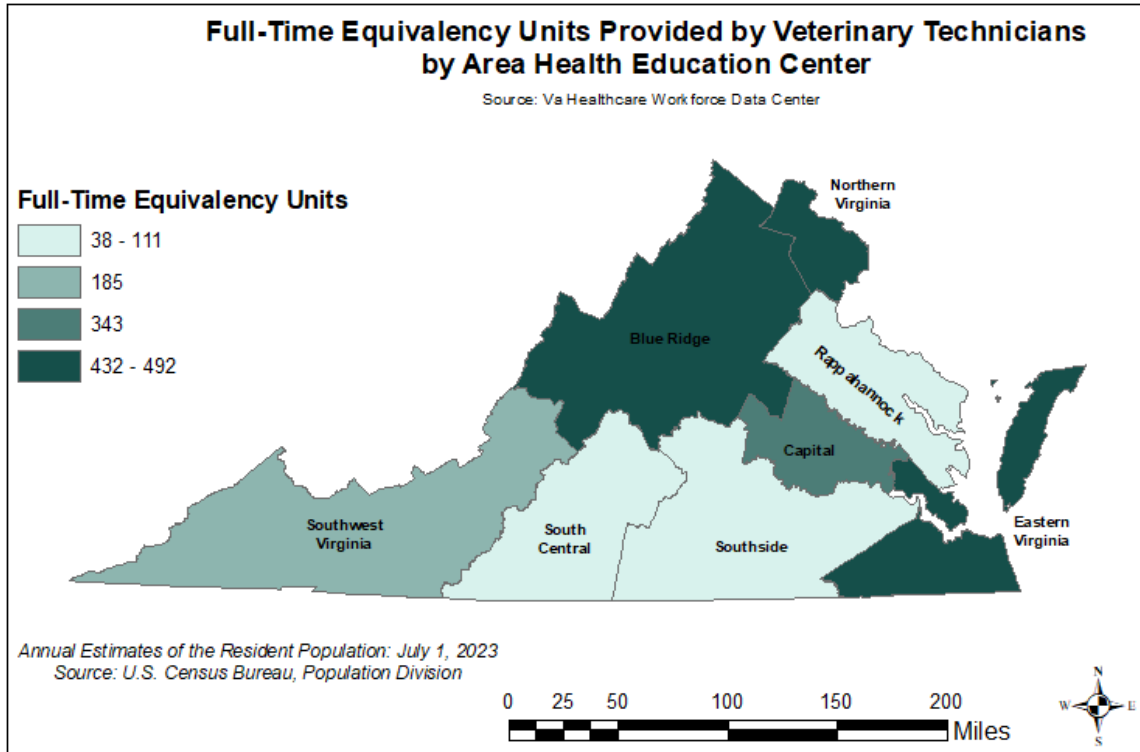


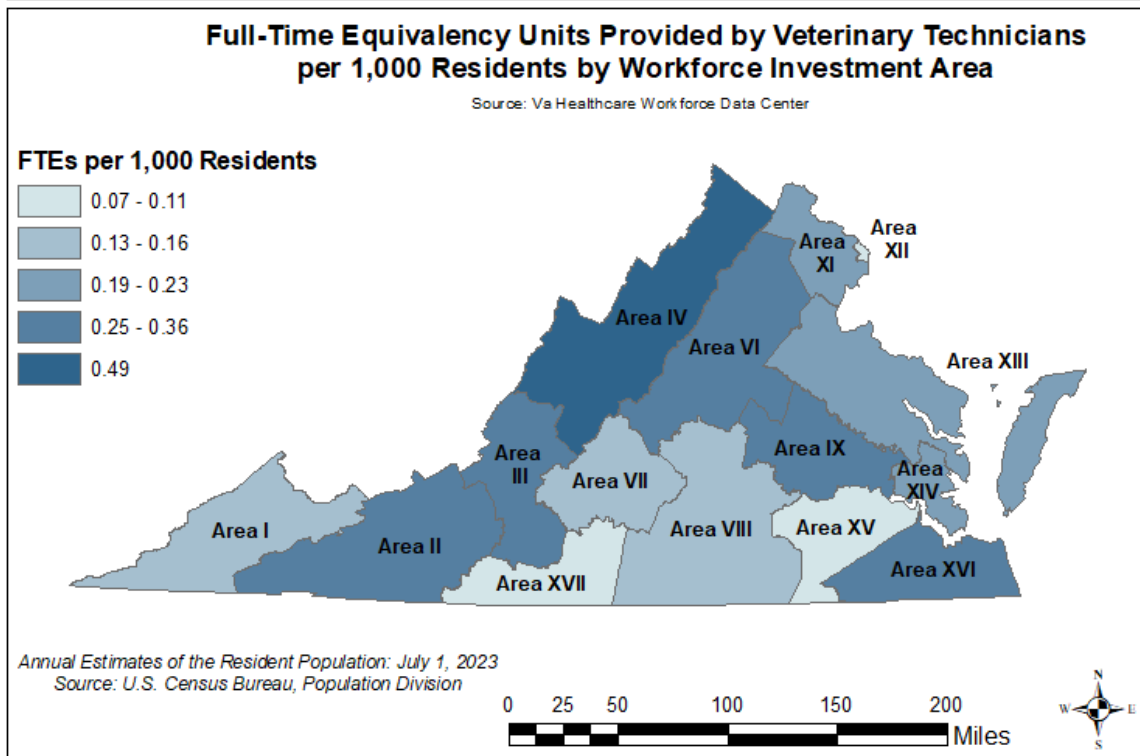
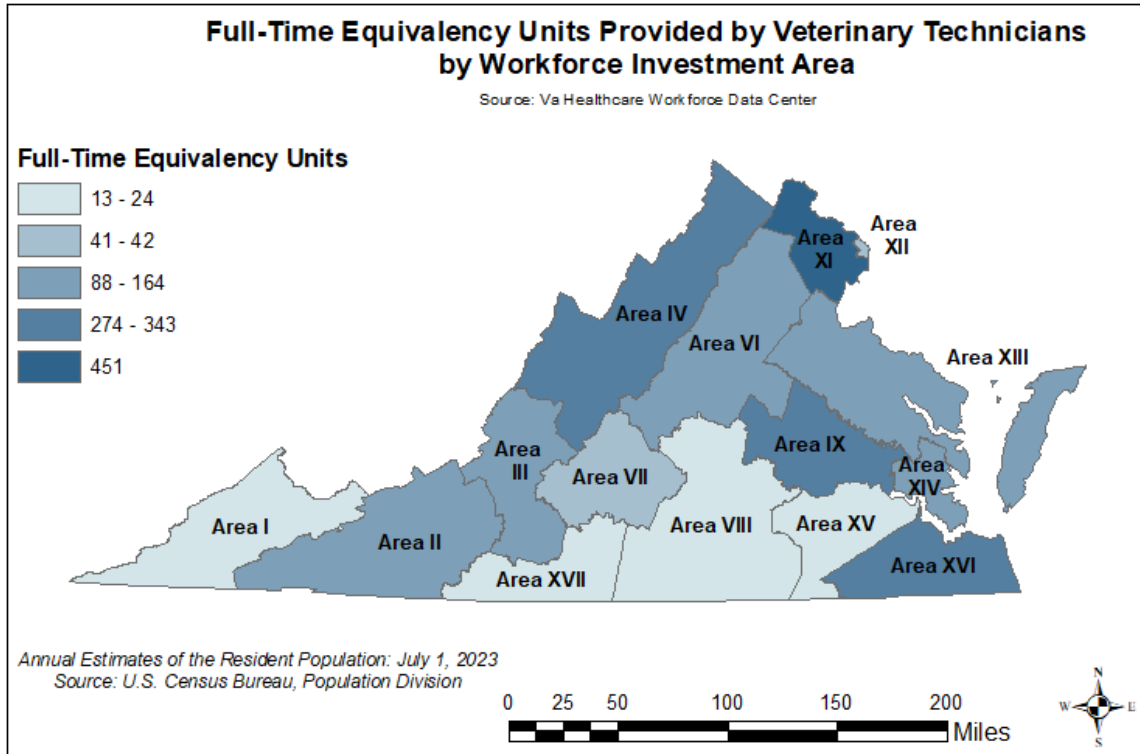
Source: Va. Healthcare Workforce Data Center

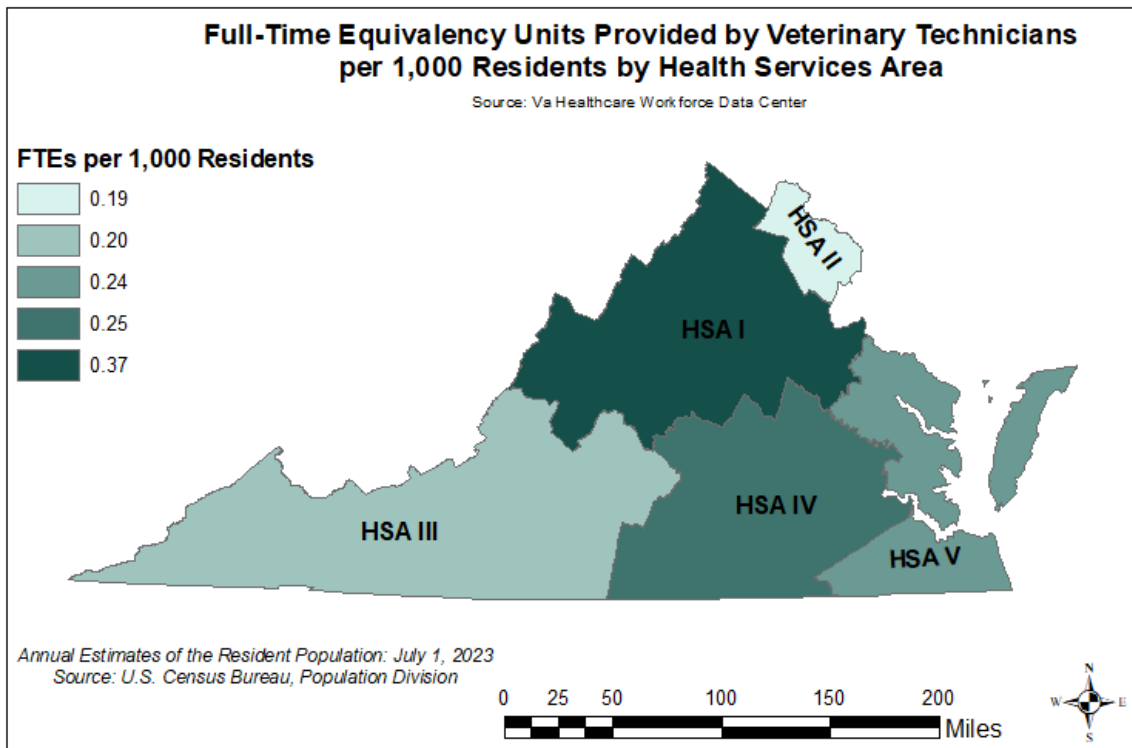
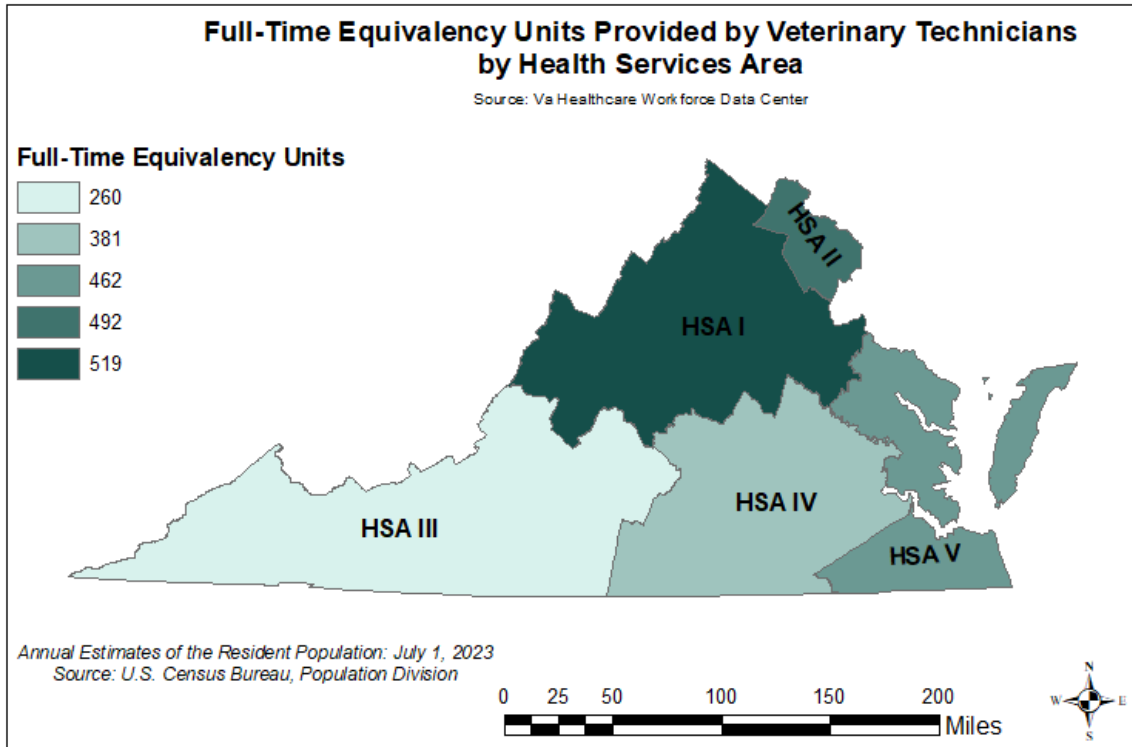
² Number of residents in 2023 was used as the denominator.

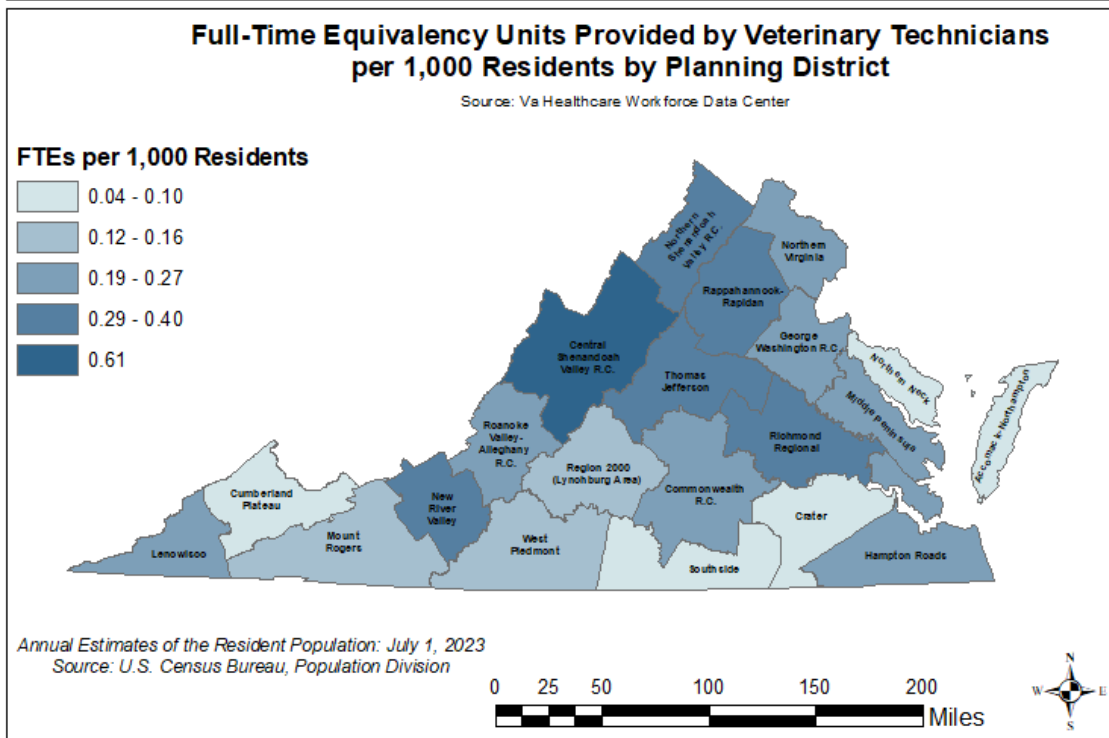
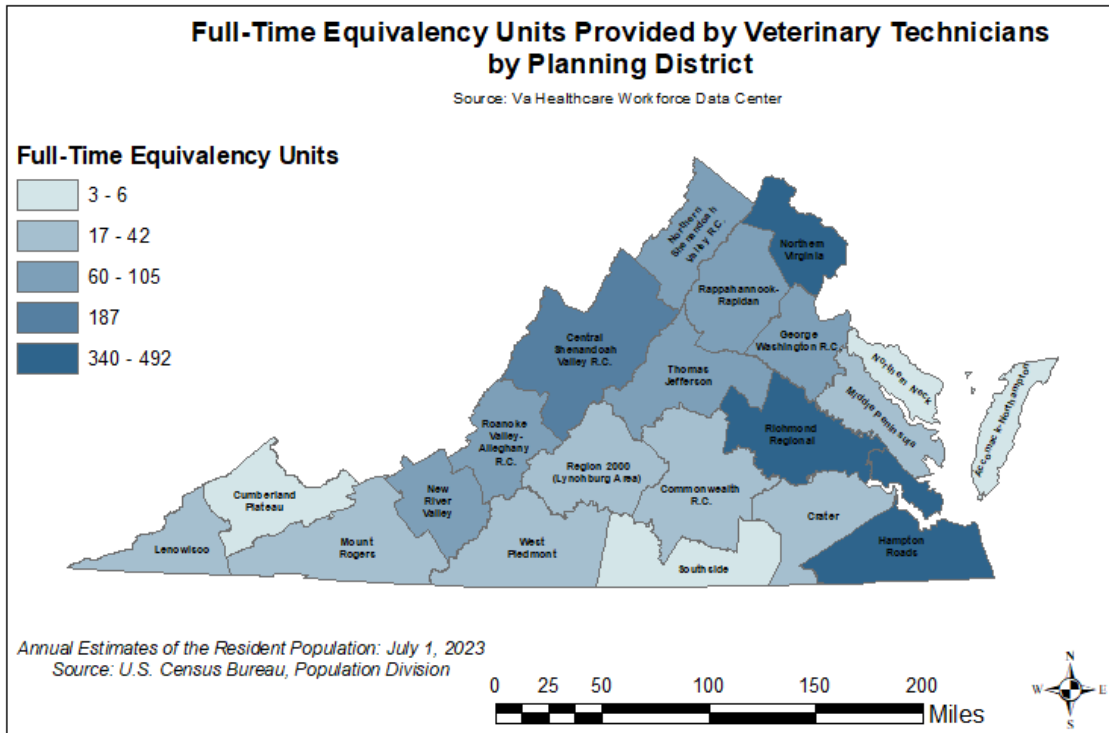
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction Effect were significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	1,703	88.67%	1.128	1.071	1.233
Metro, 250,000 to 1 Million	181	92.82%	1.077	1.023	1.178
Metro, 250,000 or Less	440	90.91%	1.100	1.044	1.203
Urban, Pop. 20,000+, Metro Adj.	11	90.91%	1.100	1.044	1.203
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	126	89.68%	1.115	1.058	1.219
Urban, Pop. 2,500-19,999, Non-Adj.	23	95.65%	1.045	0.992	1.143
Rural, Metro Adj.	60	90.00%	1.111	1.055	1.215
Rural, Non-Adj.	8	87.50%	1.143	1.085	1.250
Virginia Border State/D.C.	253	79.05%	1.265	1.201	1.383
Other U.S. State	203	77.83%	1.285	1.220	1.405

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	478	80.33%	1.245	1.143	1.405
30 to 34	558	88.71%	1.127	1.035	1.272
35 to 39	601	87.19%	1.147	1.053	1.294
40 to 44	467	89.94%	1.112	1.021	1.255
45 to 49	311	90.68%	1.103	1.013	1.245
50 to 54	201	92.54%	1.081	0.992	1.220
55 to 59	179	89.39%	1.119	1.027	1.263
60 and Over	214	89.72%	1.115	1.024	1.258

Source: Va. Healthcare Workforce Data Center

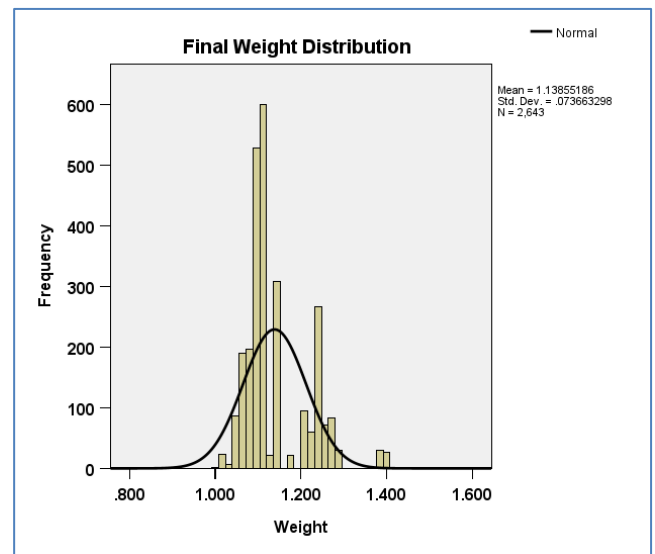
See the Methods section on the HWDC website for details on HWDC methods:

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

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

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

Overall Response Rate: 0.878365



Source: Va. Healthcare Workforce Data Center

**SECOND AND FINAL 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
2026**



COMMONWEALTH of VIRGINIA

Arne W. Owens
Director

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

www.dhp.virginia.gov
PHONE (804) 367- 4400

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

The Honorable Sam Rasoul
Chair, House Committee on Education

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

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

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

DATE: January 5, 2026

RE: Second and Final 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” each year of the two-year study. The first report was submitted January 6, 2025. This is the second and final report.

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I. Executive Summary

Pursuant to the Joint Resolutions, the Board of Veterinary Medicine (“Board”) and the State Veterinarian convened a workgroup which met two times in 2025. 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).

During its first year, the workgroup identified four subgroups for areas deemed essential to this study: (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, which adopted the recommendations as summarized below.

The workgroup, based on its first-year recommendations, pursued several actions to attract practitioners and support large animal veterinary practice in rural Virginia. Going forward, these actions require continuing support and funding to make a substantial and sustainable impact on the shortage. Although this report concludes the efforts produced by the workgroup, which has spanned two years, support of large animal veterinarians in the Commonwealth is an ongoing endeavor that requires renewed commitment from public and private partners to remain successful.

Supporting data

Based on the supporting data subgroup’s first year recommendations, the workgroup directed surveys of stakeholders, including food animal producers, livestock market regions, and licensed veterinarians and LVTs. The workgroup then used that data to pinpoint shortage areas and assess ongoing needs.

Financial resources

As recommended by the financial resources subgroup, legislative bills and budget amendments were introduced during the 2025 General Assembly to establish and initially fund two separate grant programs, as well as a veterinary coordinator position through Virginia Tech's Virginia-Maryland College of Veterinary Medicine (V-MCVM). These changes strategically support established and newly licensed large animal veterinarians in the Commonwealth of Virginia.

LVT scope of practice

Aligning with the LVT scope of practice subgroup first-year recommendations, the Board continues to expand educational outreach to advance awareness of the profession and opportunities that exist in large animal medicine. In August 2025, the Board initiated a regulatory action to create a pathway and requirements for haul-in¹ large animal veterinary establishments, which will increase opportunities for LVTs to practice large animal medicine. The first step of that regulatory action, the notice of intended regulatory action ("NOIRA"), remains in the executive branch review process. The Virginia Association of Licensed Veterinary Technicians is exploring legislation for title protection of LVTs to address the misidentification of veterinary assistants as "technicians"² and to elevate the profile and compensation for this profession.

Veterinary medicine class size

As recommended by the veterinary medicine class size subgroup, a budget amendment was introduced during the 2025 General Assembly to fund an increase in the number of seats available to Virginia residents at V-MCVM. The amendment failed to pass and was not added to the final budget.

¹ 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). (See 18VAC150-20-180 and 18VAC150-20-201.) 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 or administering federally controlled drugs, all of which directly relate to patient and public safety.

Workgroup Members

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

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

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

Nathaniel Burke, DVM
President
Virginia Veterinary Medical Association

Trey Davis
President and CEO
Virginia Agribusiness Council

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

The Honorable Timmy French
Senate of Virginia

M. Daniel Givens, DVM, PhD, DACT, DACVM
Dean
Virginia-Maryland College of Veterinary Medicine

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

The Honorable Alfonso Lopez
Virginia House of Delegates

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

Melinda McCall, DVM
Virginia Academy of Food Animal Practitioners

Martha Moore
Senior Vice President of Governmental Relations
Virginia Farm Bureau

Kelli Moss, Chair
Executive Director
Virginia Board of Veterinary Medicine

Julia Murphy, DVM
State Health Veterinarian
Virginia Department of Health

Jane Naramore, LVT
Virginia Association of Licensed Veterinary Technicians

Patricia Seeger, LVT, BBA
Board Member
Virginia Board of Veterinary Medicine

Jake Tabor, ad hoc member
Legislative Specialist
Virginia Farm Bureau

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

Stephen Versen
Deputy Director
Virginia Tobacco Region Revitalization Commission

Abigail Wescott
Managing Director, External Affairs
Virginia Economic Development Partnership

II. Meetings of the Workgroup

The workgroup held meetings on April 16, 2025, and September 4, 2025. The Board's executive director and a board member participated in separate meetings with the State Veterinarian and other stakeholders to develop and review applications to select the 2025 grant recipients awarded through the Virginia Large Animal Veterinary Grant Program ("Grant Program") and the Virginia Tobacco Region Revitalization Commission's ("TRRC") Large Animal Veterinary Incentive Program ("LAVIP").

As a result of strong contributions from participants and the leading state agencies during the study's first year, the workgroup achieved significant progress in its second year initiating and implementing ongoing programs to address the large animal veterinarian shortage.

III. Supporting Data

During its second year, the workgroup collected and compiled additional reference materials to facilitate development of proposed solutions and recommendations for the two-year study. The reference collection is maintained by the Board and will be publicly posted to serve as a resource to facilitate awareness and participation in programs and implemented solutions.

The workgroup developed targeted questions for the Board's annual veterinarian and LVT license renewal survey that will be used annually and reported by the Department of Health Professions' Healthcare Workforce Data Center ("HWDC") to provide ongoing data capture to identify types and locations of large animal veterinary shortages. The Board will coordinate with the HWDC to revise these survey questions as needed in subsequent years to measure the efficacy of implemented solutions proposed by the workgroup and to identify shortage trends.

The Board is developing a periodic newsletter to increase awareness of opportunities for large animal veterinarians, applicants, and the public.

IV. Financial Resources

The workgroup identified geographic challenges, environmental conditions, and lack of shared resources as factors contributing to the attrition of large animal veterinarians in the Commonwealth. The workgroup recommended development of a regulatory pathway under the Board of Veterinary Medicine for haul-in or shared use veterinary establishments for large animals, which could be matched with grants or other funding for ongoing financial 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.

The workgroup noted that the development of a state loan repayment program tied to practice in underserved communities may be combined with other federal and private loans to reduce the financial burdens on new veterinarians wishing to enter large animal practice. Following a survey of information from similar programs in other states, the workgroup recommended that a program administrator coordinate student financial resources. Virginia Tech's Virginia-Maryland College of Veterinary Medicine recently established a position, titled the Coordinator to Support Virginia's Large Animal Veterinary Workforce, to strengthen the Commonwealth's large animal veterinary workforce by supporting recruitment, placement, and long-term retention of large animal veterinarians in underserved areas.

In 2025, the Grant Program was created under the Virginia Department of Consumer and Agricultural Services ("VDACS") to provide four recipients with up to \$110,000 disbursed over three years to support large animal veterinary services across the Commonwealth. Russell County received a Governor's Agriculture and Forestry Industries Development Fund ("AFID") Planning Grant matched by TRRC funds to support the creation of a long-term incentive program aimed at recruiting large animal veterinarians to Southwest Virginia. The TRRC LAVIP includes financial and logistical support, enhanced veterinary services, and collaboration with regional veterinary schools. Russell County will also contribute land for facilities and equipment to help new veterinarians establish haul-in veterinary practices.

Beginning July 1, 2025, VDACS received 43 applications from veterinarians across the state who are integral to Virginia's food supply and rural economies. As of October 31, 2025, four applicants have been awarded grants through the Grant Program and three have been awarded grants through the TRRC LAVIP to boost large animal veterinary services across the Commonwealth. Together, the grants total \$890,000. Grant recipients were selected by a panel of industry experts using formalized scoring guidelines focused on community impact. The panel included the State Veterinarian and representatives from TRRC, Virginia Farm Bureau, the Board, Virginia Cooperative Extension, Virginia Academy of Food Animal Practitioners, and the Virginia Veterinary Medical Association.

V. Licensed Veterinary Technician Scope of Practice

The workgroup examined a variety of references defining current LVT scope of practice to identify barriers to expansion of the profession. The workgroup determined that 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.” Additional factors limiting the widespread use of LVTs in large animal medicine include 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.

The workgroup developed targeted questions to identify ongoing factors which contribute to the low number of LVTs practicing in large animal veterinary medicine and animal shelters for use in the Board’s annual veterinary technician license renewal survey. The questions, which were included in the 2024 renewal survey, focused on identification of LVTs working in a large animal setting and the types of animals treated. HWDC published the results of the 2024 renewal survey in February 2025. Survey data indicated that 11% of survey respondents work with large animals.³ Survey questions will be revised by the Board as needed in subsequent years to measure the efficacy of implemented solutions proposed by the workgroup and to identify areas of specific needs.

Limited exposure to large animal medicine in LVT educational programs contributes to fewer numbers of LVTs participating in large animal medicine upon graduation. 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. Haul-in veterinary establishments may expand utilization of LVTs in large animal medicine. Only licensed veterinarians and LVTs are authorized to access controlled substances, and LVTs are widely used in small animal veterinary establishments to maintain compliance with drug laws and veterinary establishment inspection requirements, as well as overall practice management. Establishing a haul-in veterinary practice model will allow veterinarians in haul-in facilities to use LVTs to maintain and manage controlled substances, similar to small animal veterinary establishments. Utilizing a stationary establishment for large animal medicine will also expand opportunities for LVTs to assist with clinical tasks, such as anesthesia induction and IV catheter insertion, to support the large animal veterinarian in ways that are not economically feasible in an ambulatory, farm-based practice.

Large animal veterinarians typically work unassisted or use trained individuals to corral and restrain large animal patients to minimize stress and ensure the safety of the animal and veterinarian. A certification program for such assistants is currently available through Virginia Department of Education vocational training that may be developed to meet national certification

³ See HWDC’s [Virginia’s Veterinary Technician Workforce: 2024](https://www.dhp.virginia.gov/media/dhpweb/docs/hwdc/vetmed/0302VetTechs2024.pdf), available at <https://www.dhp.virginia.gov/media/dhpweb/docs/hwdc/vetmed/0302VetTechs2024.pdf>, page 20.

standards. This would provide large animal veterinarians with a greater number of appropriately trained assistants in Virginia to increase efficacy and safety of patients and the public.

VI. Veterinary School Class Size

During the first year of the study, the veterinary school class size subgroup analyzed information about enrollment, available financial assistance, current class size, and new veterinary programs seeking accreditation and determined that available seats at veterinary schools could potentially increase by approximately 30%. Given the constraints of current programs in recruiting qualified faculty, available educational and training facilities, and budget, an overall increase in class size is not a viable mechanism to address the large animal veterinarian shortage. The workgroup determined that it is possible to increase the percentage of seats offered to Virginia residents if funding is provided and contractual obligations with neighboring states to provide seats are met. Adequate state funding is paramount to enable V-MCVM to offer more seats to Virginia residents pursuing large animal medicine. A budget amendment introduced during the 2025 General Assembly to fund an increase in the number of seats available to Virginia residents at V-MCVM, however, failed to pass.

Lincoln Memorial College of Veterinary Medicine, a private program in Tennessee near the Virginia border, is exploring expansion of 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. Reexamination of 2010 Study

The recommendations resulting from the 2010 large animal veterinarian shortage study included similar recommendations to the workgroup created by the Joint Resolutions, including:

- Encourage veterinary access to economic development initiatives;
- Encourage veterinary access to grants from the Tobacco Indemnification and Community Revitalization Commission (now TRRC);
- Provide business mentorship for rural veterinary practices;
- Increase state funding to support growth and expansion of the V-MCVM to serve a larger student body;
- Legislative and executive branch support for ongoing federal initiatives; and
- Use of the Federal Veterinary Medical Loan Repayment Program that was authorized by the National Veterinary Medical Service Act.

Based on the 2010 study, legislation was introduced to establish a grant program to promote efforts to develop, implement, and sustain veterinary services. Legislation filed following the 2010 study also intended to establish fellowships for on-the-job training of veterinarians in food systems security and public health, and to increase faculty teaching in veterinary public health. These bills were ultimately unsuccessful. Lack of funding and ongoing attention to the shortage of practitioners as it existed in 2010 directly contributed to the exacerbation of the shortage noted in the Joint Resolutions.

First year recommendations of the workgroup resulted in the development of meaningful programs and initiatives that will address shortage areas. Ongoing funding and community infrastructure, starting with early education to create pathways to large animal medicine, increased opportunities for veterinary education. Continuing education and support for veterinarians and LVTs practicing in rural areas are critical to the sustainability of the workgroup's efforts.

VIII. Workgroup Final Recommendations

In its second year, the workgroup made the recommendations detailed below.

- 1. Workforce development and training.** The workgroup recommends the establishment of a career pathway for rural farming and community youths to receive training and national certification as large animal veterinary assistants. This recommendation includes expanding educational opportunities by developing funding for additional seats for Virginia students at the state veterinary school and expanding LVT educational programs to increase large animal education externships.
- 2. Strategic partnerships and data-driven planning.** The workgroup recommends development of a partnership among key organizations, specifically local agricultural economic development offices, the TRRC, county Farm Bureau offices, and Virginia Cooperative Extension. This partnership would conduct periodic surveys and analyze data to identify regions most affected by large animal veterinarian shortages. Additionally, the workgroup recommends collection of data from practicing large animal veterinarians to assess current needs and to inform loan repayment incentive programs and grant opportunities to attract new veterinarians to underserved areas. Finally, the workgroup recommends the creation of a stakeholder board or partnership to facilitate ongoing dialogue and maintain an information repository to track evolving needs and shortages.
- 3. Infrastructure and incentives.** The workgroup recommends continuation of funding for the Grant Program to support veterinarians in shortage areas. The workgroup further recommends renewal of the Governor's AFID grant to match TRRC funding for LAVIP, supporting haul-in facilities. The workgroup recommends incentivizing large animal practice through existing grants and future funding sources in an integrated practice model that addresses environmental considerations, opportunities for LVTs, shared resources, early education in large animal medicine, and alignment with funding sources. This large animal veterinary practice model would be rooted in the local community, serving both agricultural producers and rural residents with high-quality, accessible care. It would serve not only as a clinical service hub for local ambulatory veterinarians but also as an educational and workforce development center by introducing youth to the veterinary profession through mentorships, externships, and hands-on learning opportunities, fostering early interest in large animal medicine. LVTs would play a central role in the practice model, contributing expertise to patient care, client education, and team-based service delivery. By integrating professional support staff and youth engagement, this practice model could strengthen the rural veterinary pipeline and build lasting connections within the community.
- 4. Retention and long-term support.** The workgroup recommends development of support systems to ensure continued practitioner engagement and retention of rural veterinarians after loan repayment obligations are fulfilled. The workgroup further recommends integration of LVTs into the practice model for haul-in veterinary establishments to support

large animal veterinarians.

IX. Conclusions and Next Steps

The workgroup determined that success in addressing the large animal veterinarian shortage in rural areas requires a multifaceted approach and an ongoing commitment to continue funding for established programs. 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, linking incentives to rural practice, and developing infrastructure and resources for long-term success in underserved communities.

The workgroup acknowledged the shortage of LVTs in Virginia. This issue, however, does not align with the mandates for this study. Additionally, LVT title protection is outside of the scope of the workgroup. The Board will review data collected from the annual renewal survey to determine next steps to address shortages.

Outreach and community engagement are key to increasing awareness of shortage areas and trends as well as available resources. The Board's development of a public newsletter and resource repository, the HWDC's published annual veterinary profession reports, and VDACS's news releases highlighting application periods and criteria all serve to increase awareness of opportunities for large animal veterinary licensees, applicants, and the public.

**Virginia Board of Veterinary Medicine Report
February 2026**

Statistics

Licensing – Total Number of Licensees as of 12/31/2025 = 10,032

Type of Licensee	12.31. 2023	12.31.2024	12.31.2025	24-month % increase/decrease
Veterinarian	5,083	5,237	5,489	+7.9%
Veterinary Technician	2,742	2,852	2,999	+9.4%
Equine Dental Technician	21	23	24	+14.3%
Veterinary Establishments	1,271	1,343	1,362	+7.1%
Faculty Veterinarian	133	123	113	-15%
Intern/Resident Veterinarian	47	46	45	-4.3%

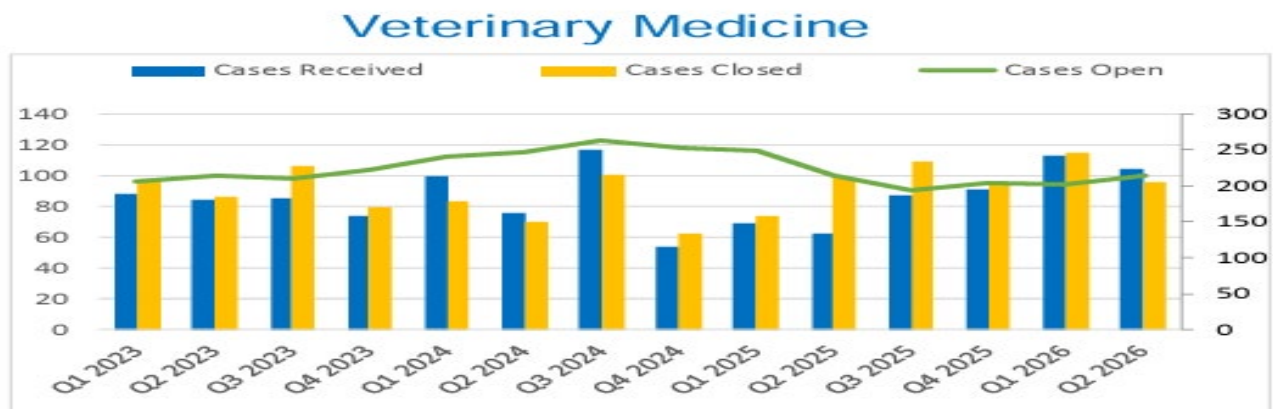
	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035
Equine Dental Technician	21	21	21	21	21	19	21	22	23	23	23	23	24		
Veterinarian	4,848	4,901	4,765	4,936	5,028	5,083	4,921	5,076	5,237	5,087	5,272	5,397	5,489		
Veterinary Establishment	1,209	1,222	1,226	1,243	1,261	1,271	1,271	1,311	1,335	1,343	1,334	1,347	1,357	1,362	
Veterinary Faculty	103	105	101	108	123	133	109	113	116	123	90	96	102	113	
Veterinary Intern/Resident	40	43	44	61	45	47	49	59	46	46	46	63	44	45	
Veterinary Technician	2,605	2,655	2,554	2,647	2,714	2,742	2,640	2,730	2,816	2,852	2,779	2,859	2,942	2,999	
Total	8,826	8,947	8,711	9,016	9,192	9,297	9,009	9,310	9,511	9,624	9,359	9,660	9,865	10,032	

Licensing – Total Number of New Licenses Issued as of 12/31/2025 = 780

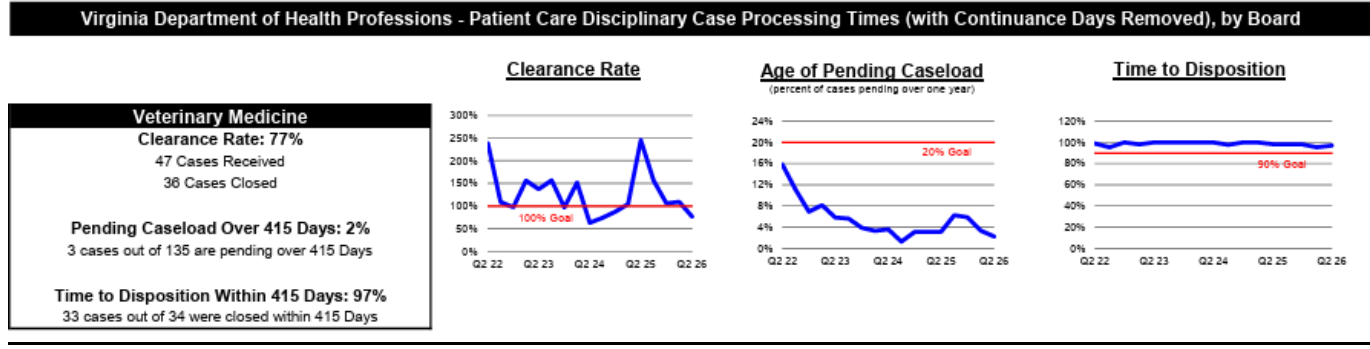
	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
Equine Dental Technician	-	-	-	-	-	-	-	-	-	3
Veterinarian	344	-9.0%	313	30.4%	408	-12.3%	358	21%	433	
Veterinary Establishment - Ambulatory	23	17.4%	27	77.8%	48	-41.7%	28	25%	35	
Veterinary Establishment - Stationary	34	-8.8%	31	90.3%	59	50.8%	89	-64%	32	
Veterinary Faculty	12	183.3%	34	-11.8%	30	10.0%	33	-45%	18	
Veterinary Intern/Resident	18	-16.7%	15	86.7%	28	-28.6%	20	30%	26	
Veterinary Technician	196	5.1%	206	18.4%	244	-13.9%	210	11%	233	
Total	627	-0.2%	626	30.5%	817	-9.7%	738	5.7%	780	

Discipline (Fiscal Year – July 1-June 30)

Fiscal Year	FY22	FY23	FY24	FY25	FY26 (Q1&Q2)
Cases Received	377	331	345	309	211



DHP Performs measures disciplinary case processing times three ways: Clearance rate (case received/cases closed), age of pending caseload, and time to disposition (from DHP’s receipt of initial complaint to resolution). The Agency and the Board have achieved a dramatic improvement in how long it takes to resolve disciplinary cases without sacrificing public safety.



Legislative Activity

No significant new legislation directly or indirectly impacted the Board in 2025. Previous legislative activity resulted in board activity that continued through 2025:

- [HB848](#): Veterinary medicine; traineeships – allows for temporary license under certain conditions. Amended § [54.1-3804](#) effective July 1, 2024. (Board is in process of adopting emergency regulations)
- [HB43/SJ15](#): Study; Board of Veterinary Medicine; shortage of large animal veterinarians – Required a 2-year study of the shortage of large-animal veterinarians. The Board and the State Veterinarian concluded its joint workgroup the final report was submitted to the General Assembly on January 5, 2026.
- [SB412](#): Rabies clinic; animal vaccination and microchip services § [3.2-6521](#) effective July 1, 2024: Rabies clinic; animal vaccination and microchip services – Board is developing amendments to Guidance Document [150-12](#) Administration of rabies vaccinations in cooperation with the Virginia Department of Health’s State Health Veterinarian.
- [SB663](#): Board of Veterinary Medicine; powers and duties; veterinary satellite offices. § [54.1-3805.3](#) effective July 1, 2024 (Board is in process of adopting emergency regulations).

Regulatory Activity

- Current [Regulations Governing the Practice of Veterinary Medicine](#) have an effective date of 09/26/2024. Regulatory actions underway are the following:

Section	Change	Disposition
18VAC150-20-120(2)	Reduction of requirements for licensure by endorsement (Proposed)	Administration reviewing
18VAC150-20-10 <i>et seq</i>	Implementation of 2022 Periodic Review Changes (Proposed)	Administration reviewing
18VAC150-20	Regulation of satellite offices of veterinary establishments (emergency/NOIRA)	Administration reviewing
18VAC150-20	Regulation of veterinarian trainees (emergency/NOIRA)	Administration reviewing
18VAC150-20	Haul in large animal establishments (NOIRA)	Submitted to the Registrar and awaiting publication (03/09/2026).

Petition for Rulemaking: Requests that the Board amend 18VAC150-20 to include a requirement for veterinarians to check all animals for a microchip before starting treatment.

- The comment period for this petition closed on December 17, 2025.
- The Board will consider the petition at its next board meeting to determine whether to initiate a regulatory change or take no action.

Guidance Documents


Provide useful information for interpreting or implementing laws or regulations. The Board recommends that all licensees review these documents. The Board revised the following guidance documents in 2025:


- [150-3](#) Preceptorships and Externships for Veterinary Technician Students (Effective January 16, 2025)
- [150-4](#) Guidance Regarding Chip Clinics Outside of Approved Facilities (Effective January 16, 2025)


Several policies were recategorized from guidance documents including the Board's revised sanctioning reference points manual effective October 21, 2025.


 [Policy on meetings held with electronic participation](#)

 [Policy on disposition of certain cases involving vet techs practicing prior to issuance of license](#) - Effective May 2, 2019

 [Policy on disposition of cases for VIC failing to notify board of establishment closure](#) - Reaffirmed March 11, 2021

 [Policy on disposition of cases involving practicing on an expired license](#) - Effective December 8, 2022

 [Sanction reference points manual](#) - Effective October 21, 2025

 [Bylaws](#) - Effective September 30, 2021

Meetings

The [Virginia Regulatory Town Hall](#) and the Board's [website](#) contain posted meeting agendas and minutes.

Meetings conducted in the 2025 calendar year included:

- Full Board – 3
- Regulatory Committee – 1
- Conference Call/Consideration for Summary Suspension – 1
- Informal Conferences – 29
- Formal Hearing – 9
- Veterinarian Shortage Study Workgroup – 2
- The next board meeting is scheduled for March 4, 2026.
- The workgroup's recommendations have resulted in the funding for and development of grant programs incentivizing large animal veterinarians to practice in shortage areas.
- This year a Regulatory Advisory Panel is convening to assist with development of regulations for large animal haul in establishments.
- The Regulatory Committee is meeting to review and revise several guidance documents.
- The number of discipline hearings held in 2025 increased significantly from prior years. Case numbers continue to trend upward, increasing the workload of staff and demands of board members.

Board Staff Activities

- The most recent renewal period ended December 31, 2025. To check the status of a license or registration, please go to [License Lookup](#).
- Continuing education requirements did not change during the past year.
 - The regulations do not specify a method, online or in-person, for obtaining required CE.
 - Courses must be clinical courses in veterinary medicine or veterinary technology or courses that enhance patient safety and must be by a board approved sponsor.
 - Certificates of completion must be maintained for two years following renewal.
 - The Board directs staff each year whether to conduct a random audit of CE compliance.
 - If selected for a CE audit, licensees are notified by email and must submit certificates.
- Board staff updated forms for veterinary establishment applications and change of VIC, adding an outgoing VIC form. Compliance staff also developed forms to document controlled drug inventories and distribution logs including sample forms for reference.
- Two full-time staff members were hired in 2025 – one to replace the licensing specialist and the other to support veterinary establishment registration and inspection compliance.
 - Board staff include four full-time and two part-time members handling all licensing, complaints and compliance.

Outreach Activities

- Board staff published its first newsletter in December 2025, sent to all licensees with a registered email address and posted in the [News](#) section on the Board's [website](#) which contains postings of important information related to veterinary medicine. Quarterly newsletters are under development.
- Office staff present board information several times a year to veterinary technology students and to veterinary students as requested.

Reports of Interest

- Department of Health Professions' [Biennial Report for the Fiscal Years 2022-2024](#)
- Quarterly reports are found on the Virginia Department of Health Professions website under [Agency Reports](#)
- [Virginia's Veterinarian and Veterinary Technician Workforce Reports](#)
- [2025 Report Regarding the Shortage of Large Animal Veterinarians in the Commonwealth](#)
- [2026 Report Regarding the Shortage of Large Animal Veterinarians in the Commonwealth](#)

Board Information

Current Board Members

Richard Bailey, D.V.M., President
Margaret Rucker, D.V.M., Vice-president
Richard Godine, D.V.M., Secretary
Jeffery Newman, D.V.M.
Bruce Bowman, D.V.M.
Patricia Seeger, LVT
Steven Linas, O.D., Citizen Member

*Appointed in 2025

Current Board Staff

Kelli Moss, Executive Director
Claire Foley, J.D., Deputy Executive Director
Laura Jackson, Board Administrator
Pam Smith, Senior Licensing Specialist
Charles "Chip" Atkins, Licensing Specialist
Kelly Gottschalk, DVM, Veterinary Review Coordinator
Heather Pote, Discipline Case Specialist
Taryn Singleton, L.V.T., Discipline Case Specialist

Location

Virginia Board of Veterinary Medicine
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Phone: (804) 597-4133

Fax: (804) 767-1011

General E-mail: vetbd@dhp.virginia.gov

Inspection Responses:

bovminspections@dhp.virginia.gov

Website: <http://www.dhp.virginia.gov/Boards/VetMed/>



NAVLE[®]

SPECIES SPECIFIC EXAMS

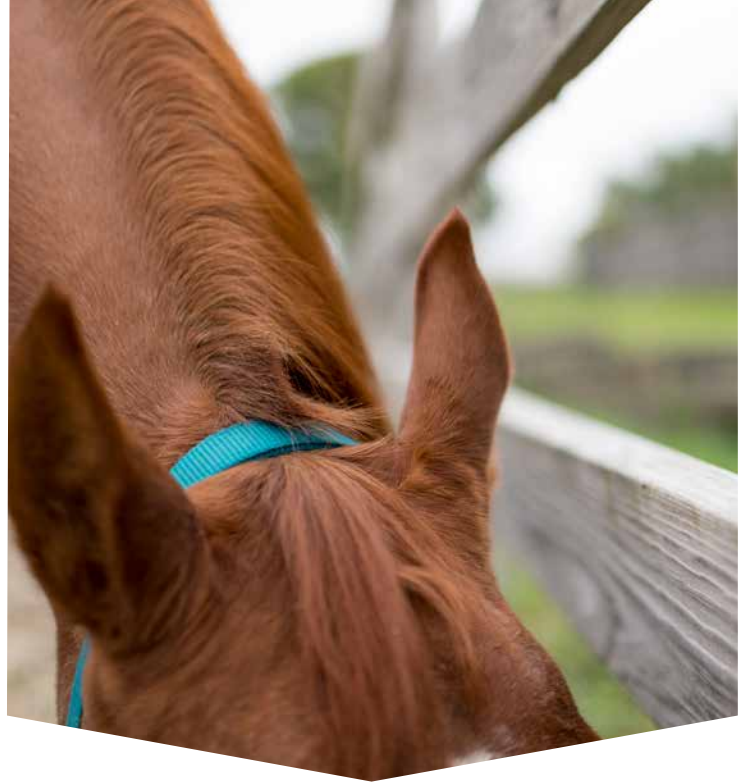
VISION

The world leader in veterinary assessments.

MISSION

Provide world-class examinations and other assessment tools to protect the public, and animal health and welfare.

Provide leadership and facilitate collaboration throughout veterinary medicine.



VALUES

Transparency

organizationally and in testing procedures, materials and content

Confidentiality

when collecting and reporting personal information, credit card data, and test scores

Reliability

in relevant test design, implementation, and scoring

Service

to candidates, licensing boards, and society at large

Respect, Civility & Collegiality

towards staff, stakeholders, board members, and across veterinary medicine

Integrity

In all actions and business relationships

Fiscal Responsibility

to ensure continuous improvements in our testing products and customer service, as well as a viable future for our organization

Diversity and Inclusion

treat everyone with fairness, respect and dignity, and purposefully act to attract and retain staff and Board members with a broad range of ideas, viewpoints, perspectives, expertise and experiences reflecting the diversity of the populations we serve. We respect and value these differences and encourage opportunities to learn from and be enriched by them as they challenge us to grow and think differently.

Letter



Dr. Helen Tuzio



Dr. Heather Case

Letter from the Chair and CEO

ICVA is celebrating a huge milestone—25 years of the North American Veterinary Licensing Examination® (NAVLE®). As we look back on our history and forward to our future, we are happy to report that test administrations are continuing to proceed successfully, maintaining the world-class standards of our examination process while handling the increasing number of candidates worldwide taking ICVA's examinations.

There were **9,301 test administrations** of the North American Veterinary Licensing Examination (NAVLE) during the 2024-2025 testing cycle, showing a **4.3% increase** from the 8,915 test administrations given during the 2023-2024 cycle.

ICVA continues to focus on innovation in order to meet our commitment and vision of being a world leader in veterinary assessments. Over the last few years, we have increased our in-house assessment capabilities while also expanding the number of team members working directly in program operations, to keep pace with our expanding number of examinees and test administrations.

Responding to the needs of the veterinary community, ICVA has now moved from two to three annual NAVLE testing windows to assist boards with individuals entering the licensure process. We have streamlined the NAVLE approval process (including an option for NAVLE candidates who choose not to designate a specific licensing board to receive their test results), developed a NAVLE candidate dashboard to help examinees track their progress, and have implemented a NAVLE retake policy to align with the best practices of assessment. Additionally, we have streamlined the ordering, scheduling, and score reporting for the Species Specific Examinations, to assist boards in verifying the competence of individuals who are already licensed or have previously been licensed.

We also continue to develop initiatives as part of our strategic priorities to provide the highest quality assessments in a just and equitable manner to members of the veterinary community worldwide, such as our Examination Fairness Taskforce, our International Activities Taskforce, and our Communications Skills Assessment Taskforce.

ICVA is grateful for the continued efforts of our incredible volunteers, dedicated staff, amazing regulatory and academic colleagues, and examinees as we all strive to fulfill our mission to provide world-class assessments that protect animals and humans alike.


Helen Tuzio,
DVM, DAVBP, CVA
ICVA Chair


Heather Case, DVM, MPH,
DACVPM, CAE
Chief Executive Officer

9,301
test administrations of
the North American
Veterinary Licensing
Examination® (NAVLE®)
during the **2024-2025**
testing cycle.

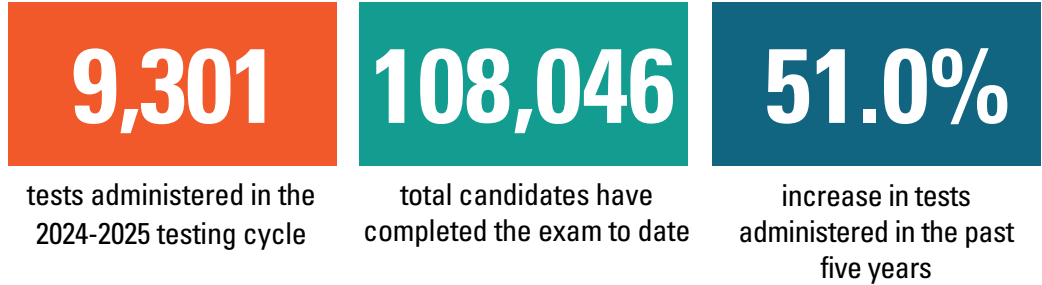


North American Veterinary Licensing Examination (NAVLE®)

Administered since 2000, the NAVLE consists of 360 clinically relevant multiple-choice questions and is a requirement for licensure to practice veterinary medicine in all licensing jurisdictions in the U.S. and Canada.



Cumulative Exam Completions by Candidates

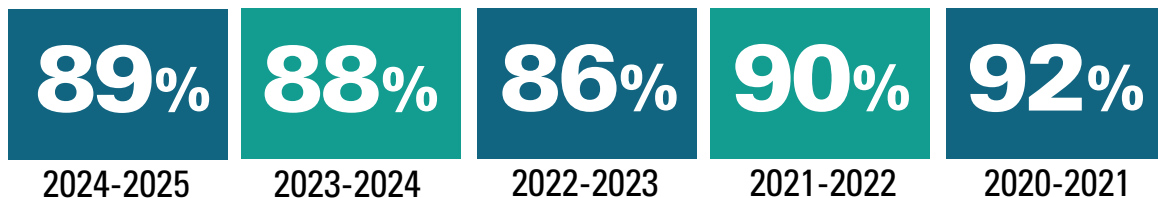


NAVLE Fees

The 2024-2025 ICVA NAVLE application fee was \$760 (USD) for candidates to take the test. For those who wanted to take the NAVLE at selected Prometric Testing Centers outside of the U.S. or Canada, there was an additional \$365 (USD) international testing fee.

Ultimate Performance Passing Rate

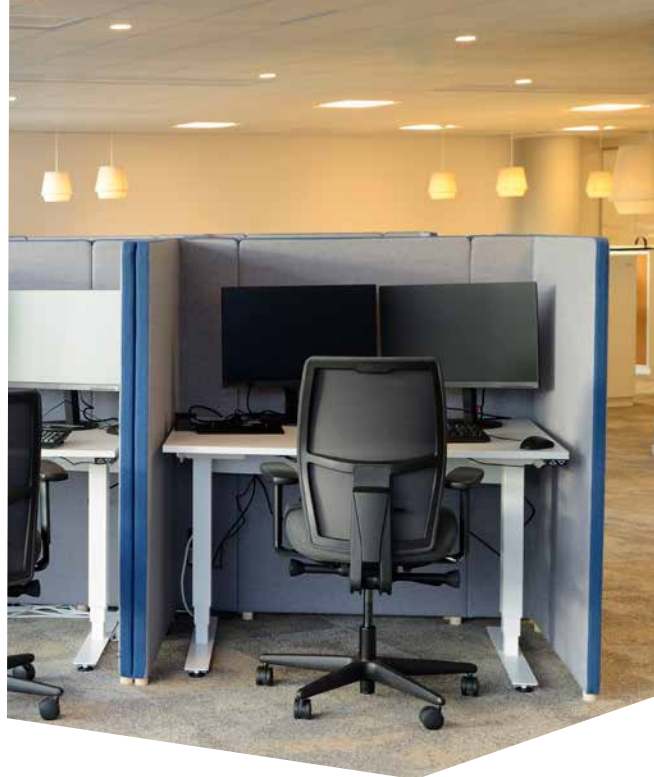
for senior students from AVMA-accredited schools



Expanded Exam Window Options for Increasing Candidate Numbers

From 2000 to 2019, the NAVLE was offered twice a year—during a four-week window in November-December, and again during a two-week window in April. This provided most candidates two opportunities to pass the NAVLE before graduating from veterinary school.

Beginning with the COVID-19 pandemic in early 2020, and continuing due to increasing candidate numbers, the November-December 2024 NAVLE window was expanded to over six weeks (spanning from November 4 - December 21) and the April 2025 NAVLE window was expanded to four weeks (from April 1 - April 26).



Performance on Fall 2024 NAVLE by Examinee Group

	Mean Scale Score	SD Scale Score	Number of Examinees Failing	Percent of Examinees Failing	Total Examinees
Criterion Group ¹	487	67	820	17.6%	4658
Non-Criterion Group ²	434	61	538	42.8%	1258
Non-Accredited Group ³	401	72	557	60.9%	915
Total Group	466	74	1915	28.0%	6831

Performance on Spring 2025 NAVLE by Examinee Group

	Mean Scale Score	SD Scale Score	Number of Examinees Failing	Percent of Examinees Failing	Total Examinees
Criterion Group ¹	459	68	94	39.5%	319
Non-Criterion Group ²	424	49	617	47.7%	1293
Non-Accredited Group ³	401	69	551	64.2%	858
Total Group	420	62	1262	51.1%	2470

Performance on Both Administrations by Examinee Group

	Mean Scale Score	SD Scale Score	Number of Examinees Failing	Percent of Examinees Failing	Total Examinees
Criterion Group ¹	485	67	914	18.4%	4977
Non-Criterion Group ²	429	56	1155	45.3%	2551
Non-Accredited Group ³	401	71	1108	62.5%	1773
Total Group	454	74	3177	34.2%	9301

(1) Criterion Group: senior students of accredited veterinary schools who took the NAVLE for the first time under standard testing conditions;
 (2) Non-Criterion Group: senior students of accredited veterinary schools who had previously taken the NAVLE or took the NAVLE with test accommodations or graduate veterinarians from accredited schools; and
 (3) Non-Accredited Group: graduates or senior students of foreign veterinary schools that are not accredited by the American Veterinary Medical Association's Council on Education.

NAVLE Communications

To handle the continued increase in candidate inquiries, ICVA has expanded the NAVLE dashboard to provide individualized information (including applications, accommodations, and test history), developed an automatic e-mail reply containing helpful links to answer frequently-asked questions, and revamped the NAVLE application and webpage for a more user-friendly experience.

NAVLE Outreach

To increase awareness of recent developments with the NAVLE, ICVA is providing information to stakeholders in multiple mediums. Along with the quarterly on-line newsletter, PDFs covering specific NAVLE-related topics (such as the application process or the retake policy) are distributed by targeted e-mails to licensing boards and to veterinary schools. ICVA staff and volunteers also continue to present at national conferences such as SAVMA, AAVMC, AAVSB, etc.

This year, ICVA hosted its first on-line roundtable for licensing board representatives to discuss topics of interest related to the NAVLE. Future roundtables and webinars are currently in the planning stages, along with new video content to complement the information already available on the ICVA website.

NAVLE Approvals

The ICVA currently reviews and approves NAVLE applications at the request of 43 licensing boards. This service allows boards to focus resources on other licensing priorities, at no cost to the board (candidates pay an application fee of \$55 to ICVA). Candidates also have an option to be approved directly through the ICVA if they do not want to choose at the time of application a specific board to receive the candidate's score report.



NAVLE Practice Analysis

The ICVA has begun the next NAVLE practice analysis, a crucial process that keeps the exam current, relevant, and aligned with the realities of veterinary practice.

Practice analyses are conducted periodically—such as the previous ones completed in 2003, 2010, and 2017—to identify the knowledge and tasks critical for safe and effective veterinary practice. The findings are then used to update the NAVLE blueprint, keeping the assessment aligned with the skills and competencies expected of newly licensed veterinarians.

Once the foundational practice analysis tasks are completed, veterinarians from across the United States and Canada will be invited to participate in surveys designed to capture a wide range of perspectives. Input will be sought from seasoned practitioners as well as those early in their careers, allowing the exam blueprint to reflect both long-standing professional experience and the evolving realities of new graduates entering the workforce.

ICVA is working with Data Recognition Corporation (DRC) during the practice analysis process, which will encompass three phases.

Currently — Phase I is focused on research and assembling committees, including an Advisory Committee Workshop in October and Focused Competency Area Workshops in November.

Early 2026 — Phase II will move into survey development and outreach, with the survey planned for April 2026. Designed to reflect veterinarians' areas of practice, the survey will take about 20 minutes to complete while capturing robust, practice-based insights.

Mid 2026 — Phase III will focus on analyzing the results and applying them to an update of the NAVLE blueprint—the framework that guides the assessment's content and structure. This phase will translate the practice-based insights collected from veterinarians into actionable revisions, keeping the NAVLE aligned with the latest knowledge and skills required for safe and effective veterinary practice. Phase III is expected to conclude by October 2026.

Species Specific

Species Specific Examinations

In 2000, ICVA developed Species Specific examinations to evaluate veterinarians' knowledge of companion animal or equine medicine. Depending on the needs of the licensing board, veterinarians may take one or both of the examinations.

Exams assess a veterinarian's competency in disciplinary cases or to provide verification of competency for a veterinarian who is licensed in another jurisdiction. The 100-item exam is only available to licensing boards, each in multiple forms that come with an ICVA-recommended passing standard.



ICVA most recently updated the Species Specific examinations through a standard setting process in 2019, implemented remote proctoring options in 2020 for easier administration, and increased flexibility for scheduling and score reporting in 2024.



State Board Examinations

Since 2016, the Wisconsin Veterinary Examination Board (VEB) has had ICVA handle the administration of their web-based Wisconsin State Laws and Rules Examination for veterinary licensure. The Wisconsin VEB provides ICVA with a list of eligible candidates, and ICVA then coordinates payment (a \$50 fee), test administration, and score reporting to both the Licensing Board and to the examinee.

In 2024, ICVA implemented increased flexibility for scheduling and score reporting to assist the examinees and the board.

Volunteers

NAVLE Volunteer Opportunities

Licensing board members, academicians, current practitioners, and other subject matter experts are needed on an ongoing basis as part of ICVA's commitment to assessment quality.



Volunteer opportunities include the following:

NAVLE Item Writing: Writing items for the NAVLE in accordance with the current NAVLE blueprint.

Annual NAVLE Pool Reviews: Older NAVLE items are reviewed for accuracy and relevance.

Annual NAVLE Form Reviews: NAVLE forms are reviewed prior to use in the next testing cycle.

“

I did not realize how much work went into making the examinations the best they can be, and I have a much greater appreciation for what is involved and the detailed statistics that go into creating questions. ”

– Dr. Tamara Swor

► LEARN MORE

If you are interested in learning more about volunteer opportunities with the ICVA, please contact our office by [clicking this link](#) or scanning the QR code.



“

I was inspired by ICVA's commitment to innovation and adaptability. It's exciting to join an organization that embraces new technologies and programs while addressing emerging needs in veterinary medicine with a forward-thinking approach. ”

– Trina Ralph

300+ volunteers
THANK YOU!

North American Veterinary Licensing Examination[®] (NAVLE[®])

2024-2025 Technical Report



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INTRODUCTION

The International Council for Veterinary Assessment (ICVA®) provides the North American Veterinary Licensing Examination (NAVLE®) to assist the State Boards of Veterinary Medicine, the Canadian National Examining Board (NEB), and the Provincial Boards of Veterinary Medicine in evaluating the clinical competence of candidates seeking veterinary licensure. The NAVLE follows the [exam blueprint](#) and demonstrates the following primary objectives:

NAVLE OBJECTIVES

- 1 Provide a comprehensive objective examination to state, territorial, or provincial boards charged with the licensing of veterinarians.
- 2 Protect the public by ensuring that veterinarians demonstrate a specified level of knowledge and skills before entering veterinary practice.
- 3 Assess the professional competency of veterinarians in terms of their qualifications to enter private clinical practice.
- 4 Provide a common standard in the evaluation of candidates that will be comparable from jurisdiction to jurisdiction.
- 5 Contribute to the veterinary profession through the development of improved definitions of the relationship between knowledge and professional practice.
- 6 Facilitate interstate/interprovincial licensing reciprocity for practicing veterinarians.

The computer-based NAVLE, developed for use by the state boards of veterinary medicine, serves as the standardized licensing examination for veterinary medicine across North America. The NAVLE is consistently administered and scored in accordance with the policies and procedures established and approved by the ICVA. Expertise in subject matter is contributed by members of the ICVA committees and designated item writers. **This report outlines the development, administration, and psychometric evaluation of the NAVLE for the 2024-2025 testing cycle.**



TEST DEVELOPMENT

The ICVA identified 32 veterinarians to write new items for NAVLE. All writers were trained in best practices for item writing before authoring test items. Item-writing assignments based on species, organ system, and competency codes were distributed to writers.

All new items were edited and reviewed for grammatical and technical flaws by NBME staff. Each author received his/her edited items for review and approval before inclusion in the item review meeting draft. A draft of edited materials was sent to the committee members for use at the item review meeting.

At the item review meeting, on November 8-9, 2023, committee members met to review all new items to determine their appropriateness for NAVLE and to ensure that the content reflects the common best practices in the United States and Canada. After the meeting, approved items were added to the pool of items for pretesting. A list of item writers and reviewers is shown in [Appendix A](#).

Multiple 300-item examination forms were generated from the NAVLE item bank using content and statistical constraints. Subject matter experts and recent veterinary graduates met in Philadelphia, Pennsylvania, on April 9-10, 2024, to review the draft forms. Participants reviewed complete forms for quality, content overlap, and to ensure content equivalence. Following the meeting, NBME staff then replaced the items and created updated forms. The list of participants for the form review meetings is shown in [Appendix B](#).

After the English forms were finalized, the Canadian National Examining Board (NEB) assisted the ICVA with French translation and proofreading. Once the French forms were finalized, resource files for both the English and French versions of the examination were transmitted to Prometric for delivery. Quality control procedures were implemented at each stage of the test development process to ensure that standards are met.



TEST ADMINISTRATION

Pre-Administration

Seat Blocking

The NBME worked with the ICVA and Prometric to block seats at selected testing centers domestically and internationally. Data from the previous year were used to forecast the number of seats required for candidates during the 2024-2025 NAVLE cycle.

Eligibility Processing

The ICVA and the NBME processed the eligibility of 6,990 candidates for the November-December NAVLE window and 2,586 for the April window. Special accommodations in accordance with the requirements of the Americans with Disabilities Act (ADA) and non-standard testing conditions due to temporary medical situations were approved by the ICVA and were processed by the NBME for 660 individuals for the November-December NAVLE and 418 individuals for the April NAVLE.

Examination Summary

November-December 2024

The November-December testing window spanned from November 4, 2024, to December 21, 2024. 6,831 examinees completed testing by the end of the administration window.

Exit Survey Information

Examinees were asked to complete an optional post-test survey after completing the last block of examination items. Survey results for examinees from the November-December and April NAVLE are presented in [Appendix C](#).



April 2025

The April testing window included examinees testing from April 1 to April 26, 2025. 2,470 examinees completed testing by the end of the administration period.

SCORING AND ANALYSIS

Key Validation/Pool Review

Based on the results of an item analysis, live and pretest items were selected to be reviewed at the January 2024 pool review. After reviewing the items and their associated statistics, content experts had the opportunity to either keep/add to the NAVLE item bank, rewrite items for future pre-testing, or delete or rekey items from the NAVLE item bank. Once the item bank was updated, forms for the November-December 2024 and April 2025 administrations were built using items with statistics that met the psychometric requirements for inclusion.

Summary Statistics

Summary statistics describing the performance of candidates on the November - December 2024 administration, the April 2025 administration, and the two NAVLE administrations combined are shown in Tables 1.1, 1.2, and 1.3. These tables present the mean three-digit scaled scores, standard deviations, along with numbers and percentages for failing candidates in three primary groups:

Scoring Procedures

Statistical targets were used to ensure that the test forms were as similar as possible in difficulty. Because test forms contain different items, it was necessary to estimate examinee proficiency on a common scale using equating methods. This involved calibrating responses given by senior students of accredited programs taking the examination for the first time, under standard testing conditions. These proficiency estimates were then translated into the reported scale scores ranging from 200 to 800. The proficiency estimate corresponding to a minimum passing score had a scale score value of 425.

1 Criterion Group	Senior students of accredited veterinary schools who took the NAVLE for the first time under standard testing conditions.
2 Non-Criterion Group	Senior students of accredited veterinary schools who had previously taken the NAVLE or took the NAVLE with test accommodations or graduate veterinarians from accredited schools.
3 Non-Accredited Group	Graduates or senior students of international veterinary schools not accredited by the AVMA-COE.

Passing Standard

It is a best practice in assessment to regularly conduct standard-setting exercises to keep the exam relevant, valid, and defensible. These exercises help gather evidence on how well individual items perform, which reflects the minimum competency needed. This information helps set the right pass/fail score for the exam. The NAVLE has held standard-setting exercises periodically, with the latest one in 2022.

In the most recent standard-setting process for the NAVLE, three virtual exercises took place from July to September 2022. Twenty-five panelists took part, with each panel consisting of 5 to 15 Subject Matter Experts from various backgrounds, experience levels, and areas of veterinary medicine. Failure rates from applying this standard in the current administration are shown in Tables 1.1, 1.2, and 1.3.

TABLE 1.1. Performance on the November-December 2024 NAVLE By Examinee Group

	MEAN SCALE SCORE	SD SCALE SCORE	NUMBER OF EXAMINEES FAILING	PERCENT OF EXAMINEES FAILING	TOTAL EXAMINEES
Criterion Group	487	67	820	17.6	4,658
Non-Criterion Group	434	61	538	42.8	1,258
Non-Accredited Group	401	72	557	60.9	915
Total Group	466	74	1,915	28.0	6,831

TABLE 1.2. Performance on the April 2025 NAVLE by Examinee Group

	MEAN SCALE SCORE	SD SCALE SCORE	NUMBER OF EXAMINEES FAILING	PERCENT OF EXAMINEES FAILING	TOTAL EXAMINEES
Criterion Group	459	68	94	29.5	319
Non-Criterion Group	424	49	617	47.7	1,293
Non-Accredited Group	401	69	551	64.2	858
Total Group	420	62	1,262	51.1	2,470

TABLE 1.3. Performance on Both Administrations by Examinee Group

	MEAN SCALE SCORE	SD SCALE SCORE	NUMBER OF EXAMINEES FAILING	PERCENT OF EXAMINEES FAILING	TOTAL EXAMINEES
Criterion Group	485	67	914	18.4	4,977
Non-Criterion Group	429	56	1,155	45.3	2,551
Non-Accredited Group	401	71	1,108	62.5	1,773
Total Group	454	74	3,177	34.2	9,301

1. The Criterion Group consists of senior students in accredited veterinary schools who took the NAVLE for the first time under standard testing conditions.
2. The Non-Criterion Group consists of senior students in accredited veterinary schools who had previously taken the NAVLE or who took the NAVLE with test accommodations, or graduate veterinarians from accredited veterinary schools.
3. The Non-Accredited Group graduates or senior students from international veterinary schools that are not accredited by the American Veterinary Medical Association's Council on Education.

APPENDIX A

North American Veterinary Licensing Examination (NAVLE®) Item Review Participants November 8-9, 2023

- ▶ Dr. Rose Baker
- ▶ Dr. Stacey Byers
- ▶ Dr. Christine Calder
- ▶ Dr. Serge Chalhoub
- ▶ Dr. Alice Chapman
- ▶ Dr. Allan Corber
- ▶ Dr. Ryane Englar
- ▶ Dr. Julie Fixman
- ▶ Dr. Brad Heins
- ▶ Dr. Chelsea Holschbach
- ▶ Dr. Jared Janke
- ▶ Dr. Lester Khoo
- ▶ Dr. Matthew Kornya
- ▶ Dr. Wesley Lyons
- ▶ Dr. Kathleen MacMillan
- ▶ Dr. Teresa Morishita
- ▶ Dr. Jeffrey Musser
- ▶ Dr. Maria Prado
- ▶ Dr. Karen Rosenthal
- ▶ Dr. Gretchen Schoeffler
- ▶ Dr. Clare Scully
- ▶ Dr. Tamara Swor
- ▶ Dr. Danielle Teehan
- ▶ Dr. Karen Tefft
- ▶ Dr. Helen Tuzio
- ▶ Dr. Jonathan Yardley
- ▶ Dr. Bianca Zaffarano



APPENDIX B

North American Veterinary Licensing Examination (NAVLE®) Form Review Participants April 9-10, 2024

- ▶ Dr. Gordon Atkins
- ▶ Dr. Madonna Benjamin
- ▶ Dr. Joseph Butterweck
- ▶ Dr. Stacey Byers
- ▶ Dr. Christine Calder
- ▶ Dr. Daniel Carreño
- ▶ Dr. Cheryl Dhein
- ▶ Dr. Julie Fixman
- ▶ Dr. Sagar Goyal
- ▶ Dr. Tamara Gull
- ▶ Dr. Brad Heins
- ▶ Dr. Christine Higbie
- ▶ Dr. Chelsea Holschbach
- ▶ Dr. Lester Khoo
- ▶ Dr. Amanda Maclean
- ▶ Dr. Kathleen MacMillan
- ▶ Dr. Danielle Mayr
- ▶ Dr. Teresa Morishita
- ▶ Dr. Mo Salman
- ▶ Dr. Taryn Schairer
- ▶ Dr. Clare Scully
- ▶ Dr. Ricardo Stockler
- ▶ Dr. Tamara Swor
- ▶ Dr. Danielle Teehan
- ▶ Dr. Christina Tran
- ▶ Dr. Helen Tuzio
- ▶ Dr. Douglas Whiteside
- ▶ Dr. Maureen Wichtel
- ▶ Dr. Jonathan Yardley



APPENDIX C

TEST ADMINISTRATION STATISTICS	NOV-DEC 2024	APRIL 2025
<ul style="list-style-type: none"> Eligible examinees (Scheduling and Admission Permits Sent) 	6,990	2,586
<ul style="list-style-type: none"> Examinees Tested 	6,831	2,470
<ul style="list-style-type: none"> Examinees with Test Accommodations 	660	418
<ul style="list-style-type: none"> Number in Criterion Group 	4,658	319
<ul style="list-style-type: none"> Percent in Criterion Group 	68%	13%

EXAMINEE RESPONSES TO POST-TEST SURVEY (CRITERION CANDIDATES)	NOV-DEC 2024	APRIL 2025
<ul style="list-style-type: none"> Received First Choice of Test Site 	94%	95%
<ul style="list-style-type: none"> Received First Choice of Test Date 	87%	70%
<ul style="list-style-type: none"> No Computer Difficulties Were Encountered 	92%	97%
<ul style="list-style-type: none"> No Distractions in Testing Area, Site, or Outside Site 	40%	47%
<ul style="list-style-type: none"> Not Enough Time for Test 	39%	43%





Virginia Department of
Health Professions

Phone: (804) 597-4133 | Fax (804) 767-1011

Email: vetbd@dhp.virginia.gov

Website: dhp.virginia.gov/Boards/VetMed



Virginia Board of Veterinary Medicine

Winter 2025 Newsletter

We Are Committed to Ensuring Safe and Competent Patient Care Across the Commonwealth - and We Are Here to Help!

📌 Informing and Educating Veterinary Professionals and the Public

We license veterinary professionals, enforce standards of practice, and share vital information to support safe, effective care. This newsletter is your resource for updates, tools, and guidance—whether you're a seasoned practitioner or a new licensee.

🐾 Thank you for your dedication to animal health and welfare.

We look forward to staying connected with you throughout the year with **news you can use.**

Outreach

News: The Board posts important information on its website and sends it directly to licensees who have provided an email address to the Board.

Guidance documents: Documents developed by the Board may assist you in finding answers to common questions related to the practice of veterinary medicine and veterinary establishment requirements. They have recently been reorganized by category to help you quickly locate the information you need.

Presentations: Every year, staff develop and present information on licensing, regulatory compliance and topics of interest such as controlled drug information in partnership with the [American Association of Veterinary State Boards](#), the [Virginia Veterinary Medical Association](#) and the [Virginia Association of Licensed Veterinary Technicians](#) as well as the state veterinary and veterinary technology education programs. **Board meetings** are scheduled approximately three times per year and are open to the public. Staying well-informed on regulatory actions and board business is easy by registering to receive notifications through [Virginia's Regulatory Town Hall](#). It's free and allows you to participate in the regulatory process.

Contact us: If you or your organization would like to suggest a topic for future board information sessions or would like to schedule a presentation, we would love to hear from you. Please send an email to the attention of Kelli Moss, Executive Director, at vetbd@dhp.virginia.gov.

End of the year to-do list

✔ Complete your required Continuing Education and save your certificates. You do not have to submit the certificates when you renew, but you must maintain them for two years to respond if audited.

- Do you have enough hours of approved CE? CE requirements are in subsection B of regulation [18 VAC 150-20-70](#). Additional guidance is in Guidance document [150-11](#).



- ✔ All veterinary licenses must be renewed on or before December 31, 2025.
- ✔ Are you a VIC? Veterinarian-in-Charge **must** renew prior to renewing Veterinary Establishment Registration for it to become effective.



Tips for your renewal process

Licensee renewal deadline is December 31, 2025. The Board has over 9,900 licenses and registrations to renew this year. Assistance is available but may be delayed during peak renewal times. Therefore, we kindly ask that you not wait until the last minute to renew during this busy renewal period.

▲ [Login to the online licensing portal](#)

▲ Forgot your username and/or password or need a pin number? Email the Call Center at CallCenter@dhp.virginia.gov and provide the following information in your request:

- Full name
- 10-digit Virginia license number (available on [License Lookup](#))
- Date of birth (not needed for establishment registrations)
- Last 4 digits of Social Security Number (not needed for establishment registrations)

You may also contact the help desk at 804-367-4444.

▲ Verify your contact information is complete and up-to-date. Email is the Board's primary form of communication. [License and Establishment Update forms](#).

▲ Once renewed, use [License Lookup](#) to verify information and new expiration date.

Notable Board Decisions

The Board may render a decision during a business meeting that is documented only in the meeting minutes. Board staff have compiled these decisions for your reference. All meetings and minutes are posted on Virginia Regulatory Town Hall by clicking on Past Meetings under the [Board Activity](#) tab:

DECISION	MEETING DATE	STATUTE/REGULATION/ REFERENCE
Determined continuing education for presentations to practitioners is acceptable for one time use and will be counted hour-for-hour for the presentation but must be offered by an approved sponsor as provided in the regulations.	July 15, 2015	18 VAC 150-20-70
Determined shadowing a board-certified veterinarian will not count toward continuing education .	July 15, 2015	18 VAC 150-20-70
Determined the performance of cystocentesis cannot be performed by unlicensed assistants because it is invasive, and if performed incorrectly could perforate an internal organ.	February 16, 2016	18 VAC 150-20-172
Interprets requirement to post original license/registration is satisfied by posting a legible, current listing under	June 3, 2024	18 VAC 150-20-30

License Lookup for the applicable credential.		
Granted approval of four credit hours of continuing education for Bovine Emergency Response Plan (BERP) developed by the North Dakota State University Extension Service	July 29, 2025	18 VAC 150-20-70 July 29, 2025 Agenda pp 100-116
Granted approval of five credit hours each of continuing education for parts one and two of Abdominal Ultrasound for the General Practitioner	October 21, 2025	18 VAC 150-20-70 October 21, 2025 Agenda pp 42-66
Interprets maintaining original packing slips satisfies the requirement to maintain original invoices	October 21, 2025	18 VAC 150-20-190(I) 18 VAC 150-20-190(K)

Upcoming topics 🗓️

Large Animal Veterinarian Shortage Study Workgroup updates and initiatives

Insights and recommendations of the workgroup, as well as new programs created to support large animal veterinarians.

Veterinarian in Charge (VIC) Requirements

Information to increase your understanding of the regulatory requirements and responsibilities of the VIC.

New Forms for Veterinary Establishments

You asked, and the Board responded. Staff are streamlining applications, and sample biennial inventory forms and distribution records for controlled substances are in the works. Updated forms will be posted [here](#) as they become available!

Public Resources

[License Lookup](#)

[Laws and Regulations](#)

[Case Decisions](#)

[Practitioner Resources](#)

Veterinary Medicine Monthly Snapshot for December 2025

Veterinary Medicine received more cases in December than closed. Veterinary Medicine closed 9 patient care cases and 18 non-patient care cases for a total of 27 cases.

Cases Closed	
Patient Care	9
Non-Patient Care	18
Total	27

Veterinary Medicine has received 17 patient care cases and 19 non-patient care cases for a total of 36 cases.

Cases Received	
Patient Care	17
Non-Patient Care	19
Total	36

As of December 31,2025, there were 136 patient care cases open and 77 non-patient care cases open for a total of 213 cases.

Cases Open	
Patient Care	136
Non-Patient Care	77
Total	213

There are 10,032 Veterinary Medicine licensees as of December 31,2025. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Equine Dental Technician	24
Veterinarian	5,489
Veterinary Establishment - Ambulatory	352
Veterinary Establishment - Stationary	1,010
Veterinary Faculty	113
Veterinary Intern/Resident	45
Veterinary Technician	2,999
Total for Veterinary Medicine	10,032

There are 58 licenses issued for Veterinary Medicine for the month of December. The number of licenses issued are broken down by profession in the following chart.

Licenses Issued	
Veterinarian	31
Veterinary Establishment - Ambulatory	3
Veterinary Establishment - Stationary	3
Veterinary Technician	21
Total for Veterinary Medicine	58

BOARD OF VETERINARY MEDICINE

2026 CALENDAR

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