



October 24, 2017
Board Room 3
9:00 a.m.

Call to Order – Ellen G. Hillyer, MPH, DVM, Board President

- Welcome
- Emergency Egress Procedures

Ordering of Agenda – Dr. Hillyer

Public Comment – Dr. Hillyer

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

Approval of Minutes

- August 24, 2017, Full Board Meeting
- August 24, 2017, Public Hearing

Pages 3-7

Agency Director’s Report - David Brown, D.C.

Legislative/Regulatory Report – Elaine Yeatts

Pages 8-17

- Faculty and Intern/Resident License
 - Review Comments
 - Take action regarding adoption of final regulations
- Prescribing of Opioids and Buprenorphine – review in progress
- Periodic Review – Effective 10/25/17
- Petition for Rulemaking: Administration of Drugs by Unlicensed Assistants (comment period 10/16/17 – 11/15/17)

Discussion Items – Leslie Knachel

Pages 18-66

- Guidance Document Updates Due to Periodic Review
 - 150-1: Drug Recordkeeping at Shared Facilities
 - 150-3: Preceptorships and Externships for Veterinary Technician Students
 - 150-6: Mobile Facilities Allowed to Change Location w/o an Inspection
 - 150-8: Disposition of Cases Involving Practicing on an Expired License or Permit
 - 150-9: Board Motion on Content of a Medical Record
 - 150-11: Guidance for Continuing Education (CE) Audits and Sanctioning for Failure to Complete CE
 - 150-12: Administration of Rabies Vaccinations
 - 150-15: Disposition of Routine Inspection Violations
 - 150-16: Protocol to Follow upon Discovery of a Loss or Theft of Drugs
 - 150-19: Position on Delegation of Dental Polishing and Scaling
 - 150-20: Delegation of Duties to an Unlicensed Assistant
 - 150-21: Chiropractic and Acupuncture Care
 - 150-23: Disposal of Deceased Animals
- Guidance Document of 76-21.2:1: Veterinary Establishment Inspection Report

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- Report on American Association of Veterinary State Boards Annual Meeting –
Steven B. Karras, DVM
-
-

President's Report – Dr. Hillyer

Board of Health Professions' Report – Mark A. Johnson, DVM

Staff Reports

Pages 67-69

- Executive Director's Report – **Leslie Knachel**
 - Discipline Report – **Amanda Blount**
-
-

New Business – Dr. Hillyer

Board Officer Elections

Next Meeting – February 8, 2018

Meeting Adjournment – Dr. Hillyer

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

**VIRGINIA BOARD OF VETERINARY MEDICINE
MINUTES OF FULL BOARD
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 3
HENRICO, VA
AUGUST 24, 2017**

TIME AND PLACE: The Board of Veterinary Medicine (Board) was called to order at 9:04 a.m., at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 3, Henrico, Virginia.

PRESIDING OFFICER: Ellen G. Hillyer, D.V.M., President

MEMBERS PRESENT: Tregel M. Cockburn, D.V.M.
Autumn N. Halsey, L.V.T.
Mark A. Johnson, D.V.M.
Steven B. Karras, D.V.M.
Bayard A. Rucker, III, D.V.M.
Mary Yancey Spencer, J.D., Citizen Member

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

STAFF PRESENT: Leslie L. Knachel, Executive Director
Amanda E. M. Blount, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst
Charis Mitchell, Assistant Attorney General, Board Counsel
Carol Stamey, Licensing Operations Manager

OTHERS PRESENT: Susan Seward, Virginia Veterinary Medical Association of Virginia (VVMA)
Robin Schmitz, VVMA
Rena Allen, DVM, VCA-Alexandria Animal Hospital
Taryn Singleton, LVT, Virginia Association of Licensed Veterinary Technicians

ORDERING OF AGENDA: No changes were made to the agenda.

PUBLIC HEARING: The board paused its full board meeting to conduct a public hearing to receive public comment on the proposed regulations for Faculty and Intern/Resident licensure. No public comment was presented and the Public Hearing adjourned. The Public Hearing meeting minutes are provided separately.

APPROVAL OF MINUTES: Dr. Karras approved as a block the meeting minutes from April 20, 2017, and May 9, 2017, as presented. The motion was seconded and carried.

PUBLIC COMMENT: No public comment was presented.

AGENCY DIRECTOR'S REPORT: Dr. Brown's report included the following:

- Board member per diem reimbursement;
- Agency's new disciplinary procedure for conducting informal conferences and formal hearings; and
- Update on opioid crisis to include statistics, e-prescribing and transmission to pharmacies and possible exemption for veterinarians; and
- Formation of a workgroup to address addiction treatment options.

LEGISLATIVE/REGULATORY REPORT: **Final Regulations for Periodic Review**
Ms. Yeatts reported that the final regulations from the periodic review will be published on September 4, 2017. Due to the large number of changes to the

regulations, the effective date of the final regulations is delayed until October 25, 2017. This will allow adequate training of the veterinary establishment inspectors and updating and adopting guidance documents at the next scheduled board meeting on October 24, 2017.

Prescribing of Opioids and Buprenorphine

- **Review Comments**

The board reviewed and discussed the written comment regarding opioid prescribing.

- **Take action regarding adoption of final regulations**

The board discussed the proposed language presented in 18VAC150-20-174(A)(3) and (4).

Dr. Rucker made a motion which was properly seconded and the Board unanimously voted to approve the following changes to 18VAC150-20-174(A)(3) and (4):

- Revise number 3 to read: *If a controlled substance is necessary for treatment of acute pain, the veterinarian shall prescribe it in the lowest effective dose appropriate to the size and species of the animal for the least amount of time. The dose shall not exceed a 14-day supply.*
- Delete number 4.

The board discussed the proposed language presented in 18VAC150-20-174(B).

Ms. Halsey made a motion which was properly seconded and the Board unanimously voted to make the following change to 18VAC150-20-174(B):

Revise item B to read: In accordance with the accepted standard of care, a veterinarian may prescribe a controlled substance beyond 14 days for management of terminal illnesses or certain chronic conditions, such as chronic heart failure, chronic bronchitis, osteoarthritis, collapsing trachea, or related conditions. For treatment of terminal illness, chronic pain or a chronic condition with an opioid beyond 14 days, the treatment plan shall include measures to be used to determine progress in treatment, further diagnostic evaluations or modalities that might be necessary, and the extent to which the pain or condition is associated with physical impairment. For any prescribing of a controlled substance beyond 14 days, the patient shall be seen and then reevaluated at least every six months, and the justification for such prescribing documented in the patient record.

The board discussed the proposed language presented in 18VAC150-20-174(E)(2).

Dr. Johnson made a motion which was properly seconded and the Board voted unanimously to make the following change to 18VAC150-20-174(E)(2):

Revise item E2 to read: The prescription shall not exceed a seven-day supply. Any prescribing beyond seven days shall be consistent with an appropriate standard of care and only after a re-examination of the patient

as documented in the patient record.

Dr. Rucker moved to approve the proposed regulations for prescribing opioids and buprenorphine as amended. The motion was seconded and carried.

Petition for Rulemaking: insertion of Catheters by Unlicensed Assistants

- **Review Comments**

Ms. Yeatts provided a brief overview of the Petition for Rulemaking and a summary of the written public comment. After review of the public comments and discussion of the Petition for Rulemaking the Board considered the request. The Board noted that the restriction on placement of IV catheters is not a new regulation and has been in effect for a number of years. In addition, there was some question about whether the performance of such a procedure constitutes the practice of veterinary medicine.

- **Take action regarding request for rulemaking**

Ms. Spencer made a motion which was properly seconded to deny the Petition for Rulemaking regarding the insertion of catheters by unlicensed assistants based on its responsibility to protect the public health and safety. A request for a roll call vote was made by Dr. Johnson. A roll call vote was taken and the petition for rulemaking was rejected with five in favor of denying the petition.

DISCUSSION ITEMS:

Continuing Education (CE) Consideration for Wellness Programs

Ms. Knachel referred the Board to the request from the VVMA to consider “Wellness Programs” as approved CE because it enhanced patient safety. Ms. Yeatts noted that if the Board wanted to limit the number hours of wellness CE a regulation action would be needed.

Dr. Karras moved to amend Guidance Document 105-11 to include “Wellness Programs” as approved CE. The motion was seconded and carried.

Drug of Concern (gabapentin) Update

Ms. Knachel informed the Board the 2017 General Assembly added gabapentin to the list of drugs of concern. She provided the following information about gabapentin:

- Currently a Schedule VI controlled substance;
- Increases the euphoric effect of other possibly abused drugs when taken together;
- Pharmacists are required to report dispensed prescriptions to the Prescription Monitoring Program (PMP);
- Veterinarians are not required to report dispensed prescriptions to the PMP;
- Veterinarians are not required to make any changes to inventorying Schedule VI drugs; and
- General Assembly categorized the drug as one of concern and the Board suggests that additional precautions be taken to prevent diversion of this particular drug.

PRESIDENT’S REPORT:

Dr. Hillyer stated that she did not have a report to present.

BOARD OF HEALTH PROFESSIONS’ REPORT:

Dr. Johnson stated that the Board of Health Professions was due to meet August 31, 2017.

STAFF REPORTS:

Executive Director's Report

Ms. Knachel reviewed licensure statistics, budget information and outreach activities.

Discipline Update

Ms. Blount provided an overview of the caseload statistics. Additionally, she informed the board that a report on the Board's key performance measures will be presented at the first 2018 board meeting.

Continuing Education (CE) Audit

Ms. Stamey provided an overview of the results of the CE audit conducted in March 2017 for the CE obtained in 2016.

NEW BUSINESS:

No new business was identified.

NEXT MEETING:

The next meeting is scheduled for October 24, 2017.

ADJOURNMENT:

The meeting adjourned at 11:48 a.m.

Ellen G. Hillyer, D.V.M.
Chair

Leslie L. Knachel, M.P.H.
Executive Director

Date

Date

**BOARD OF VETERINARY MEDICINE
PUBLIC HEARING ON PROPOSED REGULATIONS
FOR FACULTY AND INTERN/RESIDENT LICENSE
DEPARTMENT OF HEALTH PROFESSIONS
AUGUST 24, 2017**

TIME AND PLACE: The Public Hearing was called to order at 9:05 a.m. The purpose of the hearing was to receive public comment on the proposed regulations for Faculty and Intern/Resident Licensure.

PRESIDING OFFICER: Ellen G. Hillyer, DVM, Board President

MEMBERS PRESENT: Tregel M. Cockburn, DVM
Autumn N. Halsey, LVT
Mark A. Johnson, DVM
Steve Karras, DVM
Bayard A. Rucker, III, DVM
Mary Yancey Spencer, J.D., Citizen Member

QUORUM: With all members present, a quorum was established.

STAFF PRESENT: Leslie Knachel, Executive Director
Elaine Yeatts, Senior Policy Analyst
Amanda E. M. Blount, Deputy Executive Director
Charis Mitchell, Assistant Attorney General, Board Counsel
Carol Stamey, Operations Manager

OTHERS PRESENT: Rena Allen, DVM, Alexandria, Virginia
Taryn Singleton, LVT, Virginia Association of Licensed Veterinary Technicians
Susan Seward, Virginia Veterinary Medical Association

PUBLIC COMMENT: No public comment was presented.

ADJOURNMENT: The hearing adjourned at 9:07 a.m.

Ellen G. Hillyer, DVM
President

Leslie L. Knachel, M.P.H
Executive Director

Date

Date

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of October 1, 2017**

Board		Board of Veterinary Medicine
Chapter		Action / Stage Information
[18 VAC 150 - 20]	Regulations Governing the Practice of Veterinary Medicine	<p><u>Faculty and intern/resident license</u> [Action 4616]</p> <p>Proposed - Register Date: 7/24/17 Comment closed: 9/22/17 Board to adopt final regulations: 10/24/17</p>
[18 VAC 150 - 20]	Regulations Governing the Practice of Veterinary Medicine	<p><u>Prescribing of opioids</u> [Action 4808]</p> <p>Proposed - DPB Review in progress</p>
[18 VAC 150 - 20]	Regulations Governing the Practice of Veterinary Medicine	<p><u>Periodic review</u> [Action 4428]</p> <p>Final - Register Date: 9/4/17 Final effective: 10/25/17</p>

Agenda Item: Board action on Final Regulations

Included in your agenda package are:

Copy of Proposed Regulations for faculty/resident licenses.

Staff Note:

There was no public comment during the 60-day comment period on the proposed regulation.

Board action:

To adopt the proposed amendments as a final regulatory action.

Code of Virginia

§ 54.1-3801. (Effective July 1, 2018) Exceptions.

This chapter shall not apply to:

1. The owner of an animal and the owner's full-time, regular employee caring for and treating the animal belonging to such owner, except where the ownership of the animal was transferred for the purpose of circumventing the requirements of this chapter;
2. Veterinarians licensed in other states called in actual consultation with veterinarians licensed in the Commonwealth who do not open an office or appoint a place to practice within the Commonwealth;
3. Veterinarians employed by the United States or by the Commonwealth while actually engaged in the performance of their official duties, **with the exception of those engaged in the practice of veterinary medicine, pursuant to § 54.1-3800, as part of a veterinary medical education program accredited by the American Veterinary Medical Association Council on Education and located in the Commonwealth;**
4. Veterinarians providing free care in underserved areas of Virginia who (i) do not regularly practice veterinary medicine in Virginia, (ii) hold a current valid license or certificate to practice veterinary medicine in another state, territory, district, or possession of the United States, (iii) volunteer to provide free care in an underserved area of the Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people, (iv) file copies of their licenses or certificates issued in such other jurisdiction with the Board, (v) notify the Board at least five business days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledge, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any veterinarian whose license has been previously suspended or revoked, who has been convicted of a felony, or who is otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow a veterinarian who meets the above criteria to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in another state; or
5. Persons purchasing, possessing, and administering drugs in a public or private shelter as defined in § 3.2-6500, provided that such purchase, possession, and administration is in compliance with § 54.1-3423.

Code 1950, § 54-786; c. 574; 1978, c. 539; 1988, c. 765; 2002, c. 740; 2008, c. 674; 2009, cc. 149, 169; 2014, c. 148; 2016, cc. 306, 479.

§ 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:

1. To establish essential requirements and standards for approval of veterinary programs.
2. To establish and monitor programs for the practical training of qualified students of veterinary medicine or veterinary technology in college or university programs of veterinary medicine or veterinary technology.
3. To regulate, inspect, and register all establishments and premises where veterinary medicine is practiced.
- 4. To establish requirements for the licensure of persons engaged in the practice of veterinary medicine, pursuant to § 54.1-3800, as part of a veterinary medical education program accredited by the American Veterinary Medical Association Council on Education and located in the Commonwealth.**

Project 4926 - Proposed

BOARD OF VETERINARY MEDICINE

Faculty and intern/resident license

18VAC150-20-100. Fees.

The following fees shall be in effect:

Veterinary application for licensure	\$200
<u>Veterinary application for faculty licensure</u>	<u>\$100</u>
Veterinary license renewal (active)	\$175
Veterinary license renewal (inactive)	\$85
<u>Veterinary faculty license renewal</u>	<u>\$75</u>
Veterinary reinstatement of expired license	\$255
Veterinary license late renewal	\$60
<u>Veterinary faculty license late renewal</u>	<u>\$25</u>
Veterinarian reinstatement after disciplinary action	\$450
<u>Veterinary intern/resident license -- initial or renewal</u>	<u>\$25</u>
Veterinary technician application for licensure	\$65
Veterinary technician license renewal	\$50
Veterinary technician license renewal (inactive)	\$25
Veterinary technician license late renewal	\$20
Veterinary technician reinstatement of expired license	\$95
Veterinary technician reinstatement after disciplinary action	\$125
Equine dental technician initial registration	\$100
Equine dental technician registration renewal	\$70
Equine dental technician late renewal	\$25
Equine dental technician reinstatement	\$120
Initial veterinary establishment permit registration	\$300
Veterinary establishment renewal	\$200
Veterinary establishment late renewal	\$75
Veterinary establishment reinstatement	\$75

Veterinary establishment reinspection	\$300
Veterinary establishment -- change of location	\$300
Veterinary establishment -- change of veterinarian-in-charge	\$40
Duplicate license	\$15
Duplicate wall certificate	\$25
Returned check	\$35
Licensure verification to another jurisdiction	\$25

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

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

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

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

C. The holder of a faculty license shall be entitled to perform all functions that a person licensed to practice veterinary medicine would be entitled to perform as part of his faculty duties.

including patient care functions associated with teaching, research, and the delivery of patient care that takes place only within [the a] veterinary establishment or diagnostic and clinical services operated by or affiliated with the veterinary program. A faculty license shall not authorize the holder to practice veterinary medicine in nonaffiliated veterinary establishments or in private practice settings.

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

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

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

B. The intern or resident shall be supervised by a fully licensed veterinarian or a veterinarian who holds a faculty license issued by the board. The intern or resident shall only practice within [the a] veterinary establishment or diagnostic and clinical services operated by or affiliated with

the veterinary program. A temporary license shall not authorize the holder to practice veterinary medicine in nonaffiliated veterinary establishments or in private practice settings.

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

Request for Comment on Petition for Rulemaking

Promulgating Board: **Board of Veterinary Medicine**

Elaine J. Yeatts
Regulatory Coordinator: (804)367-4688
elaine.yeatts@dhp.virginia.gov

Leslie L. Knachel
Agency Contact: Executive Director
(804)367-4468
leslie.knachel@dhp.virginia.gov

Department of Health Professions
Contact Address: 9960 Mayland Drive
Suite 300
Richmond, VA 23233

Chapter Affected:
18 vac 150 - 20: Regulations Governing the Practice of Veterinary Medicine

Statutory Authority: State: Chapter 38 of Title 54.1

Date Petition Received 09/19/2017

Petitioner Claire Webster

Petitioner's Request

To authorize the delegation of administration of Schedule II-V drugs by any route to an unlicensed assistant under the direction and supervision of a veterinarian or a veterinary technician.

Agency Plan

The petition will be published on October 16, 2017 in the Register of Regulations and also posted on the Virginia Regulatory Townhall at www.townhall.virginia.gov to receive public comment ending November 15, 2017. Following receipt of all comments on the petition to amend regulations, the Board will decide whether to make any changes to the regulatory language. This matter will be on the Board's agenda for its first meeting after the comment period, which is scheduled for February 8, 2018.

Publication Date 10/16/2017 *(comment period will also begin on this date)*

Comment End Date 11/15/2017



COMMONWEALTH OF VIRGINIA Board of Veterinary Medicine

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

(804) 367-4468 (Tel)
(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.) Webster, Claire, L.		
Street Address 3925 Dupree Lane	Area Code and Telephone Number 757-499-5463	
City Virginia Beach	State VA	Zip Code 23456
Email Address (optional) claire.webster@bluepearlvet.com	Fax (optional) 757-499-3916	
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. 18VAC150-20-172. Delegation of duties.		
2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule. "A. A licensed veterinarian may delegate the administration (including by injection) of Schedule VI drugs to a properly trained assistant under his immediate and direct supervision." I am not sure of many veterinary clinics that use scheduled VI drugs. I would propose that it be changed to "scheduled II-V." I believe that under direct supervision of a DVM or LVT, that a trained veterinary assistant can administer oral/injectable controlled substances.		
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 <u>other</u> legal authority for promulgation of a regulation, please provide that Code reference. <p style="text-align: center;">Statutory Authority: § 54.1-2400 and Chapter 38 of Title 54.1 of the Code of Virginia</p>		
Signature: <i>Claire L. Webster, CVT, LVT, VTSECC</i>	Date: <i>9/18/17</i>	

Summary of Changes to Guidance Documents

76-21.2:1, Veterinary Establishment Inspection Report, Revised February 9, 2017: Significant updates made.

150-1 Drug recordkeeping at shared facilities, revised June 3, 2013: Delete; Information included in 76-21.2:1

150-2 Guidance on Expanded Duties for Licensed Veterinary Technicians, revised February 19, 2015: No Change

150-3 Preceptorships and Externships for Veterinary Technician Students, revised December 4, 2013: Changes limited to removal of “duly”; adding pharmacist and pharmacy technician to those able to access Schedule II-V drugs; and changed “permit” to “allow” to avoid confusion.

150-4 “Chip” clinics outside approved facilities, excerpt from Board minutes of June 15, 1994, revised November 14, 2007: No Change

150-5 Use of compounded drugs in veterinary practice, revised July 1, 2015: No Change

150-6 Mobile facilities allowed to change location without an inspection, excerpt from Board minutes of December 19, 1995, revised November 14, 2007: Significant updates made.

150-8 Disposition of Cases Involving Practicing on an Expired License or Permit, adopted May 17, 2012, revised September 9, 2015: Change limited to deleting “permit” and replacing with “registration.”

150-9 Board motion on content of a medical record, excerpt from Board minutes of February 3, 2005, revised October 22, 2015: Significant updates made.

150-10 Allowances to Purchase, Possess, and Administer Drugs within a Public or Private Animal Shelter, revised May 18, 2015: No Change

150-11 Guidance for Continuing Education (CE) Audits and Sanctioning for Failure to Complete CE, revised August 24, 2017: Changes limited to adding voluntary service through a local health department or free clinic; and attestation of compliance with CE requirements.

150-12 Administration of rabies vaccinations, revised December 16, 2016: Changes limited to updating regulatory references.

150-13 Controlled substances in veterinary practices, revised February 16, 2016: No Change

150-14 Board guidance on process for delegation of informal fact-finding to an agency subordinate, revised September 2010: No Change

150-15 Disposition of routine inspection violations, revised July 21, 2016: Changes limited to addition of language found in new regulations relating to response requirements, request for an extension to providing a response and removal of “issued by inspector” under “possible action” section.

150-16 Protocol to follow upon discovery of a loss or theft of drugs, adopted November 9, 2005, revised May 17, 2012: Changes limited to adding language found in new regulations related to a VIC’s designee may report a theft or loss of drugs; and adding the regulatory reference citation.

150-17 Sanctioning Reference Points Instruction Manual, revised June 2014: No Change

150-18 Bylaws, revised February 19, 2014: No Change

150-19 Position on Delegation of Dental Polishing and Scaling, adopted October 17, 2012: **Changes limited to adding updates to Code and regulatory reference sections.**

150-20 Delegation of Duties to an Unlicensed Assistant, adopted June 3, 2013: **Changes limited to updating regulatory reference sections.**

150-21 Chiropractic and Acupuncture Care, adopted June 3, 2013: **Change limited to updating Code reference section.**

150-22 Veterinarians and Wildlife Rehabilitation - Prescription Drugs, adopted October 22, 2014: **No Change**

150-23 Disposal of deceased animals, adopted February 9, 2017: **Change limited to updating regulatory reference section.**

150-24 Processing Applications for Licensure, adopted July 21, 2016: **No Change**

Virginia Board of Veterinary Medicine

Drug Distribution Recordkeeping at Shared Surgical Facilities

When a restricted veterinary practice occasionally uses the surgery facilities of a full service veterinary hospital, the drug distribution log(s) must clearly reveal whose controlled substances (Schedule II-V drugs) were used. If the facility's stock is used, the hospital log must show that the surgery was performed by a visiting veterinarian who has the patient record. If the visiting veterinarian uses his own stock of drugs, he must make entries in his own log and patient records and shall leave a copy of the record at the full service facility.

Adopted: January, 1988

Revised: November 14, 2007

June 3, 2013

VIRGINIA BOARD OF VETERINARY MEDICINE

Preceptorships and Externships for Veterinary Technician Students

Applicable Laws and Regulations

§ 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:

2. To establish and monitor programs for the practical training of qualified students of veterinary medicine or veterinary technology in college or university programs of veterinary medicine or veterinary technology.

18VAC150-20-10. Definitions.

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

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

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

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

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

Guidance

Q: How does an individual qualify for a preceptorship/externship in Virginia?

A: In order to be considered a veterinary technician preceptee or extern (VTP/E), an individual must be ~~duly~~-enrolled and in good standing in a campus or distance learning veterinary technology program accredited or approved by the American Veterinary Medical Association (AVMA).

Q: What duties may a VTP/E perform during a veterinary technology preceptorship/externship?

A: A VTP/E may perform duties that constitute the practice of veterinary technology for which he has received adequate instruction by the program and under the on-premises supervision prior to receiving a license from the Virginia Board of Veterinary Medicine.

Q: May a VTP/E have access to Schedule II through V drugs?

A: The Regulations specifically state that only the veterinarian, veterinary technician, pharmacist, or pharmacy technician shall have access to Schedule II through V drugs—is limited to the veterinarian and veterinary technician only. Therefore, students may not have access (keys, combinations, etc.) to Schedule II through V drugs.

Q: May a VTP/E administer rabies vaccinations?

A: Pursuant to Virginia Code § 3.2-6521, a rabies vaccination is to be administered by a licensed veterinarian or licensed veterinary technician who is under the immediate and direct supervision of a licensed veterinarian on the premises. A VTP/E is unlicensed and may not administer a rabies vaccination.

Q: What are the supervision requirements for a VTP/E?

A: Duties may only be performed under the on-premises supervision of a licensed veterinarian or licensed veterinary technician. It is the responsibility of the supervising licensed veterinarian or licensed veterinary technician and the VTP/E to obtain information from the campus or distance learning program to determine whether the preceptee or extern has received adequate instruction by the program.

Q: What does “formal arrangement” found in the definition of preceptorship and externship mean?

A: A licensed veterinarian or veterinary technician may provide on-premises supervision of a VTP/E. However, a licensed veterinarian who is assuming the overall responsibility of assuring appropriate supervision of a VTP/E must have a formal arrangement with the faculty of a campus or distance learning program. A formal arrangement is a written document/arrangement that includes, but is not limited to, supervision expectations. The supervising veterinarian and the VTP/E are jointly responsible for obtaining the necessary oversight by faculty of the campus or distance program. The lack of documentation related to a preceptorship or externship may result in disciplinary action.

Q: May a veterinary technology student continue to do activities that constitute the practice of veterinary technology after conclusion of a preceptorship/externship.

A: A veterinary technology student may continue to do activities that constitute the practice of veterinary technology if the following conditions are met:

- Must be ~~duy~~ enrolled and in good standing in a campus or distance learning veterinary technology program accredited or approved by AVMA;

- Have a supervising veterinarian who has a formal arrangement with the faculty of the campus or distance learning program; and
- Have received adequate instruction by the program prior to performing the activity.

Q: May a graduate of a veterinary technology campus or distance learning program perform duties that constitute the practice of veterinary technology if the requirements of the supervising veterinarian are met.

A: Once a student has graduated, the “~~duly-enrolled and in good standing~~” requirement cannot be satisfied. Therefore, the graduate of a veterinary technology program may not perform activities that constitute the practice of veterinary technology in Virginia until properly licensed.

Q: Will the Virginia Board of Veterinary Medicine ~~permit~~ allow a veterinary technology student to take the Veterinary Technician National Exam (VTNE) prior to graduation?

A: The Virginia Board of Veterinary Medicine will approve students ~~duly-enrolled and in good standing~~ in a Virginia veterinary technology program or a resident of Virginia to take the VTNE prior to graduation.

Q: May a veterinary technology student submit an application for licensure prior to having received school transcripts and national examination scores?

A: The Board of Veterinary Medicine will accept applications for licensure submitted prior to receipt of transcripts and national examination scores. Following the receipt of all required documents and the application is deemed complete, a license is generally issued within 24 hours.

Adopted: October 18, 2011

Revised: May 17, 2012; February 7, 2013

Virginia Board of Veterinary Medicine

Ambulatory Mobile Service Establishments facilities – Change of Location without Inspection

Excerpt from Minutes of Full Board Meeting of December 19, 1995
Revised November 14, 2007

Question: Is an inspection required when an ambulatory mobile service establishment changes location?

Answer: The Regulations Governing the Practice of Veterinary Medicine states the following:

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

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

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

Minutes from December 19, 1996, meeting and subsequent revisions on November 14, 2007 and December 25, 2017, reflect that The the -Board determined will officially interpret the regulation which states that applications must be made to the Board 45 days in advance of a change of location to mean that the Board will allow ambulatory mobile service establishment are allowed facilities to change location without an inspection, but the facility establishment must inform the Board within 30 days if there is any change in the address of record pursuant to the following regulation:-

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

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

VIRGINIA BOARD OF VETERINARY MEDICINE

DISPOSITION OF CASES INVOLVING PRACTICING ON AN EXPIRED LICENSE OR PERMIT REGISTRATION

The Board adopted the following guidelines for resolution of cases of practicing with an expired license or permit:

Practicing with an Expired Individual License

Veterinarian

(Veterinarian-in-Charge may be subject to disciplinary action for allowing unlicensed persons to practice)

Cause	Possible Action
First offense; 31 days or less	Confidential Consent Agreement
First offense; 32 days to one year	Consent Order; Monetary Penalty of \$500
First offense; more than one year	May result in the Board holding an informal conference
Second offense; one or more days	Consent Order; Monetary Penalty of \$1000 or may result in the Board holding an informal conference

Veterinary Technician/Equine Dental Technician

Cause	Possible Action
First offense; 31 days or less	Confidential Consent Agreement
First offense; 32 days to one year	Consent Order; Monetary Penalty of \$250
First offense; more than one year	May result in the Board holding an informal conference
Second offense; one or more days	Consent Order; Monetary Penalty of \$500 or may result in the Board holding an informal conference

Practicing with an Expired Veterinary Establishment Permit

Veterinary Establishment

Cause	Possible Action
First offense; 31 days or less	Confidential Consent Agreement; \$185 fee associated with late renewal
First offense; 32 days to one year	Consent Order; Monetary Penalty of \$500; re-inspection; \$650 fee associated with re-inspection and reinstatement
First offense; more than one year	May result in the Board holding an informal conference; re-inspection; \$650 fee associated with re-inspection and reinstatement
Second offense; one or more days	Consent Order; Monetary Penalty of \$1000 or may result in the Board holding an informal conference; re-inspection and fees associated with late renewal or reinstatement is based on number of days that the permit is expired.

Note: Per 18VAC150-20-185(C) of the *Regulations Governing the Practice of Veterinary Medicine*, "Reinstatement of an expired permit registration after 30 days is at the discretion of the board and contingent upon a reinspection and payment of the late fee, the reinspection fee the renewal fee and the veterinary establishment permit reinstatement fee.

Veterinarian-in-Charge

Cause	Possible Action
First offense; 31 days or less	Confidential Consent Agreement
First offense; 32 days to one year	Consent Order; Monetary Penalty of \$500
First offense; more than one year	May result in the Board holding an informal conference
Second offense; one or more days	Consent Order; Monetary Penalty of \$1000 or may result in the Board holding an informal conference

Medical Recordkeeping

The Board of Veterinary Medicine often receives questions regarding medical record keeping requirements. The most frequently asked questions are the following:

1. **Is a veterinarian required to maintain a record on every patient?**
2. **May all records for the animals of one owner be filed together?**
3. **Is a veterinarian required to use a specific format for documenting information in the record?**
4. **May an assistant transcribe a medical record entry for a veterinarian?**
5. **What is the length of time a medical record must be kept?**
6. **When must a veterinarian release a medical record to the client?**
7. **How may a record be amended?**
8. **Do the requirements of the Health Insurance Portability and Accountability Act (HIPAA) apply to veterinary medical records?**
9. **How should veterinary medical records be handled when closing or selling a practice?**

1. Is a veterinarian required to maintain a record on every patient?

A daily record of each patient treated must be maintained by the veterinarian (see 18VAC150-20-195 below). This includes a brief visit that may result in a referral or tentative diagnosis. Records for economic animals or litters of companion animals under the age of four months may be maintained on a per client owner basis.

2. May all records for the animals of one owner be filed together?

The regulations do not speak to how to organize the daily record of each patient. The Board recommends that if a master file is kept, the record should have individual files contained within for each animal other than economic animals or litters of companion animals under the age of four months.

3. Is a veterinarian required to use a specific format for documenting information in the record?

No, regulations do not specify a format required for recordkeeping. The Board recommends using a problem-oriented (SOAP) format that allows any veterinarian, by reading the record, to proceed with the proper treatment and care of the animal and allows the Board or other agency to determine the advice and treatment recommended and performed by the practitioner.

The problem oriented veterinary medical record or SOAP format is the most widely-used format by the veterinary profession. It includes the following elements:

The “S” in SOAP stands for subjective findings. These are things that are communicated by the client and recorded in the patient’s history, such as name, age, date of visit, including vaccination

history along with the current complaint. This information is essential in properly identifying the animal in the record and providing information that may be essential as the examination proceeds. For the most part, the information is accepted as true, but always be aware of incomplete information or inaccurate perceptions.

The “O” or objective part of the record documents observations about the patient. It should include physical exam findings and everything seen, felt, touched, or smelled. Examples include, but are not limited to temperature, weight, body condition, assessment of all organs and data obtained by instrumentation.

The “A” or assessment portion of the record uses the information gathered to formulate a diagnosis or tentative diagnosis in order to formulate a plan for each complaint.

The “P” or plan portion documents the recommendations to the client. Communicating the recommendations is extremely important to aid in the client’s understanding of a *therapeutic plan* in which medications are prescribed or a *diagnostic plan* in which additional tests or information is needed to make a final diagnosis. The client’s decision to proceed or decline a therapeutic or diagnostic plan should be documented.

If an animal is hospitalized, an abbreviated version of the SOAP, including an assessment of the patient’s progress and condition can be added to the record daily.

4. May an assistant transcribe a medical record entry for a veterinarian?

There are no provisions restricting who transcribes a medical record entry. The veterinarian is required to maintain the record, regardless of who makes the entries. The Board recommends that the veterinarian sign-off on his entries.

5. What is the length of time a medical record must be kept?

Regulations require that a record be kept for a period of three years following the last office visit or discharge of such animal from a veterinary practice.

6. When must a veterinarian release a medical record to the client?

Failure to release patient records when requested by the owner: a law-enforcement entity; or a federal, state, or local health regulatory agency may be considered unprofessional conduct and may result in disciplinary action. The veterinarian is considered the owner of the original medical record and may provide a copy of the record to the requester.

Radiographs are required to be maintained as part of the patient’s record. If an original radiograph is transferred to another establishment or released to the client/owner, a record of this transfer must be maintained on or with the patient’s record.

7. How may a record be amended?

Regulations do not require a specific format for amendments. The Board recommends never altering an original record and amending records by dating all information, including amendments, on the day entered.

8. Do the requirements of the Health Insurance Portability and Accountability Act (HIPAA) apply to veterinary medical records?

The HIPAA requirements only apply to human medical records.

9. How should veterinary medical records be handled when closing or selling a practice?

Regulations require that upon the sale or closure of a veterinary establishment involving the transfer of patient records to another location, the veterinarian shall follow the requirements found in § 54.1-2405 of the Code of Virginia.

The Code of Virginia requires notification to current patients via mail and notice in a newspaper of general circulation within the veterinarian's practice area. A current patient is defined as a patient encounter with the provider or his professional practice during the two-year period immediately preceding the date of the record transfer.

Failure to provide the two forms of notification may result in disciplinary action.

~~The Board frequently receives questions and complaints from former clients of closed veterinary practices. The Board recommends that a closing veterinary establishment provide information to the board office about the disposition of the records.~~

Pursuant to 18VAC150-20-181(C)(2), if there is no transfer of records upon sale or closure of an establishment, the veterinarian-in-charge shall provide the board information about the location of or access to patient records.

References

Code of Virginia

§ 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.

§ 32.1-127.1:03. Health records privacy.

1. Health care entities shall disclose health records to the individual who is the subject of the health record, except as provided in subsections E and F and subsection B of § 8.01-413.

B. As used in this section:

"Health care entity" means any health care provider, health plan or health care clearinghouse.

"Health care provider" means those entities listed in the definition of "health care provider" in § 8.01-581.1, except that state-operated facilities shall also be considered health care providers for the purposes of this section. Health care provider shall also include all persons who are licensed, certified, registered or permitted or who hold a multistate licensure privilege issued by any of the health regulatory boards within the Department of Health Professions, except persons regulated by the Board of Funeral Directors and Embalmers or the Board of Veterinary Medicine.

Regulations Governing the Practice of Veterinary Medicine

18VAC150-20-140. Unprofessional conduct.

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

15. Failing to release a copy of patient records when requested by the owner; a law-enforcement entity; or a federal, state, or local health regulatory agency.

18VAC150-20-195. Recordkeeping.

~~A. A daily record of each patient treated shall be maintained by the veterinarian at the veterinary establishment and shall include pertinent medical data such as drugs administered, dispensed or prescribed, and all relevant medical and surgical procedures performed. Records should contain at a minimum:~~

- ~~1. Presenting complaint/reason for contact;~~
- ~~2. Physical examination findings, if appropriate;~~

- ~~3. Tests performed and results;~~
- ~~4. Procedures performed/treatment given and results; and~~
- ~~5. Drugs (and their dosages) administered, dispensed or prescribed.~~

~~B. Individual records shall be maintained on each patient, except that records for economic animals or litters of companion animals under the age of four months may be maintained on a per client basis. Client records shall be kept for a period of three years following the last office visit or discharge of such animal from a veterinary establishment.~~

~~C. An animal identification system must be used by the establishment.~~

~~D. Upon the sale or closure of a veterinary establishment involving the transfer of patient records to another location, the veterinarian shall follow the requirements for transfer of patient records in accordance with § 54.1-2405 of the Code of Virginia.~~

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

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

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

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

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

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

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

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

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

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

A. Full-service establishments. A full-service establishment shall provide surgery and encompass all aspects of health care for small or large animals, or both. All full-service establishments shall meet the requirements set forth below:

3. Radiology. A veterinary establishment shall:

- e. Maintain radiographs as a part of the patient's record. If a radiograph is transferred to another establishment or released to the client, a record of this transfer must be maintained on or with the patient's records.

Virginia Board of Veterinary Medicine

Guidance for Continuing Education (CE) Audits and Sanctioning for Failure to Complete CE

Applicable Law, Regulation and Guidance

Code of Virginia

§ 54.1-3805.2. Continuing education.

The Board shall adopt regulations which provide for continuing education requirements for relicensure and licensure by endorsement of veterinarians and veterinary technicians. After January 1, 1997, a veterinarian shall be required to complete a minimum of fifteen hours, and a veterinary technician shall be required to complete a minimum of six hours of approved continuing education annually as a condition for renewal of a license. Continuing education courses shall be approved by the Board or by a Board-approved organization. Regulations of the Board adopted pursuant to this section may provide for the waiver of such continuing education requirements upon conditions as the Board deems appropriate.

Regulations Governing the Practice of Veterinary Medicine

18VAC150-20-70. Licensure renewal requirements.

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

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

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

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

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

k. An organization or entity approved by the Registry of Approved Continuing Education of the American Association of Veterinary State Boards.

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

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

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

6. Licensees are required to attest to compliance with continuing education requirements on their annual license renewal and are required to maintain original documents verifying the date and subject of the program or course, the number of continuing education hours or credits, and certification from an approved sponsor. Original documents must be maintained for a period of two years following renewal. The board shall periodically conduct a random audit to determine compliance. Practitioners selected for the audit shall provide all supporting documentation within 10 days of receiving notification of the audit.

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

8. Up to two hours of the 15 hours required for annual renewal of a veterinarian license and up to one hour of the eight hours required for annual renewal of a veterinary technician license may be satisfied through delivery of veterinary services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

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

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

Guidance

Q: How do I request a CE extension?

A: A written request for an extension must be received prior to the licensure renewal date of December 31 of each year. The Board will provide a written response indicating approval or disapproval of the extension request.

Q: How do I request a CE exemption?

A: A written request for an exemption should be submitted prior to licensure renewal date of December 31 of each year. The Board will provide a written response indicating approval or disapproval of the exemption request.

Q: What are the CE audit procedures?

A: After each renewal cycle, the Board may audit the following licensees for compliance with CE requirements:

- Licensees who fail to respond or respond “no” to the CE renewal question on the annual license renewal form; and
- Licensees selected for random audit using a statistically valid audit sample and a method that ensures randomness of those selected.
- For those selected for the audit
 - Board staff will notify licensees that they are being audited via email if an address is available or by postal carrier if an email address is not available.
 - The licensee is required to submit documentation of completion of required CE credits. Documentation must include:
 - Date of CE
 - Subject of the program or course
 - Number of CE credits
 - Certification from an approved sponsor
 - Documentation submitted to verify CE completion will be reviewed for compliance with the regulations.
 NOTE: Veterinarians are required to complete a minimum of 15 CE hours and veterinary technicians are required to complete a minimum of eight CE hours. Approved CE credit is given for courses or programs related to the treatment and care of patients and shall be clinical courses in veterinary medicine or veterinary technology or courses that enhance patient safety, such as medical recordkeeping or Occupational Health and Safety Administration (OSHA) requirements. The Board accepts CE that is related to disaster or emergency preparedness, the U. S. Department of Agriculture’s National Veterinary Accreditation Program and communication development to strengthen the veterinarian-client-patient relationships, including but not limited to grief counseling and personal wellness. Courses in practice management related to improving business efficiency or profitability would not be considered clinical courses or courses that enhance patient safety.
 - Licensees who have not completed required CE will be referred for possible board action.

Board Action for Non-Compliance with CE Requirements

The Board adopted the following guidelines for resolution of cases of non-compliance with CE requirements:

Veterinarian

Cause	Possible Action
First offense; short 4 hours or less	Confidential Consent Agreement; 45 days to make up missing hours
First offense: short more than 4 hours	Consent Order; Monetary Penalty of \$500; 45 days to make up missing hours
Second offense; short up to 15 hours	Consent Order; Reprimand; Monetary Penalty of \$250 per missing hour up to a maximum of \$2000; 60 days to make up missing hours
No response to audit notifications or three or more offenses	Informal Fact-Finding Conference

Veterinary Technician

Cause	Possible Action
First offense; short 2 hours or less	Confidential Consent Agreement; 45 days to make up missing hours

First offense: short more than 2 hours	Consent Order; Monetary Penalty of \$200; 45 days to make up missing hours
Second offense; short up to 8 hours	Consent Order; Reprimand; Monetary Penalty of \$100 per missing hour up to a maximum of \$1000; 60 days to make up missing hours
No response to audit notifications or three or more offenses	Informal Fact-Finding Conference

Note: When probable cause is found that a licensee has falsely certified completion of the required CE for renewal of his license, the Board may offer a pre-hearing consent order or hold an informal fact finding conference.

VIRGINIA BOARD OF VETERINARY MEDICINE

Administration of Rabies Vaccinations

Q: Who is authorized to administer a rabies vaccination?

A: Pursuant to Virginia Code § 3.2-6521, a rabies vaccination is to be administered by a *licensed* veterinarian or *licensed* veterinary technician who is under the immediate and direct supervision of a licensed veterinarian on the premises.

Code of Virginia – Comprehensive Animal Care

§ 3.2-6521. Rabies inoculation of companion animals; availability of certificate; rabies clinics.

A. The owner or custodian of all dogs and cats four months of age and older shall have such animal currently vaccinated for rabies by a licensed veterinarian or licensed veterinary technician who is under the immediate and direct supervision of a licensed veterinarian on the premises unless otherwise provided by regulations. The supervising veterinarian on the premises shall provide the owner or custodian of the dog or the cat with a rabies vaccination certificate or herd rabies vaccination certificate and shall keep a copy in his own files. The owner or custodian of the dog or the cat shall furnish within a reasonable period of time, upon the request of an animal control officer, humane investigator, law-enforcement officer, State Veterinarian's representative, or official of the Department of Health, the certificate of vaccination for such dog or cat. The vaccine used shall be licensed by the U.S. Department of Agriculture for use in that species. At the discretion of the local health director, a medical record from a licensed veterinary establishment reflecting a currently vaccinated status may serve as proof of vaccination.

Q: Where may rabies vaccination clinics occur?

A: Pursuant to 18VAC150-20-180 of the *Regulations Governing the Practice of Veterinary Medicine*, veterinary medicine may only be practiced out of a registered veterinary establishment except in emergency situations as provided in 18VAC150-20-171. Rabies vaccination clinics may be offered outside of a registered veterinary establishment if the requirements found in § 3.2-6521 of the *Code of Virginia* are met which includes approval by the appropriate local health department and governing body.

Regulations Governing the Practice of Veterinary Medicine

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

~~*A. Every veterinary establishment shall apply for registration on a form provided by the board and may be issued a permit as a full-service or restricted service establishment. Every veterinary establishment shall have a veterinarian-in-charge registered with the board in order to operate.*~~

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

1. Veterinary medicine may only be practiced out of a registered establishment except in emergency situations or in limited specialized practices as provided in 18 VAC 150-20-171. The injection of a microchip for identification purposes shall only be performed in a veterinary establishment, except personnel of animal shelters or pounds may inject animals while in their possession.

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

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

Code of Virginia – Comprehensive Animal Care

§ 3.2-6521. Rabies inoculation of companion animals; availability of certificate; rabies clinics.

B. All rabies clinics require the approval by the appropriate local health department and governing body... However, the county or city shall ensure that a clinic is conducted to serve its jurisdiction at least once every two years.

Q: What are the recordkeeping requirements for rabies vaccinations administered in a registered veterinary establishment?

A: The recordkeeping requirements for patients receiving rabies vaccinations administered in a registered veterinary establishment are found in the Regulations.

Regulations Governing the Practice of Veterinary Medicine

18VAC150-20-195. Recordkeeping.

A. ~~A daily record of each patient treated shall be maintained by the veterinarian at the veterinary establishment and shall include pertinent medical data such as drugs administered, dispensed or prescribed, and all relevant medical and surgical procedures performed. Records should contain at a minimum:~~

- ~~1. Presenting complaint/reason for contact;~~
- ~~2. Physical examination findings, if appropriate;~~
- ~~3. Tests performed and results;~~
- ~~4. Procedures performed/treatment given and results; and~~
- ~~5. Drugs (and their dosages) administered, dispensed or prescribed.~~

~~B. Individual records shall be maintained on each patient, except that records for economic animals or litters of companion animals under the age of four months may be maintained on a per client basis. Client records shall be kept for a period of three years following the last office visit or discharge of such animal from a veterinary establishment.~~

~~C. An animal identification system must be used by the establishment.~~

~~D. Upon the sale or closure of a veterinary establishment involving the transfer of patient records to another location, the veterinarian shall follow the requirements for transfer of patient records in accordance with § 54.1-2405 of the Code of Virginia.~~

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

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

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

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

Q: What are the recordkeeping requirements for rabies vaccinations administered in a rabies clinic approved by the appropriate health department and governing body?

Code of Virginia – Comprehensive Animal Care

§ 3.2-6521. Rabies inoculation of companion animals; availability of certificate; rabies clinics.

B. ... The licensed veterinarian who administers rabies vaccinations at the clinic shall (i) provide the owner or custodian a rabies vaccination certificate for each vaccinated animal and (ii) ensure that a licensed veterinary facility retains a copy of the rabies vaccination certificate. The sponsoring organization of a rabies clinic shall, upon the request of the owner or custodian, an animal control officer, a humane investigator, a law-enforcement officer, a State Veterinarian's representative, a licensed veterinarian, or an official of the Department of Health, provide the name and contact information of the licensed veterinary facility where a copy of the rabies vaccination certificate is retained...

§ 3.2-6529. Veterinarians to provide treasurer with rabies certificate information; civil penalty.

A. Each veterinarian who vaccinates a dog against rabies or directs a veterinary technician in his employ to vaccinate a dog against rabies shall provide the owner a copy of the rabies vaccination certificate. The veterinarian shall forward within 45 days a copy of the rabies vaccination

certificate or the relevant information contained in such certificate to the treasurer of the locality where the vaccination occurs.

The rabies vaccination certificate shall include at a minimum the signature of the veterinarian, the animal owner's name and address, the species of the animal, the sex, the age, the color, the primary breed, whether or not the animal is spayed or neutered, the vaccination number, and expiration date. The rabies vaccination certificate shall indicate the locality where the animal resides...

Any veterinarian that willfully fails to provide the treasurer of any locality with a copy of the rabies vaccination certificate or the information contained in such certificate may be subject to a civil penalty not to exceed \$10 per certificate. Monies raised pursuant to this subsection shall be placed in the locality's general fund for the purpose of animal control activities including spay or neuter programs.

Q: Who should be contacted for questions about rabies vaccination clinics that held in the community?

A: For more information contact your local health department at <http://www.vdh.virginia.gov/LHD/index.htm>.

VIRGINIA BOARD OF VETERINARY MEDICINE

Disposition of Routine Inspection Violations

The Board of Veterinary Medicine (Board) conducts routine inspections of veterinary establishments every three years. The guidance document, 76-21.2:1 Veterinary Establishment Inspection Report provides a checklist of the laws and regulations with which veterinary establishments must comply. For each violation found during an inspection, a point value is assigned. Point values are available on the veterinary establishment inspection report form. **Please note that violations cited during last and current inspections are repeat violations and receive double the assigned point value.**

Following an inspection in which one or more violations of the laws or regulations are cited, a veterinary establishment is required to submit a written response to the Board pursuant to 18VAC150-20-140(18) within 14 calendar days of the inspection unless an extension is granted by the Board. A response must detail the action(s) taken to correct each deficiency and may be submitted via mail, email or fax. Failure to provide a written response may subject a veterinary establishment and a veterinarian-in-charge to disciplinary action.

Veterinary Establishment Effective Date of July 1, 2014

Total Points*	*Possible Action
0 – 10 points	Routine inspection in three years
11 – 15 points	Confidential Consent Agreement; routine inspection in three years
16 – 20 points	Pre-hearing consent order issued by inspector; monetary penalty of \$250; unannounced inspection in two years
21 or more points	Pre-hearing consent order issued by inspector; monetary penalty of \$500; unannounced inspection in one year

Veterinarian-In-Charge Effective Date of July 1, 2014

Inspection Points	*Possible Action
11 – 15 points	Confidential Consent Agreement
16 points or more	Pre-hearing consent order; monetary penalty of \$250

*Violations found during a required re-inspection may subject the establishment and the veterinarian-in-charge to additional action by the Board.

VIRGINIA BOARD OF VETERINARY MEDICINE

Protocol to follow upon discovery of a loss or theft of drugs

Guidance

Whenever a theft or any other unusual loss of any controlled substance is discovered, the Veterinarian-in-Charge, or in his absence his designee, shall ~~is to~~ immediately report such theft or loss to all of the following:

1. Virginia Board of Veterinary Medicine in writing;
2. Virginia Board of Pharmacy in writing; and
3. U.S. Drug Enforcement Agency

The Boards of Veterinary Medicine and Pharmacy request written notification be sent via email, FAX or postal carrier. The Board recommends contacting local law enforcement. Reports to the DEA must be made in accordance with 21 C.F.R. § 1301.76(b).

If the Veterinarian-in-Charge is unable to determine the exact kind and quantity of the drug loss, he shall immediately make a complete inventory of all Schedules II through V drugs.

Reference

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

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

VIRGINIA BOARD OF VETERINARY MEDICINE**Position on Delegation of Dental Polishing and Scaling**

Dental prophylaxis is an important medical procedure used in preserving the health and preventing the spread of disease in companion animals. Dental polishing and scaling of teeth above the gum line (supragingival) by an unlicensed person may only be delegated by a veterinarian to his/her "properly trained assistant." The veterinarian is responsible for assuring his/her assistant is properly trained and remains responsible for the health and safety of the animal. ~~Injections involving anesthetic drugs or~~ Subgingival scaling shall not be delegated to an assistant.

ReferencesCode of Virginia**§ 54.1-3800. Practice of veterinary medicine.**

Any person shall be regarded as practicing veterinary medicine within the meaning of this chapter who represents himself, directly or indirectly, publicly or privately, as a veterinary doctor or uses any title, words, abbreviation or letters in a manner or under circumstances which may reasonably induce the belief that the person using them is qualified to practice veterinary medicine.

Any person shall be deemed to be practicing veterinary medicine who performs the diagnosis, treatment, correction, change, relief or prevention of animal disease, deformity, defect, injury, or other physical or mental conditions; including the performance of surgery or dentistry, the prescription or administration of any drug, medicine, biologic, apparatus, application, anesthetic, or other therapeutic or diagnostic substance or technique, and the use of any manual or mechanical procedure for embryo transfer, for testing for pregnancy, or for correcting sterility or infertility, or to render advice or recommendation with regard to any of the above.

Nothing in this chapter shall prohibit persons permitted or authorized by the Department of Game and Inland Fisheries to do so from providing care for wildlife as defined in § 29.1-100, provided that the Department determines that such persons are in compliance with its regulations and permit conditions.

§ 54.1-3806. Licensed veterinary technicians.

~~The Board may license veterinary technicians to perform, in the employ of a person licensed to practice veterinary medicine and under his immediate and direct supervision and control, acts relating to maintenance of the health of or treatment of any animal. A person licensed as a veterinary technician~~

may not receive compensation for such acts other than such salary as he may be paid by the employing veterinarian. No person licensed as a veterinary technician may perform surgery, diagnose or prescribe medication for any animal.

The Board may license a veterinary technician to perform acts relating to the treatment or the maintenance of the health of any animal under the immediate and direct supervision of a person licensed to practice veterinary medicine in the Commonwealth or a veterinarian who is employed by the United States or the Commonwealth while actually engaged in the performance of his official duties. No person licensed as a veterinary technician may perform surgery, diagnose, or prescribe medication for any animal.

Regulations

18VAC150-20-10. Definitions.

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

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

18VAC150-20-140. Unprofessional conduct.

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

7. Practicing veterinary medicine or as an equine dental technician in such a manner as to endanger the health and welfare of his patients or the public, or being unable to practice veterinary medicine or as an equine dental technician with reasonable skill and safety.

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.

18VAC150-20-172. Delegation of duties.

A. A licensed veterinarian may delegate the administration (including by injection) of schedule VI drugs to a properly trained assistant under his immediate and direct supervision. The prescribing veterinarian has a specific duty and responsibility to determine that the assistant has had adequate training to safely administer the drug in a manner prescribed. Injections involving anesthetic or chemotherapy drugs, subgingival sealing, or the placement of intravenous catheters shall not be delegated to an assistant.

B. Additional tasks which may be delegated by a licensed veterinarian to a properly trained assistant include but are not limited to the following:

8. Dental polishing and sealing of teeth above the gum line (supragingival);

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

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

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

1. Grooming;

2. Feeding;

3. Cleaning;

4. Restraining;

5. Assisting in radiology;

6. Setting up diagnostic tests;

7. Prepping a patient or equipment for surgery;

8. Dental polishing and scaling of teeth above the gum line (supragingival);

9. Drawing blood samples; or

10. Filling of Schedule VI prescriptions under the direction of a veterinarian licensed in Virginia.

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

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

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

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

VIRGINIA BOARD OF VETERINARY MEDICINE

Duties of an Unlicensed Veterinary Assistant

Applicable Regulations

Regulations

18VAC150-20-172. Delegation of duties.

~~A. A licensed veterinarian may delegate the administration (including by injection) of schedule VI drugs to a properly trained assistant under his immediate and direct supervision. The prescribing veterinarian has a specific duty and responsibility to determine that the assistant has had adequate training to safely administer the drug in a manner prescribed. Injections involving anesthetic or chemotherapy drugs, subgingival sealing, or the placement of intravenous catheters shall not be delegated to an assistant.~~

~~B. Additional tasks which may be delegated by a licensed veterinarian to a properly trained assistant include but are not limited to the following:~~

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

~~C. A licensed veterinarian may delegate duties electronically to appropriate veterinary personnel provided the veterinarian has physically examined the patient within the previous 36 hours.~~

~~D. Animal massage or physical therapy may be delegated by a veterinarian to persons qualified by training and experience by an order from the veterinarian.~~

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

18VAC150-20-172. Delegation of duties.

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

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

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

1. Grooming;

2. Feeding;

3. Cleaning;

4. Restraining;

5. Assisting in radiology;

6. Setting up diagnostic tests;

7. Prepping a patient or equipment for surgery;

8. Dental polishing and scaling of teeth above the gum line (supragingival);

9. Drawing blood samples; or

10. Filling of Schedule VI prescriptions under the direction of a veterinarian licensed in Virginia.

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

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

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

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

~~D. All drugs shall be maintained in a secured manner with precaution taken to prevent diversion.~~

~~1. All Schedule II through V drugs shall be maintained under lock at all times, with access to the veterinarian or veterinary technician only, but not to any unlicensed personnel.~~

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

1. In a stationary establishment, the general stock of Schedules II through V drugs shall be stored in a securely locked cabinet or safe that is not easily movable.

2. The establishment may also have a working stock of Schedules II through V drugs that shall be kept in (i) a securely locked container, cabinet, or safe when not in use or (ii) direct possession of a veterinarian or veterinary technician. A working stock shall consist of only those drugs that are necessary for use during a normal business day or 24 hours, whichever is less.

3. Whenever the establishment is closed, all general and working stock of Schedules II through V drugs and any dispensed prescriptions that were not delivered during normal business hours shall be securely stored as required for the general stock.

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

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

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

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

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

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

Guidance

Question: May an unlicensed assistant induce anesthesia?

Response: A licensed veterinarian may delegate to an unlicensed assistant the prepping of an animal for surgery. Surgery prepping includes clipping, scrubbing and attaching monitoring equipment. It does not include sedating an animal, intubation or induction of anesthesia. During surgery, an unlicensed assistant under the direction of a licensed veterinarian may adjust dials on gas-flow or drip anesthesia equipment.

Question: May an unlicensed assistant access Schedule II – V drugs?

Response: An unlicensed assistant may not have access to Schedule II, III, IV and V drugs to inventory, prepare, administer or dispense the drugs. An unlicensed assistant may receive and open packages with unknown contents that may potentially contain Schedule II – V drugs. However, once it is determined

that the contents include Schedule II, III, IV or V drugs, the handling of the package contents must be turned over to a license veterinarian or licensed veterinary technician.

VIRGINIA BOARD OF VETERINARY MEDICINE

Chiropractic and Acupuncture Care

Applicable Law:

§ 54.1-3800. Practice of veterinary medicine.

Any person shall be regarded as practicing veterinary medicine within the meaning of this chapter who represents himself, directly or indirectly, publicly or privately, as a veterinary doctor or uses any title, words, abbreviation or letters in a manner or under circumstances which may reasonably induce the belief that the person using them is qualified to practice veterinary medicine.

Any person shall be deemed to be practicing veterinary medicine who performs the diagnosis, treatment, correction, change, relief or prevention of animal disease, deformity, defect, injury, or other physical or mental conditions; including the performance of surgery or dentistry, the prescription or administration of any drug, medicine, biologic, apparatus, application, anesthetic, or other therapeutic or diagnostic substance or technique, and the use of any manual or mechanical procedure for embryo transfer, for testing for pregnancy, or for correcting sterility or infertility, or to render advice or recommendation with regard to any of the above.

Nothing in this chapter shall prohibit persons permitted or authorized by the Department of Game and Inland Fisheries to do so from providing care for wildlife as defined in § 29.1-100, provided that the Department determines that such persons are in compliance with its regulations and permit conditions

Guidance:

The Board of Veterinary Medicine unanimously voted that chiropractic and acupuncture care performed on animals is the practice of veterinary medicine as defined by the Code of Virginia (§54.1-3800) and may not be delegated to anyone not licensed as a veterinarian. If these treatments are performed by anyone other than a licensed veterinarian, the person would be engaging in unlicensed practice.

VIRGINIA BOARD OF VETERINARY MEDICINE

Disposal of Deceased Animals

A veterinary establishment is required to have an acceptable method for disposal of deceased animals. Refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more is required. Disposal of a deceased animal must also be compliant with all local ordinances.

When a deceased animal is to be returned to its owner, the veterinarian or his/her designee should discuss with the owner preferences for the return of the animal to include type of container and/or wrapping.

In addition, the U.S. Fish and Wildlife Service's Secondary Pentobarbital Poisoning of Wildlife fact sheet provides information on which animals are affected, how to prevent accidental poisoning, and penalties for noncompliance. Questions on secondary poisoning of wildlife should be directed to the U.S. Fish and Wildlife Service, Office of Law Enforcement Resident Agent in Charge, at the Richmond District Office at 804-771-2883.

References

Regulations

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

A. Full-service establishments. A full-service establishment shall provide surgery and encompass all aspects of health care for small or large animals, or both. All full-service establishments shall meet the requirements set forth below:

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

b. Water and waste. There shall be on premises:

(2) An acceptable method of disposal of deceased animals; and

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

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

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

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

b. There shall be on-premises:

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

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

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

Other

Please review the Department of Environmental Quality's guidance documents at www.deq.virginia.gov related to the following:

- Waste Guidance Memo No. 03-2009: On-Site Burial of Routine Animal Mortality
- Waste Guidance Memo No. 02-2009: On-Site Composting of Routine Animal Mortality

VETERINARY ESTABLISHMENT INSPECTION REPORT **DRAFT**

Name of Facility	Date	Time	Inspection Hours
Street Address	Permit No <input type="checkbox"/> PENDING	Expiration Date	
Hours of Operation	City	State VIRGINIA	ZIP
Veterinarian-in-Charge	Phone No	Fax No	
Other Staff	License No	Expiration Date	
Type of Practice <input type="checkbox"/> Stationary <input type="checkbox"/> Ambulatory Type of Inspection <input type="checkbox"/> New <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Other (Describe)			

KEY: C = Compliant NC = Not Compliant NA = Not Applicable NR = Not reviewed R = Repeat violation from previous inspection

C	R	#	Major/Minor / Points	Law/Regulation	Description
		1	Minor 1 point	18VAC150-20-30(A)	<p>Licenses and Registrations</p> <p>All licenses and registrations issued by the board shall be posted in a place conspicuous to the public or available at the establishment where veterinary services are being provided. Licensees who do relief work in an establishment shall carry a license with them or post at the establishment. Ambulatory veterinary practices that do not have an office accessible to the public shall carry their licenses and registrations in their vehicles.</p> <p><u>Guidance</u> A license or registration is considered to be in a "place conspicuous to the public" when it is hung in an area that is easily accessed for review by the public. The original license or registration (not a photocopy) should be posted or available for inspection. Duplicate copies of a license can be obtained through the Board of Veterinary Medicine's office for a small fee.</p> <p>No person shall practice veterinary medicine or as a veterinary technician in this Commonwealth unless such person has been licensed by the Board.</p>
		2	Major 5 points	§ 54.1-3805	<p>Failure to renew an individual license shall cause a license to lapse and become invalid, and practice with a lapsed license may subject the licensee to disciplinary action by the board.</p> <p><u>Guidance</u> All individual licenses must be current. An expired license will be reported as a violation and documentation of practicing without a valid license will be obtained.</p>
		3	Major 5 points	18VAC150-20-70(A)	

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4	Major 5 points	18VAC150-20-185(B)	<p>All veterinary establishment registrations are current. Failure to renew a veterinary establishment permit shall cause the permit to lapse and become invalid.</p> <p><u>Guidance</u> An expired registration will be reported as a violation and documentation of practicing without a valid registration will be obtained. Reinspection required after registration has been expired for more than 30 days.</p>
5	Major 5 points	18VAC150-20-180(A)	<p>Veterinarian-in-Charge (VIC) Every veterinary establishment shall have a veterinarian-in-charge (VIC) who is registered with the Board in order to operate.</p> <p><u>Guidance</u> When there is a change in the VIC, an application for a new permit, 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 permit naming a new veterinarian-in-charge shall be filed as soon as possible but no more than 10 days after the change. Days are counted as calendar days.</p>
6	Major 5 points	18VAC150-20-181(A)(1)	<p>Veterinarian-in-Charge is responsible for regularly being on site as necessary to provide routine oversight to the veterinary establishment for patient safety and compliance with law and regulation.</p>
7	Major 5 points	18VAC150-20-181(A)(4)	<p>Prior to opening of the business, on the date of the change of VIC, the new VIC 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.</p>
8	Major 5 points	18VAC150-20-190(A)	<p>Requirements for drug storage, dispensing, destruction, and records for all veterinary establishments. All drugs shall be maintained, administered, dispensed, prescribed and destroyed in compliance with state and federal laws, which include § 54.1-33-3 of the Code of Virginia, the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia), applicable parts of the Federal Food, Drug, and Cosmetic Control Act (21 USC § 301 et seq.), the Prescription Drug Marketing Act (21 USC § 301 et seq.), and the Controlled Substances Act (21 § 801 et seq.) as well as applicable portions of Title 21 of the Code of Federal Regulations.</p>
9	Minor 1 point	18VAC150-20-190(B) § 54.1-3461 § 54.1-3462	<p><u>Guidance</u> This regulation incorporates by reference all applicable laws and regulations related to drug storage, dispensing, destruction and records. It is not cited as a violation if there is a specific violation identified in this section of the inspection report form.</p> <p>Repackaged tablets and capsules dispensed for companion animals are in approved safety closure containers, except safety caps are not required when the medication cannot be reasonably dispensed in such containers. A client requesting non-safety packaging shall be documented in the patient record.</p> <p><u>Guidance</u> When drugs are taken from a stock bottle and put into another container at the time of dispensing, the drugs are considered to be repackaged. As provided in § 54.1-3300, the definition of "dispense" means to deliver a drug to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling or compounding necessary to prepare the substance for delivery.</p>

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<p>10</p> <p>Major 5 points 2 points</p> <p>See guidance</p>	<p>18VAC150-20-190(C) § 54.1-3410</p>	<p>All drugs dispensed for companion animals shall be labeled with the following:</p> <ol style="list-style-type: none"> 1. Name and address of the facility; 2. First and last name of owner; 3. Animal identification and species; 4. Date dispensed; 5. Directions for use; 6. Name, strength (if more than one dosage form exists) and quantity of the drug; and 7. Name of the prescribing veterinarian. <p><u>Guidance</u></p> <p>For drugs that do not have a pharmaceutical insert, consider providing information to clients about drug reactions, interactions and side effects. An uninformed client may receive misinformation from friends or the internet regarding a drug. Points assigned: 5 points for no label; or 2 points for an incomplete label. Includes or first name of owner is new, non-compliance will be noted, but no violation will be cited for failure to include first name of the owner until January 1, 2019. All non-veterinary establishments registered after October 25, 2017, must comply with this requirement.</p> <p>All veterinary establishment shall maintain drugs in a secure manner with precaution taken to prevent theft or diversion. Only the veterinarian, veterinary technician, pharmacist, or pharmacy technician shall have access to Schedule II through V drugs with the exception provided in subdivision 6 of this subsection</p> <ol style="list-style-type: none"> 6. Access to drugs by unlicensed persons shall be allowed only under the following conditions: <ol style="list-style-type: none"> a. Animal is being kept at the establishment outside of the normal hours of operation, and a licensed practitioner is not present in the facility; b. The drugs are limited to those dispensed to a specific patient; and c. The drugs are maintained separately from the establishment's general drug stock and kept in such a manner so they are not readily available to the public. <p><u>Guidance</u></p> <p>Only personnel designated in the subsection shall have access to Schedule II, III, IV and V drugs. Drug stocks in establishments where keys and lock combinations are accessible to staff or the public (i.e. keys left in the lock, on a counter, hung on a hook, or combinations widely distributed or posted) are not considered secure. If the key or the combination is not secure, the drugs are not secure.</p> <p>Evaluate office procedures regularly and make adjustments to avoid future problems. Ask some important questions such as the following:</p> <ul style="list-style-type: none"> • Do procedures cover securing drugs from arrival at the establishment until administration to the patient or distribution to the client? • Is there a check and balance system to prevent the same person being responsible for the inventorying, ordering, receiving and paying for the drug shipment? • Are drugs that must be maintained in a secure manner ever stored in an unlocked refrigerator? • Are blank prescription pads lying around the office where anyone could tear one or more off? • Is there a check and balance system to detect possible theft or loss of drugs? <p>An unlicensed person may receive and open packages with unknown contents that may potentially contain drugs. However, once it is determined that the contents include Schedule II, III, IV or V drugs, the handling of the package contents must be turned over to the veterinarian, veterinary technician, pharmacist or pharmacy technician.</p> <p>Schedule II, III, IV or V drugs that require refrigeration must be kept in a locked refrigerator or in a locked container placed inside the refrigerator.</p> <p>The possession, administration, dispensing and disposing of Schedule II, III, IV and V drugs must be done in compliance with federal and state laws. All required documentation must be maintained at the location authorized to possess the drugs.</p>
<p>11</p> <p>Major 5 points</p>	<p>18VAC150-20-190(D)(6)</p>	<p><u>Guidance</u></p> <p>Only personnel designated in the subsection shall have access to Schedule II, III, IV and V drugs. Drug stocks in establishments where keys and lock combinations are accessible to staff or the public (i.e. keys left in the lock, on a counter, hung on a hook, or combinations widely distributed or posted) are not considered secure. If the key or the combination is not secure, the drugs are not secure.</p> <p>Evaluate office procedures regularly and make adjustments to avoid future problems. Ask some important questions such as the following:</p> <ul style="list-style-type: none"> • Do procedures cover securing drugs from arrival at the establishment until administration to the patient or distribution to the client? • Is there a check and balance system to prevent the same person being responsible for the inventorying, ordering, receiving and paying for the drug shipment? • Are drugs that must be maintained in a secure manner ever stored in an unlocked refrigerator? • Are blank prescription pads lying around the office where anyone could tear one or more off? • Is there a check and balance system to detect possible theft or loss of drugs? <p>An unlicensed person may receive and open packages with unknown contents that may potentially contain drugs. However, once it is determined that the contents include Schedule II, III, IV or V drugs, the handling of the package contents must be turned over to the veterinarian, veterinary technician, pharmacist or pharmacy technician.</p> <p>Schedule II, III, IV or V drugs that require refrigeration must be kept in a locked refrigerator or in a locked container placed inside the refrigerator.</p> <p>The possession, administration, dispensing and disposing of Schedule II, III, IV and V drugs must be done in compliance with federal and state laws. All required documentation must be maintained at the location authorized to possess the drugs.</p>

12	Major 5 points	18VAC150-20-190(D)(1)	<p>In a stationary establishment, the general stock of Schedule II through V drugs shall be stored in a securely locked cabinet or safe that is not easily movable.</p> <p>Guidance Requirement for a locked cabinet or safe that is not easily movable is new, non-compliance will be noted, but no violation will be cited for failure to have a locked cabinet or safe that is not easily movable until January 1, 2019. All new veterinary establishments registered after October 25, 2017, must comply with this requirement.</p> <p>The establishment may also have a working stock of Schedules II through V drugs that shall be kept in (i) a securely locked container, cabinet, or safe when not in use or (ii) direct possession of a veterinarian or veterinary technician. A working stock shall consist of only those drugs that are necessary for use during a normal business day or 24 hours, whichever is less.</p> <p>Guidance Working stock that is in use during a procedure or treatment must remain within eyesight and supervision of a veterinarian or veterinary technician at all times. Requirements related to working stock is new, non-compliance will be noted, but no violation will be cited for failure to maintain working stock for the regulatory requirements until January 1, 2019. All new veterinary establishments registered after October 25, 2017, must comply with this requirement.</p> <p>Whenever the establishment is closed, all general and working stock of Schedules II through V drugs and any dispensed prescriptions that were not delivered during normal business hours shall be securely stored as required for the general stock.</p> <p>Guidance Requirements related to working stock and dispensed prescriptions is new, non-compliance will be noted, but no violation will be cited for failure to maintain working stock per the regulatory requirements until January 1, 2019. All new veterinary establishments registered after October 25, 2017, must comply with this requirement.</p> <p>Prescriptions that have been dispensed and prepared for delivery shall be maintained under lock or in an area that is not readily accessible to the public and may be delivered to an owner by an unlicensed person, as designated by the veterinarian.</p> <p>Guidance Requirements related to dispensed prescriptions is new, non-compliance will be noted, but no violation will be cited for failure to maintain dispensed prescriptions per the regulatory requirements until January 1, 2019. All new veterinary establishments registered after October 25, 2017, must comply with this requirement.</p> <p>Whenever a theft of or any unusual loss of Schedule II through V drugs is discovered the VIC, or in his absence, his designee, shall immediately report such theft or loss to the Board of Veterinary Medicine and the Board of Pharmacy and to the DEA. The report to the boards shall in writing and sent electronically or by regular mail. The report the DEA shall be in accordance with 21 CFR 1301.76(b). If the VIC is unable to determine the exact kind and quantity of the drug loss. He shall immediately take a complete inventory of all Schedules II through V drugs.</p> <p>Guidance Whenever a theft or any other unusual loss of a controlled substance is discovered, the veterinarian-in-charge is required by state and federal laws and/or regulations to immediately report such theft or loss to all of the following:</p> <ol style="list-style-type: none"> 1. Virginia Board of Veterinary Medicine; 2. Virginia Board of Pharmacy; and 3. U.S. Drug Enforcement Administration. <p>The Boards of Veterinary Medicine and Pharmacy request written notification sent via email or letter. The Board of Veterinary Medicine recommends contacting local law enforcement. Reports to the DEA must be made in accordance with 21 C.F.R. § 1301.76(b). If the veterinarian-in-charge is unable to determine the exact kind and quantity of the drug loss, he shall immediately make a complete inventory of all Schedules II through V drugs.</p>
13	Major 5 points	18VAC150-20-190(D)(2)	
14	Major 5 points	18VAC150-20-190(D)(3)	
15	Major 5 points	18VAC150-20-190(D)(4)	
16	Major 3 points	18VAC150-20-190(D)(5)	

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17	Major 2 points	18VAC150-20-190(E)	<p>Schedules II through V shall be destroyed by (i) transferring the drugs to another entity authorized to possess or provide for proper disposal of such drugs or (ii) destroying the drugs in compliance with applicable local, state and federal laws and regulations. If Schedules II through V drugs are to be destroyed, a DEA drug destruction form shall be fully completed and used as the record of all drugs to be destroyed. A copy of the destruction form shall be retained at the veterinarian practice site with other inventory records.</p> <p>Guidance Inspectors will verify that Schedule II, III, IV and V drugs are properly destroyed in accordance with DEA requirements available at http://www.deadiversion.usdoj.gov/drug_of_cr/index.shtml</p> <p>Disposal of Controlled Substances A practitioner may dispose of out-of-date, damaged, or otherwise unusable or unwanted controlled substances, including samples, by transferring them to a registrant who is authorized to receive such materials. These registrants are referred to as "Reverse Distributors." The practitioner should contact the local DEA field office for a list of authorized Reverse Distributors. Schedule I and II controlled substances should be transferred via the DEA Form 222, while Schedule III-V compounds may be transferred via invoice. The practitioner should maintain copies of the records documenting the transfer and disposal of controlled substances for a period of two years. It is recommended that Schedule VI drugs be destroyed in the same manner as Schedule III-V drugs. Expired drugs may be considered adulterated drugs, may not be transferred or donated and must be destroyed as required by federal/state laws and regulations.</p> <p>The drug storage area has appropriate provision for temperature control for all drugs and biologics. If drugs requiring refrigeration are maintained at the facility, they shall be kept in a refrigerator with interior thermometer maintained between 36°F and 46°F. If a refrigerated drug is in Schedules II through V, the drug shall be kept in a locked container secured to the refrigerator, or the refrigerator shall be locked. Drugs stored at room temperature are maintained between 59°F and 86°F.</p> <p>Guidance Requirement for refrigerated Schedule II through V to be kept in a locked container secured to the refrigerator or in a locked refrigerator new, non-compliance will be noted, but no violation will be cited for failure to have secured storage for refrigerated Schedules II through V drugs until January 1, 2019. All new veterinary establishments registered after October 25, 2017, must comply with this requirement.</p> <p>The stock of drugs shall be reviewed frequently, and expired drugs shall be removed from the working stock of drugs at the expiration date and shall not be administered or dispensed.</p> <p>Guidance The expiration date on all drugs, including prepackaged stock, should be regularly checked and drugs that are expired shall be separated from working stock. A drug expires on the month, day and year listed on the container. If only a month and year are provided, drug expires on the last day of the month listed on container.</p> <p>Pursuant to the Code of Virginia, § 54.1-3401 defines "drug" to mean (i) articles or substances recognized in the official United States Pharmacopoeia National Formulary or official Homeopathic Pharmacopoeia of the United States, or any supplement to any of them; (ii) articles or substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or animals; (iii) substances intended for use as a component of any article specified in clause (i), (ii), or (iii); or (v) a biological product. A vaccine is considered to be a drug and removed from working stock once expired.</p> <p>Points assigned: 5 points for 6 or more expired drugs; or 4 points for 1-5 drugs expired 60 days or more; or 3 points for 1-5 drugs expired less than 60 days. If expired drugs are found in both less than 60 days or more than 60 day categories, the higher point value of 4 is assigned.</p>
18	Major 2 points	18VAC150-20-190(F)	
19	Major 5 points 4 points 3 points See guidance	18VAC150-20-190(G)	

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20	Major 5 points 3 points See guidance	18VAC150-20-190(H) § 54.1-3404	<p>A distribution record shall be maintained in addition to the patient's record, in chronological order, for the administering and dispensing of Schedules II through V drugs. The distribution record shall include the following:</p> <ol style="list-style-type: none"> 1. Date of transaction. 2. Drug name, strength, and the amount dispensed, administered and wasted. 3. Owner and animal identification, and 4. Identification of the veterinarian authorizing the administration or dispensing of the drug. <p><u>Guidance</u> The veterinarian's initials are acceptable to meet the requirement of "identification of the veterinarian." The Board recommends that a veterinary establishment maintain a signature list of all employees in the veterinary establishment. The list should contain the individual's printed name, signature and initials. When a veterinarian with a veterinary establishment registration uses the surgery facilities of another veterinary establishment, the drug distribution log(s) must clearly reveal whose controlled substances were used for what purpose. If the facility's stock is used, the hospital log must show that the surgery was performed by a visiting veterinarian who has the patient record and a record of administration shall be maintained at the facility. If the visiting veterinarian uses his own stock of drugs, he must make entries in his own log and patient records and shall leave a copy of the record at the veterinary establishment where the surgery was performed. Points assigned: 5 points for no record, or 3 points for incomplete record or records not maintained in chronological order. Original invoices for all Schedules II through V drugs received shall be maintained in chronological order on the premises where the stock of drugs is held and the actual date of receipt shall be noted. All drug records shall be maintained for a period of three years from the date of transaction.</p>
21	Major 5 points 3 points See guidance	18VAC150-20-190(I) § 54.1-3404	<p><u>Guidance</u> The original invoices, not copies, need to be filed in chronological order. Do not file the invoices by supplier, by drug or any other filing method other than in chronological order. Points assigned: 5 points for no record or a record not maintained for three years; or 3 points for an incomplete record. Requirement to maintain records for three years is new, non-compliance will be noted, but no violation will be cited for failure to maintain records for three years until January 1, 2019. A violation will be cited if records are not maintained for two years as previously required. All new veterinary establishments registered after October 25, 2017, must comply with this requirement. A complete and accurate inventory of all Schedules II through V drugs shall be taken, dated, and signed on any date which is within two years of the previous biennial inventory. The biennial inventory: 1. Must have the drug strength specified. 2. Shall indicate if it was taken at the opening or closing of business. 3. Shall be maintained on premises where the drugs are held for two years from the date of taking the inventory.</p>
22	Major 5 points 3 points See guidance	18VAC150-20-190(J) § 54.1-3404	<p><u>Guidance</u> The inventory must be taken on any date which is within two years of the previous inventory, but may be taken more often. The purpose of indicating whether the biennial inventory was taken at the opening or closing of business is to determine whether the drugs received or used on the day of the inventory should be counted, if a drug audit is conducted. Expired Schedule II through V drugs that are removed from working stock but still on premises during a biennial inventory must be counted. The performance of the biennial inventory may be delegated to another licensee, provided the VTC signs and dates the inventory and remains responsible for its content and accuracy. Points assigned: 5 points if inventory not done within two years of the previous inventory and/or is missing required information; or 3 points if the inventory is only missing required information.</p>

<p>23</p> <p>Major 5 points 3 points</p> <p>See guidance</p>	<p>18VAC150-20-190(K)</p>	<p>Inventories and records, including original invoices, of Schedule II drugs shall be maintained separately from all other records, and the establishment shall maintain a continuous inventory of all Schedule II drugs received, administered, or dispensed, with reconciliation at least monthly. Reconciliation requires an explanation noted on the inventory for any difference between the actual physical count and the theoretical count indicated by the distribution records. A continuous inventory shall accurately indicate the physical count of each Schedule II drug in the general and working stocks at the time of performing the inventory.</p> <p>Guidance Points assigned: 5 points if inventory not done monthly and/or is missing required information; or 3 points if the inventory is only missing required information. Requirements related to monthly reconciliation of Schedule II drugs is new. Non-compliance will be noted, but no violation will be cited for failure to meet monthly reconciliation requirements until January 1, 2019. A violation will be cited if original invoices are not maintained separately from other records as previously required. All new veterinary establishments registered after October 25, 2017, must comply with this requirement.</p> <p>If a limited stationary or ambulatory practice uses the facilities of another veterinary establishment, the drug distribution log shall clearly reveal whose Schedules II through V drugs were used. If the establishment's drug stock is used, the distribution record shall show that the procedure was performed by a visiting veterinarian who has the patient record. If the visiting veterinarian uses his own stock of drugs, he shall make entries in his own distribution record and in the patient record and shall leave a copy of the patient record at the other establishment.</p> <p>Guidance Points assigned: 5 points for no record; or 3 points for incomplete record(s).</p>
<p>24</p> <p>Major 5 points 3 points</p> <p>See guidance</p>	<p>18VAC150-20-190(M)</p>	<p>Bulk Reconstitution of Injectable, Bulk Compounding or Prepackaging Veterinary establishments in which bulk reconstitution of injectable, bulk compounding or the prepackaging of drugs is performed shall maintain adequate control records for a period of one year or until the expiration whichever is greater.</p> <p>Reconstitution, compounding and prepackaging records shall show the following:</p> <ol style="list-style-type: none"> 1. Name of the drugs used; 2. Strength, if any; 3. Date repackaged; 4. Quantity prepared; 5. Initials of the veterinarian verifying the process; 6. Assigned lot or control number; 7. Manufacturer's or distributor's name and lot or control number; and 8. Expiration date <p>Guidance When drugs are taken from a stock bottle and put into another container prior to prescribing in anticipation of future dispensing, the drugs are considered to be prepackaged. Dispensing, labeling and recordkeeping requirements must be followed when prepackaging drugs.</p> <p>Transferring drugs to another container can affect the stability of the product. Expiration dates play an important role in maintaining the stability of a drug. The expiration date for a drug prepackaged is the same as the original stock bottle or is one year from the date of transfer whichever is less. It is best practice to store drugs under conditions which meet the United States Pharmacopeia and the National Formulary (USP-NF) specifications or manufacturers' suggested storage for each drug.</p>
<p>25</p> <p>Major 2 points</p>	<p>18VAC150-20-190(L)</p>	<p>Patient/Medical Recordkeeping All veterinary establishments must have storage for records.</p>
<p>26</p> <p>Major 2 points</p>	<p>18VAC150-20-200(A)(6)(D)</p>	<p>Patient/Medical Recordkeeping All veterinary establishments must have storage for records.</p>

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27	Major 5 points 3 points See guidance	18VAC150-20-195(A)	<p>A legible, daily record of each patient treated shall be maintained at the veterinary establishment and shall include at a minimum:</p> <ol style="list-style-type: none"> 1. Name of the patient and the owner; 2. Identification of the treating veterinarian and of the person making the entry (initials may be used if a master list that identifies the initials is maintained.); 3. Presenting complaint or reason for contact; 4. Date of contact; 5. Physical examination findings; 6. Tests and diagnostics performed and results; 7. Procedures performed, treatment given, and results; 8. Drugs administered, dispensed or prescribed, including quantity, strength and dosage, and route of administration. For vaccines identification of the lot and manufacturer shall be maintained; 9. Radiographs or digital images clearly labeled with identification of the establishment the patient name, date taken, and anatomic specificity. If an original radiograph or digital image is transferred to another establishment or released to the owner, a records of this transfer or release shall be maintained on or with the patient's records; and 10. Any specific instructions for discharge or referrals to other practitioners. <p>Guidance A medical record should be kept in a problem-oriented (Subjective, Objective, Assessment and Plan referred to as SOAP) format that allows any veterinarian, by reading the record, to proceed with the proper treatment and care of the animal and allow the Board or other agency to determine the advice and treatment recommended and performed by the practitioner. If an animal is hospitalized, an abbreviated version of the SOAP, including an assessment of the patient's progress and condition should be added to the record daily.</p> <p>The use of preprinted forms, stamps, or stickers is encouraged. Standardized medical abbreviations may be used to make recordkeeping. Handwritten records must be legible to be useful. If the veterinarian discovers that the record is incomplete or in error, the veterinarian may amend the record, being sure to date and initial when the amendment was made. Each record entry should be dated and identify the person making the entry.</p> <p>Points assigned: 5 points for no records; or 3 points for only missing required information. Requirement for documenting discharge and referrals is new; non-compliance will be noted, but no violation will be cited for failure to document discharge and referral information until January 1, 2019. A violation will be cited for other recordkeeping requirements as previously required. All new veterinary establishments registered after October 25, 2017, must comply with this requirement.</p> <p>An individual record shall be maintained on each patient, except that records for economic animals or litters of companion animals under the age of four months may have records maintained on a per owner basis. Patient records, including radiographs or digital images, shall be kept for a period of three years following the last office visit or discharge of such animal from a veterinary establishment.</p> <p>Guidance Points assigned: 3 points if individual records not maintained on each patient; and/or 1 point if records not maintained for required time period.</p>
28	Major/ Minor 3 points 1 point See guidance	18VAC150-20-195(B)	<p>Guidance Points assigned: 3 points if individual records not maintained on each patient; and/or 1 point if records not maintained for required time period.</p>
29	Major 2 points	18VAC150-20-195(C)	<p>An initial rabies certificate for an animal receiving a primary rabies vaccination shall clearly display the following information: "An animal is not considered immunized for at least 28 days after the initial or primary vaccination is administered."</p> <p>Guidance The best practice is to include this statement on all rabies vaccination certificates to ensure compliance.</p>

		<p>STANDARDS FOR VETERINARY ESTABLISHMENTS Stationary Establishments</p> <ul style="list-style-type: none"> ◦ Open 24 hours a day: Inspect Parts A, B, C, H, I, K, L, M ◦ Open less than 24 a day <ul style="list-style-type: none"> ◦ With Surgery: Inspect Parts A, B, D, H, I, J, K, L, M ◦ Without Surgery: Inspect Parts A, B, D, H, I, J, K, L, M <p>Ambulatory</p> <ul style="list-style-type: none"> ◦ Agricultural or Equine: Inspect Parts A, E, F, I, J, L, M ◦ House Call or Proceduralist: Inspects Parts A, E, G, J, L, M ◦ Mobile Service with Surgical Suite: Inspect Parts A, E, H, J, K, L, M ◦ Mobile Service without Surgical Suite: Inspect Parts A, E, H, I, J, K, L, M <p>Part A: All Veterinary Establishments</p> <p>When there is a veterinary preceptor or extern practicing in the establishment, the supervising veterinarian shall disclose such practice to owners. The disclosure shall be by signage clearly visible to the public or by inclusion on an informed consent form.</p> <p>Part B: All Stationary Veterinary Establishments</p> <p>A separate establishment registration is required for separate practices that share the same location.</p>
30	Minor 1 point 18VAC150-20-130(C)	
31	Major 5 points 18VAC150-20-200(D)	
32	Minor 1 point 18VAC150-20-200(C)	<p>When the scope of practice is less than full service, a specifically limited [stationary] establishment registration shall be required. Such establishments shall have posted in a conspicuous manner the specific limitations on the scope of practice on a form provided by the board.</p> <p>Guidance</p> <p>The registration will include any limitations and will be considered the "form provided by the board." A registration is considered to be in a "place conspicuous to the public" when it is hung in an area that is easily accessed and read by the public. The original license or permit (not a photocopy) should be posted or available for inspection. Duplicate copies of a registration can be obtained through the Board of Veterinary Medicine's office for a small fee. Any license or permit that is expired will be reported and documentation of practicing without a valid license or permit will be obtained.</p> <p>Part C: Stationary Veterinary Establishments – Open 24 hours/day</p> <p>A stationary establishment that is open to the public 24 hours a day shall have licensed personnel on premises at all times and shall be equipped to handle emergency critical care and hospitalization. The establishment shall have radiology/imaging and laboratory services available on site.</p> <p>Guidance</p> <p>The reference to "licensed personnel" means a veterinarian or veterinary technician which are licensees of the Board of Veterinary Medicine.</p>
33	Major 5 points 18VAC150-20-200(B)(1)	
34	Minor 3 points 1 point See guidance 18VAC150-20-200(B)(2) § 54.1-3806.1	<p>Part D: Stationary Veterinary Establishments – Open Less than 24 hours/day</p> <p>A stationary establishment that is not open to the public 24 hours a day shall have licensed personnel available during its advertised hours of operation and shall disclose to the public that the establishment does not have continuous staff in compliance with § 54.1-3806.1 of the Code of Virginia.</p> <p>Guidance</p> <p>The Disclosure form cannot be printed on the front or back of another document. It can be smaller than a standard piece of paper.</p> <p>Points assigned: 3 points for missing form; and/or 1 point if form not compliant.</p>
35	Major 5 points 18VAC150-20-201(D)	<p>Part E: All Ambulatory Veterinary Establishments</p> <p>A separate establishment registration is required for separate practices that share the same location.</p>

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			Part II: Ambulatory Veterinary Establishments - Agricultural and Equine Establishments
36	Major 5 points	18VAC150-20-201(A)	An agricultural or equine ambulatory establishment is a mobile practice in which health care is performed at the location of the animal. Surgery may be performed as part of an agricultural or equine ambulatory practice provided the establishment has surgical supplies, instruments, and equipment commensurate with the kind of surgical procedures performed.
			Part G: Ambulatory Veterinary Establishments - House Call or Proceduralist Establishment
37	Major 5 points	18VAC150-20-200(B)	A house call or proceduralist establishment is an ambulatory practice in which health care of small animals is performed at the residence of the owner of the small animal or another establishment registered by the board. A veterinarian who has established a veterinarian-owner-patient relationship with an animal at the owner's residence or at another registered veterinary establishment may also provide care for that animal at the location of the animal.
38	Major 5 points	18VAC150-20-200(B)(1)	A house call or proceduralist practice may only perform surgery in a surgical suite at a registered establishment that has passed inspection. However, surgery requiring only local anesthetics may be performed at a location other than in a surgical suite. Guidance The locations where surgeries are performed should be maintained for the inspector's review. The house call or proceduralist practice is compliant if the surgery suite used was inspected and part of another registered veterinary establishment.
			Part H: Buildings and Grounds
39	Major 2 points	18VAC150-20-200(A)(1)	Buildings and ground must be maintained to provide sanitary facilities for the care and medical well-being of patients.
40	Minor 1 point	18VAC150-20-200(A)(1)(a)	Temperature, ventilation, and lighting must be consistent with the medical well-being of patients. Guidance A mobile service establishment shall meet this requirement.
41	Minor 1 point	18VAC150-20-200(A)(1)(b)(1)	There shall be on premises hot and cold running water of drinking quality, as defined by the Virginia Department of Health. Guidance A mobile service establishment is required to have access to hot and cold running water for use by the veterinary personnel.
42	Minor 1 point	18VAC150-20-200(A)(1)(b)(2)	There shall be on premises an acceptable method of disposal of deceased animals, in accordance with any local ordinance or state and federal regulations. Guidance A mobile service establishment shall meet this requirement if appropriate to the services provided.
43	Minor 1 point	18VAC150-20-200(A)(1)(b)(3)	There shall be on premises refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more. Guidance A mobile service establishment shall meet this requirement if appropriate to the services provided.
44	Minor 1 point	18VAC150-20-200(A)(1)(c)	A mobile service establishment shall meet this requirement if appropriate to the services provided. Sanitary toilet and lavatory shall be available for personnel and owners. Guidance A mobile service establishment is compliant if access to a sanitary toilet and lavatory is available in a nearby building.
45	Minor 1 point	18VAC150-20-200(A)(2)(a)	The areas within the facility shall include a reception area separate from other designated rooms. Guidance A mobile service establishment may have reception area outside of the unit or inside a nearby building.

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46	Minor 1 point	18VAC150-20-200(A)(2)(b)	The areas within the facility shall include an examination room or rooms containing a table or tables with nonporous surfaces. Guidance A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.
47	Minor 1 point	18VAC150-20-200(A)(2)(c)	Part I: Establishments Performing Surgery The areas within the facility shall include a room that is reserved only for surgery and used for no other purpose.
48	Minor 1 point	18VAC150-20-200(A)(2)(c)(1)	The surgery room shall have walls constructed of nonporous material and extending from the floor to ceiling.
49	Minor 1 point	18VAC150-20-200(A)(2)(c)(2)	The surgery room shall be of a size adequate to accommodate a surgical table, anesthesia support equipment, surgical supplies, and all personnel necessary for safe performance of the surgery.
50	Minor 1 point	18VAC150-20-200(A)(2)(c)(3)	The surgery room shall be kept so that storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures. Guidance Items that are not normally related to surgery may not be stored in the surgery room. Dentistry can include surgical procedures (for example: extractions, fistula repair, subgingival cleaning, etc.) Therefore, dental units may be stored and used in a surgery room. It is recommended that dental procedures, which are often considered contaminated procedures, be scheduled after sterile surgical procedures scheduled on the same day. The surgery suite should be cleaned and disinfected after contaminated procedures such as dentistry.
51	Minor 1 point	18VAC150-20-200(A)(2)(c)(4)	The surgery room shall have a surgical table made of non-porous material.
52	Minor 1 point	18VAC150-20-200(A)(2)(c)(5)	The surgery room shall have surgical supplies, instruments, and equipment commensurate with the kind of services provided.
53	Minor 1 point	18VAC150-20-200(A)(2)(c)(6)	The surgery room shall surgical and automatic emergency lighting to facilitate performance of procedures. Guidance Section 150-20-10 of the <i>Regulations Governing the Practice of Veterinary Medicine</i> defines "automatic emergency lighting" to mean lighting which is powered by battery, generator, or alternate power source other than electrical power, is activated automatically by electrical power failure, and provides sufficient light to complete surgery or to stabilize the animal until surgery can be continued or the animal moved to another establishment.
54	Minor 1 point	18VAC150-20-200(A)(2)(c)(7)	The surgery room for establishments that perform surgery on small animals, have a door to close off the surgery room from other areas of the practice.
55	Minor 1 point	18VAC150-20-180(A)(3)	Any addition or renovation of a stationary establishment or ambulatory establishment that involves changes to the structure or composition of a surgery room shall require reinspection by the board and payment of the required fee prior to use.
56	Major 5 points	18VAC150-20-200(A)(3)	Part J: Laboratory The veterinary establishment shall have, at a minimum, proof of use of either in-house laboratory service or outside laboratory services for performing lab tests, consistent with appropriate professional care for the species being treated. Guidance Stationary facilities open 24 hours a day are required to have onsite laboratory services. For all other veterinary establishments which may opt to use an outside laboratory service, a letter, email, or invoice may serve as documentation for compliance purposes.
57	Minor 1 point	18VAC150-20-200(A)(4)(a)	Part K: Housing For housing animals, the establishment shall provide an animal identification system at all times when housing an animal.

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58	Minor 1 point	18VAC150-20-200(A)(4)(b)	For housing animals, the establishment shall provide accommodations of appropriate size and construction to prevent residual contamination or injury. A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.
59	Minor 1 point	18VAC150-20-200(A)(4)(c)	For housing animals, the establishment shall provide accommodations allowing for the effective separation of contagious and noncontagious patients.
60	Minor 1 point	18VAC150-20-200(A)(4)(d)	For housing animals, the establishment shall provide exercise areas that provide and allow effective separation of animals or walking the animals at medically appropriate intervals.
Part I: Radiology			
61	Minor 1 point	18VAC150-20-200(A)(5)	A veterinary establishment shall either have radiology service in-house or documentation of outside service for obtaining diagnostic-quality radiographs.
62	Major 5 points	18VAC150-20-200(A)(5)(a)	Guidance Stationary facilities open 24 hours a day are required to have onsite radiology/imaging services. For all other veterinary establishments which may opt to use an outside radiology/imaging service, a letter, email, or notice may serve as documentation for compliance purposes. If radiology is in-house, the establishment shall document that radiographic equipment complies with Part VI (12VAC5-481-1581 et seq.), Use of Diagnostic X-Rays in the Healing Arts, of the Virginia Radiation Protection Regulations of the Virginia Department of Health.
63	Major 5 points	18VAC150-20-200(A)(5)(b)	Guidance Dental units are considered to be radiographic equipment. If radiology is in-house, maintain and utilize lead aprons and gloves and individual radiation exposure badges for each employee exposed to radiographs. A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.
Part M: Minimum Equipment			
64	Minor 1 point	18VAC150-20-200(A)(6)(a)	Minimum equipment in the establishment shall include an appropriate method of sterilizing instruments.
65	Minor 1 point	18VAC150-20-200(A)(6)(b)	Guidance Veterinary establishments must have an appropriate method of sterilizing instruments. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided. Minimum equipment in the establishment shall include internal and external sterilization monitors.
66	Minor 1 point	18VAC150-20-200(A)(6)(c)	Guidance Veterinary establishments must have an appropriate method for internal and external sterilization monitoring. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided. Minimum equipment in the establishment shall include a stethoscope.
67	Minor 1 point	18VAC150-20-200(A)(6)(d)	Minimum equipment in the establishment shall include equipment for delivery of assisted ventilation appropriate to the species being treated, including endotracheal tubes. Guidance Ambulatory agricultural/equine and house call/proceduralist veterinary establishment are exempt from meeting the requirements for assisted ventilation. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided.

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68	Minor 1 point	18VAC150-20-200(A)(6)(e)	Minimum equipment in the establishment shall include adequate means of determining patient's weight. Guidance Veterinary establishments must have an appropriate method of sterilizing instruments. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided.
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POINT TOTAL

Violations cited during last and current inspections are repeat violations and receive double the assigned point value)

Current Inspection Point Total	
Repeat Violation Point Total	
Total Points	

COMMENTS:

This animal facility has been inspected by an inspector of the Department of Health Professions. I acknowledge that the conditions that have been deemed by the inspector as not being in compliance have been explained to me and that I have received a copy of the inspection report.

Immediate correction is expected for any conditions reported on this inspection report that may constitute a violation of the statutes and regulations governing veterinary medicine.

A copy of this inspection report will be reviewed by the Board of Veterinary Medicine office. If it is discovered that any of the deficiencies warrant further Board action, then I will be notified, and a reinspection may be conducted.

Signature of Inspector

Date

(Revised 02/13)

Signature of Person Receiving Inspection Report

Date

Criteria for this report:

License Status = Current Active, Current Inactive, Probation - Current Active, Adverse Findings - Current Active, Current Active-RN Privilege and Expiration Date >= Today or is null.

License Count Report for Veterinary Medicine

Board	Occupation	State	License Status	License Count
Veterinary Medicine				
Equine Dental Technician				
	Equine Dental Technician	Virginia	Current Active	17
	Equine Dental Technician	Out of state	Current Active	9
	Total for Equine Dental Technician			26
Veterinarian				
	Veterinarian	Virginia	Current Active	3,152
	Veterinarian	Virginia	Current Inactive	48
	Veterinarian	Virginia	Probation - Curre	1
	Veterinarian	Out of state	Current Active	935
	Veterinarian	Out of state	Current Inactive	233
	Total for Veterinarian			4,369
Veterinary Establishment - Full Service				
	Veterinary Establishment - Full Service	Virginia	Current Active	763
	Veterinary Establishment - Full Service	Out of state	Current Active	11
	Total for Veterinary Establishment - Full Service			774
Veterinary Establishment - Restricted				
	Veterinary Establishment - Restricted	Virginia	Current Active	333
	Veterinary Establishment - Restricted	Out of state	Current Active	14
	Total for Veterinary Establishment - Restricted			347
Veterinary Technician				
	Veterinary Technician	Virginia	Current Active	1,870
	Veterinary Technician	Virginia	Current Inactive	39
	Veterinary Technician	Out of state	Current Active	260
	Veterinary Technician	Out of state	Current Inactive	25
	Total for Veterinary Technician			2,194
Total for Veterinary Medicine				7,710

Virginia Department of Health Professions
Cash Balance
As of September 30, 2017

	<u>106- Veterinary Medicine</u>
Board Cash Balance as June 30, 2017	\$ 724,593
YTD FY18 Revenue	30,440
Less: YTD FY18 Direct and Allocated Expenditures	<u>272,645</u>
Board Cash Balance as September 30, 2017	<u><u>\$ 482,388</u></u>



Thu 10/12/2017 7:05 PM

Virginia Board of Veterinary Medicine <vetbd@dhp.virginia.gov>

Regulatory Changes from Periodic Review

To: Knache, Leslie (D-HE)

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Board of Veterinary
Medicine

Board of Veterinary Medicine

Regulatory Changes from Periodic Review

Effective October 25, 2017

Regulations Governing the Practice of Veterinary Medicine

A periodic review of the *Regulations Governing the Practice of Veterinary* which started in December 2015 will become effective on **October 25, 2017**. For more information, please review the following:

To review the final *Regulations Governing the Practice of Veterinary Medicine* (effective 10/25/17) [CLICK HERE](#)

To review the specific changes made to the *Regulations Governing the Practice of Veterinary Medicine* (effective 10/25/17) which include the new sections (underlined) and the deleted sections (~~strikeouts~~) [CLICK HERE](#)

Veterinary Establishments

There are significant changes to Part V, **Veterinary Establishments** including new veterinary establishment categories. However, each veterinary establishment will renew its registration as currently categorized, full service or restricted. Over the next year, veterinary establishments will be re-categorized as stationary or ambulatory. Additional information about the re-categorization process will be sent in January 2018. Guidance Document 76-21.2.1: *Veterinary Establishment Inspection Report* will be updated and posted to the website on October 25, 2017. The updated inspection report form identifies new items for which non-compliance will be noted, but no violation cited until January 1, 2019.

All affected guidance documents will be updated and posted to the Board's website on October 25, 2017.

Questions may be directed to vetbd@dhp.virginia.gov

Website: [Board of Veterinary Medicine](#)