

February 11, 2022
Training Room 1
1:00 p.m.

Agenda
Virginia Board of Veterinary Medicine
Inspection Committee Meeting

Call to Order – Tregel Cockburn, DVM, Chair

Page 1

- Welcome and Roll Call
- Emergency Egress Procedures
- Introductions
- Mission Statement

Ordering of Agenda – Dr. Cockburn

Public Comment – Dr. Cockburn

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

Approval of Minutes – Dr. Cockburn

Pages 2-3

May 19, 2021 – Committee Meeting

Discussion Items – Dr. Cockburn/Kelli Moss

Pages 4-14

- Review of the definition of agricultural or equine ambulatory practice (page 4)
- Medical recordkeeping for agricultural animals (page 5)
- Review of draft guidance document for veterinarian-in-charge (pages 6-12)
- Initial and Routine Inspection Requirements (pages 13-14)

New Business – Dr. Cockburn

Next Meeting – Ms. Moss

Meeting Adjournment – Dr. Cockburn

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

MISSION STATEMENT

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

**VIRGINIA BOARD OF VETERINARY MEDICINE
VETERINARY ESTABLISHMENT INSPECTIONS COMMITTEE
MEETING MINUTES
May 19, 2021**

TIME AND PLACE	A virtual meeting via Webex of the Veterinary Establishment Inspections Committee (Committee) was called to order at 2:05 p.m.
PRESIDING OFFICER	Tregel Cockburn, DVM, Committee Chair (Virtual Participation)
COMMITTEE MEMBERS PARTICIPATING VIRTUALLY	Jason Bollenbeck, DVM, Virginia Medical Association of Virginia Bayard Rucker, DVM, Board Member Wendy Ashworth, DHP Senior Inspection
MEMBERS NOT PRESENT	Taryn Singleton, LVT
STAFF PARTICIPATING ONSITE	Leslie L. Knachel, Executive Director Celia Wilson, Disciplinary Case Specialist Heather Pote, Disciplinary Case Specialist Amy Davis, Executive Assistant
STAFF PARTICIPATING VIRTUALLY	Elaine Yeatts, Senior Policy Analyst Melody Morton, Inspections Manager Anthony C. Morales, Licensing/Operations Manager
OTHERS PARTICIPATING VIRTUALLY	Katie Hellebush, Hellebush Consulting
CALL TO ORDER & QUORUM	Dr. Cockburn welcomed attendees and requested that Ms. Knachel take a roll call of the committee members present. With four members of the Committee present, a quorum was established. Dr. Cockburn read the Board’s mission statement.
ORDERING OF AGENDA	No changes were made to the agenda.
PUBLIC COMMENT	No public comment was received.
APPROVAL OF MINUTES	The minutes from the February 19, 2021, meeting were approved as presented.
DISCUSSION ITEMS	Guidance Document Review 150-12, Administration of Rabies Vaccination Ms. Knachel presented the changes made to Guidance Document 150-12 Administration of Rabies Vaccination and asked the Committee to consider recommending to the full board to approve the guidance document as presented.

The Committee and staff discussed the specific species that are required to have a certificate and recommended that another question and answer be added with this information.

Dr. Bollenbeck moved to recommend to the full board that Guidance Document 150-12, Administration of Rabies Vaccine be approved by the Committee with the amendment and forwarded to the full board for approval. The motion was seconded by Dr. Rucker.

A roll call vote was taken by Ms. Knachel. The motion carried with a unanimous aye vote.

Guidance Document 150-15 Disposition of Routine Inspection Violations

Ms. Knachel presented the changes made to Guidance Document 150-15 Disposition of Routine Inspection Violations and asked the Committee to consider recommending that the full board adopt with the amendments as presented.

Dr. Rucker moved to recommend to the full board that Guidance Document 150-15 Disposition of Routine Inspection Violations be adopted as presented. The motion was seconded by Dr. Bollenbeck.

A roll call vote was taken by Ms. Knachel. The motion carried with a unanimous aye vote.

Trainings Provided by Drug Enforcement Administration (DEA)

Ms. Knachel provided information on her discussion with the DEA Diversion Outreach Coordinator regarding training for the veterinary community on controlled substances. A September conference is being planned by DEA.

NEW BUSINESS:

No new business was presented.

NEXT MEETING:

Ms. Knachel will send out an availability poll to committee members for future meetings. She anticipates the need for approximately two additional meetings before the end of the year.

ADJOURNMENT:

With all business concluded, the meeting adjourned at 3:01 p.m.

Part V. Veterinary Establishments.

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

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

Title 3.2. Agriculture, Animal Care, and Food

Chapter 65. Comprehensive Animal Care.

Article 1. General Provisions.

§ 3.2-6500. Definitions.

As used in this chapter unless the context requires a different meaning:

"Agricultural animals" means all livestock and poultry.

"Livestock" includes all domestic or domesticated: bovine animals; equine animals; ovine animals; porcine animals; cervidae animals; caprae animals; animals of the genus *Lama* or *Vicugna*; ratites; fish or shellfish in aquaculture facilities, as defined in § [3.2-2600](#); enclosed domesticated rabbits or hares raised for human food or fiber; or any other individual animal specifically raised for food or fiber, except companion animals.

18VAC150-20-195. Recordkeeping.

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

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

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

Virginia Board of Veterinary Medicine

Veterinarian-in-Charge (VIC)

1. What is a Veterinarian-in-Charge (VIC)?
2. Is the VIC required to practice at the establishment?
3. What types of establishments require a VIC?
4. What are the responsibilities of the VIC?
5. How often does a VIC need to be on site in the establishment? How does the Board determine the VIC is in compliance with this regulation?
6. What are the VIC's responsibilities during a board inspection?
7. What are the VIC's responsibilities regarding drug security?
8. What is the VIC's responsibility if a facility is closing? How does the VIC inform the board? How are patient records maintained?
9. How is a change in VIC made?
10. Is the VIC responsible for employees? Is the VIC's responsible for unlicensed activity?
11. Is the VIC responsible for fee complaints from consumers/clients?
12. Is the VIC responsible for business practices if he is not the owner of the establishment?

1. What is a Veterinarian-in-Charge (VIC)?

- The VIC is required to be a veterinarian with an active Virginia license.
- The VIC is responsible for maintaining the veterinary establishment within the standards set by the Regulations Governing the Practice of Veterinary Medicine.
- The VIC ensures the establishment is complying with federal and state laws and regulations.
- The VIC notifies the board if the establishment closes.
- The VIC notifies the board when no longer acting as VIC.

[Regulations Governing the Practice of Veterinary Medicine](#) state the following:

18VAC150-20-10. Definitions.

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

2. Is the VIC required to practice at the establishment?

The regulations are silent as to if or where the VIC practices. However, the VIC needs to maintain a current, active license in Virginia and be on site as necessary to provide routine oversight to the establishment.

[Regulations Governing the Practice of Veterinary Medicine](#) state the following:

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

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

1. Regularly being on site as necessary to provide routine oversight to the veterinary establishment for patient safety and compliance with law and regulation.

3. What types of establishments require a VIC?

Every establishment must be registered with the Board and must have a VIC who is registered to the establishment. Every veterinarian practicing in Virginia must be practicing from a registered establishment. Ownership of the practice is not affected by this requirement, so corporate owned or non-veterinarian owned practices must have a VIC. A practice with a single practitioner must be registered and have a VIC, usually the solo practitioner.

Regulations Governing the Practice of Veterinary Medicine state 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.

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

4. What are the responsibilities of the VIC?

The VIC should be familiar with all currently laws and regulations governing the practice of Veterinary Medicine in Virginia. These, along with guidance documents that help interpret and apply the laws and regulations, may be found under the Practitioner Resources tab at www.dhp.virginia.gov/Boards/VetMed.

The specific duties noted in the Board's regulations are as follows:

1. Regularly being onsite. See question 5.
2. Maintaining the facility within the standards set forth in this chapter. See question 6.
3. Drug security, including performing the biennial inventory. See question 7.
4. Notifying the Board if the facility closes. See question 8.
5. Notifying the Board immediately if he is no longer VIC. See question 9.
6. Keeping the facility registration current. See question 10.

Regulations Governing the Practice of Veterinary Medicine state the following:

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

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

- 1. Regularly being on site as necessary to provide routine oversight to the veterinary establishment for patient safety and compliance with law and regulation.*
- 2. Maintaining the facility within the standards set forth by this chapter.*
- 3. Performing the biennial controlled substance inventory and ensuring compliance at the facility with any federal or state law relating to controlled substances as defined in § 54.1-3404 of the Code of Virginia. The performance of the biennial inventory may be delegated to another licensee, provided the veterinarian-in-charge signs the inventory and remains responsible for its content and accuracy.*
- 4. Notifying the board in writing of the closure of the registered facility 10 days prior to closure.*

5. *Notifying the board immediately if no longer acting as the veterinarian-in-charge.*
6. *Ensuring the establishment maintains a current and valid registration issued by the board.*

5. How often does a VIC need to be on site in the establishment? How does the Board determine the VIC is in compliance with this regulation?

Recognizing that time spent onsite will differ with practice type and hours of operation, the regulations do not state how often or how long a VIC must be in the establishment. However the regulations state that the VIC is responsible for being “on site as necessary to provide routine oversight” for patient safety and compliance with law and regulation. If an inspection or investigation of a complaint identifies deficiencies or violations relating to a VIC’s responsibility, action **may** be taken against the license of the VIC for violating this provision.

6. What are the VIC’s responsibilities during a board inspection?

The VIC is not required to be present for an inspection. However, the VIC is responsible for the oversight of the establishment, therefore deficiencies found during inspection **may** result in action against the VIC’s license. Inspectors conduct inspections with as little disruption to the practice as possible. Inspectors will require access to patient records, Schedule II - V invoices, Schedule II - V drug logs, and biennial inventories; therefore the VIC should ensure that these are available.

The following [guidance documents](#) may be helpful.

[76-21.2.1](#) Veterinary Establishment Inspection Report.

[150-15](#) Disposition of Routine Inspection Violations

[150-26](#) Guidance on the regulations for veterinary establishments

7. What are the VIC’s responsibilities regarding drug security?

The VIC ensures the establishment is in compliance with laws and regulations, and this includes drug laws and regulations. The VIC is responsible for signing and dating the biennial controlled substance inventory of all controlled drugs at the practice that is conducted at the open or close of a business day. In the event of an unexplained drug loss or theft of schedule II -V drugs, the VIC must report the incident immediately to the Virginia Board of Veterinary Medicine, the Virginia Board of Pharmacy, and the DEA.

The following [guidance documents](#) may be helpful.

[150-13](#) Controlled Substances (Schedule II-VI) in Veterinary Practice

[150-16](#) Protocol to follow upon discovery of a loss or theft of drugs

[Regulations Governing the Practice of Veterinary Medicine](#) state the following:

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

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

Controlled Substances Act (21 USC § 801 et seq.), as well as applicable portions of Title 21 of the Code of Federal Regulations.

8. What is the VIC's responsibility if a facility is closing? How does the VIC inform the board? How are patient records maintained?

The VIC is responsible for sending written notification to the Board of an establishment's closure 10 days prior to the closure by completing a form found under Veterinary Establishment [Forms](#) under Practitioner Resources tab on the Board's website.

- The VIC must ensure that patient records are available to owners/clients as outlined in Section 54.1-2405 of the *Code of Virginia* (Code), below.
- Patient records must be available for two years.
- The VIC must ensure that all Schedule II - VI drugs have been properly disposed.
 - Schedule II - V drugs must be destroyed or transferred to another entity such as another DEA registrant.
 - If destroyed, a DEA destruction form must be filled out and maintained.
 - If Schedule II - V drugs are transferred to another DEA registrant, an invoice should be created which includes the name and address of the DEA registrant transferring the drugs, the name and address of the DEA registrant receiving the drugs, all drugs, quantities, and form of the drugs (for example, injectable, tablet, capsule, etc.). There is no requirement that there be a cost of the drugs or that moneys need to be exchanged for the drugs.

Regulations Governing the Practice of Veterinary Medicine state the following:

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

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

4. Notifying the board in writing of the closure of the registered facility 10 days prior to closure.

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.

§ 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.

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

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

9. How is a change in VIC made?

As described in Question 4 above, a licensee who is no longer acting as the VIC of an establishment must immediately provide written notification to the Board. The VIC remains responsible for the establishment and stock of controlled drugs until a new VIC is registered or for five days, whichever occurs sooner. The VIC is a required in order to maintain an establishment's registration. Therefore, an application for a new registration, with the new VIC's name must be submitted five days prior to the change, found on the Board's website under [Forms](#). Until the Board receives a completed Change of VIC form and all applicable fees, the former VIC remains responsible for the establishment and its stock of controlled drugs.

Former VIC Responsibilities:

- Immediately notify the Board in writing they are no longer VIC
- Properly destroy or transfer to the new VIC's DEA registration all controlled drugs in accordance with all applicable state and federal laws and regulations
- Returning the previous establishment registration within five days following the date of the change

New VIC Responsibilities:

- At least five days prior to the change, the new VIC must submit an application for Change of VIC and applicable fees, notifying the Board on what date this change will occur.
- Prior to the open of business on the date of the change, perform (or oversee), date and sign a biennial inventory of every Schedule II - V drug on the premises.

If there are circumstances in which these activities cannot be completed, the Board should be contacted as soon as possible for additional guidance.

Regulations Governing the Practice of Veterinary Medicine state the following:

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

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

1. The veterinarian-in-charge registered with the board remains responsible for the establishment and the stock of controlled substances until a new veterinarian-in-charge is registered or for five days, whichever occurs sooner.

2. An application for a new registration, naming the new veterinarian-in-charge, shall be made five days prior to the change of the veterinarian-in-charge. If no prior notice was given by the previous veterinarian-in-charge, an application for a new registration naming a new veterinarian-in-charge shall be filed as soon as possible, but no more than 10 days, after the change.

3. The previous establishment registration is void on the date of the change of veterinarian-in-charge and shall be returned by the former veterinarian-in-charge to the board five days following the date of change.

4. Prior to the opening of the business, on the date of the change of veterinarian-in-charge, the new veterinarian-in-charge shall take a complete inventory of all Schedules II through V drugs on hand. He shall date and sign the inventory and maintain it on premises for three years. That inventory may be designated as the official biennial controlled substance inventory.

10. Q: Is the VIC responsible for employees? What is the VIC's responsibility for unlicensed activity?

The Board does not regulate any employment laws, but does regulate unlicensed activity. If an unlicensed person is performing duties restricted to a licensee, action against the VIC's license **may** result. See the following regulations and guidance documents for further information pertaining to licensed and unlicensed activities.

[Regulations Governing the Practice of Veterinary Medicine](#) state the following:

18VAC150-20-140. Unprofessional conduct.

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

2. Practicing veterinary medicine or equine dentistry where an unlicensed person has the authority to control the professional judgment of the licensed veterinarian or the equine dental technician

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.

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

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

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

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

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

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

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

The following [guidance documents](#) may be helpful.

[150-1](#) Disposition of Cases Involving Applicants Practicing Veterinary Technology Prior to Licensure

[150-2](#) Guidance on Expanded Duties for Licensed Veterinary Technicians
[150-3](#) Preceptorships and Externships for Veterinary Technician Students

[150-12](#) Administration of rabies vaccinations

[150-19](#) Position on Delegation of Dental Polishing and Scaling

[150-20](#) Duties of an Unlicensed Veterinary Assistant

11. Is the VIC responsible for fee complaints from consumers/clients?

The board does not regulate fees charged for services provided.

12. Is the VIC responsible for business practices if he is not the owner of the establishment?

There are some business practices that **may** fall under the responsibility of the VIC.

[Regulations Governing the Practice of Veterinary Medicine](#) state the following:

18 VAC150-20-140 Unprofessional Conduct.

(2) *Practicing veterinary medicine where an unlicensed person has the authority to control the professional judgement of the licensed veterinarian.*

(5) *Advertising in a manner that is false, deceptive, or misleading or that makes subjective claims of superiority.*

(12) *Refusing to release a copy of a valid prescription upon request from an owner, unless there are medical reasons documented in the patient record and the veterinarian would not dispense the medication from his own practice.*

(14) *Failing to release a copy of patient records when request by the owner; a law-enforcement entity; or a federal, state or local health regulatory agency.*

(16) *Committing an act constituting fraud, deceit, or misrepresentation in dealing with board or in the veterinarian-owner-patient relationship, or with the public.*

REVIEW OF INITIAL/ROUTINE INSPECTION REQUIREMENTS

Types of Inspection – in person vs virtual

Scope of inspection – focused vs full

- Initial inspection
 - Stationary establishments
 - Ambulatory establishments
- Reinspection
 - Remodel
 - Relocation
 - Reinstatement
- Routine inspection
 - Stationary
 - Ambulatory
- Compliance
- Authority of inspectors to expand inspection scope during any inspection

§ 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:

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

INITIAL/CHANGE OF LOCATION/REMODEL INSPECTIONS:

Part V. Veterinary Establishments.

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

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

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

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

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

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

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

REINSTATEMENT INSPECTIONS AFTER LATE RENEWAL:

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

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

COMPLIANCE REINSPECTIONS ORDERED AFTER INSPECTION DEFICIENCIES:

Guidance Document 76-21.2.1 establishes a points system to determine disposition of routine inspection deficiencies. Discipline documents are drafted in accordance with Guidance Document **150-15** that require reinspection within one to two years to determine compliance based upon the number and types of deficiencies found during the routine inspection.