

**July 8, 2024**  
**Department of Health Professions**  
**Conference Center**  
**Board Room 3**  
**1:30 p.m.**

**Agenda**  
**Board of Veterinary Medicine and State Veterinarian**  
**Veterinarian Shortage Study Workgroup**  
**LVT Scope of Practice Subgroup**

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**Call to Order – Kelli Moss, Executive Director, Board of Veterinary Medicine**

- Welcome
- Emergency Egress Procedures
- Introductions

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**Ordering of Agenda – Ms. Moss**

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**Public Comment – Ms. Moss**

The Board will receive all public comment related to the scope of work of the workgroup.

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**Discussion**

**Pages 1 -31**

Review of applicable laws, regulations, and guidance documents – **Ms. Moss**

- [§ 54.1-3806](#) Scope of Practice (pp 1-2)
- Excerpts from [§ 54.1-3303](#) Drug Control Act (pp 3-4)
- Definition of veterinary-client-patient relationship (VCPR)
  - Excerpts from FDA Veterinary Feed Directive ([VFD](#)) (pp 5-10)
  - [150-13](#) Excerpts from Guidance on Controlled Substances in Veterinary Practice (pp 11-15)
- [150-2](#) Guidance on Expanded Duties Licensed Veterinary Technicians (pp 14-15)
- [150-25](#) Guidance for Telehealth in the Practice of Veterinary Medicine (pp 16-18)

Consideration of practice expansion – **Ms. Moss**

- Vet Tech guidelines from AABP (pp 19-21)/AAEVT (p 22)/AAHA (pp 23-28) provided by AAUSB
- [150-12](#) Guidance on Administration of Rabies Vaccines (pp 29-31)
- [§ 3.2-6521](#) Rabies clinics (p 32)

Pathways:

- Certification/Training Programs
  - Requirements
  - Credentialing
- Statutory & Regulatory Considerations

Parameters:

- Patient Management
- Supervision

Next steps:

- Data Compilation/Coordination
- Recommendations

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**New Business – Ms. Moss**

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**Next Meeting – Ms. Moss**

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**Meeting Adjournment – Ms. Moss**

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

Excerpts from the [Laws Governing Veterinary Medicine](#)

**§ 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 Wildlife Resources 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.

**§ 54.1-3805. License required.**

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

**§ 54.1-3801. 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 and biological products in a public or private animal shelter as defined in § [3.2-6500](#), provided that such purchase, possession, and administration is in compliance with § [54.1-3423](#).

**§ 54.1-3806. Licensed veterinary technicians.**

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.

## § 54.1-3303. Prescriptions to be issued and drugs to be dispensed for medical or therapeutic purposes only.

A. A prescription for a controlled substance may be issued only by a practitioner of medicine, osteopathy, podiatry, dentistry or veterinary medicine who is authorized to prescribe controlled substances, a licensed advanced practice registered nurse pursuant to § [54.1-2957.01](#), a licensed certified midwife pursuant to § [54.1-2957.04](#), a licensed physician assistant pursuant to § [54.1-2952.1](#), or a TPA-certified optometrist pursuant to Article 5 (§ [54.1-3222](#) et seq.) of Chapter 32.

B. A prescription shall be issued only to persons or animals with whom the practitioner has a bona fide practitioner-patient relationship or veterinarian-client-patient relationship. If a practitioner is providing expedited partner therapy consistent with the recommendations of the Centers for Disease Control and Prevention, then a bona fide practitioner-patient relationship shall not be required.

A bona fide practitioner-patient relationship shall exist if the practitioner has (i) obtained or caused to be obtained a medical or drug history of the patient; (ii) provided information to the patient about the benefits and risks of the drug being prescribed; (iii) performed or caused to be performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; and (iv) initiated additional interventions and follow-up care, if necessary, especially if a prescribed drug may have serious side effects. Except in cases involving a medical emergency, the examination required pursuant to clause (iii) shall be performed by the practitioner prescribing the controlled substance, a practitioner who practices in the same group as the practitioner prescribing the controlled substance, or a consulting practitioner.

A practitioner who has established a bona fide practitioner-patient relationship with a patient in accordance with the provisions of this subsection may prescribe Schedule II through VI controlled substances to that patient.

A practitioner who has established a bona fide practitioner-patient relationship with a patient in accordance with the provisions of this subsection may prescribe Schedule II through VI controlled substances to that patient via telemedicine if such prescribing is in compliance with federal requirements for the practice of telemedicine and, in the case of the prescribing of a Schedule II through V controlled substance, the prescriber maintains a practice at a physical location in the Commonwealth or is able to make appropriate referral of patients to a licensed practitioner located in the Commonwealth in order to ensure an in-person examination of the patient when required by the standard of care.

A prescriber may establish a bona fide practitioner-patient relationship for the purpose of prescribing Schedule II through VI controlled substances by an examination through face-to-face interactive, two-way, real-time communications services or store-and-forward technologies when all of the following conditions are met: (a) the patient has provided a medical history that is available for review by the prescriber; (b) the prescriber obtains an updated medical history at the time of prescribing; (c) the prescriber makes a diagnosis at the time of prescribing; (d) the prescriber conforms to the standard of care expected of in-person care as appropriate to the patient's age and presenting condition, including when the standard of care requires the use of diagnostic testing and performance of a physical examination, which may be carried out through the use of peripheral devices appropriate to the patient's condition; (e) the prescriber is actively licensed in the Commonwealth and authorized to prescribe; (f) if the patient is a member or enrollee of a health plan or carrier, the prescriber has been credentialed by the

health plan or carrier as a participating provider and the diagnosing and prescribing meets the qualifications for reimbursement by the health plan or carrier pursuant to § [38.2-3418.16](#); (g) upon request, the prescriber provides patient records in a timely manner in accordance with the provisions of § [32.1-127.1:03](#) and all other state and federal laws and regulations; (h) the establishment of a bona fide practitioner-patient relationship via telemedicine is consistent with the standard of care, and the standard of care does not require an in-person examination for the purpose of diagnosis; and (i) the establishment of a bona fide practitioner patient relationship via telemedicine is consistent with federal law and regulations and any waiver thereof. Nothing in this paragraph shall apply to (1) a prescriber providing on-call coverage per an agreement with another prescriber or his prescriber's professional entity or employer; (2) a prescriber consulting with another prescriber regarding a patient's care; or (3) orders of prescribers for hospital out-patients or in-patients.

For purposes of this section, a bona fide veterinarian-client-patient relationship is one in which a veterinarian, another veterinarian within the group in which he practices, or a veterinarian with whom he is consulting has assumed the responsibility for making medical judgments regarding the health of and providing medical treatment to an animal as defined in § [3.2-6500](#), other than an equine as defined in § [3.2-6200](#), a group of agricultural animals as defined in § [3.2-6500](#), or bees as defined in § [3.2-4400](#), and a client who is the owner or other caretaker of the animal, group of agricultural animals, or bees has consented to such treatment and agreed to follow the instructions of the veterinarian. Evidence that a veterinarian has assumed responsibility for making medical judgments regarding the health of and providing medical treatment to an animal, group of agricultural animals, or bees shall include evidence that the veterinarian (A) has sufficient knowledge of the animal, group of agricultural animals, or bees to provide a general or preliminary diagnosis of the medical condition of the animal, group of agricultural animals, or bees; (B) has made an examination of the animal, group of agricultural animals, or bees, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically or has become familiar with the care and keeping of that species of animal or bee on the premises of the client, including other premises within the same operation or production system of the client, through medically appropriate and timely visits to the premises at which the animal, group of agricultural animals, or bees are kept; and (C) is available to provide follow-up care.

C. A prescription shall only be issued for a medicinal or therapeutic purpose in the usual course of treatment or for authorized research. A prescription not issued in the usual course of treatment or for authorized research is not a valid prescription. A practitioner who prescribes any controlled substance with the knowledge that the controlled substance will be used otherwise than for medicinal or therapeutic purposes shall be subject to the criminal penalties provided in § [18.2-248](#) for violations of the provisions of law relating to the distribution or possession of controlled substances.

D. No prescription shall be filled unless a bona fide practitioner-patient-pharmacist relationship exists. A bona fide practitioner-patient-pharmacist relationship shall exist in cases in which a practitioner prescribes, and a pharmacist dispenses, controlled substances in good faith to a patient for a medicinal or therapeutic purpose within the course of his professional practice.

In cases in which it is not clear to a pharmacist that a bona fide practitioner-patient relationship exists between a prescriber and a patient, a pharmacist shall contact the prescribing practitioner or his agent and verify the identity of the patient and name and quantity of the drug prescribed.

# Veterinary Feed Directive Regulation Questions and Answers (Revised)

## Guidance for Industry

### Small Entity Compliance Guide

*This version of the guidance replaces the version made available in September 2015. This document has been revised to update information regarding the veterinary feed directive regulation.*

Submit comments on this guidance at any time. Submit electronic comments to <https://www.regulations.gov>. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number FDA-2021-D-1155.

For further information regarding this document, contact [AskCVM@fda.hhs.gov](mailto:AskCVM@fda.hhs.gov).

Additional copies of this guidance document may be requested from the Policy and Regulations Staff (HFV-6), Center for Veterinary Medicine, Food and Drug Administration, 7500 Standish Place, Rockville MD 20855, and may be viewed on the Internet at <https://www.fda.gov/animal-veterinary>, <https://www.fda.gov/regulatory-information/search-fda-guidance-documents>, or <https://www.regulations.gov>.

**U.S. Department of Health and Human Services  
Food and Drug Administration  
Center for Veterinary Medicine  
April 2024**

# **Veterinary Feed Directive Regulation Questions and Answers (Revised)**

## **Guidance for Industry**

### **Small Entity Compliance Guide**

*This guidance represents the current thinking of the Food and Drug Administration (FDA or Agency) on this topic. It does not establish any rights for any person and is not binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the applicable statutes and regulations. To discuss an alternative approach, contact the FDA staff responsible for this guidance as listed on the title page.*

#### **I. INTRODUCTION**

##### **A. Background**

Before 1996, there were only two options for dispensing new animal drugs: (1) over-the-counter (OTC), and (2) prescription (Rx). In 1996, Congress enacted the Animal Drug Availability Act (ADAA) to facilitate the approval and marketing of new animal drugs and medicated feeds. As part of the ADAA, Congress recognized that certain new animal drugs intended for use in animal feed should only be administered under a veterinarian's order and professional supervision. For example, veterinarians are needed to control the use of certain antimicrobials. Control is critical to reducing unnecessary use of such drugs in animals and to slowing or preventing any potential for the development of bacterial resistance to antimicrobial drugs. Safety concerns relating to difficulty of diagnosis of disease conditions, high toxicity, or other reasons may also dictate that the use of a medicated feed be limited to use by order and under the supervision of a licensed veterinarian. Therefore, the ADAA created a new category of products called veterinary feed directive (VFD) drugs.

##### **B. FDA Regulations and Guidance**

In June 2015, FDA published a final rule (2015 VFD final rule) that revised the VFD regulation in 21 CFR 558.6 and introduced clarifying changes to the definitions in 21 CFR 558.3 (80 FR 31708, June 3, 2015).<sup>1, 2</sup> In September 2015, we published a revision of this guidance to provide information to assist veterinarians, VFD feed distributors (e.g., feed mills or consignors/consignees), and clients (i.e., owners, producers, or other caretakers of the animals) in complying with the requirements of the VFD regulation as revised by the 2015 VFD final rule. This guidance also serves as a Small Entity Compliance Guide (SECG), to aid industry in complying with the requirements of the 2015 VFD final rule. FDA has prepared this SECG in accordance with section 212 of the Small Business Regulatory Enforcement Fairness Act (Public

<sup>1</sup> The Code of Federal Regulations can be viewed at <http://www.ecfr.gov>.

<sup>2</sup> <https://www.govinfo.gov/content/pkg/FR-2015-06-03/pdf/2015-13393.pdf>.



## ***Contains Nonbinding Recommendations***

Law 104-121). This document is intended to provide guidance to small businesses on the requirements of the VFD regulation.

In general, FDA's guidance documents do not establish legally enforceable responsibilities. Instead, guidances describe the Agency's current thinking on a topic and should be viewed only as recommendations, unless specific regulatory or statutory requirements are cited. The use of the word *should* in Agency guidances means that something is suggested or recommended, but not required.

## **II. VETERINARY FEED DIRECTIVE (VFD) – GENERAL INFORMATION**

### **A. VFD Drugs**

#### **1. What is a VFD drug?**

A “veterinary feed directive (VFD) drug” (as defined in 21 CFR 558.3(b)(6)) is a drug intended for use in or on animal feed under the professional supervision of a licensed veterinarian and the use of the VFD drug is limited by:

- an approved new animal drug application filed pursuant to section 512(b) of the Federal Food, Drug, and Cosmetic Act (the FD&C Act),
- a conditionally approved application filed pursuant to section 571 of the FD&C Act, or
- an index listing pursuant to section 572 of the FD&C Act.

Use of animal feed bearing or containing a VFD drug (VFD feed) must be authorized by a lawful VFD (21 CFR 558.6(a)(1)). See section [II.B. \*Veterinary Feed Directive \(VFD\)\*](#) below for a discussion of what constitutes a lawful VFD.

#### **2. Who determines whether a drug is a VFD drug?**

When a new animal drug application is submitted to FDA's Center for Veterinary Medicine (CVM) for approval, CVM evaluates the drug for safety and effectiveness, and as part of the review process, determines whether the drug will be an OTC drug, an Rx drug, or a VFD drug.

#### **3. What is a combination VFD drug?**

A “combination veterinary feed directive drug” (or “combination VFD drug”) is a combination new animal drug (as defined in 21 CFR 514.4(c)(1)(i)) intended for use in or on animal feed under the professional supervision of a licensed veterinarian (and at least one of the new animal drugs in the combination is a VFD drug) and the use of the combination VFD drug is limited by:

- an approved application filed pursuant to section 512(b) of the FD&C Act,
- a conditionally approved application filed pursuant to section 571 of the FD&C Act, or
- an index listing pursuant to section 572 of the FD&C Act.



## ***Contains Nonbinding Recommendations***

Use of animal feed bearing or containing a combination VFD drug must be authorized by a lawful VFD (21 CFR 558.3(b)(12)). If any component drug in an approved, conditionally approved, or indexed combination drug is a VFD drug, the combination drug is a combination VFD drug and its use must comply with the VFD requirements.

### **4. What are Category I and Category II drugs and what is their relevance to VFD drugs?**

All new animal drugs, including VFD drugs, approved for use in or on animal feed are placed in one of two drug categories, Category I or Category II (21 CFR 558.3(b)(1)). Category I drugs require no withdrawal period at the lowest use level in each species for which they are approved. Category II drugs either require a withdrawal period at the lowest use level for at least one major species for which they are approved or are regulated on a “no-residue” basis or with a zero tolerance because of carcinogenic concern regardless of whether a withdrawal period is required in any species.

A medicated feed mill license is required if the VFD drug used to manufacture a Type B or Type C medicated feed is a Category II, Type A medicated article (21 CFR 558.4(a)). A list of Category II drugs is located in 21 CFR 558.4(d). A medicated feed mill license is not required if the VFD drug used to manufacture a Type B or Type C medicated feed is a Category I, Type A medicated article, with the exception of certain liquid and free-choice medicated feeds.

### **5. If I am a university researcher and I want to perform research on a drug in medicated feed, do I need a VFD to obtain the medicated feed?**

No, you do not need a VFD to obtain medicated feed for the purpose of performing research on a drug for use in or on a medicated feed. The VFD regulations apply to the use of VFD drugs and VFD feed for approved, conditionally approved, and indexed indications. When investigating a new indication during the approval process, or performing tests in vitro or in animals used only for laboratory research purposes, the VFD regulations do not apply. Instead, the requirements in 21 CFR part 511 “New Animal Drugs for Investigational Use” apply. When pursuing a new animal drug approval, the requirements in 511.1(a) or 511.1(b) may apply depending on the purpose for the research trial.

For research solely involving tests in vitro or laboratory research animals, the requirements in 21 CFR 511.1(a) apply.

## **B. Veterinary Feed Directive (VFD)**

### **1. What is a VFD?**

A “veterinary feed directive” (VFD) is a written (nonverbal) statement issued by a licensed veterinarian in the course of the veterinarian’s professional practice that orders the use of a VFD drug or combination VFD drug in or on an animal feed. This written statement authorizes the client (the owner of the animal or animals, producer, or other caretaker) to obtain and use animal feed bearing or containing a VFD drug or combination VFD drug to treat the client’s animals only in accordance with the conditions for use approved, conditionally approved, or indexed by the FDA (21 CFR 558.3(b)(7)). A VFD may also be referred to as a VFD order.

## *Contains Nonbinding Recommendations*

### **2. What is required for a VFD to be “lawful”?**

To be lawful, a VFD must be issued and used in compliance with all applicable requirements in 21 CFR 558.6(a)1 and 21 CFR 558.6(b). These include the requirement that a VFD must be issued by a veterinarian licensed to practice veterinary medicine operating in the course of the veterinarian's professional practice and in compliance with all applicable veterinary licensing and practice requirements, including issuing the VFD in the context of a veterinarian-client-patient relationship (VCPR) as defined by the state (21 CFR 558.6(b)(1)). If applicable VCPR requirements as defined by such state do not include the key elements of a valid VCPR as defined in FDA's regulations at 21 CFR 530.3(i), the veterinarian must issue the VFD in the context of a valid VCPR as defined in 21 CFR 530.3(i).

### **3. Does the State or Federal definition of a veterinarian-client-patient relationship (VPCR) apply?**

In those States that require a VCPR that includes the key elements of the Federally-defined VCPR in order for a veterinarian to issue a VFD, the veterinarian issuing the VFD must be operating within the context of a VCPR as that term is defined by the State. FDA considers State VCPR definitions that, at a minimum, address the concepts that the veterinarian:

- (1) engage with the client to assume responsibility for making clinical judgments about patient health,
- (2) have sufficient knowledge of the patient by virtue of patient examination and/or visits to the facility where patient is managed, and
- (3) provide for any necessary follow-up evaluation or care

meet the key requirements of the Federally-defined VCPR as set forth in 21 CFR 530.3(i). In all other cases, the veterinarian must be operating within the context of a valid VCPR as defined by FDA in 21 CFR 530.3(i) (21 CFR 558.6(b)(1)(ii)).

In States where the veterinary practice requirements do not require that a VFD be issued within the context of a State-defined VCPR that includes the key elements of a valid VCPR as defined in Federal regulations at 21 CFR 530.3(i), the VFD must be issued within the context of a Federally-defined valid VCPR as defined at 21 CFR 530.3(i) (21 CFR 558.6(b)(1)(ii)).

FDA has worked with State regulatory authorities to verify whether their State has VCPR requirements in place that apply to the issuance of a VFD and include the key elements of the Federally-defined VCPR. FDA has compiled a list of states that require a VCPR that includes the key elements of the Federally-defined VCPR in order for a veterinarian to issue a VFD. This list is available online<sup>3</sup> and the list is updated periodically as FDA receives and verifies information from States if they change their VCPR definition or its applicability.

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<sup>3</sup> <https://www.fda.gov/animal-veterinary/development-approval-process/does-state-or-federal-vcpr-definition-apply-lawful-vfd-my-state>.

## Does the State or Federal VCPR Definition Apply to a Lawful VFD in my State?

In order for a Veterinary Feed Directive (VFD) to be lawful, the issuing veterinarian must meet a couple of requirements, including issuing the VFD in the context of a valid veterinarian-client patient relationship (VCPR).

The VFD regulation at [21 CFR § 558.6](#) provides that:


- veterinarians must be licensed to practice veterinary medicine; and
- must issue VFDs in accordance with the applicable State veterinary licensing and practice requirements, including ordering the use of VFD drugs in the context of a VCPR as defined by the State.

However, in those instances in which the applicable VCPR requirements as defined by such State do not sufficiently include the key elements of a valid VCPR as defined by FDA in [21 CFR § 530.3\(i\)](#), the veterinarian issuing the VFD must issue the VFD in the context of a valid VCPR as defined in that regulation.

In 2015, the FDA Center for Veterinary Medicine (CVM) mailed a [letter](#) to the entity with authority over the practice of veterinary medicine in each of the 50 states and District of Columbia. In that letter, CVM committed to publish a list indicating whether a state-defined VCPR or a federally-defined VCPR is required for a lawful VFD in each state. This information is presented in the table below and was last updated in 2021. Please refer to your state directly for the most up to date information.

### VCPR Requirement by State

State	For a lawful VFD, this VCPR definition applies:	State Authority
<a href="#">Virginia</a>	<a href="#">Federal</a>	Sec. 54.1-3303; 18 VAC 150-20-172; Sec. 54.1-3455 Schedule VI (2) and (3)

 <p>Virginia Department of <b>Health Professions</b> Board of Veterinary Medicine</p>	<p>Perimeter Center 9960 Mayland Drive, Suite 300 Henrico, VA 23233-1463</p>	<p><b>Email:</b> <a href="mailto:vetbd@dhp.virginia.gov">vetbd@dhp.virginia.gov</a>  <b>Phone:</b> (804) 597-4133  <b>Fax:</b> (804) 527-4471  <b>Website:</b>  <a href="https://www.dhp.virginia.gov/Boards/VetMed/">https://www.dhp.virginia.gov/Boards/VetMed/</a></p>
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Guidance document: 150-13

Revised: March 11, 2021

Effective: May 13, 2021

## Virginia Board of Veterinary Medicine

### Controlled Substances (Schedule II-VI) in Veterinary Practice

Veterinarians are allowed to prescribe, administer, and dispense controlled substances in keeping with the requirements of the Virginia Drug Control Act, specifically § [54.1-3409](#) of the *Code of Virginia*, and the statutes and regulations governing the practice of veterinary medicine. A bona fide veterinarian-client-patient relationship (VCPR) as set forth in § [54.1-3303](#) of the Code of Virginia, must first exist before drugs may be prescribed by a veterinarian.

#### Veterinary prescriptions

The Board of Veterinary Medicine often receives questions regarding what is required of a veterinarian in prescribing or dispensing a prescription for controlled substances. **In Virginia, the term “controlled substances” is defined as any prescription drug including Schedule VI drugs.** The most frequently asked questions are the following:

1. What authority does a veterinarian have to prescribe?
2. Does a veterinarian have a right to refuse to provide a prescription?
3. May a veterinarian charge a fee for writing the prescription?
4. What information is required on a prescription and in what format?
5. Are there any prescription requirements specific to a Schedule II drug?
6. Does a veterinarian have to honor a prescription request by a pharmacy sent via telephone or fax?
7. What is required of a pharmacist in filling a prescription?
8. May one veterinary establishment “fill a prescription” for a patient seen by a veterinarian at another establishment?
9. May a veterinarian purchase controlled substances for the purpose of reselling?
10. May a veterinarian or veterinary establishment donate an expired or unexpired controlled substance (Schedule II – VI)?
11. May an owner return or donate an unused Schedule II – V drug to a veterinarian that was dispensed to an animal or a human?
12. May an owner return or donate an unused Schedule VI drug to a veterinarian that was dispensed to an animal or a human?
13. May a veterinarian provide a general stock of controlled drugs (Schedule II – VI) for administering or dispensing by a pet store establishment or boarding kennel?
14. May a veterinarian prescribe cannabis oil?
15. May a veterinarian prescribe opioids?
16. Does a veterinarian have a requirement to report to the Prescription Monitoring Program (PMP) when controlled substances are dispensed from a veterinary establishment?
17. Are there special recordkeeping requirements for feline buprenorphine and canine butorphanol?
18. What schedule is gabapentin?
19. Does the Drug Enforcement Administration (DEA) have guidance documents?



Guidance document: 150-13

Revised: March 11, 2021

Effective: May 13, 2021

## 1. What authority does a veterinarian have to prescribe?

Veterinarians are authorized to prescribe Schedule II through VI drugs by federal and state law. While not a comprehensive listing of all relevant federal and state law, the Virginia Drug Control Act provides:

### **§ 54.1-3409. Professional use by veterinarians.**

*A veterinarian may not prescribe controlled substances for human use and shall only prescribe, dispense or administer a controlled substance in good faith for use by animals within the course of his professional practice. He may prescribe, on a written prescription or on oral prescription as authorized by § [54.1-3410](#). . . Such a prescription shall be dated and signed by the person prescribing on the day when issued, and shall bear the full name and address of the owner of the animal, and the species of the animal for which the drug is prescribed and the full name, address and registry number, under the federal laws of the person prescribing, if he is required by those laws to be so registered.*

However, the following portions of §§54.1-3408 and 54.1-3303 also apply, and they detail what is required to render a **valid** prescription.

### **§ 54.1-3408. Professional use by practitioners.**

*A. A practitioner of ... veterinary medicine... shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.*

*B. The prescribing practitioner's order may be on a written prescription or pursuant to an oral prescription as authorized by this chapter...*

### **§ 54.1-3303. Prescriptions to be issued and drugs to be dispensed for medical or therapeutic purposes only.**

*A. A prescription for a controlled substance may be issued only by a practitioner of . . . veterinary medicine who is authorized to prescribe controlled substances...*

*B. A prescription shall be issued only to persons or animals with whom the practitioner has a bona fide practitioner-patient relationship or veterinarian-client-patient relationship.*

*For purposes of this section, a bona fide veterinarian-client-patient relationship is one in which a veterinarian, another veterinarian within the group in which he practices, or a veterinarian with whom he is consulting has assumed the responsibility for making medical judgments regarding the health of and providing medical treatment to an animal as defined in § [3.2-6500](#), other than an equine as defined in § [3.2-6200](#), a group of agricultural animals as defined in § [3.2-6500](#), or bees as defined in § [3.2-4400](#), and a client who is the owner or other caretaker of the animal, group of agricultural animals, or bees has consented to such treatment and agreed to follow the instructions of the veterinarian. Evidence that a veterinarian has assumed responsibility for making medical judgments regarding the health of and providing medical*



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*treatment to an animal, group of agricultural animals, or bees shall include evidence that the veterinarian (A) has sufficient knowledge of the animal, group of agricultural animals, or bees to provide a general or preliminary diagnosis of the medical condition of the animal, group of agricultural animals, or bees; (B) has made an examination of the animal, group of agricultural animals, or bees, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically or has become familiar with the care and keeping of that species of animal or bee on the premises of the client, including other premises within the same operation or production system of the client, through medically appropriate and timely visits to the premises at which the animal, group of agricultural animals, or bees are kept; and (C) is available to provide follow-up care.*

## **2. Does the veterinarian have the right to refuse to provide a prescription?**

The *Regulations Governing the Practice of Veterinary Medicine*, 18VAC150-20-140(6) and (12), provide that it is unprofessional conduct to violate any state law, federal law, or board regulation pertaining to the practice of veterinary medicine and to refuse to release a copy of a valid prescription upon request from a client. **The Board has held consistently that it is unprofessional conduct for a veterinarian to refuse to provide a prescription to a client if he would have dispensed the medication for the patient from his own animal facility.** This does not mean that the veterinarian is compelled to release a prescription when requested if there are medical reasons for not releasing it and he would not dispense the medication from his own practice.

Prior to issuance of a refill authorization of a prescription, the decision to require an examination of the animal is at the discretion of the professional judgment of the treating veterinarian.

## **3. May a veterinarian charge a fee for writing the prescription?**

There is nothing in statute or regulation to prohibit a practitioner from charging a reasonable fee for writing the prescription if he so chooses.

## **4. What information is required on a prescription and in what format?**

### **§ 54.1-3408.01. Requirements for prescriptions.**

*A. The written prescription referred to in § 54.1-3408 shall be written with ink or individually typed or printed. The prescription shall contain the name, address, and telephone number of the prescriber. A prescription for a controlled substance other than one controlled in Schedule VI shall also contain the federal controlled substances registration number assigned to the prescriber. The prescriber's information shall be either preprinted upon the prescription blank, electronically printed, typewritten, rubber stamped, or printed by hand.*

*The written prescription shall contain the first and last name of the patient for whom the drug is prescribed. The address of the patient shall either be placed upon the written prescription by the prescriber or his agent, or by the dispenser of the prescription...If not otherwise prohibited by law, the dispenser may record the address of the patient in an electronic prescription dispensing record for that patient in lieu of recording it on the prescription. Each written prescription shall be dated*



## VIRGINIA BOARD OF VETERINARY MEDICINE

### Guidance on Expanded Duties for Licensed Veterinary Technicians

**Q:** Does the extraction of single rooted teeth by a licensed veterinary technician LVT, allow the extraction of a multi-rooted tooth that has been sectioned (by the supervising veterinarian) into single-rooted portions?

**R:** The Board determined that once the tooth has been sectioned by the veterinarian, then it would be considered routine and would be acceptable for an LVT to extract.

**Q:** Since many veterinarians do not use skin sutures and close the skin with a subcuticular pattern and possible surgical adhesive, does the suturing of skin include subcuticular closure as an allowable duty for an LVT?

**R:** The Board determined that routine closure is limited to the skin and that subcuticular closure would not be permissible for an LVT to perform.

**Q:** Are LVT's allowed to place indwelling subcutaneous catheters and suture them in place? General anesthesia and a small incision similar to a cut down sometimes used for venipuncture are necessary for the placement.

**R:** The Board's answer to this question is no. An LVT may not place indwelling subcutaneous catheter and suture them in place.

**Q:** May an LVT perform cystocentesis?

**R:** The Board's answer to this question is yes. An LVT may perform Cystocentesis.

**Q:** May an LVT perform home treatments prescribed more than 36 hours previously by a veterinarian within the practice that an LVT is employed?

**R:** The Board determined that home therapies performed by an LVT based on an order or a prescription written by a veterinarian meets the requirements of the 36 hours because the veterinarian has made the diagnosis and ordered or prescribed that the patient needs ongoing treatment.

**Q:** May an LVT perform a simple, single layer closure of a previously created gingival flap?

**R:** Per the definition of surgery found in the *Regulations Governing the Practice of Veterinary Medicine*, surgery does not include skin closures performed by an LVT. The Board determined that oral mucosa is not skin, therefore, an LVT would not be permitted to perform closure of a previously created gingival flap.

**Q:** May an LVT perform fine needle aspirants or biopsies?

**R:** Fine Needle Aspirants – The Board determined that fine needle aspirants may or may not



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meet the definition of surgery depending on the location and circumstances of aspirant. Therefore, the performance of fine needle aspirants by an LVT is left up to the professional judgment of the veterinarian. Biopsies – The Board determined that biopsies meet the definition of surgery. Therefore, biopsies may not be performed by an LVT.

## Virginia Board of Veterinary Medicine

### Guidance for Telehealth in the Practice of Veterinary Medicine

1. What is telehealth?

Telehealth may be defined as the use of telecommunications and information technologies for delivery of veterinary medicine professional services by linking a patient (to include owner) and a veterinarian for assessment, intervention and treatment.

2. May a practitioner licensed in another state provide services to a patient located in Virginia?

In order to provide veterinary services to a patient in the Commonwealth of Virginia via telehealth, a practitioner must hold a current, active Virginia license and comply with relevant laws and regulations governing practice.

3. Is a veterinarian located in another state consulting with a Virginia licensee via telehealth required to be licensed?

The Code of Virginia states the following:

**§ 54.1-3805. License required.**

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

**§ 54.1-3801. Exceptions.**

*This chapter shall not apply to: ...*

*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; ...*

4. Are there any regulations specific to providing veterinary services via telehealth?

Using telehealth technologies in veterinary practice is considered a method of service delivery. The current, applicable regulations apply to all methods of service delivery, including telehealth. The licensee is responsible for using professional judgment to determine if the type of service can be delivered via telehealth at the same standard of care as in-person service.

5. How does a Virginia licensed veterinarian establish a bona fide veterinarian-client-patient relationship for the purpose of prescribing?

**§ 54.1-3303. Prescriptions to be issued and drugs to be dispensed for medical or therapeutic purposes only.**

- A. *A prescription for a controlled substance may be issued only by a practitioner of . . . veterinary medicine who is authorized to prescribe controlled substances...*
- B. *A prescription shall be issued only to persons or animals with whom the practitioner has a bona fide practitioner-patient relationship or veterinarian-client-patient relationship.*

*For purposes of this section, a **bona fide** veterinarian-client-patient relationship is one in which a veterinarian, another veterinarian within the group in which he practices, or a veterinarian with whom he is consulting has assumed the responsibility for making medical judgments regarding the health of and providing medical treatment to an animal as defined in § [3.2-6500](#), other than an equine as defined in § [3.2-6200](#), a group of agricultural animals as defined in § [3.2-6500](#), or bees as defined in § [3.2-4400](#), and a client who is the owner or other caretaker of the animal, group of agricultural animals, or bees has consented to such treatment and agreed to follow the instructions of the veterinarian. Evidence that a veterinarian has assumed responsibility for making medical judgments regarding the health of and providing medical treatment to an animal, group of agricultural animals, or bees shall include evidence that the veterinarian (A) has sufficient knowledge of the animal, group of agricultural animals, or bees to provide a general or preliminary diagnosis of the medical condition of the animal, group of agricultural animals, or bees; (B) has made an examination of the animal, group of agricultural animals, or bees, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically or has become familiar with the care and keeping of that species of animal or bee on the premises of the client, including other premises within the same operation or production system of the client, through medically appropriate and timely visits to the premises at which the animal, group of agricultural animals, or bees are kept; and (C) is available to provide follow-up care.*

6. In order to provide the same standard of care as in-person service, what are some of the responsibilities of a practitioner when providing veterinary services via telehealth?
- To determine the appropriateness of providing assessment, intervention and treatment services via telehealth for each patient and each situation;
  - To ensure confidentiality and privacy of patients (to include owners) and their transmissions;
  - To maintain appropriate documentation including informed consent for use of telehealth;
  - To be responsible for the performance and activities of any unlicensed assistant or facilitator who may be used at the patient site, in accordance with Virginia [laws and regulations](#);
  - To ensure that equipment used for telehealth is in good working order and is properly maintained at both site locations;
  - To comply with Virginia requirements regarding maintenance of patient records and confidentiality of client information; and

- To ensure that confidential communications obtained and stored electronically cannot be recovered and accessed by unauthorized individuals when the licensee disposes of electronic equipment and data.
7. What factors should be considered when determining if telehealth is appropriate to use? Factors to consider include, but are not limited to:
- The quality of electronic transmissions should be equally appropriate for the provision of telehealth as if those services were provided in person;
  - The practitioner should only utilize technology for which he/she has been trained and is competent;
  - The practitioner should consider the patient's (to include owner's) behavioral, physical and cognitive abilities in determining appropriateness;
  - The practitioner should assess the ability of the owner or facilitator to safely and competently use electronic transmission equipment; and
  - The scope, nature and quality of services provided via telehealth should be comparable to those provided during in-person appointments.
8. May a practitioner licensed in Virginia provide services to a patient and its owner located in another state?

The Virginia Board does not have jurisdiction over practice in another state. A veterinarian seeking to practice via telehealth with a patient and its owner in another jurisdiction should contact the board for the other state to determine its licensure requirements.

9. Can a practitioner charge professional fees for services provided by telehealth?

The Board has no jurisdiction over billing, payment, or reimbursement for veterinary services.



## AABP GUIDELINE FOR CREDENTIALLED VETERINARY TECHNICIANS IN BOVINE PRACTICE

The AABP supports credentialed veterinary technicians (CVT) in bovine practice. The recommendations in this guideline are intended to provide guidance on how veterinarians can broaden the delegation of tasks to credentialed veterinary technicians in bovine practice. The licensed supervising veterinarian must have a valid Veterinarian-Client-Patient Relationship (VCPR), as defined by applicable state, provincial or federal statutes. The supervising veterinarian and credentialed veterinary technician must follow the applicable state, provincial and federal rules and regulations. The veterinarian responsible for the supervision of the technician must ensure proper training and oversight, and the credentialed veterinary technician agrees to follow the protocols and standard operating procedures (SOPs) from the supervising veterinarian.

### DEFINITIONS

Supervision means the licensed veterinarian assumes responsibility for the veterinary care delivered by the credentialed veterinary technician working under their direction.

Direct supervision means the licensed veterinarian is readily available on the premises where the patient is located or procedures are being performed.

Indirect supervision means the licensed veterinarian need not be on the premises where the patient is located or procedures are being performed, and must be available through electronic or other methods of communication.

Veterinary technology is the science and art of providing professional support to veterinarians. The American Veterinary Medical Association Committee on Veterinary Technician Education and Activities (AVMA CVTEA<sup>®</sup>), or equivalent accreditation organizations outside of the United States, accredits programs in veterinary technology that graduate veterinary technicians and/or veterinary technologists.

A credentialed veterinary technician has received a veterinary technician or technology degree from an accredited school, passes the Veterinary Technician National Exam (VTNE), and/or is licensed by their state or province, and receives continuing

education to renew their license on the required basis. The definitions of a credentialed veterinary technician and technologist are as follows:

- A veterinary technician is a graduate of an AVMA CVTEA-accredited or Canadian Veterinary Medical Association (CVMA)-accredited program in veterinary technology. In most cases, the graduate is granted an associate degree or certificate.
- A veterinary technologist is a graduate of an AVMA CVTEA- or CVMA-accredited program in veterinary technology that grants a baccalaureate degree.

A Veterinary Technician Specialist (VTS) is a veterinary technician or veterinary technologist who has completed a formal process of education, training, experience and testing through a specialty academy approved by the Committee on Veterinary Technician Specialties of the National Association of Veterinary Technicians in America.

Generic terms such as “veterinary assistant” are sometimes used for individuals where training, knowledge and skills are less than that required for identification as a veterinary technician or veterinary technologist. The term veterinary technician should not be used to describe a veterinary assistant.



**AABP GUIDELINE FOR CREDENTIALLED  
VETERINARY TECHNICIANS IN BOVINE PRACTICE**

**TASK LIST**

Task/Procedure	Supervision Level
<b>ANESTHESIA</b>	
General anesthesia induction, intubation, maintenance	CVT Direct Supervision
Administer epidural	CVT Indirect Supervision
Administer local anesthesia	CVT Indirect Supervision
Administer IV regional anesthesia	CVT Indirect Supervision
Perform nerve blocks	CVT Indirect Supervision
Sedate/tranquilize using controlled drugs	CVT Indirect Supervision
Sedate/tranquilize using non-controlled drugs	CVT Indirect Supervision
<b>DIAGNOSTIC SAMPLING/LABORATORY</b>	
Diagnose	Veterinarian only
Pericardiocentesis	Veterinarian only
Abdominocentesis	CVT Direct Supervision
Rumenocentesis	CVT Direct Supervision
Calf feeding time audit, cleanliness assessment including ATP swabbing or sample collections	CVT Indirect Supervision
Check pulsators in milking parlor	CVT Indirect Supervision
Collect blood for diagnostics	CVT Indirect Supervision
Collect milk for diagnostics	CVT Indirect Supervision
Collect urine (free catch) or feces for diagnostics	CVT Indirect Supervision
Collection and preparation of tissue, cellular or microbiologic samples by scrapings, impressions or non-surgical methods	CVT Indirect Supervision
Fine needle aspirate of peripheral lymph nodes, subcutaneous or dermal masses	CVT Indirect Supervision
Needle aspirate of abscess/seroma/hematoma	CVT Indirect Supervision
Oral/dental exam for aging cattle	CVT Indirect Supervision
Perform carcass prosection and/or digital image capture and/or tissue collection	CVT Indirect Supervision
Perform full NMC milking system analysis	CVT Indirect Supervision
Perform laboratory procedures (ex: blood testing, slide prep and evaluation, counts, outside lag submission preparation)	CVT Indirect Supervision
Perform ocular diagnostic tests—tonometry, Schirmer tear test, fluorescein staining	CVT Indirect Supervision
Perform radiographic diagnostic imaging	CVT Indirect Supervision
Perform/collect diagnostic imaging via ultrasound for veterinary interpretation	CVT Indirect Supervision
<b>EXAMINATION</b>	
Perform physical exam and collect vital signs	CVT Indirect Supervision
<b>LIVESTOCK MANAGEMENT PROCEDURES</b>	
Administer vaccines	CVT Indirect Supervision
Castration by banding	CVT Indirect Supervision
Castration by cutting	CVT Indirect Supervision
Dehorning on animals when horns are attached to the skull (using Barnes/Keystone, etc.) dehorner	CVT Indirect Supervision
Disbudding calves prior to horn attachment to skull by applying caustic paste or cautery iron	CVT Indirect Supervision
Recommend changes to milking routine including cow prep	CVT Indirect Supervision
Rectal prolapse repair	CVT Indirect Supervision
Remove supernumerary teats	CVT Indirect Supervision

*TASK LIST continued on page 3*



## AABP GUIDELINE FOR CREDENTIALLED VETERINARY TECHNICIANS IN BOVINE PRACTICE

TASK LIST continued from page 2

### REPRODUCTION

Collect Embryos non-surgically	Veterinarian only
Ovum pickup	Veterinarian only
Perform bull breeding soundness exam	Veterinarian only
Repair/replace preputial prolapse	Veterinarian only
Replace uterine prolapse	Veterinarian only
Transfer/implant fresh or frozen embryos non-surgically	Veterinarian only
Embryo and oocyte processing including searching, staging, grading, loading, cryopreservation	CVT Indirect Supervision
Enroll animals in timed artificial insemination protocol and administer hormone injections	CVT Indirect Supervision
Perform artificial insemination	CVT Indirect Supervision
Replace vaginal prolapse and place pursestring or Buhner stitch	CVT Indirect Supervision

### SURGICAL PROCEDURES

Cosmetic surgical dehorning	Veterinarian only
Perform surgery	Veterinarian only
Any task or procedure that requires an animal to be under general anesthesia	CVT Direct Supervision
Suture surgical skin incisions	CVT Direct Supervision
Prepare surgical site using aseptic technique	CVT Indirect Supervision
Removal of sutures, drains and staples	CVT Indirect Supervision

### TREATMENT

**NOTE: All treatments administered by a CVT must utilize and follow farm-specific protocols provided by the supervising veterinarian including use of DEA-controlled drugs or extralabel drug use.**

Acute laceration or wound repair	Veterinarian only
Intra-articular drug administration	Veterinarian only
Joint flush	Veterinarian only
Prescribe	Veterinarian only
Prognose	Veterinarian only
Apply cast after veterinarian diagnosis	CVT Direct Supervision
Lancing abscess	CVT Direct Supervision
Placement of rumen trocar	CVT Direct Supervision
Acute and preventive hoof care	CVT Indirect Supervision
Administer euthanasia via captive bolt or gunshot	CVT Indirect Supervision
Administer fluid therapy (oral, subcutaneous, intravenous)	CVT Indirect Supervision
Administer treatments for common conditions identified in written protocols by supervising veterinarian	CVT Indirect Supervision
Apply and remove splints, bandages and wound dressings	CVT Indirect Supervision
Collect and prepare blood or blood components for transfusion	CVT Indirect Supervision
Measure and prepare medications for dispensing to clients on order of supervising veterinarian	CVT Indirect Supervision
Perform physical therapy (hydrotherapy, post-operative care, orthopedic, neurologic)	CVT Indirect Supervision
Place and maintain intravenous catheter	CVT Indirect Supervision
Provide post-operative care	CVT Indirect Supervision
Wound aftercare after initial treatment and diagnosis by veterinarian	CVT Indirect Supervision

### RECORDS

Complete and maintain controlled drug log	CVT Indirect Supervision
Enter information and maintain medical/health records	CVT Indirect Supervision
Enter information on Certificate of Veterinary Inspection, Veterinary Feed Directive, or Brucellosis vaccination form	CVT Indirect Supervision
Obtain history	CVT Indirect Supervision
Take drug inventories, order and stock drugs on farms (requires prescription to be issued by veterinarian of record)	CVT Indirect Supervision
Weigh calves to determine growth rates	CVT Indirect Supervision

## AMERICAN ASSOCIATION OF BOVINE PRACTITIONERS

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# Guidelines for Utilization of EQ CrVT

Level 1	Level 2	Level 3
<p><b>Exams</b> Obtain History, TPR, GI, Physical Exam, Overview of Patient Obtain and Monitor Vitals on Patient Low Stress Handling - Safe and Appropriate Restraint</p> <p><b>Laboratory</b> Collect Samples for Laboratory Testing (FEC, UA, CBC, Fluid) Perform and Read FEC, UA, CBC Cytology</p> <p><b>Procedures</b> Phlebotomy Tracheal Intubation Blood Typing - Crossmatching Aseptic Technique Set up for Surgery - Procedures Perform Basic Life Support - CPR Suture - Staple removal Bandaging - Basic Basic Anesthesia Monitoring IV Fluid Therapy set up and Catheter Care Set Up and Obtain Radiographs Urinary set up and Catheter Care</p> <p><b>Medications</b> Administer Vaccines, Routine Meds for Treatments Medication administration: IV, IM, SQ, OU, PO, Topical, CRI Draw up Prescribed Treatments and Vaccines Label and Fill Prescriptions</p> <p><b>Medical Records -Communication- Client Ed</b> Husbandry Knowledge Controlled Drug Substance Handling, Documentation Basic Client Education - husbandry Create Invoices and Estimates Communicate Clinic Policies, Incl Payment Enter Medical Records, Charting for Patient</p>	<p><b>Exams</b> Assist with lameness, PPE, Neuro exams Critical Care Assessment Safe and Appropriate Handling - Restraint - Elevated Stress Emergency Triage</p> <p><b>Laboratory</b> Perform Lab Tests - Collect Samples - Paperwork - Submission Blood Collection, Transfusion and Plasma Administration Perform Ophthalmic testing</p> <p><b>Procedures</b> Epidural Catheter Maintenance Spinal Taps - Set up and Assist Skin Biopsy- Set Up and Assist Surgical Assisting Perform- Position for Orthopedic Procedures Perform Advanced Life Support - CPR Apply Splints - Bandages Remove Splints - Bandages - Assess and Report Advanced Anesthesia Monitoring Perform Fine Needle Aspirates Advanced Imaging Anesthesia (CT, MRI, PET) Local Blocks Perform Nuclear Scintigraphy imaging with training Ultrasound and Radiography - Set up , Assist, Obtain Images IV Fluid Therapy and Catheter Care Assist with Anesthesia Recovery Nasogastric Tube Placement Placement of Tracheostomy Tube and Care Epidural Catheter Maintenance Urinary Catheter Placement and Care</p> <p><b>Medications</b> Regenerative Medicine Preparations (PRP, Stem Cell processing) Prep - Assist with HA Injections Multimodal Analgesia and Interventional Prescriptions (Vasodilators, GI) Foal Oxygen Set up and Administration of Total IV Anesthesia, CRI</p> <p><b>Medical Records- Communication -Client Ed</b> Client Education (Nutrition, Rehab, Palliative) Patient Discharge, RDVM notes, Final Invoice, Payment Show -Race Regulatory Paperwork -Passports</p> <p>Training New Hires</p>	<p><b>Exams</b> Pre-Surgical workup Physical Therapy Assessment Pain Assessment Recheck Appointments Telemed Appointments (Recheck, Bandage change, Maintenance Meds, Initial Assessments)</p> <p><b>Laboratory</b> Review Lab Results and Highlight Abnormalities</p> <p><b>Procedures</b> IV Fluid Therapy and Central Line Placement - OTW and Catheter Care Thoracic Tube Placement Placement of Tracheostomy Tube and Care ICU and Post Surgical Monitoring Standing Sedation and Monitoring LEAD - Advanced Life Support -CPR -Medications Metabolic Patient Monitoring Neonatal Care and Monitoring Arterial BP -EKG -Blood Gas- Obtain readings and assess Wound Care Obtain Ultrasound Images, Perform Advanced Imaging - (CT, MRI, PET, US) Perform Nerve Blocks- Assist with US Guided Nerve Blocks and Injections Nasogastric Tube Placement Repro Procedures (Meds, Assist in Collections-US, Lab, Embryo Transfer) LEAD - Induction and Recovery Advanced Recovery Techniques - Slings, Pools, Down Horse Perform Routine Basic Dental as authorized Perform Physical Thrapy as authorized Perform Tracheostomy -Immediate Life Threatening situation Epidural Catheter Placement and Care</p> <p><b>Medications</b> IV Therapy Administration of Total IV Anesthesia, CRI (Advanced) HA etc. Maintenance Injections</p> <p><b>Medical Records- Communication-Client Ed</b> Patient Discharge, Recheck Calls, Appointments Owner Communications- Discharge Review and Medications Client Education</p> <p>Conduct Technician Rounds Lead- Supervisor- Trainer Positions</p>



# 2023 AAHA Technician Utilization Guidelines

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## CONFLICT OF INTEREST STATEMENT

The authors whose names are listed immediately below report the following details of affiliation or involvement in an organization or entity with a financial or nonfinancial interest in the subject matter or materials discussed in this manuscript.

Heather Prendergast is the CEO of Synergie Consulting.

Alyssa Mages is the cofounder and CVO of Empowering Veterinary Teams, LLC.

Mark Thompson is a member of the AAHA Board of Directors.

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## Introduction

AAHA recognizes that optimal utilization of trained and educated credentialed veterinary technicians brings myriad benefits to veterinary teams and to the veterinary industry as a whole. Empowering credentialed veterinary technicians to perform the wide range of veterinary medical tasks that fall under their scope of practice not only benefits practices financially but also encourages retention of individuals with valuable skill sets and experience within the profession. Optimal utilization increases job and career satisfaction and contributes to an environment of mutual trust and collaboration. Patients and clients benefit when credentialed veterinary technicians are able to take on more expansive roles equal to their education and training.

Although the need for optimal utilization of credentialed veterinary technicians has been discussed at length within the veterinary profession, little progress has been made in the form of tangible and enduring change. Veterinary medicine is currently facing a crisis of staff shortages, low attraction and retention of skilled professionals, professional burnout, mental health challenges, and lack of patient access to care. To address the significant challenges veterinary practices now

face, it is crucial that veterinary professionals, and in particular veterinarians, embrace the benefits of optimal veterinary technician utilization.

These guidelines provide actionable steps that veterinary practices can take right now to initiate positive change. The guidelines include practical tools to implement and evaluate credentialed technician utilization in individual practices such as:

- Goal worksheets
- Workflows by role for everyday clinical examples
- Veterinary team member utilization assessment tools
- Examples of veterinary technician levels and skills for professional growth and increased learning potential
- Case studies
- Lists of open-ended questions to structure conversations on the issues, feelings, and realities of improving utilization

Together, the action steps, tools, and resources in these guidelines provide veterinary practices with strategies for improving utilization, job satisfaction, and retention of these valuable and skilled veterinary professionals.

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## Abbreviations and Acronyms

**AAVSB** American Association of Veterinary State Boards  
**ADL** Adult Learning Theory  
**AVMA** American Veterinary Medical Association  
**CrVT** credentialed veterinary technician (encompassing CVT, LVT, LVMT, RVTg, and RVT)  
**CSR** customer service representative

**ECG** electrocardiogram  
**NAVTA** National Association of Veterinary Technicians in America  
**SMART** specific, measurable, achievable, relevant, and time-bound  
**SOC** standard of care  
**SOP** standard operating protocol  
**T&D** training and development  
**TPR** temperature, pulse, and respiration rate  
**VA** veterinary assistant








These guidelines were prepared by a task force of experts convened by the American Animal Hospital Association. This document is intended as a guideline only, not an AAHA standard of care. These guidelines and recommendations should not be construed as dictating an exclusive protocol, course of treatment, or procedure. This resource is not a substitute for legal or other appropriate professional advice. AAHA is not responsible for any inaccuracies, omissions, or editorial errors, or for any consequence resulting therefrom, including any injury or damage to persons or property. Evidence-guided support for specific recommendations has been cited whenever possible and appropriate. Other recommendations are based on practical clinical experience and a consensus of expert opinion. Variations in practice may be warranted based on individual needs, resources, and limitations unique to each practice setting.

**TABLE 5.2: Standardized Workflow for Optimal Utilization**

Category	Roles ▼
<p><b>Appointments/Initial Assessments</b></p>	 <p><b>CSR:</b></p> <ul style="list-style-type: none"> <li>Obtains initial information, reason for visit, previous medical records</li> </ul>
	 <p><b>CrVT (with VA):</b></p> <ul style="list-style-type: none"> <li>Collect data</li> <li>Obtain the relevant history</li> <li>Perform initial triage</li> <li>Note problems found</li> <li>Create preliminary diagnostic plan (i.e., if patient is pale, order CBC)</li> <li>Start basic level of care or initial diagnostics (i.e., collect ear swab samples for cytology)</li> <li>Present case to veterinarian</li> </ul>
	 <p><b>Veterinarian &amp; CrVT:</b></p> <ul style="list-style-type: none"> <li>Patient assessment and agreement/prioritization of problem list</li> </ul>
	 <p><b>Veterinarian</b></p> <ul style="list-style-type: none"> <li>Gives presumptive or working diagnosis</li> <li>Creates therapeutic plan and recommendations</li> <li>Predetermines case management check-ins with CrVT</li> <li>Writes prescriptions and/or performs surgery</li> </ul>
	 <p><b>CrVT &amp; Team:</b></p> <ul style="list-style-type: none"> <li>CrVT creates and facilitates nursing plan</li> <li>CrVT develops and facilitates/delegates patient discharge information and keys to clinical outcome success</li> <li>CrVT sets and performs follow up &amp; recheck appts</li> </ul>
<p><b>Initial Assessments/ Emergency Situations</b></p>	 <p><b>CSR:</b></p> <ul style="list-style-type: none"> <li>Obtains initial information, reason for visit, previous medical records</li> </ul>
	 <p><b>CrVT (with VA):</b></p> <ul style="list-style-type: none"> <li>Collect data</li> <li>Obtain the relevant history</li> <li>Initial triage and patient assessment</li> <li>Note problems found</li> <li>Create therapy plan based on agreed protocolized medicine (algorithm) (SOPs, i.e., if/then steps)</li> <li>Order diagnostics (i.e., if patient is pale, order CBC)</li> <li>Initiate basic level of care (i.e., if patient is blue, start oxygen)</li> <li>Present case to veterinarian</li> </ul>
	 <p><b>Veterinarian &amp; CrVT:</b></p> <ul style="list-style-type: none"> <li>Patient assessment and agreement/prioritization of problem list</li> </ul>

(Continued on next page)







**TABLE 5.2: Standardized Workflow for Optimal Utilization, Continued**

Category	Roles ▼
<b>Initial Assessments/ Emergency Situations, Continued</b>	 <p><b>Veterinarian:</b></p> <ul style="list-style-type: none"> <li>• Gives presumptive or working diagnosis</li> <li>• Creates therapeutic plan and recommendations</li> <li>• Predetermines case management check-ins with CrVT</li> <li>• Writes prescriptions and/or performs surgery</li> </ul>
	 <p><b>CrVT (with VA):</b></p> <ul style="list-style-type: none"> <li>• Carries out diagnostics and therapeutic plan</li> </ul>
	 <p><b>CrVT &amp; Team:</b></p> <ul style="list-style-type: none"> <li>• CrVT creates and facilitates nursing plan</li> <li>• CrVT develops and facilitates/delegates patient discharge information and keys to clinical outcome success</li> <li>• CrVT sets and performs follow up &amp; recheck appts</li> </ul>
<b>Anesthesia and Surgery</b>	 <p><b>CrVT:</b></p> <ul style="list-style-type: none"> <li>• Conducts patient assessment</li> <li>• Initial pain score</li> <li>• Prepares anesthesia/analgesia protocol (as per protocol(algorithm)/veterinarian direction)</li> <li>• Creates surgical plan                             <ul style="list-style-type: none"> <li>• Equipment</li> <li>• Preoperative preparation</li> <li>• Monitoring</li> <li>• Incision documentation</li> <li>• Postoperative pain score</li> </ul> </li> </ul>
	 <p><b>Veterinarian:</b></p> <ul style="list-style-type: none"> <li>• Performs surgery</li> </ul>
	 <p><b>CrVT:</b></p> <ul style="list-style-type: none"> <li>• Monitors anesthesia and pain</li> <li>• Incision documentation and surgical record keeping</li> <li>• Postoperative pain score</li> <li>• Facilitates nursing care with team</li> <li>• Communicates patient updates to clients</li> <li>• Prepares and gives discharge instructions</li> <li>• Creates a follow up and recheck appointment plan</li> </ul>
<b>Triage &amp; Triage* (with established VCPR)</b>	 <p><b>All Team Members:</b></p> <ul style="list-style-type: none"> <li>• Demonstrate a clear understanding of definitions for Telehealth/Triage/VCPR</li> <li>• See the AAHA/AVMA Telehealth Guidelines at <a href="http://aaha.org/telehealth">aaha.org/telehealth</a> for definitions and more information.</li> </ul>

(Continued on next page)



**TABLE 5.2: Standardized Workflow for Optimal Utilization, Continued**

Category	Roles ▼
<b>Triage &amp; Triage, Continued*</b> <b>(with established VCPR)</b>	 <b>CSR:</b> <ul style="list-style-type: none"> <li>• Initial response (collects signalment and historical information); or</li> <li>• Automated information collection for what can be collected</li> </ul>
	 <b>CrVT:</b> <ul style="list-style-type: none"> <li>• Performs triage:               <ul style="list-style-type: none"> <li>• Asks questions to collect more clinical information, photos, and video</li> <li>• Uses critical thinking skills to ask differentiating questions</li> <li>• Synthesizes generalized problem list</li> <li>• Makes recommendation on action: ER, schedule in-person appointment with veterinarian, home care/education, and/or builds plans from SOPs previously approved by a veterinarian</li> </ul> </li> </ul>
	 <b>Veterinarian:</b> <ul style="list-style-type: none"> <li>• Diagnoses problem and reviews tests</li> <li>• Prescribes treatment</li> </ul>
	 <b>CrVT:</b> <ul style="list-style-type: none"> <li>• Schedules necessary tests, communicates with client, performs treatments, prepares discharge &amp; educational information for client</li> <li>• Prepares follow up plan</li> </ul>
<b>Telehealth*</b> <b>(follow up appointments and check ins, rechecks)</b>	 <b>CSR:</b> <ul style="list-style-type: none"> <li>• Schedules telehealth appointment with CrVT based on treatment or discharge plans</li> </ul>
	 <b>CrVT:</b> <ul style="list-style-type: none"> <li>• Performs telehealth appointments remotely—can include:               <ul style="list-style-type: none"> <li>• Post-operative rechecks (such as incision checks)</li> <li>• Post diagnosis                   <ul style="list-style-type: none"> <li>▸ Check in visits for chronic diseases/senior pet care                       <ul style="list-style-type: none"> <li>▪ Restates disease pathophysiology</li> <li>▪ Restates outcome/prognosis discussions</li> </ul> </li> <li>▪ Reinforces the timing of repeat labs &amp; reasoning for continued monitoring</li> <li>▪ Schedules appointments for sample collection when deemed necessary</li> </ul> </li> <li>▸ Reinforces medication expectations/compliance and discusses:                       <ul style="list-style-type: none"> <li>▪ Challenges to compliance</li> <li>▪ Lifestyle changes</li> <li>▪ Exercise routines</li> <li>▪ Nutrition</li> </ul> </li> </ul> </li> </ul>

\*See also Resources at [aaha.org/technician-utilization](http://aaha.org/technician-utilization)

CBC, complete blood count; CSR, client service representative; CrVT, credentialed veterinary technician; VA, veterinary assistant; VCPR, veterinarian-client-patient relationship

**TABLE 6.1: Levels of Veterinary Technician Utilization and Examples of Specific Skill Sets**

LEVEL 1	LEVEL 2	LEVEL 3
<ul style="list-style-type: none"> <li>• Obtain/monitor vitals on nonanesthetized patient</li> <li>• Cytology</li> <li>• Bandaging (basic)</li> <li>• Dental prophylaxis</li> <li>• Dental radiographs</li> <li>• Radiographs (basic)</li> <li>• Administer vaccines</li> <li>• Anal gland expression</li> <li>• Nail trims</li> <li>• Client education (basic topics—pain assessment, husbandry)</li> <li>• Phlebotomy</li> <li>• Urinary catheter care</li> <li>• Intravenous catheter care</li> <li>• Medication administration</li> <li>• Husbandry</li> <li>• Anesthesia monitoring (ASA I–II)</li> <li>• Fill prescriptions</li> <li>• Collect urine/fecal samples</li> <li>• Cystocentesis</li> <li>• Gastric intubation</li> <li>• Tracheal intubation</li> <li>• Blood typing</li> <li>• Monitoring blood product transfusion</li> <li>• Medication/fluid therapy calculations (basic drug calculation, constant rate infusions, percent calculations, mEq)</li> <li>• Aseptic technique</li> <li>• Basic suturing skills</li> <li>• Perform Basic Life Support in CPR</li> <li>• Controlled substance handling and monitoring</li> <li>• Set up for surgery/procedures</li> <li>• Low-stress handling/restraint</li> <li>• Perform ophthalmological testing (Schirmer tear test, fluorescein, tonometry)</li> <li>• Suture/staple removal</li> <li>• Microchip insertion</li> </ul>	<ul style="list-style-type: none"> <li>• Apply splints or casts</li> <li>• Anesthesia monitoring (ASA III–IV)</li> <li>• Advanced imaging anesthesia support (CT, MRI, PET)</li> <li>• Client education (nutrition, diabetes, rehabilitation skills, palliative care)</li> <li>• Esophagostomy tube maintenance</li> <li>• Blood transfusion and crossmatching</li> <li>• Dental local blocks</li> <li>• Surgical assisting</li> <li>• Perform Advanced Life Support in CPR</li> <li>• Critical care assessments</li> <li>• Urinary catheter placement</li> <li>• Physical rehabilitation treatments (laser, shockwave, ultrasound, TENS, etc.)</li> <li>• Regenerative medicine preparations (PRP, stem cell processing, hyaluronic acid injections)</li> <li>• Emergency triage</li> <li>• Surgical discharge</li> <li>• Multimodal analgesia and interventional prescriptions (vasopressors, gastrointestinal, etc.)</li> <li>• Intraosseous catheter placement</li> <li>• Perform/position for orthopedic radiographs (VD shoulder, OFA pelvis, spinal series)</li> <li>• Perform fine needle aspirates</li> </ul>	<ul style="list-style-type: none"> <li>• Advanced imaging (CT, MRI, PET)</li> <li>• Central line placement</li> <li>• Arterial blood pressure monitoring</li> <li>• Chest/tracheal tube management</li> <li>• Physical rehabilitation assessments</li> <li>• Epidural injections</li> <li>• Ultrasound-guided nerve blocks</li> <li>• Chest tube placement</li> <li>• Blocked cat urinary catheter placement</li> <li>• Tracheostomy tube care</li> <li>• Difficult intubation</li> <li>• Epidural catheter care</li> <li>• Lead CPR code (RECOVER)</li> <li>• Neonatal care</li> <li>• Administration of total intravenous anesthesia</li> <li>• Nasogastric tube placement</li> </ul>

ASA, American Society of Anesthesiologists; CPR, cardiopulmonary resuscitation; CT, computed tomography; OFA, Orthopedic Foundation for Animals; PET, positron emission tomography; PRP, platelet-rich plasma; TENS, transcutaneous electrical nerve stimulation; VD, ventrodorsal



**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 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 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 ACTS OF ASSEMBLY -- 2024 SESSION

## CHAPTER 241

*An Act to amend and reenact § 3.2-6521 of the Code of Virginia, relating to rabies clinics; animal vaccination and microchip services.*

[S 412]

Approved March 28, 2024

**Be it enacted by the General Assembly of Virginia:**

**1. That § 3.2-6521 of the Code of Virginia is amended and reenacted as follows:**

**§ 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.

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

C. *Rabies clinics approved by the appropriate local health department and governing body may offer microchipping and additional animal health vaccines at the discretion of the licensed veterinarian or veterinarians participating in the clinic. Any licensed veterinarian who administers animal health vaccinations at the clinic shall (i) provide the owner or custodian of an animal a vaccination record for each vaccinated animal and (ii) ensure that a licensed veterinary establishment retains a copy of each vaccination record. Licensed veterinary technicians may administer animal health vaccines at a rabies clinic under the immediate and direct supervision of a licensed veterinarian on the premises unless otherwise provided by regulations.*

D. *Local health departments shall submit a report to the Department of Health no later than December 31 of each year that includes (i) the number and location of rabies clinics approved pursuant to subsections B and C and (ii) the number and type of vaccinations administered, the number of microchips administered, and the number of veterinarians and veterinary technicians in attendance at each clinic to determine the type of service utilized.*

E. Vaccination subsequent to a summons to appear before a court for failure to do so shall not operate to relieve such owner from the penalties or court costs provided under § 16.1-69.48:1 or 17.1-275.7.

D. F. The Board of Health shall, by regulation, provide an exemption to the requirements of subsection A if an animal suffers from an underlying medical condition that is likely to result in a life-threatening condition in response to vaccination and such exemption would not risk public health and safety. For the purposes of § 3.2-6522, such exemption shall mean that the animal is considered not currently vaccinated for rabies. For the purposes of §§ 3.2-5902, 3.2-6526, and 3.2-6527, such exemption shall be considered in place of a current certificate of vaccination.