Virginia Department of Health Professions
Board of Veterinary Medicine

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

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Website: https://www.dhp.virginia.gov/Boards/VetMed/

July 28, 2026
Board Room 4
9:00 AM

Agenda
Virginia Board of Veterinary Medicine
Full Board Meeting

Call to Order – Richard G. Bailey, DVM, Board President **Page 1**
- Emergency Egress Procedures
- Mission Statement

Ordering of Agenda – Dr. Bailey

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

Approval of Minutes – Dr. Bailey **Pages 2-24**
- February 3, 2026 Regulatory Advisory Panel (pp 2-3)
- March 4, 2026 Formal Hearing (pp 4-6)
- March 4, 2026 Full Board (pp 7-14)
- March 19, 2026 Regulatory Advisory Panel (pp 15-16)
- May 19, 2026 Formal Hearing (pp 17-19)
- May 19, 2026 Regulatory Committee (pp 20-21)
- June 24, 2026 Regulatory Advisory Panel (pp 22-24)

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

Legislative/Regulatory Report – Ms. Erin Barrett **Pages 25-74**
- Current Regulatory Actions (p 25)
- Consideration of proposed new and revised Guidance Documents
  - New: 150-1 Veterinarian-in-Charge (pp 26-30)
  - Revised: 150-16 Reporting Unusual Drug Loss (pp 31-38)
- Consideration of Proposed Regulations for Haul-In Facilities (pp 39-74)

Board Counsel's Report – Mr. Brent Saunders

President's Report – Dr. Bailey

Staff Reports **Pages 75-77**
- Executive Director's Report – **Ms. Kelli Moss**
  - AAVSB
    - Annual meeting September 24-26, 2026
  - American Association of Veterinary State Boards 2026 Annual Meeting
  - International Council on Veterinary Assessment (ICVA) Reports (pp 75-76)
  - Outreach
    - Summer Newsletter
    - Board Webinars
  - Board statistics (p 77)

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- Licensing Report – **Ms. Laura Jackson**
- Discipline Report – **Ms. Claire Foley**

New Business – Dr. Bailey

Next Meeting – Dr. Bailey/Ms. Moss **Page 78**

- September 17, 2026 - Informal Conferences
- October 27, 2026 - Full board meeting and Formal Hearings
- 2027 Meeting Calendar

Meeting Adjournment – Dr. Bailey

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

Virginia Department of Health Professions
Board of Optometry

Perimeter Center
9960 Mayland Drive, Suite 300
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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 Department of Health Professions
Board of Veterinary Medicine

Draft Meeting Minutes
February 3, 2026
Regulatory Advisory Panel – Haul in Establishments

Call to Order

The Regulatory Advisory Panel (Panel) meeting of the Virginia Board of Veterinary Medicine (Board) was called to order on February 3, 2026, at 10:01 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Training Room 5, Henrico, Virginia 23233.

Chair
Bruce M. Bowman, DVM, Board member

Attendees
Thomas Massie, Jr., DVM, Large animal veterinarian
Melinda McCall, DVM, Large animal veterinarian
Matt Nuckols on behalf of Jake Tabor, Legislative Specialist, Governmental Relations, Virginia Farm Bureau

Staff Present
Kelli Moss, Executive Director
Claire Foley, Deputy Executive Director
Matt Novak, DHP Regulatory Coordinator
Laura L. Jackson, Board Administrator
Charles "Chip" Atkins, Licensing Specialist

Establishment of Quorum
With four out of four Panel members present, a quorum was established.

Introduction
Dr. Bowman welcomed attendees and introductions followed.

Ordering of Agenda
Dr. Bowman opened the floor to any edits or corrections regarding the agenda. Hearing none, the agenda was accepted as presented.

Public Comment
No public comment was provided.

Discussion
Ms. Moss reviewed the 2025 Large Animal Veterinarian Shortage Study Report, which included the work group's recommendation to develop a regulatory framework for haul in veterinary establishments. She provided historical information regarding the Board's recognition of and ongoing efforts to create a registration pathway for this type of establishment to allow greater access to veterinary care for large animals. She affirmed this Panel's purpose to draft proposed regulations for haul-in veterinary establishments to recommend to the Board.

Mr. Novak stated that a Notice of Intended Regulatory Action is pending publication and the next step in the regulatory process will be to develop proposed regulations for haul in establishments that will allow for a registered and inspected shared or third-location facility as there is currently no regulatory provision for this. He projected the Panel would provide its recommendation of the proposed regulations no earlier than the Board meeting scheduled in July 2026.

The Panel discussed the minimum standards to consider for this new establishment type, including definitions, prerequisites and VIC requirements for a haul in establishment.

Next Steps
The Panel will reconvene in late March at a date and time to be determined to review a draft of the proposed regulations developed from the information gathered at the meeting.

Adjournment
With no objection, Dr. Bowman adjourned the meeting at 11:55 a.m.

_____
Kelli Moss
Executive Director

VIRGINIA BOARD OF VETERINARY MEDICINE
FORMAL HEARING MINUTES
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 2
HENRICO, VA
March 4, 2026

CALL TO ORDER:	The meeting of the Virginia Board of Veterinary Medicine (Board) was called to order at 12:20 p.m. on March 4, 2026, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, Virginia.
PRESIDING OFFICER:	Richard Bailey, D.V.M., President
MEMBERS PRESENT:	Bruce Bowman, D.V.M. Richard Godine, D.V.M. Steven Linas, O.D. Jeffrey Newman, D.V.M Margaret Rucker, D.V.M. Patricia Seeger, L.V.T.
QUORUM:	With seven members of the Board present, a quorum was established.
STAFF PRESENT:	Kelli Moss, Executive Director Claire Foley, J.D., Deputy Executive Director Heather Pote, Senior Discipline Case Specialist
BOARD COUNSEL:	Brent Saunders, Senior Assistant Attorney General
COURT REPORTER:	Juan Ortega
PARTIES ON BEHALF OF THE COMMONWEALTH:	Christine Corey, Esq., Sr. Adjudication Specialist, Administrative Proceedings Division, Department of Health Professions
COMMONWEALTH WITNESSES :	Katie Land, Sr. Investigator, Enforcement Division
APPLICANT WITNESSES:	Stephanie Keevis Judy Viglietta

OTHERS PRESENT: Michael Parsons, J.D., Deputy Director, Administrative Proceedings Division

MATTER SCHEDULED: **Anna Zaccaria, Veterinarian Technician Reinstatement Applicant**

Ms. Zaccaria appeared before the Board in accordance with a Notice of Formal Hearing dated December 11, 2025, and letter of continuance dated January 5, 2026, to consider her application for reinstatement to practice as a veterinary technician in Virginia and to inquire into allegations that she may have violated certain laws and regulations governing veterinary practice in Virginia. Ms. Zaccaria was represented by Nora Ciancio, Esq. and Nicholas Beck, Esq. The Board received evidence from the Commonwealth and from Ms. Zaccaria's counsel regarding the allegations in the Notice.

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

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

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

DECISION: Dr. Newman moved to continue the indefinite suspension of Ms. Zaccaria's license to practice as a veterinary technician. The suspension shall be stayed contingent upon continued compliance with the Health Practitioners' Monitoring Program. The basis for this decision will be set

forth in a final Board Order that will be sent to Ms. Zaccaria at her address of record. The motion was seconded by Dr. Bowman and carried unanimously.

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

ADJOURNMENT: The Formal Hearing adjourned at 3:12 p.m.

_____

Kelli G. Moss, Executive Director

Virginia Department of Health Professions
Board of Veterinary Medicine

Draft Meeting Minutes
Board of Veterinary Medicine
Full Board Meeting
March 4, 2026 9:00 a.m.

Call to Order
The March 4, 2026, Virginia Board of Veterinary Medicine (Board) meeting was called to order at 9:00 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, Virginia 23233.

Presiding Officer
Richard G. Bailey, DVM, President

Members Present
Margaret J. Rucker, DVM, Vice President
Richard Godine, DVM, Secretary
Bruce M. Bowman, DVM
Jeffrey Newman, DVM
Patricia Seeger, LVT, BBA
Steven A. Linas, OD

Members Not Present
All board members were present

Staff Present
David E. Brown, DC, Agency Director
Kelli Moss, Executive Director
Erin L. Barrett, JD, Director of Legislative and Regulatory Affairs
Claire Foley, JD, Deputy Executive Director
M. Brent Saunders, Senior Assistant Attorney General, Board Counsel
Laura Jackson, MSHSA, Board Administrator
Laura D. Paasch, Senior Licensing & Operations Specialist
Taryn Singleton, LVT, Discipline Case Specialist
Yetty Shobo, PhD, Director, DHP Healthcare Workforce Data Center and Data Analytics Division
Barbara Hogdgon, PhD, Deputy Director, DHP Healthcare Workforce Data Center and Data Analytics Division

Public Present
Lina Cortes

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

Ordering of Agenda
Dr. Bailey opened the floor to any edits or corrections regarding the agenda. Hearing none, the agenda was accepted as presented.

Public Comment
No public comment was provided.

Approval of Minutes
Dr. Bailey opened the floor to any additions or corrections regarding the draft minutes from the following meetings:

- October 21, 2025, Board Meeting
- October 21, 2025, Formal Hearing
- January 23, 2026, Formal Hearings

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

Agency Director's Report
Dr. Brown provided an overview of the roles and responsibilities of Board members, emphasizing that, while changes in administration and political leadership occur, the Board's role remains the same: to protect the public. He explained that Board members are part of the executive branch and that the Governor's position on legislation represents the Board's position.

Drawing on his prior experience as a member of the Board of Medicine, Dr. Brown acknowledged the significant effort required to serve on the Board and stressed that the value of the experience depends on the commitment invested. He reminded members that their primary goal is public protection and cautioned against conflicts of interest when serving in leadership roles within professional associations. He reiterated that individual Board members cannot speak on behalf of the Board and should avoid providing unofficial guidance on practice matters. Dr. Brown encouraged members to rely on Board staff for support, noting that active engagement in board organizations is beneficial for networking and knowledge sharing. He concluded by expressing appreciation for the Board's executive staff and their efforts to make the Board members' experience productive and positive.

Regulatory Report
Ms. Barrett presented the legislative and regulatory activity report, including the status of current actions, consideration of a petition for rulemaking, proposed amendments to Board policies, including its bylaws the disposition of cases involving applicants who practiced

veterinary technology prior to licensure and the disposition of cases involving a veterinarian-in-charge's failure to notify the Board of veterinary establishment closures.

Consideration of Petition for Rulemaking to Amend 18VAC150-20.

Ms. Barrett presented information on the petitioner request that the board amend 18VAC150-20 to include the requirement that veterinarians check all animals for a microchip prior to beginning treatment. After reviewing the Petition for Rulemaking and related public comments, the board reviewed several aspects of the petition, including concerns about delays in treating an injured animal while attempting to identify and locate its owner, the owner's responsibility to properly register the microchip, and the unclear obligations of veterinarians once a different owner is identified. They also discussed requirements related to handling ownership changes and the wide variability in microchip identification technologies, which can make it difficult to determine the correct company associated with a particular microchip.

- A **MOTION** was made by Dr. Rucker to deny the petition based on the difficulty to implement such a requirement for practitioners, the overly burdensome impact on practitioners, and the potential delay in care to animals due to a requirement to scan for a chip and attempt to locate an owner in an emergency situation. The motion was seconded by Dr. Linas and carried unanimously.

Consideration of Proposed Amendments to Board Policies - Board Bylaws

Ms. Barrett presented information for the Board to consider proposed amendments to the board's bylaws. The board held a brief discussion regarding the changes to the bylaws.

- A **MOTION** was made by Dr. Newman to adopt the proposed amendments to the bylaws as presented. The motion was seconded by Dr. Bowman and carried unanimously.

Consideration of Proposed Amendments to Board Policies – Disposition of Cases Involving Applicants Practicing Veterinary Technology Prior to Licensure

Ms. Barrett presented proposed amendments to the policy on the disposition of cases involving licensed veterinary technicians practicing prior to licensure. The board held a brief discussion regarding the specific term "qualified veterinary technician" and how it applies to practicing prior to licensure and allowing unlicensed persons to perform restricted acts.

- A **MOTION** was made by Dr. Rucker to adopt the proposed amendments to the policy document for disposition of cases for veterinary technology applicants as presented. The motion was seconded by Dr. Newman and carried unanimously.

Consideration of Proposed Amendments to Board Policies – Disposition of Cases Involving Failure of Veterinarian-in-Charge to Notify Board of Veterinary Establishment Closure

Ms. Barrett presented proposed amendments to the policy on the disposition of cases involving failure of veterinarian-in-charge to notify the board of a veterinary establishment closure. The Board held a brief discussion regarding the changes requested.

- A **MOTION** was made by Dr. Godine to adopt the proposed amendments to the policy document for disposition of cases for veterinarians-in-charge as presented. The motion was seconded by Dr. Rucker and carried unanimously.

Discussion

Healthcare Workforce Data Center

Dr. Hodgdon presented the 2025 Healthcare Workforce Data Center reports for veterinarians and licensed veterinary technicians.

Continuing Education Audit

The board discussed whether to instruct staff to conduct an audit of 2025 continuing education for the 2026 renewal year. This subject was tabled until the October 27, 2026, meeting.

Board Counsel's Report

Mr. Saunders provided information to the board about the appeal of a case currently pending in the Clarke County Circuit Court.

President's Report

Dr. Bailey expressed his appreciation to Ms. Moss for her presentation at the February 2026 VVMA meeting, noting it was well received. Dr. Bowman further stated that attendees valued the opportunity to associate a face with the Board of Veterinary Medicine.

Dr. Bailey reported on a recent trip to Washington, DC where he attended a meeting regarding the Rural Veterinary Workforce Act which aims to address the shortage of veterinarians in rural areas by providing tax exemptions for student loan repayments, thereby encouraging more veterinarians to practice in underserved areas. He stated that it was a valuable opportunity to engage with fellow veterinarians and meet several government officials from Virginia.

Dr. Bailey noted that Xylazine, a prescription animal drug currently being misused by humans, is under review for reclassification as a Schedule III controlled substance.

He also expressed his appreciation to board staff for their continued hard work.

Staff Reports

Executive Director's Report

Ms. Moss provided the following information to the Board:

- Large Animal Veterinarian Shortage Study Workgroup:
  Ms. Moss reported that this workgroup held its last meeting on September 3, 2025, and the second and final report presented to the 2026 General Assembly is included in the agenda documents. Ms. Moss reported on several initiatives supported by legislation and

budget amendments during the 2025 legislative session, including the Large Animal Veterinary Grant Program and a planning grant for large animal veterinary services in Russell County, both administered under the State Veterinarian's office at Virginia Department of Agriculture and Consumer Services (VDACS). Ms. Moss noted that Dr. Bowman served as the Board's representative in reviewing VDACS' applications for grant awards. She also reported that a coordinator position was funded and housed under the Department of Large Animal Clinical Sciences at Virginia-Maryland College of Veterinary Medicine (VMCVM) to support the development and retention of large animal veterinarians in the Commonwealth. Recommendations for continued program funding have been included in this year's budget amendments.

- Regulatory Advisory Panel (RAP) and Regulatory Committee Updates

  The RAP met February 3, 2026, to carry out the Large Animal Veterinarian Shortage Study work group's recommendation to develop a regulatory framework for haul-in veterinary establishments. She provided historical information regarding the Board's recognition of and ongoing efforts to create a registration pathway for this type of establishment to allow greater access to veterinary care for large animals. She affirmed the RAP's purpose to draft proposed regulations for haul-in veterinary establishments to recommend to the Board.

  Mr. Novak stated that a Notice of Intended Regulatory Action is pending publication and the next step in the regulatory process will be to develop proposed regulations for haul-in establishments that will allow for a registered and inspected shared or third-location facility as there is currently no regulatory provision for this. He projected the RAP would provide its recommendation of the proposed regulations no earlier than the Board meeting scheduled in July 2026.

  The RAP will reconvene March 19, 2026, to review a draft of the proposed regulations developed from the information gathered at the meeting to present to the board at its next meeting.

  Regulatory Committee

  The next Regulatory Committee meeting will be held May 19, 2026. The committee will review proposed changes to several guidance documents, notably Guidance Document 150-12: Administration of Rabies Vaccinations. Recommendations from the regulatory committee will be presented at the next board meeting.

- Virginia Veterinary Medical Association's 2026 Virginia Veterinary Conference

  Ms. Moss reported she presented the board's annual report to the VVMA board of directors, and she participated in a News Hour panel with Dr. Becker from the USDA, Dr. Broaddus from VDACS, Dr. Hungerford from the VMCVM and Dr. Murphy from VDH. She

stated she appreciated the opportunity to present board updates to members during one of the VVC's continuing education sessions.

- American Association of Veterinary State Boards 2026 Annual Meeting
  Ms. Moss reported that the AAVSB 2026 Annual Meeting will be held in Providence, Rhode Island from September 23-26, 2026. She submitted a volunteer application and has recently been appointed to serve on the Student Outreach Task Force.

- International Council on Veterinary Assessment (ICVA)
  - 2025 Report to Licensing boards
    Ms. Moss noted that this report spoke specifically to the NAVLE Species Specific Exams. The ICVA is celebrating 25 years of the NAVLE and has now moved from two to three annual testing windows to assist boards with individuals entering the licensure process. In February, the AAVSB announced the recently approved content outline for the Qualifying Science Examination (QSE). The exam is administered by the Program for the Assessment of Veterinary Education Equivalence (PAVE), the QSE is based on comprehensive content analysis. The first exam with the new exam content outline will be administered January 2027.

  - NAVLE 2024-2025 Technical Report
    Ms. Moss provided that this report spoke specifically to test development, test administration, scoring and analysis of the NAVLE exam.

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

  - Board staff have developed and provided virtual presentations to veterinary technology students at Tidewater Community College and Blueridge Community College.
  - Ms. Moss provided a board presentation to the VMCVM veterinary students sponsored by AAVSB.
  - The board will be partnering with VDH and VDACS to provide a shelter medicine webinar.
  - Three dates will be selected to provide additional outreach in 2026 through webinars in partnership with the VVMA.

- Licensing Report
  Ms. Jackson provided an update on the Board's licensing statistics and noted that she will be working with the senior licensing specialist to identify ways to improve communication between the board and its licensees.

Profession	Licenses Issued Since Last Meeting
Equine Dental Technician	0
Veterinarian	129
Veterinary Technician	58
Veterinary Faculty	8
Veterinary Intern/Resident	1
Total Licenses Issued	**196**

Profession	2025 Expired Licenses
Equine Dental Technician	4
Veterinarian	364
Veterinary Technician	180
Veterinary Faculty	0
Veterinary Intern/Resident	0
Total Expired Licenses	**548**

Satisfaction Rating	**85.30%**

- Discipline Report

  Ms. Foley provided an update on the open and closed discipline cases. The Board closed 57 cases between January 1 and March 2, 2026, and as of March 2, 2026, the Board has 238 open cases. The Board has seen an increase in the volume of cases. In the first two quarters of 2025, the Board received 131 new cases, while in the first two quarters of 2026 it received 217 new cases. Additional dates have been added to the board calendar including an additional informal conference date on June 8, 2026, and an additional formal hearing date on July 27, 2026.

  Ms. Foley reported that board staff developed new biennial inventory and distribution log forms that are now available on the website and that sample forms are available for veterinary practices to use if desired. She noted that the veterinary establishment application has been updated, a new outgoing veterinarian-in-charge change form has been created, and the board will soon launch an online process for updating establishment's veterinarian-in-charge. She also shared that a newsletter was created and emailed to licensees in December and will continue on a quarterly basis.

New Business

There was no new business to report.

Next Meeting
Ms. Moss reviewed the 2026 calendar and noted the next full board meeting is scheduled for July 28, 2026. The Regulatory Committee will be meeting May 19, 2026, with a formal hearing to follow.

Adjournment
With no objection, Dr. Bailey adjourned the meeting at 11:43 AM.

_____

Kelli G. Moss
Executive Director

Virginia Department of Health Professions
Board of Veterinary Medicine

Draft Meeting Minutes
March 19, 2026
Regulatory Advisory Panel – Haul-In Establishments

Call to Order

The Regulatory Advisory Panel (Panel) meeting of the Virginia Board of Veterinary Medicine (Board) was called to order on March 19, 2026, at 10:04 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Training Room 1, Henrico, Virginia 23233.

Chair
Bruce M. Bowman, DVM, Board member

Attendees
Thomas Massie, Jr., DVM, Large animal veterinarian
Jake Tabor, Legislative Specialist, Governmental Relations, Virginia Farm Bureau

Member Attending Virtually
Melinda McCall, DVM, Large animal veterinarian (left during discussion)

Staff Present
Kelli Moss, Executive Director
Claire Foley, Deputy Executive Director
M. Brent Saunders, Senior Assistant Attorney General, Board Counsel
Matt Novak, DHP Regulatory Coordinator
Laura D. Paasch, Senior Licensing & Operations Specialist
Charles "Chip" Atkins, Licensing Specialist

Introduction
Dr. Bowman welcomed attendees and introductions followed.

Ordering of Agenda
Dr. Bowman opened the floor to any edits or corrections regarding the agenda. Hearing none, the agenda was accepted as presented.

Public Comment
No public comment was provided.

Discussion
Mr. Novak presented proposed regulations and fees for haul-in facilities. The Panel discussed

and made changes to the proposed regulations to accommodate multiple utilization options for large animal veterinary medicine. During this discussion, Dr. McCall was called away to attend to a patient and was not present for the remainder of meeting. At the conclusion of the discussion, the Panel agreed no additional Panel meetings were necessary to make a recommendation to the board.

- A **MOTION** was made by Mr. Tabor to recommend to the board the proposed regulatory language for haul-in facilities as amended by the Panel. The motion was seconded by Dr. Massie and carried unanimously.

Next Steps
Mr. Novak explained the Panel's recommendation will be presented to the Board at its next meeting and provided next steps for the regulatory process.

Adjournment
With no objection, Dr. Bowman adjourned the meeting at 11:53 a.m.

Kelli G. Moss
Executive Director

VIRGINIA BOARD OF VETERINARY MEDICINE
FORMAL HEARING MINUTES
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 1
HENRICO, VA
May 19, 2026

CALL TO ORDER: The meeting of the Virginia Board of Veterinary Medicine (Board) was called to order at 10:40 a.m. on May 19, 2026, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 1, Henrico, Virginia.

PRESIDING OFFICER: Richard Bailey, D.V.M., President

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

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

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

BOARD COUNSEL: Brent Saunders, Senior Assistant Attorney General

COURT REPORTER: Juan Ortega

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

COMMONWEALTH WITNESSES:
Erin Bartlett
Deborah DiFalco, Regional Manager, Enforcement Division, Department of Health Professions
Samantha Storey, D.V.M.

RESPONDENT WITNESSES:
Alexander King, D.V.M.
Bobbi Connor, D.V.M.

Eric Cryan, D.V.M.
Michael Catalano
Amanda Gladfelter
Toni Harris

OTHERS PRESENT: Keith Bartlett
Rebecca King

MATTER SCHEDULED: **Alexander King, Veterinarian**

Dr. King appeared before the Board in accordance with a Notice of Formal Hearing dated December 11, 2025, and letter of continuance dated January 21, 2026, and was represented by Michael Thorsen, Esq. The Board received evidence from the Commonwealth and from Dr. King regarding the allegations in the Notice.

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

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

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

DECISION: Dr. Newman moved to issue a reprimand with terms to Alexander King, Veterinarian, and that the basis for this decision will be set forth in a final Board Order that will be sent to Dr. King at his address of record. The motion was seconded by Dr. Rucker and carried unanimously.

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

ADJOURNMENT: The Formal Hearing adjourned at 6:07 p.m.

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Kelli G. Moss, Executive Director

Virginia Department of Health Professions
Board of Veterinary Medicine

Draft Meeting Minutes
May 19, 2026
Regulatory Committee Meeting

Call to Order

The Regulatory Committee (Committee) meeting of the Virginia Board of Veterinary Medicine (Board) was called to order on May 19, 2026, at 8:30 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 1, Henrico, Virginia 23233.

Chair

Jeffery Newman, DVM

Attendees

Patricia Seeger, LVT, BBA
Margaret J. Rucker, DVM

Staff Present

Kelli Moss, Executive Director
Claire Foley, Deputy Executive Director
Laura L. Jackson, Board Administrator
Erin Barrett, Director, Legislative and Regulatory Affairs, DHP
M. Brent Saunders, Senior Assistant Attorney General, Board Counsel

Others Present

Taryn Singleton, LVT, Discipline Case Specialist

Ordering of Agenda

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

Public Comment

No public comment was provided.

Discussion

- **Draft Guidance Document 150-1 Veterinarian-in-Charge**
  Ms. Moss and Ms. Barrett provided an overview of a proposed new guidance document for veterinarians in charge registered for veterinary establishments. The Committee reviewed and made minor changes to the draft document.

A ***MOTION*** was made by Dr. Rucker to recommend to the board the proposed new guidance document 150-1 Veterinarian-in-Charge as amended. The motion was seconded by Ms. Seeger and carried unanimously.

- **Guidance Document 150-12 Administration of Rabies Vaccines revisions**
  Ms. Moss and Ms. Barrett provided an overview of proposed revisions to Guidance Document 150-12 Administration of Rabies Vaccines. After discussion it was determined that additional revisions were needed to clarify the document and the review of the guidance document was tabled.

- **150-16 Loss or Theft of Drugs revisions**
  Ms. Moss and Ms. Barrett provided an overview of proposed revisions to Guidance Document 150-16 Loss or Theft of Drugs. The Committee reviewed and amended the draft document.

  A ***MOTION*** was made by Dr. Rucker to recommend to the board the proposed changes to Guidance Document 150-16 Loss or Theft of Drugs revisions as amended. The motion was seconded by Ms. Seeger and carried unanimously.

Next Steps
Ms. Moss noted that the Committee's recommended amendments to Guidance Document 150-1 Veterinarian-in-Charge and Guidance Document 150-16 Loss or Theft of Drugs will be presented to the Board at its next meeting. Additional revisions to Guidance Document 150-12 will be completed by staff and may be presented directly to the full board.

Adjournment
With no objection, Dr. Newman adjourned the meeting at 10:19 a.m.

_____
Kelli G. Moss
Executive Director

Virginia Department of Health Professions
Board of Veterinary Medicine

Draft Meeting Minutes
June 24, 2026
Regulatory Advisory Panel – Haul-In Establishments

Call to Order

The Regulatory Advisory Panel (Panel) meeting of the Virginia Board of Veterinary Medicine (Board) was called to order on June 24, 2026, at 10:01 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Training Room 2, Henrico, Virginia 23233.

Chair

Bruce M. Bowman, DVM, Board member

Attendees

Thomas Massie, Jr., DVM, Large animal veterinarian
Melinda McCall, DVM, Large animal veterinarian
Jake Tabor, Legislative Specialist, Governmental Relations, Virginia Farm Bureau

Staff Present

Kelli Moss, Executive Director
Claire Foley, Deputy Executive Director
M. Brent Saunders, Senior Assistant Attorney General, Board Counsel
Erin Barrett, Legislative and Policy Director, DHP
Charles "Chip" Atkins, Licensing Specialist
Laura Jackson, Board Administrator
Taryn Singleton, Discipline Case Specialist

Public Present

Jonathan Winslow, DVM, Virginia Maryland College of Veterinary Medicine

Establishment of Quorum

With four panel members present, a quorum was established.

Ordering of Agenda

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

Public Comment

Dr. Jonathan Winslow, Coordinator for Virginia's Large Animal Veterinary Workforce with the Virginia-Maryland College of Veterinary Medicine, addressed the board. He emphasized that the board is taking appropriate and necessary steps to confront the statewide shortage of large-animal veterinarians. Dr. Winslow further noted that establishing clear, consistent standards for haul-in facilities is essential to ensuring quality of care, supporting veterinary practitioners, and strengthening the overall large animal clinical infrastructure in Virginia.

Review of Previous Panel Meeting Minutes

Dr. Bowman invited the panel to review and comment on the minutes of the previous two meetings of this panel, which will be presented to the board at its business meeting for approval. No panel member offered comments on the previous meeting minutes.

Discussion

Notice of Intended Regulatory Action (NOIRA)

Dr. Bowman stated that the purpose of this meeting was to review the public comments received in response to the Notice of Intended Regulatory Action for haul-in veterinary facilities. He further noted that the panel would evaluate potential alternative regulatory approaches to ensure that the draft regulations it will recommend to the board adequately safeguard patient safety, promote competent care, and minimize the regulatory burden on licensees.

Review of Haul-in Usage

Ms. Moss presented information obtained from the American Association of Bovine Practitioners describing various uses for haul-in veterinary facilities, and the panel considered the impact of regulations on various practice models to allow the full scope of current and anticipated uses for this type of facility. Panel members discussed the various ways haul-in facilities may be utilized across different practice settings, including routine care, emergency response, community outreach and specialty services.

Review of Draft Haul-in Regulations and Alternative Options

The panel then revisited the previously drafted regulatory language, evaluating the advantages and disadvantages of multiple regulatory models. This review included consideration of fixed-facility structures, hybrid mobile-plus-base models, and tiered regulatory approaches. The goal was to identify a balanced framework that ensures animal welfare, maintains appropriate practice standards, and supports community access to veterinary services. At the conclusion of the discussion, the panel agreed to amend the definition of "Haul-in Facility" within the current draft regulations to provide a clearer definition and to recommend these draft regulations with this amendment to the board.

- A **MOTION** was made by Dr. Thomas Massie, Jr., to recommend to the board the proposed regulatory language for haul-in facilities as amended by the panel. The motion was seconded by Dr. Melinda McCall and carried unanimously.

Next Steps

Ms. Barrett explained the panel's recommendation will be presented to the board at its next meeting and provided next steps for the regulatory process. Ms. Moss thanked the panel for completing its objective and stated the panel is not scheduled at this time to reconvene.

Adjournment
With no objection, Dr. Bowman adjourned the meeting at 11:42 a.m.

_____
Kelli G. Moss
Executive Director

Board of Veterinary Medicine
Current Regulatory Actions
As July 14, 2026

In the Governor's Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC150-20	Proposed	Implementation of 2022 Periodic Review	3/15/2025	61 days	Implements changes from 2022 periodic review

In the Secretary's Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC150-20	Emergency/ NOIRA	Limited practice as a veterinarian trainee	6/6/2024	168 days	Emergency regulations required pursuant to legislation
18VAC150-20	Emergency/ NOIRA	Regulation of satellite offices of veterinary establishments	6/6/2024	168 days	Emergency regulations required pursuant to legislation
18VAC150-20	Proposed	Reduction of requirements for licensure by endorsement	11/4/2024	130 days	Reduces licensure by endorsement requirements

In the Department of Planning and Budget

None.

In the Office of the Attorney General

None.

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication Date	Effective Date	Notes
18VAC150-20	NOIRA	Regulation of haul-in facilities	3/9/2026	N/A	Proposed stage is before the Board for action.

Action Item: Adoption of Guidance Document 150-1

Included in your Agenda Package:

- GD 150-1 as recommended by the regulatory committee

Action Needed:

- Motion to approve Guidance Document 150-1

Guidance document: 150-1 Adopted: _____

Virginia Board of Veterinary Medicine

Veterinarian-in-Charge (VIC)

Section 18VAC150-20-181 of the Regulations Governing the Practice of Veterinary Medicine sets forth the requirements for veterinarian-in-charge and forms the basis of the information contained in this Guidance Document.

1. **What is a Veterinarian-in-Charge (VIC)?**
2. **Is the VIC required to practice at the establishment? Can a veterinarian register as the VIC for more than one 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 an establishment 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? What is the VIC's responsibility for unlicensed activity?**
11. **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 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, including for maintaining security of controlled drugs.
- The VIC notifies the board if the establishment closes.
- The VIC notifies the board when no longer acting as VIC.

2. Is the VIC required to practice at the establishment? Can a veterinarian register as the VIC for more than one establishment?

The regulations are silent as to if or where the VIC practices, or how many establishments a VIC can oversee. However, the VIC needs to maintain a current, active license in Virginia and be on site at each establishment as often as is necessary to provide routine oversight and ensure regulatory compliance.

3. What types of establishments require a VIC?

Per 18VAC150-20-180, every veterinary establishment must be registered with the board and must register a VIC with the Board to operate. Regardless of who owns a veterinary establishment, veterinary medicine may only be practiced out of a registered establishment except in emergency situations. Ownership of the practice is not affected by this requirement, so corporate owned or non-veterinarian owned practices must have a VIC. A single practitioner must practice out of a registered establishment with a VIC, whether out of a brick-and-mortar (stationary) establishment or traveling to the patient in a house/farm call (ambulatory).

4. What are the responsibilities of the VIC?

The VIC should be familiar with all current 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.

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 frequently or for how many hours a VIC must be on site at the establishment. However, the regulations do state that the VIC is responsible for "regularly being on site as necessary to provide routine oversight" for patient safety and compliance with law and regulation. 18VAC150-20-181(A)(1). If an inspection or investigation of a complaint identifies deficiencies or violations relating to a VIC's responsibility, the board may take disciplinary action 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 the establishment to review controlled substances, patient records, Schedule II through V invoices, Schedule II through V drug logs, and biennial inventories; therefore, the VIC should ensure that these are available.

The following veterinary establishment forms and guidance documents may be helpful. The drug distribution log and biennial inventory forms were developed by the board as a resource and sample forms are available for reference. The board does not require the use of these forms.

Veterinary Establishment Inspection Report
Distribution Drug Log
Biennial Inventory Form
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 is responsible for ensuring the establishment complies with laws and regulations, and this includes federal and state drug laws and regulations. The VIC is responsible for performing the biennial inventory. While the VIC may delegate the performance of the biennial inventory to another licensee, the VIC remains responsible for signing the biennial inventory and for ensuring that it includes all required components. In the event of an unexplained drug loss or theft of Schedule II through 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 through VI) in Veterinary Practice
150-16 Protocol to follow upon discovery of a loss or theft of drugs

8. **What is the VIC's responsibility if an establishment 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 the Practitioner Resources tab on the Board's website.

- The VIC must ensure that patient records are available to owners/clients as outlined in Virginia Code § 54.1-2405.
- Patient records must be maintained for three years following the last office visit or discharge of the patient from the establishment. 18VAC1502-195(B)
- The VIC must ensure that all Schedule II through VI drugs have been properly disposed. 18VAC150-20-190(E)
    - Schedule II through 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 through 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.
    - For more information about Federal regulations governing controlled drugs, please contact the Drug Enforcement Administration (https://www.deadiversion.usdoj.gov/).

9. **How is a change in VIC made?**

Outgoing VIC responsibilities: A licensee who is no longer acting as the VIC of an establishment must immediately provide written notification to the Board. An outgoing VIC Form is available on the Board's website. The outgoing 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 outgoing VIC must 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. The outgoing VIC is responsible for Returning the previous establishment registration to the board within five days following the date of the change.

Incoming VIC responsibilities: The establishment must register a new VIC to operate. Therefore, an application for a new registration, with the new VIC's name must be submitted five days prior to the change providing the effective date of the change. An incoming VIC Form can found on the Board's website under Forms. An establishment can also update its VIC online. Instructions for completing the online process are available on the Board's website. Prior to the opening of business on the date of the VIC change, perform (or oversee), date and sign an inventory of every Schedule II through 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.

10. **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, the Board may take action against the VIC, as well as any other licensee who allowed the unlicensed person to perform acts restricted to a licensee.

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 business practices if he is not the owner of the establishment?**

The Board does not regulate ownership of veterinary establishments, nor does it regulate fees charged for services provided. The VIC is responsible for maintaining the establishment's compliance with all laws and regulations, including any related to business practices under the purview of the board, regardless of the ownership of the establishment.

References:

18VAC150-20-130
18VAC150-20-140
18VAC150-20-180
18VAC150-20-181
18VAC150-20-190
18VAC150-20-195
Virginia Code § 54.1-2405
Guidance Documents

Action Item: Revision of Guidance Document 150-16

Included in your Agenda Package:

- GD 150-16 in track changes format as recommended by the regulatory committee;
- GD 150-16 in clean format

Action Needed:

- Motion to amend Guidance Document 150-16

Virginia Department of Health Professions
Board of Veterinary Medicine

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https://www.dhp.virginia.gov/Boards/VetMed/

Guidance document: 150 -16

Adopted November 9, 2005
Revised: October 25, 2017
Reaffirmed: March 11, 2021

VIRGINIA BOARD OF VETERINARY MEDICINE

Protocol to follow upon discovery of a loss or theft of drugs
Reporting Unusual Drug Loss: Schedules II through V and Schedule VI Drugs

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

1. Virginia Board of Veterinary Medicine in writing;

2. Virginia Board of Pharmacy in writing; and

3. U.S. Drug Enforcement Agency

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

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

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

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

1. Who is responsible for reporting unusual drug loss?

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SCHEDULE II-V DRUGS

1. Who is responsible for reporting unusual drug loss?

The Veterinarian-In-Charge (VIC), or in his absence, his designee must immediately report a theft or unusual loss of drugs. -The designee may be a non-licensed person., however, o Only a licensee (veterinarian or LVT), however, can access Schedule II through V controlled substances.

2. What if the VIC is not the DEA registrant for the Schedule II through V drugs?

In some cases, multiple DEA registrants may purchase Schedule II through V drugs for delivery to the same address (i.e., the same practice or veterinary establishment). Both the VIC and the DEA registrant from whom drugs are lost should participate in the reporting.

3. What constitutes drug loss?

Drug loss can occur through a variety of means including diversion, theft, contamination, spillage, misplacement, accidental discard or destruction, or non-delivery of expected shipment.

4. Must loss through theft always be reported?

Yes, if theft is confirmed or just suspected, it should be reported.

5. Must loss through usage always be reported?

Unusual loss is required to be reported. -Usual loss or expected loss through normal use is not

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required to be reported. For example, expected hub loss for injectable medications does not require reporting.

6. **Is tracking or reconciliation of hub loss of injectables required?**
There is no Virginia law or regulation requiring tracking or reconciliation of hub loss. The board's regulation refers to an unusual loss.

7. **Should a complete inventory of all Schedule II through V drugs be made upon the discovery of theft or loss of a single controlled substance?**
If the VIC is unable to determine the exact kind and quantity of the drug loss, he must immediately make a complete inventory of all Schedules II through V drugs. It is always prudent to make a complete inventory. This inventory may serve as a biennial inventory if all the requirements of 18VAC150-20-190(J) for the biennial inventory are met.

8. **To whom should an unusual loss be reported?**
An unusual loss must be reported to each and all the following entities:
   a. Virginia Board of Veterinary Medicine, in writing via email, FAX or postal carrier;
   b. Virginia Board of Pharmacy, in writing, via email, FAX or postal carrier; and
   c. United States Drug Enforcement Administration (DEA) in accordance with 21 C.F.R. 1301.76(b).

9. **How quickly must reporting occur?**
The regulations require IMMEDIATE reporting in writing. The report may be submitted electronically or by regular mail. The Code of Federal Regulations (C.F.R.) requires notification to the DEA Field Division Office and filing of DEA Form 106 within specific timeframes.

10. **What information should be included in the loss report?**
There is no required form to report a loss to the Board of Veterinary Medicine and Board of Pharmacy. A copy of the DEA Form 106 may be utilized and any additional explanation or corrective action taken is useful.

11. **Am I required to contact local law enforcement?**
The Board of Veterinary Medicine recommends contacting local law enforcement and the DEA Form 106 includes a question regarding whether law enforcement was contacted.

12. **What will happen after I report an unusual loss?**
The Board of Veterinary Medicine and the Board of Pharmacy will confirm receipt of your report. Additional information may be requested, and an investigation may then be conducted if

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warranted.

SCHEDULE VI (NON-DEA SCHEDULED PRESCRIPTION DRUGS)

13. Am I required to report unusual loss or theft of Schedule VI drugs to the DEA or to the Boards of Veterinary Medicine and Pharmacy?

No. DEA does not regulate Schedule VI substances; therefore, no reporting is required. The Commonwealth of Virginia, Board of Veterinary Medicine, and Board of Pharmacy regulate Schedule VI drugs. There is no requirement for reporting unusual loss or theft of Schedule VI substances. It should be noted that theThe VIC is responsible for maintaining the facility within the standards set forth in regulation, including drug storage, dispensing, destruction and records.

Reference
18VAC150-20-181
18VAC150-20-190
CFR 1301.76(b)
Va. Code Ch. 34. Drug Control Act

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Guidance document: 150 -16

Revised:

VIRGINIA BOARD OF VETERINARY MEDICINE

Reporting Unusual Drug Loss: Schedules II through V

1. **Who is responsible for reporting unusual drug loss?**
2. **What if the VIC is not the DEA registrant for the Schedule II through V drugs?**
3. **What constitutes drug loss?**
4. **Must loss through theft always be reported?**
5. **Must loss through usage always be reported?**
6. **Is tracking or reconciliation of hub loss of injectables required?**
7. **Should a complete inventory of all Scheule II through V drugs be made upon the discovery of theft or loss of a single controlled substance?**
8. **To whom should an unusual loss be reported?**
9. **How quickly must reporting occur?**
10. **What information should be included in a loss report?**
11. **Am I required to contact local law enforcement?**
12. **What will happen after I report a loss?**
13. **Am I required to report unusual loss or theft of Schedule VI drugs to DEA or the Boards of Veterinary Medicine and Pharmacy?**

SCHEDULE II-V DRUGS

1. Who is responsible for reporting unusual drug loss?

The Veterinarian-In-Charge (VIC), or in his absence, his designee must immediately report a theft or unusual loss of drugs. The designee may be a non-licensed person. Only a licensee (veterinarian or LVT), however, can access Schedule II through V controlled substances.

2. What if the VIC is not the DEA registrant for the Schedule II through V drugs?

In some cases, multiple DEA registrants may purchase Schedule II through V drugs for delivery to the same address (i.e., the same practice or veterinary establishment). Both the VIC and the DEA registrant from whom drugs are lost should participate in the reporting.

3. What constitutes drug loss?

Drug loss can occur through a variety of means including diversion, theft, contamination, spillage, misplacement, accidental discard or destruction, or non-delivery of expected shipment.

4. Must loss through theft always be reported?

Yes, if theft is confirmed or just suspected, it should be reported.

5. Must loss through usage always be reported?

Unusual loss is required to be reported. Usual loss or expected loss through normal use is not required to be reported. For example, expected hub loss for injectable medications does not require reporting.

6. Is tracking or reconciliation of hub loss of injectables required?

There is no Virginia law or regulation requiring tracking or reconciliation of hub loss. The board's regulation refers to an unusual loss.

7. Should a complete inventory of all Schedule II through V drugs be made upon the discovery of theft or loss of a single controlled substance?

If the VIC is unable to determine the exact kind and quantity of the drug loss, he must immediately make a complete inventory of all Schedules II through V drugs. It is always prudent to make a complete inventory. This inventory may serve as a biennial inventory if all the requirements of 18VAC150-20-190(J) for the biennial inventory are met.

8. To whom should an unusual loss be reported?

An unusual loss must be reported to each and all the following entities:

a. Virginia Board of Veterinary Medicine, in writing via email, FAX or postal carrier;
b. Virginia Board of Pharmacy, in writing, via email, FAX or postal carrier; and
c. United States Drug Enforcement Administration (DEA) in accordance with 21 C.F.R. 1301.76(b).

9. How quickly must reporting occur?

The regulations require IMMEDIATE reporting in writing. The report may be submitted electronically or by regular mail. The Code of Federal Regulations (C.F.R.) requires notification to the DEA Field Division Office and filing of DEA Form 106 within specific timeframes.

10. What information should be included in the loss report?

There is no required form to report a loss to the Board of Veterinary Medicine and Board of Pharmacy. A copy of the DEA Form 106 may be utilized and any additional explanation or corrective action taken is useful.

11. Am I required to contact local law enforcement?

The Board of Veterinary Medicine recommends contacting local law enforcement and the DEA Form 106 includes a question regarding whether law enforcement was contacted.

12. What will happen after I report an unusual loss?

The Board of Veterinary Medicine and the Board of Pharmacy will confirm receipt of your report. Additional information may be requested, and an investigation may then be conducted if warranted.

SCHEDULE VI (NON-DEA SCHEDULED PRESCRIPTION DRUGS)

13. Am I required to report unusual loss or theft of Schedule VI drugs to the DEA or to the Boards of Veterinary Medicine and Pharmacy?

No. DEA does not regulate Schedule VI substances; therefore, no reporting is required. The Commonwealth of Virginia, Board of Veterinary Medicine, and Board of Pharmacy regulate Schedule VI drugs. There is no requirement for reporting unusual loss or theft of Schedule VI substances. The VIC is responsible for maintaining the facility within the standards set forth in regulation, including drug storage, dispensing, destruction and records.

Reference

18VAC150-20-181
18VAC150-20-190
CFR 1301.76(b)
Va. Code Ch. 34. Drug Control Act

Action Item: Consideration of Proposed Stage Regulations to Regulate Haul-in Facilities

Included in your Agenda Package:

- Proposed stage language to regulate haul-in facilities as recommended by the regulatory advisory panel.
- Comments provided at the NOIRA stage of the action.

Staff Note: These proposed regulations were recommended by the regulatory advisory panel on June 24, 2026.

Action Needed:

- Motion to accept the recommendation of the regulatory advisory panel and adopt proposed stage regulations regarding haul-in facilities.

Project 8392 - NOIRA

Board of Veterinary Medicine

Regulation of haul-in facilities

18VAC150-20-10. Definitions.

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

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

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

"AVMA" means the American Veterinary Medical Association.

"Board" means the Virginia Board of Veterinary Medicine.

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

"CVMA" means the Canadian Veterinary Medical Association.

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

"Haul-in facility" means a veterinary facility not located on the premises of a registered stationary establishment at which health care is provided to agricultural and equine animals.

"ICVA" means the International Council for Veterinary Assessment.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. Every veterinary establishment and haul-in facility 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~~ establishment, ambulatory establishment, or haul-in

facility. Every veterinary establishment and haul-in facility 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 or haul-in facility 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 or haul-in facility, 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 haul-in facility 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, or haul-in facility 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 or haul-in facility 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, or 18VAC150-20-202 where applicable. If, during a new or routine inspection, violations or deficiencies are found necessitating a reinspection, the prescribed reinspection fee will be levied. Failure to pay the fee shall be deemed unprofessional conduct and, until paid, the establishment shall be deemed to be unregistered.

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

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

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

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

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

1. Name and address of the facility;

2. First and last name of owner;

3. Animal identification and species;

4. Date dispensed;

5. Directions for use;

6. Name, strength (if more than one dosage form exists), and quantity of the drug; and

7. Name of the prescribing veterinarian.

D. All veterinary establishments or haul-in facility shall maintain drugs in a secure manner with precaution taken to prevent theft or diversion. Only the veterinarian, veterinary technician, pharmacist, or pharmacy technician shall have access to Schedules II through V drugs, with the exception provided in subdivision 6 of this subsection. No Schedule II through V drugs may be stored in a haul-in facility.

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

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

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

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

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

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

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

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

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

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

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

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

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

H. A distribution record shall be maintained in addition to the patient's record, in chronological order, for the administration and dispensing of all Schedules II through V drugs.

This record is to be maintained for a period of three years from the date of transaction. This distribution record shall include the following:

1. Date of transaction;

2. Drug name, strength, and the amount dispensed, administered, and wasted;

3. Owner and animal identification; and

4. Identification of the veterinarian authorizing the administration or dispensing of the drug.

I. Original invoices for all Schedules II through V drugs received shall be maintained in chronological order on the premises where the stock of drugs is held, and the actual date of receipt shall be noted. All drug records shall be maintained for a period of three years from the date of transaction.

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

K. Inventories and records, including original invoices, of Schedule II drugs shall be maintained separately from all other records, and the establishment shall maintain a continuous inventory of all Schedule II drugs received, administered, or dispensed, with reconciliation at least monthly. Reconciliation requires an explanation noted on the inventory for any difference between the actual physical count and the theoretical count indicated by the distribution record. A continuous inventory shall accurately indicate the physical count of each Schedule II drug in the general and working stocks at the time of performing the inventory.

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

M. Veterinary establishments in which bulk reconstitution of injectable, bulk compounding, or the prepackaging of drugs is performed shall maintain adequate control records for a period of one year or until the expiration, whichever is greater. The records shall show the name of the drugs used; strength, if any; date repackaged; quantity prepared; initials of the veterinarian verifying the process; the assigned lot or control number; the manufacturer's or distributor's name and lot or control number; and an expiration date.

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

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

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

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

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

b. There shall be on-premises:

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

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

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

c. Sanitary toilet and lavatory shall be available for personnel and owners.

2. Areas within building. The areas within the facility shall include the following:

a. A reception area separate from other designated rooms;

b. Examination room or rooms containing a table or tables with nonporous surfaces;

c. A room that is reserved only for surgery and used for no other purpose. In order that surgery can be performed in a manner compatible with current veterinary medical practice with regard to anesthesia, asepsis, life support, and monitoring procedures, the surgery room shall:

(1) Have walls constructed of nonporous material and extending from the floor to the ceiling;

(2) Be of a size adequate to accommodate a surgical table, anesthesia support equipment, surgical supplies, and all personnel necessary for safe performance of the surgery;

(3) Be kept so that storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures;

(4) Have a surgical table made of nonporous material;

(5) Have surgical supplies, instruments, and equipment commensurate with the kind of services provided;

(6) Have surgical and automatic emergency lighting to facilitate performance of procedures; and

(7) For establishments that perform surgery on small animals, have a door to close off the surgery room from other areas of the practice.

3. The stationary or ambulatory veterinary establishment shall have, at a minimum, proof of use of either in-house laboratory service or outside laboratory services for performing lab tests, consistent with appropriate professional care for the species being treated.

4. For housing animals, the establishment shall provide:

a. An animal identification system at all times when housing an animal;

b. Accommodations of appropriate size and construction to prevent residual contamination or injury;

c. Accommodations allowing for the effective separation of contagious and noncontagious patients; and

d. Exercise areas that provide and allow effective separation of animals or walking the animals at medically appropriate intervals.

5. A veterinary establishment shall either have radiology service in-house or documentation of outside services for obtaining diagnostic-quality radiographs. If radiology is in-house, the establishment shall:

a. Document that radiographic equipment complies with Part VI (12VAC5-481-1581 et seq.), Use of Diagnostic X-Rays in the Healing Arts, of the Virginia Radiation

Protection Regulations of the Virginia Department of Health, which requirements are adopted by this board and incorporated herewith by reference in this chapter.

b. Maintain and utilize lead aprons and gloves and individual radiation exposure badges for each employee exposed to radiographs.

6. Minimum equipment in the establishment shall include:

a. An appropriate method of sterilizing instruments;

b. Internal and external sterilization monitors;

c. Stethoscope;

d. Equipment for delivery of assisted ventilation appropriate to the species being treated, including endotracheal tubes;

e. Adequate means of determining patient's weight; and

f. Storage for records.

B. Additional requirements for stationary establishments.

1. A stationary establishment that is open to the public 24 hours a day shall have licensed personnel on premises at all times and shall be equipped to handle emergency critical care and hospitalization. The establishment shall have radiology/imaging and laboratory services available on site.

2. A stationary establishment that is not open to the public 24 hours a day shall have licensed personnel available during its advertised hours of operation and shall disclose to the public that the establishment does not have continuous staffing in compliance with § 54.1-3806.1 of the Code of Virginia.

3. All stationary establishments shall provide for continuity of care when a patient is transferred to another establishment.

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

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

18VAC150-20-202. Standards for haul-in facilities.

A. All haul-in facilities shall:

1. Have space, equipment, and supplies appropriate to the species being treated for containment, examination, treatment, and surgery that is constructed of solid material and allows for appropriate drainage, disinfection, and sanitation;

2. Provide and maintain appropriate temperature, lighting, ventilation, water, and other essential utilities for the care and medical well-being of the patients;

Have an appropriate method for the storage and disposal of deceased animals in accordance with any local ordinances or state and federal regulations; and

4. Allow for the effective separation of contagious patients as needed.

B. Veterinarians and licensed veterinary technicians that provide treatment at a haul-in facility must be associated with a stationary or ambulatory establishment registered in Virginia. All Schedule II through V drugs, drug records, and patient records shall be maintained and stored by the stationary or ambulatory establishment in accordance with state and federal laws and regulations. Only Schedule VI drugs, prescription drugs, and biologics may be stored at a haul-in facility.

VIRGINIA REGULATORY TOWN HALL

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

Action	Regulation of haul-in facilities
Stage	NOIRA
Comment Period	Ended on 4/8/2026

46 comments

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Commenter: Anonymous 3/30/26 5:10 pm

Unnecessary regulatory burden

Virginia faces an acknowledged shortage of food animal veterinarians. The operation of a haul in facility allows veterinarians to see more patients in a day. Increasing the regulation of haul in facilities will decrease the availability of food animal veterinarians as they will cease to operate or restrict the operations of these facilities. Increasing the regulation of these facilities will also increase the cost to producers as veterinarians will need to make whatever investments are necessary to comply with the regulations.

CommentID: **240392**

Commenter: Anonymous 3/31/26 7:39 am

Regulatory costs are paid by farmers.

Regulatory changes will cost food Animal veterinarians money and time. Both of these costs will be directly passed on to agricultural producers. Unless there has been a pattern of complaints or some substantial problem that needs to be specifically addressed these regulations are unnecessary.

CommentID: **240393**

Commenter: Jennifer Ligon, Virginia Cooperative Extension

3/31/26 9:09 am

Unnecessary regulation will impede vital access to large animal Veterinarians and their services

Large animal veterinarians are increasingly difficult to find, yet they play a critical role in supporting local producers. I work closely with many veterinarians to help facilitate producer access. These professionals already operate within a highly regulated environment and work tirelessly to remain available to producers. They have the responsibility for issuing animal health certificates and the ability to conduct visual assessments of animal health.

Imposing additional regulations on this profession would not improve access to veterinary services. Instead, it would increase costs for both producers and veterinarians while creating further administrative and logistical barriers for practitioners who are already stretched thin. Such measures would hinder, rather than enhance, veterinary access and ultimately undermine livestock health efforts in Virginia. Faced with additional paperwork, time demands, and expenses, many veterinarians may choose to discontinue haul?in services altogether—defeating the very purpose of making these services more accessible.

CommentID: **240394**

Commenter: Anonymous

3/31/26 9:36 am

Regulation of Haul In Facilities

It is an unnecessary regulatory burden and the costs will be paid by the farmers.

CommentID: **240395**

Commenter: Anonymous

3/31/26 1:52 pm

Food Animal Haul in Regulations

As a large animal ambulatory veterinarian, we have been told for decades to make clients come to us so that we can see more clients in a day without all the travel time. The small ruminent clients have been especially receptive to this because it saves them a trip charge and the patients are small enough to travel in a car. Having the ability to do this increases the amount of patients we can see in a day dramatically. In our area, there is an extreme shortage of veterinarians willing to do anything large animal related. If we have to drive to every call the number of clients we see in a day will be cut in half or worse. In the past 5 years more large animal veterinarians have left the area, creating a huge practice radius that we are now responsible for. Most clients with emergencies that can be hauled safely will transport to us because it saves them wait time and the animal gets seen quicker. There is no difference in pulling blood for EIA testing or floating teeth or suturing a laceration on the farm or at the clinic. It is still considered an ambulatory procedure no matter where its done. Laying a horse down for routine castration on the farm or in the yard again does not matter where its completed. Trying to maintain a catheter on the farm for a calf with diarrhea is very difficult for the owners to do, maintaining a catheter in a haul in facility allows trained staff and veterinarians to treat the animal appropriately with the correct amount of fluids. Working cattle in a chute with an alley way and tub makes a huge difference than trying to do it on a farm with 2 gates and a wooden head gate. The clients appreciate the time and money it saves them to be able to bring it to a maintained facility for veterinarians to complete castrations, dehorning, pregnancy checks, prolapses and routine vaccinations as well as the massive amount of cattle foot work that is required to keep our clients herds healthy.

CommentID: **240396**

Commenter: Anonymous

3/31/26 6:10 pm

Large animal Veterinary haul in facility benefits

There is certainly a shortage for Large Animal veterinarians at this point. Having the ability to do procedures at a haul in facility have many benefits for animals, clients, and veterinarians and veterinary staff. Generally, many of the veterinary haul in facilities are much better equipped to provide surgical procedures in a much more controlled environment. The better handling equipment also makes it much safer for veterinarians and staff to properly and safely handle the animals. Many times on the farm the clients are allowed to restrain large animals. This also puts the general public at an increased risk for injury. Generally, at haul in facilities, adequate staffing is available for restraint. The general public also benefits from decreased cost and decreased waiting time due to haul in facilities. In conclusion, I feel that it is safer for the animals, clients, and veterinary staff at haul in facilities versus performing procedures on the farm due to the ability to control the environmental factors involved in properly and safely providing veterinary services to the public. Veterinarians can provide the highest level of care possible at haul in facilities.

CommentID: **240397**

Commenter: A Concerned Farmer

3/31/26 6:39 pm

Farmers need haul in facilities

Veterinarians are in such short supply. Why would add more hoops and regulations to haul in facilities when they provide such a needed resource! Many farmers don't have livestock handling facilities. Haul in clinics provide a safe working environment with humane handling conditions that improve overall welfare. If more regulations make it harder for haul in facilities to stay in business, or for new businesses to open, you are hurting the farmer. In areas where vets are in such short supply, immediate assistance would be even harder to obtain when they have to drive up to a hundred plus miles while the animals are suffering and dying instead of farmers being able to meet at the clinic and saving time and their livelihoods life. Please consider with some rationality that farmers need access to haul in facilities. We don't need higher costs, less vets and more stress.

CommentID: **240398**

Commenter: Anonymous

3/31/26 6:51 pm

Haul in facility

As we all know , there is a great shortage of large animal veterinarians. It is very important and imperative to save time as they work extremely long hours. They have to have the time saving element of haul in facilities. In our rural area the vets would spend all day traveling around. The haul in option is the only way for vets to survive.

CommentID: **240399**

Commenter: Anonymous

3/31/26 7:10 pm

Regulations?

The increased regulations of haul in facilities utilized by large animal veterinarians may sound helpful so those who are not actually providing the services, but as a practicing veterinarian who is asked to risk my life on a semi regular basis by trying to perform services in on farm facilities that have not been maintained I personally see these increased regulations as one more way to restrict access to large animal veterinary care. Having access to a haul in facility that is professionally maintained provides a massive benefit to clients accessing veterinary care. On average during the busy season It is not uncommon to for us to work 12-15 hour days and some of that time is spent behind the wheel. By having a easily accessible location clients that have patients that need to be seen can have the option to haul to us instead of waiting hours for someone to be available within the needed area. It's also very difficult to maintain IV catheters for patients that require IV fluids on the farm and much better care can be provided by having those patients located at the clinic for duration of treatment. Alot of clients that do have their own facilities may have build these facilities by hand and not all procedures can safely be done in a homemade wooden headgate- think BSE'S, Hoof trimming, C sections. There are so few practicing large animal vets in VA and we all want to provide the best quality care possible, it's silly to increase regulations on haul in facilities when we are just trying to provide safe working facilities and support producers

CommentID: **240400**

Commenter: Jeffery Vass

3/31/26 7:49 pm

Regulation on veterinary haul in facility

Dear Regulatory Board

I was made aware that they are working towards stricter regulations on facilities for animal welfare. I am a momma cow farmer in VA and have 300+ momma cows. I have cattle in 5 counties. I do not always have the ability to have working facilities or the proper knowledge to handle or best take care of my animals. I depend frequently on my local veterinarian. There's not many of them and they are in short supply as is. I do not see how more regulations can allow them to better help the animals or the farmers. If there's more regulations then there's more for them to watch and worry about and not help the animals in need. They're already in short supply so futher straining their ability to help the farmer is not going to help any one. It will cause animal suffering because it will slow the ability to help and service my animals when I need it. So if anything more regulation on an already over worked veterinarian will worsen animal care. Please do not futher regulate a field that is already over worked.

Jeffery Vass

CommentID: **240401**

Commenter: Anonymous

3/31/26 7:50 pm

This is so freaking stupid. Veterinary care is hard enough to access without idiots butting in

I don’t have a headgate. So you want to make it harder for me to seek vet care for my sick animals? Adding more stupid hoops to jump through is only hurting the farmers and the veterinarians who are all out here trying to make a living! So instead of keeping it reasonable you want me and my 75 year old wife to just tackle the dang cow and treat her in the field? Come on! Enough beurocracy all ready!

CommentID: **240402**

Commenter: Tyra Sharpe

3/31/26 7:55 pm

Public Comment: Impact of Additional Regulations on Large Animal Veterinary Care in Virginia

To Whom It May Concern,

I am writing to strongly oppose additional regulations on large animal veterinary practices in Virginia.

There is already an extreme shortage of large animal veterinarians across the Commonwealth, and my community is a clear example. In Grayson County, the City of Galax, and parts of Carroll County, we have only FOUR large animal veterinarians serving this entire region. The geographic area they are responsible for is vast and, at times, unmanageable. These veterinarians are working beyond capacity to meet the needs of farmers, livestock producers, and animal owners.

Large animal veterinarians are already under immense strain. They routinely work 12–15 hour days and are often on call 24 hours a day. A significant portion of their time is spent traveling between farms and clients' homes—time that could otherwise be spent treating more animals. Despite injuries and personal hardships, they continue to show up because they have no choice. I personally know of a veterinarian who continued working through major surgeries, including shoulder and ankle replacements. Another was severely injured by a horse—suffering a broken jaw and losing teeth—and was back to work the very next day because animals and clients depended on her.

Haul-in facilities are not a luxury—they are a necessity. These facilities allow veterinarians to treat more patients in a single day in a safe, controlled, and properly equipped environment. They are specifically designed for large animal care and provide access to surgical tools, medications, and trained veterinary assistants. Without them, veterinarians are often forced to perform major procedures, including cesarean sections, in fields, on farms, or in outdated barns—conditions that are far less safe for both the animal and the veterinarian.

Additional regulations will not improve care—they will increase costs. Large animal veterinarians already pay substantial fees, taxes, and overhead expenses. Any new regulatory burden will inevitably be passed on to clients. Farmers and small animal owners like myself are already struggling to afford veterinary care. I currently have to make payments to cover my veterinary expenses, and I know I am not alone.

If costs continue to rise, farmers will be forced to make difficult decisions: cutting corners in animal care, reducing herd sizes, or leaving agriculture altogether. Small and family farms are not highly profitable businesses—they are barely sustaining themselves while providing food, dairy, and agricultural products to our communities.

We cannot afford to lose more veterinarians, and we cannot afford to make it harder for them to do their jobs.

I respectfully urge you to reconsider any additional regulations that would place further strain on large animal veterinarians. Please listen to the individuals and communities who will be directly affected—those of us who rely on these professionals every single day.

Thank you for your time and consideration.

Mrs. Tyra Sharpe

4765 Delhart Rd

Galax, VA 24333

ph 276-237-5211

CommentID: **240403**

Commenter: Concerned farmer in Grayson County

3/31/26 8:01 pm

Public Comment: Opposition to Additional Large Animal Veterinary Regulations

To Whom It May Concern,

I am writing to express opposition to additional regulations on large animal veterinary practices in Virginia.

There is already a serious shortage of large animal veterinarians, especially in rural areas. In Grayson County, the City of Galax, and parts of Carroll County, only four veterinarians serve a very large region. These professionals are working long hours, often 12–15 hours a day while also being on call, and spending significant time traveling between farms.

Haul-in facilities are critical to efficient and safe care. They allow veterinarians to treat more animals in a properly equipped environment with the tools, medications, and staff support needed for procedures that would otherwise take place in less suitable field conditions. Limiting or adding burdens to these facilities would reduce efficiency and access to care.

Additional regulations will also increase costs. Veterinarians already carry significant expenses, and any added burden will be passed on to clients. Farmers and small animal owners are already financially strained, and higher costs could lead to reduced care, smaller herds, or farmers leaving agriculture altogether.

At a time when access to large animal veterinary care is already limited, it is important not to create additional barriers that could worsen the situation.

Thank you for your time and consideration.

CommentID: **240404**

Commenter: Anonymous

3/31/26 8:20 pm

Regulation regarding veterinary facilities

To Whom It May Concern,

I am writing to express opposition to additional regulations on large animal veterinary practices in Virginia.

There is already a serious shortage of large animal veterinarians, especially in rural areas. In Grayson County, the City of Galax, and parts of Carroll County, only four veterinarians serve a very

large region. These professionals are working long hours, often 12–15 hours a day while also being on call, and spending significant time traveling between farms.

Haul-in facilities are critical to efficient and safe care. They allow veterinarians to treat more animals in a properly equipped environment with the tools, medications, and staff support needed for procedures that would otherwise take place in less suitable field conditions. Limiting or adding burdens to these facilities would reduce efficiency and access to care.

Additional regulations will also increase costs. Veterinarians already carry significant expenses, and any added burden will be passed on to clients. Farmers and small animal owners are already financially strained, and higher costs could lead to reduced care, smaller herds, or farmers leaving agriculture altogether.

At a time when access to large animal veterinary care is already limited, it is important not to create additional barriers that could worsen the situation.

Thank you for your time and consideration.

CommentID: **240405**

Commenter: Anonymous

3/31/26 8:31 pm

Enough is Enough

With all the regulations already in place we have enough, no more regulations are needed or wanted. Veterinarians carry enough burden already with Emergency Farm Visits, leave well enough alone.

CommentID: **240407**

Commenter: Anonymous

3/31/26 9:09 pm

Regulations

How will these regulations help veterinarians treat more animals?

From how the proposed regulations were written it sounds like there will be more red tape for veterinarians and clients to follow therefore reducing care times and availability. I'm all for helping more animals and lessening the work load on our veterinarians but is it really the best option for everyone involved?

CommentID: **240408**

Commenter: Anonymous

4/1/26 8:42 am

Issue of veterinary farm calls and hauling in

We have had such a critical shortage of large animal veterinarians in this area that there have been times that they don't even have enough Veterinarians to make farm calls. The shortage of rural large animal veterinarians is not isolated just to this area. It also is occurring in North Carolina as many states are likely facing. This is gonna create a large problem for all of us that have livestock. And for the veterinarians themselves trying to care for all these animals one farm at a time. not to mention that will cost more for the farmer/owner of livestock because of fees for farm calls. One of the benefits of being able to haul into their office is that they can see those animals efficiently. When there's a true emergency that occurs on someone's farm And the animal is unable to load then the veterinarian will be better able to attend to their needs.I hope that you will take this issue And all of its consequences Seriously into consideration.I for one I'm so grateful to the veterinarians that care to my horses. I don't know what I would do without them. I feel they know best how to care for our animals and livestock.

CommentID: **240409**

Commenter: Anonymous

4/1/26 11:06 am

Vet services

Given the severe shortage of large animal veterinarian clinics why restrict instead of facilitating access.Allow treatment in clinic and mobile care if your intent is to facilitate care.

CommentID: **240410**

Commenter: anonymous

4/1/26 11:13 am

Vet regulation changes

Regulatory changes are unnecessary as there are too many already. Keep the nonsense up and soon there will be no farmers, vets or FOOD. Try taking care of the people who feed the country.

CommentID: **240411**

Commenter: Anonymous

4/1/26 11:13 am

Vet services

Given the severe shortage of large animal veterinarian clinics why restrict instead of facilitating access.Allow treatment in clinic and mobile care if your intent is to facilitate care.

CommentID: **240412**

Commenter: Anonymous

4/1/26 11:14 am

Vet services

Given the large shortage of large animal clinics, why restrict instead of facilitating access. Allow treatment in clinics and mobile care to facilitate.

CommentID: **240413**

Commenter: Donna Ellisq

4/1/26 11:33 am

Unnecessary regulation

This is an unnecessary regulation and would put more stress on an already over burden veterinary field, costing all parties more in the long run.

CommentID: **240414**

Commenter: Anonymous

4/1/26 12:01 pm

Food Animal Haul in Regulations

Putting restrictions on a large animal haul in facility can be seen as impractical or even counter productive when you consider the purpose these facilities serve. They are designed to handle livestock efficiently, often in high volumes and are essential for agricultural operations, veterinary services and breeding programs.

Additionally, large animal facilities already operate within established industry standards for animal welfare, biosecurity and safety. Adding excessing or redundant restrictions will not meaningfully improve outcomes but could instead burden producers with unnecessary costs and hurdles. This can ultimately impact farmers, transporters and the broader agricultural economy that depends on timely and flexible animal handling.

In many cases, flexibility is critical, weather conditions, emergencies, and seasonal demands all require facilities to adapt quickly. Making stricter regulations could cost the animal its life, not to mention this is the livelihood of the farmer and veterinarian.

CommentID: **240415**

Commenter: Anonymous

4/1/26 12:03 pm

Ridiculousness

With all the problems in the world, is this really a topic we need to be concerned about? Really? People making decisions for hard working people who work 18+ hours a day to put food on your table, and this is the thanks we get. Bravo Government!

CommentID: **240416**

Commenter: Michael A Campbell Sr

4/1/26 9:59 pm

Shared veterinary care facilities

> I think that shared facilities for large animal care by veterinarians is an excellent idea! I support it 100%.

CommentID: **240418**

Commenter: Anonymous

4/1/26 10:37 pm

The negative impact of further regulations on animal owners/producers and veterinarians

To Whom It May Concern:

I am writing to oppose Action 6824: Regulation of haul-in facilities for veterinary services in Virginia. This action will serve to further burden an already over-worked industry, and we simply cannot afford that misstep in our food system, our communities, and this industry.

Haul-in facilities are critical to efficient, workable veterinary care for large animals, and need to be able to operate without increased regulatory requirements that will place greater cost on the providers and clients. There are simply not enough hours in the day for the current workforce of veterinarians in our area to reach every need already, and the ability to haul in to a facility increases the chances that our animals can be seen and cared for in a timely manner while saving resources and time. It is better for the people and better for the animals.

Addressing the shortage of large animal veterinarians is noble, but introducing and increasing regulations regarding haul-in facilities is not the answer. Please reconsider this unnecessary regulatory burden.

CommentID: **240419**

Commenter: Anonymous

4/1/26 10:42 pm

Haul-in vs Hospital/Clinic

It is my understanding that there are currently no existing regulations on large animal veterinary haul-in facilities and actually no way to certify a facility as a "haul-in." Currently there is the option of being licensed as a large animal AMBULATORY ONLY establishment or a large animal HOSPITAL. A practice that has no desire or capability to hospitalize for days or weeks, but would like to offer a location for veterinary "out-patient" services is limited to an ambulatory license. Those practices should be allowed to legally provide a location for services when needed by the clients and when logistics of providing those services for clients from several different locations would be simplified and much more efficiently done in a haul-in facility. Please take into consideration PRACTICAL limitations of a haul-in facility. These facilties could be very basic... appropriate restraining equipment (ie chute, stocks, etc) ability to clean out and sanitize after procedures, temporary holding stalls or pens, and storage for equipment and medications. But a haul-in facility is not a full-time staffed clinic, especially if the ambulatory veterinarian(s) are out doing farm calls. This facility should not be regulated as a large animal hospital or a fully-staffed clinic where animals are hospitalized for treatment for an extended period of time or permitted to show up at any time. As an example, a haul-in facility is as simple as Farmer A has a great working facility and his neighbor Farmer B has no facility. So Farmer B asks to borrow Farmer A's facility for his veterinarian to come pregnancy check his cattle. No regulations. No red tape. An agreement between farmers. It should be just as simple for a veterinarian to offer a facility for farmers to utilize for these services. Please keep these regulations simple so that there are no additional financial burdens on the veterinarians or their clients. We all want to see good biosecurity measures to prevent disease, but please don't complicate the large animal veterinary profession with unattainable goals for small, barely surviving farm veterinarians that already work 16-18 hours a day. Thank you.

CommentID: **240420**

Commenter: Victoria

4/2/26 7:32 am

We live here in SW VA by choice

The reason we came was the robust farming and depth of excellent services for our livestock. It is critical that the services stay in place to support the critical needs of a strong farming community. Our large animal vets are excellent and need to be strongly supported. Please feel free to contact me anytime if you need additional information.

CommentID: **240421**

Commenter: Anonymous

4/2/26 7:54 pm

Another regulation backed with ZERO.Common Sense

There is a great shortage of large animal veterinarians. Haul-In options are imperative to save time. The time saving element of haul in facilities can mean the difference in life or death for our animals. In our rural area the vets would spend all day traveling around, this option allows them to.service many more clients. The haul in option is the only way to retain large animal vets and is critical to assist in timely treatment for our animals.

CommentID: **240425**

Commenter: JG

4/5/26 3:29 pm

Large Animal Facility Regulations

Its not useful to add more regulations for haul in facilities when they provide such an important option for farmers. Many farmers don't have livestock handling facilities and haul in clinics provide a safe working environment that is effective to perform procedures that would have been done on the ground in a barn. More regulations can make it harder for haul in facilities to stay in business which causes a negative impact especially in areas where vets are in such short supply such as here in south-west Virginia. We don't need higher costs for farmers for facility requirements changes that don't significantly improve a procedure outcome.

CommentID: **240428**

Commenter: Virginia Farm Bureau

4/6/26 12:39 pm

Support for new shared haul-in facility model

Virginia Farm Bureau is supportive of the new proposed shared haul-in facility model that will greatly expand producer access to veterinary services and provide veterinarians with expanded flexibility to see animals in more spaces than currently allowed. Having been a part of the Regulatory Advisory Panel discussing this, it is clear that this regulatory framework will not impact any existing haul-in facility and will be optional for any veterinarian, producer, or community to invest in and utilize.

CommentID: **240431**

Commenter: Anonymous

4/6/26 2:21 pm

Regulations

To Whom It May Concern,

I am writing to express opposition to additional regulations on large animal veterinary practices in Virginia.

There is already a serious shortage of large animal veterinarians, especially in rural areas. These professionals are working long hours, often 12–15 hours a day while also being on call, and spending significant time traveling between farms.

Additional regulations will also increase costs. Veterinarians already carry significant expenses, and any added burden will be passed on to clients. Farmers and small animal owners are already financially strained, and higher costs could lead to reduced care, smaller herds, or farmers leaving agriculture altogether.

At a time when access to large animal veterinary care is already limited, it is important not to create additional barriers that could worsen the situation.

Thank you for your time and consideration.

CommentID: **240432**

Commenter: Anonymous

4/6/26 4:37 pm

Oppose Regulations

To Whom It May Concern,

I am writing to express opposition to additional regulations on large animal veterinary practices in Virginia.

There is already a serious shortage of large animal veterinarians, especially in rural areas. These professionals are working long hours, often 12–15 hours a day while also being on call, and spending significant time traveling between farms.

Additional regulations will also increase costs. Veterinarians already carry significant expenses, and any added burden will be passed on to clients. Farmers and small animal owners are already financially strained, and higher costs could lead to reduced care, smaller herds, or farmers leaving agriculture altogether.

At a time when access to large animal veterinary care is already limited, it is important not to create additional barriers that could worsen the situation.

Thank you for your time and consideration.

CommentID: **240433**

Commenter: Anonymous

4/6/26 9:27 pm

Unnecessary regulation

I think laying minimum requirements on a haul in facility so to give the board an opportunity to fine a practitioner for non compliance is a good way to stymie a practitioner from investment in such a facility. A haul in facility is a necessity in order to maximize a practitioner's time management. I think you see this where you work. It takes money and time to develop a haul in. I think the board, by imposing edicts to govern practitioners attempting to improvise a haul in, will simply make rural practice less profitable. In the end, rural practice would be less sustainable and rural clientele offered less services. I feel that the board of veterinary medicine would best serve rural practitioners and their clientele best by allowing each rural practitioner to best define and decide on how to invest their money in facilities with out requirements handed down and inspected by inspectors that have little idea of the needs and responsibilities of a food animal practitioner.

CommentID: **240434**

Commenter: Anonymous

4/6/26 9:33 pm

Needs more definition

As a large animal veterinarian in one of the most densely populated agricultural areas in the state, new regulation on haul-in facilities is concerning. I utilize a large, well built, well established haul-in facility in my practice on a daily basis. Having a haul-in facility allows my colleagues and I to see more patients in a timely manner that we ever could running from one end to the other of a 120-mile practice area. Our facility is already inspected in the same manner that our small animal clinic is inspected. There seems to be no need for additional regulation/inspection. Additional regulations and inspections on these facilities is only going to bar their use and further add to the problem of inconsistent availability of large animal veterinarians.

CommentID: **240435**

Commenter: Anonymous

4/6/26 11:55 pm

Un needed regulation

This regulation is being created to fix a problem that doesn't exist. If there have been no complaints to the board about haul-in facilities previously. Why regulate them at this point? It will simply give food animal veterinarians a reason to not invest in a facility and further limit farmers ability to find veterinary care.

CommentID: **240436**

Commenter: Anonymous

4/6/26 11:59 pm

increased regulation stymies competition

Increasing regulatory oversight of veterinary medicine only serves to further ensconce corporate veterinary conglomerates as the only source of veterinary care. Corporations can afford to comply with regulations and can hire attorneys and lobbyists to erode and influence them when needed. Private veterinarians can't afford to stay on top of regulations or hire professionals to keep them informed. Gradually they get squeezed out of the market and only the corporations remain. Cost to consumers goes up and access to care goes down.

CommentID: **240437**

Commenter: Meagan L.

4/7/26 8:16 am

Changes will impact care

Unnecessary changes and new regulations will limit Veterinarian care in an already crisis point shortage. Our animals/livestock deserve to have access to the care they need in a timely manner and these changes will impact this.

CommentID: **240441**

Commenter: William Johnson / 523

4/7/26 6:54 pm

Burdensome regulations

The last thing we need is more regulations and hoops to jump through in order to get veterinarians to work on our large animals. Allow this to be optional. Most large animal are required farm calls.

CommentID: **240443**

Commenter: Thach Winslow, DVM

4/7/26 8:47 pm

Situation Analysis and Proposed Remediation

I am writing in response to the: **Notice of Intended Regulatory Action Notice is hereby given in accordance with § 2.2-4007.01 of the Code of Virginia that the Board of Veterinary Medicine intends to consider amending 18VAC150-20, Regulations Governing the Practice of Veterinary Medicine.**

The purpose of the proposed action is to establish rules for haul-in veterinary facilities. The rulemaking action is result of the 2025 Report of the Large Animal Veterinarian Shortage Study Workgroup. A haul-in veterinary facility allows owners to bring animals to veterinarians at an inspected facility for treatment. Proposed provisions may include developing a model for regulating haul-in facilities, including facility registration, inspection, and treatment standards.

2025 Report of the Large Animal Veterinarian Shortage Study Workgroup

Executive Summary:

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

The financial resources subgroup recommended exploring development of: (1) a loan repayment program that ties awards to practice in underserved communities; (2) matching awardees of grants with mentors to assist with grant-writing and other facets of mentorship; (3) developing a pathway for haul-in(*1) or shared use large animal veterinary facilities to address shortages in a variety of ways:

.....

Financial Resources

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

I would like to make the following points:

COMMENT 1: Having owned and operated a large animal ambulatory practice in Virginia for over seventeen years, I treated animals under the jurisdiction and rules of the Commonwealth in a multitude of locations other than on the producer’s farm, including on the producer’s neighbor’s farm, at livestock markets, at fairgrounds, at the Virginia Horse Center, the Salem Civic Center, and other similar venues, at the Beef Expo, the State Fair, “Sissy’s scales on route 42 writing health certificates, the wayside pull-off in Staffordsville, VA where we did Coggins, vaccines, and dental clinics, and on a trailer in my office parking lot, none of which were “a registered establishment” and all of which were “ambulatory” where animals were congregated at a single premises other than the farm of origin.

COMMENT 2: The Purpose of the proposed action: “A haul-in veterinary facility allows owners to bring animals to veterinarians at an inspected facility for treatment. is taken out of the context underlined in the committee’s Executive Summary (above).

Note the underlined phrases: “recommended exploring” / “developing a pathway” / “shared use large animal veterinary facilities” / “Haul-in facilities would allow owners to bring animals to veterinarians to be treated at an inspected facility” / “without requiring the veterinarian to incur the financial burden of opening and maintaining a stationary establishment”

It is vague, at best, what exactly the definition of a haul-in facility is, and having only mentioned "inspected" once, it IS only suggestive that they might require inspection.

The KEY POINT here that a the definition of a “Haul-in Facility” has not been established.

I find it premature to establish rules for haul-in facilities before they have been properly defined.

COMMENT 3: If the Board of Veterinary Medicine still sees a need to amend 18VAC150-20, Regulations Governing the Practice of Veterinary Medicine. I suggest it simply adds language such as the following:

Definition of Haul-in Facility: An uninspected premises, other than the farm of origin or a veterinary hospital, that animals are aggregated, transported, or collected at to facilitate the provision of veterinary care by a licensed ambulatory veterinarian.

CommentID: **240444**

Commenter: Thach Winslow, DVM

4/7/26 9:55 pm

AI Summary of Comments Previous to mine....

Overview

The expanded feedback from Virginia’s agricultural community reflects a deep sense of frustration and urgency regarding proposed regulations for "haul-in" veterinary facilities (Action 6824). Stakeholders, including large-scale producers and residents in rural counties like Grayson and

Carroll, argue that the large animal veterinary field is already at a breaking point due to critical shortages and extreme workloads. The prevailing sentiment is that further "red tape" will not improve animal welfare but will instead lead to increased costs, reduced access to care, and potential animal suffering.

Summary of Key Points

- **Veterinary Shortage and "Breaking Point"**:
    - Rural areas face a severe lack of practitioners; for example, parts of Grayson, Carroll, and Galax are served by only four large animal veterinarians.
    - Current veterinarians often work 16–18 hour days and continue to practice through severe physical injuries (e.g., broken jaws, surgeries) because there is no one else to cover the region.
- **Essential Role of Haul-in Facilities**:
    - **Efficiency**: These facilities allow veterinarians to see multiple animals at one location, saving hours of travel time that can instead be used for actual treatment.
    - **Safety & Welfare**: Haul-in clinics provide safe, professional restraint equipment (like headgates and chutes) that many farmers do not own. Forcing field-only treatment is described as dangerous for both aging farmers and the animals.
    - **Advanced Care**: Certain procedures, such as C-sections or long-term IV fluid maintenance, are significantly safer and more effective in a controlled facility than in a field or outdated barn.
- **Opposition to New Regulations (Action 6824)**:
    - **Unnecessary Burden**: Commenters believe existing standards for biosecurity and safety are sufficient and that new rules will only add "red tape."
    - **Reduced Availability**: There is a high risk that stricter rules will cause practitioners to stop offering haul-in services altogether to avoid the administrative and financial costs of compliance.
    - **Legal Discrepancies**: It is noted that currently, no specific "haul-in" license exists; practices are often forced to choose between an "Ambulatory" license (mobile only) or a full "Hospital" license (requiring 24/7 staffing), neither of which perfectly fits a basic out-patient haul-in facility.
- **Economic Impact on Producers**:
    - New regulatory costs will inevitably be passed on to farmers who are already operating on thin profit margins.
    - Higher costs could force families to reduce their herd sizes or leave agriculture entirely, threatening the local food supply.

- **Flexibility and Local Support**:
    - Producers emphasize the need for "practicality," suggesting that a haul-in facility should be as simple as an agreement between neighbors or a basic site for safe restraint and sanitation rather than a full-scale hospital.

CommentID: **240445**

Commenter: Trey Davis

4/8/26 5:56 am

Comments from Virginia Agribusiness Council

The Virginia Agribusiness Council supports the development of new, available, and convenient treatment locations for Virginia's livestock producers. A proposed shared haul?in facility model represents a meaningful opportunity to expand veterinary service options, particularly for animal agriculture operations in rural Virginia that often face limited access to timely animal care.

If these regulations help establish new opportunities for veterinary care and strengthen service availability across the Commonwealth, the Virginia Agribusiness Council will be supportive. We view this as a practical, forward?looking approach that enhances animal health infrastructure while respecting the diversity of Virginia's agricultural operations.

Trey Davis

President and CEO, Virginia Agribusiness Council

CommentID: **240446**

Commenter: LAW

4/8/26 11:23 am

Large Animal Facility Regulations

The haul in regulations are not well defined to me. If changes are made that cause a negative impact to veterinarians, animal care and farmers, then this could create cost increases for all. This is especially concerning due to the current economic strain.

CommentID: **240447**

Commenter: Virginia Cattlemen's Association

4/8/26 12:21 pm

Requesting additional comment period after regulation is public

Virginia Cattlemen's Association's (VCA) adopted policies state:

- The Association supports cattle care decisions made in the best scientific knowledge and professional experience and opposes state or local policies that are burdensome, unreasonable, and unnecessarily affect the ability of a cattle producer to care for or sustainably endeavor to produce cattle.
- The Association supports animal health regulations that are minimally invasive on direct cattle production management and preserve individual rights to manage land, water and other on farm natural resources.

VCA supports opportunities to provide accessible and convenient treatment locations for cattle producers. To the extent that a new regulation is needed to help create new opportunities for veterinary care that are compliant with the law, VCA would be supportive.

While VCA appreciates the opportunity to comment on this notification, we are unable to provide more thorough feedback until a draft regulation is made public. We request that if a regulation is proposed, an additional public comment opportunity be provided so that we can provide more detailed input on how it would potentially impact Virginia's cattle industry, producers and providers.

CommentID: **240448**

Commenter: Jeff Powers, Bedford County Agriculture Economic Advisory Board | 4/8/26 5:33 pm

Concerns for Purposed Hail-in Regulations from Bedford Co. Ag Board

My name is Jeff Powers and I serve as Chair of the Bedford County Agriculture Economic Development Advisory Board. I'm also a lifelong cattle producer here in Bedford County, and like most farmers, I depend on reliable large animal veterinary services to keep my operation running.

I appreciate the opportunity to share some thoughts on the proposed regulations regarding large animal veterinary haul-in facilities.

Any time new regulations are considered, I believe it's worth stepping back and asking a few basic questions. What problem are we trying to fix? Is it happening enough to justify regulation? And will the regulation solve it without creating new problems along the way?

From where I sit, both as a producer and through my work with agriculture in this county, I am not aware of producers raising concerns about the adequacy of haul-in facilities. I've worked with veterinarians for decades, and like most farmers, I rely on their professionalism and judgment. In my experience, veterinarians already have strong incentive to keep their facilities safe and functional. If they don't, word travels fast in farm country, and producers will go somewhere else.

That makes me wonder whether this regulation is addressing a real, documented issue, or more a concern that exists on paper rather than in practice.

What does concern me is the cost that could come with compliance. We already face a shortage of large animal veterinarians across rural Virginia. Anything that increases the cost of operating a haul-in facility - whether it's construction requirements, inspections, or ongoing paperwork - has the potential to discourage veterinarians from offering these services. For many of us, that could mean longer travel distances, delayed care and fewer options when livestock need attention.

There's also the cost to taxpayers to consider. Regulations require oversight, inspections, and administration. That all carries a price tag. Before adding the burden, it seems reasonable to be certain the benefit justifies the expense.

If there truly is a need for consistent standards, I would encourage the Board to consider whether voluntary industry standards or certification programs might accomplish the same goal without adding regulatory weight. Agriculture has long relied on professional standards and accountability within the industry, and that approach has served producers well.

I would also encourage careful review of how these regulations would affect existing facilities. If current facilities are exempt, then it's fair to ask whether the regulation will actually address the issue it is meant to solve. If they are not exempt, the cost of bringing older facilities into compliance could be significant and could further strain veterinary availability.

At the end of the day, farmers depend on veterinarians just as much as veterinarians depend on farmers. We need policies that support that relationship, not make it hard to maintain.

Thank you for taking time to consider input from those of us who rely on these services every day. I would encourage the Board to carefully weigh the real-world need for these regulations against the potential cost and impact on rural veterinary access.

Respectfully,

Jeff Powers, Chairman

Bedford County Agriculture Economic Development Advisory Board

CommentID: **240450**

Commenter: Virginia State Dairymen's Association

4/8/26 8:14 pm

Further details needed

The Virginia State Dairymen's Association (VSDA) appreciates the opportunity to comment on the Board's intent to establish rules for haul-in veterinary facilities. As Virginia's dairy industry faces ongoing challenges regarding large animal veterinarian availability, we are generally supportive of efforts to create flexible, shared infrastructure that brings care closer to the farm. The potential for haul-in facilities at regional agricultural complexes, fairgrounds, or private handling sites is a thoughtful proposal that offers a practical solution to reduce travel burdens for both producers and practitioners. Providing a centralized, well-equipped environment for procedures and treatments will enhance animal welfare and improve the operational efficiency of our dairy farms.

However, the VSDA remains mindful that the success of this initiative depends on the specific regulatory framework. We support a model that increases opportunity without imposing burdensome or cost-prohibitive requirements on those who choose to host or utilize these optional facilities. Like our partners in the agribusiness community, we look forward to reviewing the draft regulations once available to ensure they provide the necessary flexibility to encourage ingenuity and investment in rural animal health infrastructure.

CommentID: **240452**

Outlook

Comment on proposed regulation on haul-in veterinary facilities

From Don Gardner <docdlg81@gmail.com>
Date Thu 4/2/2026 11:29 PM
To Moss, Kelli G. (DHP) <kelli.moss@dhp.virginia.gov>

1 attachment (15 KB)
Vet Bd To Kelli Moss regarding proposed new regulations regarding haul.docx;

attached is comment document
Dr. Don Gardner

To Kelli Moss regarding proposed new regulations regarding haul-in large animal veterinary facilities.

Though now retired, I have been a predominately cattle veterinarian for 56 years. I have had two facilities that had haul-in facilities associated with the office. No one has ever had complaints about the quality of them. They saved me time and my cattle clients money.

To be a licensed vet in VA you have to pay for the license, facility license, and continuing education. Before you do the first thing for the client you are out at least a$1000.00 to be able to work every year. Now you are proposing to add another layer of bureaucracy to the process with, I am sure, additional costs and perceived requirements to meet the needs of some inspector that doesn't know anything about what the vet and client needs.

Every five years or so the board of vet medicine comes up with more requirements and additions for the veterinarian to add on along with its costs. This adds more to the bill the client has to pay. The whole idea behind this large animal vet grant was to increase large animal vet service. In my opinion these new regulations will simply make it harder for those providing haul-in services to keep providing the service. Counterproductive!!!

Not all haul in facilities need to be the same. Every large animal vet has facility needs to suit their clienteles service needs. A cookie cutter approach is overkill and unnecessary. I have a novel idea. Why don't you poll the large animal client community and see if they think this additional level of bureaucracy is needed. I strongly am against this new regulatory extension!

I served as the secretary-treasurer of the Virginia Academy of Food Animal Practitioners for over 20 years and feel like I have a pretty good idea of the state of large animal veterinary practice in Virginia. Please don't screw it up with a misplaced desire to improve it!

Dr. Don Gardner

1751 Gardner Farm Road

Huddleston, VA 24104

Outlook

NAVLE Structure Update Beginning with October-November 2026 Testing Window

From ICVA <mail@icva.net>
Date Wed 5/27/2026 1:00 PM
To Moss, Kelli G. (DHP) <kelli.moss@dhp.virginia.gov>

View this email in your browser

ICVA is forwarding this email to licensing agencies for your information.
ICVA updated our website and sent the email below to all NAVLE candidates on May 26, 2026.

Dear NAVLE Candidate,

As we prepare to open the application window for the fall 2026 testing cycle on June 1st, we are reaching out to inform you of updates to the NAVLE that will go into effect starting with the October–November testing window. These changes are designed to better support candidates during the exam.

The content of the NAVLE and the total number of questions will not change. Here are the adjustments you can expect to see:

- **Exam software improvements:** The interface will include an updated design and improved keyboard navigation. It will also offer a new settings menu and the ability to adjust the contrast on images.
- **Shorter block structure and timing:** This will provide candidates with more opportunities for breaks between blocks. Please see below for the specific changes.

As with the current test delivery software, candidates can only view items within their current block and are unable to return to previous blocks once they are closed.

These updates are part of ICVA's ongoing commitment to improving the testing experience and are in response to candidate feedback. The updates were made in coordination with our partners at National Board of Medical Examiners (NBME) and in alignment with recent changes to other exams. Research on high-stakes testing has also shown that shorter testing blocks with more frequent breaks can help reduce fatigue, support more stable performance, and improve the overall testing experience.

You can find more information regarding the NAVLE exam structure here.

Sincerely,

The ICVA Team

NAVLE Block Changes for Standard NAVLE Exam

	Current Software	New Software
Total Items	360 total items	360 total items *No change*
Number of test blocks	6 blocks	12 blocks
Items per block	60 items	30 items
Minutes per block	65 minutes	33 minutes
Exam day length	7 hours 30 minutes	7 hours 36 minutes

Please reach out to accommodations@icva.net for updates if you are receiving accommodations.

International Council for Veterinary Assessment

Our mailing address is:
1 E Erie Street, Suite 525-2725 | Chicago, IL 60611

www.icva.net

Veterinary Medicine Monthly Snapshot for May 2026

Veterinary Medicine closed more cases in May than received. Veterinary Medicine closed 15 patient care cases and 23 non-patient care cases for a total of 38 cases.

Cases Closed	
Patient Care	15
Non-Patient Care	23
Total	**38**

Veterinary Medicine has received 18 patient care cases and 18 non-patient care cases for a total of 36 cases.

Cases Received	
Patient Care	18
Non-Patient Care	18
Total	**36**

As of May 31,2026, there were 148 patient care cases open and 72 non-patient care cases open for a total of 220 cases.

Cases Open	
Patient Care	148
Non-Patient Care	72
Total	**220**

There are 9,844 Veterinary Medicine licensees as of May 31,2026. The number of current licenses is broken down by profession in the following chart.

Current Licenses	
Equine Dental Technician	22
Veterinarian	5,363
Veterinary Establishment - Ambulatory	346
Veterinary Establishment - Stationary	1,022
Veterinary Faculty	101
Veterinary Intern/Resident	52
Veterinary Technician	2,938
Total for Veterinary Medicine	**9,844**

There are 129 licenses issued for Veterinary Medicine for the month of May. The number of current licenses is broken down by profession in the following chart.

Licenses Issued	
Equine Dental Technician	1
Veterinarian	83
Veterinary Establishment – Stationary	5
Veterinary Intern/Resident	6
Veterinary Technician	34
Total for Veterinary Medicine	**129**

BOARD OF VETERINARY MEDICINE

2027 CALENDAR

January 28, 2027 (Thursday)	BR 3	FORMAL HEARINGS
March 12, 2027 (Friday)	TR 1	INFORMAL CONFERENCES
April 21, 2027 (Thursday)	**BR 4** **10:00 AM**	**BOARD MEETING** **FORMAL HEARING**
May 11, 2027 (Tuesday)	TR 1	INFORMAL CONFERENCES
July 8, 2027 (Thursday)	TR 1	INFORMAL CONFERENCES
August 2, 2027 (Monday)	BR 4	FORMAL HEARINGS
August 3, 2027 (Tuesday)	**BR 4** **10:00 AM**	**BOARD MEETING** **FORMAL HEARING IF NEEDED**
September 17, 2026 (Friday)	TR 1	INFORMAL CONFERENCES
October 5, 2027 (Tuesday)	**BR 4** **10:00 AM**	**BOARD MEETING** **FORMAL HEARING IF NEEDED**
November 9, 2027 (Tuesday)	TR 1	INFORMAL CONFERENCES
December 10, 2027 (Friday)	TR 1	INFORMAL CONFERENCES