

July 28, 2020
Virtual Meeting
9:00 a.m.

Agenda
Virginia Board of Veterinary Medicine
Full Board Meeting

VIRTUAL MEETING

******Refer to Page 3 of the Agenda for Meeting Access Information******

Call to Order – Tregel Cockburn, D.V.M., Board President

Page 4

- Welcome and Roll Call
- Introductions
- Mission Statement

Ordering of Agenda – Dr. Cockburn

Public Comment – Dr. Cockburn

The Board will receive all public comment related to agenda items at this time. The Board will not receive comment on any regulatory process for which a public comment period has closed or any pending or closed complaint or disciplinary matter. (See **instructions on page 3 for providing public comment during virtual meeting.**)

Approval of Minutes – Dr. Cockburn

Pages 5-10

- March 5, 2020 – Full Board Meeting
- March 5, 2020 – Formal Hearing (Case Nos. 183234)

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

Legislative/Regulatory Report – Elaine Yeatts

Pages 11-44

- Legislative Update
 - 2020 Legislative Session Overview
 - HB967 – Consideration of any waiver of experience requirements for spouse of active duty military or veteran
- Petition for Rulemaking – Consideration of Hudson petition to require sedation prior to euthanasia

Discussion Items

Pages 45-67

- Veterinary Establishment Inspection Update
 - Inspections – **Melody Morton**
 - Inspection Committee – **Ms. Knachel**
- Review of Draft Guidance Documents – **Ms. Knachel/Ms. Yeatts**
 - Update to 150-21 Frequently asked questions about reporting to the Prescription Monitoring Program
 - Draft Telemedicine Guidance Document
- § 54.1- 3408.02 Transmission of Prescriptions (Veterinarian Exemption) – **Ms. Knachel**
- Continuing Education Inquiries – **Ms. Knachel**
- Update on Implementation of USP Chapters 795, 797 and 800 – **Ms. Knachel**

Board Counsel Report – Charis Mitchell

President’s Report – Dr. Cockburn

Board of Health Professions’ Report – Steven Karras, D.V.M.

Staff Reports

Pages 68-75

- Executive Director’s Report – **Ms. Knachel**
 - Statistics
 - AAVSB
 - 2020 Annual Meeting
 - RaceTrack – CE Tracking System
 - Online Licensure Verification
 - Presentations
 - Outreach
 - Mass Emails
 - Webinar: COVID-19 and Veterinary Practice (04/01/2020)
 - CDC & VDH COVID-19 Updates for Veterinarians (04/24/2020)
 - Webinar: Updates for COVID-19 and Veterinary Practice (05/13/2020)
 - VDH COVID-19 Updates for Veterinarians (06/30/2020)
 - Updated Forms
 - Board Calendar
- Discipline Report – **Kelli Moss**

New Business – Dr. Cockburn

Pages 76

Officer Elections

Next Meeting – October 29, 2020

Meeting Adjournment – Dr. Cockburn

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

Instructions for Accessing July 28, 2020 Virtual Full Board Meeting and Providing Public Comment

- **Access:** Perimeter Center building access remains restricted to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the joining options below. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO WebEx technology.
- **Written Public Comment:** Written comments are **strongly preferred** due to the limits of the electronic meeting platform and should be submitted by email to leslie.knachel@dhp.virginia.gov no later than 12:00 noon on July 27, 2020. The written comments will be made available to the board members for review prior to the meeting.
- **Oral Public Comment:** Oral comments will be received during the full board meeting from persons who have submitted an email to leslie.knachel@dhp.virginia.gov no later than 12:00 noon on July 27, 2020, indicating they wish to offer oral comment at the board meeting. Comment may be offered by these individuals when their names are announced by the meeting chair.
- Public participation connections will be muted following the public comment periods.
- Should the Board enter into a closed session, public participants will be blocked from seeing and hearing the discussion. When the Board re-enters into open session, public participation connections to see and hear the board meeting will be restored.
- Please call from a location without background noise.
- Dial (804) 597-4129 to report an interruption during the broadcast.
- FOIA Council *Electronic Meetings Public Comment* form for submitting feedback on this electronic meeting may be accessed at <http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>.

JOIN THE INTERACTIVE MEETING (NOTE: WebEx is a video and audio platform and best accessed by connecting with a mobile device which has a built-in microphone and camera. Laptops and desktop computers will work provided an external microphone and camera are available. However, audio and video quality may vary depending on internet speed and use of a web browser other than Internet Explorer is required.)

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JOIN THE INTERACTIVE MEETING

<https://virginia-dhp.my.webex.com/virginia-dhp.my/j.php?MTID=m18bdee8f28a78503501cd6247eba275b>

JOIN WITH AUDIO ONLY

1-408-418-9388

Meeting number (access code): 132 213 5211

Meeting password: 65493927



MISSION STATEMENT

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

**VIRGINIA BOARD OF VETERINARY MEDICINE
MINUTES OF FULL BOARD
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 2
HENRICO, VA
March 5, 2020**

TIME AND PLACE: The Board of Veterinary Medicine (Board) was called to order at 9:02 a.m., at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, Virginia.

PRESIDING OFFICER: Tregel Cockburn, D.V.M., President

MEMBERS PRESENT: Mary Yancey Spencer, J.D., Citizen Member, Vice-President
Autumn N. Halsey, L.V.T., Secretary
Ellen G. Hillyer, D.V.M.
Steven B. Karras, D.V.M.
Bayard A. Rucker, III, D.V.M.

MEMBERS NOT PRESENT: Jeffery Newman, D.V.M.

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

STAFF PRESENT: David E. Brown, D.C., Director
Barbara Allison-Bryan, Deputy Director
Leslie L. Knachel, Executive Director
Charis Mitchell, Assistant Attorney General, Board Counsel
Kelli Moss, Deputy Executive Director
Anthony C. Morales, Licensing/Operations Manager
Elaine Yeatts, Senior Policy Analyst
Temple Ross, Licensing Specialist

OTHERS PRESENT: Celia Wilson, Operations Administrative Assistant
Melody Morton, Inspections Manager, Enforcement Division
Elizabeth Carter, Executive Director, Healthcare Workforce Data Center
Yetty Shobo, Deputy Executive Director, Healthcare Workforce Data Center
Ralph Orr, Executive Director, DHP Prescription Monitoring Program (PMP)
Annette Kelley, Deputy Executive Director, Virginia Board of Pharmacy
Kelly Gottschalk, D.V.M., Virginia Medical Association of Virginia (VVMA)
Taryn Singleton, Virginia Association of Licensed Veterinary Technicians (VALVT)

INTRODUCTIONS: Ms. Knachel introduced Ms. Wilson and Ms. Ross to the Board.

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

PUBLIC COMMENT: There was no public comment.

APPROVAL OF MINUTES: Dr. Karras moved to approve the meeting minutes as presented for the following meetings:

- October 2, 2019 – Ad Hoc USP Committee Meeting
- October 31, 2019 – Full Board Meeting
- January 2, 2020 – Conference Call (Case Nos. 182114 & 182831)

The motion was seconded and carried.

DIRECTOR'S REPORT:

Dr. Brown provided an overview of the General Assembly session.

LEGISLATIVE/REGULATORY UPDATE:

Legislative Update

Ms. Yeatts provided a summary of the 2020 legislation that directly and indirectly affected the Board of Veterinary Medicine.

Handling Fee (18VAC150-20-100)

Ms. Yeatts stated the regulatory action to change the return check fee is effective March 5, 2020.

DISCUSSION ITEMS:

Presentation on Veterinary Drug Distribution – Ms. Knachel

Ms. Knachel referred the board members to the Department of Justice's February 14, 2020, press release provided in the agenda package.

Healthcare Workforce Data Center (HWDC) Survey

Dr.'s Carter and Shobo presented the results of the HWDC's 2019 survey of Virginia's Veterinarian and Veterinary Technician Workforce to the Board.

Presentation on Prescription Monitoring Program (PMP) Reports for Veterinarians

Mr. Orr provided information on the PMP program and the new prescribing reports available for veterinarians' use.

The Board asked Ms. Knachel to update, for the Board's consideration at its next meeting, Guidance Document 150-21: Frequently asked questions about reporting to the Prescription Monitoring Program to incorporate information about the new reports.

Cannabidiol Oil and Vertical Pharmaceutical Processors

Ms. Kelley provided information on the five Pharmaceutical Processors that are regulated by the Board of Pharmacy.

Report from Inspection Committee (Committee)

Dr. Cockburn reported that Committee met and will begin work on 18VAC150-20-190. *Requirements for drug storage, dispensing, destruction, and records for all establishments* and Guidance Documents 150-16 and 150-23.

Update to Guidance Document 150-18: Bylaws

Ms. Knachel presented an updated version of the bylaws amendments for the Board's consideration.

Dr. Rucker moved to accept the updated version of Guidance Document 150-18 as presented at the meeting.

The motion was seconded and carried.

Update on USP 800 Handling of Hazardous Drugs

Ms. Knachel commented that USP 800 is in effect, but not enforceable. This status is because the revisions to USP 795 and 797 are under appeal and USP 800 refers to the revised versions of these two chapters. She stated that veterinary establishments handling hazardous drugs should be conducting risk assessments and implementing protective measures as needed.

BOARD MEMBER TRAINING:

Closing Cases

Ms. Moss provided training on closing cases.

BOARD COUNSEL REPORT:

Ms. Mitchell had nothing to report.

PRESIDENT'S REPORT:

Dr. Cockburn reported on the VVMA annual board meeting. Congratulations were given to fellow board member Dr. Rucker for recently receiving the Paul F. Landis Veterinarian of the Year award along with his veterinarian spouse, Dr. Peggy Rucker at the VVMA conference.

**BOARD OF HEALTH
PROFESSIONS' REPORT:**

Dr. Karras provided a report on the recent activities of the Board of Health Professions. He urged board members to come early to meetings and/or stay late after meetings to review complaint cases.

STAFF REPORTS:

Executive Director's Report

Ms. Knachel reported on the following:

- Licensure and budget statistics;
- Member interest to attend the 2020 conference of the American Association of State Boards (AAVSB);
- Outreach activities;
- CE Audit Report; and
- Invitation from the International Council on Veterinary Assessments to take a practice national examination.

Ms. Knachel requested that the Board consider not doing a CE audit for 2019 so that resources could be focused on the current discipline case load.

Ms. Halsey moved that the Board not conduct an audit for CE obtained during 2019.

The motion was seconded and carried.

Discipline Report – Ms. Moss

Ms. Moss provided an overview of the caseload statistics.

NEW BUSINESS:

No New Business was presented.

NEXT MEETING:

Dr. Cockburn announced that the next full board meeting is scheduled for July 28, 2020.

ADJOURNMENT:

Dr. Cockburn thanked everyone for attending.

The meeting adjourned at 12:23 p.m.

Tregel Cockburn, D.V.M
Chair

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

Date

Date

**VIRGINIA BOARD OF VETERINARY MEDICINE
FORMAL HEARING MINUTES
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 2
HENRICO, VA
March 5, 2020**

CALL TO ORDER: The meeting of the Virginia Board of Veterinary Medicine (Board) was called to order at 1:31 p.m., on March 5, 2020, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, Virginia.

PRESIDING OFFICER: Tregel M. Cockburn, D.V.M., President

MEMBERS PRESENT: Autumn N. Halsey, L.V.T
Bayard A. Rucker, III, D.V.M.
Steve Karras, D.V.M.

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

STAFF PRESENT: Leslie L. Knachel, M.P.H., Executive Director
Celia Wilson, Operations Administrative Assistant

BOARD COUNSEL: Charis A. Mitchell, Assistant Attorney General

COURT REPORTER: Sheldon Poe, County Court Reporters, Inc.

PARTIES ON BEHALF OF THE COMMONWEALTH: James E. Schliessmann, Sr. Assistant Attorney General
Michelle Guilfoyle-Douglass, Adjudication Specialist,
Administrative Proceedings Division

COMMONWEALTH WITNESSES: Sherry Foster, Regional Manager-Central, Division of Enforcement

RESPONDENT WITNESSES: None

OTHERS PRESENT: Nancy Watson, Cats of Brunswick
Vicky Allen, Halifax Dog Squad
Tom Owen
Claude Cordle
Ohara Martin
Cassie Boyd, Sweet Virginia Barn Cats
Vicky Burnette, Sweet Virginia Barn Cats
Mac Burnette, Sweet Virginia Barn Cats

Grace Seymour, Nottoway Allies for Paws
Harry Seymour Nottoway Allies for Paws
Beu Menier, Stray Haven Rescue
Lacy Will
Stephanie Ferrugia
Marsha Owen

MATTER SCHEDULED:

William. W. Will, Veterinarian
License No.: 0301-001190
Case No.: 183234

Dr. Will appeared before the Board in accordance with a Notice of Formal Hearing dated February 4, 2020. He was not represented by counsel. The Board received evidence from the Commonwealth and from Dr. Will regarding the allegations in the Notice.

CLOSED SESSION:

Dr. Karras 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 **William W. Will, Veterinarian**. Additionally, he moved that Ms. Mitchell and Ms. Knachel attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENE:

Dr. Karras 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 public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

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

DECISION:

Dr. Karras moved to indefinitely suspend the license of Dr. Will. The basis for this decision will be set forth in a final Board Order that will be sent to Dr. Will at his address of record. The motion was seconded and carried unanimously.

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

ADJOURNMENT:

The Formal Hearing adjourned at 2:58 p.m.

Tregel M. Cockburn, D.V.M., President

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

DRAFT

Report of the 2020 General Assembly Board of Veterinary Medicine

HB 967 Military service members and veterans; expediting issuance of credentials to spouses, application.

Chief patron: Willett

Summary as passed House:

Professions and occupations; expediting the issuance of credentials to spouses of military service members. Provides for the expedited issuance of credentials to the spouses of military service members who are (i) ordered to federal active duty under Title 10 of the United States Code or (ii) veterans who have left active duty service within one year of the submission of an application to a board if the spouse accompanies the service member to the Commonwealth or an adjoining state or the District of Columbia. Under current law, the expedited review is provided more generally for active duty members of the military who are the subject of a military transfer to the Commonwealth. The bill also authorizes a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions or any other board in Title 54.1 (Professions and Occupations) to waive any requirement relating to experience if the board determines that the documentation provided by the applicant supports such waiver. This bill incorporates HB 930 and is identical to SB 981.

HB 1147 Epinephrine; every public place may make available for administration.

Chief patron: Keam

Summary as passed:

Epinephrine permitted in certain public places. Allows public places to make epinephrine available for administration. The bill allows employees of such public places who are authorized by a prescriber and trained in the administration of epinephrine to possess and administer epinephrine to a person present in such public place believed in good faith to be having an anaphylactic reaction. The bill also provides that an employee of such public place who is authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a person present in the public place believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from

the rendering of such treatment. The bill directs the Department of Health, in conjunction with the Department of Health Professions, to develop policies and guidelines for the recognition and treatment of anaphylaxis in public places. Such policies and guidelines shall be provided to the Commissioner of Health no later than July 1, 2021.

HB 1506 Pharmacists; initiating of treatment with and dispensing and administering of controlled substances.

Chief patron: Sickles

Summary as passed:

Pharmacists; prescribing, dispensing, and administration of controlled substances.

Allows a pharmacist to initiate treatment with and dispense and administer certain drugs and devices to persons 18 years of age or older in accordance with a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health. The bill directs the Board of Pharmacy to establish such protocols by November 1, 2020, to promulgate emergency regulations to implement the provisions of the bill, and to convene a work group to provide recommendations regarding the development of protocols for the initiating of treatment with and dispensing and administering of additional drugs and devices for persons 18 years of age and older. The bill also clarifies that an accident and sickness insurance policy that provides reimbursement for a service that may be legally performed by a licensed pharmacist shall provide reimbursement for the initiating of treatment with and dispensing and administration of controlled substances by a pharmacist when such initiating of treatment with or dispensing or administration is in accordance with regulations of the Board of Pharmacy.

SB 422 Health regulatory boards; clarifies the meaning of "license."

Chief patron: Petersen

Summary as introduced:

Health regulatory boards. Clarifies the meaning of "license" as used by the Boards of Funeral Directors and Embalmers and Physical Therapy and the conditions under which a license may be denied, suspended, or revoked by the Board of Veterinary Medicine.

SB 976 Pharmaceutical processors; operation of cannabis dispensing facilities.

Chief patron: Marsden

Summary as enacted with Governor's Recommendations:

Board of Pharmacy; pharmaceutical processors; cannabis dispensing facilities. Defines "cannabis dispensing facilities" and allows the Board of Pharmacy to issue up to five permits for cannabis dispensing facilities per health service area. The bill requires the Board to establish a ratio of one pharmacist for every six pharmacy interns, technicians, and technician trainees for pharmaceutical processors and cannabis dispensing facilities. The bill directs the Board of Pharmacy to require that, after processing and before dispensing cannabis oil, a pharmaceutical processor make a sample available from each homogenized batch of product for testing at an independent laboratory located in Virginia that meets Board requirements. The bill requires that the Board promulgate regulations that include an allowance for the sale of devices for administration of dispensed products and an allowance for the use and distribution of inert product samples containing no cannabinoids for patient demonstration exclusively at the pharmaceutical processor or cannabis dispensing facility, and not for further distribution or sale, without the need for a written certification. The bill also requires the Board to adopt regulations for pharmaceutical processors that include requirements for (i) processes for safely and securely cultivating cannabis plants intended for producing cannabis oil; (ii) a maximum number of marijuana plants a pharmaceutical processor may possess at any one time; (iii) the secure disposal of plant remains; (iv) dosage limitations, which shall provide that each dispensed dose of cannabis oil not exceed 10 milligrams of tetrahydrocannabinol; and (v) a process for registering cannabis oil products. The bill requires the Board of Pharmacy to promulgate required regulations within 280 days of the bill's enactment.

CHAPTER 885

An Act to amend and reenact §§ 54.1-2806, 54.1-3480, 54.1-3483, and 54.1-3807 of the Code of Virginia, relating to health regulatory boards.

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2806, 54.1-3480, 54.1-3483, and 54.1-3807 of the Code of Virginia is amended and reenacted as follows:.....

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

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

1. Is convicted of any felony or of any misdemeanor involving moral turpitude;
2. Employs or permits any person who does not hold a license to practice veterinary medicine or to practice as a licensed veterinary technician or registration to practice as an equine dental technician to perform work which can lawfully be performed only by a person holding the appropriate license or registration;
3. Willfully violates any provision of this chapter or any regulation of the Board;
4. Has violated any federal or state law relating to controlled substances as defined in Chapter 34 (§ 54.1-3400 et seq.);
5. Is guilty of unprofessional conduct as defined by regulations of the Board;
6. Uses alcohol or drugs to the extent such use renders him unsafe to practice or suffers from any mental or physical condition rendering him unsafe to practice; or
7. Has had his license to practice veterinary medicine or as a veterinary technician or his registration to practice as an equine dental technician in any other state revoked or suspended for any reason other than nonrenewal or *has surrendered such license or registration in lieu of disciplinary action.*

Consideration of any waiver of experience requirements for spouse of active duty military or veteran

VIRGINIA ACTS OF ASSEMBLY -- 2020 SESSION

CHAPTER 28

An Act to amend and reenact § 54.1-119 of the Code of Virginia, relating to professions and occupations; expediting the issuance of credentials to spouses of military service members.

[H 967]

Approved March 2, 2020

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-119 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-119. **Expediting the issuance of licenses, etc., to spouses of military service members; issuance of temporary licenses, etc.**

A. Notwithstanding any other law to the contrary and unless an applicant is found by the board to have engaged in any act that would constitute grounds for disciplinary action, a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions or any other board named in this title shall expedite the issuance of a license, permit, certificate, or other document, however styled or denominated, required for the practice of any business, profession, or occupation in the Commonwealth to an applicant whose application has been deemed complete by the board and (i) who holds the same or similar license, permit, certificate, or other document required for the practice of any business, profession, or occupation issued by another jurisdiction; (ii) whose spouse is the subject of a military transfer to the Commonwealth (a) on federal active duty orders pursuant to Title 10 of the United States Code or (b) a veteran, as that term is defined in § 2.2-2000.1, who has left active-duty service within one year of the submission of an application to a board; and (iii) who accompanies the applicant's spouse to Virginia the Commonwealth or an adjoining state or the District of Columbia, if, in the opinion of the board, the requirements for the issuance of the license, permit, certificate, or other document in such other jurisdiction are substantially equivalent to those required in the Commonwealth. A board may waive any requirement relating to experience if the board determines that the documentation provided by the applicant supports such a waiver.

B. If a board is unable to (i) complete the review of the documentation provided by the applicant or (ii) make a final determination regarding substantial equivalency within 20 days of the receipt of a completed application, the board shall issue a temporary license, permit, or certificate, provided the applicant otherwise meets the qualifications set out in subsection A. Any temporary license, permit, or certification issued pursuant to this subsection shall be limited for a period not to exceed 12 months and shall authorize the applicant to engage in the profession or occupation while the board completes its review of the documentation provided by the applicant or the applicant completes any specific requirements that may be required in Virginia that were not required in the jurisdiction in which the applicant holds the license, permit, or certificate.

C. The provisions of this section shall apply regardless of whether a regulatory board has entered into a reciprocal agreement with the other jurisdiction pursuant to subsection B of § 54.1-103.

D. Any regulatory board may require the applicant to provide documentation it deems necessary to make a determination of substantial equivalency.

18VAC150-20-120. Requirements for licensure by endorsement as a veterinarian.

The board may, in its discretion, grant a license by endorsement to an applicant who is licensed to practice veterinary medicine in another jurisdiction of the United States, provided that the applicant:

1. Holds at least one current, unrestricted license in another jurisdiction of the United States and is not a respondent in any pending or unresolved board action in any jurisdiction;
2. Provides documentation of having been regularly engaged in clinical practice for at least two of the past four years immediately preceding application;
3. Provides documentation of completion of at least 30 hours of continuing education requirements during the preceding four years;
4. Submits the application fee specified in 18VAC150-20-100 and a complete application on a form obtained from the board;
5. Signs a statement attesting that the applicant has read, understands, and will abide by the statutes and regulations governing the practice of veterinary medicine in Virginia; and
6. Has committed no acts that would constitute a violation of § 54.1-3807 of the Code of Virginia.

18VAC150-20-121. Requirements for licensure by endorsement for veterinary technicians.

In its discretion, the board may grant a license by endorsement to an applicant who is licensed, certified or registered to practice as a veterinary technician in another jurisdiction of the United States, provided that the applicant:

1. Holds at least one current and unrestricted license, certification, or registration issued by the regulatory entity in another jurisdiction of the United States and that he is not a respondent in any pending or unresolved board action in any jurisdiction;
2. Provides documentation of having been regularly engaged in clinical practice as a licensed, certified, or registered veterinary technician for at least two of the past four years immediately preceding application;
3. Has received a degree in veterinary technology from a college or school accredited by the AVMA or the CVMA or has passed the Veterinary Technician National Examination approved by the AAVSB or any other board-approved national board examination for veterinary technology with a score acceptable to the board;
4. Provides documentation of completion of at least 16 hours of continuing education requirements during the preceding four years;
5. Submits the application fee specified in 18VAC150-20-100 and a complete application on a form obtained from the board;

- 6. Signs a statement attesting that the applicant has read, understands, and will abide by the statutes and regulations governing the practice of veterinary medicine in Virginia; and**
- 7. Has committed no acts that would constitute a violation of § 54.1-3807 of the Code of Virginia.**

Agenda Item: Petition for rulemaking - Hudson

Included in your agenda package are:

Petition from

Petition from

Copy of 76 comments received through the Regulatory Townhall

Board action:

Action to:

Accept petitioner's request to amend regulations by adoption of a Notice of Intended Regulatory Action or

Deny the request with reasons for denial stated.



COMMONWEALTH OF VIRGINIA Board of Veterinary Medicine

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

FEB 11 2020 (804) 367-4468 (Tel)
DHP (804) 527-4471 (Fax)

Petition for Rule-making

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

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

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

Mudson, Jeffrey S

Street Address

514 E. 2ND ST

City

Farmville

Email Address (optional)

ladybug22351@yahoo.com

Area Code and Telephone Number

434-603-0251

State

Va.

Zip Code

23901

Fax (optional)

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending. The problem is the lack of a regulation that covers the process of euthanasia. It is my belief from my recent experience that any animal that requires the procedure should receive sedation first. The closest regulation is 18VAC150-20-140 Unprofessional conduct.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule. Please read the attached letter which I emailed to the Board. On Jan 19, 2020, I had to drive my dying 18 yr old Ragdoll cat to an emergency clinic an hr away to have his pain end by euthanasia. I was told he would be euthanized without sedation and he would pass peacefully as if asleep. It was not as described. He was in pain when the IV was inserted, howling in pain. He howled and struggled abt w. the let injection. I cried out as well. He howled again at the last

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

Signature:

Jeffrey S. Mudson

Date: 2/6/2020

Virginia.gov

Agencies | Governor


VIRGINIA
 REGULATORY TOWN HALL


Secretarial

Health and Human Resources

Agency

Department of Health Professions

Board

Board of Veterinary Medicine

[Edit Petition](#)

Petition 316

Petition Information

Petition Title	Practice of euthanasia
Date Filed	2/21/2020 [Transmittal Sheet]
Petitioner	Jeffree Hudson
Petitioner's Request	To amend regulations to require sedation of an animal to be euthanized.
Agency's Plan	<p>The petition will be published on March 16, 2020 in the <i>Register of Regulations</i> and also posted on the Virginia Regulatory Townhall at www.townhall.virginia.gov to receive public comment ending April 15, 2020.</p> <p>Following receipt of all comments on the petition to amend regulations, the Board will decide whether to make any changes to the regulatory language. This matter will be on the Board's agenda for its first meeting after the comment period, which is scheduled for July 28, 2020. The petitioner will be informed of its decision after that meeting.</p>
Comment Period	Ended 4/15/2020 76 comments
Agency Decision	Pending

Contact Information

Name / Title:	Leslie L. Knachel / <i>Executive Director</i>		
Address:	9960 Mayland Drive Suite 300 Richmond, 23233		
Email Address:	leslie.knachel@dhp.virginia.gov		
Telephone:	(804)597-4130	FAX: (804)527-4471	TDD: (-)

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Agency

Department of Health Professions

Board

Board of Veterinary Medicine

Chapter

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

76 comments

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Commenter: Tatum Standley

3/16/20 10:36 am

Animals should be sedated before euthanasia

For the comfort of the animals and the safety of everyone involved, it should be a requirement that animals be sufficiently sedated prior to their euthanasia.

CommentID: 79793

Commenter: kennard a tomlinson

3/16/20 10:42 am

euthanasia

I strongly believe an animal should be sedated before euthanized as most are afraid and in strange settings at this time and the purpose of euthanasia is to relieve suffering.

CommentID: 79794

Commenter: Bonnie Thompson

3/16/20 10:50 am

Euthanization

Your pets need to be sedated before they are euthanized

CommentID: 79795

Commenter: Jeannie Kerr

3/16/20 11:03 am

Sedation prior to euthanasia

Our animals deserve to die without horrible anxiety. Sedation prior to euthanasia should be a REQUIREMENT of veterinary practices.

CommentID: 79797

Commenter: Denise Overman

3/16/20 11:04 am

Require sedation when euthanizing animals

Please require that all animals be sedated when being euthanized. It is cruel and painful for an animal to go through this without being sedated. It is easy to do first and would greatly help the suffering pet and the owners who are with their pets at this very sad time. Thank you.

CommentID: 79798

Commenter: Lois W Maxwell

3/16/20 11:12 am

Kind way to euthanize animals

Please require that animals be put down only by an intravenous injection of sodium pentobarbital administered by a trained professional since it is the kindest, most compassionate *method* of euthanizing *animals*.

CommentID: 79799

Commenter: Jeffree Sue Hudson

3/16/20 12:05 pm

Euthanasia

My cat was NOT sedated prior to being euthanized. He was 18 and I knew all his cried. He howled in pain as the process was on going before his body spasmed in death throws. It was barbaric and inhumane. Please require that ALL clinics sedate animals prior to being euthanized. I am still having nightmares where I hear him scream out and watch his body convulse. I already suffer from PTSD and this just made the whole situation worse! Don't let his death or my suffering be in vain!

CommentID: 79800

Commenter: Lindsey Moran

3/16/20 12:41 pm

Sedation mandatory

Sedating an animal prior to administering euthanasia should be mandatory across the board. There is no reason to allow an animal to suffer unnecessarily, especially when additional suffering can be prevented with a widely accepted, simple veterinary procedure.

CommentID: 79803

Commenter: Amber Wilkerson

3/16/20 12:46 pm

Please sedate animals before euthanasia

It's the humane thing to do. Better for the animals and their owners.

CommentID: 79804

Commenter: Debbie Longest

3/16/20 12:47 pm

Mandatory Sedation

Please make it mandatory for vets to administer sedation when euthanizing pets. This is the right and humane thing to do both for animals and humans. Please do this kind thing for all involved. It's such a small but needed requirement that could easily be implemented.

Thank you.

Debbie

CommentID: 79805

Commenter: Tiffany Lunsford

3/16/20 1:43 pm

Please sedate before euthenizing

Please make sedating an animal prior to euthanasia mandatory across the board. This would be the only humane way to let a loved pet go.

CommentID: 79806

Commenter: David Miller

3/16/20 1:53 pm

Euthanasia suffering

Everyone I know ,including myself considers their pets to be their own children. This is a horrifying practice and must be regulated and stopped.

CommentID: 79807

Commenter: Sabra Gear

3/16/20 3:08 pm

Sedation must be used in animal euthanasia to prevent or minimize suffering

Sedation sufficient to prevent or minimize suffering, pain, and anxiety must be used in animal euthanasia.

CommentID: 79809

Commenter: Jeffree Sue Hudson

3/16/20 6:12 pm

VDACS Regulations pg. 5

According to the regulations on pg 5, methods of Euthanasia ...it clearly states that chemical used to euthanize a companion animals should be combined with sedation. Why would an emergency clinic tell me it wasn't their policy nor was it necessary when it obviously WAS! Is the VDACS not a valid organization? I need answers, please.

CommentID: 79811

Commenter: Lucy Klaus

3/16/20 6:21 pm

No needless suffering

Animal cruelty is a crime and neglecting sedation prior to euthanasia is just plain cruel. Please make this a requirement for all veterinary practitioners. They ought to know better but if they do not, it must be required.

CommentID: 79812

Commenter: M. Leigh Lunsford

3/16/20 6:56 pm

Require sedation of an animal to be euthanized

I support the regulation to require sedation of an animal to be euthanized.

CommentID: 79813

Commenter: Greg Tsigaridas

3/16/20 7:13 pm

Please sedate pets before euthanizing them

We owe it to them to be as humane as possible.

CommentID: 79815

Commenter: Phaedra Johnson

3/16/20 7:19 pm

Sedation

Please sedate an animal before euthanasia, it is the humane thing to do.

CommentID: 79816

Commenter: David Standley

3/16/20 7:33 pm

Sedation prevents suffering

I am writing to ask the board to require the sedation of animals when euthanized by veterinarians. I was saddened to hear a friend recount their experience watching their pet writhe in pain while being euthanized. We must ensure an animal does not suffer during the final act of kindness we can give an animal.

CommentID: 79817

Commenter: Jeanne Strunk MSN, FNP-BC

3/16/20 7:41 pm

Legislation requiring sedation prior to administering Euthanasia

I fully support legislation requiring sedation being administered to animals prior to euthanasia

CommentID: 79818

Commenter: Christy Moore

3/16/20 8:06 pm

Sedate before euthanasia

Please sedate the animal before it is euthanized

CommentID: 79819

Commenter: Margaret Overman

3/16/20 8:25 pm

SEDATE BEFORE EUTHANASIA

this is absolutely barbaric. a death row inmate receives more humane treatment than our innocent fur babies do. this must be changed. it's so simple to do and i don't even know why this is a topic of discussion. please do the right thing and make sedation a requirement before euthanasia

CommentID: 79820

Commenter: Brooke Joyce

3/16/20 9:01 pm

Please sedate all animals prior to euthanasia

please sedate all animals prior to euthanasia.

CommentID: 79822

Commenter: Mariann

3/17/20 8:09 am

Support

I support this legislation.

CommentID: 79824

Commenter: Gary Payne

3/18/20 1:16 pm

Sedation before euthanasia

Sedation before euthanasia

CommentID: 79845

Commenter: Sharon James

3/18/20 2:13 pm

animal euthanasia

Be humane- it should be mandatory for a vet to sedate an animal before euthanasia

CommentID: 79847

Commenter: Amelia Wenzel

3/18/20 11:30 pm

Pre-euthanasia Sedation

Pre-euthanasia sedation is good practice, plain and simple. Euthanizing a pet is one of the most difficult things anyone has to go through. Compassion needs to be shown to both the pet and the owner by taking the time to sedate the pet before euthanizing. Let those last few moments be peaceful instead of doing undue trauma.

CommentID: 79853

Commenter: Aaron Wenzel

3/19/20 11:49 am

Support

I support this measure on pet euthanasia

CommentID: 79877

Commenter: Caitlin Linkins

3/19/20 11:52 am

Sensation before Euthanasia

Animals MUST be sedated before euthanasia!

CommentID: 79878

Commenter: Gwendolyn Rigney

3/19/20 11:53 am

Support

Please require sedation before euthanizing.

CommentID: 79879

Commenter: Tehya Cifers

3/19/20 12:28 pm

Sedation before euthanasia in all animals

Stop needless suffering in animals who are already in considerable pain.

CommentID: 79881

Commenter: Kaydan Ferguson

3/19/20 2:02 pm

Sedation before Euthanasia

Please end the useless suffering of animals by sedating them before euthanizing.

CommentID: 79893

Commenter: Patricia Stainback

3/20/20 11:10 am

Veterinarian euthanasia

I urge you to require that veterinarians use methods of euthanasia which do not cause pain and additional suffering to animals already suffering.

CommentID: 79980

3/20/20 1:13 pm

Commenter: Elizabeth Whiley

Sedation before crossing the rainbow bridge

As an animal lover, I never would have thought that a veterinarian would not sedate any animal before administering medication to end its life. Maybe I've been naive or sheltered, but I thank God all of my experiences have been painful but not traumatizing.

Please consider making sedation mandatory before euthanasia.

CommentID: 79998

Commenter: Amy Stock

3/20/20 2:28 pm

How sad....

As a cat owner I just cannot imagine this owner's heartbreak over the torture of her beloved pet. I cannot even imagine how or why a licensed vet would do such a thing. Don't physicians take an oath to "do no harm?" Perhaps vets need to do the same. This should definitely be regulated and required to protect the sweet animals who love us and trust us to do what is best for them!

CommentID: 80017

Commenter: Carolyn Beck

3/20/20 3:57 pm

Euthanasia

Veterinarians take an oath to don't harm and eliminate suffering. This procedure must include anesthesia to ease the pain of the animal and lessen the trauma on the loved ones!

CommentID: 80018

Commenter: Annette Brancato

3/20/20 7:48 pm

Animal Cruelty

Animal cruelty is illegal and should not be tolerated because someone is a vet. Cruelty is behavior that causes pain to an animal that CAN BE PREVENTED.

CommentID: 80034

Commenter: Susan T Morse

3/25/20 1:01 pm

Euthanasia

Not to sedate an animal before putting it down is cruel and inhumane, both for the animal and the owner. Please require ALL clinics to sedate animals prior to euthanasia.

CommentID: 80087

Commenter: Rose Lujan

3/25/20 1:16 pm

Euthanasia

I support requiring ALL clinics to sedate animals that are to be euthanized. Anything else is a horror for the owner and the animal. This needs to change!

CommentID: 80088

Commenter: Julie Pfeiffer

3/25/20 4:37 pm

Support Sedation

Support sedation before euthanasia.

CommentID: 80089

Commenter: Nelson Webber

3/26/20 4:09 pm

Euthanasia

I was unaware that some clinics do not sedate an animal before euthanasia. This is outrageous! All clinics should be required to sedate an animal prior to euthanasia. Anything less is barbaric!

CommentID: 80090

Commenter: Linda Campbell

3/27/20 10:16 am

Sedation

All clinics should be required to sedate an animal before putting it down!!!!

CommentID: 80091

Commenter: Maureen Harris

3/27/20 10:18 am

Sedation

Why aren't all clinics required to sedate animals before they are euthanized. I had no idea there were clinics that didn't sedate until my friend made me aware of what happened with her precious pet. This is inhumane!

CommentID: 80092

Commenter: Joan Osbourne

3/27/20 10:20 am

Euthanasia

How could any clinic NOT sedate an animal to be put to sleep. The phrase put to sleep even implies sedation! Please require that all clinics sedate animals before they are euthanized as a matter of law! The owners are already suffering so do not make it worse by not sedating their beloved pets! Ghastly!

CommentID: 80093

Commenter: Mary Jo Stockton

3/28/20 12:57 pm

Animals should be sedated before euthanasia

For the comfort of the animals and the safety of everyone involved, it should be a requirement that animals be sufficiently sedated prior to their euthanasia.

CommentID: 80094

Commenter: Sherry Gordon

3/28/20 3:37 pm

New requirement

Please require ALL veterinary clinics to sedate an animal before putting it down. Unthinkable that there are some clinics that don't do this. It needs to be regulation or it will continue.

CommentID: 80095

Commenter: Barbara Shepperson

3/28/20 3:39 pm

sedation

In this day and age there is no excuse for any animal not being sedated at the time of being euthanized. It is cruel, intolerable for the owner and needs to change immediately!

CommentID: 80096

Commenter: Tracie Giles

3/28/20 3:41 pm

Sedation

I didn't know that some clinics do not sedate animals before their euthanization. This cannot continue. Surely it can't be the cost because a pet owner would be willing to pay whatever it takes to know their darling companions will pass in peace. How many reports do you need before this is changed? How many have to suffer?

CommentID: 80097

Commenter: Cheryl Servis

3/28/20 3:50 pm

Please sedate

I am appalled to think there is any clinic that has a policy for euthanasia that does not include sedation. Even the VDACS required sedation of companion animals. My friend suffered greatly when her cat was put the death in front of her without sedation. She was traumatized by how he obviously suffered by not being sedated. I encouraged her to file a formal complaint but she said that wouldn't ease her trauma or the nightmares she has suffered ever since. Knowing she has made a difference to prevent this from happening to others might help. Please require that all clinics use sedation prior to euthanasia!

CommentID: 80098

Commenter: Molly Jones

3/28/20 3:55 pm

Pets shouldn't suffer

Sedation wasn't used when my friend helped her 18 year old cat cross the rainbow bridge. She still hasn't recovered from the trauma. Animals and their owners shouldn't have to be in pain at the

time of their passing. Please make it a regulation that every clinic should sedate an animal before it has to be put to sleep.

CommentID: 80099

Commenter: Ruth Siko

3/28/20 4:20 pm

Vet Clinic Requirements

A dear friend recently had to take her 18 yr old cat to an emergency clinic in Lynchburg, Va to have his suffering ended. Only the suffering didn't end. The clinic does not sedate animals before putting them down because it isn't required and she was told his passing would be peaceful. It was anything but peaceful and she is still having nightmares as a result. I thought all clinics sedated their animals so I was shocked to find out that they don't. Please change the regulations so that no one else needs to go through what she and her pet went through.

CommentID: 80100

Commenter: Betsy Hudson

3/29/20 9:14 am

New regulation

All clinics should require that an animal that is slated for euthanasia should be sedated prior to the procedure for the benefit of both the animal and its owner.

CommentID: 80101

Commenter: Patricia Carter

3/29/20 9:53 am

Make sedation prior to euthanasia mandatory

Sedation prior to euthanasia is not only more humane for the animal but also more merciful to the pet owner facing an incredibly difficult moment.

Please make it mandatory.

CommentID: 80102

Commenter: Keather Leslie

3/30/20 4:17 pm

New regulation

Please require that all clinics require sedation for animals about to be euthanized.

CommentID: 80103

Commenter: Cindy Algerson

3/31/20 2:16 pm

Require sedation

Putting an animal down with sedation is cruel. Please require that all clinics sedate any animal that must be put down.

CommentID: 80104

Commenter: Garrett Jensen

4/1/20 12:58 pm

Regulation change

Please require that all clinics sedate animals before they are put down for the benefit of both the animal and its owner.

CommentID: 80106

Commenter: Gail Hunter

4/1/20 1:00 pm

Require sedation

All animals that come to a clinic to be euthanized should be sedated first. It was a shock to me to learn that this was not already a requirement.

CommentID: 80107

Commenter: Dianne Wright

4/1/20 1:04 pm

Euthanasia

I can't believe that any clinic would euthanize an animal without sedation first. Why is this allowed. Even the VDACS requires that pets and companion animals receive sedation. Please change or write a regulation to mandate sedation prior to euthanasia.

CommentID: 80108

Commenter: Becky Henderson

4/1/20 1:07 pm

Please sedate animals

When a good friend of mine took her cat to an emergency clinic to stop his suffering the vet did not sedate her pet and both she and the beloved pet suffered during the procedure. I can't fathom why any clinic would not sedate an animal before putting it down. It is unthinkable and needs to change!

CommentID: 80109

Commenter: Chris Craig

4/1/20 1:08 pm

Euthanasia

Every clinic every where should sedate an animal before it is euthanized.

CommentID: 80110

Commenter: Gayle Robinson

4/1/20 1:11 pm

Sedation

There is no logical reason for any animal to be put down with sedation first. Please mandate this change in regulations. ALL clinics should use sedation prior to euthanizing an animal, especially a beloved pet or companion animal.

CommentID: 80111

Commenter: Jason Pugh

4/1/20 1:12 pm

Regulation

Since there is no regulation that requires animals receive sedation prior to euthanization but there should be.

CommentID: 80112

Commenter: Josie Butler

4/3/20 5:03 pm

Euthanizing animals

As an animal lover and one who has had to have beloved pets euthanized in the past, I strongly agree that all animals need to be sedated before being euthanized. They are aware and they do have feelings! Just as you would not want your child to suffer unnecessarily in his or her final moments, those of us who love our pets and regard them as members of our families do not want to see them suffer any more than they already have. Most of us wait until the final moment before taking them to an animal clinic to have them "put to sleep." They are already suffering and we want those final moments to be peaceful and calm, not even more painful and traumatizing (for us humans).

Thank you for considering making sedating animals a mandatory practice for all animal clinics and hospitals before euthanizing occurs.

CommentID: 80113

Commenter: Martha Warner

4/4/20 1:58 pm

Sedate before putting down

All veterinary clinics in Virginia should be required to use sedation before they euthanize.

CommentID: 80114

Commenter: Lori Paulson

4/5/20 12:34 pm

Regulation required

A friend shared her story about what happened to her companion animal being euthanized with sedation first and I was horrified! I wasn't even aware that there were any clinics that didn't sedate first. This needs to be a requirement in the future that any animal brought to a clinic that needs to be euthanized should be sedated first.

CommentID: 80115

Commenter: Lars Paulson

4/5/20 12:37 pm

Require sedation

I m in agreement with my wife that all animals that are taken to a clinic, emergency or otherwise, and euthanasia is necessary then sedation should be administered first. Any regulation that supports this as a requirement has my vote!

CommentID: 80116

Commenter: Samantha Raitter

4/6/20 11:12 am

Animals should be sedated before they are euthanized.

Making the choice to put down a pet is always difficult. When pet owners make that decision, it is almost always done to ease the suffering of our friend. It is appalling to think that instead of a final moment of peace, animals can feel the intense pain and suffering of euthanizing drugs and cry out in pain when they are put down. This can truly torment a pet owner if they ever hear the last screams of their pet—their friend—who they were supposed to protect and care for.

CommentID: 80117

Commenter: Sarah Bristow

4/6/20 11:44 am

Require sedation prior to euthanasia

It is shocking and heartbreaking to learn that sedation is not already required prior to euthanasia. Please take the necessary steps to force the hand of veterinarians who, for unfathomable reasons, choose not to perform this best practice act of compassion and decency.

CommentID: 80118

Commenter: Jen Henzi

4/7/20 8:32 am

Sedate before euthanizing!

It is a beyond difficult decision to make when your pet is to the level of sick that you consider euthanasia. There is already fear in any animal when you bring it to the vet, and not knowing what is happening to you must be terrifying. It is cruel and unusual to subject a pet to death in a heightened state of awareness. Sedating the animal before beginning the process would make it less stressful for both the pet and family of the pet. Please pass this legislation!

CommentID: 80119

Commenter: E. Kay Ring

4/9/20 11:29 am

Sedate before euthanizing!

Please REQUIRE clinics to sedate before euthanizing all pets/animals!

CommentID: 80121

Commenter: E Hudson

4/9/20 12:54 pm

Euthanasia should be a peaceful and comfortable passing for animals

Please sedate and provide comfort measures prior to the euthanasia of an animal. This is for the benefit of not only the pet, but also the owner who does not want to see their loved one suffering at the end.

CommentID: 80122

Commenter: Patrick C. Harvey

4/12/20 2:16 pm

Sedation before euthanasia

I am in favor of this process to make it both better for the animal and the owner who may be present. I have held more than one cat at euthanasia and it was difficult for both of us.

CommentID: 80123

Commenter: Walter Webber

4/15/20 11:27 am

Please sedate before euthanizing. No reason for animals to suffer when they have to be put down.

Please sedate before euthanizing. No reason for animals to suffer when they have to be put down. It would be a good idea for people too.

CommentID: 80125

Commenter: Nancy C Wenzel

4/15/20 11:35 am

Any animal that must be euthanized should definitely be sedated.

I can't believe sedation isn't practiced before euthanization by all vets. Thankfully my vet does this. No pet should have to suffer needlessly. It is inhumane otherwise. Please make sedation a requirement before an animal is euthanized.

Seeking justice for Coco and all pets!

CommentID: 80126

Commenter: Randall Linkins

4/15/20 11:40 am

Sensation before Euthanasia

I support mandatory sedation before euthanasia.

CommentID: 80127

Commenter: Ann Rankin

4/15/20 12:23 pm

Euthanasia

Please do not allow any animal to be put to sleep without being sedated first. Surely we are better than that.

CommentID: 80128

conducting euthanasia to ensure that they have a current and appropriate relationship with a supervising veterinarian. The responsibilities of the supervising veterinarian under this Directive are complimentary to but separate and distinct from those mandated by the Board of Pharmacy or other state or federal agencies.

Section 4: The Supervising Veterinarian

A veterinarian currently licensed in Virginia must be designated as the supervising veterinarian for each facility in which euthanasia is performed. The supervising veterinarian is expected to provide oversight of euthanasia through orientation, instruction, guidance, and periodic monitoring of euthanasia activities. The supervising veterinarian must establish a euthanasia protocol for the facility in compliance with this Directive and all pertinent state and federal laws and regulations.

The euthanasia protocol must identify the procedures to be followed in conducting euthanasia and the specific drugs and corresponding dosages authorized for use at that facility. **Form AC6, the *Veterinary Supervision and Protocol Summary for Companion Animal Euthanasia***, must be completed and kept on file at the animal facility as a matter of public record. In the event of a change of supervising veterinarian, the Form AC6 must be reevaluated and signed by the new supervising veterinarian.

Supervising veterinarians may suspend the **Form AC5, *Competency Certification for Animal Euthanasia***, for any individual conducting euthanasia under their protocol if the individual is not conducting euthanasia in a skillful, proficient, or humane manner or in accordance with the protocol. Such suspension shall be communicated in writing to the State Veterinarian's Office. This communication shall contain the rationale for suspension, and the supervising veterinarian's recommendation for further action.

*** Section 5: Method of Euthanasia**

Sodium pentobarbital injection is the only approved method for routine and emergency companion animal euthanasia. It must be used in accordance with the following equipment and supplies, chemical sedation, and administration guidelines detailed below. *Oral administration of sodium pentobarbital is not approved under any circumstances.* Euthanasia must be performed in a manner that is humane, and minimizes animal suffering and distress.

Euthanasia of companion animals by carbon monoxide or other gas chambers is prohibited.

A veterinarian with a current Virginia license may perform euthanasia on animals utilizing any method recognized as humane by the American Veterinary Medical Association as published in the most current version of the *AVMA Guidelines on Euthanasia*.

Humane Handling

Euthanasia should be conducted in a calm and proficient manner. Routine euthanasia should only be performed in a designated portion of the facility that is both sufficiently equipped and

adequately separated from animal holding areas to ensure a humane euthanasia event. All animals must be manually or mechanically restrained for administration of chemical sedation in a manner that is comfortable and safe. Animals must be humanely restrained or placed in an environment that protects them from accident or injury until such time as the chemical sedation agent has taken effect.



Equipment and Supplies

Scale – Each facility conducting euthanasia is strongly recommended to have a scale in order to obtain an accurate weight on each animal prior to administration of sodium pentobarbital.

Needles and Syringes – The proper size of syringe and needle must be used for each animal. The syringe must be capable of accurately measuring and containing the volume of drug required for proper dosing. Needles must be sharp for minimizing pain of injection; therefore, a brand new needle must be used for each animal. The following is a guideline for needle selection:

Type of Animal	Needle Size, IV	Needle Size, IP or IC
Kittens	23g or smaller*	23g x 3/4**
Adult Cats	23 gauge*	22g x 1"
Puppies <20 lbs	23 gauge*	22g x 1"
Dogs, 20 – 40 lbs.	22 gauge	20g x 1"
Dogs, > 40 lbs.	20 gauge	18g x 1 1/2"
Other	As directed by supervising veterinarian	

* Please note that it may not be possible to administer sodium pentobarbital through a 23g needle. In these cases, the supervising veterinarian should be consulted in order to determine an appropriate protocol.

Chemical Restraint

All dogs and cats must be sedated prior to administration of sodium pentobarbital. The supervising veterinarian may require the sedation of other companion animals prior to euthanasia. Sedation provided by the administration of one of the following sedatives, in accordance with label instructions and supervising veterinarian's protocol, is approved for use as follows:

Prior to IV, IP, or IC Sodium Pentobarbital Injection		
Drug Name	Species*	Route of Administration
tiletamine-zolazepam (Telazol)	dog, cat	intramuscular
xylazine hydrochloride and ketamine hydrochloride	dog, cat	intramuscular (simultaneous administration of both drugs)
dexmedetomidine hydrochloride (Dexdomitor)	dog, cat	intramuscular

Prior to IV or IP Sodium Pentobarbital Injection		
Drug Name	Species*	Route of Administration
acepromazine maleate	dog, cat	intramuscular subcutaneous oral
xylazine hydrochloride	dog, cat	intramuscular
dexmedetomidine hydrochloride (Dexdomitor)	dog, cat	intramuscular
xylazine hydrochloride	dog less than 50 lbs.	intramuscular subcutaneous
ketamine hydrochloride	cat	intramuscular

* The supervising veterinarian may indicate additional species on the *Veterinary Supervision and Protocol Summary for Companion Animal Euthanasia*

Administration of sodium pentobarbital shall not occur until such time as the chemical sedation agent has taken full effect.

The requirement to provide chemical sedation prior to administration of sodium pentobarbital may only be waived in emergency situations where an animal is so critically ill or injured as to be incapacitated and unresponsive and immediate euthanasia is required for humane reasons.

Injection of Sodium Pentobarbital

Immediately before euthanasia the animal custody record must be reviewed to verify identity of the animal and eligibility for euthanasia. Sodium pentobarbital must be obtained in a liquid form that is ready to use and has a concentration of at least 5 grains/cc (324 mg/ml). The formulation can be with or without lidocaine. Formulations containing phenytoin should not be given intraperitoneally (IP). The dosage must be determined in accordance with label instructions or as directed by the supervising veterinarian. The animal must be chemically restrained with an appropriate pre-euthanasia medication, and not subject to undue stress. The following routes of administration are approved:

Intravenous (IV) – The drug is humanely injected directly into a vein. A readily accessible and appropriate vein must be identified.

Intraperitoneal (IP) – The drug is humanely injected into the peritoneal cavity. The injection should be made behind the umbilicus and on the abdominal midline. This route results in gradual absorption of the drug, causing a progressive effect of sedation and anesthesia until death ultimately occurs. The animal must be placed in a safe, quiet, secure, comfortable area after initial administration of the drug, and monitored closely to prevent stress and possible injury due to stumbling or falling while the drug takes effect. Euthanasia by this method can take 30 minutes or more, and a follow-up administration of drug may be necessary to ensure

death. *Sodium pentobarbital formulations containing phenytoin should never be given intraperitoneally.*

Intracardiac (IC) – The drug is humanely injected with a single thrust into the heart of an **anesthetized or comatose** animal in an **emergency** situation where IV or IP injection is not possible, and there are urgent circumstances necessitating immediate euthanasia for humane reasons.

The animal must be monitored after injection until positive determination of death has occurred. Immediately following euthanasia the date and method of euthanasia must be recorded on the animal custody record. The name of the individual performing euthanasia must be recorded on the custody record or on a log that references the custody record number of the animal.

Section 6: POSITIVE DETERMINATION OF DEATH

After euthanasia is performed by any method, it is crucial to make a positive determination of death before carcass disposal. The determination of death should be made following a thorough examination of the animal, repeated at least twice at suitable intervals following the act of euthanasia. A stethoscope is required to make a positive determination of death. **All eight** of the following assessments must be made on each animal that has been euthanized in order to positively determine the death of an animal:

1. **Lack of Heartbeat—Stethoscope:** No audible heartbeat is heard through the stethoscope.
2. **Lack of Heartbeat—Palpation:** No heartbeat is felt through thoracic palpation; no pulses are felt on extremities.
3. **Lack of Respiration—Stethoscope:** No audible breathing is heard through the stethoscope.
4. **Lack of Respiration—Palpation:** No breathing is felt on palpation.
5. **Lack of Respiration—Visual:** No visible chest movements are observed.
6. **Lack of Corneal Reflex:** No blinking occurs when the eye is touched.
7. **Lack of Toe-Pinch Reflex:** No withdrawal reflex occurs when the skin between the toes is forcibly pinched.
8. **Lack of Capillary Refill:** Mucous membranes remain blanched after applying pressure.

All eight of these assessments must be repeated at five and thirty minutes post injection of sodium pentobarbital to ensure positive determination of death prior to carcass disposal.

Section 7: EUTHANASIA OF AGRICULTURAL ANIMALS

Limited euthanasia of livestock is authorized under this Directive. Supervising veterinarians may certify individuals to euthanize livestock on **Form AC5, the Competency Certification for Animal Euthanasia**. Individuals may euthanize livestock only if certified. The approved method for routine and emergency euthanasia of livestock is by firearm including captive bolt. Euthanasia by firearm should be by bullet or bolt delivery to the brain (if the animal is suspected of being rabid, a captive bolt may not be used and bullet delivery should be to the heart).

ABBREVIATIONS

ASIC	Acid-sensing ion channel
CAS	Controlled atmospheric stunning
DEA	Drug Enforcement Agency
EEG	Electroencephalogram or electroencephalographic
EPA	Environmental Protection Agency
HPA	Hypothalamic-pituitary axis

IACUC	Institutional animal care and use committee
MS 222	Tricaine methanesulfonate
NPCB	Nonpenetrating captive bolt
PCB	Penetrating captive bolt
POE	Panel on Euthanasia
SNS	Sympathetic nervous system

Part I—Introduction and General Comments

II Preface

Animal issues are no longer socially invisible, and increasingly, greater attention is being devoted to understanding the moral significance of experiences of animals and to taking into consideration the welfare of animals. During the past half-century, efforts to ensure the respectful and humane treatment of animals have garnered global attention.^{1,2} Concern for the welfare of animals is reflected in the growth of animal welfare science and ethics. The former is evident in the emergence of academic programs, establishment of specialty colleges, implementation of curricular changes in veterinary colleges, proliferation of scientific journal articles, and development of funding streams committed either partially or exclusively to the study of how animals are impacted by various environments and human interventions. The latter has seen the application of numerous ethical approaches (eg, rights-based theories, utilitarianism, virtue ethics, contractarianism, pragmatic ethics) to assessing the moral value of animals and the nature of the human-animal relationship.^{1,3-9} The proliferation of interest in animal use and care, at the national and international levels, is also apparent in recent protections accorded to animals in new and amended laws and regulations, institutional and corporate policies, and purchasing and trade agreements. Changing societal attitudes toward animal care and use have inspired scrutiny of some traditional and contemporary practices applied in the management of animals used for agriculture, research and teaching, companionship, and recreation or entertainment and of animals encountered in the wild. Attention has also been focused on conservation and the impact of human interventions on terrestrial and aquatic wildlife and the environment. Within these contexts, veterinarians provide leadership on how to care well for animals, including how to relieve unnecessary pain and suffering.

In creating the 2020 and 2013 edition of the AVMA Guidelines for the Euthanasia of Animals (Guidelines), the POE made every effort to identify and apply the best research and empirical information available. As new research is conducted and more practical experience gained, recommended methods of euthanasia may change. As such, the AVMA and its POE

have made a commitment to ensure the Guidelines reflect an expectation and paradigm of continuous improvement that is consistent with the obligations of the Veterinarian's Oath.¹⁰ As for other editions of the document, modifications of previous recommendations are also informed by continued professional and public sensitivity to the ethical care of animals.

While some euthanasia methods may be utilized in slaughter (which refers to humane killing of animals destined for human consumption) or harvest and depopulation, recommendations related to humane slaughter and depopulation fall outside the purview of the Guidelines and are addressed by separate documents.

The Guidelines set criteria for euthanasia, specify appropriate euthanasia methods and agents, and are intended to assist veterinarians in their exercise of professional judgment. The Guidelines acknowledge that euthanasia is a process involving more than just what happens to an animal at the time of its death. Apart from delineating appropriate methods and agents, these Guidelines also recognize the importance of considering and applying appropriate pre-euthanasia (eg, sedation) and animal handling practices, as well as attention to disposal of animals' remains.

12 Historical Context and Current Edition

12.1 HISTORY OF THE PANEL ON EUTHANASIA

Since 1963 the AVMA has convened a POE to evaluate methods and potential methods of euthanasia for the purpose of creating guidelines for veterinarians who carry out or oversee the euthanasia of animals. The scope of the 1963 edition was limited to methods and recommendations applicable to dogs, cats, and other small mammals. Subsequent editions published in 1972 and 1978 encompassed more methods and species (laboratory animals and food animals, respectively), and included additional information about animals' physiologic and behavioral responses to euthanasia (specifically, pain, stress, and distress), euthanasia's effects on observers, and the economic feasibility and environmental impacts of various approaches. In 1986 information on poikilothermic, aquatic, and fur-bearing wildlife was introduced; in 1993 recommendations for horses and wildlife were

system, autonomic nervous system, and mental status that may result in overt behavioral changes. An animal's response varies according to its experience, age, species, breed, and current physiologic and psychological state, as well as handling, social environment, and other factors.^{86,87}

Stress and the resulting responses have been divided into 3 phases.⁸⁸ Eustress results when harmless stimuli initiate adaptive responses that are beneficial to the animal. Neutral stress results when the animal's response to stimuli causes neither harmful nor beneficial effects to the animal. Distress results when an animal's response to stimuli interferes with its well-being and comfort.⁸⁹ To avoid distress, veterinarians should strive to euthanize animals within the animals' physical and behavioral comfort zones (eg, preferred temperatures, natural habitat, home) and, when possible, prepare a calming environment.

15.4 ANIMAL BEHAVIOR

Although evaluations of euthanasia methods in the veterinary context are driven by science, clinical considerations and expectations from the public that high ethical standards will be observed may, in some cases, also play a role. When addressing euthanasia, veterinarians may disagree about what constitutes humane measures and a compassionate outcome for an animal or group of animals. This is reflective of the complexity or messiness of real-world situations veterinarians can sometimes find themselves in, where difficult decisions must be made involving euthanasia, and the multifaceted nature of animal welfare. In the latter case, conceptions of animal welfare are linked to varying normative approaches to how an animal is doing as described by different human assessors.^b Here, this disagreement may not necessarily involve disagreements about empirical information or clinical measures but instead may be due to a values-based disagreement about what constitutes good animal welfare⁹⁰ or how an animal may be harmed or distressed by a particular clinical option. So, while the core issue concerning euthanasia is how to bring about a good death for an animal, a disagreement may persist among veterinarians about how to weigh or weight various social and clinical trade-offs. For example, there may be disagreement over whether a quick death with some short-lived but acute distress, aversion, or suffering is preferable to one where the animal becomes unconscious over a longer period of time but does not demonstrate much behavioral aversion. More specifically, veterinarians in the laboratory context may debate which type of inhalant to use or its optimal flow rate to get rodents quicker to death or which can be anxiety producing and may not create a desired anesthetic state in the animal. Furthermore, depending on which conception of welfare is emphasized, behavioral aversion as an indicator of poor animal welfare may be viewed as problematic by some but not others if, for example, more weight is given to the intensity of negative states

experienced by an animal instead of the duration of exposure to a noxious agent. Measures designed to minimize pain or distress before animals become unconscious will likely achieve widespread support only if veterinarians are sensitive to the variety of conceptions of animal welfare and are willing to engage openly about how animals may be impacted by various alternatives. In the context of laboratory animals, for example, resolution of a disagreement in emphasis or interpretation regarding affective states, basic functioning, and evidence of frustration, anxiety, or fear will likely be influenced by programmatic policies and practices that have been identified by the institution's IACUC as ensuring high animal welfare standards.

The need to minimize animal distress, including negative affective or experientially based states like fear, aversion, anxiety, and apprehension, must be considered in determining the method of euthanasia. Ethologists and animal welfare scientists are getting better at discerning the nature and content of these states. Veterinarians and other personnel involved in performing euthanasia should familiarize themselves with pre-euthanasia protocols and be attentive to species and individual variability. For virtually all animals, being placed in a novel environment is stressful⁹¹⁻⁹⁴; therefore, a euthanasia approach that can be applied in familiar surroundings may help reduce stress.

For animals accustomed to human contact, gentle restraint (preferably in a familiar and safe environment), careful handling, and talking during euthanasia often have a calming effect and may also be effective coping strategies for personnel.⁹⁵ Sedation and/or anesthesia may assist in achieving the best conditions for euthanasia. It must be recognized that sedatives or anesthetics given at this stage that change circulation may delay the onset of the euthanasia agent.

Animals that are in social groups of conspecifics or that are wild, feral, injured, or already distressed from disease pose another challenge. For example, mammals and birds that are not used to being handled have higher corticosteroid levels during handling and restraint compared with animals accustomed to frequent handling by people.⁹⁶⁻⁹⁸ For example, beef cattle that are extensively raised on pasture or range have higher corticosteroid levels when restrained in a squeeze chute compared with intensively raised dairy cattle that are always in close association with people,^{99,100} and being placed in a new cage has been shown to be stressful for rodents.¹⁰¹ Because handling may be a stressor for animals less accustomed to human contact (eg, wildlife, feral species, zoo animals, and some laboratory animals), the methods of handling and degree of restraint (including none, such as for gunshot) required to perform euthanasia should be considered when evaluating various methods.⁹⁶ When handling such animals, calming may be accomplished by retaining them (as much as possible) in familiar environments, and by minimizing visual,

M2 Noninhaled Agents

M2.1 COMMON CONSIDERATIONS

Noninhaled agents of euthanasia include chemical agents that are introduced into the body by means other than through direct delivery to the respiratory tract. The primary routes of their administration are parenteral injection, topical application, and immersion. When it is being determined whether a particular drug and route of administration are appropriate for euthanasia, consideration needs to be given to the species involved, the pharmacodynamics of the chemical agent, degree of physical or chemical restraint required, potential hazards to personnel, consequences of intended or unintended consumption of the animal's remains by humans and other animals, and potential hazards to the environment from chemical residues. Many noninhaled euthanasia agents can induce a state of unconsciousness during which minimal vital functions are evident but from which some animals may recover. Therefore, as for any euthanasia method, death must be confirmed prior to final disposition of the animal's remains.

M2.1.1 COMPOUNDING

Products approved by the Center for Veterinary Medicine at the FDA should be used whenever feasible. When not feasible, euthanasia agents compounded in compliance with applicable guidance document(s) and compliance policy guide(s) in effect at the time of euthanasia should be used whenever feasible.¹⁵² Use of compounded euthanasia drugs that may create human or animal health risks (eg, unintentional ingestion by other animals) is of concern.

M2.1.2 Residue/Disposal Issues

Animals euthanized by chemical means must never enter the human food chain and should be disposed of in accord with local, state, and federal laws. Disposal of euthanized animals has become increasingly problematic because most rendering facilities will no longer take animals euthanized with agents that pose residue hazards (eg, barbiturates). The potential for ingestion of euthanasia agents is an important consideration in the euthanasia of animals that are disposed of in outdoor settings where scavenging by other animals is possible¹⁵³ or when euthanized animals are fed to zoo and exotic animals.¹⁵⁴ Veterinarians and laypersons have been fined for causing accidental deaths of endangered birds that ingested animal remains that were poorly buried.¹⁵⁵ Environmental warnings must now be included on animal euthanasia drugs approved by the FDA Center for Veterinary Medicine.¹⁵⁶

M2.2 ROUTES OF ADMINISTRATION

M2.2.1 PARENTERAL INJECTION

The use of injectable euthanasia agents is one of the most rapid and reliable methods of performing

euthanasia. It is usually the most desirable method when it can be performed without causing fear or distress in the animal. When appropriately administered, acceptable injectable euthanasia agents result in smooth loss of consciousness prior to cessation of cardiac and/or respiratory function, minimizing pain and distress to the animal. However, heightened awareness for personnel safety is imperative when using injectable euthanasia agents because needle-stick injuries involving these drugs have been shown to result in adverse effects (41.6% of the time); 17% of these adverse effects were systemic and severe.¹⁵⁷

Intravenous injections deliver euthanasia agents directly into the vascular system, allowing for rapid distribution of the agent to the brain or neural centers, resulting in rapid loss of consciousness (for some invertebrates with closed circulatory systems, intrahemolymph injection is considered analogous to IV injection).¹⁵⁸ When the restraint necessary for giving an animal an IV injection is likely to impart added distress to the animal or pose undue risk to the operator, sedation, anesthesia, or an acceptable alternate route or method of administration should be used. Aggressive or fearful animals should be sedated prior to restraint for IV administration of the euthanasia agent. Paralytic immobilizing agents (eg, neuromuscular blocking agents) are unacceptable as a sole means of euthanasia, because animals under their influence remain awake and able to feel pain. Having said this, there may be select circumstances (eg, for wild or feral animals) where the administration of paralytic agents (eg, neuromuscular blocking agents) may be the most rapid and humane means of restraint prior to euthanasia due to their more rapid onset compared with other immobilizing agents.¹⁵⁹ In such situations, paralytic immobilizing agents may only be used if the chosen method of euthanasia (eg, captive bolt, IV injection of euthanasia solution) can be applied immediately following immobilization. Paralytic immobilizing agents must never be used as a sole means of euthanasia, nor should they be used if delay is expected between immobilization and euthanasia.

When intravascular administration is considered impractical or impossible, IP or intracoelomic administration of a nonirritating¹⁶⁰ barbiturate or other approved solution is acceptable. In laboratory rats, addition of lidocaine or bupivacaine to pentobarbital reduced abdominal writhing following intraperitoneal injection.¹⁶¹ Intracoelomic administration of buffered MS 222^a is acceptable for some poikilotherms. When injectable euthanasia agents are administered into the peritoneal or coelomic cavities, vertebrates may be slow to pass through stages I and II of anesthesia.¹⁶² Accordingly, they should be placed in small enclosures in quiet areas to minimize excitement and trauma. Intra-abdominal administration of euthanasia agents is an acceptable means of delivery in invertebrates with open circulatory systems.

In anesthetized mice, retrobulbar injection of no

SI.2 ACCEPTABLE METHODS

SI.2.1 NONINHALED AGENTS

Barbiturates and barbituric acid derivatives—

Intravenous injection of a barbituric acid derivative (eg, pentobarbital, pentobarbital combination product) is the preferred method for euthanasia of dogs, cats, and other small companion animals. Barbiturates administered IV may be given alone as the sole agent of euthanasia or as the second step after sedation or general anesthesia. Refer to the product label or appropriate species references⁸ for recommended doses. Current federal drug regulations require strict accounting for barbiturates, and these must be used under the supervision of personnel registered with the US DEA.

When IV access would be distressful, dangerous, or impractical (eg, small patient size such as puppies, kittens, small dogs and cats, rodents, and some other nondomestic species or behavioral considerations for some small exotic mammals and feral domestic animals), barbiturates and barbituric acid derivatives may be administered IP (eg, sodium pentobarbital, secobarbital; not pentobarbital combination products as these have only been approved for IV and intracardiac administration). Because of the potential for peritoneal irritation and pain (observed in rats),⁹ lidocaine has been used with some success in rats to ameliorate discomfort.^{10,11} Lidocaine was also used in combination with sodium pentobarbital in a laboratory comparison of IP and intrahepatic injection routes in cats from animal shelters.¹² Additional studies are necessary to determine applicability to and dosing for other species.

Nonbarbiturate anesthetic overdose—Injectable anesthetic overdose (eg, combination of ketamine and xylazine given IV, IP, or IM or propofol given IV) is acceptable for euthanasia when animal size, restraint requirements, or other circumstances indicate these drugs are the best option for euthanasia. Assurance of death is paramount and may require a second step, such as a barbiturate, or additional doses of the anesthetic. For additional information see Section M2, Noninhaled Agents, and Section S2, Laboratory Animals.

Tributame—While it is not currently being manufactured, Tributame is an acceptable euthanasia drug for dogs provided it is administered IV by an appropriately trained individual at recommended dosages and at proper injection rates. If barbiturates are not available, its extralabel use in cats is also acceptable. Routes of administration other than IV injection are not acceptable. Aesthetically objectionable agonal breathing may occur in unconscious animals and, consequently, the use of Tributame for owner-attended euthanasia is not recommended. While disconcerting for observers, because the animal is unconscious, agonal breathing has limited impact on its welfare.

T-61—T-61 is acceptable as an agent of euthanasia, provided it is administered appropriately by trained

individuals. Slow IV injection is necessary to avoid muscular paralysis prior to unconsciousness.¹³ Routes other than IV are unacceptable. T-61 is also not currently being manufactured in the United States but is obtainable from Canada.

Should sodium pentobarbital become unavailable and manufacturing resume in the United States for Tributame and T-61, the latter 2 agents may become important for euthanasia of dogs and cats.

SI.3 ACCEPTABLE WITH CONDITIONS METHODS

SI.3.1 NONINHALED AGENTS

Barbiturates and barbituric acid derivatives (alternate routes of administration)—

The IP route is not practical for medium or large dogs due to the volume of agent that must be administered and a prolonged time to death. A better choice for these animals when IV access is unachievable using manual restraint is general anesthesia followed by intraorgan injection. In unconscious or anesthetized animals, intraorgan injections (eg, intraosseous [Figure 4], intracardiac [Figure 5], intrahepatic [Figure 6], and intrarenal [Figure 7]^{14,15,27}) may be used as an alternative to IV or IP injection of barbiturates when IV access is difficult.¹⁵ Intraorgan injections may speed the rate of barbiturate uptake over standard IP injections, and when an owner is present, this approach may be preferred over the IP route.¹⁶ The intrahepatic injection of a combination of sodium pentobarbital and lidocaine in awake cats from animal shelters caused rapid unconsciousness and was more accurately placed than IP injections.¹² Therefore, intrahepatic injection in awake cats may have limited application in controlled environments when conducted by trained personnel. However, positioning of awake cats for intrahepatic injection is in an upright position with the forequarters elevated rather than in lateral recumbency.

SI.3.2 INHALED AGENTS

Inhaled anesthetics—Overdoses of inhaled anesthetics administered via chamber (eg, isoflurane, sevoflurane) are acceptable with conditions for euthanasia of small mammals and some other species < 7 kg because most vertebrates display aversion behavior to inhaled anesthetics (see Inhaled Agents section for details). Because of the potential for recovery, care must be taken to ensure death has occurred prior to disposing of animal remains. Inhaled anesthetics may also be used to anesthetize small fractious animals prior to administration of an injectable euthanasia agent.

Carbon monoxide—Carbon monoxide can be used effectively for euthanasia when required conditions for administration (see detailed discussion in Inhaled Agents section of the Guidelines) can be met. These conditions can be challenging and costly to meet on a practical basis, and there is substantial risk to personnel (hypoxia) if safety precautions are

barbital) tend to persist in the remains and may cause sedation or even death of animals that consume the body. For this reason safe handling and appropriate disposal of the remains are critically important. Additional information is available in Section I8, Disposal of Animal Remains.

SI.7 FETUSES AND NEONATES

Scientific data²³ indicate that mammalian embryos and fetuses are in a state of unconsciousness throughout pregnancy and birth. For dogs and cats, this is in part due to moderate neurologic immaturity, with sentience being achieved several days after birth. The precocious young of guinea pigs remain insentient and unconscious until 75% to 80% of the way through pregnancy and remain unconscious until after birth due to chemical inhibitors (eg, adenosine, allopregnanolone, pregnanolone, prostaglandin D₂, placental peptide neuroinhibitor) and hypoxic inhibition of cerebrocortical activity.²³ As a consequence, embryos and fetuses cannot consciously experience feelings such as breathlessness or pain. Therefore, they also “cannot suffer while dying in utero after the death of the dam, whatever the cause.”²³ Information about developing nonmammalian eggs is available in the S5, Avians; S6, Finfish and Aquatic Invertebrates; and S7, Zoologic and Free-Ranging Nondomestic Animals sections of the Guidelines.

Euthanasia of dogs, cats, and other mammals in mid- or late-term pregnancy should be conducted via an injection of a barbiturate or barbituric acid derivative (eg, sodium pentobarbital) as previously described. Fetuses should be left undisturbed in the uterus for 15 to 20 minutes after the bitch or queen has been confirmed dead. This guidance is also generally applicable to nonmammalian species, with euthanasia of eggs per guidance provided in the S5, Avians; S6, Finfish and Aquatic Invertebrates; and S7 Zoologic and Free-Ranging Nondomestic Animals sections of the Guidelines. Intraperitoneal injections of pentobarbital should be avoided whenever possible during the later stages of pregnancy due to the likelihood of inadvertently entering the uterus, rendering the injection ineffective.

Altricial neonatal and preweanling mammals are relatively resistant to euthanasia methods that rely on hypoxia as their mode of action. It is also difficult, if not impossible, to gain venous access. Therefore, IP injection of pentobarbital is the recommended method of euthanasia in preweanling dogs, cats, and small mammals. Intraosseous injection may also be used, if strategies are used to minimize discomfort from injection by using intraosseous catheters that may be in place (see Section M2, Noninhaled Agents, of the Guidelines), or if the animal is anesthetized prior to injection.

During ovariohysterectomy of pregnant dogs and cats and small mammals with altricial neonates, ligation of the uterine blood vessels with retention of the fetuses inside the uterus will result in death of

the fetuses. The resistance of altricial neonates (eg, cats, dogs, mice, rats) to euthanasia methods whose mechanisms rely on hypoxia suggests that the uterus should not be opened for substantially longer periods than for precocial neonates,²⁴ perhaps 1 hour or longer. In the case of caesarian section in late-term pregnancy, IP injection of pentobarbital is recommended for fetuses that must be euthanized for congenital deformities or illness and that have been removed from the uterus (creating the potential that successful breathing may have occurred).

SI.8 EUTHANASIA IN SPECIFIC ENVIRONMENTS

SI.8.1 INDIVIDUAL ANIMALS IN PRESENCE OF OWNERS

Pre-euthanasia sedation or anesthesia should be provided whenever practicable, either before or after the owner(s) has had the opportunity to spend some final moments with their pet. Once the animal is calm, either direct venipuncture or use of an IV catheter is acceptable for IV injection of the euthanizing agent. Use of an IV catheter prevents repeat injections and minimizes the need for restraint while pet owners are present. When circulation is compromised by the animal's condition and sedation or anesthesia may reduce the likelihood of successful injection, it may be necessary to proceed with IV injection in the awake animal, or another route of administration of euthanizing agent might be considered. Alternatively, general anesthesia may be induced, followed by administration of a euthanasia agent.

SI.8.2 BREEDING FACILITIES

Euthanasia protocols in large breeding facilities may differ from those utilized in a clinical practice setting. Indications for euthanasia in breeding facilities include neonates with congenital defects, acquired abnormalities or diseases within any segment of the population, or other conditions that render animals unsuitable for breeding or sale. Euthanasia may be performed on an individual-animal basis, or in groups. Euthanasia method is determined by animal species, size, age, and number of animals to be euthanized. Barbiturates are commonly administered IV or IP for individual euthanasia of any species, and for all ages of dogs and cats. Carbon dioxide euthanasia is commonly utilized for individual or group euthanasia of small animals, including ferrets, rodents, and rabbits. Regardless of method and number of animals being euthanized, procedures must be performed in a professional, compassionate manner by trained individuals under veterinary oversight. Appropriate techniques for assuring death must be applied individually, regardless of the number of animals being euthanized.

SI.8.3 ANIMAL CONTROL, SHELTERING, AND RESCUE FACILITIES

The preferred method of euthanasia in these facilities is injection of a barbiturate or barbituric acid

Current Guidance Document

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Board of Veterinary Medicine

Frequently Asked Questions

Prescription Monitoring Program

Mandatory PMP Reporting Requirements for Veterinarians

1. **What is the Prescription Monitoring Program (PMP)?**
2. **What are the PMP reporting requirements for an individual veterinarian?**
3. **May a veterinary establishment report on behalf of some or all of the veterinarians in a group practice?**
4. **Are the PMP reporting requirements mandatory for veterinarians?**
5. **What controlled substances have to be reported to the PMP?**
6. **Does every veterinarian need a DEA registration to comply with the PMP reporting requirements?**
7. **How does a veterinarian obtain a DEA registration?**
8. **What is the contact information for PMP and DEA questions?**
9. **What amendments to the *Code of Virginia* were made to require veterinarians to report to the PMP?**
10. **Do the PMP requirements apply to a veterinarian practicing as an employee of the Department of Defense (United States Army, Navy, Coast Guard, Air Force), another federal agency or state government?**
11. **May a veterinarian dispense seven days of a covered substance for a course of treatment and subsequently write a prescription for the same substance to be filled at a pharmacy?**
12. **Are there any special dispensing or prescribing considerations for gabapentin?**
13. **If reporting dispensed prescriptions to the PMP, how are vacations or extended leave handled?**
14. **If a veterinarian is waived and not dispensing more than seven days of a covered substance, what is the required length of time between another seven days?**
15. **Must a veterinarian reporting dispensed covered substances, report all dispensing regardless of the length of time?**
16. **Is a veterinarian required to declare waiver or reporting status annually?**
17. **What is a National Drug Code (NDC) number?**
18. **Are veterinarians that report to the PMP required to have a prescription number for dispensed covered substances?**
19. **For an animal owned by a company such as pet store or a public or private shelter, what information should be submitted for the owner's name and date of birth?**
20. **Are pharmacies located outside of Virginia required to report to the PMP?**
21. **When prescribing a covered substance to be filled in a commercial pharmacy, is the veterinarian required to provide the owner's date of birth on the written prescription?**
22. **What is the process for updating a waiver or account development form?**
23. **Is there a tutorial on helping the veterinarian understand new reporting requirements?**
24. **Why is it important for all of a pet's dispensed prescriptions to be linked to the same owner?**

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1. What is the Prescription Monitoring Program (PMP)?

Virginia's Prescription Monitoring Program (PMP) is a 24/7 database containing information on dispensed covered substances (see FAQ #5 and #9 for information on covered substances). The primary purpose of the PMP is to promote safe prescribing and dispensing practices for covered substances by providing timely and essential information to healthcare providers. Law enforcement and health profession licensing boards use the PMP to support investigations related to doctor shopping, diversion, and inappropriate prescribing and dispensing.

Note: The PMP reporting requirements and regulations for prescribing opioids (see Regulations Governing the Practice of Veterinary Medicine, 18VAC150-20-174) are two separate actions. Please ensure compliance with both actions.

2. What are the PMP reporting requirements for an individual veterinarian?

There are two legislative actions that affect PMP reporting requirements for veterinarians. The links to the legislative actions are provided below or see FAQ#9:

- SB226 (effective July 1, 2018)
- SB1653 (effective July 1, 2019)

All individual veterinarians must decide which option provided below best fits his/her dispensing and/or prescribing practices, as requirements are specific, and complete the required PMP paperwork.

Option 1:

IF

Veterinarian only writes prescriptions for reportable covered substances to be filled at a pharmacy; OR veterinarian does not dispense any reportable covered substances

THEN

Submit a waiver request: [Request for a Waiver or an Exemption from Reporting for Veterinarians](#)

Option 2:

IF

Veterinarian only dispenses reportable covered substances for a course of treatment to last seven days or less (Note: A veterinarian may not dispense multiple seven-day prescriptions of reportable covered substances for the same course of treatment to circumvent the law)

THEN

Submit a waiver request: [Request for a Waiver or an Exemption from Reporting for Veterinarians](#)

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Option 3:

IF

Veterinarian dispenses reportable covered substances for a course of treatment to last more than seven days

THEN

Complete and submit an Account Development Form: Dispenser Registration Form for PMP Reporting Account (NOTE: For Option 3, the reporting of covered substances dispensed must occur within 24 hours or next business day, whichever comes later AND a Zero Report must be submitted if no dispensing takes place within a 24-hour period. The link to the reporting guidelines is provided below under Helpful Hints.)

Helpful Hints for Option 3:

- Links to Important Reporting Guidance:
 - Link to the reporting guidance information at Virginia Prescription Monitoring Program Reporting Requirements.
 - Prior to creating an account in the PMP Clearinghouse, the first step is to complete the Account Development Form located on the PMP Homepage. You may send the completed form to the PMP via email or fax. Once received further instructions regarding set-up and use of the PMP Clearinghouse will be provided.
 - Link to the Virginia Data Submission Dispenser Guide at Virginia Data Submission Dispenser Guide.
- The Account Development Form contains information to set up the dispenser's account. Be sure to answer questions on this form with detailed information about business hours to set up your account accurately. Information in your account is used for PMP reports and for compliance tracking.
- Most veterinarians will use a web-based form to report prescription information. *See Dispenser Guide for more information.*
- **Reminder:** Reporting of dispensed covered substances must occur within 24 hours or next business day, whichever comes later.
- **Reminder:** If no dispensing or dispensing of a covered substance for 7-days or less takes place within a 24-hour period, a Zero Report is required.

3. May a veterinary establishment report on behalf of some or all of the veterinarians in a group practice?

Yes. Please contact the PMP directly for additional instructions if the registered veterinary establishment will report dispensing on your behalf. The email address is pmp@dhp.virginia.gov.

4. Are the PMP reporting requirements mandatory for veterinarians?

Current Guidance Document

Guidance Document: 150-21

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Yes. The *Code of Virginia* states the following:

§ 54.1-2521. Reporting requirements.

A. The failure by any person subject to the reporting requirements set forth in this section and the Department's regulations to report the dispensing of covered substances shall constitute grounds for disciplinary action by the relevant health regulatory board.

5. What controlled substances have to be reported to the PMP?

The *Code of Virginia* states the following:

§ 54.1-2519. Definitions.

"Covered substance" means all controlled substances included in Schedules II, III, and IV; controlled substances included in Schedule V for which a prescription is required; naloxone; and all drugs of concern that are required to be reported to the Prescription Monitoring Program, pursuant to this chapter. "Covered substance" also includes cannabidiol oil or THC-A oil dispensed by a pharmaceutical processor in Virginia.

Exemption Note: The dispensing of covered substances by veterinarians to animals within the usual course of their professional practice for a course of treatment to last seven days or less is not required to be reported to the PMP. In addition, feline buprenorphine and canine butorphanol are exempt from the reporting requirement. However, every veterinary establishment licensed by the Board of Veterinary Medicine must maintain records of the dispensing of feline buprenorphine and canine butorphanol, reconcile such records monthly, and make such records available for inspection upon request.

6. Does every veterinarian need a DEA registration to comply with the PMP reporting requirements?

A majority of the licensed veterinarians in Virginia will need a DEA registration to comply with the PMP reporting requirements. The purpose of the PMP is to capture an individual veterinarian's prescribing habits for identified covered substances. The DEA registration number is the unique identifier for a veterinarian when reporting to the PMP.

7. How does a veterinarian obtain a DEA registration?

To obtain a DEA registration go to <https://www.dea diversion.usdoj.gov/>; locate on the upper right-hand side of the screen "Registration Support"; click on "New Applications"; select "Practitioner" as your "Business Category."

Note: The registration process utilizes "DVM" as the broad category to identify all veterinarians.

8. What is the contact information for PMP and DEA questions?

Questions related to the PMP should be directed to pmp@dhp.virginia.gov

Current Guidance Document

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Effective: September 5, 2019

Questions related to DEA registration support is the following:

Call: 1-800-882-9539 (8:30 a.m. – 5:50 p.m. ET)

Email: DEA.Registration.Help@usdoj.gov

[Locate Field Registration Specialists](#)

9. What amendments to the *Code of Virginia* were made to require veterinarians to report to the PMP?

2018 VIRGINIA ACTS OF ASSEMBLY:

§ 54.1-2519. Definitions.

"Dispense" means to deliver a controlled substance to an ultimate user, research subject, ~~or owner of an animal patient~~ by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling or compounding necessary to prepare the substance for that delivery.

"Recipient" means a person who receives a covered substance from a ~~dispenser and includes the owner of an animal patient~~.

"Relevant health regulatory board" means any such board that licenses persons or entities with the authority to prescribe or dispense covered substances, including the Board of Dentistry, the Board of Medicine, ~~the Board of Veterinary Medicine~~, and the Board of Pharmacy.

§ 54.1-2521. Reporting requirements.

A. The failure by any person subject to the reporting requirements set forth in this section and the Department's regulations to report the dispensing of covered substances shall constitute grounds for disciplinary action by the relevant health regulatory board.

B. Upon dispensing a covered substance, a dispenser of such covered substance shall report the following information:

1. The recipient's name and address.
2. The recipient's date of birth.
3. The covered substance that was dispensed to the recipient.
4. The quantity of the covered substance that was dispensed.
5. The date of the dispensing.
6. The prescriber's identifier number.
7. The dispenser's identifier number.
8. The method of payment for the prescription.

Current Guidance Document

Guidance Document: 150-21

Adopted: July 9, 2019
Effective: September 5, 2019

9. Any other non-clinical information that is designated by the Director as necessary for the implementation of this chapter in accordance with the Department's regulations.

10. Any other information specified in regulations promulgated by the Director as required in order for the Prescription Monitoring Program to be eligible to receive federal funds.

C. Except as provided in subdivision 7 of § 54.1-2522, in cases where the ultimate user of a covered substance is an animal, the dispenser shall report the relevant information required by subsection B for the owner of the animal.

D. The reports required herein shall be made to the Department or its agent within 24 hours or the dispenser's next business day, whichever comes later, and shall be made and transmitted in such manner and format and according to the standards and schedule established in the Department's regulations.

§ 54.1-2522. Reporting exemptions.

The dispensing of covered substances under the following circumstances shall be exempt from the reporting requirements set forth in § 54.1-2521:...

7. Dispensing of covered substances by veterinarians to animals within the usual course of their professional practice for a course of treatment to last seven days or less...

2019 VIRGINIA ACTS OF ASSEMBLY

§ 54.1-2522. Reporting exemptions.

The dispensing of covered substances under the following circumstances shall be exempt from the reporting requirements set forth in § 54.1-2521:...

7. Dispensing of covered substances by veterinarians to animals within the usual course of their professional practice for a course of treatment to last seven days or less or if such covered substances are for the treatment or control of a disease...

2. That every veterinary establishment licensed by the Board of Veterinary Medicine shall maintain records of the dispensing of false prescriptions and copies thereof, require such records monthly, and make such records available for inspection upon request.

10. Do the PMP requirements apply to a veterinarian holding a Virginia license practicing as an employee of the Department of Defense (United States Army, Navy, Coast Guard, Air Force), another federal agency or state government?

Yes. PMP requirements apply to all veterinarians that hold a current active license from the Virginia Board of Veterinary Medicine. However, a licensee who does not dispense to citizens of the Commonwealth of Virginia outside of his/her official duties is eligible for a waiver. To submit a waiver request, go to [Request for a Waiver or an Exemption from Reporting for Veterinarians](#).

Current Guidance Document

Guidance Document: 150-21

Adopted: July 9, 2019
Effective: September 5, 2019

11. May a veterinarian dispense seven days of a covered substance for a course of treatment and subsequently write a prescription for the same substance to be filled at a commercial pharmacy?

The statute explicitly creates an exemption for veterinarians dispensing a covered substance for seven days or less for a course of treatment and does not address an additional prescription that would be dispensed by a commercial pharmacy.

12. Are there any special dispensing or prescribing considerations for gabapentin?

As of July 1, 2019, gabapentin is a Schedule V controlled substance in Virginia. The Drug Enforcement Administration (DEA) has not yet scheduled gabapentin. Therefore, a prescriber is not required to hold a DEA registration in order to possess or prescribe gabapentin.

13. If reporting dispensed prescriptions to the PMP, how are vacations or extended leave handled?

If you have completed an Account Development Form and are required to report, you may not submit future zero reports to accommodate vacations or extended leave. For extended leave, you may assign an individual to report on your behalf. However, this would not apply if you have relief veterinarians practicing and dispensing to patients in your absence.

14. If a veterinarian is waived and not dispensing more than seven days of a covered substance, what is the required length of time between dispensing another seven days?

The *Code of Virginia* does not address how long the wait period is before you may dispense another seven days of a covered controlled substance. However, the *Code of Virginia* does state that the dispensing is exempt for a course of treatment to last seven days or less as provided below:

§ 54.1-2522. Reporting exemptions.

The dispensing of covered substances under the following circumstances shall be exempt from the reporting requirements set forth in § 54.1-2521:

7. Dispensing of covered substances by veterinarians to animals within the usual course of their professional practice for a course of treatment to last seven days or less or if such covered substance is feline buprenorphine or canine butorphanol.

In addition, FAQ# states the following:

(Note: A veterinarian may not dispense multiple seven-day prescriptions of reportable covered substances for the same course of treatment to circumvent the law.)

15. Must a veterinarian reporting dispensed covered substances, report all dispensing regardless of the length of time?

Current Guidance Document

Guidance Document: 150-21

Adopted: July 9, 2019
Effective: September 5, 2019

If a veterinarian is required to report dispensed covered substances, he or she is not required to report the dispensing of covered substances for a course of treatment to last seven days or less; however, he or she may choose to report all dispensed covered substances.

16. Is a veterinarian required to declare waiver or reporting status annually?

Waiver status is intended to be permanent. However, if you experience a change in waiver/reporting status please notify PMP staff in order for those changes to be accommodated. The PMP program does not send notices of approval of waiver requests; however you may request a confirmation at the time you send your waiver. Relief veterinarians may only file one waiver form; therefore, it is the relief veterinarian's responsibility to determine if the hospital they are considering working for can accommodate his/her waiver status.

17. What is a National Drug Code (NDC) number?

A National Drug Code number is a universal product identifier and is present on all nonprescription and prescription medication packages. The NDC number can be found on the medication/tablet package, if not please contact your distributor. NDC's will always be 11 numbers and will be formatted in a 5-4-2 grouping (12345-1234-12). However, some labelers will sometimes drop a leading zero in one of the groupings creating a 10-digit number. These occurrences must be "normalized". To normalize an NDC number add a leading zero to whichever section is missing a digit; 1234-123-1 becomes 01234-0123-01. The NDC number must be entered without dashes or spaces for it to be accepted.

18. Are veterinarians that report to the PMP required to have a prescription number for dispensed covered substances?

A prescription number is required for covered substances reported to the PMP as indicated in the Data Submission Dispenser Guide. The prescription number is also a required element in the American Society for Automation in Pharmacy (ASAP) reporting standard. Veterinarians must establish a numbering system to report dispensing to the PMP.

19. For an animal owned by a company such as a pet store or a public or private shelter, what information should be submitted for the owner's name and date of birth?

The dispensing entity must report the dispensing of the covered substance to the PMP. When reporting these prescriptions, please use the following data elements:

1. first name: the animal name
2. last name: the pet store/shelter name
3. date of birth: 1/1/1900

The remaining required reporting elements should not be affected.

Current Guidance Document

Guidance Document: 150-21

Adopted: July 9, 2019
Effective: September 5, 2019

20. Are pharmacies located outside of Virginia required to report to the PMP?

Out-of-state pharmacies, including compounding pharmacies, that ship into Virginia are required to be registered by the Virginia Board of Pharmacy as a non-resident pharmacy. Holding such a registration requires the pharmacy to comply with the laws related to Virginia's PMP reporting requirements for dispensed covered substances.

21. When prescribing a covered substance to be filled in a commercial pharmacy, is the veterinarian required to provide the owner's date of birth on the written prescription?

Either the veterinarian or the pharmacist filling the prescription may obtain or record an owner's date of birth on the prescription.

22. What is the process for updating a waiver or account development form?

If your waiver and/or reporting status has changed, please contact the Virginia PMP staff at pmp@dhp.virginia.gov. If you have previously been waived but need to begin reporting, you can begin the process by completing an Account Development Form. If you have previously been reporting but have decided to discontinue dispensing covered substances that are not exempt from reporting, please contact the Virginia PMP and complete a Waiver Form.

23. Is there a tutorial on helping the veterinarian understand new reporting requirements?

Please review the tutorial on [*Understanding the Veterinarian's Role in Safe Prescribing*](#) to learn more.

24. Why is it important for all of a pet's dispensed prescriptions to be linked to the same owner?

When querying the PMP regarding a human patient, an authorized user must be able to review all dispensed covered substances for that human and all of his/her pets. Therefore, it is important to report the same owner's information for the same pet. For example, if different family members pick up a prescription on different occasions and the dispensed covered substance is reported using different names and dates of birth, the pet's prescriptions will show up on multiple human patient profiles.

Board of Veterinary Medicine**Frequently Asked Questions - Prescription Monitoring Program**

1. **What is the Prescription Monitoring Program (PMP)?**
2. **What are the PMP reporting requirements for an individual veterinarian?**
3. **What covered substances have to be reported to the PMP?**
4. **What are the options for meeting the reporting requirements?**
5. **What information must be reported?**
6. **May a veterinary establishment report on behalf of some or all of the veterinarians in a group practice?**
7. **Are the PMP reporting requirements mandatory for veterinarians?**
8. **Does every veterinarian need a DEA registration to comply with the PMP reporting requirements?**
9. **How does a veterinarian obtain a DEA registration?**
10. **What is the contact information for PMP and DEA questions?**
11. **Do the PMP requirements apply to a veterinarian practicing as an employee of the Department of Defense (United States Army, Navy, Coast Guard, Air Force), another federal agency or state government?**
12. **May a veterinarian dispense seven days of a covered substance for a course of treatment and subsequently write a prescription for the same substance to be filled at a pharmacy?**
13. **Are there any special dispensing or prescribing considerations for gabapentin?**
14. **If reporting dispensed prescriptions to the PMP, how are vacations or extended leave handled?**
15. **If a veterinarian is waived and not dispensing more than seven days of a covered substance, what is the required length of time between another seven days?**
16. **Must a veterinarian reporting dispensed covered substances, report all dispensing regardless of the length of time?**
17. **Is a veterinarian required to declare waiver or reporting status annually?**
18. **What is a National Drug Code (NDC) number?**
19. **Are veterinarians that report to the PMP required to have a prescription number for dispensed covered substances?**
20. **For an animal owned by a company such as pet store or a public or private shelter, what information should be submitted for the owner's name and date of birth?**
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26. **What information can a veterinarian get from the PMP**
27. **Where can a veterinarian get additional training about the PMP**

1. What is the Prescription Monitoring Program (PMP)?

Virginia’s Prescription Monitoring Program (PMP) is a 24/7 database containing information on dispensed covered substances (see FAQ #3 for information on covered substances). The primary purpose of the PMP is to promote safe prescribing and dispensing practices for covered substances by providing timely and essential information to healthcare providers. Law enforcement and health profession licensing boards use the PMP to support investigations related to doctor shopping, diversion, and inappropriate prescribing and dispensing.

Note: The PMP reporting requirements and regulations for prescribing opioids (see Regulations Governing the Practice of Veterinary Medicine, 18VAC150-20-174) are two separate actions. Please ensure compliance with both actions.

2. What are the PMP reporting requirements for an individual veterinarian?

A veterinarian who dispenses a covered substance to an owner of an animal patient must report to the PMP. Dispense is defined in § 54.1-2519 of the Code of Virginia as *“to deliver a controlled substance to an ultimate user, research subject, or owner of an animal patient by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling or compounding necessary to prepare the substance for that delivery.”*

(See #3 for exemptions from reporting requirement)

3. What covered substances have to be reported to the PMP?

The Code of Virginia states the following:

§ 54.1-2519, Definitions

“Covered substance” means all controlled substances included in Schedules II, III, and IV; controlled substances included in Schedule V for which a prescription is required; naloxone; and all drugs of concern that are required to be reported to the Prescription Monitoring Program, pursuant to this chapter. “Covered substance” also includes cannabidiol oil or THC-A oil dispensed by a pharmaceutical processor in Virginia.

Exemption Note: The dispensing of covered substances by veterinarians to animals within the usual course of their professional practice for a course of treatment to last seven days or less is not required to be reported to the PMP.

In addition, feline buprenorphine and canine butorphanol are exempt from the reporting requirement. However, every veterinary establishment licensed by the Board of Veterinary Medicine must maintain records of the dispensing of feline buprenorphine and canine butorphanol, reconcile such records monthly, and make such records available for inspection upon request.

4. What are the options for meeting the reporting requirements?

All individual veterinarians must decide which option provided below best fits his/her dispensing and/or prescribing practices, as requirements are specific, and complete the required PMP paperwork.

Option 1:

IF

Veterinarian only writes prescriptions for reportable covered substances to be filled at a pharmacy; OR veterinarian does not dispense any reportable covered substances

THEN

Submit a waiver request: Request for a Waiver or an Exemption from Reporting for Veterinarians

Option 2:

IF

Veterinarian only dispenses reportable covered substances for a course of treatment to last seven days or less (Note: A veterinarian may not dispense multiple seven-day prescriptions of reportable covered substances for the same course of treatment to circumvent the law)

THEN

Submit a waiver request: Request for a Waiver or an Exemption from Reporting for Veterinarians

Option 3:

IF

Veterinarian dispenses reportable covered substances for a course of treatment to last more than seven days

THEN

Complete and submit an Account Development Form: Dispenser Registration Form for PMP Reporting Account (NOTE: For Option 3, the reporting of covered substances dispensed must occur within 24 hours or next business day, whichever comes later AND a Zero Report must be submitted if no dispensing takes place within a 24-hour period. The link to the reporting guidelines is provided below under Helpful Hints.)

Helpful Hints for Option 3:

- **Links to Important Reporting Guidance:**
 - Link to the reporting guidance information at Virginia Prescription Monitoring Program Reporting Requirements.

- Prior to creating an account in the PMP Clearinghouse, the first step is to complete the Account Development Form located on the PMP Homepage. You may send the completed form to the PMP via email or fax. Once received further instructions regarding set-up and use of the PMP Clearinghouse will be provided.
- Link to the Virginia Data Submission Dispenser Guide at [Virginia Data Submission Dispenser Guide](#).
- The Account Development Form contains information to set up the dispenser's account. Be sure to answer questions on this form with detailed information about business hours to set up your account accurately. Information in your account is used for PMP reports and for compliance tracking.
- Most veterinarians will use a web-based form to report prescription information. *See Dispenser Guide for more information.*
- **Reminder:** Reporting of dispensed covered substances must occur within 24 hours or next business day, whichever comes later.
- **Reminder:** If no dispensing or dispensing of a covered substance for 7-days or less takes place within a 24-hour period, a Zero Report is required.

5. What information must be reported?

In cases where the ultimate user of a covered substance is an animal, the dispenser shall report the following information required by § 54.1-2521 of the Code of Virginia for the owner of the animal:

1. The recipient's name and address.
2. The recipient's date of birth.
3. The covered substance that was dispensed to the recipient.
4. The quantity of the covered substance that was dispensed.
5. The date of the dispensing.
6. The prescriber's identifier number.
7. The dispenser's identifier number.
8. The method of payment for the prescription.
9. Any other non-clinical information that is designated by the Director as necessary for the implementation of this chapter in accordance with the Department's regulations.
10. Any other information specified in regulations promulgated by the Director as required in order for the Prescription Monitoring Program to be eligible to receive federal funds.

6. May a veterinary establishment report on behalf of some or all of the veterinarians in a group practice?

Yes. Please contact the PMP directly for additional instructions if the registered veterinary establishment will report dispensing on your behalf. The email address is pmp@dhp.virginia.gov.

7. Are the PMP reporting requirements mandatory for veterinarians?

Yes. The *Code of Virginia* states the following:

§ 54.1-2521. Reporting requirements.

A. The failure by any person subject to the reporting requirements set forth in this section and the Department's regulations to report the dispensing of covered substances shall constitute grounds for disciplinary action by the relevant health regulatory board.

8. Does every veterinarian need a DEA registration to comply with the PMP reporting requirements?

A majority of the licensed veterinarians in Virginia will need a DEA registration to comply with the PMP reporting requirements. The purpose of the PMP is to capture an individual veterinarian's prescribing habits for identified covered substances. The DEA registration number is the unique identifier for a veterinarian when reporting to the PMP.

9. How does a veterinarian obtain a DEA registration?

To obtain a DEA registration go to <https://www.deadiversion.usdoj.gov/>; locate on the upper right-hand side of the screen "Registration Support"; click on "New Applications"; select "Practitioner" as your "Business Category."

Note: The registration process utilizes "DVM" as the broad category to identify all veterinarians.

10. What is the contact information for PMP and DEA questions?

Questions related to the PMP should be directed to pmp@dhp.virginia.gov
Questions related to DEA registration support is the following:
Call: 1-800-882-9539 (8:30 a.m. – 5:50 p.m. ET)
Email: DEA.Registration.Help@usdoj.gov
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11. Do the PMP requirements apply to a veterinarian holding a Virginia license practicing as an employee of the Department of Defense (United States Army, Navy, Coast Guard, Air Force), another federal agency or state government?

Yes. PMP requirements apply to all veterinarians that hold a current active license from the Virginia Board of Veterinary Medicine. However, a licensee who does not dispense to citizens of the Commonwealth of Virginia outside of his/her official duties is eligible for a waiver. To submit a waiver request, go to [Request for a Waiver or an Exemption from Reporting for Veterinarians](#).

12. May a veterinarian dispense seven days of a covered substance for a course of treatment and subsequently write a prescription for the same substance to be filled at a commercial pharmacy?

The statute explicitly creates an exemption for veterinarians dispensing a covered substance for seven days or less for a course of treatment and does not address an additional prescription that would be dispensed by a commercial pharmacy.

13. Are there any special dispensing or prescribing considerations for gabapentin?

As of July 1, 2019, gabapentin is a Schedule V controlled substance in Virginia. The Drug Enforcement Administration (DEA) has not yet scheduled gabapentin. Therefore, a prescriber is not required to hold a DEA registration in order to possess or prescribe gabapentin, but gabapentin must be reported to PMP.

14. If reporting dispensed prescriptions to the PMP, how are vacations or extended leave handled?

If you have completed an Account Development Form and are required to report, you may not submit future zero reports to accommodate vacations or extended leave. For extended leave, you may assign an individual to report on your behalf. However, this would not apply if you have relief veterinarians practicing and dispensing to patients in your absence.

15. If a veterinarian is waived and not dispensing more than seven days of a covered substance, what is the required length of time between dispensing another seven days?

The *Code of Virginia* does not address how long the wait period is before you may dispense another seven days of a covered controlled substance. However, the *Code of Virginia* does state that the dispensing is exempt for a course of treatment to last seven days or less as provided below:

§ 54.1-2522. Reporting exemptions.

The dispensing of covered substances under the following circumstances shall be exempt from the reporting requirements set forth in § 54.1-2521:

7. Dispensing of covered substances by veterinarians to animals within the usual course of their professional practice for a course of treatment to last seven days or less or if such covered substance is feline buprenorphine or canine butorphanol.

In addition, FAQ#4 states: *A veterinarian may not dispense multiple seven-day prescriptions of reportable covered substances for the same course of treatment to circumvent the law.*

16. Must a veterinarian reporting dispensed covered substances, report all dispensing regardless of the length of time?

If a veterinarian is required to report dispensed covered substances, he or she is not required to report the dispensing of covered substances for a course of treatment to last seven days or less; however, he or she may choose to report all dispensed covered substances.

17. Is a veterinarian required to declare waiver or reporting status annually?

Waiver status is intended to be permanent. However, if you experience a change in waiver/reporting status please notify PMP staff in order for those changes to be accommodated. The PMP program does not send notices of approval of waiver requests; however you may request a confirmation at the time you send your waiver. Relief veterinarians may only file one waiver form; therefore, it is the relief veterinarian's responsibility to determine if the hospital they are considering working for can accommodate his/her waiver status.

18. What is a National Drug Code (NDC) number?

A National Drug Code number is a universal product identifier and is present on all nonprescription and prescription medication packages. The NDC number can be found on the medication/tablet package, if not please contact your distributor. NDC's will always be 11 numbers and will be formatted in a 5-4-2 grouping (12345-1234-12). However, some labelers will sometimes drop a leading zero in one of the groupings creating a 10-digit number. These occurrences must be "normalized". To normalize an NDC number add a leading zero to whichever section is missing a digit; 1234-123-1 becomes 01234-0123-01. The NDC number must be entered without dashes or spaces for it to be accepted.

19. Are veterinarians that report to the PMP required to have a prescription number for dispensed covered substances?

A prescription number is required for covered substances reported to the PMP as indicated in the Data Submission Dispenser Guide. The prescription number is also a required element in the American Society for Automation in Pharmacy (ASAP) reporting standard. Veterinarians must establish a numbering system to report dispensing to the PMP.

20. For an animal owned by a company such as a pet store or a public or private shelter, what information should be submitted for the owner's name and date of birth?

The dispensing entity must report the dispensing of the covered substance to the PMP. When reporting these prescriptions, please use the following data elements:

1. first name: the animal name
2. last name: the pet store/shelter name
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The remaining required reporting elements should not be affected.

21. Are pharmacies located outside of Virginia required to report to the PMP?

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22. When prescribing a covered substance to be filled in a commercial pharmacy, is the veterinarian required to provide the owner's date of birth on the written prescription?

Either the veterinarian or the pharmacist filling the prescription may obtain or record an owner's date of birth on the prescription.

23. What is the process for updating a waiver or account development form?

If your waiver and/or reporting status has changed, please contact the Virginia PMP staff at pmp@dhp.virginia.gov. If you have previously been waived but need to begin reporting, you can begin the process by completing an Account Development Form. If you have previously been reporting but have decided to discontinue dispensing covered substances that are not exempt from reporting, please contact the Virginia PMP and complete a Waiver Form.

24. Is there a tutorial on helping the veterinarian understand new reporting requirements?

Please review the tutorial on *Understanding the Veterinarian's Role in Safe Prescribing* to learn more.

25. Why is it important for all of a pet's dispensed prescriptions to be linked to the same owner?

When querying the PMP regarding a human patient, an authorized user must be able to review all dispensed covered substances for that human and all of his/her pets. Therefore, it is important to report the same owner's information for the same pet. For example, if different family members pick up a prescription on different occasions and the dispensed covered substance is reported using different names and dates of birth, the pet's prescriptions will show up on multiple human patient profiles.

26. What information can a veterinarian get from the PMP?

Using the PMP website, a veterinarian registered with the PMP can review:

- A report of animal prescriptions for covered substance dispensed to the owner of an animal(s), and
- A report that lists their own prescribing history for covered substances for the previous 10 months.

27. Where can a veterinarian get additional training about the PMP?

There is a series of instructional videos for registered users of the PMP at:

<https://www.dhp.virginia.gov/PractitionerResources/PrescriptionMonitoringProgram/AboutPMP/Media/>

Virginia Board of Veterinary Medicine

Guidance for Telehealth in the Practice of Veterinary Medicine

1. What is telehealth?

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

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

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

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

The Code of Virginia states the following:

§ 54.1-3805. License required.

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

§ 54.1-3801. Exceptions.

This chapter shall not apply to: ...

2. Veterinarians licensed in other states called in actual consultation with veterinarians licensed in the Commonwealth who do not open an office or appoint a place to practice within the Commonwealth; ...

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

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

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

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

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

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

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

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

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

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

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

§ 54.1-3408.02. Transmission of prescriptions.

A. Consistent with federal law and in accordance with regulations promulgated by the Board, prescriptions may be transmitted to a pharmacy as an electronic prescription or by facsimile machine and shall be treated as valid original prescriptions.

B. Any prescription for a controlled substance that contains an opioid shall be issued as an electronic prescription.

C. The requirements of subsection B shall not apply if:

1. The prescriber dispenses the controlled substance that contains an opioid directly to the patient or the patient's agent;

2. The prescription is for an individual who is residing in a hospital, assisted living facility, nursing home, or residential health care facility or is receiving services from a hospice provider or outpatient dialysis facility;

3. The prescriber experiences temporary technological or electrical failure or other temporary extenuating circumstance that prevents the prescription from being transmitted electronically, provided that the prescriber documents the reason for this exception in the patient's medical record;

4. The prescriber issues a prescription to be dispensed by a pharmacy located on federal property, provided that the prescriber documents the reason for this exception in the patient's medical record;

{ 5. The prescription is issued by a licensed veterinarian for the treatment of an animal; }

6. The FDA requires the prescription to contain elements that are not able to be included in an electronic prescription;

7. The prescription is for an opioid under a research protocol;

8. The prescription is issued in accordance with an executive order of the Governor of a declared emergency;

9. The prescription cannot be issued electronically in a timely manner and the patient's condition is at risk, provided that the prescriber documents the reason for this exception in the patient's medical record; or

10. The prescriber has been issued a waiver pursuant to subsection D.

D. The licensing health regulatory board of a prescriber may grant such prescriber, in accordance with regulations adopted by such board, a waiver of the requirements of subsection B, for a period not to exceed one year, due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber.

18VAC150-20-70. Licensure renewal requirements.

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

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

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

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

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

Excerpt from the Regulations Governing the Practice of Veterinary Medicine

k. An organization or entity approved by the Registry of Approved Continuing Education of the AAVSB.

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

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

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

6. Licensees are required to attest to compliance with continuing education requirements on their annual license renewal and are required to maintain original documents verifying the date and subject of the program or course, the number of continuing education hours or credits, and certification from an approved sponsor. Original documents must be maintained for a period of two years following renewal. The board shall periodically conduct a random audit to determine compliance. Practitioners selected for the audit shall provide all supporting documentation within 14 days of receiving notification of the audit unless an extension is granted by the board.

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

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

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

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

Virginia Department of Health Professions
Cash Balance
As of May 31, 2020

	<u>106- Veterinary Medicine</u>
Board Cash Balance as June 30, 2019	\$ 1,035,182
YTD FY20 Revenue	1,186,200
Less: YTD FY20 Direct and Allocated Expenditures	<u>870,690</u>
Board Cash Balance as May 31, 2020	<u><u>\$ 1,350,691</u></u>

Veterinary Medicine Monthly Snapshot for May 2020

Veterinary Medicine has received more cases in May than closed. Veterinary Medicine has closed 7 patient care cases and 5 non-patient care cases for a total of 12 cases.

Cases Closed	
Patient Care	7
Non-Patient Care	5
Total	12

The department has received 10 patient care cases and 9 non-patient care cases for a total of 19 cases.

Cases Received	
Patient Care	10
Non-Patient Care	9
Total	19

As of May 31, 2020 there are 205 patient care cases open and 117 non-patient care cases open for a total of 322 cases.

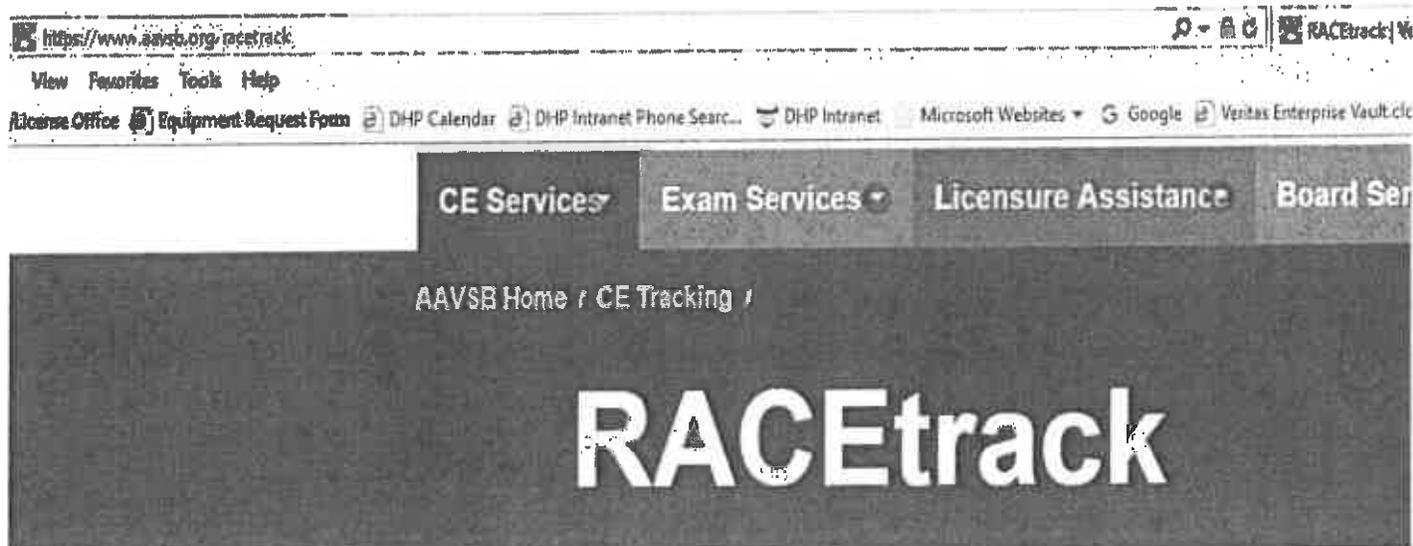
Case Open	
Patient Care	205
Non-Patient Care	117
Total	322

There are 7935 Veterinary Medicine licensees as of June 1, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Profession	Current Licenses
<i>Equine Dental Technician</i>	24
<i>Veterinarian</i>	4335
<i>Veterinary Establishment - Ambulatory</i>	288
<i>Veterinary Establishment - Stationary</i>	864
<i>Veterinary Faculty</i>	75
<i>Veterinary Intern/Resident</i>	54
<i>Veterinary Technician</i>	2295
Total for Veterinary Medicine	7935

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

License Issued	
Profession	License Issued
<i>Equine Dental Technician</i>	1
<i>Veterinarian</i>	44
<i>Veterinary Establishment - Ambulatory</i>	1
<i>Veterinary Establishment - Stationary</i>	1
<i>Veterinary Intern/Resident</i>	4
<i>Veterinary Technician</i>	7
Total for Veterinary Medicine	58



Formerly VCET, RACetrack allows you to record all your continuing education (CE) course work in a centralized database. RACetrack provides an easy way for you to communicate your CE to your credentialing agencies. Also, agencies can retrieve your CE if they are authorized to do so through the AAVSB.

RACetrack is a free program to veterinary professionals and the AAVSB Member Organizations. [Click here](#) for a list of jurisdictions that currently accept CE reports via email.

Coming Soon to RACetrack – A Whole New Suite of CE Management Features

RACetrack takes tracking, management, and reporting of your CE to the next level! Optional new features coming soon will include:

- Digital File Storage
- Automatic CE Reminders
- Mobile App
- Personal Account Manager
- More!

[Enter/Update Continuing Education](#)

From: Virginia Board of Veterinary Medicine

Date: April 1, 2020

Subject: Webinar April 2nd, 2020: COVID-19 and Veterinary Practice



Virginia Department of Health Professions

**Board of Veterinary
Medicine**

Board of Veterinary Medicine

The Virginia Department of Health has asked the Virginia Board of Veterinary Medicine to send out the following information:

Please join the Virginia Department of Health, the Virginia Department of Agriculture and Consumer Services, and the Virginia-Maryland College of Veterinary Medicine on **Thursday, April 2, 2020, at 7:00 p.m.** for a webinar presentation and discussion concerning COVID-19 response as it relates to animal healthcare providers. Presentation topics will include a COVID-19 overview and prevention strategies. To access the webinar, please go to <https://publichealth.vt.edu/coronavirus-expert-panel.html> at the designated date and time.

The webinar will include an open forum for questions and discussion. Please submit questions prior to the webinar to julia.murphy@vdh.virginia.gov or brandy.darby@vdh.virginia.gov.

From: Virginia Board of Veterinary Medicine
Date: April 24, 2020
Subject: VDH Update for Veterinarians



Virginia Department of Health Professions

Board of Veterinary
Medicine

Board of Veterinary Medicine

The Virginia Department of Health has asked the Virginia Board of Veterinary Medicine to send out the following information:

For guidance at the national level, the CDC has published new Interim Infection Prevention and Control Guidance for Veterinary Clinics during the COVID-19 Response. The document states that the CDC guidance for COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances.

For guidance adapted at the state level, the Virginia Department of Health directs veterinarians to the April 2, 2020, webinar recording and to the Veterinarians tab on the VDH COVID-19 which is regularly updated.

Please direct questions related to the CDC and VDH guidance to julia.murphy@vdh.virginia.gov or brandy.darby@vdh.virginia.gov.

From: Virginia Board of Veterinary Medicine
Date: May 13, 2020
Subject: Webinar Announcement



Virginia Department of Health Professions

Board of Veterinary
Medicine

Board of Veterinary Medicine

Webinar Announcement

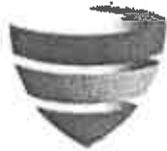
The Virginia Department of Health has asked the Virginia Board of Veterinary Medicine to send out the following information:

Please join a panel of representatives from Virginia, Maryland and D.C. Departments of Health, Departments of Agriculture, state licensing boards, state veterinary medical associations and the Virginia-Maryland College of Veterinary Medicine on **Thursday, May 21, 2020, at 6:00 p.m.** for a webinar to discuss new developments and changes in state and national recommendations for animal care providers and COVID-19.

In advance of the webinar, please complete a brief survey and submit questions to identify COVID-19 issues that are impacting your veterinary practice. Survey results will be presented during the webinar. To access the webinar, please go to <https://publichealth.vt.edu/coronavirus-expert-panel.html> at the designated date and time.

Direct questions related to this email to julia.murphy@vdh.virginia.gov or brandy.darby@vdh.virginia.gov.

From: Virginia Board of Veterinary Medicine
Date: June 30, 2020
Subject: VDH Update for Veterinarians



Virginia Department of Health Professions

Board of Veterinary
Medicine

Board of Veterinary Medicine

The Virginia Department of Health has asked the Virginia Board of Veterinary Medicine to send out the following information:

The Virginia Department of Health (VDH) COVID-19 and Animals website has recently been updated and includes links to materials and resources that may be of particular interest to the veterinary community to include:

First Reported Cases of SARS-CoV-2 Infection in Companion Animals (New York, March-April 2020)

Flowchart - Testing Veterinary Patients for SARS CoV-2

Webinar Recordings: Healthcare Guidance for Animal Healthcare

USDA Press Releases (includes reports on SARS CoV-2 infections in animal 4/5, 4/22, 6/2)

Please direct questions related to the CDC and VDH guidance to julia.murphy@vdh.virginia.gov or brandy.darby@vdh.virginia.gov.

BOARD OF VETERINARY MEDICINE

2021 CALENDAR

January 27, 2021 (Wednesday)	BR 1 9:00 AM	INFORMAL CONFERENCES
MARCH 11, 2021 (Thursday)	TR 1 9:00 AM	INFORMAL CONFERENCES
MARCH 11, 2021 (Thursday)	BR 3 9:00 AM	BOARD MEETING
April 29, 2021 (Thursday)	TR 2 9:00 AM	INFORMAL CONFERENCES
June 3, 2021 (Thursday)	BR 1 9:00 AM	INFORMAL CONFERENCES
JULY 29, 2021 (Thursday)	TR 2 9:00 AM	INFORMAL CONFERENCES
JULY 29, 2021 (Thursday)	BR 3 9:00 AM	BOARD MEETING
September 9, 2021 (Thursday)	TR 2 9:00 AM	INFORMAL CONFERENCES
OCTOBER 21, 2021 (Thursday)	BR 4 9:00 AM	INFORMAL CONFERENCES
OCTOBER 21, 2021 (Thursday)	BR 3 9:00 AM	BOARD MEETING
December 14, 2021 (Tuesday)	TR 2 9:00 AM	INFORMAL CONFERENCES

VIRGINIA BOARD OF VETERINARY MEDICINE BYLAWS

Article I. Officers of the Board.

A. Election of officers.

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

B. Duties of the officers

1. President.

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

2. Vice-President.

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

3. Secretary.

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

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

5. The Executive Director shall be the custodian of all board records and all papers of value. The Executive Director shall preserve a correct list of all applicants and licensees. The Executive Director shall manage the correspondence of the board and shall perform all such other duties as naturally pertain to this position.