

**Title 16. Professional and Vocational Regulations
Division 20. Veterinary Medical Board
Article 4**

Initial Statement of Reasons

Hearing Date: No hearing has been scheduled for the proposed action.

Subject Matter of Proposed Regulations: Animal Physical Rehabilitation

Sections Affected: California Code of Regulations (CCR), Title 16, Division 20, Article 4, Section 2038.5

Background and Problem Statement:

Business and Professions Code (BPC) section 4800.1 mandates that the protection of the public shall be the highest priority of the Veterinary Medical Board (Board) in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount. The Board enforces the Veterinary Medicine Practice Act (Act) and oversees veterinary licensees, veterinary technician registrants, and veterinary assistant controlled substance permit holders.

BPC section 4808 authorizes the Board to adopt, amend, or repeal rules and regulations that are reasonably necessary to carry into effect the Act. BPC section 4836, subdivision (a) requires the Board to adopt regulations establishing animal health care tasks and an appropriate degree of supervision required for tasks that may be performed only by a registered veterinary technician (RVT) or a licensed veterinarian. BPC section 4836, subdivision (b) authorizes the Board to establish animal health care tasks that may be performed by a veterinary assistant (VA), and requires the Board to establish an appropriate degree of supervision by an RVT or a licensed veterinarian over a VA for any tasks established by regulation and the degree of supervision for any of those tasks must be higher than, or equal to, the degree of supervision required when an RVT performs the task.

Animal physical rehabilitation (APR) has become a rapidly expanding veterinary specialty, with some individuals, who are only licensed to practice physical therapy on humans, expanding their practice to animals. However, the Act requires a person who practices veterinary medicine or any branch thereof on animals to hold a valid, unexpired, and unrevoked license issued by Board (BPC § 4825). The Act defines the practice of veterinary medicine to include the administration of a drug, medicine, application, or treatment of whatever nature for the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of animals, except where the medicine, appliance, application, or treatment is administered by an RVT or VA at the direction of and under the direct supervision of a licensed veterinarian (BPC § 4826). As each animal family and breed have different physicalities, the provision of APR must be performed in accordance with those physicalities, taking into consideration each animal's medical needs.

The proposal is intended to address the growing practice of APR performed by individuals who are not licensed by the Board. Currently, licensed physical therapists and unlicensed individuals are unlawfully practicing APR on animals. However, licensed physical therapists are only licensed by the Physical Therapy Board of California to perform physical therapy treatment on humans, not animals, and persons not licensed by the Board to perform veterinary medicine on animals are considered veterinary assistants, who are not licensed or registered with the Board.

When the Board was reviewing the original animal rehabilitation proposal, the Board had received 10 complaints between 2013 and 2016 from consumers, licensees, professional organizations, and other regulatory boards. As a consumer protection agency, the Board determined that it must try and prevent harm before it happens, in addition to addressing the harm that has already happened. For these reasons, the proposal establishes a clear definition of APR in the Board's regulations, clarifies who may perform APR, and clarifies the circumstances under which a person may perform APR.

SPECIFIC PURPOSE, ANTICIPATED BENEFIT, AND RATIONALE:

Adopt Section 2038.5 of Article 4 of Division 20 of Title 16 of the CCR: Animal Physical Rehabilitation:

Section 2038.5, subsection (a)

Purpose: The purpose of this subsection is to set out APR as the term for the treatments being regulated in this proposal.

Anticipated Benefit: The Board anticipates consumers and their animals will benefit from understanding what APR is and that the Board is the entity that oversees and enforces laws regarding APR treatment. The Board also anticipates veterinarians, RVTs, VAs, licensed physical therapists and chiropractors, animal trainers, and individuals who provide care to animals will benefit from clarifying what is APR.

Rationale: Since 2011, the Board has been reviewing the practice issues of APR. In July 2015, the Board submitted an animal rehabilitation rulemaking to address the various issues involved in APR, including whether a physical therapist could provide animal rehabilitation. Following the Board's consideration of public comments regarding its animal rehabilitation rulemaking, on October 28, 2015, the Board submitted a notice of decision not to proceed with rulemaking action to the Office of Administrative Law (OAL). At the October 20-21, 2015 Board meeting, the Board also voted to delegate to the Board's Multidisciplinary Advisory Committee (MDC) the tasks of redefining animal rehabilitation, addressing whether minimum education requirements for individuals who perform animal rehabilitation is necessary, addressing the levels of veterinarian supervision, addressing the requirement for a premises permit where veterinary medicine is being practiced, and resolving the issue of physical therapists providing animal rehabilitation on animal patients.

After the Board's Sunset Review Hearing in March 2016, the Legislature recommended that the Board establish a task force of stakeholders to address concerns regarding APR. At the Board's April 20, 2016 meeting, the Board established a list of stakeholders, including veterinarians, RVTs, animal rehabilitation and related animal industry professionals, consumers, and representatives from the Legislature, to include in an APR Task Force that would meet at least two times and submit a recommendation to the Board by January 1, 2017.

The Task Force held three public meetings: June 20, 2016, October 4, 2016, and February 2, 2017. At these meetings were members of the Board, Board staff, members of the public, and representation from various stakeholders. At the conclusion of their meetings, the Task Force submitted their findings to the Board and provided their recommendations on how to resolve the APR practice issues.

At the April 19-20 and July 26-27, 2017 meetings, the Board further deliberated on the issues, and at the October 18-19, 2017 meeting, the Board adopted the proposed language and directed Board staff to proceed with developing the regulatory package.

To determine the most appropriate phrase to advise the public and practitioners of what activities the term encompassed, the Board considered using the term “animal rehabilitation.” Public comment noted the existence of the statutory term “wildlife rehabilitation” and the potential need to differentiate the term “animal rehabilitation” from “wildlife rehabilitation.” Government Code section 8670.61.5 defines “wildlife rehabilitation” to mean those actions necessary to fully mitigate for the damage from a spill caused to wildlife, fisheries, wildlife habitat, and fisheries habitat and is overseen by the Department of Fish and Game. As the Board does not oversee wildlife rehabilitation, the proposal was revised from “animal rehabilitation” to “animal physical rehabilitation” to better differentiate the activities regulated by this proposal from “wildlife rehabilitation” activities regulated by the Department of Fish and Game.

The Board approved the proposal with subsection (a)(1) and (2), without an introductory phrase for subsection (a). The Executive Officer has made a minor, technical revision, as delegated by the Board at its October 18-19, 2017 meeting, to make subsection (a) the term “animal physical rehabilitation” with paragraphs (1) providing the definition of the APR and (2) providing excluded activities to improve clarity of the proposal.

Section 2038.5, subsection (a)(1)

Purpose: The purpose of this subsection is to define APR to provide clarity about what treatments on an animal patient are subject to the requirements of the regulation.

Anticipated Benefit: The Board anticipates consumers and their animals will benefit from the proposal as they will have information as to who is authorized to practice APR on their animals and which state agency oversees and enforces laws regarding APR treatment. The Board also anticipates veterinarians, RVTs, VAs, licensed physical therapists and chiropractors, animal trainers, and individuals who provide care to animals will benefit from clarified terms regarding APR.

Rationale: As more animals are receiving APR from individuals who are not licensed with the Board, the proposal is necessary to clarify what constitutes APR for purposes of enforcement and consumer protection. The Board deliberated extensively on what types of treatment should fall under the definition of APR such that the practice of those treatments would fall under the Board’s purview. In its 2015 rulemaking, the Board defined “animal rehabilitation” to mean “the use of the physical, chemical, and other properties of thermal, magnetic, biofeedback technology, hydrotherapy (such as underwater treadmills), electricity, sound, therapeutic massage, manual therapy, and active, passive, and resistive exercise for the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of animals. APR includes evaluation, treatment, instruction, and consultative services.”

The Board received public comment objecting to the inclusion of massage and exercise as constituting APR, as these activities are not the practice of veterinary medicine. For example, including “exercise” in the definition of APR would require even horse trainers to be supervised by a veterinarian to warm up horses before a race. In addition, the Board received objections to including manual therapy in the definition as it would require chiropractors to comply with this

regulation, even though they are already subject to the terms of the musculoskeletal manipulation (MSM) regulation, CCR, title 16, section 2038.

For these reasons, the Board narrowed the definition of APR to apply to the treatment of an injury or illness, and to address pain and improve function by means of physical corrective treatment. With this definition, the regulation more closely aligns with the statutory definition of the practice of veterinary medicine in BPC section 4826, which includes the administration of treatment of whatever nature for the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of animals.

Section 2038.5, subsection (a)(2)

Purpose: The purpose of this subsection is to clarify which actions performed on an animal are exempt from the regulation.

Anticipated Benefit: The Board anticipates that consumers and their animals would benefit from the proposal as they would have information as to what actions are not part of APR and subject to Board oversight and enforcement. The Board also anticipates that veterinarians, RVTs, VAs, licensed physical therapists and chiropractors, animal trainers, and individuals who provide care to animals will benefit from clarified exemptions from APR.

Rationale: This subsection is necessary to clarify what actions performed on an animal are exempt from the definition of APR and, therefore, not subject to Board oversight and enforcement. The Board deliberated extensively on what types of treatment should fall under the definition of APR such that the practice of those treatments would fall under the Board's purview. In its 2015 rulemaking, the Board defined "animal rehabilitation" to mean "the use of the physical, chemical, and other properties of thermal, magnetic, biofeedback technology, hydrotherapy (such as underwater treadmills), electricity, sound, therapeutic massage, manual therapy, and active, passive, and resistive exercise for the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of animals. APR includes evaluation, treatment, instruction, and consultative services."

The Board received public comment objecting to the inclusion of massage and exercise as these activities are not the practice of veterinary medicine. For example, including "exercise" in the definition of APR would require even horse trainers to be supervised by a veterinarian to warm up horses before a race. In addition, the Board received objection to including manual therapy in the definition as it would require chiropractors to comply with this regulation, even though they are already subject to the terms of the musculoskeletal manipulation regulation, CCR, title 16, section 2038. For these reasons, the Board narrows the definition of APR and in this subsection, specifies that APR does not include relaxation, recreational or wellness modalities, including but not limited to massage, athletic training, or exercise.

Section 2038.5, subsection (b)

Purpose: The purpose of this subsection is to reiterate the existing requirement that a veterinarian shall establish a valid veterinarian-client-patient relationship (VCPR) prior to performing or authorizing APR. The purpose of requiring a valid VCPR prior to the provision of any APR treatment is to ensure that the animal patient is healthy enough to receive APR treatment.

Anticipated Benefit: The Board anticipates consumers and their animals will benefit from veterinarians examining the animal patient to determine whether the animal's condition is medically appropriate for APR. The Board also anticipates veterinarians, RVTs, VAs, and licensed physical therapists will benefit from clarified terms regarding APR.

Rationale: The proposal is necessary to properly establish the animal patient's wound, injury, or disease and the appropriate treatment for the animal's condition, and identify any medical issues that may be complicated by or are sensitive to the physical corrective treatment. The proposal requires a veterinarian to establish a VCPR with the animal patient prior to performing or authorizing the performance of APR. Initially, the Board's animal rehabilitation rulemaking would have listed all of the requirements otherwise required to establish a VCPR, including the veterinarian having sufficient knowledge of the animal to make a diagnosis of the medical condition of the animal (16 CCR § 2032.1, subs. (b)(2)), assuming responsibility for making clinical judgments regarding the health of the animal and the need for medical treatment, including a determination that the provision of APR would not be harmful to the animal patient (16 CCR § 2032.1, subs. (b)(3)), and discussing with the owner of the animal, or his or her authorized representative, a course of treatment (*id.*). To make the regulation more accessible to the public, the current proposal includes a cross-reference to the existing VCPR regulations, CCR, title 16, sections 2032.1 and 2032.15.

The 2015 rulemaking also would have required the veterinarian to ensure that accurate and complete records of APR treatments are maintained in the patient's veterinary medical records. Maintaining accurate and complete records are already required by statute and regulation (see BPC § 4855 and 16 CCR § 2032.3), so this provision was stricken from the current proposal as duplicative.

Section 2038.5, subsection (c)

Purpose: This subsection would clarify the ability of RVTs to perform APR and the degree of veterinarian supervision required.

Anticipated Benefit: The Board anticipates consumers and their animals will benefit from the proposal as they would have information as to who is authorized to practice APR on their animals. Consumers and their animals will also benefit from the ability of individuals other than a veterinarian to perform APR, increasing the number of individuals who could provide APR.

Rationale: BPC section 4836 requires the Board to develop animal health care tasks and the appropriate degree of veterinarian supervision for tasks that may be performed by RVTs and licensed veterinarians. CCR, title 16, section 2036, subsection (d) provides that unless otherwise limited by subsections (a) through (c), an RVT may perform animal health care tasks under the direct or indirect supervision of a licensed veterinarian. Direct supervision requires the veterinarian to be physically present at the location where animal health care tasks are performed and the animal has been examined by a veterinarian, as specified (16 CCR § 2034, subs. (e)). Indirect supervision provides that the veterinarian is not physically present at the location, but has given either written or oral instructions for the treatment of the animal patient (16 CCR § 2034, subs. (f)).

As this proposal is aimed at a specific method of treatment on animals, APR, the Board determined it necessary to specify that RVTs are authorized to perform this animal health care task under the degree of supervision to be determined by the veterinarian who has established the VCPR. The Board deliberated whether to make the RVT supervision requirement direct or

indirect, whether the RVT would need specialized training under indirect supervision, or whether the veterinarian should be able to determine the level of supervision needed for a particular RVT. Stakeholders provided their opinions about the level of supervision required over an RVT, and noted that RVTs have been able to perform APR under indirect supervision for years, so it is unnecessary to require direct supervision. However, APR is a specialized treatment, which may or may not be appropriate to be provided by an RVT who is not well-trained in APR to perform under indirect supervision merely because regulations had allowed such practice. As such, the Board determined it best to leave the supervision level up to the supervising veterinarian to determine the RVT's ability to properly perform APR on the animal patient.

The proposal clarifies the veterinarian with the VCPR with the animal patient is the person who must determine whether the RVT is able to perform APR on the animal patient. This provision is necessary to clarify the veterinarian who has personally examined the animal, has assumed responsibility for it, and who has determined the diagnosis and treatment plan, is the best person to determine whether the RVT is capable of performing APR specific to the treatment plan, to best ensure the health, safety, and welfare of the public's animals.

Section 2038.5, subsection (d)

Purpose: The purpose of this subsection is to address whether an individual, who is not licensed by the Board and who may or may not be licensed by the Physical Therapy Board of California, may perform APR and clarify the circumstances under which an individual not licensed by or registered with the Board, may provide APR.

Anticipated Benefit: The Board anticipates consumers and their animals will benefit from the proposal as they will have information as to who is authorized to practice APR on their animals and which state agency oversees and enforces laws regarding APR treatment on animals. The Board also anticipates veterinarians, RVTs, VAs, and licensed physical therapists will benefit from clarified terms regarding APR.

Rationale: As previously noted, VAs are not licensed or registered with the Board, but the Act authorizes VAs to perform some health care tasks. BPC section 4836, subdivision (b) authorizes the Board to adopt regulations establishing which animal health care tasks may be performed by a VA, and the Board is required to establish the appropriate degree of supervision by an RVT or a licensed veterinarian over a VA for any health care tasks established by regulations and the degree of supervision for any of those tasks must be higher than, or equal to, the degree of supervision required when an RVT performs the task. CCR, title 16, section 2034, subsection (e) provides that direct supervision means that the supervisor is physically present at the location where the animal health care tasks are to be performed and is quickly available, and the animal has been examined by a veterinarian at such time as good veterinary medical practice requires consistent with the particular delegated animal health care task. CCR, title 16, section 2034, subsection (f) defines indirect supervision to mean the supervisor is not physically present at the location where animal health care tasks are to be performed, but the supervisor has given either written or oral instructions for treatment of the animal patient.

CCR, title 16, section 2036.5 provides the animal health care tasks that may be performed by VAs. Notably, subsection (b) of that section requires that the degree of supervision by a licensed veterinarian over a VA must be higher than or equal to the degree of supervision required when an RVT performs the same task and must be consistent with standards of good veterinary medical practice.

Physical therapists are individuals licensed by the Physical Therapy Board of California and are only authorized to perform physical therapy on humans. Physical therapists are not specifically regulated under the Act; therefore, physical therapists performing veterinary medicine health care tasks on animals are considered VAs.

The Board received public comment from animal owners who had taken their animals to receive APR in an unsupervised environment. Those comments argued that veterinarian supervision is critical to animal care and successful recovery. The comments stated that it is not safe for animals to be treated in an unsupervised environment since: (1) urgent care for the animal would not be available if there was an emergency; (2) immediate adjustments to appropriate medications could not be made; (3) medical questions could not be answered at the time of APR treatment; (4) additional testing (e.g., radiographs) or diagnoses of a new medical condition could not be made at the time of APR treatment; (5) a treatment plan and decisions to adjust the plan could not be discussed before the APR is implemented; and (6) advanced pain management strategies, including stem cell, joint injections, and extracorporeal shockwave, would not be available to treat the animal patient. As the Board is charged with protecting the state's consumers and their animals, and with the supervision concerns raised by the public during the Board's deliberations and through complaints submitted to the Board, the Board determined that APR should not be performed by individuals who are not licensed or registered by the Board, unless they are directly supervised by a veterinarian.

Under this proposal, RVTs, in accordance with their level of experience and skill, would be authorized to perform APR under indirect veterinarian supervision. CCR, title 16, section 2036.5 requires the degree of supervision of a VA to be equal to or less than the degree of supervision of an RVT. Given the supervision concerns raised regarding unlicensed and unsupervised individuals performing APR and the emergency complications that have resulted, the Board has determined a VA should not be able to perform APR under any degree of supervision less than direct supervision for the protection of the animal patient.

However, the Board noted the particular difficulties of veterinary practice in a range setting (veterinary services provided outside of a veterinary premises), where veterinarians may be on the property but not standing directly next to the RVT or VA performing the animal health care tasks. In addition, the Board noted that for MSM, the veterinarian must be in the general vicinity of the treatment area when MSM is being performed. Thus, the proposal provides for supervised VA performance of APR in a range setting and authorizes the supervising veterinarian to be in the general vicinity of the treatment area.

Section 2038.5, subsection (e)

Purpose: The purpose of this subsection is to provide clarity that the regulatory proposal does not affect the provisions for MSM in CCR, title 16, section 2038.

Anticipated Benefit: The Board anticipates consumers and their animals will benefit from the proposal as they would have clarity that the APR proposal does not affect the practice of MSM. The Board also anticipates veterinarians, RVTs, VAs, licensed physical therapists, and chiropractors will benefit from the clarified terms regarding APR and MSM.

Rationale: CCR, title 16, section 2038 authorizes a licensed chiropractor to perform MSM on an animal patient under a veterinarian's direct supervision after the veterinarian has satisfied several requirements, including, among other things, examining the patient, making a diagnosis of the animal's medical condition, and assuming responsibility for making clinical judgments

regarding the health of the animal and the need for medical treatment. During the 2015 rulemaking process, the Board received public comment on the need to clarify that the APR proposal would not affect the MSM regulation. The confusion partly stemmed from the Board's extensive definition in the prior rulemaking for animal rehabilitation, which included manual therapy, a practice commonly used by chiropractors. This proposal is necessary to clearly differentiate APR from MSM, so that practitioners of MSM are not affected by this proposal.

Underlying Data

- October 20-21, 2015 Board Meeting Agenda; Relevant Meeting Materials; and Meeting Minutes
- October 28, 2015 Notice of Decision not to Proceed with Rulemaking Action from the Board to the Office of Administrative Law (OAL) regarding Animal Rehabilitation
- January 19, 2016 MDC Meeting Agenda; Relevant Meeting Materials; and Meeting Minutes
- April 19, 2016 MDC Meeting Agenda; Relevant Meeting Materials; and Meeting Minutes
- April 20-21, 2016 Board Meeting Agenda; and Meeting Minutes
- June 20, 2016 Board, Animal Rehabilitation Task Force (ARTF) Meeting Agenda; Relevant Meeting Materials; and Meeting Minutes
- October 4, 2016 ARTF Meeting Agenda; Relevant Meeting Materials; and Meeting Minutes
- February 2, 2017 ARTF Meeting Agenda; and Relevant Meeting Materials
- April 19-20, 2017 Board Meeting Agenda; Relevant Meeting Materials; and Meeting Minutes
- July 26-27, 2017 Board Meeting Agenda; Relevant Meeting Materials; and Meeting Minutes
- October 18-19, 2017 Board Meeting Agenda; Relevant Meeting Materials; and Meeting Minutes

Business Impact

The proposed regulatory action will not have a significant adverse economic impact on businesses. This initial determination is based on the fact that APR treatment is currently regulated and enforced by the Board pursuant to the Act, and businesses that provide APR treatment on animals are currently subject to the requirements of that Act.

Economic Impact Analysis

It is predicted that this regulatory proposal will have the following effects:

- This regulatory proposal will not eliminate jobs in the State of California, because APR is currently regulated as the practice of veterinary medicine and enforced by the Board pursuant to the Act, and this proposal does not change those licensure and/or veterinarian supervision requirements.
- The regulatory proposal may create jobs within the State of California because veterinary premises may expand their current services to include APR treatment as clarified in this proposal
- This regulatory proposal will not eliminate businesses in the State of California unless those businesses are offering unlicensed and/or unsupervised APR treatment and are currently operating unlawfully under the Act; the proposal clarifies what is APR and who can practice APR.
- The regulatory proposal may give rise to increased demand for APR in compliance with the regulation, leading to the creation of businesses.

- This regulatory proposal will not affect the expansion of businesses providing APR treatment on animals within the State of California unless the expansion of business was planned on the basis of performing unlicensed/unsupervised APR treatment under existing law. However, the regulatory proposal may give rise to increased demand for APR treatment in compliance with the proposed regulation, leading to the expansion of businesses providing lawful APR treatment on animals.
- This regulatory proposal benefits the health, safety, and welfare of California residents and their animals by ensuring that only individuals with the requisite skill sets are authorized to practice APR. The Board has received consumer complaints that individuals not licensed by the Board or supervised by a veterinarian as required by existing law, are practicing APR. This poses a danger to California residents and their animals. The regulatory proposal attempts to lessen this danger and better protect California consumers and their animals.
- This regulatory proposal does not affect worker safety because it only clarifies existing law requiring Board licensure or veterinarian supervision to perform or authorize APR treatment.
- This regulatory proposal will not have any impact on the State's environment. The regulatory proposal pertains to APR, which has no bearing on the quality of the State's air, water, or other environmental factors.

Requirements for Specific Technologies or Equipment

This regulation does not mandate the use of specific technologies or equipment.

Consideration of Alternatives

No reasonable alternative which was considered or that has otherwise been identified and brought to the attention of the Board would be more effective in carrying out the purpose for which the regulation has been proposed. No reasonable alternative which was considered would be as effective and less burdensome to affected private persons than the proposed regulation, or would be more cost-effective to affected private persons, or would be equally effective in implementing the statutory policy or other provision of law.

Set forth below are the alternatives that were considered and the reasons each were rejected:

1. Defining APR to include therapeutic massage and active, passive, and resistive exercise. The Board initially included these actions in its 2015 animal rehabilitation rulemaking, but struck these terms from the definition of APR following opposition in public comment that massage and exercise are not the practice of veterinary medicine. Opposition to the inclusion of "manual therapy" in the definition was also raised as it might conflict with the Board's existing regulation authorizing chiropractic treatment. Accordingly, "manual therapy" was stricken from the definition, and the Board added a provision clarifying this proposal would not affect the existing chiropractic regulation, CCR, title 16, section 2038.
2. Providing a list all of the actions to be performed by a veterinarian prior to performing APR. The list of actions was stricken as it was determined to be duplicative since the veterinarian is required by regulation to establish a VCPR that lists the same actions.
3. Authorizing a California licensed physical therapist to perform APR under direct supervision of a veterinarian. In its 2015 animal rehabilitation rulemaking, the Board provided authority for a physical therapist to perform APR under the direct supervision of a veterinarian; subsequently, the term "physical therapist" was removed and replaced

with “veterinary assistant,” to be consistent with the use of terms for unlicensed/unregistered individuals under the Act.

4. Requiring RVTs and VAs to receive specialized training and education in APR; this was rejected as unnecessary since the proposal requires RVTs and VAs providing APR to have direct veterinarian supervision.
5. Authorizing physical therapists to perform APR with indirect veterinarian supervision; this was rejected because only licensed veterinarians and RVTs possess the knowledge and training to plan and supervise APR for animal patients and ensure proper animal handling, recognize pain and discomfort, and provide emergency care and assistance as needed in the particular field of APR.