

In the Matter of the Petition for Early Termination of Probation:  
JENNIFER KELLY HARTMAN

VETERINARY MEDICAL BOARD  
CASE NO. 4602017000277

**Attorney General's Exhibits**

<b>ATTORNEY GENERAL'S EXHIBIT NO.</b>	<b>DOCUMENT</b>	<b>MARKED</b>	<b>ADMIT</b>
<b>1</b>	<b>Notice of Hearing</b>		
<b>2</b>	<b>License History Certification</b>		
<b>3</b>	<b>Petition for Early Termination of Probation</b>		
<b>4</b>	<b>Documents in Support of Petition of Early Termination of Probation</b>		
<b>5</b>	<b>Probation Compliance Status Report</b>		
<b>6</b>	<b>Decision and Order, Case No. 4602017000277, OAH No. 2017011036, Including the Following:</b> <ul style="list-style-type: none"><li>• <b>Decision and Order</b></li><li>• <b>Stipulated Settlement and Disciplinary Order</b></li><li>• <b>Statement of Issues</b></li></ul>		

# EXHIBIT 1



**VIA ELECTRONIC MAIL, CERTIFIED MAIL AND REGULAR MAIL**

March 29, 2022

Jennifer Hartman  
11006 Pallon Way  
San Diego, CA 92124-2707  
[jkbuckner82@yahoo.com](mailto:jkbuckner82@yahoo.com)

Murphy Jones APC  
5575 Lake Park Way, Suite 218  
La Mesa, CA 91942  
[kburch@murphyjoneslaw.com](mailto:kburch@murphyjoneslaw.com)

**RE: HEARING NOTICE  
OAH Case No. TBD  
Petition for Reinstatement or Modification of Penalty – Jennifer Hartman**

Dear Ms. Hartman:

You are hereby notified that a hearing will be held before the Veterinary Medical Board, Department of Consumer Affairs:

**Date: Thursday, April 21, 2022  
Time: 1:00 PM Pacific Time  
Location: Department of Consumer Affairs  
Hearing Room  
1625 N. Market Blvd  
Sacramento, CA 95834**

**Alternatively, in lieu of attending in-person at this hearing in the Sacramento office, you may attend and participate virtually via Webex:**

**Event address:**  
<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m23bfd762f779b6b8a46807b2191203dc>

**Event number: 2484 349 4111  
Event password: VMB04212022**

**Phone audio conference: (415) 655-0001  
Access code: 2484 349 4111**

The hearing will be conducted before the Veterinary Medical Board, Department of Consumer Affairs and an administrative law judge of the Office of Administrative Hearings, who will preside over the Petition for Reinstatement or Modification of Penalty.

You may be present at the hearing. You have the right to be represented by an attorney at your own expense. You are not entitled to the appointment of an attorney to represent you at public expense. You are entitled to represent yourself without legal counsel. You may present any relevant evidence and will be given full opportunity to cross-examine all witnesses testifying against you. You are entitled to the issuance of subpoenas to compel the attendance of witnesses and the production of books, documents, or other things by applying to:

**Office of Administrative Hearings  
Attn: General Jurisdiction  
2349 Gateway Oaks, Suite 200  
Sacramento CA 95833**

**INTREPRETER:** Pursuant to section 11435.20 of the Government Code, the hearing shall be conducted in English language. If a party or party's witness does not proficiently speak or understand the English language and before commencement of the hearing requests language assistance, an agency subject to the language assistance requirement in section 11435.15 of the Government Code shall provide a certified interpreter or an interpreter approved by the administrative law judge conducting the proceedings. The cost of providing the interpreter shall be paid by the agency having jurisdiction over the matter if the administrative law judge or hearing officer so directs, otherwise by the party for whom the interpreter is provided. If you or a witness requires the assistance of an interpreter, ample advance notice of this fact should be given to the Office of Administrative Hearings so that appropriate arrangements can be made.

**CONTINUANCES:** Under section 11524 of the Government Code, the agency may grant a continuance, but when an administrative law judge of the Office of Administrative Hearings has been assigned to the hearing, no continuance may be granted except by him or her or by the presiding judge for good cause. When seeking a continuance, a party shall apply for the continuance within 10 working days following the time the party discovered or reasonably should have discovered the event or occurrence which establishes good cause for the continuance. A continuance may be granted for good cause after the 10 working days have lapsed only if the party seeking the continuance is not responsible for and has made a good faith effort to prevent the condition or even establishing the good cause.

Please visit the Board's website at [www.vmb.ca.gov](http://www.vmb.ca.gov) to view a copy of the agenda or you may contact me at (916) 282-6911 or via email at [jeffrey.weiler@dca.ca.gov](mailto:jeffrey.weiler@dca.ca.gov)

Sincerely,



Jeffrey Weiler  
Probation Monitor

cc: Malissa Siemantel, Deputy Attorney General



# EXHIBIT 2



### CERTIFICATION OF LICENSE HISTORY

This is to certify that I, Matthew McKinney, Enforcement Manager of the Veterinary Medical Board (Board), Department of Consumer Affairs, State of California, share the responsibility of maintaining control and custody of the official records of the Board. I made or caused to be made a diligent search of the files and records concerning the license history of Jennifer Kelly Hartman. I have determined that the official records prepared by Board employees, acting within the scope of their duties, show the dates and time periods listed herein for the issuance, expiration, periods of invalidity, and renewals of the license, as well as citations issued and periods of formal Board discipline:

**RVT No. 12538:**

Jennifer Kelly Hartman  
11006 Pallon Way  
San Diego, CA 92124-2701

First Issued: January 10, 2018  
Expiration: December 31, 2023  
Status: Current  
Secondary Status: Probation

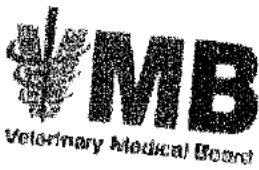
**Discipline:**

On July 23, 2017, a Decision and Order became effective adopting the Stipulated Settlement and Disciplinary Order in the matter of the Statement of Issues filed against Jennifer Kelly Hartman, case #4602017000277 on December 15, 2016. The Order placed Jennifer Kelly Hartman on probation for five years with terms and conditions.

Given under my hand at Sacramento, California, this 15<sup>th</sup> day of February, 2022.

Matthew McKinney, Enforcement Manager

# EXHIBIT 3



CLEAR FORM

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY - GAVIN NEWSOM, GOVERNOR  
DEPARTMENT OF CONSUMER AFFAIRS - VETERINARY MEDICAL BOARD  
1747 North Market Blvd., Suite 230, Sacramento, CA 95834-2978  
P (916) 515-5220 | Toll-Free (866) 229-0170 | www.vmb.ca.gov



# PETITION FOR REINSTATEMENT OR MODIFICATION OF PENALTY

**INSTRUCTIONS:** Please type or print neatly. All blanks must be completed; if not applicable enter N/A. If more space is needed attach additional sheets. Attached to this application should be a "Narrative Statement" and two original verified recommendations from a veterinarian licensed by the Board who has personal knowledge of activities since the disciplinary action was imposed.

## TYPE OF PETITION [Reference Business and Professions Code section 4887]

Reinstatement of Revoked/Surrendered License or Registration     Modification of Probation     Termination of Probation

**NOTE:** A Petition for Modification and/or Termination of Probation can be filed together. If you are requesting Modification, you must specify in your "Narrative Statement" the term(s) and condition(s) of your probation that you want reduced or modified and provide an explanation. Please check all boxes above that apply.

## PERSONAL INFORMATION

NAME: First Jennifer Middle Kelly Last Hartman  
Other name(s) licensed under, if any:

HOME ADDRESS: Number & Street [redacted] City [redacted] State [redacted] Zip [redacted]

HOME TELEPHONE NUMBER ( ) N/A WORK [redacted] CELL NUMBER [redacted]

E-mail address: [redacted] CA License or Registration Number 12538

Are you licensed by any other state(s) or country(ies) (please include license number(s), issue date(s), and status of license(s)):  
N/A

## ATTORNEY INFORMATION (If Applicable)

Will you be represented by an attorney?  No  Yes (If "Yes," please provide the following information)

NAME: Murphy Jones apc  
ADDRESS: 5575 Lake Park Way, Suite 218, La Mesa, CA 91942  
PHONE: 619-684-5073

## DISCIPLINARY INFORMATION

Provide a brief explanation in your "Narrative Statement" as to the cause for the disciplinary action (e.g., negligence or incompetence, self use of drugs or alcohol, extreme departures from sanitary conditions, conviction of a crime, etc.)

Have you ever had your license revoked, suspended, voluntarily surrendered, denied, or placed on probation in any other state or country? (If Yes, give a brief cause for administrative action or license denial in your "Narrative Statement" section, including dates and discipline ordered (e.g., 5 years probation.)  No  Yes

**VETERINARIAN/REGISTERED TECHNICIAN BACKGROUND**

Total number of years in veterinary practice: As an RVT - 3 years

**CONTINUING EDUCATION** (List continuing education completed since the date of the disciplinary action)

fear free certification course enrichment  
Radiographic interpretation toxic plants  
Warm weather toxins  
Pog beach dentistry level 1  
Pog beach dentistry Dental weekend  
food borne outbreak investigations

**CURRENT OCCUPATION OTHER THAN VETERINARIAN OR REGISTERED VET TECHNICIAN**

(Answer only if currently not practicing as a Veterinarian or Registered Vet Technician)

List employer, address, e-mail address, phone number, job title, and duties:

N/A

**EMPLOYMENT HISTORY** (list for the past 5 years only)

Provide the employer's name, address, phone number, job title and dates of employment:

Coast View Veterinary Hospital, 3895 Clairemont Dr. #103, San Diego CA  
92117 - (858)914-1934 - RVT 6/2020 through Present  
Santa Fe Animal Clinic, 301 Santa Fe Dr. Encinitas, CA 92024  
760-753-6512 - Vet Assistant and RVT 5/2016 through 4/2020

**REHABILITATION**

Describe any rehabilitative or corrective measures you have taken since your license/registration was disciplined. List dates, nature of programs or courses, and current status. You may include any community service or volunteer work.

Since I have been on probation with my RVT licence (for PAST offenses) I have been seeing a therapist and go to weekly anonymous meetings, help mentor other girls and have a mentor myself

**CURRENT COMPLIANCE**

Since the effective date of your last Veterinary Medical Board disciplinary action have you:

- 1. Been placed on criminal probation or parole?  Yes  No
- 2. Been charged in any pending criminal action by any state, local or federal agency or court?  Yes  No
- 3. Been convicted of any criminal offense? (A conviction includes a no contest plea; disregard traffic offenses with a \$100 fine or less.)  Yes  No
- 4. Been charged or disciplined by any other veterinary board?  Yes  No
- 5. Surrendered your license to any other veterinary board?  Yes  No
- 6. Had your licensee manager's premise permit disciplined?  Yes  No
- 7. Had any civil malpractice claims filed against you of \$10,000 or more?  Yes  No
- 8. Become addicted to the use of narcotics or controlled substances?  Yes  No
- 9. Become addicted to or received treatment for the use of alcohol?  Yes  No
- 10. Been hospitalized for alcohol or drug problems or for mental illness?  Yes  No

NOTE: If your answer is "Yes" to any of the above questions, please explain in the "Narrative Statement."

**COST RECOVERY**

Was cost recovery ordered?  Yes  No      If yes, what is the remaining balance? \$2,300

When is payment anticipated? As soon as possible

**DECLARATION**

Executed on May 21st 2021, at San Diego CA  
(City) (State)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that all statements and documents attached in support of this petition are true and correct.

Jennifer K. Hartman  
 Petitioner (print name)

[Signature]  
 Signature

The information in this document is being requested by the Veterinary Medical Board (Board) pursuant to Business and Professions Code section 4887. In carrying out its licensing or disciplinary responsibilities, the Board requires this information to make a determination on your petition for reinstatement or modification of penalty. You have a right to access the Board's records containing your personal information as defined in Civil Code section 1798.3. The Custodian of Records is the Executive Officer at the address shown on the first page.

# EXHIBIT 4

1 Kevin C. Murphy, Esq. (SBN 248672)  
MURPHY JONES APC  
2 5575 Lake Park Way, Suite 218  
La Mesa, CA 91942  
3 Tel.: (619) 684-5073  
4 Fax: (619) 363-8091  
Attorney for *Petitioner*

5  
6 BEFORE THE  
7 VETERINARY MEDICAL BOARD  
8 DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

9 **JENNIFER KELLY HARTMAN a/k/a** ) **Case No. 4602017000277**  
10 **JENNIFER BUCKNER** ) **OAH Case No. 2017011036**  
11 )  
12 **Petitioner** ) **PETITION FOR EARLY TERMINATION**  
13 ) **and/or MODIFICATION OF PROBATION**  
14 **Registered Veterinary Technician No:** )  
**12538** )  
15 )

16 PETITIONER, Jennifer Hartman, RVT, by and through her attorney of record, declares:

- 17
- 18 I. That on or about June 7, 2016, Petitioner submitted an electronic application for a
  - 19 Veterinary Technician Registration ("RVT") to the Veterinary Medical Board ("Board").
  - 20 II. That on or about September 21, 2016, the Board denied said application.
  - 21 III. That on or about December 29, 2016, Petitioner, by and through her attorney of record,
  - 22 timely filed a Notice of Defense/Designation of Counsel.
  - 23 IV. That on or about December 13, 2016, Annemarie Del Mugnaio (Complainant), in her
  - 24 official capacity as the Executive Officer of the Board, filed a Statement of Issues against
  - 25 Petitioner outlining the basis of application denial.
  - 26 V. That, on March 29, 2017, Petitioner entered into a Stipulated Settlement and Disciplinary
  - 27 Order for Probation ("Stipulation") for a period of five (5) years in proceedings before the
  - 28 Board. This Stipulation was adopted by the Board and became effective on July 23, 2017.



1 VI. That on or about January 10, 2018, the Board issued the Petitioner's RVT license. Since  
2 that date, Petitioner's RVT license has remained subject to the voluntary Stipulation terms  
3 and conditions.

4 VII. That Petitioner hereby submits this Petition for Early Termination of the Stipulation, and in  
5 support sets forth the following facts:

6 A. Petitioner's RVT license was subjected to discipline for violations of the following:  
7 (1) Business and Professions Code ("B&P Code") §480(a)(1) and §4883(a), in that  
8 Petitioner was convicted of Driving Under the Influence ("DUI") which is a crime  
9 that is substantially related to the qualifications, functions and duties of a RVT;  
10 §4883(g)(2)(B)-(C) "unprofessional conduct" that includes, but is not limited to,  
11 the following; (2)(B), in that Petitioner used alcoholic beverages in a manner  
12 dangerous or injurious to persons licensed under this chapter; and (2)(C) in that  
13 Petitioner sustained a conviction of more than one misdemeanor or any felony  
14 involving the use, consumption or self-administration of any of the substances  
15 referred to in this section or any combination thereof and the record of the  
16 conviction is conclusive evidence.

17 B. The cause for discipline arose from a March 24, 2006, conviction from Petitioner's  
18 guilty plea to DUI for a violation of Vehicle Code §23152(a), that occurred on  
19 December 24, 2005; an October 1, 2008 conviction for violation of Penal Code  
20 ("PC") §647(f), drunk in public – drugs; a June 2, 2009 conviction for a violation  
21 of B&P Code §4140 illegal possession of a hypodermic needle; a March 2, 2010  
22 conviction for a violation of PC §484, petty theft; and an April 2, 2010 conviction  
23 for PC §484, petty theft. Petitioner entered into a Stipulated Settlement and  
24 Disciplinary Order ("Stipulation") attached hereto as Exhibit A. (*See*: Ex. A.  
25 "Decision and Order.")

26 Among many other things, the Stipulation required Petitioner to abstain from the  
27 use of alcohol and all mood-altering drugs (except when prescribed by a treating  
28

1 physician who is knowledgeable about the disease of addiction and Respondent's  
2 medical history), and to register for a Board-approved drug screening program in  
3 order to submit to random urine, blood and/or other tests for drugs of potential  
4 abuse and/or alcohol.

5 C. Since the Stipulation became effective, Petitioner has completed the following  
6 Continuing Education Units (See: Ex. B. "Continuing Education Units.")

- 7 1. "A Close Look at Canine Enrichment: What, Why and How?" on January 19,  
8 2021;
- 9 2. "Fear Free Certification Program," on June 2, 2020;
- 10 3. "Warm Weather Toxins: A Short Review of Timely Woes," on April 16, 2020;
- 11 4. "Level I Dental Weekend," on March 7-9, 2020;
- 12 5. "Level I Dental Weekend," on January 26, 2020; and
- 13 6. "Something to Chew On: A Start to Finish Overview of Foodborne Outbreak  
14 Investigations," on December 1, 2018; and
- 15 7. "Utilization of Mega-Data Driven Radiographic Interpretations at Your  
16 Practice," date not specified on certificate.

17 D. Since the Board Decision & Order became effective, Petitioner has been gainfully  
18 employed as follows:

19 *Registered Veterinary Technician*  
20 *Coast View Veterinary Hospital, San Diego, CA 92117*  
21 *May 2020 to Present*

22 *Veterinary Surgery Technician*  
23 *Santa Fe Animal Clinic, Encinitas, CA 92024*  
24 *May 2016 to April 2020*

25 In these employment positions, Petitioner has rendered safe and effective care as  
26 an RVT under appropriate supervision of executive personnel. (See: Ex. C.  
27 "Resume," and Ex. D. "2018 - 2021 Monthly Supervision Reports.") Without  
28 exception, Petitioner's performance of her clinical skills has been consistently rated

1 as "excellent" during the past several years of evaluations as noted in the Monthly  
2 Supervision Reports. (*Id.*)

3 E. Petitioner has paid all costs associated with the VMB's probation, including  
4 probation monitoring costs and fees for random drug screenings.

5 F. Since the Stipulation became effective, Petitioner has not been arrested or convicted  
6 of any penal offense, no action has been brought against her in any capacity,  
7 professional or personal, and no write-ups have been brought against her by any  
8 employer.

9 G. Since the Stipulation became effective, Petitioner has abstained from the use of  
10 alcohol and all mood-altering drugs (except when prescribed by a treating physician  
11 who is knowledgeable about the disease of addiction and the Respondent's history)  
12 and has participated in a Board-approved drug screening program. Petitioner has  
13 continuously submitted to random urine, blood or other tests for drugs of abuse  
14 and/or alcohol.

15 H. Petitioner has struggled throughout her life with depression but continues to see a  
16 therapist for assistance and to maintain her mental health. Importantly, Petitioner  
17 has learned, through recovery and continued therapy, that self-medicating is not a  
18 reasonable treatment for depression. In the early days of the COVID-19 outbreak  
19 the Petitioner was struggling with the dramatic life changes, as was the rest of the  
20 world's population, and the Petitioner's husband was laid-off as a result of COVID.  
21 The increased anxiety and added pressure of becoming the 'sole financial provider'  
22 in conjunction with making an important yet significant decision to change  
23 employment, Petitioner's depression was triggered and she was very overwhelmed.  
24 After years in recovery and therapy, instead of falling back into addiction, the  
25 Petitioner sought professional help from a psychiatrist who provided prescription  
26 medication for the treatment of depression and a recommendation she "take a  
27 break" from daily life stressors. Petitioner has since "reset", is stable and  
28 progressing well in relation to her mental health maintenance. (Ex. E. 5.4.20

1 Heather Vecchia, MSW, ASW Correspondence Confirming Inpatient Medical  
2 Care,” and Ex. F. “Family Photo.”) This subsequent mental health treatment serves  
3 to further reinforce Petitioner’s dedication to sobriety and application of techniques  
4 learned in the recovery process which provide extra support to ensure that Petitioner  
5 is not a risk to the public safety while acting in her professional RVT capacity.

6 I. Petitioner is fully aware of the responsibilities and duties required of an RVT, and  
7 Petitioner believes that she has been fully “rehabilitated” and is able to carry out  
8 those duties and responsibilities safely absent additional probation terms.

9 J. Petitioner is remorseful for her past errors in judgment, has taken full responsibility  
10 for her criminal actions, and has taken lengthy steps while remaining in full  
11 compliance with the terms of probation to ensure such conduct never occurs again  
12 in the future. (See: Ex. B. “Continuing Education Units,” Ex. D. “2018-2021  
13 Monthly Supervisor Reports,” and Ex. G. “2.9.17 Mitigation Packet.”)

14  
15 I. Petitioner attaches to this petition and incorporates by reference three original written  
16 statements from veterinarians, and one registered veterinary technician licensed by the Board, all  
17 of whom have personal knowledge of her activities since probationary terms were imposed. The  
18 following persons attest to her professional performance, and personal character traits, offering  
19 written statements detailing the same.

20 **Dr. Dore Pei, DVM**, has worked with Petitioner during her tenure with Coast View Animal  
21 Hospital and offers the following professional opinions as follows:

22 **...I strongly recommend early termination of Jennifer**  
23 **Hartman’s probation.** She is an exemplary technician and was a  
24 pleasure to work with during my tenure at Coastview Animal  
25 Hospital. She is a reliable and positive team member that leads the  
26 surgery team with grace under pressure. Oftentimes I collaborated  
27 with Jennifer about medicine cases and valued her experience and  
28 guidance.

(Ex. H. “Letters of Professional Recommendation,” at pg. 164.)

////

1           **Dr. Laura Schultz, DVM**, owner of CoastView which is a Fear Free Certified  
2 Veterinarian and Mobile Veterinarian, was Petitioner's instructor at Mesa College from 2015 to  
3 2016 and is her current employer. Dr. Schultz offers her support of Petitioner's efforts at early  
4 termination of probation in an attached letter on behalf Petitioner which states in large part:

5                     ...Jennifer always stood out to me as a student for her dedication to  
6 study, engagement during lectures and labs, and her willingness to  
7 help those around her. Academically she was diligent and had great  
8 attention to detail and this proved successful for her as she graduated  
9 with all A's in my classes.

10                    ...

11                   CoastView Veterinary is a Fear Free Certified Veterinary Hospital  
12 and my staff daily is required to do more than the average Veterinary  
13 Staff. Jennifer meticulously evaluates every animal she works with  
14 and creates an emotional medical record for all interactions in the  
15 hospital. She facilitates appointments to encompass an animal's  
16 emotional wellbeing to minimize stress and handling for exams,  
17 radiographs, blood draws and surgical procedures. Through her  
18 evaluations she has the power and knowledge to adjust treatment  
19 plans based on the needs of the patient. Her proactive approach to  
20 patient care is integral to ensuring an animal's emotional wellbeing  
21 is cared for in the same way their physical wellbeing is managed.  
22 Client communication is also key at CoastView, especially with  
23 curb side service. She communicates clearly and concisely to our  
24 clients the treatment plans for the medical and emotional needs of  
25 each patient. I trust her implicitly to convey the best care possible  
26 to our patients and have no reservations about her skills."

27   (*Id.*, at pg. 165.)

28           **Milton K. Gee, DVM**, has been Petitioner's direct supervisor in the past including, but not  
limited to, the time period before and after her battle with addiction and the ensuing criminal  
proceedings. Dr. Gee states his opinions regarding Petitioner in pertinent part as follows:

...I have known Jennifer for over 15 years. I have watched her grow  
in this field from an eager student cleaning kennels and exercising  
patients to now being an extremely competent Registered Veterinary  
Technician.

When Jennifer worked for me after school days and on Saturdays at  
Santa Fe Animal Clinic...she was a top notch employee. Jennifer  
took a few years after high school to discover her calling and  
vocational goal. Once found, she persevered in obtaining her RVT

1 credential. I was thrilled to get her and her new skills back into my  
2 practice in 2016. I was completely satisfied with Jennifer's job  
3 performance both as a veterinary technician and she displayed  
4 excellent work habits as an employee particularly in relating to other  
5 employees. Jennifer was an exceptional assistant. The animal clinic  
6 was fortunate to have her."

(*Id.*, at pg. 166.)

7 **Leanne Schmitt BS, RVT, KPA-CTP**, is Petitioner's peer and has worked with the  
8 Petitioner since May 2020. Ms. Schmitt authored a letter describing her professional assessment  
9 of Petitioner which states in significant part as follows:

10 Jennifer has demonstrated exceptional skills as a Registered  
11 Veterinary Technician and Staff Leader. Coastview Veterinary  
12 Hospital is a Fear Free Certified Practice and it is evident that  
13 Jennifer has embraced this philosophy. She treats all of her patients  
14 with kindness and compassion always prioritizing their physical and  
15 emotional well-being. She is proficient in venipuncture in both cats  
16 and dogs, making her an asset for emergency care, surgical  
17 preparation and for fearful patients requiring blood work. She has  
18 expressed that she is passionate about oral health and has taken  
19 ownership of our dental equipment and protocols. She readily takes  
20 initiative to learn and perfect her skills in dental radiology and  
21 extractions. I trust her implicitly to make the best decisions for our  
22 patients and clients.

23 ... Jennifer is an asset to the field of veterinary medicine. I am truly  
24 grateful for her at Coastview Veterinary Hospital. Jennifer  
25 continually demonstrates professionalism in the workplace. I  
26 support the renewal of her Registered Veterinary License without  
27 restrictions... (*Id.*, at pg. 167 - 171.)

28 Petitioner has the love and support of a network of family, friends and colleagues who are  
all aware of her past transgressions and addiction(s). Petitioner has not ingested alcohol or any  
other non-prescribed medications since commencing her Board probation on July 23, 2017, and  
has confirmed her ability to continue to safely practice via the last three (3) years of successful  
compliance with all probation terms and conditions.

### CONCLUSION

In conclusion, under the totality of the circumstances, the benefit Mrs. Hartman provides  
to patients and the animal healthcare community at large, juxtaposed against the non-work related

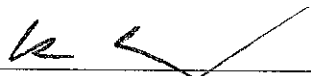
1 convictions forming the basis of her Stipulation for Probation, continued probation is not  
2 warranted or necessary to protect the California public's safety. Mrs. Hartman is dedicated to the  
3 highest quality of professional veterinary care and is committed to performing her duties with the  
4 utmost integrity, compassion and diligence.

5 For the foregoing reasons, and the evidence contained in the attached exhibits documenting  
6 Petitioner's complete rehabilitation and exceptional RVT practice, provided in support of this  
7 Petition for Early Termination of Probation, Mrs. Hartman respectfully requests that the honorable  
8 Board terminate her probation entirely and issue her an unencumbered RVT license. In the  
9 alternative, Mrs. Hartman requests that the Board modify her probationary terms and conditions  
10 to eliminate all terms deemed unnecessary to protect the California public given her substantial  
11 successful compliance over the past 3 years.

12 WHEREFORE, Petitioner prays that her RVT license be instated fully unrestricted, without  
13 continued probation, and that the Probation period be terminated, or substantially reduced, as of  
14 the date of the filing of this Petition.

15  
16 Respectfully submitted,

17 Date: July 29, 2021

18   
19 \_\_\_\_\_  
20 Kevin C. Murphy, Esq.  
21 *Attorney for Petitioner Jennifer Hartman, RVT*  
22  
23  
24  
25  
26  
27  
28

**Ex. A. "Decision and Order."**



BEFORE THE  
VETERINARY MEDICAL BOARD  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Statement of Issues  
Against:

JENNIFER KELLY HARTMAN  
11008 Avenida Playa Veracruz  
San Diego, CA 92124-4112

Registered Veterinary Technician  
Applicant

Respondent.

Case No. 4602017000277

OAH No. 2017011036

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the  
Veterinary Medical Board, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective on July 23, 2017.

It is so ORDERED June 23, 2017.

*Cheryl D. Watson DVM*  
FOR THE VETERINARY MEDICAL BOARD  
DEPARTMENT OF CONSUMER AFFAIRS

1 XAVIER BECERRA  
Attorney General of California  
2 GREGORY J. SALUTE  
Supervising Deputy Attorney General  
3 LAURO A. PAREDES  
Deputy Attorney General  
4 State Bar No. 254663  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 738-9439  
7 Facsimile: (619) 645-2061  
8 *Attorneys for Complainant*

9  
10 **BEFORE THE  
VETERINARY MEDICAL BOARD  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

11  
12 In the Matter of the Statement of Issues  
13 Against:

14 **JENNIFER KELLY HARTMAN**  
11008 Avenida Playa Veracruz  
15 San Diego, CA 92124-4112  
16 Registered Veterinary Technician  
Applicant

17 Respondent.

Case No. 4602017000277

OAH No. 2017011036

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

18  
19  
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Annemarie Del Mugnaio (Complainant) is the Executive Officer of the Veterinary  
24 Medical Board (Board). She brought this action solely in her official capacity and is represented  
25 in this matter by Xavier Becerra, Attorney General of the State of California, by Lauro A.  
26 Paredes, Deputy Attorney General.

27 2. Respondent Jennifer Kelly Hartman (Respondent) is represented in this proceeding by  
28 attorney Kevin C. Murphy, whose address is: 600 B Street, Suite 1420 San Diego, CA 92101.

1  
STIPULATED SETTLEMENT (4602017000277)

1 3. On or about June 7, 2016, Respondent filed an application dated June 7, 2016, with  
2 the Board to obtain a Registered Veterinary Technician Registration.

3 **JURISDICTION**

4 4. Statement of Issues No. 4602017000277 was filed before the Board, and is currently  
5 pending against Respondent. The Statement of Issues and all other statutorily required  
6 documents were properly served on Respondent on December 15, 2016.

7 5. A copy of Statement of Issues No. 4602017000277 is attached as exhibit A and  
8 incorporated herein by reference.

9 **ADVISEMENT AND WAIVERS**

10 6. Respondent has carefully read, fully discussed with counsel, and understands the  
11 charges and allegations in Statement of Issues No. 4602017000277. Respondent has also  
12 carefully read, fully discussed with counsel, and understands the effects of this Stipulated  
13 Settlement and Disciplinary Order.

14 7. Respondent is fully aware of her legal rights in this matter, including the right to a  
15 hearing on the charges and allegations in the Statement of Issues; the right to confront and cross-  
16 examine the witnesses against her; the right to present evidence and to testify on her own behalf;  
17 the right to the issuance of subpoenas to compel the attendance of witnesses and the production of  
18 documents; the right to reconsideration and court review of an adverse decision; and all other  
19 rights accorded by the California Administrative Procedure Act and other applicable laws.

20 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
21 every right set forth above.

22 **CULPABILITY**

23 9. Respondent admits the truth of each and every charge and allegation in Statement of  
24 Issues No. 4602017000277.

25 10. Respondent agrees that her application for a Registered Veterinary Technician  
26 Registration is subject to denial and she agrees to be bound by the Board's probationary terms as  
27 set forth in the Disciplinary Order below.

28 ///

CONTINGENCY

1  
2 11. This stipulation shall be subject to approval by the Veterinary Medical Board.  
3 Respondent understands and agrees that counsel for Complainant and the staff of the Veterinary  
4 Medical Board may communicate directly with the Board regarding this stipulation and  
5 settlement, without notice to or participation by Respondent or her counsel. By signing the  
6 stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek  
7 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
8 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
9 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
10 action between the parties, and the Board shall not be disqualified from further action by having  
11 considered this matter.

12 12. The parties understand and agree that Portable Document Format (PDF) and facsimile  
13 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
14 signatures thereto, shall have the same force and effect as the originals.

15 13. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an  
16 integrated writing representing the complete, final, and exclusive embodiment of their agreement.  
17 It supersedes any and all prior or contemporaneous agreements, understandings, discussions,  
18 negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary  
19 Order may not be altered, amended, modified, supplemented, or otherwise changed except by a  
20 writing executed by an authorized representative of each of the parties.

21 14. In consideration of the foregoing admissions and stipulations, the parties agree that  
22 the Board may, without further notice or formal proceeding, issue and enter the following  
23 Disciplinary Order:

24 ///  
25 ///  
26 ///  
27 ///  
28 ///

1 DISCIPLINARY ORDER

2 IT IS HEREBY ORDERED that upon satisfaction of all statutory and regulatory  
3 requirements of registration, Respondent Jennifer Kelly Hartman shall be issued a Registered  
4 Veterinary Technician Registration. Such registration will then be immediately revoked. The  
5 revocation will be stayed and the Respondent placed on five (5) years probation on the following  
6 terms and conditions.

7 1. **Obey All Laws.**

8 Respondent shall obey all federal and state laws and regulations substantially related to the  
9 practice of veterinary medicine. Further, within thirty (30) days of any arrest or conviction.  
10 Respondent shall report to the Board and provide proof of compliance with the terms and  
11 conditions of the court order including, but not limited to, probation and restitution requirements.

12 2. **Quarterly Reports and Interviews**

13 Respondent shall report quarterly to the Board or its designee, under penalty of perjury, on  
14 forms provided by the Board, stating whether there has been compliance with all terms and  
15 conditions of probation. In addition, the Board at its discretion may request additional in-person  
16 reports of the probationary terms and conditions. If the final written quarterly report is not made  
17 as directed, the period of probation shall be extended until such time as the final report is received  
18 by the Board. Respondent shall make available all patient records, hospital records, books, logs,  
19 and other documents to the Board, upon request.

20 3. **Cooperation with Probation Surveillance**

21 Respondent shall comply with the Board's probation surveillance program. All costs for  
22 probation monitoring and/or mandatory premises inspections shall be borne by Respondent.  
23 Probation monitoring costs are set at a rate of \$100 per month for the duration of the probation.  
24 Respondent shall notify the Board of any change of name or address or address of record within  
25 thirty (30) days of the change. Respondent shall notify the Board immediately in writing if  
26 Respondent leaves California to reside or practice in another state. Respondent shall notify the  
27 Board immediately upon return to California.

28 ///

1           **4. No Preceptorships or Supervision of Interns**

2           Respondent shall not supervise a registered intern and shall not perform any of the duties of  
3 a preceptor.

4           **5. Notice to Employers**

5           Respondent shall notify all present and prospective employers of the decision in this case  
6 and the terms, conditions, and restrictions imposed on Respondent by the decision in this case.  
7           Within thirty (30) days of the effective date of this decision and within fifteen (15) days of  
8 Respondent undertaking new employment, Respondent shall cause his or her employer to report  
9 to the Board in writing, acknowledging the employer has read the Statement of Issues and  
10 decision in this case and understands Respondent's terms and conditions of probation. Relief  
11 veterinarians shall notify employers immediately.

12           **6. Notice to Employees**

13           Respondent shall, upon or before the effective date of this decision, post or circulate a  
14 notice which actually recites the offenses for which Respondent has been disciplined and the  
15 terms and conditions of probation, to all employees, and to any preceptor, intern or extern  
16 involved in his or her veterinary practice. Within fifteen (15) days of the effective date of this  
17 decision, Respondent shall cause his/her employees to report to the Board in writing,  
18 acknowledging the employees have read the Statement of Issues and decision in the case and  
19 understand Respondent's terms and conditions of probation.

20           **7. Owners and Officers (Corporations or Partnerships): Knowledge of the Law**

21           Respondent shall provide, within thirty (30) days after the effective date of the decision,  
22 signed and dated statements from the owners, officers, or any owner or holder of ten percent  
23 (10%) or more of the interest in Respondent or Respondent's stock, stating said individuals have  
24 read and are familiar with federal and state laws and regulations governing the practice of  
25 veterinary medicine.

26           **8. Tolling of Probation**

27           If Respondent resides out of state upon or after effective date of the decision, he or she must  
28 comply with the following conditions only: quarterly reports and interviews, tolling of probation,

1 continuing education and cost recovery. If Respondent returns to California he or she must  
2 comply or be subject to all probationary conditions for the period of probation.

3 Respondent, during probation, shall engage in the practice of veterinary medicine in  
4 California for a minimum of 24 hours per week for six (6) consecutive months or as determined  
5 by the Board. Should Respondent fail to engage in the practice of veterinary medicine in  
6 California as set forth above, the time outside of the practice shall not apply to reduction of the  
7 probationary terms.

8 **9. Violation of Probation**

9 If Respondent violates probation in any respect, the Board, after giving Respondent notice  
10 and the opportunity to be heard, may revoke probation and carry out the disciplinary order that  
11 was stayed. If an accusation or petition to revoke probation is filed against Respondent during  
12 probation, or if the Attorney General's office has been requested to prepare any disciplinary  
13 action against Respondent's license, the Board shall have continuing jurisdiction until the matter  
14 is final, and the period of probation shall be extended until the matter is final.

15 **10. Completion of Probation**

16 All costs for probation monitoring and/or mandatory premises inspections shall be borne by  
17 Respondent. Failure to pay all costs due shall result in an extension of probation until the matter  
18 is resolved and costs paid. Upon successful completion of probation and all payment of all fees  
19 due, Respondent's license will be fully restored.

20 **11. Supervised Practice**

21 Respondent shall practice only under the supervision of a veterinarian approved by the  
22 Board. The supervision directed may be continuous supervision, substantial supervision, partial  
23 supervision, or supervision by daily review, as deemed necessary by the Board. All costs involved  
24 with practice supervision shall be borne by Respondent.

25 Each supervisor shall have been licensed in California for at least five (5) years and not  
26 have ever been subject to any disciplinary action by the Board. The supervisor shall be  
27 independent, with no prior business or personal relationship with Respondent and the supervisor  
28 shall not be in a familial relationship with or be an employee, partner, or associate of Respondent.

1           Within thirty (30) days of the effective date of the decision, Respondent shall have her  
2 supervisor submit a report to the Board in writing stating the supervisor has read the decision in  
3 case number 4602017000277. Should Respondent change employment, Respondent shall have  
4 her new supervisor, within fifteen (15) days after employment commences, submit a report to the  
5 Board in writing stating the supervisor has read the decision in case number 4602017000277.

6           Respondent's supervisor shall, on a basis to be determined by the Board, review and  
7 evaluate all or a designated portion of patient records of those patients for whom Respondent  
8 provides treatment or consultation during the period of supervised practice. The supervisor shall  
9 review these records to assess 1) the medical necessity and appropriateness of Respondent's  
10 treatment; 2) Respondent's compliance with community standards of practice in the diagnosis and  
11 treatment of animal patients;

12           3) Respondent's maintenance of necessary and appropriate treatment;

13           4) Respondent's maintenance of necessary and appropriate records and chart entries; and

14           5) Respondent's compliance with existing statutes and regulations governing the practice of  
15 veterinary medicine.

16           Respondent's supervisor shall file monthly reports with the Board. These reports shall be in  
17 a form designated by the Board and shall include a narrative section where the supervisor  
18 provides his or her conclusions and opinions concerning the issues described above and the basis  
19 for his or her conclusions and opinions. Additionally, the supervisor shall maintain and submit  
20 with his or her monthly reports a log designating the patient charts reviewed, the date(s) of  
21 service reviewed, and the date upon which the review occurred. If the supervisor terminates or is  
22 otherwise no longer available, Respondent shall not practice until a new supervisor has been  
23 approved by the Board.

24           If respondent is an employee rather a veterinary hospital owner, the supervisor shall  
25 additionally notify the Board of the dates and locations of all employment of respondent, during  
26 each month covered by his/her report.

27    ///

28    ///



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**12. No Ownership**

Respondent shall not have any legal or beneficial interest in any business, firm, partnership, or corporation currently or hereinafter licensed or registered by the Board and shall not own any veterinary hospital.

**13. No Management or Administration**

Respondent shall not manage or be the administrator of any veterinary hospital.

**14. Submit to Drug Testing**

Respondent shall immediately submit to drug testing, at Respondent's cost, upon request by the Board or its designee. There will be no confidentiality in test results; positive test results will be immediately reported to the Board and to Respondent's current employer.

**15. Abstain from Controlled Substances**

Respondent shall completely abstain from the personal use or possession of controlled substances, as defined in the California Uniform Controlled Substances Act, and dangerous drugs as defined in Section 4211 of the Business and Professions Code, except when lawfully prescribed by a licensed practitioner for a bona fide illness. Respondent shall submit to random drug testing during the period of probation.

**16. Abstention from Alcohol Use**

Respondent shall abstain completely from the use of alcoholic beverages.

**ACCEPTANCE**

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Kevin C. Murphy. I understand the stipulation and the effect it will have on my Registered Veterinary Technician Registration. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Veterinary Medical Board.

DATED: 3/29/17

  
\_\_\_\_\_  
JENNIFER KELLY HARTMAN  
Respondent

1 I have read and fully discussed with Respondent Jennifer Kelly Hartman the terms and  
2 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
3 I approve its form and content.

4  
5 DATED: 3/29/17

6 KEVIN C. MURPHY  
7 *Attorney for Respondent*

8 ENDORSEMENT

9 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
10 submitted for consideration by the Veterinary Medical Board.

11  
12 Dated:

13 3/29/17

14 Respectfully submitted,

15 XAVIER BECERRA  
16 *Attorney General of California*  
17 GREGORY J. SALUTE  
18 *Supervising Deputy Attorney General*

19  
20 LAURO A. PAREDES  
21 *Deputy Attorney General*  
22 *Attorneys for Complainant*

23 SD2016702755  
24 Hartman Stip 3.22.17.docx

**Ex. B. "Continuing Education Units."**



**FEAR FREE**  
Taking the pet out of petrified.

®

# Certificate of Completion

**THIS CERTIFIES THAT**

**Jen Hartman**

Has successfully completed  
A Close Look at Canine Enrichment: What, Why, and  
How?

This program 20-756517 is approved by the AAVSB RACE to offer a total of 1 CE Credits (1 max) being available to any one veterinarian: and/or 1 Veterinary Technician CE Credits (1 max). This RACE approval is for the subject matter categories of: Non-Medical using the delivery method of Non-Interactive-Distance. This approval is valid in jurisdictions which recognize AAVSB RACE; however, participants are responsible for ascertaining each board's CE requirements, RACE does not "accredit" or "endorse" or "certify" any program or person, nor does RACE approval validate the content of the program.

Certification Date January 19, 2021

Number of Credits Completed 1

*Marty Becker*  
Marty Becker DVM

**fearfreepets.com**

Fear Free, LLC, 1624 Market Street, Suite 202, Denver, CO 80202

**AVSSED**  
Approved as a New York State  
sponsor of continuing education  
for veterinarians and  
veterinarians and



# Certificate of Completion

THIS CERTIFIES THAT

**Jen Hartman**

Has successfully completed  
Fear Free Certification Program

This program 1135-42226 is approved by the AAVSB RACE to offer a total of 9 CE Credits (9 max) being available to any one veterinarian: and/or 9 Veterinary Technician CE Credits (9 max). This RACE approval is for the subject matter categories of: Medical using the delivery method of Interactive-Distance. This approval is valid in jurisdictions which recognize AAVSB RACE; however, participants are responsible for ascertaining each board's CE requirements, RACE does not "accredit" or "endorse" or "certify" any program or person, nor does RACE approval validate the content of the program.

Certification Date June 2, 2020 Number of Credits Completed 9 Dr. Marty Becker  
Marty Becker DVM

**fearfreepets.com** Fear Free, LLC, 2420 17th St., Denver, CO 80202



Approved as a New York State sponsor of continuing education for veterinarians and veterinary technicians



**PET  
POISON  
HELPLINE®**

**800.213.6680**  
petpoisonhelpline.com

### *Warm Weather Toxins: A Short Review of Timely Woes*

Renee Schmid, DVM, DABT

Recorded Live On: April 7th, 2020



**Nationwide®**

Exhibit 4 - 023

Jennifer Hartman

Participant Name

CA 12538

State(s) and license Numbers

Participant Signature

April 16, 2020

Date Viewed

Provider Name: Pet Poison Helpline

Provider Address: 3600 American Blvd W, Ste. 725, Bloomington, MN 55431

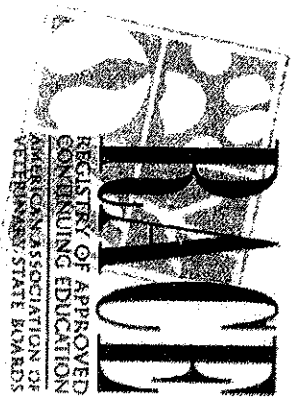
Provider Email Address: [info@petpoisonhelpline.com](mailto:info@petpoisonhelpline.com)

Provider Number: 600

Program Number: 41367

Provider Representative Signature:

*"This program (41367) is approved by the AAWSB RACE to offer a total of 1 CE Credits, with a maximum of 1 CE Credits being available to any individual Veterinary Medical Professionals. This RACE approval is for the subject matter categories of: Medical Program using the delivery method of Non-Interactive-Distance. This approval is valid in jurisdictions which recognize AAWSB RACE; however, participants are responsible for ascertaining each board's CE requirements. RACE does not "accredit" or "endorse" or "certify" any program or person, nor does RACE approval validate the content of the program."*



# CERTIFICATE OF ATTENDANCE

Awarded to: Jennifer Hartman

State(s) of licensure CA License#(s) 12538

For attending the:  
Level I Dental weekend

In: San Diego, CA On: March 7th-9th, 2020  
Presented by:

## Dog Beach Dentistry

PO Box 99 Tustin, Ca 92781  
AAVSB RACE Program # 34536  
AAVSB RACE Provider # 123

Authorized by:

*Brook A. Niemiec*

Brook A. Niemiec, DVM, Diplomate AVDC

"Course meets the requirements for ~~1~~ hours of continuing education credit. Recognize AAVSB RACE; however, participants are responsible for ascertaining each board's CE requirements. RACE does not "accredit" or "endorse" any program or person, nor does RACE approval validate the content of the program".

# CERTIFICATE OF ATTENDANCE

Awarded to: Jennifer Hartman

State(s) of Licensure CA License#(s) 12538

For attending the:  
Level I Dental Weekend

In: San Diego, CA. On: January 26<sup>th</sup>, 2020  
Presented by:

## Dog Beach Dentistry

PO Box 99, Tustin, Ca 92781  
AAVSB RACE Program # 34536  
AAVSB RACE Provider # 123

Authorized by: Brook A. Niemiec, DVM, Diplomate AVDC

"Course meets the requirements for 8 hours of continuing education credit. Recognize AAVSB RACE; however, participants are responsible for ascertaining each board's CE requirements. RACE does not "accredit" or "endorse" or "certify" any program or person, nor does RACE approval validate the content of the program".





**Something to Chew On: A Start to  
Finish Overview of Foodborne  
Outbreak Investigations**

**AVMA | LIFE**  
Veterinarian Inspired Coverage

Colin Basler, DVM, MPH

Recorded Live On:  
September 12th, 2019

jennifer hartman

Participant Name

CA 12538

State(s) and license Numbers

  
Participant Signature

December 26, 2019

Date viewed

Provider Name: Pet Poison Helpline  
Provider Address: 3600 American Blvd W., Ste. 725, Bloomington, MN 55431  
Provider Email Address: info@petpoisonhelpline.com  
Provider Number: 600  
Program Number: 38330

Provider Representative Signature:



"This program (38330) is approved by the AAVSB RACE to offer a total of 1 CE Credits, with a maximum of 1 CE Credits being available to any individual veterinarian or veterinary technician/technologist. This RACE approval is for the subject matter categories of: Medical using the delivery method of Non-Interactive-Distance. This approval is valid in jurisdictions which recognize AAVSB RACE; however, participants are responsible for ascertaining each board's CE requirements."



SignalPET™

THIS CERTIFIES THAT

Jennifer Hartman

Has attended "Utilization of Mega-Data Driven Radiographic Interpretations at Your Practice", and is therefore awarded

ONE HOUR CE CREDIT

Program Number 1464-38515  
This program has been approved for  
one hour of continuing education credit  
in jurisdictions that recognize  
RACE approval



Neil Shaw, DVM, DACVIM  
(SAIM)

Florida License Number:00629Z

**Ex. C. "Resume."**

# JENNIFER HARTMAN

Jennifer Hartman RVT 12538

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

## OBJECTIVE

To be employed as a full time Registered Veterinary Technician

## EDUCATION

San Diego Mesa College Grad (5/2016) AS Degree/Animal Health Program

San Diego State University (2000-2001)

La Jolla High School Grad (6/2000)

## WORK HISTORY

Coast View Veterinary Hospital, Clairemont (5/2020 - Present) \$20.50/hr - \$22.50/hr

**Registered Veterinary Technician:** Practice fear free techniques, admit patients for surgery and/or outpatient, take history and vitals. Prepare patients for surgery, administering pre-medication drugs using various routes, induce and monitor anesthesia. Perform dental cleanings, dental radiographs, extractions, and suturing. Draw blood and perform cystocentesis to collect samples for the lab. Run and read in-house urinalysis, blood smears and cytologies. Trim nails, express anal sacs, clean ears and wounds and perform laser therapy. Administer vaccines and other injections and fill prescriptions. Discharge patients with instructions and medications, and go over side effects. I also perform some administrative work such as follow up calls, patient and client education and suggestions, help with SOAP notes and surgery plans. My collateral duties are to care for the anesthesia machines and dental machine.

Santa Fe Animal Clinic, Cardiff (05/16 to 4/2020). \$15/hr - \$20/hr

**Veterinary Surgery Technician - RVT:** Admit patients, take history and vitals, assess for emergencies. Under Doctor supervision prepare patients for surgery, administer pre-medication drugs, induce and monitor anesthesia, intubate and place IV catheters. Read and run fecal tests, urinalyses, and blood work. Trim nails, express anal sacs, clean wounds, apply laser treatments, administer vaccinations and medications, fill prescriptions. Discharge and follow up. Receptionist and kennel duties as needed.

Self Employed (2006-2011) Paid per tasks required or \$10 - \$15/hr

**Gardener:** cleaned, organized, weeded, planted, mowed yards, painted misc. structures

**Recycler:** Collected recyclable plastic/glass/metal items and redeemed at recycle centers

Santa Fe Animal Clinic, Cardiff (07/02 thru 04/06) \$10/hr

**Veterinary Assistant/Receptionist:** Recorded patient histories, helped with exams, restrained animals, gave SQ/IV/IM injections, filled prescriptions, intubated and prepped patients for surgery, monitored anesthesia, administered medications, processed lab work, billed customers, answered phones, made appointments, cleaned teeth, trimmed nails, bathed/groomed/walked/fed patients, cleaned kennels.

Pernicano's Family Restaurant, PB (05/01 thru 05/03 and 08/05 thru 05/06) min. wage

**Hostess/Waitress:** Handled take-out orders, greeted, seated, assisted, billed customers

San Diego County Department of Public Works (04-01 thru 03-02) \$10/hr

**Student Worker:** assisted with computer tasks, secretarial/clerical work, errands

Wesley Palms Retirement Homes, PB (06-00 thru 08-00) min.wage

**Summer Gardener:** mowed lawns, planted, weeded

## SPECIAL RECOGNITION AND ACHIEVEMENTS

Phi Theta Kappa Honor Society

National Merit Scholarship Program Letter of Commendation

All City High School Honors Band

SDSU Marching Band

Chosen to study overseas with the Prague Symphony's 1st Chair Flautist

Varsity Cheerleader

**Ex. D. “2018 - 2021 Monthly Supervisor Reports.”**



### Registered Veterinarian Technician Monthly Supervision Report

Probationer's Name: Jennifer Hartman

RVT # 12538

Report for the Month of: (circle one)

In the year of: 2021

Jan   Feb   March   April   May   June   July   August   Sept   Oct   Nov   Dec

### Registered Veterinary Technician Duties

Please review 5 medical records in which the RVT performed a variety of tasks under direct or indirect supervision.

Patient Name	<u>M [redacted] M [redacted]</u>	Treatment Date	<u>1-5-2021</u>
Medical Care Provided:	<u>WC / Induction / Dental X-rays / Dental cleaning</u>		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:			
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	<u>"B" [redacted] G [redacted]</u>	Treatment Date	<u>1-11-2021</u>
Medical Care Provided:	<u>WC / Induction / Dental X-rays / Dental blocks</u>		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:			
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	<u>"H" [redacted] P [redacted]</u>	Treatment Date	<u>1-16-2021</u>
Medical Care Provided:	<u>Lab - Blood draw</u>		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:			
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.  
 Exhibit 4 - 031

Patient Name	"S" [redacted] S [redacted]	Treatment Date	1-21-2021
Medical Care Provided:	Dental Cleaning / Dental Extractions / Laser tx		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:	_____		
	_____		
	<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		

Patient Name	"S" [redacted] E [redacted]	Treatment Date	1-26-2021
Medical Care Provided:	Lab - blood draw, ultrasound assist		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:	_____		
	_____		
	<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		

An RVT may perform the following procedures only under the *direct* supervision of a licensed veterinarian:

- (1) Induce anesthesia;
- (2) Apply casts and splints;
- (3) Perform dental extractions;
- (4) Suture cutaneous and subcutaneous tissues, gingiva and oral mucous membranes;
- (5) Create a relief hole in the skin to facilitate placement of an intravascular catheter.

An RVT may perform the following procedures under *indirect* supervision of a licensed veterinarian:

- (1) Administer controlled substances.

An RVT may perform animal health care tasks under the direct or indirect supervision of a licensed veterinarian. The degree of supervision by a licensed veterinarian over a RVT shall be consistent with standards of good veterinary medical practices.

I hereby submit this Supervision Report as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Laura Schultz DVM VET# 116621

Hospital Name: Coast View Veterinary Hospital

Address: 3895 Clairemont Dr. #103 San Diego, CA 92117

Supervisor's Signature: Laura Schultz DVM Review Date: 2/4/2021

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



### Registered Veterinarian Technician Monthly Supervision Report

Probationer's Name: Jennifer Hartman

RVT # 12538

Report for the Month of: (circle one)

In the year of: 2021

Jan **Feb** March April May June July August Sept Oct Nov Dec

### Registered Veterinary Technician Duties

Please review 5 medical records in which the RVT performed a variety of tasks under direct or indirect supervision.

Patient Name	"R" [redacted] "K" [redacted]	Treatment Date	2-3-2021
Medical Care Provided:	WC / Induction / Laser tx		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:			
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	"P" [redacted] "S" [redacted]	Treatment Date	2-8-2021
Medical Care Provided:	Blood work / Dental x-rays, Cleaning, extractions		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:			
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	"S" [redacted] "L" [redacted]	Treatment Date	2-12-2021
Medical Care Provided:	WC / Induction / Sx monitor		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:			
<input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.  
 Exhibit 4 - 033



Patient Name	"C" [redacted] "L" [redacted]	Treatment Date	2-18-2021
Medical Care Provided:	IM inj / IVC / Dental x-rays, cleaning		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	"S" [redacted] "W" [redacted]	Treatment Date	2-23-2021
Medical Care Provided:	Blood work for allergy testing		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

An RVT may perform the following procedures only under the *direct* supervision of a licensed veterinarian:

- (1) Induce anesthesia;
- (2) Apply casts and splints;
- (3) Perform dental extractions;
- (4) Suture cutaneous and subcutaneous tissues, gingiva and oral mucous membranes;
- (5) Create a relief hole in the skin to facilitate placement of an intravascular catheter.

An RVT may perform the following procedures under *indirect* supervision of a licensed veterinarian:

- (1) Administer controlled substances.

An RVT may perform animal health care tasks under the direct or indirect supervision of a licensed veterinarian. The degree of supervision by a licensed veterinarian over a RVT shall be consistent with standards of good veterinary medical practices.

I hereby submit this Supervision Report as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Laura Schultz DVM VET # 116621

Hospital Name: Coast View Veterinary Hospital

Address: 3895 Clairemont Dr. #103 S.D. CA 92117

Supervisor's Signature: Laura Schulz DVM Review Date: 3/4/2021

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



### Registered Veterinarian Technician Monthly Supervision Report

Probationer's Name: Jennifer Hartman

RVT # 12538

Report for the Month of: (circle one)

In the year of: 2021

Jan Feb **March** April May June July August Sept Oct Nov Dec

### Registered Veterinary Technician Duties

Please review 5 medical records in which the RVT performed a variety of tasks under direct or indirect supervision.

Patient Name	<u>"G" [redacted] "K" [redacted]</u>	Treatment Date	<u>3-3-2021</u>
Medical Care Provided:	<u>Labs - bloodwork</u>		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	<u>"M" [redacted] "G" [redacted]</u>	Treatment Date	<u>3-8-2021</u>
Medical Care Provided:	<u>IVC, Induction, Lab: cytology: bloodwork, Sx monitor</u>		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	<u>"Tuna" Novak</u>	Treatment Date	<u>3-11-2021</u>
Medical Care Provided:	<u>IM inj, Nail trim, Anal gland expression, Sx monitor</u>		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.

Patient Name	"H" [redacted] "K" [redacted]	Treatment Date	3-17-2021
Medical Care Provided:	IM inj. - Lab - bloodwork		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:	<hr/> <hr/>		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	"O" [redacted] "S" [redacted]	Treatment Date	3-25-2021
Medical Care Provided:	IM inj., Induction, Dentistry, extractions, labs.		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:	<hr/> <hr/>		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

An RVT may perform the following procedures only under the *direct* supervision of a licensed veterinarian:

- (1) Induce anesthesia;
- (2) Apply casts and splints;
- (3) Perform dental extractions;
- (4) Suture cutaneous and subcutaneous tissues, gingiva and oral mucous membranes;
- (5) Create a relief hole in the skin to facilitate placement of an intravascular catheter.

An RVT may perform the following procedures under *indirect* supervision of a licensed veterinarian:

- (1) Administer controlled substances.

An RVT may perform animal health care tasks under the direct or indirect supervision of a licensed veterinarian. The degree of supervision by a licensed veterinarian over a RVT shall be consistent with standards of good veterinary medical practices.

I hereby submit this Supervision Report as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Laura Schultz, DVM VET # 116621

Hospital Name: Coast View Veterinary Hospital

Address: 389.5 Clairmont Dr. #103, San Diego, CA 92117

Supervisor's Signature: Laura Schultz, DVM Review Date: 4/3/2021

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



**Registered Veterinarian Technician  
 Monthly Supervision Report**

Probationer's Name: Jennifer Hartman RVT # 12538

Report for the Month of: (circle one) In the year of: 2021

Jan Feb March **April** May June July August Sept Oct Nov Dec

**Registered Veterinary Technician Duties**

Please review 5 medical records in which the RVT performed a variety of tasks under direct or indirect supervision.

Patient Name	"V" [redacted] B [redacted]	Treatment Date	4-5-2021
Medical Care Provided:	IVC, Induction, Dental X-rays, Cleaning, extractions		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:			
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	"S" [redacted] Q [redacted]	Treatment Date	4-17-2021
Medical Care Provided:	Labs - Bloodwork, Cystocentesis, Rx fill		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:			
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	"C" [redacted] B [redacted]	Treatment Date	4-22-2021
Medical Care Provided:	IM inj, IVC, Induction, extractions, dental		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:			
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.

Patient Name	"2" [redacted] "G" [redacted]	Treatment Date	4-19-2021
Medical Care Provided:	Lab - Corneal Stain, Rx fill		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:	_____		
	_____		
	<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		

Patient Name	"T" [redacted] "U" [redacted]	Treatment Date	4-30-2021
Medical Care Provided:	M inj, NC, Surgery monitor		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:	_____		
	_____		
	<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		

An RVT may perform the following procedures only under the *direct* supervision of a licensed veterinarian:

- (1) Induce anesthesia;
- (2) Apply casts and splints;
- (3) Perform dental extractions;
- (4) Suture cutaneous and subcutaneous tissues, gingiva and oral mucous membranes;
- (5) Create a relief hole in the skin to facilitate placement of an intravascular catheter.

An RVT may perform the following procedures under *indirect* supervision of a licensed veterinarian:

- (1) Administer controlled substances.

An RVT may perform animal health care tasks under the direct or indirect supervision of a licensed veterinarian. The degree of supervision by a licensed veterinarian over a RVT shall be consistent with standards of good veterinary medical practices.

I hereby submit this Supervision Report as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.	
Supervisor Name: <u>Laura Schultz DVM</u>	VET # <u>116621</u>
Hospital Name: <u>Coast View Veterinary Hospital</u>	
Address: <u>3895 Clairemont Dr. #103 San Diego, CA 92117</u>	
Supervisor's Signature: <u>Laura Schultz DVM</u>	Review Date: <u>5/13/2021</u>

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



**Registered Veterinarian Technician  
Monthly Supervision Report**

Case No: 4602017000277

Technician Name: Jennifer Hartman

RVT # 12538

Report for the Month of: (circle one)

In the year of: 2020

**Jan** Feb March April May June July August Sept Oct Nov Dec

**Registered Technician Duties**

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
Anesthesia		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/Monitoring		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Care		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Laboratory Diagnostics		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Dentistry		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Preparation		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

**SAMPLE MEDICAL REVIEW**

Please review 5 medical records in which the RVT performed a variety of the above listed duties (see CCR §2032.3).

Patient Name: [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED]

Medical Care Provided: IVC / Induction / Extractions / Dental / sx assist

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SAMPLE MEDICAL REVIEW (Continued)

Medical Care Provided: Lab - Blood work / IVC / Fluids / W injections  
Medical Records Documentation:  Compliant  Noncompliant  
Comments:

Medical Care Provided: Out patient - Bandage change  
Medical Records Documentation:  Compliant  Noncompliant  
Comments:

Medical Care Provided: Out patient - W injections / Rx fill  
Medical Records Documentation:  Compliant  Noncompliant  
Comments:

Medical Care Provided: Outpatient - Fecal (Lab) / Rx fill  
Medical Records Documentation:  Compliant  Noncompliant  
Comments:

General Comments:

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka DVM VET # 14589  
Hospital Name: Santa Fe Animal Clinic  
Address: 301 Santa Fe Dr. Encinitas, CA 92024 Telephone #: 760-753-6512  
Supervisor's Signature: [Signature] Review Date: 2/4/2020

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.





BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR  
**Veterinary Medical Board**  
 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834  
 Telephone: 916-518-5220 Fax: 916-926-8840 | www.vmb.ca.gov



**Registered Veterinarian Technician  
 Monthly Supervision Report**

Case No: 4602017000277

Technician Name: Jennifer Hartman

RVT # 12538

Report for the Month of: (circle one)

In the year of: 2020

Jan Feb March April May June July August Sept Oct Nov Dec

**Registered Technician Duties**

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
Anesthesia		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Care		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Laboratory Diagnostics		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Dentistry		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Preparation		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

**SAMPLE MEDICAL REVIEW**

Please review 5 medical records in which the RVT performed a variety of the above listed duties (see CCR §2032.3).

Medical Care Provided: out patient / vx and Restrain for cytology

Medical Records Documentation:  Compliant  Noncompliant

Comments:

---



---



---



SAMPLE MEDICAL REVIEW (Continued)

Medical Care Provided: IVC / SX Monitor for sedated inj  
Medical Records Documentation:  Compliant  Noncompliant  
Comments:

Medical Care Provided: Sedated Radiographs  
Medical Records Documentation:  Compliant  Noncompliant  
Comments:

Medical Care Provided: Outpatient - Labs Blood / cysto / Radiographs  
Medical Records Documentation:  Compliant  Noncompliant  
Comments:

Medical Care Provided: IVC / Dental cleaning  
Medical Records Documentation:  Compliant  Noncompliant  
Comments:

General Comments:  
I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.  
Supervisor Name: Rei Tanaka D.V.M VET # 14539  
Hospital Name: Santa Fe Animal Clinic  
Address: 301 Santa Fe Dr, Encinitas CA 92024 Telephone #: 760-753-6512  
Supervisor's Signature: [Signature] Review Date: 3/3/2020  
Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



**Registered Veterinarian Technician  
 Monthly Supervision Report**

Case No. 4602 017000 277

Technician Name: Jennifer Hartman

RVT# 12538

Report for the Month of: (circle one)

In the year of: 2020

Jan Feb **March** April May June July August Sept Oct Nov Dec

**Registered Technician Duties**

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
Anesthesia		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Care		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Laboratory Diagnostics		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Dentistry		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Preparation		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

**SAMPLE MEDICAL REVIEW**

Please review 5 medical records in which the RVT performed a variety of the above listed duties (see CCR §2032.3).

Patient Name: [REDACTED]      Date: 3/2/20

Medical Care Provided: Lab - Blood draw, Cystocentesis

Medical Records Documentation:  Compliant       Noncompliant

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.

SAMPLE MEDICAL REVIEW (Continued)

Medical Care Provided: Lab - fecal / Blood / Cysto / Rx fill 3-6-20  
Medical Records Documentation:  Compliant  Noncompliant  
Comments:

Medical Care Provided: IVC / Induction / monitor sx / Rx fill 3-12-20  
Medical Records Documentation:  Compliant  Noncompliant  
Comments:

Medical Care Provided: Radiographs / Rx fill 3-16-20  
Medical Records Documentation:  Compliant  Noncompliant  
Comments:

Medical Care Provided: IVC / Induction / Dental / Extractions / Rx 3-25-20  
Medical Records Documentation:  Compliant  Noncompliant  
Comments:

General Comments:

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka DVM VET # 14539  
Hospital Name: Santa Fe Animal Clinic  
Address: 301 Santa Fe Dr, Encinitas CA 92024 Telephone #: 760-753-6512  
Supervisor's Signature: [Signature] Review Date: 4/3/2024

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.  
Exhibit 4 2044  
Page 2 of 2

**Veterinary Medical Board**  
 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834  
 Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov



**Registered Veterinarian Technician  
 Monthly Supervision Report**

Technician Name: Jennifer Hartman RVT # 12538

Report for the Month of: (circle one)

In the year of: 2020

Jan Feb March **April** May June July August Sept Oct Nov Dec

**Registered Technician Duties**

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
Anesthesia		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Care		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Laboratory Diagnostics		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Dentistry		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Preparation		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

**SAMPLE MEDICAL REVIEW**

Please review 5 medical records in which the RVT performed a variety of the above listed duties (see CCR §2032.3).

Patient Name	<u>F [redacted] B [redacted]</u>	Treatment Date	<u>4/12/2020</u>
Medical Care Provided:	<u>Feral Lab / Rx fill</u>		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:			

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.

SAMPLE MEDICAL REVIEW (Continued)

Medical Care Provided: [redacted] Treatment Date: 4/13/20

Medical Records Documentation:  Compliant  Noncompliant  
A/E / Induction / monitor

Comments:

Medical Care Provided: [redacted] Treatment Date: 4/20/20

Medical Records Documentation:  Compliant  Noncompliant  
WC / Dental / Extractions

Comments:

Medical Care Provided: [redacted] Treatment Date: 4/23/20

Medical Records Documentation:  Compliant  Noncompliant  
Exam assist / PX fill

Comments:

Medical Care Provided: [redacted] Treatment Date: 4/30/20

Medical Records Documentation:  Compliant  Noncompliant  
WC / Induction / monitor / IV injection

Comments:

General Comments:

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka VET # 14539

Hospital Name: Santa Fe Animal Clinic  
Address: 301 Santa Fe Anim Dr. Enc. 92024

Supervisor's Signature: [Signature] Telephone #: 760-753-6512

Review Date: 5/5/20

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



**Subject** June report  
**From** Jennifer Buckner  
 [REDACTED]  
**To:** virginia.gerard@dca.ca.gov  
 <virginia.gerard@dca.ca.gov>  
**Date** Jul 2, 2020 at 6:31 PM



THE STATE OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS - CLAYTON RICHMOND, CHIEF OF BUREAU  
 DEPARTMENT OF CONSUMER AFFAIRS - VETERINARY MEDICAL BOARD  
 1747 North Market Blvd., Suite 200, Sacramento, CA 95834-2978  
 P (916) 515-0220 | Toll-Free (800) 229-0170 | www.vmb.ca.gov



**Registered Veterinarian Technician  
 Monthly Supervision Report**

Probationer's Name: Jennifer Hartman RVT # 12538  
 Report for the Month of: (circle one) In the year of: 2020  
 Jan Feb March April May June July August Sept Oct Nov Dec

**Registered Veterinary Technician Duties**

Please review 5 medical records in which the RVT performed a variety of tasks under direct or indirect supervision.

Client Name:	[REDACTED]	Date:	6/20/20
Medical Care Provided:	Monitor for Surgery		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:	Unusually excellent walk		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Client Name:	[REDACTED]	Date:	6/20/20
Medical Care Provided:	Vaccines and nail trim		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:			
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Client Name:	[REDACTED]	Date:	6/20/20
Medical Care Provided:	IVC / Induction / Dental / Radiographs / Monitor		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:			
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.

Patient Name:	[REDACTED]	Treatment Date:	6/20/20
Medical Care Provided:	Lab - Bandage Change		

Form with multiple sections, including checkboxes and text fields. The text is heavily obscured by noise and artifacts, making it illegible. Some visible text includes "I am a member of the following organizations" and "I am a member of the following organizations".

Sent from Yahoo Mail for iPhone



**Registered Veterinarian Technician  
 Monthly Supervision Report**

Probationer's Name: Jennifer Hartman RVT # 12538

Report for the Month of: (circle one)

In the year of: 2020

Jan Feb March April May June July August Sept Oct Nov Dec

**Registered Veterinary Technician Duties**

Please review 5 medical records in which the RVT performed a variety of tasks under direct or indirect supervision.

Patient Name	<u>S [redacted] R [redacted]</u>	Treatment Date	<u>7/2/2020</u>
Medical Care Provided:	<u>Sx monitor, Anal gland, Nail trim, Clean ears</u>		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	<u>M [redacted] M [redacted]</u>	Treatment Date	<u>7/8/2020</u>
Medical Care Provided:	<u>Cystocentesis, Fluorescein Stain</u>		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	<u>S [redacted] H [redacted]</u>	Treatment Date	<u>7/16/2020</u>
Medical Care Provided:	<u>WC / Induction / Dental x-rays / Dental</u>		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.



Patient Name	"B" [redacted] "H" [redacted]	Treatment Date	7/25/2020
Medical Care Provided:	IM inj / monitor Sedation / Blood draw / cystocentesis		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:	_____		
	_____		
	<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		

Patient Name	"R" [redacted] "V" [redacted]	Treatment Date	7/31/2020
Medical Care Provided:	Lab: Heartworm test / Rx fill		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:	_____		
	_____		
	<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		

An RVT may perform the following procedures only under the *direct* supervision of a licensed veterinarian:

- (1) Induce anesthesia;
- (2) Apply casts and splints;
- (3) Perform dental extractions;
- (4) Suture cutaneous and subcutaneous tissues, gingiva and oral mucous membranes;
- (5) Create a relief hole in the skin to facilitate placement of an intravascular catheter.

An RVT may perform the following procedures under *indirect* supervision of a licensed veterinarian:

- (1) Administer controlled substances.

An RVT may perform animal health care tasks under the direct or indirect supervision of a licensed veterinarian. The degree of supervision by a licensed veterinarian over a RVT shall be consistent with standards of good veterinary medical practices.

I hereby submit this Supervision Report as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Laura Schultz DVM VET # 110621

Hospital Name: CoastView Veterinary Hospital

Address: 3895 Clairemont Dr. #103, San Diego, CA 92117

Supervisor's Signature: Laura Schultz DVM Review Date: 8-3-20

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



**Registered Veterinarian Technician  
 Monthly Supervision Report**

Probationer's Name: Jennifer Hartman RVT # 12538

Report for the Month of: (circle one) In the year of: 2020

Jan Feb March April May June July August Sept Oct Nov Dec

**Registered Veterinary Technician Duties**

Please review 5 medical records in which the RVT performed a variety of tasks under direct or indirect supervision.

Patient Name	"J [redacted] O [redacted] K [redacted] C [redacted]"	Treatment Date	9/23/2020
Medical Care Provided:	Radiographs		
Supervision Provided:	<input type="checkbox"/> Direct	<input checked="" type="checkbox"/> Indirect	
Comments:	_____		
	_____		
	<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		

Patient Name	"C [redacted] G [redacted]"	Treatment Date	9/25/2020
Medical Care Provided:	Dental X-rays, cleaning & extractions		
Supervision Provided:	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	
Comments:	_____		
	_____		
	<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		

Patient Name	"T [redacted] H [redacted]"	Treatment Date	9/28/2020
Medical Care Provided:	Vaccinations		
Supervision Provided:	<input type="checkbox"/> Direct	<input checked="" type="checkbox"/> Indirect	
Comments:	_____		
	_____		
	<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.

Patient Name	"6 [redacted] Z [redacted]"	Treatment Date	9/28/2020
Medical Care Provided:	Vaccinations / Rx R11		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	"B [redacted] Y [redacted]"	Treatment Date	9/30/2020
Medical Care Provided:	WC / Induction / dental extractions / sx monitor		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:	Jen continues to do an excellent job. (LSD)		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

An RVT may perform the following procedures only under the *direct* supervision of a licensed veterinarian:

- (1) Induce anesthesia;
- (2) Apply casts and splints;
- (3) Perform dental extractions;
- (4) Suture cutaneous and subcutaneous tissues, gingiva and oral mucous membranes;
- (5) Create a relief hole in the skin to facilitate placement of an intravascular catheter.

An RVT may perform the following procedures under *indirect* supervision of a licensed veterinarian:

- (1) Administer controlled substances.

An RVT may perform animal health care tasks under the direct or indirect supervision of a licensed veterinarian. The degree of supervision by a licensed veterinarian over a RVT shall be consistent with standards of good veterinary medical practices.

I hereby submit this Supervision Report as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.	
Supervisor Name: <u>Dr. Laura Schultz</u>	VET # <u>116621</u>
Hospital Name: <u>Coast View Veterinary Hospital</u>	
Address: <u>3895 Clairemont Dr. #103 S.D. CA 92117</u>	
Supervisor's Signature: <u>Laura Schultz DVM</u>	Review Date: <u>10/5/2020</u>

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



### Registered Veterinarian Technician Monthly Supervision Report

Probationer's Name: Jennifer Hartman

RVT # 12538

Report for the Month of: (circle one)

In the year of: 2020

Jan Feb March April May June July August Sept **Oct** Nov Dec

### Registered Veterinary Technician Duties

Please review 5 medical records in which the RVT performed a variety of tasks under direct or indirect supervision.

Patient Name	"L [redacted] J [redacted]"	Treatment Date	10-7-2020
Medical Care Provided:	Monitor SX, IM inj., Induction, Anal Gland Expression		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	"S [redacted] T [redacted]"	Treatment Date	10-10-2020
Medical Care Provided:	Vaccines and blood draw for Heartworm test		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	"D [redacted] P [redacted]"	Treatment Date	10-13-2020
Medical Care Provided:	VC, Induction, Radiographs, Rx fill		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.  
 Exhibit 4 - 053

Patient Name	"S [REDACTED]" J [REDACTED]	Treatment Date	10-22-2020
Medical Care Provided:	Lab - bloodwork, cystocentesis, Anal glands, Rxfill		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:	_____		
	_____		
	<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		

Patient Name	"L [REDACTED]" B [REDACTED]	Treatment Date	10-28-2020
Medical Care Provided:	Lab - bloodwork, cystocentesis, vaccines		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:	_____		
	_____		
	<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		

An RVT may perform the following procedures only under the *direct* supervision of a licensed veterinarian:

- (1) Induce anesthesia;
- (2) Apply casts and splints;
- (3) Perform dental extractions;
- (4) Suture cutaneous and subcutaneous tissues, gingiva and oral mucous membranes;
- (5) Create a relief hole in the skin to facilitate placement of an intravascular catheter.

An RVT may perform the following procedures under *indirect* supervision of a licensed veterinarian:

- (1) Administer controlled substances.

An RVT may perform animal health care tasks under the direct or indirect supervision of a licensed veterinarian. The degree of supervision by a licensed veterinarian over a RVT shall be consistent with standards of good veterinary medical practices.

I hereby submit this Supervision Report as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.	
Supervisor Name: <u>Laura Schultz DVM</u>	VET # <u>16621</u>
Hospital Name: <u>Coast View Veterinary Hospital</u>	
Address: <u>3895 Clairemont Dr. #103, S.O. CA 92117</u>	
Supervisor's Signature: <u>Laura Schultz DVM</u>	Review Date: <u>10-3-2020</u>

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



### Registered Veterinarian Technician Monthly Supervision Report

Probationer's Name: Jennifer Hartman RVT# 12538

Report for the Month of: (circle one) In the year of: 2020

Jan Feb March April May June July August Sept Oct **Nov** Dec

### Registered Veterinary Technician Duties

Please review 5 medical records in which the RVT performed a variety of tasks under direct or indirect supervision.

Patient Name	<u>B [redacted] M [redacted]</u>	Treatment Date	<u>11-2-2020</u>
Medical Care Provided:	<u>Lab - Blood / IVC / Induction / dental radi + cleaning</u>		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	<u>D [redacted] Ye [redacted]</u>	Treatment Date	<u>11-5-2020</u>
Medical Care Provided:	<u>Lab - Bloodwork and cystocentesis</u>		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	<u>R [redacted] R [redacted]</u>	Treatment Date	<u>11-14-2020</u>
Medical Care Provided:	<u>Sedation - Bandage change</u>		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary. Exhibit 4 - 055

Patient Name	S [REDACTED] R [REDACTED]	Treatment Date	11-16-2020
Medical Care Provided:	IM inj. / IVC / Induction / Sx monitor		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	R [REDACTED] W [REDACTED]	Treatment Date	11-25-2020
Medical Care Provided:	Lab - cystocentesis / Rx fill		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

An RVT may perform the following procedures only under the *direct* supervision of a licensed veterinarian:

- (1) Induce anesthesia;
- (2) Apply casts and splints;
- (3) Perform dental extractions;
- (4) Suture cutaneous and subcutaneous tissues, gingiva and oral mucous membranes;
- (5) Create a relief hole in the skin to facilitate placement of an intravascular catheter.

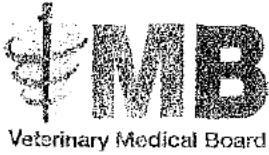
An RVT may perform the following procedures under *indirect* supervision of a licensed veterinarian:

- (1) Administer controlled substances.

An RVT may perform animal health care tasks under the direct or indirect supervision of a licensed veterinarian. The degree of supervision by a licensed veterinarian over a RVT shall be consistent with standards of good veterinary medical practices.

I hereby submit this Supervision Report as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.			
Supervisor Name:	Laura Schultz DVM	VET #	116621
Hospital Name:	CoastView Veterinary Hospital		
Address:	3895 Clairemont Dr. #103, San Diego, CA 92117		
Supervisor's Signature:	Laura Schultz, DVM	Review Date:	12/2/2020

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



### Registered Veterinarian Technician Monthly Supervision Report

Probationer's Name: Jennifer Hartman RVT# 12538

Report for the Month of: (circle one) In the year of: 2020

Jan Feb March April May June July August Sept Oct Nov **Dec**

### Registered Veterinary Technician Duties

Please review 5 medical records in which the RVT performed a variety of tasks under direct or indirect supervision.

Patient Name	"S [redacted]" B [redacted]	Treatment Date	12-9-2020
Medical Care Provided:	IM inj., ear cytology, Anal Glands, Laser tx		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	"B [redacted]" M [redacted]	Treatment Date	12-29-2020
Medical Care Provided:	Tumor check (map) - Lepto vx		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	"C [redacted]" W [redacted]	Treatment Date	12-14-2020
Medical Care Provided:	NC, Induction, Dental radiographs		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary. Exhibit 4 - 057



Patient Name	S [redacted] M [redacted]	Treatment Date	12-17-2020
Medical Care Provided:	IVC, Induction, Dental radiographs, dental cleaning		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:	_____		
	_____		
	<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		

Patient Name	T [redacted] B [redacted]	Treatment Date	12-21-2020
Medical Care Provided:	Lab - Blood draw		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:	_____		
	_____		
	<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		

An RVT may perform the following procedures only under the *direct* supervision of a licensed veterinarian:

- (1) Induce anesthesia;
- (2) Apply casts and splints;
- (3) Perform dental extractions;
- (4) Suture cutaneous and subcutaneous tissues, gingiva and oral mucous membranes;
- (5) Create a relief hole in the skin to facilitate placement of an intravascular catheter.

An RVT may perform the following procedures under *indirect* supervision of a licensed veterinarian:

- (1) Administer controlled substances.

An RVT may perform animal health care tasks under the direct or indirect supervision of a licensed veterinarian. The degree of supervision by a licensed veterinarian over a RVT shall be consistent with standards of good veterinary medical practices.

I hereby submit this Supervision Report as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.	
Supervisor Name:	Laura Schultz DVM VET # 116621
Hospital Name:	Coast View Veterinary Hospital
Address:	3895 Clairemont Dr. #103, San Diego, CA 92117
Supervisor's Signature:	Laura Schultz DVM Review Date: 1-6-21

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



Veterinary Medical Board
1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834
Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov



Registered Veterinarian Technician
Monthly Supervision Report

Case No.: 4602017000277

Technician Name: Jennifer Hartman RVT # 12538

Report for the Month of: (circle one)

In the year of: 2019

Jan Feb March April May June July August Sept Oct Nov Dec

Registered Technician Duties

Table with columns: DUTIES PERFORMED, If applicable (checked), Performance Level (Excellent, Good, Satisfactory, Unsatisfactory). Rows include Anesthesia, Patient Care, Laboratory Diagnostics, etc.

SAMPLE MEDICAL REVIEW

Please review 5 medical records in which the RVT performed a variety of the above listed duties (see CCR §2032.3).

Medical record review form with fields for Patient Name, Medical Care Provided (Dental / Lab - bloodwork / IVC), and Medical Records Documentation (Compliant checked).

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary. Exhibit 4 - 059

SAMPLE MEDICAL REVIEW (Continued)

<b>Patient Name</b> [REDACTED]	<b>Treatment Date</b> 1-8-19
<b>Medical Care Provided:</b> Antibiotic inj / IV pain inj / monitor sx	
<b>Medical Records Documentation:</b> <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
<b>Comments:</b>	
<b>Patient Name</b> [REDACTED]	<b>Treatment Date</b> 1-14-19
<b>Medical Care Provided:</b> Radiographs	
<b>Medical Records Documentation:</b> <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
<b>Comments:</b>	
<b>Patient Name</b> [REDACTED]	<b>Treatment Date</b> 1-15-19
<b>Medical Care Provided:</b> IM inj / IVC / Sx assist / monitor / stone send out	
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
<b>Comments:</b>	
<b>Patient Name</b> [REDACTED]	<b>Treatment Date</b> 1-22-19
<b>Medical Care Provided:</b> Dental / Extractions / Rx F.II	
<b>Medical Records Documentation:</b> <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
<b>Comments:</b>	

General Comments: \_\_\_\_\_

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka DVM VET # 14539

Hospital Name: Santa Fe Animal Clinic

Address: 301 Santa Fe Dr

Telephone #: 760-753-6512

Supervisor's Signature: \_\_\_\_\_

Review Date: 1-31-19

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



**Registered Veterinarian Technician  
 Monthly Supervision Report**

Case No: 4602017000277

Technician Name: Jennifer Hartman RVT# 12538

Report for the Month of: (circle one) In the year of: 2019

Jan Feb March April May June July August Sept Oct Nov Dec

**Registered Technician Duties**

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
Anesthesia		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Care		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Laboratory Diagnostics		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Dentistry		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Preparation		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

**SAMPLE MEDICAL REVIEW**

Please review 5 medical records in which the RVT performed a variety of the above listed duties (see CCR §2032.3).

Patient Name:	<u>[Redacted]</u>	Examination Date:	<u>2-1-19</u>
Medical Care Provided:	<u>Radiographs - Pharmacy fills</u>		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:	_____		
	_____		
	_____		

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.  
 Exhibit 4 - 061

SAMPLE MEDICAL REVIEW (Continued)

<b>Medical Care Provided:</b>	Treatment Date: 2-4-19
<b>Medical Records Documentation:</b> <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	Lab - Bloodwork / IVC / SX prep / monitor
Comments: _____	
<b>Medical Care Provided:</b>	Treatment Date: 2-7-19
<b>Medical Records Documentation:</b> <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	prophylaxis with extractions
Comments: _____	
<b>Medical Care Provided:</b>	Treatment Date: 2-18-19
<b>Medical Records Documentation:</b> <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	Lab, UA - cystocentesis
Comments: _____	
<b>Medical Care Provided:</b>	Treatment Date: 2-26-19
<b>Medical Records Documentation:</b> <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	Inpatient - IVC - IV injections
Comments: _____	

General Comments: \_\_\_\_\_

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka VET # 14539  
 Hospital Name: Santa Fe Animal Clinic  
 Address: 301 Santa Fe Dr Encinitas 92024 Telephone #: 760-753-6572  
 Supervisor's Signature: \_\_\_\_\_ Review Date: 3-4-19

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



**Registered Veterinarian Technician  
 Monthly Supervision Report**

Case # 4602017000277

Technician Name: Jennifer Hartman RVT# 12538

Report for the Month of: (circle one)

In the year of: 2019

Jan Feb **March** April May June July August Sept Oct Nov Dec

**Registered Technician Duties**

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
Anesthesia		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Care		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Laboratory Diagnostics		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Dentistry		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Preparation		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

**SAMPLE MEDICAL REVIEW**

Please review 5 medical records in which the RVT performed a variety of the above listed duties (see CCR §2032.3).

Patient Name:	<u>[Redacted]</u>	Examination Date:	<u>8-1-19</u>
Medical Care Provided:	<u>Radiographs / cystocentesis / Lab / UA / Ab inj</u>		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:	_____		
	_____		
	_____		

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary. Exhibit 4 - 063

SAMPLE MEDICAL REVIEW (Continued)

Patient Name: [REDACTED] Treatment Date: 3-5-19

Medical Care Provided: IVC / Induction / monitor for tumor removal

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Name: [REDACTED] Treatment Date: 3-14-19

Medical Care Provided: Ear lavage / Allergy inj / Vx / Fill Rx

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Name: [REDACTED] Treatment Date: 3-18-19

Medical Care Provided: Lab - Fecal / Fill Rx

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Name: [REDACTED] Treatment Date: 3-29-19

Medical Care Provided: Lab / Blood work

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

General Comments: \_\_\_\_\_

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka DVM VET # 14539

Hospital Name: Santa Fe Animal Clinic

Address: 301 Santa Fe Dr, Encinitas, CA 92024 Telephone #: 760-753-6512

Supervisor's Signature: [Signature] Review Date: 4-1-19

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.





**Registered Veterinarian Technician  
 Monthly Supervision Report**

Case No: 4602017000277

Technician Name: Jennifer Hartman RVT # 12538

Report for the Month of: (circle one) In the year of: 2019

Jan Feb March **April** May June July August Sept Oct Nov Dec

**Registered Technician Duties**

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
<i>Anesthesia</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Patient Care</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Laboratory Diagnostics</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Dentistry</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Preparation		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

**SAMPLE MEDICAL REVIEW**

Please review 5 medical records in which the RVT performed a variety of the above listed duties (see CCR §2032.3).

Patient Name:	<u>[Redacted]</u>	Treatment Date:	<u>4/26/19</u>
Medical Care Provided:	<u>Lab - Blood draw - H.W. test / Vx</u>		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:	<u>Great technique!</u>		

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.  
 Exhibit 4 - 065



SAMPLE MEDICAL REVIEW (Continued)

Medical Care Provided:	WC - Dental with Extraction
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant
Comments:	
Medical Care Provided:	Inpatient - IV Fluids - IV ijs - hospitalization
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant
Comments:	
Medical Care Provided:	ultrasound prep / WC / Cystocentesis / PTS
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant
Comments:	
Medical Care Provided:	WC / Induction / Dental with Extractions
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant
Comments:	

General Comments:

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka VET # 14539  
Hospital Name: Santa Fe Animal Clinic  
Address: 301 Santa Fe Dr Encinitas CA 92024 Telephone #: 760-753-6512  
Supervisor's Signature: [Signature] Review Date: 5-3-19

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



**Registered Veterinarian Technician**

**Monthly Supervision Report**

Case No: 4602017000277

Technician Name: Jennifer Hartman RVT# 12538

Report for the Month of: (circle one)

In the year of: 2019

Jan Feb March April **May** June July August Sept Oct Nov Dec

**Registered Technician Duties**

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
Anesthesia		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Care		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Laboratory Diagnostics		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Dentistry		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Preparation		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

**SAMPLE MEDICAL REVIEW**

Please review 5 medical records in which the RVT performed a variety of the above listed duties (see CCR §2032.3).

Patient Name: <u>[REDACTED]</u>	Treatment Date: <u>1-25-2019</u>
Medical Care Provided: <u>WC, Dental, Ear Lavage</u>	
Medical Records Documentation: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Comments: <u>_____</u> <u>_____</u> <u>_____</u>	

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.

EXHIBIT 4-007

SAMPLE MEDICAL REVIEW (Continued)

Medical Care Provided:

Radiographs, Apomorphine Ij IV, Lab-Blood

Medical Records Documentation:  Compliant  Noncompliant

Comments:

Medical Care Provided:

IVC- Induction - SX monitor

Medical Records Documentation:  Compliant  Noncompliant

Comments:

Medical Care Provided:

outpatient - Laser therapy

Medical Records Documentation:  Compliant  Noncompliant

Comments:

Medical Care Provided:

Local - Wound tx - Rx fill

Medical Records Documentation:  Compliant  Noncompliant

Comments:

General Comments:

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Re: Tanaka DVM VET# 14539

Hospital Name: Santa Fe Animal Clinic

Address: 301 Santa Fe Animal Clinic Telephone #: 760-758-6512

Supervisor's Signature: [Signature] Review Date: 6-3-19

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



Veterinary Medical Board  
 1747 N. Market Boulevard, Suite 290, Sacramento, CA 95834  
 Telephone: 916-515-5220 Fax: 916-928-6549 | www.vmb.ca.gov



**Registered Veterinarian Technician**

**Monthly Supervision Report**

Case No: 460201700277

Technician Name: Jennifer Hartman RVT# 12538

Report for the Month of: (circle one)

In the year of: 2019

Jan Feb March April **June** July August Sept Oct Nov Dec

**Registered Technician Duties**

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
<i>Anesthesia</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Patient Care</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Laboratory Diagnostics</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Dentistry</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Preparation		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

**SAMPLE MEDICAL REVIEW**

Please review 5 medical records in which the RVT performed a variety of the above listed duties (see CCR §2032.3).

Patient Name:	<u>M. C. [redacted]</u>	Examination Date:	<u>6-3-19</u>
Medical Care Provided:	<u>Radiographs / V inj / Rx F.II</u>		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:	_____		
	_____		
	_____		

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary. Exhibit 4 - 069

SAMPLE MEDICAL REVIEW (Continued)

Medical Care Provided: Radiographs / Lab-Bloodwork / UA / SQ inj  
Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
\_\_\_\_\_

Medical Care Provided: IVC / Induction / monitor for cystostomy  
Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
\_\_\_\_\_

Medical Care Provided: IVC / Dental cleaning and extractions  
Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
\_\_\_\_\_

Medical Care Provided: IVC / Induction / Dental Cleaning / extractions  
Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
\_\_\_\_\_

General Comments: \_\_\_\_\_

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka VET # 14539  
Hospital Name: Santa Fe Animal Clinic  
Address: 301 Santa Fe Dr. Encinitas Telephone #: 760-753-6512  
Supervisor's Signature: \_\_\_\_\_ Review Date: 7-1-19

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary. Exhibit 4 - 070





Veterinary Medical Board  
1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834  
Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov



### Registered Veterinarian Technician

### Monthly Supervision Report

Case No: 4602 017000277

Technician Name: Jennifer Hartman RVT# 12538

Report for the Month of: (circle one)

In the year of: 2019

Jan Feb March April May July August Sept Oct Nov Dec

### Registered Technician Duties

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
Anesthesia		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Care		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Laboratory Diagnostics		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Dentistry		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Preparation		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

### SAMPLE MEDICAL REVIEW

Please review 5 medical records in which the RVT performed a variety of the above listed duties (see CCR §2032.3).

Patient Name	<u>[REDACTED]</u>	Review Date	<u>7-2-19</u>
Medical Care Provided:	<u>Cystocentesis - Labs</u>		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:	  		

SAMPLE MEDICAL REVIEW (Continued)

Medical Care Provided: Anal Gland Expression - Allegria Treatment Date: 7-8-19  
Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Care Provided: Dental /IVL/ Induction Treatment Date: 7-12-19  
Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Care Provided: Lab - Fecal Testing - Rx Fill Treatment Date: 7-25-19  
Medical Records Documentation:  Compliant  Noncompliant


Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Care Provided: X-rays - Labs - Rx - Fill Treatment Date: 7-26-19  
Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Comments: \_\_\_\_\_  
\_\_\_\_\_

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka DVM VET # 14539  
Hospital Name: Santa Fe Animal Clinic  
Address: 301 Santa Fe Dr Telephone #: 760-753-6512  
Supervisor's Signature: 

Review Date: 8-1-19 Exhibit 4 - 072

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



Veterinary Medical Board  
 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834  
 Telephone: 916-815-5220 Fax: 916-828-6849 | www.vmb.ca.gov



**Registered Veterinarian Technician**

**Monthly Supervision Report**

Case No: 4602017000277

Technician Name: Jennifer Hartman RVT # 12588

Report for the Month of: (circle one)

In the year of: 2019

Jan Feb March April May June July August Sept Oct Nov Dec

**Registered Technician Duties**

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
Anesthesia		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Care		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Laboratory Diagnostics		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Dentistry		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Preparation		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

**SAMPLE MEDICAL REVIEW**

Please review 5 medical records in which the RVT performed a variety of the above listed duties (see CCR §2032.3).

Patient Name:	[REDACTED]	Examination Date:	8-8-19
Medical Care Provided:	IVC - PTS assist		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:	<hr/> <hr/> <hr/>		



SAMPLE MEDICAL REVIEW (Continued)

Medical Care Provided: IVC - Induction - dental and extractions  
Medical Records Documentation:  Compliant  Noncompliant

Comments:

Medical Care Provided: IVC - Induction - SX monitor (spay) - Rxfil  
Medical Records Documentation:  Compliant  Noncompliant

Comments:

Medical Care Provided: Radiographs  
Medical Records Documentation:  Compliant  Noncompliant

Comments:

Medical Care Provided: Epilate ears - ear lavage  
Medical Records Documentation:  Compliant  Noncompliant

Comments:

General Comments:

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka DVM VET # 14529

Hospital Name: Santa Fe Animal Clinic

Address: 301 Santa Fe Dr. Encinitas, CA 92024 Telephone #: 760-753-6512

Supervisor's Signature: [Signature] Review Date: 9-5-19

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary. Exhibit 4 - 074



**Registered Veterinarian Technician  
 Monthly Supervision Report**

Case No. 4602 of 7000277

Technician Name: Jennifer Hartman RVT# 12538

Report for the Month of: (circle one)

In the year of: 2019

Jan Feb March April May June July August **Sept** Oct Nov Dec

**Registered Technician Duties**

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
<i>Anesthesia</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Patient Care</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Laboratory Diagnostics</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Dentistry</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Preparation		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

**SAMPLE MEDICAL REVIEW**

Please review 5 medical records in which the RVT performed a variety of the above listed duties (see CCR §2032.3).

Patient Name: <u>[REDACTED]</u>	Examination Date: <u>9-3-19</u>
Medical Care Provided: <u>Lab - Blood work / UA (cyto) / Fecal</u>	
Medical Records Documentation: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Comments:	

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.

SAMPLE MEDICAL REVIEW (Continued)

Medical Name: [REDACTED] Review Date: 9-6-19

Medical Care Provided: WL / Induction / Dental / ear lavage

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Name: [REDACTED] Review Date: 9-9-19

Medical Care Provided: X-rays / Bloodwork

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Name: [REDACTED] Review Date: 9-13-19

Medical Care Provided: WL / Induction / monitor

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Name: [REDACTED] Review Date: 9-27-19

Medical Care Provided: WL / Induction / Dental / extractions

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Comments: \_\_\_\_\_

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

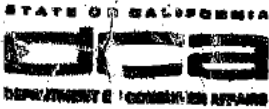
Supervisor Name: Rei Tanaka DVM VET# 14539

Hospital Name: Santa Fe Animal Clinic

Address: 301 Santa Fe Dr. Encinitas CA 92024 Telephone #: 760-753-6512

Supervisor's Signature: [Signature] Review Date: 9-30-19

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



Veterinary Medical Board  
1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834  
Telephone: 916-515-5220 Fax 916-928-6849 | www.vmb.ca.gov



Registered Veterinarian Technician  
Monthly Supervision Report

Case No. 4602017000277

Technician Name: Jennifer Hartman RVT# 12538

Report for the Month of: (circle one)

In the year of: 2019

Jan Feb March April May June July August Sept **Oct** Nov Dec

Registered Technician Duties

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
<b>Anesthesia</b>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>Patient Care</b>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>Laboratory Diagnostics</b>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>Dentistry</b>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>Client Relations/Communication</b>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Preparation		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

SAMPLE MEDICAL REVIEW

Please review 5 medical records in which the RVT performed a variety of the above listed duties (see CCR §2032.3)

7-7-19 10-4-19

Medical Care Provided: IVC / Induction / Dental / Nail trim

Medical Records Documentation:  Compliant  Noncompliant

Comments:

---



---



---

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.

Exhibit 4-077

SAMPLE MEDICAL REVIEW (Continued)

7 "F" [redacted] K [redacted]

7 10-7-19

Medical Care Provided: Dental with extractions / Rx fill

Medical Records Documentation:  Compliant  Noncompliant

Comments:

7 "S" [redacted] C [redacted]

7 10-11-19

Medical Care Provided: Bandage

Medical Records Documentation:  Compliant  Noncompliant

Comments:

7 "T" [redacted] P [redacted]

7 10-14-19

Medical Care Provided: IVC / Induce / monitor / Rx fill

Medical Records Documentation:  Compliant  Noncompliant

Comments:

7 "F" [redacted] H [redacted]

7 10-29-19

Medical Care Provided: Labs - Bloodwork / Radiographs / IV injection

Medical Records Documentation:  Compliant  Noncompliant

Comments:

General Comments:

hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka VET # 14539

Hospital Name: Santa Fe Animal Clinic

Address: 301 Santa Fe Dr. Encinitas, CA 92024 Telephone #: 760-753-6512

Supervisor's Signature: [Signature] Review Date: 11-5-19

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



**Registered Veterinarian Technician  
 Monthly Supervision Report**

Case No: 4602 017000277

Technician Name: Jennifer Hartman RVT # 12538

Report for the Month of: (circle one)

In the year of: 2019

Jan Feb March April May June July August Sept Oct **Nov** Dec

**Registered Technician Duties**

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
<i>Anesthesia</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Patient Care</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Laboratory Diagnostics</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Dentistry</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Preparation		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

**SAMPLE MEDICAL REVIEW**

Please review 5 medical records in which the RVT performed a variety of the above listed duties (see CCR §2032.3).

Patient Name: <u>1600 D</u>	Treatment Date: <u>11-1-19</u>
Medical Care Provided: <u>Sedated OFA X-rays</u>	
Medical Records Documentation: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Comments:	

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary. Exhibit 4 - 079



SAMPLE MEDICAL REVIEW (Continued)

Medical Care Provided:	Lab - Fecal / Rx fill	11-8-19
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Comments:		
Medical Care Provided:	Lab - Blood / Cystocentesis	11-8-19
Medical Records Documentation:	<input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Comments:		
Medical Care Provided:	IVC / Induction / Dental / Extractions	11-19-19
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Comments:		
Medical Care Provided:	IVC / Induction - monitor and dental	11-29-19
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Comments:		

General Comments: \_\_\_\_\_

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Re: Tanaka VET # 14539  
Hospital Name: Santa Fe Animal Clinic  
Address: 301 Santa Fe Dr. Encinitas, 92024 Telephone #: 760-753-6512  
Supervisor's Signature: [Signature] Review Date: 12-2-19

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



**Registered Veterinarian Technician  
 Monthly Supervision Report**

Case No. 4602017000277

Technician Name: Jennifer Hartman RVT # 12538

Report for the Month of: (circle one)

In the year of: 2019

Jan Feb March April May June July August Sept Oct Nov **Dec**

**Registered Technician Duties**

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
Anesthesia		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Care		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Laboratory Diagnostics		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Dentistry		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Preparation		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

**SAMPLE MEDICAL REVIEW**

Please review 5 medical records in which the RVT performed a variety of the above listed duties (see CCR §2032.3)

D "k" 4 p [redacted] 12-9-19

Medical Care Provided: IVC, SX monitor, microchip, send biopsy on

Medical Records Documentation:  Compliant  Noncompliant

Comments:

---



---



---

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.



SAMPLE MEDICAL REVIEW (Continued)

12-12-19

Medical Care Provided: Bloodwork, Radiographs, cystocentesis, Ab in  
Medical Records Documentation:  Compliant  Noncompliant

Comments:

Medical Care Provided: Dental extractions, blood glucose  
Medical Records Documentation:  Compliant  Noncompliant

Comments:

Medical Care Provided: Bandage  
Medical Records Documentation:  Compliant  Noncompliant

Comments:

Medical Care Provided: Lab- blood (-out), SQ inj's, Rx fill  
Medical Records Documentation:  Compliant  Noncompliant

Comments:

General Comments:

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka VET # 14539

Hospital Name: Santa Fe Animal Clinic

Address: 301 Santa Fe Dr. Encinitas CA 92024 Telephone #: 760-753-6512

Supervisor's Signature: [Signature] Review Date: 1-2-20

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



Veterinary Medical Board  
 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834  
 Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov



**Registered Veterinarian Technician  
 Monthly Supervision Report  
 Case No:**

Technician Name: Jennifer Hartman TEC# RVT 12538

Report for the Month of: (circle one)

Jan Feb March April May June July August Sept Oct Nov Dec

**Registered Technician Duties**

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
Anesthesia		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Care		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Laboratory Diagnostics		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Dentistry		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient preparation		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other: <u>General attention to detail</u>		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

**SAMPLE MEDICAL REVIEW**

Please review five (5) medical records in which the RVT performed a variety of the above listed duties. (see CCR 2032.3)

Patient Name	<u>P. [redacted] B. [redacted]</u>	Treatment Date	<u>1-9-18</u>
Medical Care Provided:	<u>Anesthesia - induce and monitor</u>		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:	_____		
	_____		

Please add additional comments or concerns on the reverse side of this page or attach a separate page. **Exhibit 4-083**

SAMPLE MEDICAL REVIEW CONTINUED

Patient Name: W [REDACTED] S [REDACTED] Treatment Date: 1-11-18

Medical Care Provided: Assist with wand treatment

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Name: K [REDACTED] S [REDACTED] Treatment Date: 1-12-18

Medical Care Provided: Dental cleaning

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Name: P [REDACTED] M [REDACTED] Treatment Date: 1-22-18

Medical Care Provided: Lab - Fecal + Giardia

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Name: L [REDACTED] B [REDACTED] Treatment Date: 1-26-18

Medical Care Provided: Lab - Blood draw - Submit samples

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

General Comments: \_\_\_\_\_

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above referenced probationer. I hereby certify under penalty of perjury under the law of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka DVM VET # 14539

Hospital Name: Santa Fe Animal Clinic

Address: 301 Santa Fe Dr. Telephone #: 760-753-6512

Supervisor's Signature: [Signature] Review Date: 2-17-18

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



Veterinary Medical Board  
 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834  
 Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov



Registered Veterinarian Technician  
 Monthly Supervision Report

Case No: 4602017000277

Technician Name: Jennifer Hartman TEC # RVT 12538

Report for the Month of: (circle one)

Jan **Feb** March April May June July August Sept Oct Nov Dec

Registered Technician Duties

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
Anesthesia		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/Monitoring		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Care		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Laboratory Diagnostics		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Dentistry		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient preparation		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

SAMPLE MEDICAL REVIEW

Case review five (5) medical records in which the RVT performed a variety of the above listed duties. (see CCR 2032.3)

Patient Name	"B [redacted] W [redacted]"	Treatment Date	2/5/18
Medical Care Provided:	Surgery Assistant during cystotomy		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:	_____		
	_____		

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary. Exhibit 4 - 085

SAMPLE MEDICAL REVIEW CONTINUED

Patient Name	[REDACTED]	Treatment Date	2/8/18
Medical Care Provided: Outpatient - Laser therapy			
Medical Records Documentation: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Comments:			

Patient Name	[REDACTED]	Treatment Date	2/9/18
Medical Care Provided: Outpatient - Radiographs and Laser therapy			
Medical Records Documentation: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Comments:			

Patient Name	[REDACTED]	Treatment Date	2/12/18
Medical Care Provided: Induction and Dental cleaning			
Medical Records Documentation: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Comments:			

Patient Name	[REDACTED]	Treatment Date	2/15/18
Medical Care Provided: Lab - Pre-op Bloodwork			
Medical Records Documentation: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Comments:			

General Comments: \_\_\_\_\_

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above referenced probationer. I hereby certify under penalty of perjury under the law of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka D.V.M. VET # 14539

Hospital Name: Santa Fe Animal Clinic

Address: 301 Santa Fe Dr. Telephone #: 760-753-6512

Supervisor's Signature: [Signature] Review Date: March 1<sup>st</sup> 2018

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



ADDRESS: CONSUMER SERVICES AND HOUSING AGENCY • GOVERNOR EDWARD S. BROWN JR.

Veterinary Medical Board  
 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834  
 Telephone: 916-515-5220 Fax: 916-928-8849 | www.vmb.ca.gov



**Registered Veterinarian Technician  
 Monthly Supervision Report**

Case No: 4602017000277

Technician Name: Jennifer Hartman TEC# RVT 12538

Report for the Month of: (circle one)

Jan Feb **March** April May June July August Sept Oct Nov Dec

**Registered Technician Duties**

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
Anesthesia		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Care		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Laboratory Diagnostics		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Dentistry		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient preparation		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

**SAMPLE MEDICAL REVIEW**

Review five (5) medical records in which the RVT performed a variety of the above listed duties. (see CCR 2032.3)

Patient Name	"H [redacted]" Ke [redacted]	Treatment Date	3/4/18
Medical Care Provided:	IV catheter, induce, monitor, maintenance, prophylaxis		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:	_____		
	_____		

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary. **Exhibit 4 - 087**

SAMPLE MEDICAL REVIEW CONTINUED

Patient Name: <u>H J [REDACTED] H [REDACTED]</u>	Treatment Date: <u>3/8/18</u>
--	-------------------------------

Medical Care Provided: IV catheter / PTS assist

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Name: <u>A [REDACTED] M [REDACTED]</u>	Treatment Date: <u>3/16/18</u>
--	--------------------------------

Medical Care Provided: outpatient - IV injection and radiographs

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Name: <u>M [REDACTED] N [REDACTED]</u>	Treatment Date: <u>3/19/18</u>
--	--------------------------------

Medical Care Provided: Lab - bloodwork, IV catheter, Induction, SX assist

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Name: <u>A [REDACTED] B [REDACTED]</u>	Treatment Date: <u>3/20/18</u>
--	--------------------------------

Medical Care Provided: Dentistry - prophylaxis and dental radiographs

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

General Comments: \_\_\_\_\_

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above referenced probationer. I hereby certify under penalty of perjury under the law of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka D.V.M. VET # 14539

Hospital Name: Santa Fe Animal Clinic

Address: 301 Santa Fe Dr Telephone #: 760-753-6512

Supervisor's Signature: [Signature] Review Date: April 1<sup>st</sup> 2018

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary. Exhibit 4 - 088



BUSINESS, CONSUMER SERVICES, AND PROFESSIONALITY - DONOR REGISTRATION - MISC. ET

Veterinary Medical Board  
 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834  
 Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov



Registered Veterinarian Technician  
 Monthly Supervision Report

Case No: 46 0201 7000 277

Technician Name: Jennifer Hartman TEC # RVT 12538

Report for the Month of: (circle one)

Jan Feb March **April** May June July August Sept Oct Nov Dec

Registered Technician Duties

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
Anesthesia		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Care		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Laboratory Diagnostics		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Dentistry		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient preparation		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

SAMPLE MEDICAL REVIEW

Case review five (5) medical records in which the RVT performed a variety of the above listed duties. (see CCR 2032.3)

Patient Name	"M [redacted]" S [redacted]	Treatment Date	4-2-18
Medical Care Provided:	outpatient - ear lavage, fill prescriptions		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:	_____		
	_____		

Please add additional comments or concerns on the reverse side of this page or attach a separate page **Exhibit 4-089**



SAMPLE MEDICAL REVIEW CONTINUED

Patient Name: "O" ■■■ "M" ■■■■■■■■■■	Treatment Date: 4-5-18
Medical Care Provided: Lab - Blood draw / prepare for send out	
Medical Records Documentation: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Comments: _____ _____	
Patient Name: "L" ■■■ "A" ■■■■■■■■■■	Treatment Date: 4-23-18
Medical Care Provided: IV cath / induce / Sx prep / monitor	
Medical Records Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Comments: _____ _____	
Patient Name: "B" ■■■ "W" ■■■■■■■■■■	Treatment Date: 4-24-18
Medical Care Provided: IV pain / id / Radiographs	
Medical Records Documentation: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Comments: _____ _____	
Patient Name: "T" ■■■ "B" ■■■■■■■■■■	Treatment Date: 4-27-18
Medical Care Provided: Sx assistant - scrub in for splenectomy	
Medical Records Documentation: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Comments: _____ _____	

General Comments: \_\_\_\_\_

hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above referenced probationer. I hereby certify under penalty of perjury under the law of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka VET # 14539(CA)  
 Hospital Name: Santa Fe Animal Clinic  
 Address: 301 Santa Fe Dr. Telephone #: 760-753-5701  
 Supervisor's Signature: [Signature] Review Date: 5-1-18

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



Veterinary Medical Board  
 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834  
 Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov



Registered Veterinarian Technician  
 Monthly Supervision Report

Case No: 4602017000277

Technician Name: Jennifer Hartman TEC # RVT 12538

Report for the Month of: (circle one)

Jan Feb March April **May** June July August Sept Oct Nov Dec

Registered Technician Duties

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
Anesthesia		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Care		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Impatient	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Laboratory Diagnostics		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Dentistry		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient preparation		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

SAMPLE MEDICAL REVIEW

base review five (5) medical records in which the RVT performed a variety of the above listed duties. (see CCR 2032.3)

Patient Name	"B [redacted] C [redacted]"	Treatment Date	5-1-18
Medical Care Provided:	Dog Bite - Lab work, blooddraw - assist w/wound tx		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:	_____		
	_____		

SAMPLE MEDICAL REVIEW CONTINUED

Patient Name: S [redacted] B [redacted]	Treatment Date: 5-11-18
---	-------------------------

Medical Care Provided: Abdominocentesis assist / restrain

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Name: B [redacted] S [redacted]	Treatment Date: 5-14-18
---	-------------------------

Medical Care Provided: Prophylaxis / extraction / Lab - blood work

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Name: H [redacted] E [redacted]	Treatment Date: 5-24-18
---	-------------------------

Medical Care Provided: Radiographs - fill rx

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Name: S [redacted] S [redacted]	Treatment Date: 5-31-18
---	-------------------------

Medical Care Provided: (Seizures) - IV catheter - admin valium - fluids

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

General Comments: \_\_\_\_\_

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above referenced probationer. I hereby certify under penalty of perjury under the law of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka D.V.M., VET # 14539

Hospital Name: Santa Fe Animal Clinic

Address: 301 Santa Fe Dr. Telephone #: (760) 753-6512

Supervisor's Signature: [Signature] Review Date: June 1<sup>st</sup> 2018

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



**Registered Veterinarian Technician  
 Monthly Supervision Report**

Probationer's Name: Jennifer Hartman RVT # 12538

Report for the Month of: (circle one) In the year of: 2020

Jan Feb March April May June July August Sept Oct Nov Dec

**Registered Veterinary Technician Duties**

Please review 5 medical records in which the RVT performed a variety of tasks under direct or indirect supervision.

Patient Name	"B [redacted]"	Treatment Date	6/3/2020
Medical Care Provided:	monitor for surgery		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:	No concerns, excellent work		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	"B [redacted] W [redacted] H [redacted]"	Treatment Date	6/6/2020
Medical Care Provided:	vaccines and nail trim		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:			
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	"O [redacted] B [redacted]"	Treatment Date	6/19/2020
Medical Care Provided:	WC / Induction / Dental / radiographs / monitor		
Supervision Provided:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Comments:			
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.

Patient Name	"N [REDACTED]" G [REDACTED]	Treatment Date	6/20/20
Medical Care Provided:	<del>Lab</del> Bandage Change		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name	"A [REDACTED]" K [REDACTED]	Treatment Date	6/20/2020
Medical Care Provided:	Lab - Blood draw and cystocentesis		
Supervision Provided:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect		
Comments:	_____		
<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

An RVT may perform the following procedures only under the *direct* supervision of a licensed veterinarian:

- (1) Induce anesthesia;
- (2) Apply casts and splints;
- (3) Perform dental extractions;
- (4) Suture cutaneous and subcutaneous tissues, gingiva and oral mucous membranes;
- (5) Create a relief hole in the skin to facilitate placement of an intravascular catheter.

An RVT may perform the following procedures under *indirect* supervision of a licensed veterinarian:

- (1) Administer controlled substances.

An RVT may perform animal health care tasks under the direct or indirect supervision of a licensed veterinarian. The degree of supervision by a licensed veterinarian over a RVT shall be consistent with standards of good veterinary medical practices.

I hereby submit this Supervision Report as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Laura Schultz D.V.M. VET # 166021

Hospital Name: CoastView Veterinary Hospital

Address: 3895 Clairemont Dr. #103, San Diego, CA 92117

Supervisor's Signature: Laura Schultz DVM Review Date: 7-1-20

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



PROFESSOR OF CONSUMER SERVICES AND BUSINESS AGENCY • CLEVELAND ELLIOTT & BROWN, JR.

Veterinary Medical Board  
 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834  
 Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov



Registered Veterinarian Technician  
 Monthly Supervision Report

Case No: 4602017000277

Technician Name: Jennifer Hartman TEC# RVT 12538

Report for the Month of: (circle one)

Jan Feb March April May July August Sept Oct Nov Dec

Registered Technician Duties

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
Anesthesia		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Care		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Impatient		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Laboratory Diagnostics		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Dentistry		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient preparation		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

SAMPLE MEDICAL REVIEW

Case review five (5) medical records in which the RVT performed a variety of the above listed duties. (see CCR 2032.3)

Patient Name	"M [redacted] B [redacted]"	Treatment Date	7-2-18
Medical Care Provided:	Lab - bloodwork / IV catheter / Dental cleaning / St monitor		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:	_____		
	_____		

SAMPLE MEDICAL REVIEW CONTINUED

Patient Name: C [redacted] V [redacted] Treatment Date: 7-10-18

Medical Care Provided: X-rays / bloodwork / cystocentesis

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Name: T [redacted] L [redacted] Treatment Date: 7-13-18

Medical Care Provided: out patient / vaccines / Lab - fecal - Giardia

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Name: "Duncan" Finley Treatment Date: 7-30-18

Medical Care Provided: IV injection / restraint / fill Rx

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Name: R [redacted] E [redacted] Treatment Date: 7-31-18

Medical Care Provided: Ear Lavage / SQ injections / nail trim

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

General Comments: \_\_\_\_\_

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above referenced probationer. I hereby certify under penalty of perjury under the law of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka DVM VET # 14539

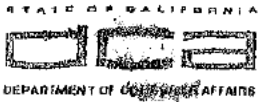
Hospital Name: Santa Fe Animal Clinic

Address: 301 Santa Fe Dr.

Telephone #: 760-753-6512

Supervisor's Signature: \_\_\_\_\_ Review Date: 8-2-18

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary. Exhibit 4 - 096



Veterinary Medical Board  
1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834  
Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov



Registered Veterinarian Technician  
Monthly Supervision Report

Case No: 4602017000277

Technician Name: Jennifer Hartman TEC# RVT 12538

Report for the Month of: (circle one)

Jan Feb March April May June July August Sept Oct Nov Dec

Registered Technician Duties

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
<i>Anesthesia</i>		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Patient Care</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Laboratory Diagnostics</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Dentistry</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Surgery</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient preparation		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

SAMPLE MEDICAL REVIEW

Case review five (5) medical records in which the RVT performed a variety of the above listed duties. (see CCR 2032.3)

Patient Name	<u>"B" R</u>	Treatment Date	<u>8-6-18</u>
Medical Care Provided:	<u>Lab - corneal ulcer test / Schirmer tear / blood draw</u>		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:			

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary. Exhibit 4 - 097



SAMPLE MEDICAL REVIEW CONTINUED

Patient Name	12 [redacted] G [redacted]	Treatment Date	8-9-18
Medical Care Provided:	Eye tests / IV catheter / Dental cleaning		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:			

Patient Name	N [redacted] R [redacted]	Treatment Date	8-10-18
Medical Care Provided:	IV catheter / SX monitor for ear hematoma / IV inj.		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:			

Patient Name	Z [redacted] L [redacted]	Treatment Date	8-14-18
Medical Care Provided:	cystocentesis - UA to Lab		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:			

Patient Name	L [redacted] R [redacted] W [redacted]	Treatment Date	8-29-18
Medical Care Provided:	Radiographs / Bloodwork		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:			

General Comments: \_\_\_\_\_

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above referenced probationer. I hereby certify under penalty of perjury under the law of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka DVM VET # 14539  
 Address: Santa Fe Animal Clinic  
301 Santa Fe Dr. Encinitas CA 92024 Telephone #: 760-753-6512  
 Supervisor's Signature: [Signature] Review Date: 8-31-18

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.  
 Exhibit 4 - 098



Veterinary Medical Board  
 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834  
 Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov



Registered Veterinarian Technician  
 Monthly Supervision Report

Case No: 4602017000277

Technician Name: Jennifer Hartman TEC# RVT 12538

Report for the Month of: (circle one)

Jan Feb March April May June July August **Sept** Oct Nov Dec

Registered Technician Duties

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
<i>Anesthesia</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Patient Care</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Laboratory Diagnostics</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Dentistry</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient preparation		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

SAMPLE MEDICAL REVIEW

Please review five (5) medical records in which the RVT performed a variety of the above listed duties. (see CCR 2032.3)

Patient Name	"S [REDACTED] L [REDACTED]"	Treatment Date	9/4/18
Medical Care Provided:	Lab - Fluorescein eye stain (Feline)		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:	_____		
	_____		

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary. **Exhibit 4 - 099**

SAMPLE MEDICAL REVIEW CONTINUED

Patient Name: <u>F [REDACTED] G [REDACTED]</u>	Treatment Date: <u>9/6/18</u>
Medical Care Provided: <u>Vx / Anal gland expression / nail trim</u>	
Medical Records Documentation: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Comments: _____	
Patient Name: <u>N [REDACTED] S [REDACTED]</u>	Treatment Date: <u>9/10/18</u>
Medical Care Provided: <u>IV catheter / Induction / Sx monitor / Fill Rx</u>	
Medical Records Documentation: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Comments: _____	
Patient Name: <u>L [REDACTED] E [REDACTED]</u>	Treatment Date: <u>9/14/18</u>
Medical Care Provided: <u>IV catheter / M inj / Sx prep / Sx monitor / recovery</u>	
Medical Records Documentation: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Comments: _____	
Patient Name: <u>D [REDACTED] C [REDACTED]</u>	Treatment Date: <u>9/27/18</u>
Medical Care Provided: <u>X-rays / Dental cleaning and extractions</u>	
Medical Records Documentation: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Comments: _____	

General Comments: \_\_\_\_\_

hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above referenced probationer. I hereby certify under penalty of perjury under the law of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka VET # 18539

Hospital Name: Santa Fe Animal Clinic

Address: 301 Santa Fe Dr, Encinitas, CA 92024 Telephone #: 760-753-6512

Supervisor's Signature: [Signature] Review Date: 10/1/18

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



**Veterinary Medical Board**  
 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834  
 Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov



**Registered Veterinarian Technician  
 Monthly Supervision Report**

Technician Name: Jennifer Hartman

RVT # 12538

Report for the Month of: (circle one)

In the year of: 2018

Jan Feb March April May June July August Sept **Oct** Nov Dec

**Registered Technician Duties**

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
<i>Anesthesia</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Patient Care</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Laboratory Diagnostics</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Dentistry</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Preparation		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

**SAMPLE MEDICAL REVIEW**

Please review 5 medical records in which the RVT performed a variety of the above listed duties (see CCR §2032.3).

Patient Name:	<u>[Redacted]</u>	Treatment Date:	<u>10-5-18</u>
Medical Care Provided:	<u>IV catheter, IV injections, Bloodwork, Monitor sx</u>		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:	<hr/> <hr/> <hr/>		

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.

SAMPLE MEDICAL REVIEW (Continued)

Patient Name: [REDACTED] Treatment Date: 10-5-18

Medical Care Provided: Outpatient - Heartworm test, gave VX

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Name: [REDACTED] Treatment Date: 10-9-18

Medical Care Provided: Outpatient: Anal gland expression, VX + f.11 RX

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Name: [REDACTED] Treatment Date: 10-23-18

Medical Care Provided: IV catheter, Induction, Prophylaxis

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Name: [REDACTED] Treatment Date: 10-30-18

Medical Care Provided: W catheter - Sx assist - gloved in (limb amputation)

Medical Records Documentation:  Compliant  Noncompliant

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

General Comments: \_\_\_\_\_

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka VET # 14539

Hospital Name: Santa Fe Animal Clinic

Address: 301 Santa Fe Dr. Telephone #: 760-753-6512

Supervisor's Signature: [Signature] Review Date: 11/5/18

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



**Registered Veterinarian Technician  
Monthly Supervision Report**

Technician Name: Jennifer Hartman RVT # 12538

Report for the Month of: (circle one) Nov In the year of: 2018

Jan Feb March April May June July August Sept **Oct** Nov Dec

**Registered Technician Duties**

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
<i>Anesthesia</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Patient Care</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Laboratory Diagnostics</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<i>Dentistry</i>		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Preparation		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

**SAMPLE MEDICAL REVIEW**

Please review 5 medical records in which the RVT performed a variety of the above listed duties (see CCR §2032.3).

Patient Name: <u>[REDACTED]</u>	Treatment Date: <u>11-6-18</u>
Medical Care Provided: <u>Assist with cystostomy sxc - place WC</u>	
Medical Records Documentation: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Comments:	

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.

SAMPLE MEDICAL REVIEW (Continued)

Patient Name	[REDACTED]	Treatment Date	11-20-18
Medical Care Provided:	Dental with extractions, IVC, Rx fill		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:			
Patient Name	[REDACTED]	Treatment Date	11-9-18
Medical Care Provided:	Out patient - Anal gland expression		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:			
Patient Name	[REDACTED]	Treatment Date	11-20-18
Medical Care Provided:	Wound tx from dog bite - bloodwork - IVC		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:			
Patient Name	[REDACTED]	Treatment Date	11-30-18
Medical Care Provided:	Lab - bloodwork - fill Rx		
Medical Records Documentation:	<input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant		
Comments:			

General Comments:

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka DVM VET # 14539 (CA)

Hospital Name: Santa Fe Animal Clinic

Address: 301 Santa Fe Dr.

Telephone #: 760-753-6512

Supervisor's Signature: [Signature]

Review Date: 12/3/18

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.



**Veterinary Medical Board**  
 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834  
 Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov



**Registered Veterinarian Technician  
 Monthly Supervision Report**

Case # 4602017000277

Technician Name: Jennifer Hartman RVT # 12538

Report for the Month of: (circle one)

In the year of: 2018

Jan Feb March April May June July August Sept Oct Nov **Dec**

**Registered Technician Duties**

DUTIES PERFORMED	If applicable <input checked="" type="checkbox"/>	Performance Level
Anesthesia		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Induce		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Maintenance/ Monitoring		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Care		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Inpatient		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Outpatient		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Laboratory Diagnostics		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Dentistry		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Prophylaxis		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Extractions		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Client Relations/Communication		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Surgery		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient Preparation		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Instrument/Maintenance		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

**SAMPLE MEDICAL REVIEW**

Please review 5 medical records in which the RVT performed a variety of the above listed duties (see CCR §2032.3).

Patient Name	[Redacted]	Treatment Date	12/3/18
Medical Care Provided:	Outpatient - Anal gland expression and Flush, Rxf #11		
Medical Records Documentation	<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Noncompliant	
Comments:	<hr/> <hr/> <hr/>		

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary. Exhibit 4 - 105



SAMPLE MEDICAL REVIEW (Continued)

Patient Name "H [redacted]" W [redacted]	Treatment Date 12-7-18
Medical Care Provided: IVC - Dental cleaning with extraction	
Medical Records Documentation: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Comments: _____	
Patient Name S [redacted] R [redacted]	Treatment Date 12-17-18
Medical Care Provided: Radiographs, cystocentesis, Bloodwork	
Medical Records Documentation: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Comments: _____	
Patient Name "L [redacted]" N [redacted]	Treatment Date 12-18-18
Medical Care Provided: Bloodwork, cystocentesis, Labs, Nail trim	
Medical Records Documentation: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Comments: _____	
Patient Name "B [redacted]" S [redacted]	Treatment Date 12-28-18
Medical Care Provided: WC Labs, Induce, Antibiotic inj, monitor	
Medical Records Documentation: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant	
Comments: _____	

General Comments: \_\_\_\_\_

I hereby submit this Report of Compliance as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name: Rei Tanaka VET # 14539 (CA)  
 Hospital Name: Santa Fe Animal Clinic  
 Address: 301 Santa Fe Dr Encinitas CA 92024 Telephone #: 760-753-6512  
 Supervisor's Signature: [Signature] Review Date: 1/2/19

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.

**Ex. E. “5.4.20 Heather Vecchia, MSW, ASW  
Correspondence Confirming Inpatient Medical Care.”**

MARY  
~~JOHN~~  
meeting

May 4, 2020

To Whom It May Concern:

This letter serves as verification that Jennifer Hartman (DOB: [REDACTED]) has been under the inpatient medical care of Dr. Jonathan Koelle, MD since May 4, 2020. Jennifer could continue to be under inpatient care for another three to four days.

Please be aware that due to confidentiality of patient records, we will be unable to provide additional information without expressed written permission.

I may be reached at Heather.Vecchia@Sharp.com or (858) 836-8330.

Sincerely,



Heather Vecchia, MSW, ASW  
Social Worker  
Department of Social Services

**Ex. F. "Family Photo."**



**Ex. G. “3.1.17 Mitigation Packet.”**



[www.murphyjoneslaw.com](http://www.murphyjoneslaw.com)  
3753 Howard Hughes Parkway, Suite 200 | Las Vegas, NV 89169  
600 B Street, Suite 1420 | San Diego, CA 92101  
Telephone: 619.684.5073 | Fax: 619.234.8509

March 1, 2017

Lauro A. Paredes, Deputy Attorney General  
Office of the Attorney General  
Licensing Section  
600 West Broadway, Suite 1800  
San Diego, CA 92101  
Email: [Lauro.Paredes@doj.ca.gov](mailto:Lauro.Paredes@doj.ca.gov)

Via Email & Certified Mail

Re: Case No. 4602017000277: Jennifer Kelly Hartman, Registered Veterinary Technician Registration Applicant, Mitigation Packet.

Dear Mr. Paredes:

Enclosed please find Mrs. Jennifer Kelly Hartman response providing mitigation evidence demonstrating her competency, ability to safely practice as a successful Registered Veterinary Technician (hereinafter referred to as "RVT"). I hope that this information will serve as a springboard to resolve the matter absent the need to proceed to formal application denial hearing. As you are aware, the purpose of disciplinary proceedings is to protect the public health, safety and welfare, and not to punish the licensee. (*See: Hughes v. Architectural Examiners*, 17 Cal. 4<sup>th</sup> 763, 784 (1998); *See also: Murrill v. State Board of Accountancy*, 97 Cal. App. 2d 709, 712 (1950).) When the interest of protecting the public actually conflicts "with other interests sought to be promoted, the protection of the public shall be paramount." Bus. & Prof. Code section 2570.25. In this matter, the interests of protecting the public and allowing Mrs. Hartman to practice as a RVT do not conflict.

As will be shown, the evidence demonstrates that the Statement of Issues denying the RVT License application of Mrs. Hartman is excessive and unnecessary because there is no indication that public safety will be at risk by Mrs. Hartman's RVT practice. On the contrary, Mrs. Hartman is an asset to her patients and co-workers alike, all of whom benefit from Mrs.



Hartman's outstanding skills, knowledge, experience, dedication, aptitude and compassionate caring nature. Over the course of her healthcare career working with animals, Mrs. Hartman has never received any complaints or negative comments regarding her patient care or clinical abilities. In fact, as demonstrated by the many letters of support and other documentation attached to this response, Mrs. Hartman provides excellent medical care for her patients, has made a substantial impact on her patients' recovery and is greatly respected by her coworkers and supervisors. (*See*: Ex. A. "Letters of Professional Recommendation," Ex. B "Character References," Ex. C. "Employment Solicitation," and Ex. D. "Employment Evaluations," attached hereto.)

The underlying incidents include the following: a driving under the influence ("DUI") incident that occurred on December 24, 2005, which was dismissed on April 1, 2016; an August 20, 2008, arrest for public intoxication which was dismissed on April 17, 2013; an April 4, 2009, arrest for possession of hypodermic syringes which was dismissed on May 6, 2013; a March 2, 2010, arrest for petty theft which was dismissed on April 17, 2013; and, a February 10, 2010, arrest for petty theft which was dismissed on April 17, 2013. Significantly, all incidents forming the basis of the Statement of Issues against Mrs. Hartman were unfortunate errors in judgment of a young adult experiencing depression and substance abuse issues, which occurred in her private life during a time where she had become homeless. Mrs. Hartman has now since been fully rehabilitated and is living a healthy lifestyle. Mrs. Hartman deeply regrets her past actions and substance abuse problems that resulted in all the above incidents, and has learned many life lessons. Mrs. Hartman takes full responsibility for her past actions, has complied with all of the terms of the criminal courts, and has had all five (5) of her convictions dismissed in their entirety. Mrs. Hartman now lives a healthy, responsible, adult lifestyle with her husband four (4) year old son with another baby on the way. (*See*: Ex. E. "Rehabilitation.") None of the incidents had an adverse impact on any patient, as they occurred prior to Mrs. Hartman's veterinary professional endeavors, or the public, **occurred over seven (7) years ago**, and did not relate to RVT practice. Mrs. Hartman is ashamed of her repeated mistakes, which she made during a very depressed time in her life, and has taken substantial steps to ensure that such errors will never happen again.

Mrs. Hartman's growth as a person and professional, and accomplishments in what she's overcome in the last five (5) years since she became completely sober, are extremely



commendable and admirable. Mrs. Hartman's more recent life experiences have made her into a strong and resilient woman who has realized she wants to live a healthy lifestyle; specifically, undergoing a double mastectomy with complications, finding out about her biological sister's stage four (4) ovarian cancer, In Vitro fertilization ("IVF") efforts to become pregnant, and her pending hysterectomy. As stated above, Mrs. Hartman is currently pregnant with her second child and with the excitement of a young baby boy on-the-way, and the support of her husband and all her family and friends, it is assured that she will not experience any relapse because she completely abstains from all intoxicants. Mrs. Hartman has too much in life to live for and will not risk losing any of it by doing anything harmful to herself or others.

Furthermore, throughout the last several years Mrs. Hartman excelled as a student while working with animals, and she has never shown any signs of impairment or neglect on the job or placed any patient at risk. In fact, Mrs. Hartman's professional recommendation letters from her supervisors and professors, as well as the her educational success over the last several years, corroborate that Mrs. Hartman is an excellent aspiring RVT and is an invaluable asset to her patients and co-workers alike. (*See*: Ex. A. "Letters of Professional Recommendation," and Ex. C. "Employment Solicitation," and Ex. D. "Employment Evaluation.") No employer, patient or other person has ever questioned Mrs. Hartman's ability to practice as a Veterinary Technician in a safe and competent manner, and she has never received a complaint alleging substandard patient care. In fact, Mrs. Hartman has been sought after for an RVT position immediately upon securing her registration. (*See*: Ex. C "Employment Solicitation," Ex. D. "Employment Evaluation," and discussions below.)

For the reasons set forth herein, we respectfully request that Mrs. Hartman be allowed to obtain her RVT license unencumbered without any conditions and that the Board issue a Letter of Public Repeal, which would protect the California public by putting them on notice while honoring the vested due process rights Mrs. Hartman will maintain in her professional license. In the alternative, Mrs. Hartman respectfully requests to enter into a reasonable Stipulated Settlement Agreement enabling her to practice as a RVT pending probationary term completion in lieu of actual denial of her RVT application.

////

## I.

### INTRODUCTION

Mrs. Hartman graduated high school from La Jolla High School in June of 2000 and then attended San Diego State University (S.D.S.U.) from 2000 – 2001. After leaving S.D.S.U., enduring her personal life hardships and going through her criminal court experiences, Mrs. Hartman returned to her academic advancement and graduated from San Diego Mesa College in May 2016 with an Associate in Science Degree, Animal Health Technology, through the Animal Health Program. During Mrs. Hartman's educational studies she achieved many accomplishments, including being inducted into the Phi Theta Kappa Honor Society on September 30, 2015, and was previously the recipient of a Letter of Commendation "for outstanding performance on the Preliminary SAT / National Merit Scholarship Qualifying Test" from the National Merit Scholarship Program. (*See*: Ex. F. "Education," and Ex. G. "Curriculum Vita of Jennifer Hartman.")

Mrs. Hartman is a highly skilled and valued Veterinary Technician who has successfully assisted in treating thousands of animals since she began working in a veterinary clinic in July 2002 until April 2006, as a veterinary assistant and receptionist. Upon graduating San Diego Mesa College with her Associate in Science Degree, Mrs. Hartman recommenced working in the veterinary field at Santa Fe Animal Clinic as a Veterinary Surgical Technician. (*See*: Ex. G. "Curriculum Vita of Jennifer Hartman.")<sup>1</sup> Over the course of her career working in the veterinary technician field, Mrs. Hartman has never had a complaint to any state licensing agency/board, for any reason, nor has she been disciplined by any employer. In fact, Mrs. Hartman's ability to practice as a RVT in a safe and competent manner has never before been questioned by any party, aside from this instant action, and she is considered a very valuable employee by her current employer. (*See*: Ex. A. "Letters of Professional Recommendation," and Ex. C. "Employment Solicitation.") On the contrary, as will be shown by the letters offered as testimony to Mrs. Hartman's professional abilities, and the educational advancements obtained during her veterinary studies, her veterinary technician skills, knowledge and competence are above reproach and very beneficial to the public and her co-workers alike. (*See*: Ex. A "Letters of Professional Recommendation," Ex. D. "Employment Evaluations," and Ex. F. "Education.")

---

<sup>1</sup> Throughout the years Mrs. Hartman also worked gardening, as a student worker for the San Diego

There is absolutely no evidence that Mrs. Hartman's Veterinary Technician practice has been anything but excellent or that she has ever posed any risk of harm to any patient. In fact, as noted by the letters of professional recommendation and employment performance evaluation, patients in need of intensive and compassionate care, pet owners, and co-workers alike are greatly benefited by Mrs. Hartman's experience and veterinary skills. (*Id.*)

Mrs. Hartman is extremely remorseful for her past misconduct, committed during an extremely difficult time in her life, and is dedicated to maintaining her sobriety and never repeating such mistakes again in the future. Over the course of the last five (5) years, after completing The Crossroads Foundation intensive in-patient rehabilitation program, Mrs. Hartman has unequivocally proven that she is able to safely practice as a RVT, providing excellent care with exceptional skills and experience to those animals critically in need of her help and compassion. Furthermore, Mrs. Hartman continues to be a valuable asset to her supervisors, peers and co-workers, and there is absolutely no indication that she is not qualified or competent to provide optimal veterinary care in a safe and effective manner.

## II.

### MITIGATION EVIDENCE OF REHABILITATION

With respect to the Statement of Issues' Prayer for Relief requesting the denial of Mrs. Hartman's RVT application, Mrs. Hartman respectfully requests that the California Veterinary Medical Board ("Board" or "VMB") reconsider its application denial for the reasons and mitigating circumstances set forth below in further detail. However, should the Board desire to impose protective measures to ensure the public safety Mrs. Hartman is amenable to entering into a reasonable Stipulated Settlement Agreement and disciplinary Order if you find the evidence warrants further public protection safety measures.

"Protection of the public shall be the highest priority for the Veterinary Medical 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." (*Business and Professions Code Section 4800.1*) The Board should carefully consider the totality of the facts and circumstances in each individual case, with the safety of the public being paramount.

Other California state licensing agencies' published Disciplinary Guidelines provide a list of individual factors to consider in rendering a determination of the appropriate level of discipline to impose in any individual case. "In determining whether revocation, suspension or probation is to be imposed in a given case. Factors such as the following should be considered:

1. Nature and severity of the act(s), offenses, or crime(s) under consideration.
2. Actual or potential harm to the public.
3. Actual or potential harm to any patient.
4. Prior disciplinary record.
5. Number and/or variety of current violations.
6. Mitigation evidence.
7. Rehabilitation evidence.
8. In the case of a criminal conviction, compliance with terms of sentence and/or court-ordered probation.
9. Overall criminal record.
10. Time passed since the act(s) or offense(s) occurred.
11. If applicable, evidence of expungement proceedings pursuant to Penal Code Section 1203.4."

*(Board of Registered Nursing Disciplinary Guidelines, at pg. 2.)<sup>2</sup>*

**1. The nature and severity of the act(s), offenses, or crimes under consideration.**

This matter concerns one (1) DUI that occurred in 2005, one (1) incident of public intoxication in 2008, one (1) incident of possession of a hypodermic syringe, and two (2) incidents of petty theft in 2009 and 2010. Mrs. Hartman offers no excuses for her behavior and actions that resulted in these incidents other than that of depression and substance addiction, both of which she has successfully overcome and is now fully rehabilitated. Mrs. Hartman's past issue of substance abuse and addiction, is necessary to consider when rendering a decision on the appropriate level of discipline to impose on a licensee applicant with a clean record for the past seven (7) years, who has been fully rehabilitated and abstinent for over five (5) years. None of the incidents involved harm to any person and did not relate to the practice of a veterinary medicine. Mrs. Hartman successfully completed all criminal court requirements and successfully completed an intensive rehabilitation program in 2012. (*See*: Ex. E. "Rehabilitation," and VMB Discovery file.)

---

<sup>2</sup> For ease of reference and organization, the attached mitigation materials and other evidentiary documentation will be discussed under the aforementioned factors.

While actual denial may be appropriate in some situations, the circumstances of this case clearly demonstrate that actual denial of Mrs. Hartman's RVT application is not necessary to protect the California public. Rather, considering Mrs. Hartman's work history, and exceptionally successful academic achievements in the field of veterinary medicine, Mrs. Hartman has consistently demonstrated her superior skills, abilities, and competent and compassionate animal care. Accordingly, Mrs. Hartman's application denial only serves as a punitive measure, does not to further the goal of assuring safe veterinary practice, and the VMB should fashion a reasonable settlement to expedite resolution of this matter to avoid unnecessary and protracted legal proceedings.

This factor should be weighed in Respondent's favor.

2. **Actual or potential harm to the public.**

No harm to the public (or animal patient) occurred. None of the five (5) dismissed criminal incidents relate to practicing as a RVT and extensive remedial actions have been taken by Mrs. Hartman, including her six (6) month inpatient intensive rehabilitation program, to ensure that such incidents never occur again. (*Id.*)

This factor should be weighed in Respondent's favor.

3. **Actual or potential harm to any patient.**

The incident forming the basis of the Statement of Issues against Mrs. Hartman did not result in any harm to any animal patient. During Mrs. Hartman's career working as a Veterinary Technician, and during her educational clinical exposure, she has never posed any risk or caused any actual harm to any patient. On the contrary, Mrs. Hartman has proven over the course of the past year and a half (1½ years) to be an excellent, highly skilled Veterinary Technician who has great concern for patient safety, consistently demonstrates a wholesome ethical disposition, and is reliable, mindful and accountable. In addition, Mrs. Hartman was rehired to her current position by an employer who is aware of Mrs. Hartman's past legal issues, and the circumstances surrounding them, *and remains confident that his patients would safe under Mrs. Hartman's outstanding care.*

This factor should be weighed in Respondent's favor.

**4. Prior disciplinary record.**

Mrs. Hartman has never received any disciplinary action by the VMB, any other state licensing agency, or by any of her employers. Mrs. Hartman's exemplary career in the animal healthcare industry, including educational accomplishments while obtaining her Associate in Science Degree in Animal Health Technology, absent any reprimands or complaints is indicative of her excellent professional abilities and outstanding patient care.

This factor should be weighed in Respondent's favor.

**5. Number and/or variety of current violations.**

Please see discussion under Factor No. 1., which is incorporated herein by reference.

It should be noted, once again, that none of the criminal incidents related to Mrs. Hartman's veterinary medicine skills or treatment or to the animal healthcare industry. Mrs. Hartman is fully rehabilitated and her current pregnancy, stable family life and support system is an assurance that no relapse will occur, and her outstanding letters of professional recommendation and educational accomplishments speak for themselves. The number of violations, while there are several, is not of an extremely high quantity and are not varied because they all relate to the same substance abuse/addiction root cause. Mrs. Hartman has taken serious and effective steps to address any potential issues from reoccurring in the future.

This factor should be weighed in Respondent's favor.

**6. Mitigation evidence.**

**A. Letters of Professional Recommendation**

The letters in support of Mrs. Hartman, authored by her superiors and instructors, demonstrate that Mrs. Hartman's case should be given special consideration because of her exceptional contributions to the profession of veterinary medicine and the animals who have, and will continue to, benefit from her exceptional medical care. In particular, the letters of professional recommendation provide evidence that Mrs. Hartman is able to provide highly skilled care to her patient population, that she has an affinity and compassion for her patients, and concern for their welfare in even the most challenging circumstances. The letters of professional recommendation repeatedly reiterate how eager to learn, apply her knowledge,

and dedicated she shows herself to be by her actions in the clinical setting. (*See*: Ex. A. "Letters of Professional Recommendation.")

**Milton K. Gee, DVM**, is a Mrs. Hartman's current employer. Dr. Gee has employed Mrs. Harman on several occasions, and has known Mrs. Hartman for over fifteen (15) years. Dr. Gee describes Mrs. Hartmans's duties and compassionate nature, and states the following in his letter of professional recommendation:

I have known Jennifer Hartman for over 15 years. She was my employee from 2002 to 2006 and at various times thereafter. Her duties were that of Veterinary Assistant and Receptionist. She took patient histories, helped with exams, restrained animals, gave injections, filled prescriptions, prepped patients for surgery, monitored anesthesia, administered medications, processed lab work, billed customers, answered phones, made appointments, cleaned/polished teeth, trimmed nails, bathed/groomed/walked/fed patients, and performed janitorial tasks.

As of May 1, 2016 Jennifer has been employed as a Veterinary Team Member of Santa Fe Animal Clinic. **She is extremely considerate to animals in discomfort and her integrity, dependability and honesty are of the highest order. This is to state that she is an excellent employee and has all of the necessary character qualities and expertise to become a certified veterinary technician....**

(*Id.*, at pg. 1, *emphasis added.*)

**Biljana Jovanovic, RVT**, is an instructor at San Diego Mesa College and is Mrs. Hartman's former professor. Ms. Jovanovic discusses Mrs. Hartman's successful studies at San Diego Mesa College and her dedication to her chosen field of study and employment in another letter of professional recommendation. Ms. Jovanovic's letter states in pertinent part:

This letter is written as a recommendation for Jennifer Hartman who is applying for the RVT State Board Examination.

Jennifer was a student in the San Diego Mesa College Animal Health Technology Program. She graduated in June of 2016.

I have had the pleasure of instructing Jennifer during her two years here in the program. I am an adjunct instructor and have been with the Animal Health Technology Program since the Spring Semester of 1988. I have instructed most of the Animal Health Technology Courses available.

**Jennifer is a professional, motivated and intelligent student.** She has maintained a high standard with a GPA of 4.0 in the AHT Program and graduated overall with a 3.5 GPA, as well as Phi Theta Kapa Honors Society at Mesa College. She is dedicated and reliable. **She never missed a day of school throughout the Animal Health Technology Program.** She is also flexible and willing to help, which proved to be an asset through her internships at the VCA Emergency Animal Hospital and Governor Veterinary Hospital. **Jennifer loves to learn new things and is always striving to gather more knowledge in her field.** With continued training and knowledge, I feel **Jennifer will make a wonderful technician for any medical practice or animal establishment.**

**Because of her fine skills and attributes, I feel Jennifer would make a wonderful veterinary technician.**

*(Id., at pg. 2, emphasis added.)*

**Peggy Fischer, DVM**, is an instructor at San Diego Mesa College. Dr. Fischer was another one of Mrs. Hartman's instructors while she attended San Diego Mesa College who has submitted an additional letter of professional recommendation affirming Mrs. Hartman's intellectual capacity, dedication to her education, passion for helping animals. Dr. Fischer's letter articulates her professional opinions regarding Mrs. Hartman, that she the is a great asset to the animal health care field, which reads in significant part as follows:

This letter is in support of Ms. Jennifer Hartman, who graduated with an Associate of Science in Animal Health Technology from San Diego Mesa College in May 2016.

Jennifer was an **eager and active participant in the AHT Program at Mesa.** She proved to be an **excellent team player and an exceptional motivated learner.** She was a **productive participant, always willing to help when**



needed and was also well liked by her classmates and instructors.

During her time here, it was obvious that Jennifer enjoyed all of her classes. She consistently arrived early for her classes and laboratory courses. Her attendance was consistent with our high standards. Her assignments were consistently completed before the due dates. She followed both oral and written instructions well and demonstrated appropriate initiative in her laboratory cases. When confronted with the constantly changing classes and lab schedule she showed herself to be both flexible and adaptable.

Jennifer's intellectual capacity was clearly exhibited by her ability to learn, adapt, reason and apply the information she learned. She was always within the top three students in her class. She was very eager to learn new information and techniques and she had the application intelligence to know when, where and how to use this newly gained knowledge and skill. She was very detail oriented and self motivated in all of her encounters.

Jennifer was a reserved class leader and provided guidance to others who sought her advice and help. During her time in the AHT Program, there was never a question regarding her honesty, integrity and moral character. She has a genuine passion for animals and their care and welfare.

Comments found in her program file included the following comments from her two of her externship supervisors, "she will be an awesome addition to any hospital she chooses" and "she has a genuine interest in Veterinary Medicine and will make a great R.V.T."

In conclusion, I found Jennifer to be extremely considerate of others, willing to help anyone at any time, and always ready to gain a new skill or more veterinary knowledge. Jennifer was a true professional in our academic setting and a true pleasure to work with.

I recommend consideration to be extended to Jennifer Hartman in her application to sit for the National

**B. Character References**

The letters of character reference authored by community members, personal friends and family members, speak volumes about Mrs. Hartman's character. Mrs. Hartman's personal references think very highly of her character and love for animals. Mrs. Hartman has overcome much in her life, and is fully rehabilitated from her drug and alcohol addiction. Mrs. Hartman's friends and family have seen much growth in her, and they are excited to see her start a new successful career path that she is truly passionate about. It's clear that all authors believe that 'nobody's past should define one's future.' (*See*: Ex. B. "Character References.")

**Beverly Goward**, RN (retired), is Mrs. Hartman's aunt. Mrs. Goward has submitted a glowing character reference on behalf of Mrs. Hartman. Mrs. Goward has been involved in Mrs. Hartman's life since she was adopted as an infant, and discusses Mrs. Hartman's love for animals, how much she's overcome, what she's accomplished and the healthy lifestyle she leads now in a letter which reads:

I am writing this letter to tell you what I know about Jennifer Hartman and to ask that she be given the opportunity to take the Veterinary State Board Exam to earn her RVT. I am Jennifer's aunt and a retired Pediatric Heme-Oncology RN who was the Charge Nurse of In-patient Pediatrics at Kaiser Hospital.

I have known Jennifer since she was a few months old when my cousin and her new husband adopted her. She was a quiet, very good child until her late teens when she got involved with drugs and alcohol. Her parents and the rest of our close knit family supported her to help her overcome her addiction. She enrolled in a rehabilitation program several years ago and never again to my knowledge has touched illicit drugs or alcohol.

Jennifer is a very **task-oriented, organized and smart young lady** who went back to school to earn a degree in Animal Health Technology. She studied very hard while

still being a **great mother to her little boy, Chance, and a wonderful wife to her husband, Charles.** She graduated with straight A's and is a member of Phi Theta Kappa Honor Society.

**Jennifer is passionate about living a healthy lifestyle. She has loved studying medicine and is very concerned about the well-being of animals. I believe that she has a lot to contribute to society and has a deep desire to give back to those less fortunate than she. I have every faith and confidence in Jennifer** and I would like her to have the change to climb to the top of the ranks in her field...

*(Id., at pg. 1, emphasis added.)*

**David Douglas Buckner and Betsy Buckner** are Mrs. Hartman's stepmother and father. Mr. and Mrs. Buckner clearly have much personal knowledge of Mrs. Hartman's character, as her family who have known her for all or most of her life. Seeing how much Mrs. Hartman has been though, overcome and accomplished, the Buckners clearly support her and hold her in the highest regard. The Buckners character reference letter states:

We can proudly state that Jennifer Hartman is our lovely daughter/stepdaughter, and it gives us pleasure to provide testimony to Jennifer's character! **She is a responsible and well-grounded adult who has overcome adversity in her past with great strength and courage.** Through focus and hard work, **Jennifer has realized her goals over the last 5 years.** She is **both a caring wife, and an outstanding mother to a busy 4 year old boy; always cognizant and responsive to their needs and those of others.** Being a very **organized and intelligent woman, Jennifer completed her veterinarian technician degree with honors,** while juggling responsibilities at home. Jennifer has always had a **great love for animals,** and is happily working for a local veterinarian where **she has established solid relationships.** She is **trustworthy and dependable** in both her work and social situations. **She will be a positive and professional addition to the veterinarian community.**

*(Id., at pg. 2, emphasis added.)*

**Donna Buckner** is Mrs. Hartman's mother. Ms. Buckner is aware of all her daughter's past legal troubles, past drug and alcohol addiction problems, and has seen her

daughter overcome said turmoil. Mrs. Buckner's submitted character reference letter states in large part as follows:

My daughter, Jennifer Hartman, submitted an application to take the RVT Exams and was denied due to her record of misdemeanors, the last being nearly seven years ago. She has been an exemplary citizen for the past several years and has worked diligently to better her circumstances, including graduating from Mesa College with an AS Degree, straight A's in her Animal Health Program, and Phi Theta Kappa Honors.

Jenny is a very admirable young lady who has overcome some major obstacles in her life. **When we adopted her at five months of age, she was recovering from physical problems associated with a drug addicted mother.** She was basically quiet and shy, but still quite inquisitive, physically and intellectually advanced. Her kindness and sensitivity to others and her love of animals was apparent early on. **Even in preschool, she was protective of smaller classmates and her pet menagerie was ever growing.**

She was in the gifted (GATE) program at La Jolla High School, received a National Merit Letter of Commendation and played the flute, piccolo, and piano. Urged by her friends and family to overcome her shyness, she played in the All City High School Honors Band, studied flute in Prague, and became a Varsity Cheerleader.

In later years she began socializing with a drug using crowd and fiancé. She got a DUI on Christmas Eve on 2005, and by 2007 was homeless and addicted to drugs and alcohol. While on the streets from 2007 to 2010 she was in the ER a couple of times, arrested for various misdemeanors, and tried at times to stop her destructive behavior, attending rehab classes without success.

Finally, in March 2012 she found the strength to quit that lifestyle, and entered Crossroads Rehab, completing the 6 month program in September 2012. **She has never relapsed, and has been a very trustworthy, reliable, and happy person ever since.** She not only quit drugs and alcohol, but also smoking, **continuing to this day to live a positive life and daily exercise**, healthy eating, plenty of

sleep, and a good balance of work and play. **She thoroughly enjoys and is devoted to motherhood, marriage, family, pets, friends, helping others, managing her household, and working at Santa Fe Animal Clinic.**

**Her strength of commitment to her goals, family and positive attitude over these past few years has remained steadfast in spite of her cancer threat, problems with her double mastectomy, her pending hysterectomy, her biological sister's stage 4 ovarian cancer, the family cars breaking at the same time, computer crashing at critical times, IVF procedures, etc. She survived living on the streets and has become an incredibly strong person, appreciative of what she has to offer others and what and what life has given her. She is definitely deserving of the chance to take the RVT Exams and fulfilling her goal of becoming a Certified Veterinary Technician.**

*(Id., at pg. 3, emphasis added.)*

**Ewa Farrelly, MD**, is a long time family-friend of Mrs. Hartman. Their friendship started when they were children and has lasted over twenty (20) years. Dr. Farrelly has seen Mrs. Hartman go through the ups-and-downs in life and come out a healthy young woman, who is an amazing mother, happy wife and incredibly loyal friend who now leads a healthy abstinent lifestyle. Dr. Farrelly authored another character letter that states the following:

I have had the pleasure of knowing Jennifer Hartman for over twenty years. **I know her to be a dedicated mother and wife, a hard-working student, and a responsible employee. She is committed to her life-long goal of caring for animals.** In all the years I have known her, she has always demonstrated that her love for animals is only surpassed by her love for her family. Jennifer would make a wonderful veterinary technician and she has earned her right to sig for the California Registered Veterinary Technician (CRVT) Examination and the Veterinary Technician National Examination (VTNE).

Jennifer and I met in middle school and quickly became best friends. During our school years we spend a majority of our time with each other and each others families, including camping and traveling to other countries. She was always an incredible kind and thoughtful individual. She got along well with my parents and all their adult

friends on our group trips. She never spoke ill of others and was always there for me and supported me despite my eccentricities.

After high school we ended up at different universities and our lives took different paths. During those 10 or so years apart I was still in close contact with her mother and I learned of her battle with addiction. **As a family doctor, I am intimately aware of the profound impact addiction has on a person. I also know that although a person is struggling with this problem it does not make them a bad person; it can happen to anyone.** Jennifer battled hard for her freedom and successfully overcame her addiction. **She has proven to me that she is more devoted to her sobriety and her future than even any of my patients.**

Jennifer and I have since then reignited our close friendship. Our children are close in age and love to play together and our husbands have even become friends. She has shown me over these last 5 years her dedication to her dream of working in the veterinary field. **She has done very well after returning to school and she has had extensive hands-on experience working with animals.** During those years she has also been able to raise an intelligent, loving toddler, plan a gorgeous wedding, and make a home for her family. **Jennifer has clearly shown to me that she would make an excellent veterinary technician. I respectfully request that Jennifer Hartman to be given the opportunity to sit for the California Registered Veterinary Technician (CRVT) Examination and the Veterinary Technician National Examination (VTNE).**

*(Id., at pg. 4, emphasis added.)*

**Priscilla Morton** is a retired high school science educator, and department chairman, who has known Mrs. Hartman since she was adopted by her parents at the age of 5 months old. Ms. Morton is aware of everything Mrs. Hartman has gone through and is so proud to have seen Mrs. Hartman overcome the difficulties in her life and pursue a career she is extremely passionate about and adept at practicing. Ms. Morton submits a character reference that states in pertinent part as follows:

This is a personal reference for Jennifer Hartman who is applying to take the CRVT and VTNE examinations in order to become a Certified Veterinary Technician. I am a retired high school science educator and department chairman, and have known Jennifer since she was adopted as a baby by Donna Buckner, my close friend since eighth grade.

**Jennifer is a very intelligent and empathetic young woman who has always had a love for animals and friends who needed her help.** This was exemplified in her behaviors and interactions as she grew up and as she completed high school. Following that time, she made some poor choices that resulted in minor infractions, but she has continued to be the same dear, caring soul as always.

**Around five years ago, Jennifer was able to recover from her difficulties and pursue her lifelong dream of having a career helping animals.** She became a very diligent college student and graduated with straight A's in the Animal Health program, impressing both teachers and colleagues alike with her **strong work ethic, caring attitude, and application of knowledge.** Before graduating she had two job offers and is currently very happily working at Santa Fe Animal Clinic. Her remaining goal is to obtain Certification.

**In addition to her ardent dedication to animals, Jennifer is also a very devoted wife and mother of a delightful young son. His development as a bright, precocious young man is a testament to the devotion and training she is providing for him.**

Without reservation, I recommend Jennifer for whatever endeavor she hopes to pursue.

*(Id., at pg. 6, emphasis added.)*

**Lukasz Pruski, PhD**, is a Professor of Mathematics at the University of San Diego ("U.S.D.") and has known Mrs. Hartman for about twenty-five (25) years. Dr. Pruski's is extremely proud of what Mrs. Hartman has accomplished and the obstacles she has overcome. Dr. Pruski expresses the following in his character reference letter authored on behalf of Mrs. Hartman:

I have known Jennifer Hartman for almost 25 years. My daughter Ewa had met Jenny in the sixth grade and they quickly became best friends. Jenny and Ewa spend a lot of time together and I and my wife appreciated this friendship a lot since Jennifer was an intelligent, well-behaved, and good-natured girl. We took Jenny with us for many hiking trips in the mountains and deserts of California and Jenny's parents took our daughter for their vacations to Hawaii and Puerto Vallarta. My wife and I made friends with Jennifer's parents and the two families even went together for a few days skiing in Brian head.

The girls' friendship continued through the high-school years and even after our daughter went to college at Berkeley she kept in close contact with Jennifer often visiting her and talking over the phone and e-mail. My wife and I also kept in touch with Jenny's parents and we went out together several times to update each other on recent events and talk about our daughters growing up.

About 10 years ago we learned from our daughter about Jenny's addiction problem and were very distressed about it; after all we considered Jenny virtually a relative of ours, a part of our family. Ewa kept updating us on Jenny's struggles and we also kept in contact with her parents. We were extremely happy when we learned four years ago that Jenny overcame the drug addiction and completely cleaned up her lifestyle. We followed the good news of her work with animals and her enrollment at San Diego Mesa College. Of course we were guests at Jenny's wedding in August of 2014 and were very happy to see our old Jenny back - a vibrant and motivated young woman dedicated to her education, job, and husband. My wife and her elderly mother came to the baby shower for Jenny's son and we have attended his birthdays.

We followed the great progress Jennifer was making with her studies and were very proud when she graduated this May from the Animal Health Technology Program at San Diego Mesa College, with all A's and as a member of Phi Theta Kappa Honor Society. We see Jenny regularly these days and very much enjoy her company. **Jennifer is a fantastic mother to her son, caring and dedicated.** When we talk with her about her job at the Santa Fe Animal



Clinic we are impressed with her enthusiasm about working with animals.

Jennifer showed great strength of character overcoming her addiction and became an exemplary mother and wife, a model employee and a good citizen. Her commitment to further education in the field of veterinary science is strong and sincere. I am proud of Jenny and prize her friendship; I request that she be allowed the opportunity to sit for the California and national veterinary examinations.

(*Id.*, at pg. 7, *emphasis added.*)

C.) **Professional Performance Evaluations**

Mrs. Hartman received an outstanding Employment Performance Evaluation on January 2, 2017, regarding her work at Santa Fe Animal Clinical which demonstrates her ability to safely practice as a RVT, and her value to the veterinary hospital, staff, patients and pet owners is self evident. The professional assessment reflects Mrs. Hartman's supervisors' opinions that she is an excellent Veterinary Technician, and that she is an asset to the both staff and patients alike. Mrs. Hartman's overall performance ratings consistently reflect Respondent's superior performance with the highest scores, via consistently obtaining the highest rating of "Outstanding" in every category of assessment. (*See*: Ex. D. "Employment Evaluation.")

**Del Albright** is Mrs. Hartman's current supervisor at Santa Fe Animal Clinic. As stated above, on January 5, 2017, Mr. Albright performed an evaluation rated Mrs. Hartman the highest rating of "Outstanding" in every category. Mr. Albright's evaluation's written notations read as follows:

Along with tracking inventory & controlled drugs, she assisted with marketing, researching business' to promote sales.

...

Assists in all needed areas.

Great at multi tasking.

Skills – Vet Tech, reception, phones etc.

In charge of safety.

...

A great member of our team ☺

(*Id.*)

**D.) Employment**

Mrs. Hartman has received copious amount of support from her family, friends and current employer. Mrs. Hartman also previously received an offer of employment, if she were to apply to a position, from Milton Gee, DVM, her current employer. (*See*: Ex. C. "Employment Solicitation.") Dr. Gee emailed Mrs. Hartman on February 23, 2015, and wrote the following:

Hope you and your family are all well. Just dropping a line to let you know **I am looking forward to having you apply for position as RVT here and the hours can be family-flexible.** I contacted Dr. Fischer quite some time ago but never heard back about the out of class work experience. I guess she already has her regular places. **We have a great staff now but you would make it even greater.**

Regards and hope you are studying hard, (I know you can do it.)

*(Id., emphasis added.)*

**E.) Rehabilitation.**

From March 29, 2012 to September 30, 2012, Mrs. Hartman enrolled in The Crossroads Foundation intensive in-patient residential rehabilitation program. Mrs. Hartman's success in the program was profound, as she has not had a single relapse, and is fully rehabilitated from the alcohol and drug abuse/addiction behavior. Mrs. Hartman's family and friends consistently attest to her current healthy and abstinent lifestyle. Recently, Mrs. Hartman discovered that she is pregnant with her second child, making her even more dedicated to maintaining her healthy lifestyle. (*See*: Ex. E. "Rehabilitation.")

Diana Kendrick is the Program Coordinator at The Crossroads Foundation. On November 10, 2016, Mrs. Kendrick submitted a letter<sup>3</sup> confirming Mrs. Hartman's successful treatment which states in part as follows:

**This letter is to verify that Jennifer Buckner was a resident in our program from March 29, 2012 to September 20, 2012. Jennifer completed her 6 month commitment. The Crossroads Foundation is a highly**

<sup>3</sup> Please note that during the time of Mrs. Hartman's treatment her maiden name was Buckner.

**structured, long-term residential recovery program** for chemically addicted women and has been serving the community of San Diego since Dec. 1957. We require a **six month commitment**.

**While in residency at Crossroads, Jennifer was an active participant in the house activities** and was required to attend all weekly groups and meetings which include:

- 4 or more AA/NA meetings per week
- Recovery Planning
- Step Study
- Alcohol and Drug Awareness groups
- Relapse Prevention
- Morning/Noon/Evening Meditations
- Nutritional Education
- H.I.V. Education and testing
- Domestic Violence
- Anger Management...

*(Id., emphasis added.)*

#### **Mitigation Factor Summary**

As indicated by the strong endorsement of Mrs. Hartman by her supervisors and professors, along with her successful completion of all criminal court requirements including dismissal of all five (5) of her infractions, and full rehabilitation, Mrs. Hartman is an integral asset to Santa Fe Animal Clinic and is an invaluable factor in her patients' recovery. The substantial evidence in mitigation of the imposition of application denial weighs heavily in her favor. Mrs. Hartman is a great benefit to patients, colleagues, the profession of veterinary medicine and the entire animal healthcare industry.

This factor should be weighed heavily in Respondent's favor.

#### **7. Rehabilitation evidence.**

Please see answer under Factor No. 1, detailing the non-violent non-severe nature of the underlying incidents and Respondent's full rehabilitation, which is herein incorporated by reference.

Mrs. Hartman has engaged in substantial remedial activities, including a six (6) month intensive in-patient residential rehabilitation program, successfully completed all court requirements and successfully had all criminal cases dismissed, and continues to maintain an

extremely active and healthy lifestyle. Mrs. Hartman is sincerely remorseful for the incidents which occurred outside her professional endeavors, while she was a young adult enduring serious personal hardships. Mrs. Hartman has taken substantial precautionary measures to prevent future incidents and is no longer the same person who committed the underlying offenses.

This factor should be weighed heavily in Respondent's favor.

**8. In the case of a criminal conviction, compliance with terms of sentence and/or court-ordered probation.**

Mrs. Hartman has completed all court requirements for all incidents and all cases have been dismissed in their entirety. Mrs. Hartman continues to maintain a healthy lifestyle, has abstained from drinking of alcohol or ingesting unlawful medications/drugs entirely, and has fully evolved from the person she was during the time the incidents took place. In addition, Mrs. Hartman has maintained a clean record over the past seven (7) years.

This factor should be weighed in Respondent's favor.

**9. Overall criminal record.**

Mrs. Hartman has no criminal record outside of the five (5) incidents that are now dismissed all during 2013, which was more than four (4) years ago. In addition, the incidents occurred within a close time proximity, evidencing they all resulted from Mrs. Hartman's prior alcohol and drug abuse/addiction issue. Mrs. Hartman has no prior or subsequent criminal arrests, proceedings or convictions.

This factor should be weighed in Respondent's favor.

**10. Time passed since the act(s) or offense(s) occurred.**

Over seven (7) years have passed, without any criminal or professional incidents or complaints of any kind, since March 10, 2010. During the interim, Mrs. Hartman has engaged in substantial remedial activities and successfully completed all court requirements and a rehabilitation program. In addition, during the time period after the last conviction, Mrs. Hartman has received exceptionally positive professional feedback .

This factor should be weighed in Respondent's favor.

**11. If applicable, evidence of expungment proceedings pursuant to penal code Section 1203.4.**

Mrs. Hartman was eligible for expungment and all five (5) misdemeanors have since been dismissed as of 2013. Mrs. Hartman's convictions were wiped off of her criminal record approximately four (4) years ago, and she has had no subsequent incidents of any kind.

This factor should be weighed heavily in Respondent's favor.

**12. Additional Mitigation Factors.**

**A.) Respondent has fully cooperated with the Board's investigation, other law enforcement or regulatory agencies, and third parties.**

Mrs. Hartman has fully cooperated throughout the Board's application process, investigation and formal disciplinary proceedings. Mrs. Hartman showed honesty and integrity by self-reporting her criminal record on her RVT application, and has diligently provided all documentation requested by the VMB. In addition, Mrs. Hartman has taken proactive measures to provide the Attorney General, and the VMB, with mitigation materials and all other pertinent documentation. Mrs. Hartman welcomes the opportunity to work with the VMB, and the Attorney General, to expeditiously resolve the matter and is willing to submit any additional materials necessary to achieve a reasonable settlement outcome.

This additional mitigation factor should be weighed in Respondent's favor.

**B.) Recognition by Respondent of her wrongdoing and demonstration of corrective action to prevent reoccurrence.**

Mrs. Hartman recognizes her wrongdoing as a young adult, has taken steps to address her substance abuse issues and depression from the past, and has implemented measures to prevent future reoccurrence in the form of action plan and by leading a healthy lifestyle. Mrs. Hartman deeply values her career as a Veterinary Technician and has always demonstrated her exceptional professional abilities while on the job, which is evidenced in the letters of professional recommendation, and employment evaluation, authored by her employers and former professors with first hand knowledge of her patient care.

This additional mitigation factor should be weighed in Respondent's favor.

Considering each of the eleven (11) factors listed in the referenced Disciplinary Guidelines, and the additional mitigation factors discussed above, and taken as a whole, the substantial evidence makes it clear that disciplinary action in the form of a Letter of Public Reproval absolutely provides sufficient safeguards for the public's safety and welfare, and that actual denial would only serve a punitive function both to Mrs. Hartman and to the patients who would be deprived of her outstanding care and coworkers who value her experience and excellent clinical skills. Mrs. Hartman has unequivocally proven that she is safe to practice as a RVT, and will never repeat the mistakes she made long ago.

### III.

#### CONCLUSION

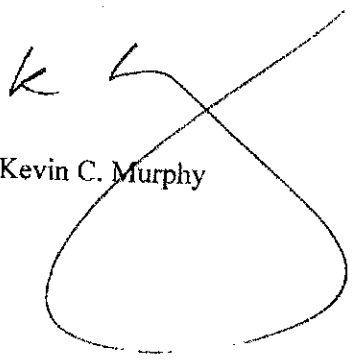
Under the totality of the circumstances, the benefit Mrs. Hartman provides to patients and the animal healthcare community of San Diego at large, juxtaposed against the incidents which were wholly unrelated to her chosen profession as a Veterinary Technician forming the basis of the Statement of Issues, denial of licensure is not warranted in this matter. In fact, the loss of a professional of Mrs. Hartman's caliber may in fact cause a threat to patients' safety and well-being, and thus will not serve to protect the public welfare. Mrs. Hartman is dedicated to the highest quality of Veterinary Technician care and is committed to performing her duties with the utmost integrity, compassion and diligence. Mrs. Hartman has taken all necessary steps to make sure she never relapses again. Considering that she has not had a repeat of any of her former dismissed offenses, or any other offense, since the latter offense occurred over seven (7) years ago, it is obvious that she is fully rehabilitated and unlikely to repeat her regrettable mistakes again.

For the foregoing reasons and the exhibits documenting Respondent's exceptional educational achievements and professional work history as a Veterinary Technician, Mrs. Hartman respectfully requests that the honorable Board dismiss their Statement of Issues against her license and allow her the opportunity to receive her Registered Veterinary Technician License unrestricted. In the alternative, Mrs. Hartman offers to enter into a stipulated settlement agreement issuing a Letter of Public Reproval, which will allow Mrs. Hartman to practice as a Registered Veterinary Technician while ensuring the public welfare, thus conserving valuable administrative judicial resources in lieu of protracted legal

proceedings. However, Mrs. Hartman remains open to entering into reasonable Stipulated Settlement Agreement negotiations to secure RVT licensure dependent on the VMB's position regarding the appropriate level of discipline to be imposed.

Thank you for your attention to this matter. I will immediately supplement Mrs. Hartman's response if any new information or evidence becomes available. Should you have any questions or other need, please do not hesitate to contact me. I look forward to hearing back from you after you receive settlement feedback from your client.

Sincerely,

  
Kevin C. Murphy

cc: Jennifer Hartman, Registered Veterinary Technician Applicant

**Exhibit. A. “Letters of Professional  
Recommendation.”**



September 9, 2016

Veterinary Medical Board  
1747 N. Market Blvd, Ste 230  
Sacramento, CA 95834

To Whom it May Concern,

I have known Jennifer Hartman for over 15 years. She was my employee from 2002 to 2006 and at various times thereafter. Her duties were that of Veterinary Assistant and Receptionist. She took patient histories, helped with exams, restrained animals, gave injections, filled prescriptions, prepped patients for surgery, monitored anesthesia, administered medications, processed lab work, billed customers, answered phones, made appointments, cleaned/polished teeth, trimmed nails, bathed/groomed/walked/fed patients, and performed janitorial tasks.

As of May 1, 2016 Jennifer has been employed as a Veterinary Team Member of Santa Fe Animal Clinic. She is extremely considerate to animals in discomfort and her integrity, dependability and honesty are of the highest order. This is to state that she is an excellent employee and has all of the necessary character qualities and expertise to become a certified veterinary technician.

Enthusiastically submitted,



Milton K Gee DVM

Graduate University of California at Davis school of Veterinary Medicine 1978

California license # 6584



## SAN DIEGO MESA COLLEGE

7250 Mesa College Drive  
San Diego, California 92111-1998  
619.388.2600

---

August 19, 2016

To whom it may concern,

This letter is written as a recommendation for Jennifer Hartman, who is applying for the RVT State Board Examination.

Jennifer was a student in the San Diego Mesa College, Animal Health Technology Program. She graduated in June of 2016.

I have had the pleasure of instructing Jennifer during her two years here in the program. I am an adjunct instructor and have been with the Animal Health Technology Program since the Spring Semester of 1988. I have instructed most of the Animal Health Technology Courses available.

Jennifer is a professional, motivated and intelligent student. She has maintained a high standard with a GPA of 4.0, in the AHT Program and graduated overall with a 3.5 GPA, as well as Phi Theta Kapa Honors Society at Mesa College. She is dedicated and reliable. She never missed a day of school throughout the Animal Health Technology Program. She is also flexible and willing to help, which proved to be an asset through her internships at the VCA Emergency Animal Hospital and at Governor Veterinary Hospital. Jennifer loves to learn new things and is always striving to gather more knowledge in her field. With continued training and knowledge, I feel Jennifer will make a wonderful technician for any medical practice or animal establishment.

Because of her fine skills and attributes, I feel Jennifer would make a wonderful veterinary technician.

Sincerely,

A handwritten signature in black ink, appearing to read "Biljana Jovanovic RVT".

Biljana Jovanovic R.V.T.  
San Diego Mesa College  
Animal Health Technology Program  
7250 Mesa College Drive P-300

**AGO -034**



## SAN DIEGO MESA COLLEGE

1250 Mesa College Drive  
San Diego, California 92161-1998  
619-588-2600

---

Veterinary Medical Board  
2005 Evergreen Street, Ste. 2250  
Sacramento, CA 95815

August 15, 2016

Dear Board Members:

This letter is in support of Ms. Jennifer Hartman, who graduated with an Associate of Science in Animal Health Technology from San Diego Mesa College in May 2016.

Jennifer was an eager and active participant in the AHT Program at Mesa. She proved to be an excellent team player and an exceptionally motivated learner. She was a productive participant, always willing to help when needed, and was also well liked by her classmates and instructors.

During her time here, it was obvious that Jennifer enjoyed all of her classes. She consistently arrived early for her classes and laboratory courses. Her attendance was consistent with our high standards. Her assignments were consistently completed before the due dates. She followed both oral and written instructions well, and demonstrated appropriate initiative in her laboratory classes. When confronted with the constantly changing class and lab schedule, she showed herself to be both flexible and adaptable.

Jennifer's intellectual capacity was clearly exhibited by her ability to learn, adapt, reason and apply the information she learned. She was always within the top three students in her class. She was very eager to learn new information and techniques and she had the application intelligence to know when, where and how to use this newly gained knowledge and skill. She was very detail oriented and self motivated in all of her encounters.

Jennifer was a reserved class leader and provided guidance to others who sought her advice and help. During her time in the AHT Program, there was never a question regarding her honesty, integrity and moral character. She has a genuine passion for animals and their care and welfare.

Comments found in her program file include the following comments from her two of her externship supervisors, "she will be an awesome addition to any hospital she chooses" and "she has a genuine interest in Veterinary Medicine and will make a great R.V.T."

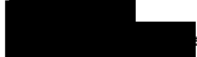
In conclusion, I found Jennifer to be extremely considerate of others, willing to help anyone at any time, and always ready to gain a new skill or more veterinary knowledge. Jennifer was a true professional in our academic setting and a true pleasure to work with.

I recommend consideration be extended to Jennifer Hartman in her application to sit for the National Veterinary Technician Exam and the California Supplemental Exam.

Sincerely,

A handwritten signature in black ink that reads "Peggy Fischer, DVM".

Peggy Fischer, DVM  
Program Director  
Animal Health Technology  
San Diego Mesa College



**AGO -033**

**Exhibit. B. "Character References."**

February 20, 2017

Beverly Goward  
[REDACTED]

To Whom It May Concern,

I am writing this letter to tell you what I know about Jennifer Hartman and to ask that she be given the opportunity to take the Veterinary State Board Exam to earn her RVT. I am Jennifer's aunt and a retired Pediatric Heme-Oncology RN who was the Charge Nurse of In-patient Pediatrics at Kaiser Hospital.

I have known Jennifer since she was a few months old when my cousin and her husband adopted her. She was a quiet, very good child until her late teens when she got involved with drugs and alcohol. Her parents and the rest of our close knit family supported her to help her overcome her addiction. She enrolled in a rehabilitation program several years ago and never again to my knowledge has touched illicit drugs or alcohol.

Jennifer is a very task-oriented, organized and smart young lady who went back to school to earn a degree in Animal Health Technology. She studied very hard while still being a great mother to her little boy, Chance, and a wonderful wife to her husband, Charles. She graduated with straight A's and is a member of Phi Theta Kappa Honor Society.

Jennifer is passionate about living a healthy lifestyle. She has loved studying medicine and is very concerned about the well-being of animals. I believe that she has a lot to contribute to society and has a deep desire to give back to those less fortunate than she. I have every faith and confidence in Jennifer and I would like her to have the chance to climb to the top of the ranks in her field.

I declare under penalty of perjury by the laws of the State of California that the foregoing is true and correct and I am available to testify if needed.

Sincerely,

  
Beverly Goward

2/14/2017

To Whom It May Concern:

We can proudly state that Jennifer Hartman is our lovely daughter/stepdaughter, and it gives us pleasure to provide testimony to Jennifer's character! She is a responsible and well-grounded adult who has overcome adversity in her past with great strength and courage. Through focus and hard work, Jennifer has realized her goals over the last 5 years. She is both a caring wife, and an outstanding mother to a busy 4 year old boy; always cognizant and responsive to their needs and those of others. Being a very organized and intelligent woman, Jennifer completed her veterinarian technician degree with honors, while juggling responsibilities at home. Jennifer has always had a great love for animals, and is happily working for a local veterinarian where she has established solid relationships. She is trustworthy and dependable in both her work and social situations. She will be a positive and professional addition to the veterinarian community.

We declare under penalty of perjury of the laws of the State of California and the United States Constitution that the foregoing is true and correct to the best of my knowledge. Further, I am willing to testify to the truth of content of this letter.

Betsy Buckner (Stepmother)

*Betsy Buckner*

David Douglas Buckner (Father)

*David Douglas Buckner*

January 22, 2017

To Whom It May Concern,

My daughter, Jennifer Hartman, submitted an application to take the RVT Exams and was denied due to her record of misdemeanors, the last being nearly seven years ago. She has been an exemplary citizen for the past several years and has worked diligently to better her circumstances, including graduating from Mesa College with an AS Degree, straight A's in her Animal Health Program, and Phi Theta Kappa Honors.

Jenny is a very admirable young lady who has overcome some major obstacles in her life. When we adopted her at five months of age, she was recovering from physical problems associated with a drug addicted mother. She was basically quiet and shy, but still quite inquisitive, physically and intellectually advanced. Her kindness and sensitivity to others and her love of animals was apparent early on. Even in preschool, she was protective of smaller classmates and her pet managerie was ever growing.

She was in the gifted (GATE) program at La Jolla High School, received a National Merit Letter of Commendation and played the flute, piccolo, and piano. Urged by her friends and family to overcome her shyness, she played in the All City High School Honors Band, studied flute in Prague, and became a Varsity Cheerleader.

In later years she began socializing with a drug using crowd and fiance. She got a DUI on Christmas Eve of 2005, and by 2007 was homeless and addicted to drugs and alcohol. While on the streets from 2007 to 2010 she was in the ER a couple of times, arrested for various misdemeanors, and tried at times to stop her destructive behavior, attending rehab classes without success.

Finally, in March 2012 she found the strength to quit that lifestyle, and entered Crossroads Rehab, completing the 6 month program in September 2012. She has never relapsed, and has been a very trustworthy, reliable, and happy person ever since. She not only quit drugs and alcohol, but also smoking, continuing to this day to live a positive life of daily exercise, healthy eating, plenty of sleep, and a good balance of work and play. She thoroughly enjoys and is devoted to motherhood, marriage, family, pets, friends, helping others, managing her household, and working at Santa Fe Animal Clinic.

Her strength of commitment to her goals, family and positive attitude over these past few years has remained steadfast in spite of her cancer threat, problems with her double mastectomy, her pending hysterectomy, her biological sister's stage 4 ovarian cancer, the family cars breaking at the same time, computer crashing at critical times, IVF procedures, etc. She survived living on the streets and has become an incredibly strong person, appreciative of what she has to offer others and what life has given her. She is definitely deserving of the chance to take the RVT Exams and fulfilling her goal of becoming a Certified Veterinary Technician.

I declare under penalty of perjury of the laws of the State of California and the United States Constitution that the foregoing is true and correct to the best of my knowledge. I am also willing to testify regarding the above opinions and information.

Sincerely,



Donna Buckner



January 18, 2017

To Whom it May Concern,

I have had the pleasure of knowing Jennifer Hartman for over twenty years. I know her to be a dedicated mother and wife, a hard-working student, and a responsible employee. She is committed to her life-long goal of caring for animals. In all the years I have known her, she has always demonstrated that her love for animals is only surpassed by her love for her family. Jennifer would make a wonderful veterinary technician and she has earned her right to sit for the California Registered Veterinary Technician (CRVT) Examination and the Veterinary Technician National Examination (VTNE).

Jennifer and I met in middle school and quickly became best friends. During our school years we spent a majority of our time with each other and each others families, including camping and traveling to other countries. She was always an incredibly kind and thoughtful individual. She got along well with my parents and all their adult friends on our group trips. She never spoke ill of others and was always there for me and supported me despite my eccentricities.

After high school we ended up at different universities and our lives took different paths. During those 10 or so years apart I was still in close contact with her mother and I learned of her battle with addiction. As a family doctor, I am intimately aware of the profound impact addiction has on a person. I also know that although a person is struggling with this problem it does not make them a bad person; it can happen to anyone. Jennifer battled hard for her freedom and successfully overcame her addiction. She has proven to me that she is more devoted to her sobriety and her future than even any of my patients.

Jennifer and I have since then reignited our close friendship. Our children are close in age and love to play together and our husbands have even become friends. She has shown me over these last 5 years her dedication to her dream of working in the veterinary field. She has done very well after returning to school and she has had extensive hands-on experience working with animals. During those years she has also been able to raise an intelligent, loving toddler, plan a gorgeous wedding, and make a home for her family. Jennifer has clearly shown to me that she would make an excellent veterinary technician. I respectfully request that Jennifer Hartman to be given the opportunity to sit for the California Registered Veterinary Technician (CRVT) Examination and the Veterinary Technician National Examination (VTNE).

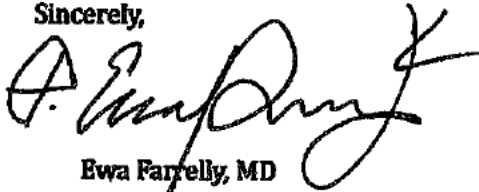


January 18, 2017

Please do not hesitate to contact me with any further questions or concerns.

I declare under penalty of the laws of the State of California and the United States Constitution that the foregoing is true and correct to the best of my knowledge. Further, I am willing to testify to the truth of content of this letter.

Sincerely,



Ewa Farrelly, MD

---

**Office Address:**

351 Hospital Rd. #406

Newport Beach, CA 92663

Cell: [REDACTED]

Office: [REDACTED]

Website: <http://www.formanfamilymedicine.com/>

Email: [REDACTED]

---

January 14, 2017

**To Whom It May Concern:**

This is a personal reference for Jennifer Hartman who is applying to take the CRVT and VTNE examinations in order to become a Certified Veterinary Technician. I am a retired high school science educator and department chairman, and have known Jennifer since she was adopted as a baby by Donna Buckner, my close friend since eighth grade.

Jennifer is a very intelligent and empathetic young woman who has always had a love for animals and friends who needed her help. This was exemplified in her behaviors and interactions as she grew up and as she completed high school. Following that time, she made some poor choices that resulted in minor infractions, but she has continued to be the same dear, caring soul as always.

Around five years ago, Jennifer was able to recover from her difficulties and pursue her lifelong dream of having a career helping animals. She became a very diligent college student and graduated with straight A's in the Animal Health program, impressing both teachers and colleagues alike with her strong work ethic, caring attitude, and application of knowledge. Before graduating she had two job offers and is currently very happily working at Santa Fe Animal Clinic. Her remaining goal is to obtain Certification.

In addition to her ardent dedication to animals, Jennifer is also a very devoted wife and mother of a delightful young son. His development as a bright, precocious young man is a testament to the devotion and training she is providing for him.

Without reservation, I recommend Jennifer for whatever endeavor she hopes to pursue. I declare under penalty of perjury of the laws of the State of California and the United States Constitution that the foregoing is true and correct to the best of my knowledge. Further, I am willing to testify to the truth of content of this letter.

Sincerely,



Priscilla Morton



November 27, 2016

**To Whom It May Concern**

I have known Jennifer Hartman for almost 25 years. My daughter Ewa had met Jenny in the sixth grade and they quickly became best friends. Jenny and Ewa spent a lot of time together and I and my wife appreciated this friendship a lot since Jennifer was an intelligent, well-behaved, and good-natured girl. We took Jenny with us for many hiking trips in the mountains and deserts of California and Jenny's parents took our daughter for their vacations to Hawaii and Puerto Vallarta. My wife and I made friends with Jennifer's parents and the two families even went together for a few days skiing in Brian Head.

The girls' friendship continued through the high-school years and even after our daughter went to college at Berkeley she kept in close contact with Jennifer often visiting her and talking over the phone and e-mail. My wife and I also kept in touch with Jenny's parents and we went out together several times to update each other on recent events and talk about our daughters growing up.

About 10 years ago we learned from our daughter about Jenny's addiction problem and were very distressed about it: after all we considered Jenny virtually a relative of ours, a part of our family. Ewa kept updating us on Jenny's struggles and we also kept in contact with her parents. We were extremely happy when we learned four years ago that Jenny overcame the drug addiction and completely cleaned up her lifestyle. We followed the good news of her work with animals and her enrollment at San Diego Mesa College. Of course we were guests at Jenny's wedding in August of 2014 and were very happy to see the old Jenny back - a vibrant and motivated young woman dedicated to her education, job, and husband. My wife and her elderly mother came to the baby shower for Jenny's son and we have attended his birthdays.

We followed the great progress Jennifer was making with her studies and were very proud when she graduated this May from the Animal Health Technology Program at San Diego Mesa College, with all A's and as a member of Phi Theta Kappa Honor Society. We see Jenny regularly these days and very much enjoy her company. Jennifer is a fantastic mother to her son, caring and dedicated. When we talk with her about her job at the Santa Fe Animal Clinic we are impressed with her enthusiasm about working with animals.

Jennifer showed great strength of character overcoming her addiction and became an exemplary mother and wife, a model employee and a good citizen. Her commitment to further education in the field of veterinary science is strong and sincere. I am proud of Jenny and prize her friendship; I request that she be allowed the opportunity to sit for the California and national veterinary examinations.

I declare under penalty of perjury of the laws of the State of California and the United States Constitution that the foregoing is true and correct to the best of my knowledge. Further, I am willing to testify to the truth of content of this letter.

Sincerely,



Lukasz Pruski, PhD  
Professor of Mathematics  
University of San Diego  
Alcala Park, San Diego, CA 92110

**Exhibit. C. "Employment."**

From: Jennifer Buckner <[REDACTED]>  
Subject: Fw: RVT  
Date: February 24, 2015 4:14:25 AM PST  
To: Donna Buckner <[REDACTED]>  
Reply-To: Jennifer Buckner <[REDACTED]>



----- Forwarded Message -----

From: Milton Gee <[REDACTED]>  
To: Jennifer Buckner <[REDACTED]>  
Sent: Monday, February 23, 2015 6:42 PM  
Subject: RVT

Dear Jennifer,

Hope you and your family are all well. Just dropping a line to let you know I am looking forward to having you apply for position as RVT here and the hours can be family-flexible. I contacted Dr. Fischer quite some time ago but never heard back about the out of class work experience. I guess she already has her regular places. We have a great staff now but you would make it even greater.

Regards and hope you are studying hard, ( I know you can do it.)

Dr. Gee

**Exhibit. D. "Employment Evaluation."**

**PERFORMANCE EVALUATION**

EMPLOYEE: Jennifer Hardman      DATE: 1-5-17  
 SUPERVISOR: Del Allwright

This evaluation is to be completed by the supervisor & discussed with the employee. This evaluation must be signed & dated after it's completed. Please use the back of this sheet for additional space, if needed.

Relations with co-workers

- Outstanding
- Above Average
- Average
- Below Average
- Poor

Initiative

- Outstanding
- Above Average
- Average
- Below Average
- Poor

Judgment

- Outstanding
- Above Average
- Average
- Below Average
- Poor

Dependability

- Outstanding
- Above Average
- Average
- Below Average
- Poor

Ability to Learn

- Outstanding
- Above Average
- Average
- Below Average
- Poor

Quality of Work

- Outstanding
- Above Average
- Average
- Below Average
- Poor

Overall Performance:      Outstanding 5      Above Average 4      Average 3      Below Average 2      Poor 1

**Comments:**

How well did the employee assist your organization?

Along with tracking inventory & controlled drugs, she assisted with marketing researching business to promote sales

What skills and abilities did the employee demonstrate?      What skills need development?

Assists in all needed areas  
 GREAT at multi tasks  
 Skills - Vet tech, reception, phones etc  
 in charge of safety

**Additional Comments:**

a great member of our team ☺

Employee Signature: [Signature]  
 Supervisor Signature: [Signature]

Date: 1/10/17  
 Date: 1/10/17

**SUPERVISING TECHNICIAN**

**Exhibit. E. "Rehabilitation."**





## The Crossroads Foundation

*Offering Women a Path to Recovery Since 1957*

- 3594 Fourth Avenue
- San Diego, CA 92103
- Tel 619.296.1151
- Fax 619.296.6218
- [www.crossroads4recovery.org](http://www.crossroads4recovery.org)

Partially funded by the County of San Diego

November 10, 2016

To Whom It May Concern:

This letter is to verify that Jennifer Buckner was a resident in our program from March 29, 2012 to September 30, 2012. Jennifer completed her 6 month commitment. The Crossroads Foundation is a highly structured, long-term residential recovery program for chemically addicted women and has been serving the community of San Diego since Dec. 1957. We require a six month commitment.

While in residency at Crossroads, Jennifer was an active participant in the house activities and was required to attend all weekly groups and meetings which include:

- 4 or more AA/NA meetings per week
- Recovery Planning
- Step Study
- Alcohol and Drug Awareness groups
- Relapse Prevention
- Morning/Noon/Evening Meditations
- Nutritional Education
- H.I.V. Education and testing
- Domestic Violence
- Anger Management

Should you need more information regarding Jennifer Buckner please feel free to call this office.

Sincerely,

Diana Kendrick  
Program Coordinator

*The Crossroads Mission Statement: We provide residential and outpatient services in a safe and caring environment for women in San Diego County suffering from the disease of addiction. To facilitate this mission, we provide a comprehensive range of individualized high-quality services designed to help the women we serve.*

**Exhibit. F. "Education."**

# San Diego Mesa College



*In recognition of successful completion of the prescribed course of study  
the Board of Trustees hereby confers upon*

**Jennifer Kelly Hartman**

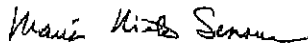
*the degree of*

**Associate of Science  
Animal Health Technology**

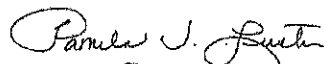
*Given this month of May, two thousand and sixteen.*



*Chairwoman of the  
San Diego Community College District*



*President of the  
Board of Trustees*



*President of the  
College*

# Phi Theta Kappa



This is to Certify That  
**Jennifer Hartman**

has complied with all the requirements for,  
and has been inducted into

**Phi Theta Kappa**  
Honor Society

In witness of which we have caused the great seal of this Society to be  
hereto affixed and inscribed our signatures.



*Elizabeth Hunnaberg*  
Chapter Advisor

**Beta Beta Ppsilon**  
Chapter

*[Signature]*  
Interim Executive Director

September 30, 2015  
Date

---

NATIONAL MERIT SCHOLARSHIP PROGRAM

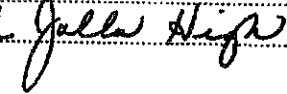


*This*  
**Letter of Commendation**  
*is awarded to*

**Jennifer Buckner**

*for outstanding performance on the  
Preliminary SAT/National Merit Scholarship Qualifying Test  
in 1998*

  
President  
National Merit Scholarship Corporation

Principal  
School  


---

Exhibit. G. "Curriculum Vita of Jennifer Hartman."

**JENNIFER BUCKNER**

Address: [REDACTED]  
Phone: [REDACTED]  
Email: [REDACTED]

**OBJECTIVE**

To obtain Veterinary Technician Certification

**EDUCATION**

San Diego Mesa College Grad (5/2016) AS Degree/Animal Health Program  
San Diego State University (2000-2001)  
La Jolla High School Grad (8/2000)

**WORK HISTORY**

Santa Fe Animal Clinic, Cardiff (05/16 to Present) \$15/hr

**Veterinary Surgery Technician:** Admit patients, take history and vitals, assess for emergencies. Under Doctor supervision prepare patients for surgery, administering pre-medication drugs, inducing and monitoring anesthesia, intubating and placing IV catheters. Read and run fecal tests, urinalyses, and blood work. Trim nails, express anal sacs, clean wounds, apply laser treatments, administer vaccinations and medications, fill prescriptions. Discharge patients with instructions and medications. Make phone calls every day to follow up on previous patients. Receptionist duties as needed, answering the phone, making appointments, and cashing out clients. Kennel work when needed, closing the back, cleaning, preparing surgery packs, vacuuming, mopping and taking out the trash.

Self Employed (2006-2011) Paid per tasks required or \$10 -\$15/hr

**Gardener:** cleaned, organized, weeded, planted, mowed yards, painted misc. structures  
**Recycler:** Collected recyclable plastic/glass/metal items and redeemed at recycle centers

Santa Fe Animal Clinic, Cardiff (07/02 thru 04/06) \$10/hr

**Veterinary Assistant/Receptionist:** Recorded patient histories, helped with exams, restrained animals, gave SQ/IV/IM injections, filled prescriptions, intubated and prepped patients for surgery, monitored anesthesia, administered medications, processed lab work, billed customers, answered phones, made appointments, cleaned/polished teeth, trimmed nails, bathed/groomed/walked/fed patients, cleaned kennels and performed various janitorial tasks.

Pamicano's Family Restaurant, PB (05/01 thru 05/03 and 08/05 thru 09/06) min. wage

**Hostess/Waitress:** Handled take-out orders, greeted, seated, assisted, billed customers

San Diego County Department of Public Works (04-01 thru 03-02) \$10/hr

**Student Worker:** assisted with computer tasks, secretarial/clerical work, errands

Wesley Palms Retirement Homes, PB (06-00 thru 08-00) min.wage

**Summer Gardener:** mowed lawns, planted, weeded

**SPECIAL RECOGNITION AND ACHIEVEMENTS**

Phi Theta Kappa Honor Society  
National Merit Scholarship Program Letter of Commendation  
All City High School Honors Band  
SDSU Marching Band  
Chosen to study overseas with the Prague Symphony's 1st Chair Flautist  
Varsity Cheerleader

**Ex. H. "Letters of Professional Recommendation."**



Dr. Dore Pei



April 22, 2021

To whom it may concern,

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I strongly recommend early termination of Jennifer Hartman's probation. She is an exemplary technician and was a pleasure to work with during my tenure at Coastview Animal Hospital. She is a reliable and positive team member that leads the surgery team with grace under pressure. Oftentimes I collaborated with Jennifer about medicine cases and valued her experience and guidance.

Please feel free to contact me if you have any questions.

Warm Regards,

A handwritten signature in black ink, appearing to read 'D. Pei'.

Dr Dore Pei



3895 Clairemont Dr. Ste 103  
San Diego, CA 92117  
858-914-1934

April 2, 2021

To whom it may concern,

I would like to take this opportunity to share my experiences working with Jennifer Hartman over the last several years as her teacher at Mesa College from 2015 to 2016 and as her current employer now in 2021. I feel I have a solid grasp of Jennifer's work ethic and character through my experiences with her and I would like to offer you my highest recommendation for review with the Veterinary Medical Board.

Jennifer always stood out to me as a student for her dedication to study, engagement during lectures and labs, and her willingness to help those around her. Academically she was diligent and had great attention to detail and this proved successful for her as she graduated with all A's in my classes.

After graduation, Jennifer continued to work at the clinic that she had been employed while in school. Last year I was looking for another RVT to work with me at CoastView. I actively sought her out because of my previous positive experiences with her as a student and my belief that she was the right person for my hospital. She graciously accepted my offer and she has continued to reinforce my belief in her moral character and professional ethics. She exemplifies what a great Veterinary Technician should be through her actions. She is willing to lead, teach, and help her coworkers. Her technical skills are excellent, and she actively seeks knowledge to improve daily. She is compassionate toward the animals we treat and our clients. I could not ask for a better leader and coworker.

CoastView Veterinary is a Fear Free Certified Veterinary Hospital and my staff daily is required to do more than an average Veterinary Staff. Jennifer meticulously evaluates every animal she works with and creates an emotional medical record for all interactions in the hospital. She facilitates appointments to encompass an animal's emotional wellbeing to minimize stress and handling for exams, radiographs, blood draws, and surgical procedures. Through her evaluations, she has the power and knowledge to adjust treatment plans based on the needs of the patient. Her proactive approach to patient care is integral to ensuring an animal's emotional wellbeing is cared for in the same way their physical wellbeing is managed. Client communication is also key at CoastView, especially with curb side service. She communicates clearly and concisely to our clients the treatment plans for the medical and emotional needs of each patient. I trust her implicitly to convey the best care possible to our patients and have no reservations about her skills.

Please feel free to contact me with any questions or concerns about Jennifer. I am more than willing to discuss anything with the Board to facilitate a decision in her favor. I have worked with many RVTs in my years of practice and Jennifer ranks among the very best. Please give her the highest consideration.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Respectfully,

*Laura W. Schultz, DVM*

Laura W. Schultz, DVM



To Whom It May Concern:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I have known Jennifer for over 15 years. I have watched her grow in this field from an eager student cleaning kennels and exercising patients to now being an extremely competent Registered Veterinary Technician.

When Jennifer worked for me after school days and on Saturdays at Santa Fe Animal Clinic 301 Santa Fe Drive Encinitas, CA, she was a top notch employee. Jennifer took a few years after high school to discover her calling and vocational goal. Once found, she persevered in obtaining her RVT credential. I was thrilled to get her and her new skills back into my practice in 2016. I was completely satisfied with Jennifer's job performance both as a veterinary technician and she displayed excellent work habits as an employee particularly in relating to other employees. Jennifer was an exceptional assistant. The animal clinic was fortunate to have her.

Signed,

*Milton K Gee DVM*

Milton K. Gee DVM

Calif. DVM license 6584



Date: *Feb 21, 2021*



Veterinary Medical Board  
1747 N. Market Boulevard, Suite 230  
Sacramento, California 95834-2987  
(916) 557-1208  
BreEZe@dca.ca.gov

I have had the pleasure of working with Jennifer Hartman at CoastView Veterinary Hospital since May 2020 as a peer, and more recently as her Shift Supervisor. Jennifer is employed at our hospital as a Registered Veterinary Technician. Her responsibilities include all duties as described in the Veterinary Technician Job Description<sup>1</sup>. We work together in the following settings: outpatient appointments, staff training, surgical monitoring, and anesthetic dental prophylaxis.

Jennifer has demonstrated exceptional skills as a Registered Veterinary Technician and Staff Leader. Coastview Veterinary Hospital is a Fear Free Certified Practice and it is evident that Jennifer has embraced this philosophy. She treats all of her patients with kindness and compassion, always prioritizing their physical and emotional well-being. She is proficient in venipuncture in both cats and dogs, making her an asset for emergency care, surgical preparation, and for fearful patients requiring blood work. She has expressed that she is passionate about oral health and has taken ownership of our dental equipment and protocols. She readily takes initiative to learn and perfect her skills in dental radiology and extractions. I trust her implicitly to make the best decisions for our patients and clients.

When I am unavailable for the staff, I whole-heartedly entrust Jennifer to lead by example. She communicates clearly and effectively with her colleagues. It is evident that the staff respect her and value her expertise. It was two months ago that Coastview set a goal to become more proficient at in house urinalysis. Jennifer created an illustrated, descriptive protocol to guide the staff. Her clear and concise training has built confidence in the staff around this important diagnostic tool.

Jennifer is an asset to the field of veterinary medicine. I am truly grateful for her at Coastview Veterinary Hospital. Jennifer continually demonstrates professionalism in the workplace. I support the renewal of her Registered Veterinary Technician License without restrictions. If additional information is needed to solidify this decision please feel free to contact me. Please see my information below. I thank you for your time and consideration.

Leanne Schmitt BS, RVT, KPA-CTP



<sup>1</sup> See attached document - Job Description - Veterinary Technician.

## **- JOB DESCRIPTION -**

### **VETERINARY TECHNICIAN**

#### **INTRODUCTION**

Veterinary Technicians are under the direct guidance and supervision of the doctor(s). Incumbents of this position are required to assist the practitioners to the fullest possible extent, to help improve the quality of care given to the patients of Coastal Veterinary Hospital and to aid the practitioners in achieving greater efficiency by relieving them of technical work and administrative detail. In addition to the doctor(s), veterinary technicians report directly to the Practice Manager or Technician Team Leader.

#### **MAJOR DUTIES**

- Perform the Veterinary Assistant responsibilities
- Assist and follow directions of managers, technicians, and doctors.
- Demonstrate warmth, courtesy and professionalism in all interactions with clients.
- Restrain patients in a safe, efficient and compassionate manner during examinations and procedures.
- Exercise compassion and care in all interactions with patients. Know how to properly handle difficult or contentious patients or seek help from the Practice Manager if needed.
- Review medical records and notes made by the admitting receptionist in order to discern the nature of the visit and any tests or procedures that may be needed.
- Discuss with the client the reason for the visit, any symptoms or problems being experienced, and any procedures that may need to be done (i.e. vaccinations, fecal or heartworm tests, etc). Utilize a pre-exam checklist to ensure that all medical needs are covered.
- Ensure all procedures rendered during the visit are documented for proper billing. Ensure that all vaccinations, procedures, notes, etc have been documented in the medical record.
- Educate clients regarding preventive medicine and vaccination requirements. Recommend laboratory procedures, such as pre-anesthetic profiles, fecal examinations, urinalysis, heartworm and FeLV testing, etc.
- Never make diagnoses or refuse service.
- Document the use or dispensing of controlled drugs on hospital logs anytime a controlled drug is used.
- Ensure that medications are added to the patient's record and appropriately charged to the client.
- Follow OSHA guidelines concerning safety and handling of hazardous materials.
- Follow established hospital safety guidelines regarding radiographs, controlled drugs, animal handling, etc.
- Exercise knowledge of the hospital's programs, products and services.
- Maintain state-required continuing education requirements.
- Adhere to all hospital policies and standards regarding uniforms, grooming, smoking, personal calls, etc. as stated in the hospital procedures manual.

- Serve as a representative of the hospital, displaying courtesy, tact, consideration, and a positive attitude in all interactions with clients, patients and other members of the hospital staff.
- Adhere to the posted work schedule. Arrive for work promptly and be ready to begin working at the start time. Follow hospital policies for reporting lateness or absences.
- Utilize the time clock on eVet to clock in and out at the beginning and end of each day and during breaks.
- Demonstrate initiative and teamwork in everyday duties by seeking other work to do during slack times, assisting other employees within the practice, and filling in for other employees as needed.
- Organize work area and exercise time management skills to maximize personal efficiency within the practice. Prioritize tasks and handle multiple tasks in a calm, organized manner.
- Prepare for office hours by stocking drawers in exam rooms and treatment area, drawing up vaccines, setting up syringes and assuring that drugs and equipment are ready for use. Provide restraint of pets for examination and treatment by the veterinarian. Prepare medications (both injections and dispensed medications) for outpatient, hospitalization and surgical cases.
- Ensure a smooth and timely flow of outpatient appointments from the check-in to the discharge.
- Help doctors administer anesthetics; prepare patients for surgery; monitor patients during surgery and recovery; assist in surgery; administer fluids; perform support therapy to patients in surgery and post-op; remove and ready next patient.
- Properly clean, pack and autoclave all surgical materials after they are used. Keep the operating room properly stocked and prepared for surgery.
- Help the doctor treat patients; assist in medical or surgical procedures such as irrigating wounds, medication, cleansing wounds, and bandaging. Perform the full range of “tableside” assistance to the practitioners.
- Perform clinical laboratory procedures such as fecal flotation exams, heartworm examinations, skin scrapings, urinalysis, fungal cultures and draw blood for laboratory analysis. Prepare samples for shipment to laboratory and prepare laboratory requisition forms. Perform other in-house tests such as parvo virus tests and immunoglobulin transfer tests and feline leukemia virus tests. Maintain file of lab test results and ensure patient records have test results recorded in them.
- Recognize basic normal and abnormal values including heart rate, respiratory rate / effort, temperature, and Blood glucose values.
- Be able to interpret basic parameters for ECG, Blood Pressure, pulse oximeter, and capnograph.
- Be able to perform endotracheal intubation.
- Be able to recognize patients needing treatment for pain.
- Be able to recognize signs of respiratory distress / failure.
- Be able to place and care for IV catheters (peripheral and jugular).
- Be able to care for urinary catheters.
- Perform cystocentesis

- Only Licensed Technicians need to be able to splint, cast, perform dental extractions, induce anesthesia, and suture.
- Take and process all radiographs. Properly file or store radiographs after doctor has reviewed and interpreted them so that they are properly filed or stored and easy to locate in the future.
- Perform in-clinic procedures such as dewormings, record patient weights and temperatures, record observations on patient status such as nature and amount of vomitus, bowel movements, and urination. These procedures may include, but will not be limited to performing ear flushes and plucks, enemas and dental prophies for dogs and cats. Monitor vital signs on all patients; including any large animals the practice may treat (e.g. horses). Aid in the restraint and treatment of these patients as needed.
- Ensuring that all patients are clean, comfortable and well kept is the responsibility of the entire healthcare team, especially the technical departments.
- Admit and discharge patients on the doctor's orders, being especially careful to ensure that patients being discharged are well-groomed and in a medically appropriate state. Answer client questions one-on-one on various aspects of animal care up to, but not including, controversial items and/or those best left to the veterinarians. Pass on information/advice from the practitioners; explain dosage/purpose of medications; reinforce through discussion the proper care and procedures that should be followed at home. Inform client when they should return for the patient's medical progress examination.
- Complete accurate estimates and convey information to owners.
- Communicate with clients regarding the medical status of their pet. Provide accurate information to clients concerning fees, hospital policies, etc.
- Conduct medical call backs with clients concerning certain patients; recommend additional visit if patient's progress does not appear satisfactory.
- Assist the receptionist when necessary and assume their duties during one's absence if and when needed.
- Maintain an appropriate inventory of all supplies as dictated by the inventory control system. Inform appropriate member of management as needed about items that need to be ordered. Unpack boxes of medical supplies, mark prices, check expiration dates, rotate stock and store. Make sure all products and literature are identified with labels. Keep abreast of over-the-counter products and their usage such as flea control and skin products, vitamins, and pet foods. Also understand usage and recommendations for such prescription drugs as heartworm preventative and prescription flea control products.
- Perform dental cleaning and procedures with the assistance of the veterinarian. Educate owners about the importance of dentistry in practice.
- During puppy and kitten visits, thoroughly discuss animal care with owners to ensure a healthy life for the animal. Encourage preventative care for all animals.
- Assist in training other staff members under the direction of the managers.
- Maintain proper handling of hazardous materials and infectious waste.
- Be able to work with other team members and consistently treat all clients and co-workers with courtesy and professionalism.
- Always respect patient / client confidentiality.
- Complete training and continuing education assignments on schedule.
- Attend staff meetings

- The above is a partial list of job responsibilities. In addition, you may be asked to perform other tasks.

### ***SKILL AND KNOWLEDGE***

- Knowledge of the procedures used for receiving, treating, and scheduling patients, for ordering medical supplies, and requesting laboratory tests.
- Knowledge of the use, care, and storage of veterinary instruments, materials, and equipment.
- Knowledge of sterilization techniques to sterilize various instruments and materials.
- Knowledge of the instruments, materials, and standardized procedures used in the full variety of treatments to make preparations and provide “tableside” assistance.

### ***PHYSICAL EFFORT***

The physical demands described here are representative of those that must be met by an employee to successfully perform the primary functions of this job. While performing the duties of this job, the employee is frequently required to bend, stand, stoop, walk, sit, talk, and listen; may be required to walk or stand for long periods of time; will use hands to manipulate, handle, or feel; will reach with hands and arms. The employee is often required to lift and carry animals weighing fifty pounds or more; handle dogs weighing up to 100 lbs.

### ***WORK ENVIRONMENT***

While performing the duties of this job, the employee is exposed to hazards associated with aggressive patients; hazards associated with infected animals and controlled substances; exposure to unpleasant odors and noises; exposure to bites, scratches and animal wastes; possible exposure to contagious diseases.



# EXHIBIT 5



## PETITION FOR MODIFICATION OF PENALTY PROBATION COMPLIANCE STATUS REPORT

PETITIONER: Jennifer Hartman RVT12538

TYPE OF PETITION: Termination of Probation

CASE NUMBER: 4602017000277

CONDITIONS AND STATUS:

- Obey All Laws : In compliance.
- Quarterly Reports & Interviews : In compliance.
- Cooperation w/ Probation Surveillance : In compliance.
- No Preceptorships : In compliance.
- Notice to Employers : In compliance.
- Notice to Employees : In compliance.
- Supervised Practice : In compliance.
- No Ownership : In compliance
- No Management or Administration : In compliance.
- Tolling : Not applicable.
- Violation of Probation : In compliance.
- Submit to Drug Testing : In compliance.
- Abstain from Controlled Substances : In compliance.
- Abstain from Alcohol Use : In compliance

This status report is based on all available information in the file.

Submitted by: \_\_\_\_\_ Date 2/15/2022  
Jeffrey Weiler, Probation Monitor

# EXHIBIT 6

BEFORE THE  
VETERINARY MEDICAL BOARD  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Statement of Issues  
Against:

JENNIFER KELLY HARTMAN  
11008 Avenida Playa Veracruz  
San Diego, CA 92124-4112

Registered Veterinary Technician  
Applicant

Respondent.

Case No. 4602017000277

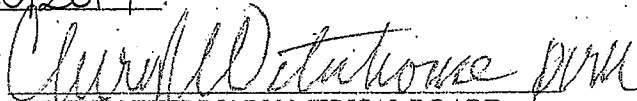
OAH No. 2017011036

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the  
Veterinary Medical Board, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective on July 23, 2017

It is so ORDERED June 23, 2017

  
FOR THE VETERINARY MEDICAL BOARD  
DEPARTMENT OF CONSUMER AFFAIRS

1 XAVIER BECERRA  
Attorney General of California  
2 GREGORY J. SALUTE  
Supervising Deputy Attorney General  
3 LAURO A. PAREDES  
Deputy Attorney General  
4 State Bar No. 254663  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 738-9439  
7 Facsimile: (619) 645-2061  
*Attorneys for Complainant*

8  
9 **BEFORE THE**  
**VETERINARY MEDICAL BOARD**  
**DEPARTMENT OF CONSUMER AFFAIRS**  
10 **STATE OF CALIFORNIA**

11  
12 In the Matter of the Statement of Issues  
Against:

13 **JENNIFER KELLY HARTMAN**  
14 11008 Avenida Playa Veracruz  
San Diego, CA 92124-4112

15 Registered Veterinary Technician  
16 Applicant

17 Respondent.

Case No. 4602017000277

OAH No. 2017011036

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

18  
19  
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Annemarie Del Mugnaio (Complainant) is the Executive Officer of the Veterinary  
24 Medical Board (Board). She brought this action solely in her official capacity and is represented  
25 in this matter by Xavier Becerra, Attorney General of the State of California, by Lauro A.  
26 Paredes, Deputy Attorney General.

27 2. Respondent Jennifer Kelly Hartman (Respondent) is represented in this proceeding by  
28 attorney Kevin C. Murphy, whose address is: 600 B Street, Suite 1420 San Diego, CA 92101.



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

CONTINGENCY

11. This stipulation shall be subject to approval by the Veterinary Medical Board. Respondent understands and agrees that counsel for Complainant and the staff of the Veterinary Medical Board may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

13. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

///

///

///

///

///





1           4.    **No Preceptorships or Supervision of Interns**

2           Respondent shall not supervise a registered intern and shall not perform any of the duties of  
3 a preceptor.

4           5.    **Notice to Employers**

5           Respondent shall notify all present and prospective employers of the decision in this case  
6 and the terms, conditions, and restrictions imposed on Respondent by the decision in this case.  
7 Within thirty (30) days of the effective date of this decision and within fifteen (15) days of  
8 Respondent undertaking new employment, Respondent shall cause his or her employer to report  
9 to the Board in writing, acknowledging the employer has read the Statement of Issues and  
10 decision in this case and understands Respondent's terms and conditions of probation. Relief  
11 veterinarians shall notify employers immediately.

12           6.    **Notice to Employees**

13           Respondent shall, upon or before the effective date of this decision, post or circulate a  
14 notice which actually recites the offenses for which Respondent has been disciplined and the  
15 terms and conditions of probation, to all employees, and to any preceptor, intern or extern  
16 involved in his or her veterinary practice. Within fifteen (15) days of the effective date of this  
17 decision, Respondent shall cause his/her employees to report to the Board in writing,  
18 acknowledging the employees have read the Statement of Issues n and decision in the case and  
19 understand Respondent's terms and conditions of probation.

20           7.    **Owners and Officers (Corporations or Partnerships): Knowledge of the Law**

21           Respondent shall provide, within thirty (30) days after the effective date of the decision,  
22 signed and dated statements from the owners, officers, or any owner or holder of ten percent  
23 (10%) or more of the interest in Respondent or Respondent's stock, stating said individuals have  
24 read and are familiar with federal and state laws and regulations governing the practice of  
25 veterinary medicine.

26           8.    **Tolling of Probation**

27           If Respondent resides out of state upon or after effective date of the decision, he or she must  
28 comply with the following conditions only: quarterly reports and interviews, tolling of probation,

1 continuing education and cost recovery. If Respondent returns to California he or she must  
2 comply or be subject to all probationary conditions for the period of probation.

3 Respondent, during probation, shall engage in the practice of veterinary medicine in  
4 California for a minimum of 24 hours per week for six (6) consecutive months or as determined  
5 by the Board. Should Respondent fail to engage in the practice of veterinary medicine in  
6 California as set forth above, the time outside of the practice shall not apply to reduction of the  
7 probationary terms.

#### 8 9. Violation of Probation

9 If Respondent violates probation in any respect, the Board, after giving Respondent notice  
10 and the opportunity to be heard, may revoke probation and carry out the disciplinary order that  
11 was stayed. If an accusation or petition to revoke probation is filed against Respondent during  
12 probation, or if the Attorney General's office has been requested to prepare any disciplinary  
13 action against Respondent's license, the Board shall have continuing jurisdiction until the matter  
14 is final, and the period of probation shall be extended until the matter is final.

#### 15 10. Completion of Probation

16 All costs for probation monitoring and/or mandatory premises inspections shall be borne by  
17 Respondent. Failure to pay all costs due shall result in an extension of probation until the matter  
18 is resolved and costs paid. Upon successful completion of probation and all payment of all fees  
19 due, Respondent's license will be fully restored.

#### 20 11. Supervised Practice

21 Respondent shall practice only under the supervision of a veterinarian approved by the  
22 Board. The supervision directed may be continuous supervision, substantial supervision, partial  
23 supervision, or supervision by daily review, as deemed necessary by the Board. All costs involved  
24 with practice supervision shall be borne by Respondent.

25 Each supervisor shall have been licensed in California for at least five (5) years and not  
26 have ever been subject to any disciplinary action by the Board. The supervisor shall be  
27 independent, with no prior business or personal relationship with Respondent and the supervisor  
28 shall not be in a familial relationship with or be an employee, partner, or associate of Respondent.

1           Within thirty (30) days of the effective date of the decision, Respondent shall have her  
2 supervisor submit a report to the Board in writing stating the supervisor has read the decision in  
3 case number 4602017000277. Should Respondent change employment, Respondent shall have  
4 her new supervisor, within fifteen (15) days after employment commences, submit a report to the  
5 Board in writing stating the supervisor has read the decision in case number 4602017000277.

6           Respondent's supervisor shall, on a basis to be determined by the Board, review and  
7 evaluate all or a designated portion of patient records of those patients for whom Respondent  
8 provides treatment or consultation during the period of supervised practice. The supervisor shall  
9 review these records to assess 1) the medical necessity and appropriateness of Respondent's  
10 treatment; 2) Respondent's compliance with community standards of practice in the diagnosis and  
11 treatment of animal patients;

12           3) Respondent's maintenance of necessary and appropriate treatment;

13           4) Respondent's maintenance of necessary and appropriate records and chart entries; and

14           5) Respondent's compliance with existing statutes and regulations governing the practice of  
15 veterinary medicine.

16           Respondent's supervisor shall file monthly reports with the Board. These reports shall be in  
17 a form designated by the Board and shall include a narrative section where the supervisor  
18 provides his or her conclusions and opinions concerning the issues described above and the basis  
19 for his or her conclusions and opinions. Additionally, the supervisor shall maintain and submit  
20 with his or her monthly reports a log designating the patient charts reviewed, the date(s) of  
21 service reviewed, and the date upon which the review occurred. If the supervisor terminates or is  
22 otherwise no longer available, Respondent shall not practice until a new supervisor has been  
23 approved by the Board.

24           If respondent is an employee rather a veterinary hospital owner, the supervisor shall  
25 additionally notify the Board of the dates and locations of all employment of respondent, during  
26 each month covered by his/her report.

27       ///

28       ///

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**12. No Ownership**

Respondent shall not have any legal or beneficial interest in any business, firm, partnership, or corporation currently or hereinafter licensed or registered by the Board and shall not own any veterinary hospital.

**13. No Management or Administration**

Respondent shall not manage or be the administrator of any veterinary hospital.

**14. Submit to Drug Testing**

Respondent shall immediately submit to drug testing, at Respondent's cost, upon request by the Board or its designee. There will be no confidentiality in test results; positive test results will be immediately reported to the Board and to Respondent's current employer.

**15. Abstain from Controlled Substances**

Respondent shall completely abstain from the personal use or possession of controlled substances, as defined in the California Uniform Controlled Substances Act, and dangerous drugs as defined in Section 4211 of the Business and Professions Code, except when lawfully prescribed by a licensed practitioner for a bona fide illness. Respondent shall submit to random drug testing during the period of probation.

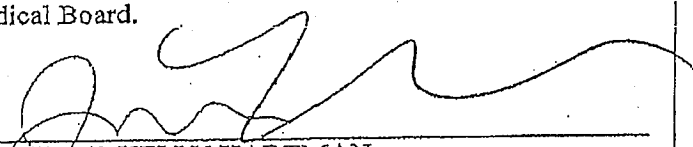
**16. Abstention from Alcohol Use**

Respondent shall abstain completely from the use of alcoholic beverages.

**ACCEPTANCE**

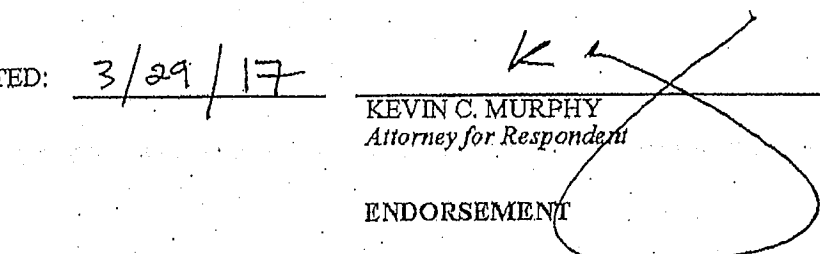
I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Kevin C. Murphy. I understand the stipulation and the effect it will have on my Registered Veterinary Technician Registration. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Veterinary Medical Board.

DATED: 3/29/17

  
\_\_\_\_\_  
JENNIFER KELLY HARTMAN  
Respondent

1 I have read and fully discussed with Respondent Jennifer Kelly Hartman the terms and  
2 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
3 I approve its form and content.

4  
5 DATED: 3/29/17

6   
7 KEVIN C. MURPHY  
8 *Attorney for Respondent*

9 ENDORSEMENT

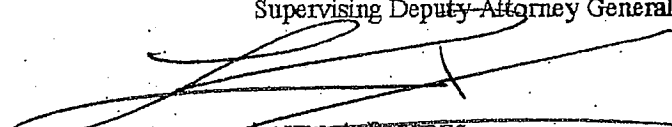
10 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
11 submitted for consideration by the Veterinary Medical Board:

12 Dated:

13 3/29/17

14 Respectfully submitted,

15 XAVIER BECERRA  
16 Attorney General of California  
17 GREGORY J. SALUTE  
18 Supervising Deputy Attorney General

19   
20 LAURA A. PAREDES  
21 Deputy Attorney General  
22 *Attorneys for Complainant*

23 SD2016702755  
24 Hartman Slip 3.22.17.docx

1 KAMALA D. HARRIS  
Attorney General of California  
2 LINDA K. SCHNEIDER  
Senior Assistant Attorney General  
3 ANTOINETTE B. CINCOTTA  
Supervising Deputy Attorney General  
4 State Bar No. 120482  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 738-9457  
7 Facsimile: (619) 645-2061  
*Attorneys for Complainant*

8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

BEFORE THE  
VETERINARY MEDICAL BOARD  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Statement of Issues  
Against:

Case No. 4602017000277

JENNIFER KELLY HARTMAN \*

STATEMENT OF ISSUES

Registered Veterinary Technician Applicant

Respondent.

Complainant alleges:

PARTIES

1. Annemarie Del Mugnaio (Complainant) brings this Statement of Issues solely in her official capacity as the Executive Officer of the Veterinary Medical Board (Board), Department of Consumer Affairs.

2. On or about June 7, 2016, the Board received an electronic application for a Veterinary Technician Registration from Jennifer Kelly Hartman (Respondent). On or about June 7, 2016, Jennifer Kelly Hartman certified under penalty of perjury to the truthfulness of all statements, answers, and representations in the application. The Board denied the application on September 21, 2016.

///

///

JURISDICTION

3. This Statement of Issues is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 4845.5 of the Code provides, in pertinent part, that the Board may deny a registration to an applicant on any of the grounds specified in Section 480 of the Code.

STATUTORY PROVISIONS

5. Section 475 of the Code states:

(a) Notwithstanding any other provisions of this code, the provisions of this division shall govern the denial of licenses on the grounds of:

(1) Knowingly making a false statement of material fact, or knowingly omitting to state a material fact, in an application for a license.

(2) Conviction of a crime.

(3) Commission of any act involving dishonesty, fraud or deceit with the intent to substantially benefit himself or another, or substantially injure another.

(4) Commission of any act which, if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of license.

(b) Notwithstanding any other provisions of this code, the provisions of this division shall govern the suspension and revocation of licenses on grounds specified in paragraphs (1) and (2) of subdivision (a).

(c) A license shall not be denied, suspended, or revoked on the grounds of a lack of good moral character or any similar ground relating to an applicant's character, reputation, personality, or habits.

6. Section 480 of the Code states:

(a) A board may deny a license regulated by this code on the grounds that the applicant has one of the following:

(1) Been convicted of a crime. A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action that a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4, 1203.4a, or 1203.41 of the Penal Code.

(2) Done any act involving dishonesty, fraud, or deceit with the intent to substantially benefit himself or herself or another, or substantially injure another.

1 (3)(A) Done any act that if done by a licentiate of the business or profession in  
2 question, would be grounds for suspension or revocation of license.

3 (3)(B) The board may deny a license pursuant to this subdivision only if the  
4 crime or act is substantially related to the qualifications, functions, or duties of the  
5 business or profession for which application is made.

6 (b) Notwithstanding any other provision of this code, a person shall not be denied a  
7 license solely on the basis that he or she has been convicted of a felony if he or she has  
8 obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section  
9 4852.01) of Title 6 of Part 3 of the Penal Code or that he or she has been convicted of a  
10 misdemeanor if he or she has met all applicable requirements of the criteria of  
11 rehabilitation developed by the board to evaluate the rehabilitation of a person when  
12 considering the denial of a license under subdivision (a) of Section 482.

13 (c) Notwithstanding any other provisions of this code, a person shall not be denied a  
14 license solely on the basis of a conviction that has been dismissed pursuant to Section  
15 1203.4, 1203.4a, or 1203.41 of the Penal Code. An applicant who has a conviction that  
16 has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code  
17 shall provide proof of the dismissal.

18 (d) A board may deny a license regulated by this code on the ground that the  
19 applicant knowingly made a false statement of fact that is required to be revealed in the  
20 application for the license.

21 7. Section 482 of the Code states:

22 Each board under the provisions of this code shall develop criteria to evaluate the  
23 rehabilitation of a person when:

24 (a) Considering the denial of a license by the board under Section 480; or

25 (b) Considering suspension or revocation of a license under Section 490.

26 Each board shall take into account all competent evidence of rehabilitation furnished  
27 by the applicant or licensee.

28 8. Section 493 of the Code states:

Notwithstanding any other provision of law, in a proceeding conducted by a board  
within the department pursuant to law to deny an application for a license or to suspend  
or revoke a license or otherwise take disciplinary action against a person who holds a  
license, upon the ground that the applicant or the licensee has been convicted of a crime  
substantially related to the qualifications, functions, and duties of the licensee in question,  
the record of conviction of the crime shall be conclusive evidence of the fact that the  
conviction occurred, but only of that fact, and the board may inquire into the  
circumstances surrounding the commission of the crime in order to fix the degree of  
discipline or to determine if the conviction is substantially related to the qualifications,  
functions, and duties of the licensee in question.

As used in this section, "license" includes "certificate," "permit," "authority," and  
"registration."



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

9. Section 4883 of the Code states:

The board may deny, revoke, or suspend a license or assess a fine as provided in Section 4875 for any of the following:

(a) Conviction of a crime substantially related to the qualifications, functions, or duties of veterinary medicine, surgery, or dentistry, in which case the record of the conviction shall be conclusive evidence.

(g) Unprofessional conduct, that includes, but is not limited to, the following:

(2)(B) The use of any of the dangerous drugs specified in Section 4211, or of alcoholic beverages to the extent, or in any manner as to be dangerous or injurious to a person licensed under this chapter [the Veterinary Medicine Practice Act], or to any other person or to the public, or to the extent that the use impairs the ability of the person so licensed to conduct with safety the practice authorized by the license.

(2)(C) The conviction of more than one misdemeanor or any felony involving the use, consumption or self-administration of any of the substances referred to in this section or any combination thereof and the record of the conviction is conclusive evidence.

A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The board may order the license suspended or revoked or assess a fine, or may decline to issue a license, when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

### REGULATORY PROVISIONS

10. California Code of Regulations, title 16, section 2040 states:

For the purposes of denial, suspension, or revocation of a license pursuant to Division 1.5 (commencing with Section 475) of the code, a crime or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license under Chapter 11 of Division 2 of the code if to a substantial degree it evidences present or potential unfitness of a person holding a license to perform the functions authorized by his or her license in a manner consistent with the public health, safety or welfare. Such crimes or acts shall include but not be limited to those involving the following:

(a) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision or term of Chapter 11, Division 2 of the code.

(b) Conviction of a crime involving fiscal dishonesty.

1 11. California Code of Regulations, title 16, section 2041 states:

2 (a) When considering the denial of a license under Section 480 of the code, the  
3 board, in evaluating the rehabilitation of the applicant and his or her present eligibility  
4 for a license will consider the following criteria:

5 (1) The nature and severity of the act(s) or crime(s) under consideration as grounds  
6 for denial.

7 (2) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under  
8 consideration as grounds for denial which also could be considered as grounds for denial  
9 under Section 480 of the code.

10 (3) The time that has elapsed since commission of the act(s) or crime(s) referred to  
11 in subdivision (1) or (2).

12 (4) The extent to which the applicant has complied with any terms of parole,  
13 probation, restitution, or any other sanctions lawfully imposed against the applicant.

14 (5) Evidence, if any, of rehabilitation submitted by the applicant.

15 FIRST CAUSE FOR DENIAL OF APPLICATION

16 (March 24, 2006 Criminal Conviction for DUI on December 24, 2005)

17 12. Respondent's application is subject to denial under sections 480(a)(1) and 4883(a)  
18 of the Code in that she was convicted of a crime that is substantially related to the qualifications,  
19 duties, and functions of a Registered Veterinary Technician. The circumstances are as follows:

20 a. On or about March 24, 2006, in a criminal proceeding entitled *People of the*  
21 *State of California v. Jennifer Kelly Buckner*, in San Diego County Superior Court, case number  
22 M981699, Respondent was convicted on her plea of guilty to violating Vehicle Code section  
23 23152(b), driving with a blood alcohol concentration (BAC) of .08 percent or more, a  
24 misdemeanor. In exchange for her plea, the court dismissed an additional count of driving under  
25 the influence of alcohol and/or drugs (Veh. Code, § 23152(a)).

26 b. As a result of the conviction, Respondent was sentenced to serve 180 days  
27 in jail, stayed, pending successful completion of probation for five years. Respondent was ordered  
28 to perform four days of Public Work Service, and complete a First Conviction Program and a  
MADD Victim Impact Panel session. At a hearing on April 17, 2013, the court granted  
Respondent's Petition for Dismissal. The guilty plea was withdrawn, a plea of not guilty was  
entered, and the case was dismissed pursuant to Penal Code § 1203.4.

1 c. The circumstances that led to the conviction are that on or about the  
2 evening of December 24, 2005, the San Diego Police Department responded to a report of a  
3 vehicle collision involving Respondent. An officer interviewed Respondent who stated that she  
4 was the sole driver of an SUV that collided with another vehicle, causing major damage to both  
5 vehicles. The officer observed that Respondent's eyes appeared to be bloodshot, watery and  
6 droopy, her speech was slurred, and she had the odor of alcohol on her breath and person. Due to  
7 Respondent's condition, no field sobriety tests were performed, and she was arrested for driving  
8 under the influence. During booking, Respondent provided a blood sample for testing.

9 SECOND CAUSE FOR DENIAL OF APPLICATION

10 (October 1, 2008 Criminal Conviction for Public Intoxication on August 20, 2008)

11 13. Respondent's application is subject to denial under sections 480(a)(1) and 4883(a)  
12 of the Code in that she was convicted of a crime that is substantially related to the qualifications,  
13 duties, and functions of a Registered Veterinary Technician. The circumstances are as follows:

14 a. On or about October 1, 2008, in a criminal proceeding entitled *People of*  
15 *the State of California v. Jennifer Buckner*, in San Diego County Superior Court, case number  
16 M058846, Respondent was convicted on her plea of no contest to violating Penal Code section  
17 647(f), drunk in public -- drugs, a misdemeanor. In exchange for her plea, the court dismissed the  
18 original count of being under the influence of a controlled substance (Health & Saf. Code, §  
19 11550(a)).

20 b. As a result of the conviction, Respondent was granted summary probation  
21 for three years. She was ordered to complete an outpatient substance abuse treatment program,  
22 attend 10 self-help meetings, and pay fees and fines. Respondent's probation was revoked and  
23 reinstated twice for failure to comply with its terms. At a hearing on April 17, 2013, the court  
24 granted Respondent's Petition for Dismissal. The guilty plea was withdrawn, a plea of not guilty  
25 was entered, and the case was dismissed pursuant to Penal Code § 1203.4.

26 c. The circumstances that led to the conviction are that on or about 1:30 a.m.  
27 on August 20, 2008, the San Diego Police Department was conducting a patrol of a neighborhood  
28 park when they observed Respondent pushing a bicycle up a path. The officers interviewed

1 Respondent and learned that she was subject to a Fourth Amendment waiver, so she was asked to  
2 empty her pockets. Respondent displayed the symptoms of being under the influence of a  
3 controlled substance (bloodshot eyes, eyelid flutters, and rapid pulse), and she was arrested.

4 THIRD CAUSE FOR DENIAL OF APPLICATION

5 (Dangerous Use of a Controlled Substance & Alcohol)

6 14. Respondent's application is subject to denial under sections 4883(g)(2)(B) of the  
7 Code in that she used a controlled substance and alcoholic beverages to the extent, or in any  
8 manner as to be dangerous or injurious to herself and the public, as described in paragraphs 12 and  
9 13, above.

10 FOURTH CAUSE FOR DENIAL OF APPLICATION

11 (Convictions for Alcohol and/or Drug-Related Criminal Offenses)

12 15. Respondent's application is subject to denial under sections 4883(g)(2)(C) of the  
13 Code in that she was convicted of more than one misdemeanor involving the use, consumption or  
14 self administration of a controlled substance and/or alcoholic beverages, as described in paragraphs  
15 12 and 13, above.

16 FIFTH CAUSE FOR DENIAL OF APPLICATION

17 (June 2, 2009 Criminal Conviction for Possession of Hypodermic Syringes on April 4, 2009)

18 16. Respondent's application is subject to denial under sections 480(a)(1) and 4883(a)  
19 of the Code in that she was convicted of a crime that is substantially related to the qualifications,  
20 duties, and functions of a Registered Veterinary Technician. The circumstances are as follows:

21 a. On or about June 2, 2009, in a criminal proceeding entitled *People of the*  
22 *State of California v. Jennifer Kelly Buckner*, in San Diego County Superior Court, case number  
23 C290078, Respondent was convicted on her plea of guilty to violating Business and Professions  
24 Code section 4140,<sup>1</sup> illegal possession of a hypodermic needle, a misdemeanor.

25 b. As a result of the conviction, Respondent was granted summary probation  
26 for three years. She was ordered to submit to a Fourth Amendment waiver, complete an

27 \_\_\_\_\_  
28 <sup>1</sup> Repealed and added by Stats. 1996, Ch. 890, Sec. 3.

1 HIV/AIDS Education Course, and pay fees and fines. At a hearing on May 6, 2013, the court  
2 granted Respondent's Petition for Dismissal. The guilty plea was withdrawn, a plea of not guilty  
3 was entered, and the case was dismissed pursuant to Penal Code § 1203.4.

4 c. The circumstances that led to the conviction are that on or about the  
5 evening of April 4, 2009, an officer with the La Mesa Police Department was conducting a  
6 security check of a motel when he encountered Respondent and a companion in the motel's  
7 parking lot. He confirmed that Respondent was a registered guest, and learned that she was  
8 subject to a Fourth Amendment waiver. The officer searched the motel room and found two  
9 hypodermic needles in a suitcase Respondent identified as hers. Respondent told the officer that  
10 she recently used methamphetamine. Respondent was arrested for illegal possession of  
11 hypodermic needles.

#### 12 SIXTH CAUSE FOR DENIAL OF APPLICATION

13 (March 4, 2010 Criminal Conviction for Petty Theft on March 2, 2010)

14 17. Respondent's application is subject to denial under sections 480(a)(1) and 4883(a)  
15 of the Code in that she was convicted of a crime that is substantially related to the qualifications,  
16 duties, and functions of a Registered Veterinary Technician. The circumstances are as follows:

17 a. On or about March 4, 2010, in a criminal proceeding entitled *People of the*  
18 *State of California v. Jennifer Kelly Buckner*, in San Diego County Superior Court, case number  
19 M102896, Respondent was convicted on her plea of guilty to violating Penal Code section 484,  
20 petty theft, a misdemeanor. In exchange for the plea, the court dismissed an additional  
21 misdemeanor count of burglary (Pen. Code, § 459).

22 b. As a result of the conviction, Respondent was granted summary probation  
23 for three years, and ordered committed to the custody of the sheriff for one day. Respondent was  
24 further required to attend 10 Narcotics Anonymous meetings, pay fees and fines, and to stay away  
25 from the RiteAid store in Hillcrest. At a hearing on April 17, 2013, the court granted  
26 Respondent's Petition for Dismissal. The guilty plea was withdrawn, a plea of not guilty was  
27 entered, and the case was dismissed pursuant to Penal Code § 1203.4.

28 ///

1 c. The circumstances that led to the conviction are that on or about the  
2 afternoon of March 2, 2010, the San Diego Police Department Respondent to a Rite Aid regarding  
3 a shoplifter (Respondent) detained by the store's loss prevention officer. The loss prevention  
4 officer stated that he observed Respondent enter the Rite Aid and go directly to the stationary  
5 department, where she loitered for a few minutes. She then she concealed three aerosol cans of  
6 computer duster in a large purse, and left the store without paying for the items. Respondent was  
7 intercepted outside of the store. Respondent admitted to the police officer that she stole the cans  
8 of computer duster to get high by inhaling the air.

9 SEVENTH CAUSE FOR DENIAL OF APPLICATION

10 (April 5, 2010 Criminal Conviction for Petty Theft on February 10, 2010).

11 18. Respondent's application is subject to denial under sections 480(a)(1) and 4883(a)  
12 of the Code in that she was convicted of a crime that is substantially related to the qualifications,  
13 duties, and functions of a Registered Veterinary Technician. The circumstances are as follows:

14 a. On or about April 5, 2010, in a criminal proceeding entitled *People of the*  
15 *State of California v. Jennifer Kelly Buchner*, in San Diego County Superior Court, case number  
16 M104771, Respondent was convicted on her plea of guilty to violating Penal Code section 484,  
17 petty theft, a misdemeanor.

18 b. As a result of the conviction, Respondent was granted summary probation  
19 for three years. She was ordered to complete a shoplifting course, pay fees and fines, and stay  
20 away from the Von's grocery store in Pacific Beach. At a hearing on April 17, 2013, the court  
21 granted Respondent's Petition. The guilty plea was withdrawn, a plea of not guilty was entered,  
22 and the case was dismissed pursuant to Penal Code § 1203.4.

23 ///

24 ///

25 ///

26

27

28

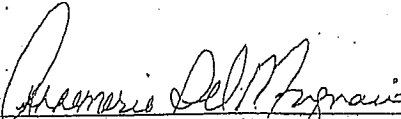
PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Veterinary Medical Board issue a decision:

1. Denying the application of Jennifer Kelly Hartman for a Registered Veterinary Technician Registration;
2. Taking such other and further action as deemed necessary and proper.

DATED:

*December 13, 2016*

  
ANNEMARIE DEL MUGNAIO  
Executive Officer  
Veterinary Medical Board  
Department of Consumer Affairs  
State of California  
*Complainant*

SD2016702755  
81504821.doc