

Department of Consumer Affairs  
Veterinary Medical Board

# Multidisciplinary Advisory Committee Meeting

1105 Vet Med 3B  
University of California Davis  
1089 Veterinary Medicine Drive  
Davis, California 95616

Tuesday, January 22, 2019  
10:00 a.m.

## Committee Members

Jeff Pollard, DVM, MDC Chair  
Kristi Pawlowski, RVT, MDC Vice Chair  
Allan Drusys, DVM,  
Meg Warner, DVM  
Kevin Lazarcheff, DVM  
Leah Shufelt, RVT  
Stuart Eckmann, Public Member  
Jennifer Loreda, RVT, Board Liaison

## Executive Officer

Jessica Sieferman

1747 North Market Blvd., Ste 230 • Sacramento, CA 95834 • [www.vmb.ca.gov](http://www.vmb.ca.gov)  
916-515-5220 • 916-928-6849 (Fax)



## MEETING NOTICE and AGENDA MULTIDISCIPLINARY ADVISORY COMMITTEE

### Committee Members

Jeff Pollard, DVM, Chair  
Kristi Pawlowski, RVT, Vice-Chair  
Allan Drusys, DVM  
Stuart Eckmann  
Kevin Lazarcheff, DVM  
Jennifer Loredo, RVT  
Leah Shufelt, RVT  
Margaret Warner, DVM

**January 22, 2019**

Action may be taken on any item listed on the agenda.

**University of California Davis  
Veterinary Medicine Research  
Facility 3B, Room 1105  
1089 Veterinary Medicine Drive  
Davis, California 95616**

**10:00 a.m., Tuesday, January 22, 2019**

1. Call to Order/ Roll Call/ Establishment of a Quorum
2. Committee Chair's Remarks, Committee Member Comments, and Introductions
3. Review and Approval of November 13, 2018 Committee Meeting Minutes
4. Update from the Complaint Process Audit Subcommittee; Potential Recommendation to Full Board
5. Update from the Public and Private Shelters and Minimum Standards and Protocols for Shelter Medicine Subcommittee; Potential Recommendation to Full Board
6. Update from the Minimum Standards and Protocols for Pet Ambulances Subcommittee; Potential Recommendation to Full Board
7. Discussion and Development of Guidelines for Discussion of Cannabis with Veterinary Clients; Potential Recommendation to Full Board
8. Public Comment on Items Not on the Agenda  
*Note: The Committee may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code Sections 11125 and 11125.7(a).)*
9. Future Agenda Items and Meeting Dates
  - April 16, 2019 – Riverside
  - July 16, 2019 – Bay Area
  - October 15, 2019 - Sacramento
  - A. Multidisciplinary Advisory Committee Assignment Priorities
  - B. Agenda Items for Next Meeting

***MISSION: To protect consumers and animals by regulating licensees, promoting professional standards, and diligent enforcement of the California Veterinary Medicine Practice Act.***

## 10. Adjournment

This agenda can be found on the Veterinary Medical Board website at [www.vmb.ca.gov](http://www.vmb.ca.gov). Action may be taken on any item on the agenda. The time and order of agenda items are subject to change at the discretion of the Committee Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Committee are open to the public.

This meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit [thedcapage.wordpress.com/webcasts/](http://thedcapage.wordpress.com/webcasts/). The meeting will not be cancelled if webcast is not available. If you wish to participate or to have a guaranteed opportunity to observe and participate, please plan to attend at a physical location. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Committee prior to the Committee taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Committee, but the Committee Chair may, at his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the Committee to discuss items not on the agenda; however, the Committee can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

The meeting locations are accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a request by contacting the Committee at (916) 515-5220, email: [vmb@dca.ca.gov](mailto:vmb@dca.ca.gov), or sending a written request to the Veterinary Medical Board, 1747 N. Market St., Suite 230, Sacramento, CA 95834. Providing your request at least five (5) business days prior to the meeting will help ensure availability of the requested accommodations. TDD Line: (916) 326-2297.

***VISION: An environment in which Californians have access to high-quality veterinary care for all animals.***



## MEETING MINUTES MULTIDISCIPLINARY ADVISORY COMMITTEE

November 13, 2018  
1747 N. Market Blvd.  
1<sup>st</sup> Floor Hearing Room  
Sacramento, California

**10:00 a.m. Tuesday, November 13, 2018**

### 1. Call to Order/Roll Call/Establishment of a Quorum

Multidisciplinary Advisory Committee (MDC) Chair, Dr. Jeff Pollard called the meeting to order at 10:03 a.m. Veterinary Medical Board (Board) Executive Officer, Ms. Jessica Sieferman, called roll; eight members of the MDC were present, and a quorum was established.

### 2. Committee Chair's Remarks, Committee Member Comments, and Introductions

#### Members Present

Jeff Pollard, Doctor of Veterinary Medicine (DVM), Chair  
Allan C. Drusys, DVM  
Kevin Lazarcheff, DVM  
Meg Warner, DVM  
Kristi Pawlowski, Registered Veterinary Technician (RVT)  
Leah Shufelt, RVT  
Stuart Eckmann, Public Member  
Jennifer Loreda, RVT, Board Liaison

#### Staff Present

Jessica Sieferman, Executive Officer  
Ethan Mathes, Administrative Programs Manager  
Amanda Drummond, Administrative Program Analyst  
Tara Welch, Legal Counsel

#### Guests Present

Kathy Bowler, Veterinary Medical Board (VMB)  
Nancy Ehrlich, California Registered Veterinary Technician Association (CaRVTA)  
Valerie Fenstermaker, California Veterinary Medical Association (CVMA)  
Cindy Gonzalez, RVT  
Erica Hughes, California Animal Welfare Association  
Anita Levy, CaRVTA

Mark Nunez, DVM, VMB  
Ken Pawlowski, DVM, CVMA  
Cindy Savely, RVT, CVMA and Sacramento Valley Veterinary Technician Association  
(SVVTA)  
Cheryl Waterhouse, DVM, VMB

### **3. Review and Approval of August 28, 2018 Committee Meeting Minutes**

The MDC made minor changes to the August 28, 2018 meeting minutes.

- Dr. Allan Drusys moved and Ms. Jennifer Loreda, RVT, seconded to approve the minutes as amended. The motion carried 6-0-2. Ms. Kristi Pawlowski and Ms. Jennifer Loreda, RVT, abstained.

### **4. Executive Officer Report**

#### **A. BreEZe Updates and Improvements**

Ms. Jessica Sieferman updated the MDC about staff streamlining processes in BreEZe, including updating the renewal process to make it more efficient for both Board staff and licensees. Additionally, Board staff is looking into providing real-time updates on applicant status online and developing interfaces with the national examination vendor to directly transmit examination scores directly into BreEZe.

#### **B. Outreach Efforts**

Ms. Jessica Sieferman updated that the Board is looking to work with the Department of Consumer Affairs (DCA) Public Affairs Office more regularly to better communicate to stakeholders important or relevant information. Additionally, the staff is researching ways to improve the LISTSERV email list to make it more user friendly, developing a newsletter, and organizing Board meetings at veterinary and RVT schools.

#### **C. Licensing Program**

Mr. Ethan Mathes provided an update on the licensing program, including application and examination statistics. Veterinary Assistant applications continue to come in at a high rate and there is generally an increase in applications received compared to prior years.

#### **D. Enforcement Program**

Ms. Jessica Sieferman provided updates on the enforcement program, including the enforcement program is fully staffed, and a new enforcement manager has been hired. The Board has seen a

significant increase in the number of complaints received and is currently receiving over 1,000 complaints per fiscal year. Board staff is looking at pulling existing data to identify any trends and determine what is causing the significant increase in complaints. Additionally, the Board is looking to train existing staff and reorganize the enforcement program to provide a better flow of processes and program management.

#### **5. Update from the Public and Private Shelters and Minimum Standards and Protocols for Shelter Medicine Subcommittee; Potential Recommendation to Full Board**

Ms. Jennifer Loreda, RVT, updated the MDC on the status of the Shelter Minimum Standards language and reviewed proposed modifications to the language since the last meeting. The MDC reviewed each section of the language and made modifications as discussed.

##### California Code of Regulations (CCR) section 2035

Changes to this section include revisions from the August meeting where the term “permit holder” was changed to “VACSP holder” for clarity purposes and subsection (b) was added to the language. At the August meeting, the MDC discussed whether subsection (d) meant to give veterinarians the ability to delegate tasks before the animal had been examined; legal counsel, Ms. Tara Welch, researched the history of section 2035 and determined that subsection (d) is consistent with the current interpretation of the law. The MDC also discussed the term “herd health” and defining that under CCR section 2034; the MDC determined that a subcommittee would develop a definition for review at the January MDC meeting.

##### CCR section 2035.5

Changes to this section include revisions from the August meeting. The MDC made minor revisions to subsection (e) for grammatical and clarity purposes.

##### CCR section 2030.6

The MDC discussed the requirements of a shelter to obtain a premises registration so the Board may inspect the premises, and whether the Board has the authority to regulate the sanitary conditions of shelters where veterinary medicine is not occurring. The MDC discussed that, in many instances, veterinary medicine is occurring where the animal is being housed and not just in the medical building. Public members had concerns regarding some of the language, including requiring the supervision of a veterinarian or RVT, and the MDC recommended developing a subcommittee to address those concerns and also research the local laws that govern the sanitary conditions of shelters. The MDC also made minor amendments to this section including updating the term “practice” to “premises”.

##### CCR section 2030.7

Changes to this section include revisions from the August meeting. The MDC made minor revisions to subsection (e) for grammatical and clarity purposes. Additionally, the subcommittee will review the necessity of 2030.7 to determine if it is needed and return their findings to the January meeting.

Public comment requested that the subcommittee request input from veterinarians working at animal shelters and obtain their feedback to see if further amendments are needed. The MDC agreed to bring this discussion back in January following further review and research by the subcommittee.

**6. Discussion and Consideration of Intra-Oral Dental Radiographic Equipment Requirements – Section 2030, Article 4, Division 20, Title 16 of the California Code of Regulations; Potential Recommendation to Full Board**

Dr. Jeff Pollard presented on intra-oral dental radiographs and advised that this issue was sent back to the MDC following a Board request that the MDC research if veterinarians should be required to have intra-oral dental radiographic equipment or the ability to refer out for those services if the equipment is not available. The MDC reviewed item attachments that included a poll that showed the ability of veterinarians to provide intra-oral dental radiographs has increased steadily over the last few years. Additionally, a discussion generated regarding informed client consent and if it is a requirement for a veterinarian to disclose if intra-oral dental radiographs will be provided to a patient, prior to dental services being rendered.

- Dr. Kevin Lazarcheff moved and Ms. Kristi Pawlowski, RVT, seconded the motion to not require intra-oral dental radiographic equipment at a fixed veterinary premise.

Following further discussion, Dr. Kevin Lazarcheff withdrew his motion.

- Ms. Jennifer Loreda, RVT, moved and Dr. Allan Drusys seconded the motion to report back to the Board that, after discussion, the MDC would like to maintain current regulations regarding veterinary dental radiography. The motion carried 6-2. Dr. Jeff Pollard and Dr. Meg Warner voted no.

**7. Update from the Minimum Standards and Protocols for Pet Ambulances Subcommittee; Potential Recommendation to Full Board**

Mr. Stuart Eckmann and Ms. Kristi Pawlowski, RVT, presented list itemizing the requirements for a pet ambulance and citing pet ambulance regulations. The MDC and members of the public discussed whether further regulations should be developed to govern pet ambulances, or if current regulatory language is sufficient. The MDC discussed, since pet ambulances is an industry that is still developing, it would be difficult to craft regulations while the industry is still evolving and agreed that the information provided in the Agenda item can be used to distribute to the public for outreach on the Board's website.

- Mr. Stuart Eckmann moved and Dr. Meg Warner seconded the motion to forward the language developed by the subcommittee to the Board for their approval to post to the website. The motion carried 8-0.

## 8. Public Comments on Items Not on the Agenda

*There were no comments from the public, outside agencies, or associations.*

## 9. Future Agenda Items and 2019 Meeting Dates

### A. **Multidisciplinary Advisory Committee Assignment Priorities**

- Update from the Complaint Process Audit Subcommittee
- Shelter Medicine Subcommittee Report

### B. **Agenda Items for Next Meeting**

### C. **2019 Meeting Dates**

- January 22, 2019 – University of California, Davis
- April 16, 2019 – Riverside
- July 16, 2019 – Bay Area
- October 15, 2019 – Western University

## 10. Adjournment

Dr. Kevin Lazarcheff moved to adjourn, and Ms. Kristi Pawlowski, RVT, seconded the motion.

*The MDC adjourned at 1:48pm.*



## COMPLAINT PROCESS AUDIT SUBCOMMITTEE

January 22, 2019

### Chronology

- 12/20/18 Kevin Lazarcheff & Jeff Pollard, 6<sup>th</sup> joint review of cases
- 08/28/18 6<sup>th</sup> subcommittee report to MDC
- 08/09/18 Kevin Lazarcheff & Jeff Pollard, 5<sup>th</sup> joint review of cases
- 02/20/18 5<sup>th</sup> subcommittee report to MDC
- 11/27/17 Bill Grant & Jeff Pollard, 4<sup>th</sup> joint review of cases
- 04/18/17 4<sup>th</sup> subcommittee report to MDC
- 04/17/17 Expert witness training Sacramento attended by Bill Grant & Jeff Pollard
- 04/06/17 Bill Grant & Jeff Pollard, 3<sup>rd</sup> joint review of cases
- 01/17/17 3<sup>rd</sup> subcommittee report to MDC
- 11/03/16 Expert witness roundtable San Diego attended by Bill Grant & Jeff Pollard
- 07/19/16 2<sup>nd</sup> subcommittee report to MDC
- 06/27/16 Diana Woodward-Hagle, Jeff Pollard, Candace Raney, & Annemarie Del Mugnaio meet as Expert Witness Guidelines Subcommittee
- 06/01/16 Bill Grant & Jeff Pollard 2<sup>nd</sup> joint review of cases
- 05/04/16 Expert witness training Sacramento (did not attend)
- 02/09/16 Expert Witness Guidelines Subcommittee, Diana Woodward-Hagle & Jeff Pollard
- 01/20/16 VMB assigns Expert Witness Guidelines to MDC
- 01/19/16 1<sup>st</sup> subcommittee report to MDC
- 01/06/16 Bill Grant & Jeff Pollard review cases
- 10/05/15 Jeff Pollard reviews cases
- 09/24/15 Bill Grant reviews cases
- 09/18/15 Teleconference: EO, Annemarie Del Mugnaio, Enforcement Program Mgr Candace Raney, Bill Grant & Jeff Pollard
- 08/01/15 MDC Chair, Jon Klingborg forms subcommittee with Bill Grant & Jeff Pollard
- 07/21/15 VMB assigns Complaint Process Audit Task Force to MDC

## **HIGHLIGHTS**

### **July 2015**

Goals of the MDC subcommittee in review of closed disciplinary cases:

The purpose of the taskforce (subcommittee) is to review enforcement cases and identify areas of opportunity for process improvement of complaint handling with a focus on examining expert witness reports and ultimate case outcomes.

The Subcommittee will conduct a review of a statistically significant and representative sample of closed disciplinary cases. Selection of the cases for review will be based upon a sampling of the following:

- Cases with disagreement among VMB consultants/experts
- Cases that are more factually complex
- Cases that have been closed within the past 3 fiscal years
- More generic cases for a purely random sampling

### **Nov 2015**

Length of time a complaint requires for processing.

Experts are generally consistent case-to-case but not expert-to-expert.

Varied formats from expert to expert. The complaint review template seems ideal.

Expert's speculation on respondent's action or thinking: not useful.

VMB medical consultants are more accurate in assessing SOC and application of VPA.

Recommendations:

Improved EW training.

Development of EW Manual & biannual EW training.

### **June 2016**

Cases reviewed prior to 2013 were more inconsistent in terms of EW conclusions and application of VPA.

EW need to examine if deviation from the SOC resulted in a poor outcome or if there was no correlation.

Motivation for the complaint is not in the purview of the EW.

The order in which an EW reviews a case may influence his/her conclusion.

Recognize bias.

Respondents often are not their own best advocate. Neither are their legal counsel at times.

### **January 2017**

EW Roundtable San Diego Nov 2016

Review of SOC, Statute -> Regulation -> Code, Flowchart (included), EW Guidelines (Diana Woodward Hagle), Testimony at Hearing (Diann Sokoloff), multiple EWs.

### **April 2017**

EW Training Sacramento

SOC, Negligence vs Incompetence, Deception, Fraud, Levels of Proof, Revised EW Manual, Testifying, Written Decisions by ALJ.

### **February 2018**

All cases reviewed written by current EW all of whom attended recent EW training sessions.

Organization and collation much better than older cases in previous reviews.

Describing medical/surgical issues in layman's terms is important.

Recommend continued EW training with coordination of MDC subcommittee & VMB.

Bias. Fair and objective evaluation.

### **August 2018**

Language EW uses ("fuzzy writing") and bias exhibited.

Translation of EW report to DAG's accusation to ALJ's Decision & Order.

Importance of EW template and appropriate editing (format, font, spacing, typos).

Recommend continued EW training.

### **December 2018**

14 cases, 8 DVMs, 4 license surrenders, 4 cases with EW specialists (2 for VMB, 2 for respondents).

Anatomy of a complaint; source (3), cause (many), mitigation (medical records), cost.

Required VMB notices (e.g., Abandoned Animal Act, No personnel after hours, Written Rx upon request) & licensee unfamiliarity with VPA (innumerable examples).

MDC: Multidisciplinary Committee

VMB: Veterinary Medical Board

SOC: Standard of Care

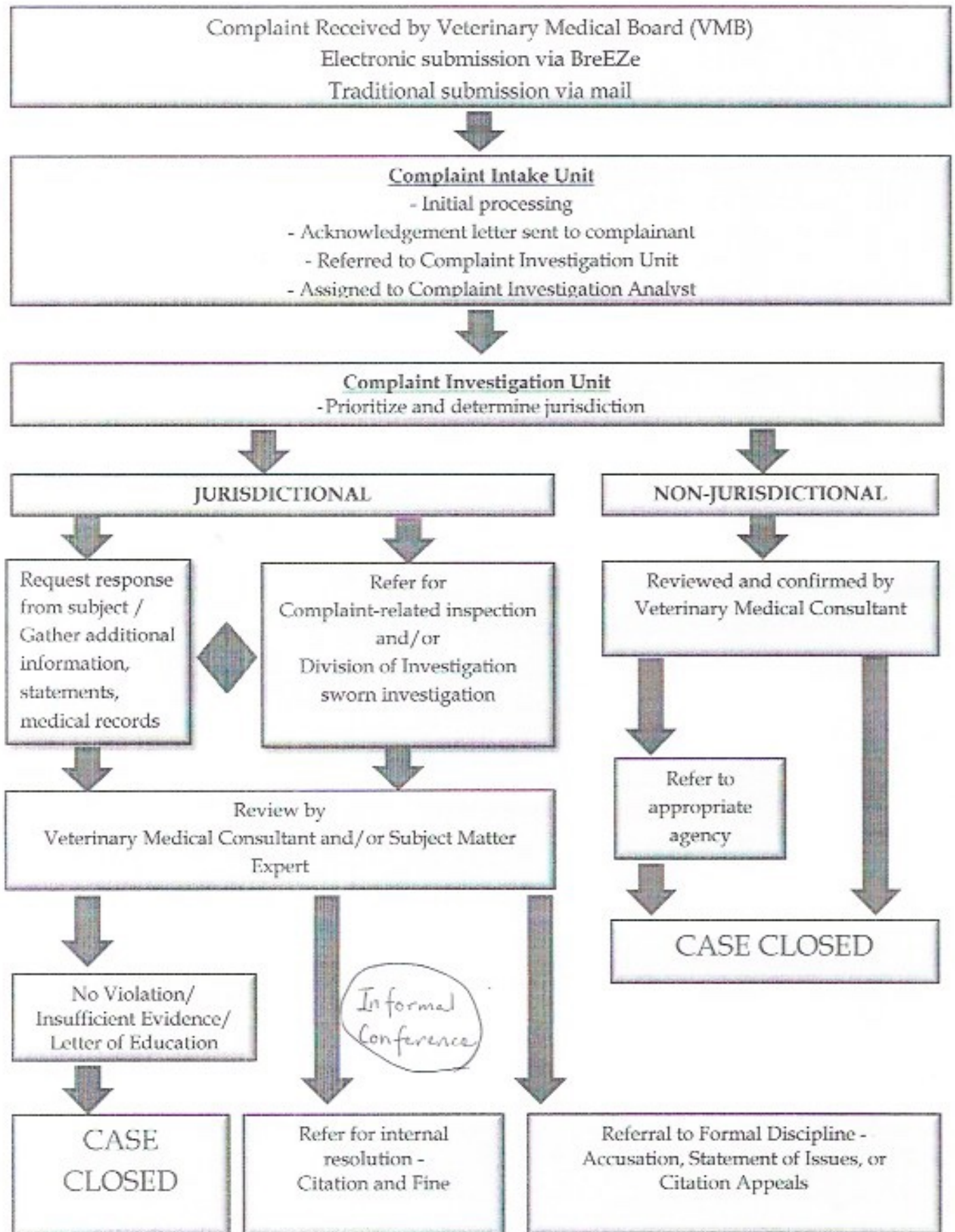
EW: Expert Witness

VPA: Veterinary Practice Act

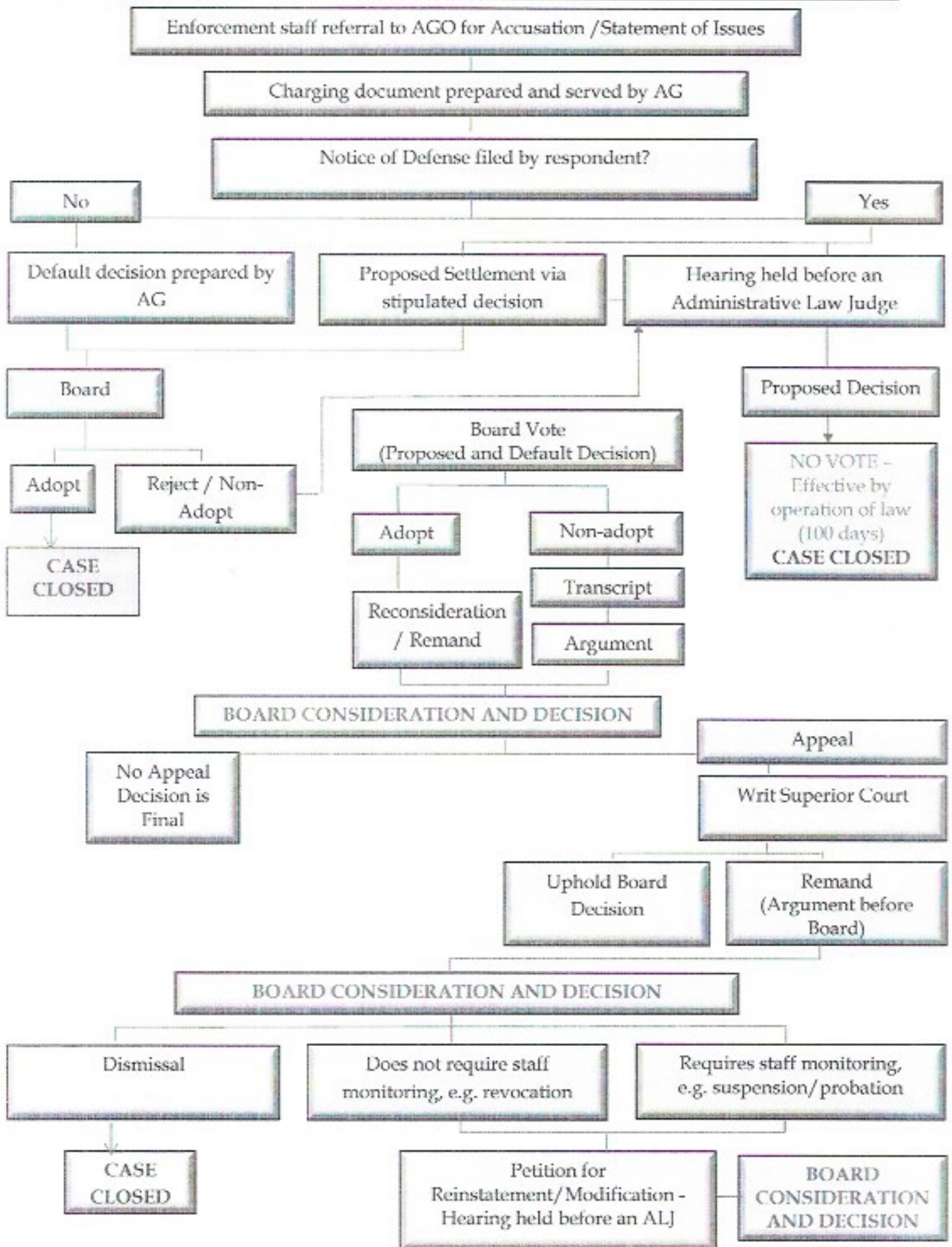
ALJ: Administrative Law Judge

DAG: Deputy Attorney General

# COMPLAINT INVESTIGATION FLOWCHART



# ACCUSATION / STATEMENT OF ISSUES / CITATION APPEALS



**CCR 20345. Animal Health Care Tasks Definitions.**

For purposes of the rules and regulations applicable to animal health care tasks for registered veterinary technicians, permit holders and veterinary assistants, contained in the division, the term:

- (a) "Veterinarian" means a California licensed veterinarian.
- (b) "R.V.T." means a registered veterinary technician.
- (c) "Veterinary assistant" means any individual who is not an R.V.T. or a licensed veterinarian.
- (d) "Supervisor" means a California licensed veterinarian or if a job task so provides an R.V.T.
- (e) "Direct Supervision" means: (1) the supervisor is physically present at the location where animal health care job tasks are to be performed and is quickly and easily available; and (2) the animal has been examined by a veterinarian at such time as good veterinary medical practice requires consistent with the particular delegated animal health care job task.
- (f) "Indirect Supervision" means: (1) that the supervisor is not physically present at the location where animal health care job tasks are to be performed, but has given either written or oral instructions ("direct orders") for treatment of the animal patient; and (2) the animal has been examined by a veterinarian at such times as good veterinary medical practice requires, consistent with the particular delegated animal health care task and the animal is not anesthetized as defined in Section 2032.4.
- (g) "Animal Hospital Setting" means all veterinary premises which are required by Section 4853 of the Code to be registered with the board.
- (h) "Administer" means the direct application of a drug or device to the body of an animal by injection, inhalation, ingestion, or other means.
- (i) "Induce" means the initial administration of a drug with the intended purpose of rendering an animal unconscious.
- (j) "Veterinary Assistant Controlled Substances Permit" or the abbreviation "VACSP" means a Veterinary Assistant Controlled Substances Permit issued by the board.
- (k) "~~Permit~~ VACSP holder" means a person who must be at least 18 years of age and is a holder of a VACSP issued pursuant to section 4836.2 of the code.
- (l) "Herd health" means insert definition here.

**Commented [DA1]:** Consider "Population Health" In an animal shelter location where an on-going assessment of the health and welfare of the entirety of all impounded species occurs. A holistic animal health management system based upon oversight by a veterinarian who reviews the status of identifiable parameters including but not limited to: disease prevalence, hygiene, parasite burden and mortality. This program also monitors nutrition assessments, housing needs, animal behavior and general welfare.

**Commented [WT2]:** Subcommittee to provide proposed language to define "herd health setting."

**CCR 2035. Duties of Supervising Veterinarian.**

(a) The supervising veterinarian shall be responsible for determining the competency of the R.V.T., ~~permit~~VACSP holder, or veterinary assistant to perform allowable animal health care tasks.

(b) A supervising veterinarian shall not delegate any function or allowable animal health care task to an R.V.T., VACSP holder, or veterinary assistant that requires clinical skill and judgment that is beyond the training and demonstrated competency of the R.V.T., VACSP holder, or veterinary assistant.

(c) The supervising veterinarian of an R.V.T., ~~permit~~VACSP holder, or veterinary assistant shall make all decisions relating to the diagnosis, treatment, management and future disposition of the animal patient.

(d) ~~Except for the provisions under subdivision (e), t~~The supervising veterinarian shall have examined the animal patient prior to the delegation of any animal health care task to an R.V.T., ~~permit~~VACSP holder, or veterinary assistant.

(e) The examination of the animal patient in a herd health setting shall be conducted at such time as good veterinary medical practice requires consistent with the particular delegated animal health care task.

~~(e) Rabies vaccines may be administered to an owned animal upon redemption from an animal shelter and pursuant to the direct order, written order, or telephonic order of a veterinarian licensed or authorized to practice in this state.~~

Note: Authority cited: Sections 4808 and 4836, Business and Professions Code. Reference: Sections 4836, 4836.1, 4840 and 4840.9, Business and Professions Code.

**Commented [WT3]:** Consider changing to “range setting” and define it. Old section 2034(i) defined “range setting” to mean “any setting other than an animal hospital setting.” TX regulation defines “herd” as: “Herd – a group of animals of the same species, managed as a group and confined to a specific geographic location. A herd may not include dogs, cats, any animal in individual training, or any animal that competes as an individual.”

**Commented [DA4]:** Or animal shelter

**CCR Section 2035.5 Duties of Supervising Veterinarian and Animal Health Care Tasks for R.V.T., VACSP Holder, and Veterinary Assistant in ~~the~~ Shelter Setting**

Commented [DA5]: Animal

(a) Notwithstanding subsection (c) of section 2035 and pursuant to subdivisions (a) and (b) of section 4840 of the code, limited medical care may be provided in a shelter setting by an R.V.T., VACSP holder, or veterinary assistant for the specific purpose of controlling infectious and zoonotic disease, controlling acute pain, and preventing environmental contamination if all the following are met:

(1) The supervising veterinarian has direct knowledge of the animal population and examines the animal(s) at such time as good veterinary medical practice requires consistent with the particular delegated animal health care tasks.

(2) The supervising veterinarian establishes written orders for:

(A) The indirect supervision of an R.V.T., VACSP holder, or veterinary assistant for vaccinations and prophylactic control of internal parasites and external parasites on intake.

(B) The indirect supervision of an R.V.T. for the treatment of medical conditions based on an animal's symptoms.

Commented [DA6]: Remove 'medical' as it implies a diagnosis.

(C) The direct supervision of a VACSP holder or veterinary assistant by an R.V.T. for the treatment of medical conditions based on an animal's symptoms.

Commented [DA7]: As above

(3) Treatment rendered under paragraph (2) may only be continued under the direction of a licensed veterinarian.

(b) Emergency animal care may be rendered by an R.V.T. pursuant to section 2069.

(c) An R.V.T., VACSP holder, or veterinary assistant shall not diagnose, perform surgery, or prescribe pursuant to section 4840.2 of the code.

(d) The supervising veterinarian shall maintain whatever physical presence is reasonable within the facility to ensure that the requirements in subsections (a) through(c) are met.

(e) Animals that have been adopted and returned to the shelter by the owner for treatment of a medical condition shall be examined by a veterinarian prior to treatment or dispensing medication pursuant to section 2032.1, unless the care is continued treatment of an existing medical condition prior to the animal being adopted and the R.V.T. is following the treatment protocol established by the veterinarian.

Commented [DA8]: by



(f) For animals surrendered to a shelter with valid prescription medication, an R.V.T., VACSP holder, or veterinarian assistant may continue administration of the prescription medication prior to veterinarian examination.]

(g) Rabies vaccines may be administered to an owned animal upon redemption from an animal shelter and pursuant to the direct order, written order, or telephonic order of a veterinarian licensed or authorized to practice in this state.

Note: Authority cited: Sections 4808 and 4836, Business and Professions Code. Reference: Sections 4836, 4836.1, and 4840, Business and Professions Code.

**Commented [DA10]:** I know this text exists, but who would be authorized but not licensed?

### CCR 2030.6 Minimum Standards – Animal Shelter Medicine in a Fixed Facility

For purposes of these regulations, “animal shelter facility” shall mean a building, or part of a building, where veterinary medicine and its various branches are being practiced and where veterinary services are being provided to stray, unwanted, or seized animals that are deposited with or impounded by a privately or publicly operated agency or organization. An animal shelter facility shall meet the following standards:

Commented [DA11]: or

Commented [DA12]: What are “veterinary services”?

- (a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times. {2030}
- (b) Indoor lighting for halls, wards, reception areas, and examining and surgical rooms shall be adequate for their intended purpose. {2030 (a)}
- (c) Fire precautions shall meet the requirements of local and state fire prevention codes. {2030 (f)(1)}
- (d) The facility, temperature, and ventilation shall be maintained so as to assure the comfort of all patients. {2030 (f)(2)}
- (e) The floors, table tops, and counter tops in areas where animals are being treated shall be made of a material suitable for regular disinfecting and cleaning and shall be cleaned and disinfected regularly. {2030 (g)(7)}
- (f) The animal shelter facility ~~where public spay and neuter services are provided~~ shall have a reception area ~~or an office, or a combination of the two.~~ {2030(b)}
- (g) The animal shelter facility shall have an examination room separate from other areas of the facility ~~and be of sufficient size to accommodate the doctor, assistant, patient, and client.~~ {2030(c)}
- (h) Current veterinary reference materials shall be readily available at the facility. {2030(f)(9)}
- (i) All drugs and biologicals shall be stored and maintained according to the manufacturer’s recommendations and administered, prescribed, and dispensed in compliance with state and federal laws. {2030(f)(6)}
- (j) The animal shelter facility shall have the ability to provide diagnostic radiological services ~~either on the premises or through outside services.~~ Radiological procedures shall be conducted in accordance with Health and Safety Code standards. {2030 (f)(4)}
- (k) The animal shelter facility shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services ~~either on the premises or through outside services.~~ {2030 (f)(5)}
- (l) The animal shelter facility shall have appropriate drugs, including oxygen, and equipment to provide immediate emergency care. {2030 (f)(12)}
- (m) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations. {2030 (f)(3)}
- (n) If animals are housed or retained ~~in the animal shelter facility~~ for treatment, the following shall be provided: {2030 (d)}
  - (1) Compartments or exercise runs or areas for animals shall be consistent with husbandry standards and shall be comfortable, sanitary, and provide for effective separation of animals and waste products. {2030 (d)(1)}

- (2) Effective separation of known or suspected contagious animals. {2030 (d)(2)}
- (3) Prior notice to the client if there are to be no personnel on-site during any time an animal is left at the facility. For purposes of this paragraph, prior notice may be accomplished by posting a sign in a place and manner conspicuous to the clients at the primary entrance of the premises, stating that there may be times when there are no personnel on the premises. {2030 (d)(3)}
- (4) When medically and/or species appropriate for a given species, -where animals are kept on the veterinary premises for 24 hours or more, the animals shall be provided with an opportunity for proper exercise. Compliance with this paragraph may be achieved by the use of exercise runs/areas or by providing the animal with the opportunity for outdoor walks. {2030.1 (a)}
- (o) When the facility is closed, a sign shall be posted and visible outside the primary entrance with a telephone number and location where emergency care is available. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services. {2030 (e)}
- (p) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times. {2030 (f)(10)}
- (q) Sanitary methods for the disposal of deceased animals shall be provided. {2030 (f)(7)}
- (r) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall retain the carcass in a freezer for at least 14 days prior to disposal. {2030(f)(7)}
- (s) If aseptic surgery is performed, the following shall be provided: {2030 (g)}
- (1) A room, separate and distinct from all other rooms, shall be reserved for aseptic surgical procedures that require aseptic preparations. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable. {2030 (g)(1)} The board may exempt a facility that is currently registered with the board but does not have a separate aseptic surgery room, where the board determines that it would be a hardship for the facility to comply with the provisions of this paragraph. In determining whether a hardship exists, the board shall give due consideration to the following factors: {2030 (g)(1)(B)}
- (A) Zoning limitations. {2030 (g)(1)(B)(1)}
- (B) Whether the facility constitutes a historical building. {2030 (g)(1)(B)(2)}
- ~~(C) Whether compliance with this requirement would compel the veterinary premises/practice to relocate to a new location. {2030 (g)(1)(B)(3)}~~
- (2) Storage in the surgery room shall be limited to items and equipment normally related to aseptic surgery and surgical procedures. Equipment not normally related to surgery and surgical procedure includes, but is not limited to, equipment used for dental prophylaxis, autoclaves, and non-surgical radiographic equipment. {2030 (g)(2)}
- (3) Open shelving is prohibited in the surgical room. {2030 (g)(3)}

**Commented [DA13]:** "Public" Animal shelters do not generally have clients in the VCPR sense.

**Commented [DA14]:** medically, safely, and/or

**Commented [DA15]:** Remove

**Commented [DA16]:** Remove Are there any such currently registered premises?

- (4) The surgical room shall not contain a functional sink with an open drain. {2030 (g)(4)}
- (5) Surgery room doors shall be able to be fully closed, fill the entire door space, be made of a material suitable for regular disinfecting and cleaning, and be cleaned and disinfected regularly, and not provide access from outside the facility when aseptic surgery services are provided. {2030 (g)(5)}
- (6) The surgery room shall be well-lighted, have equipment for viewing radiographs, and have effective emergency lighting with a viable power source. {2030 (g)(6)}
- (7) Surgical instruments and equipment shall be:
  - a. Adequate for the type of surgical procedures performed. {2030 (g)(8)(A)}
  - b. Sterilized as required by the surgical procedure performed and instruments used. {2030 (g)(8)(B)}
- (8) In any sterile procedure, a separate sterile pack shall be used for each animal. {2030 (g)(9)}
- (9) All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization. {2030 (g)(10)}
- (10) The following attire shall be required for aseptic surgery: {2030 (g)(11)}
  - (A) Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask that covers his or her hair and mouth, nose, and any facial hair, except for eyebrows or eyelashes. All members of the surgical team who will be handling the instruments or touching the surgical site shall wear sterilized surgical gowns with long sleeves and sterilized gloves. {2030 (g)(11)(A)}
  - (B) Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap, and mask. {2030 (g)(11)(B)}
- (t) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized, and the surgeon(s) and ancillary personnel shall wear appropriate apparel. {2030 (h)} -For purposes of this subsection, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances that, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures. {2030 (h)}

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4854 and 4883, Business and Professions Code.

### 2030.7 -Minimum Standards – Animal Shelter Ambulatory Medicine

For purposes of ~~these regulations~~ this section, an “animal shelter ambulatory ~~practice~~ premises” shall mean the practice of ~~veterinary medicine and its various branches provided to stray, unwanted, or seized animals~~ ~~shelter medicine~~ at a location outside a fixed facility ~~where veterinary medicine and its various branches are being practiced~~. Animal shelter ambulatory ~~practice-premises~~ shall meet the following minimum standards:

- (a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times. **{2030}**
- (b) Prior notice shall be given to the client when the ~~practice premises~~ is closed. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services. **{2030 (e)}**
- (c) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations. **{2030 (f)(3)}**
- (d) The animal shelter ambulatory ~~premises~~ ~~practice~~ shall have the ability to provide diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards. **{2030 (f)(4)}**
- (e) The animal shelter ambulatory ~~premises-practice~~ shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services **{2030 (f)(5)}**
- (f) All drugs and biologicals shall be stored and maintained according to the manufacturer’s recommendations and administered, prescribed, and dispensed in compliance with state and federal laws. **{2030(f)(6)}**
- (g) Current veterinary reference materials shall be readily available. **{2030(f)(9)}**
- (h) The animal shelter ambulatory ~~premises~~ ~~practice~~ shall have the appropriate drugs and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided. **{2030 (f)(12)}**
- (i) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized, and the surgeon(s) and ancillary personnel shall wear appropriate apparel. **{2030 (h)}** For purposes of this subsection, “clean surgery” shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances that, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures. **{2030 (h)}**

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections ~~4825-1~~, 4854, and 4883, Business and Professions Code.

**Commented [DA17]:** Not needed, don't believe this exists.

**Commented [WT18]:** Subcommittee to research need for this regulation.

**Commented [WT19]:** NEW REVISIONS FOR CONSIDERATION: “Shelter medicine” is not defined; suggest revising to correspond with the animal shelter fixed facility definition for shelter practice.



## Requirements for

# Dog Sellers and Dog Facility Operators

WISCONSIN DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION | DIVISION OF ANIMAL HEALTH

*Wisconsin law requires that some dog breeders and others involved in dog sales, adoptions, and sheltering to be inspected and licensed. It also requires that dogs be examined by a veterinarian before they are sold or adopted for a fee, and prohibits sale of puppies until they are 7 weeks old, except under certain conditions. This is a summary of the requirements for facilities and animal care that licensees must meet.*

### Who needs a license under Dog Sellers and Shelters Program

- **Dog breeders** selling at least 25 dogs a year, from more than 3 litters that they have bred
- **Dog breeding facilities** from which at least 25 dogs a year are sold, from more than 3 litters
- **In-state dog dealers** selling at least 25 dogs a year that they did *not* breed and raise
- **Out-of-state dog dealers** who import at least 25 dogs a year into Wisconsin, regardless of whether they bred and raised them
- **Non-profit animal shelters and rescue groups** sheltering/fostering at least 25 dogs a year
- **Animal control facilities** that contract with a city, village, town or county

### Who does *not* need a license under Dog Sellers and Shelters Program

- **Licensed veterinarians** who keep dogs only when providing veterinary care or treatment
- **A person conducting a one-time liquidation sale** from one location, with 30 days notice to DATCP, if:
  - There are 30 or fewer dogs owned or kept at the location when the sale starts, or at any time during the sale
  - No other dogs are moved to the location during the sale
  - No other owner sells dogs from the location during the sale
  - The seller was not licensed in the preceding license year, and didn't conduct a liquidation sale the previous license year.
- **Operators of temporary dog markets**, with 10 days notice to DATCP, if they:
  - Provide adequate facilities and take steps to assure humane care
  - Have a certified Wisconsin veterinarian examine dogs daily if the market runs more than one day
  - Gather and keep required information about the sellers and the dogs
  - Allow DATCP to inspect during market hours
- **Boarding kennels, dog groomers, pet owners**

### Home custody providers/fosterers

- **Individuals who keep dogs at their homes for a licensed person** do not need to be licensed themselves. However, they may be subject to inspection.
- **Rescue groups and humane societies** that do not operate a shelter, but only send animals to foster homes, must be licensed if they shelter at least 25 dogs a year in foster homes.

## License period

- In this first licensing period, we will issue temporary conditional licenses to applicants, on condition that all locations pass initial inspections. The license posted at each location will be modified after a successful inspection.
- **The first licenses will expire Sept. 30, 2012.** If DATCP inspection determines a licensee does not meet requirements, the license may be voided earlier.
- Thereafter, **licenses will expire Sept. 30 every year.**

## Annual fees

- **Animal control facilities and shelters:** Flat fee of \$125
- **Breeders, breeding facilities and in-state dealers** pay according to how many dogs they sell annually:
  - 25-49 dogs: \$250
  - 50-99 dogs: \$500
  - 100-249 dogs: \$750
  - 250 or more dogs: \$1,000
- **Out-of-state dealers:**
  - 25-49 dogs: \$370
  - 50-99 dogs: \$750
  - 100-249 dogs: \$1,125
  - 250 or more dogs: \$1,500
- **Late renewal:** Normal fees plus 20 percent
- **Operating without a license in the previous year:** Normal fees for current license, plus the fee that would have been required the previous year

## Inspections

- DATCP may inspect locations listed on the license and other locations where someone else keeps dogs for the license holder. (See Home custody providers/fosterers)
- Except for the initial temporary conditional license, facilities will have to pass inspection before licenses are issued.
- Beginning Oct. 1, 2012, license holders will be inspected once every two years.
- Inspections include dog health, standards of care, and record-keeping.
- License holders may be charged a re-inspection fee of \$150 if DATCP has to return after a routine inspection to verify that violations have been corrected. Licenses will not be renewed without payment of re-inspection fees.

## Record-keeping requirements

- **Records in written or readily readable electronic form,** must be kept at least 5 years at the license holder's principal place of business, available to DATCP on request
- **Address** of every location where license holder keeps dogs, the name of the person responsible for administering each location, and the name and address of anyone to whom dogs are consigned for home custody
- **Records required for each dog:**
  - **Health records** including vaccinations, observation and treatment records (regardless of who administered the treatment)
  - **Breed registration records,** if any
  - **Written behavior and socialization plan**

**Record-keeping requirements (continued)**

- **For all dogs under the license holder's custody or control during the license year,** including those in home custody:
  - Description including breed or type, sex, birth date or approximate age, color, distinctive markings
  - Location where each is kept
  - Any USDA official ID and any other ID tag, tattoo or microchip information available
- **For dogs born under license holder's custody or control,** statement to that effect
- **For dogs not born under license holder's custody or control:**
  - Date license holder acquired the dog
  - Identity of person from whom the license holder acquired the dog, including name, address and USDA facility license or registration number, if any
- **For dogs no longer under license holder's custody or control:**
  - Date the dog left the license holder's custody or control
  - Where the dog went
  - Name of person who took custody or control, if anyone
  - Copy of any certificate of veterinary inspection that accompanied the dog

**Dog sales and adoptions for fee/certificates of veterinary inspection**

- **Dogs less than 7 weeks old** cannot be sold unless accompanied by dam or approved by DATCP in writing.
- *Whenever a licensee sells or adopts out a dog for a fee, a certificate of veterinary inspection must accompany the dog.*
- **Certificates of veterinary inspection (CVI)**
  - If issued in Wisconsin, must be completed and signed by Wisconsin certified veterinarian; if issued for dogs entering Wisconsin, must be completed and signed by a veterinarian accredited by USDA and state of origin
  - CVIs issued in Wisconsin must be on a form provided by DATCP; those issued in other states must be on forms from USDA or state of origin.
  - CVIs will be sold only to veterinarians, not to license holders directly.
  - CVIs must include:
    - Seller's name and address
    - Dog's breed, sex and age
    - Whether dog is spayed, neutered or intact
    - Vaccination records, including name of manufacturer, serial and lot numbers, date of vaccination, and person who administered them
    - For imported dogs, any required information under current import rules (These may change based on disease outbreaks and other factors, so before importing, check [http://datcp.wi.gov/Animals/Animal\\_Movement/index.aspx](http://datcp.wi.gov/Animals/Animal_Movement/index.aspx) or call 608-224-4872.
    - For intact dogs sold at public auction, documentation of a negative brucellosis test within 30 days before sale
    - Veterinarian's statement: Dogs listed show no signs of communicable disease not noted, vaccinations and test results are as indicated, and the CVI is not a warranty
    - Veterinarian's signature and date, within 10 days after he/she examines the dogs
  - CVI remains valid for 30 days after examination.
  - Copies to buyer, seller, issuing veterinarian



**Standards of care:**  
**General**

- **Food and water requirements**
  - Feeding at least once a day, unless health needs demand a different schedule
  - Proper amount and type of nutrition based on age, size, weight, health and condition
  - Uncontaminated and palatable food, stored in clean containers
  - Fluid and uncontaminated water, available all day or as often as necessary to keep dogs well-hydrated
  - Durable, clean, sanitized food and water containers
- **Health and veterinary care requirements**
  - Humane handling, without physical harm or unnecessary injury
  - Daily body, mobility and behavior checks
  - Grooming as often as necessary to prevent abnormal matted hair and overgrown nails
  - Dogs with communicable diseases separated from other susceptible animals
  - Veterinary exams as often as necessary to assure adequate care
  - Timely veterinary care for sick, diseased or injured dogs and when necessary, legal and humane euthanization
- **Exercise requirements**
  - Reasonable daily exercise based on breed, size, age and condition
  - Daily access to an indoor or outdoor area where dogs can run
  - No repetitive unsupervised activity such as running on a treadmill, except for good cause
- **Grouping and separation requirements**
  - Separation into compatible groups
  - Females in estrus kept separated from sexually intact males except for breeding
  - Potentially harmful aggressive dogs kept separate from other dogs
  - Puppies under 4 months kept separate from all adults except dam or foster dam, unless under direct supervision
- **Behavior and socialization requirements**
  - Daily, full-body physical contact with other compatible dogs, unless there's good cause to avoid it
  - Daily positive human contact besides feeding time
  - Safe toys in the primary enclosure, unless there's a good cause to remove them
  - Written plan for meeting these requirements, with instruction to employees and agents
- **Veterinary care**
  - DATCP may require a license holder to have a licensed veterinarian examine a dog that shows signs of illness, injury or neglect.

***A primary enclosure is the place where the dog spends most of its time.***

**Standards of care:  
Indoor primary  
enclosures**

- *Must be at least 12 inches taller than the standing height of the tallest dog in it*
- **For multiple dogs that get at least 30 minutes of exercise a day**, required floor space is determined by size of the largest dog, measured from the tip of the nose to the base of the tail, and by the size and total number of dogs in the enclosure
  - *First calculate size needed for the largest dog in the enclosure:*
    - Largest dog up to 10 inches nose to tail, 4.5 square feet
    - Largest dog 11-16 inches nose to tail, 8 square feet
    - Largest dog 17-22 inches nose to tail, 12 square feet
    - Largest dog 23-26 inches nose to tail, 18 square feet
    - Largest dog 26-30 inches nose to tail, 24 square feet
    - Largest dog more than 30 inches nose to tail, 30 square feet
  - *Then add this much space for each additional dog:*
    - Each dog up to 10 inches nose to tail, 3.375 square feet
    - Each dog 11-16 inches nose to tail, 6 square feet
    - Each dog 17-22 inches nose to tail, 9 square feet
    - Each dog 23-26 inches nose to tail, 13.5 square feet
    - Each dog 26-30 inches nose to tail, 18 square feet
    - Each dog more than 30 inches nose to tail, 22.5 square feet
  - Every dog in the enclosure needs 30 minutes of exercise daily in an indoor or outdoor area big enough for the dog's size and temperament, considering the number of dogs using the area at the same time, and big enough to allow dogs to run.
- **For one dog that gets at least 120 minutes of exercise a day**, floor space requirements depend on the dog's size:
  - Up to 10 inches nose to tail, 4 square feet
  - 11-16 inches nose to tail, 6 square feet
  - 17-22 inches nose to tail, 10 square feet
  - 23-26 inches nose to tail, 14 square feet
  - 27-30 inches nose to tail, 18 square feet
  - More than 30 inches nose to tail, 20 square feet
  - The dog needs 120 minutes of exercise daily in an indoor or outdoor area big enough for the dog's size and temperament, considering the number of dogs using the area at the same time, and big enough to allow the dog to run.
  - *These space requirements are for an enclosure containing only one dog. If multiple dogs are in the enclosure, it needs to meet the space requirements for dogs getting at least 30 minutes of exercise, even if they get 120 minutes or more.*
- **Whelping enclosures** are primary enclosures for a single whelping dam and her puppies. Requirements differ from those for general primary enclosures. Whelping enclosures must:
  - Have a solid floor where the puppies are kept
  - Be an appropriate type for the breed
  - Be tall enough for the dam to stand normally and comfortably

**Standards of care:  
Indoor primary  
enclosures  
(continued)**

- Be large enough for the dam to stretch out so all puppies can nurse at the same time, and for the number and temperament of the puppies
- Include an area where the dam is not accessible to the puppies (solid floor not required in this area)
- **Nursery enclosures** are primary enclosures for puppies between weaning and 4 months. They must be large enough to allow all the puppies to turn around, stand up, lie down, and move normally, and to encourage socialization and exercise.
- **Temporary enclosures for one dog** do not have to meet primary enclosure size standards if:
  - Only one dog is in the enclosure at a time
  - The dog is in the enclosure for 12 hours a day or less
  - The enclosure is large enough to accommodate the length of the dog's body from tip of the nose to base of the tail
  - The dog can stand normally and comfortably, turn around, and lie down.
- **Floors and interior surface requirements**
  - Dirt floors prohibited
  - Floors and other interior surfaces must be built and maintained to keep dogs clean, dry and safe, and must be regularly cleaned and sanitized.
  - Metal wire mesh floors are allowed if:
    - The wire is coated to prevent injury to dogs' feet
    - The wire is a heavy enough gauge to prevent sagging and injury to dogs' feet
  - Openings in stainless steel or wire mesh floors must be small enough to prevent the smallest dog's feet from going through or becoming entangled
- **Stacked primary enclosure requirements**
  - Floor of top enclosure 52 inches or less from the floor of the room
  - Stacking arrangement that allows for safe dog handling, adequate ventilation and temperature control, easy cleaning and sanitization, and easy inspection
  - Fully ventilated front and solid floor that is easy to clean and sanitize in each stacked enclosure
  - Stacked enclosures stable when filled to maximum capacity
  - No feces, urine, dirt or debris falling from higher enclosures to those below
- **Lighting, temperature and ventilation requirements**
  - Enough natural or artificial light on a day-night cycle to assure proper care, maintenance and inspection of the facility and the dogs
  - Heating and cooling based on the ability of breed to adjust to temperature changes, with protection from heat, cold and humidity that may harm the dogs' health
  - Adequate ventilation with fresh or filtered air to minimize odors, drafts, ammonia levels and condensation
  - Indoor-outdoor air exchange required
- **Cleaning and sanitizing requirements**
  - Feces removed from primary enclosures and other holding areas at least once a day and more often if necessary for dogs' health and comfort
  - Primary enclosures and other holding areas cleaned and sanitized as often as necessary to keep them free of accumulated dirt, debris and disease hazards

**Standards of care:  
Indoor primary  
enclosures  
(continued)**

- Primary enclosures cleaned and sanitized before new dogs placed in them
- Dogs removed from enclosures and holding areas before cleaning and sanitizing and not returned until the area is dry
- Clean, dry, breed-appropriate bedding or solid resting place appropriate for breed, age, and condition, unless other arrangements are necessary for dog's health and safety

**Standards of care:  
Outdoor primary  
enclosures**

- **Dogs kept outdoors must be:**
  - Able to tolerate temperatures and conditions based on breed, age, health, and condition
  - Acclimated to the temperatures that may occur
- **Minimum area**, not including any dog shelter, is determined by size of the largest dog, measured from the tip of the nose to the base of the tail, and by the size and total number of dogs in the enclosure.
  - *First calculate size needed for the largest dog in the enclosure:*
    - Largest dog up to 10 inches nose to tail, 4.5 square feet
    - Largest dog 11-16 inches nose to tail, 8 square feet
    - Largest dog 17-22 inches nose to tail, 12 square feet
    - Largest dog 23-26 inches nose to tail, 18 square feet
    - Largest dog 26-30 inches nose to tail, 24 square feet
    - Largest dog more than 30 inches nose to tail, 30 square feet
  - *Then add this much space for each additional dog:*
    - Each dog up to 10 inches nose to tail, 3.375 square feet
    - Each dog 11-16 inches nose to tail, 6 square feet
    - Each dog 17-22 inches nose to tail, 9 square feet
    - Each dog 23-26 inches nose to tail, 13.5 square feet
    - Each dog 26-30 inches nose to tail, 18 square feet
    - Each dog more than 30 inches nose to tail, 22.5 square feet
- **Construction requirements**
  - Built and maintained to prevent escape
  - Any roof or overhead screen at least 12 inches higher than standing height of tallest dog
- **Dog shelter requirements**
  - Accessible by all dogs in the enclosure
  - Made of durable material with four sides, a roof and a flat solid floor
  - One shelter big enough to accommodate all dogs without crowding, to allow the tallest dog to stand normally and comfortably, and to allow all dogs to turn around and lie down, *or*
  - Multiple shelters that together provide enough space for these conditions and activities
  - Built to prevent injury, allow all dogs to hold or give off enough body heat for health and comfort, stay dry and clean, and protect from predators
- **Shade and wind break**, other than the dog shelter, required adequate to accommodate all dogs in the enclosure

**Standards of care:  
Outdoor primary  
enclosures  
(continued)**

- **Outdoor tethering permitted** only if:
  - Dog is of a breed, age, health, and condition that can tolerate tethering
  - Dog can easily enter and lie down in the dog shelter
  - Dog is not pregnant or nursing pups
  - Tether is at least 6 feet long and longer if necessary for the size of the dog, has an anchor swivel, cannot become entangled with anything, and is attached to a non-tightening collar or harness large enough for the dog
- **Outdoor tethering prohibited** at animal shelters or control facilities for more than 4 hours a day meeting above conditions, with a responsible person present
- **Run or exercise area requirements**
  - Access at least 30 minutes a day
  - Large enough for the dog's size and temperament, considering the number using the area at the same time, and so the dog can run
  - Shade area big enough for all dogs using the exercise area
  - Shelter not needed unless the area is also the primary enclosure
- **Maintenance**
  - Feces removed at least daily
  - Pests and parasites controlled as necessary to maintain health and comfort
  - Clean, dry, breed-appropriate bedding or solid resting place appropriate for breed, age, and condition, unless other arrangements are necessary for dog's health and safety

**Transporting dogs**

- **Portable enclosure requirements**
  - Water-resistant and cleanable material with ventilation, designed to keep all dogs inside clean, dry and safe
  - Securely closed when in use
  - Cleaned and sanitized between use for different dogs, and more often as necessary
  - Secured to prevent reasonably foreseeable movement that could injure dogs, and positioned to provide enough air for all dogs to breathe normally, to keep the entrance accessible for emergencies, to protect all dogs from the elements, and to prevent excreta from falling on dogs
- **Care during transport**
  - Protect at all times from hypothermia or hyperthermia, including use of heating or cooling if necessary.
  - Enough room for each dog to turn, stand and lie down, except if dogs are transported during a dog trial
  - Food and water according to "General standards of care" listed above
  - Separate incompatible dogs.
  - Visually inspect each dog every 4 hours.
  - Remove each dog from the vehicle at least every 12 hours, and allow to urinate, defecate and exercise unless the vehicle is equipped to meet those needs.
  - Remove dogs from the vehicle in a timely fashion at the destination

**Transporting dogs  
(continued)**

- **Transport vehicle requirements**

- All dogs need fresh or filtered air, without injurious drafts
- Dog cargo space built and maintained to minimize exhaust fumes seeping in

**Prohibited conduct**

- License holders, their employees or their agents may not:
  - Interfere with a DATCP inspection or assault an inspector
  - Fail to produce evidence or records requested by DATCP, without just cause
  - Misrepresent a dog's breed or pedigree
  - Move a diseased dog in violation of current laws
  - Knowingly accept dogs from someone not properly licensed, unless that person accepted the dogs to protect them and promptly reported the acceptance to DATCP

**Need more  
information?**

- Go to <http://datcp.wisconsin.gov>, and look under "Animals" button
- Email [DATCPanimals@wi.gov](mailto:DATCPanimals@wi.gov)
- Call 608-224-4872





# Rescues and Shelters

Wisconsin law requires licensing and inspection for many dog-related operations. Under this law, rescue groups and animal shelters are treated the same. Both must be licensed if they shelter at least 25 dogs a year, whether it is in one central shelter or in foster facilities. If a shelter is legally incorporated as a non-profit organization, it may be licensed as a shelter. If a shelter is not legally incorporated as a non-profit organization, it must be licensed as a dog dealer. Regardless of the type of operation, they must meet the standards of care specified in the law, and must provide certificates of veterinary inspection when they sell (adopt) dogs.

Below are the answers to some frequently asked questions about rescues and shelters. Please use this information only as a guide, and contact us if you have any questions about your requirements.

**Q. What do you consider an animal shelter?**

**A.** Under this law, an animal shelter is a facility that shelters at least 25 dogs in a license year and is operated by a non-profit organization for the welfare, protection and humane treatment of animals.

**Q. What is a home custody provider?**

**A.** A home custody provider is someone who keeps dogs at his or her home for a licensed shelter or breeder, but doesn't need to be licensed. Think of it as a foster home.

**Q. What is a CVI?**

**A.** CVI stands for certificate of veterinary inspection. You cannot get these forms. A veterinarian must buy them from the Department of Agriculture, Trade and Consumer Protection. He or she must examine the dog and complete the form, which attests to the dog's apparent freedom from infectious disease and vaccination status. Copies should be distributed to you and to the person who adopts the dog.

There are two different forms. One is an *interstate* CVI, which has always been required for dogs entering Wisconsin from another state or leaving Wisconsin for another state. The other is a new form, an *intrastate* CVI for dogs sold by licensed dog sellers or shelters within Wisconsin.

Either CVI must be signed within 10 days of the date the veterinarian examines the dog, and is good for 30 days from the date of the examination. Dogs entering Wisconsin with an *interstate* CVI and sold within that 30-day window do not need an *intrastate* CVI.

**Q. What if an individual or group rescues dogs, but isn't incorporated as a non-profit organization?**

**A.** You must still be licensed if you shelter at least 25 dogs a year in Wisconsin, either in a central location or with home custody providers. If you are incorporated as a non-profit organization, you will be licensed as an animal shelter and pay the flat \$125 annual fee. If you are not a legal non-profit organization, you will be licensed as a dog dealer if your business location is in Wisconsin, or as an out-of-state dog dealer if you do not have a business location in Wisconsin. These licenses have higher fees than the shelter license.

If you want to be licensed as a non-profit shelter, you must submit proof that your shelter is formally incorporated as a 501(c)(3) organization.

**Q. Our rescue group has a number of shelters in Wisconsin. Can we put them all under one license?**

**A.** If you have actual animal shelters, rather than a number of home care providers, each facility would have to be licensed and inspected separately. This protects you. If all were licensed as one, and one of the facilities did not

meet the standards of care, all could be shut down.

**Q. The law talks about selling dogs, but we don't sell dogs. People adopt them. Are we exempt?**

**A.** The law says that if you *shelter* at least 25 dogs a year, you must be licensed.

The law says dogs must have certificates of veterinary inspection when they are sold, and defines *sell* as “conveying ownership for consideration.” So, if money or anything else of value changes hands, it is considered a sale. Whether you call it an adoption fee, covering expenses of caring for the dog, a donation, or bartering, the law regards it as a sale if the person adopting the dog gives you anything of value.

**Q. We don't have a central shelter. We use foster homes. Do we need a license? Do the foster homes need a license?**

**A.** If you shelter 25 or more dogs a year, regardless of where you shelter the dogs, you need a license. You need to declare a central business location and contact – one of your foster care providers or someone in your organization. This is where you will keep all your records. The rest of the foster homes would be considered home custody providers. They do not need to be licensed, but they may be subject to inspection.

If you shelter fewer than 25 dogs a year, you don't need a license.

**Q. We are a national rescue organization with our headquarters in another state, but we have foster homes in Wisconsin. Do we need to be licensed?**

**A.** If you shelter 25 or more dogs a year with Wisconsin home custody providers, you need to be licensed. You can be licensed either as an out-of-state dog dealer, or as a shelter if you are a legal non-profit. In the latter case, you would declare a central business location and contact – one of your foster care providers or someone in your organization. This is where you will keep all your records. The rest of your Wisconsin foster homes would be considered home custody providers. They do not need to be licensed, but they may be subject to inspection.

If you shelter fewer than 25 dogs a year in Wisconsin foster homes, you don't need a license.

**Q. Our rescue group is a national organization with a contact in Wisconsin, but we don't shelter 25 dogs a year in Wisconsin. Do we need a license?**

**A.** You probably don't need a license. However, a dog coming to your contact even for one day and then being sold (adopted out for a fee or other consideration) counts as one dog sheltered in Wisconsin. If that happens 25 times in a year, you would need to be licensed. You could be licensed as an out-of-state dealer, or if you are a legal non-profit, you could be licensed as a shelter, if you make your contact's address the central location in Wisconsin where records are kept.

Dogs entering Wisconsin from another state need to be accompanied by an interstate CVI, regardless of whether they are staying or passing through.

**Q. Our rescue group does not have any foster homes in Wisconsin, but we may rescue dogs from Wisconsin or place dogs in Wisconsin. Do we need to be licensed?**

**A.** If you move more than 25 dogs into Wisconsin in a year, you must be licensed as an out-of-state dog dealer.

If you move any dogs into Wisconsin, they must be accompanied by a certificate of veterinary inspection, regardless of whether you need to be licensed.

**Q. Our shelter facility also contracts with the county (city, village, town) to be the local animal control facility. Do we need two licenses?**

**A.** As long as it's only one location, you need only one license.

**Q. I have a breeding operation, from which I sell dogs. I also have a rescue operation. Do I need to license**



**both?**

- A.** This is a very complicated question. If you have not done so already, you should first address all the issues with your tax attorney and the Internal Revenue Service. When you have the business arrangements in place, contact us and we will consider what licenses are necessary.
- Q. What if I don't apply for a license now, but end up sheltering 25 or more dogs in a year?**
- A.** Once you take in the 25th dog, you need to be licensed. You can apply for a license at any time; however, the license will always expire on Sept. 30 and you will have to pay the full annual fee even if you receive your license part way through the license year.
- Q. If I take in dogs from an out-of-state shelter, does that shelter need to be licensed?**
- A.** No, because transfers for no consideration between shelters are not considered sales. However, since the dogs would be coming from out of state, they would need *interstate* CVIs, as the requirement has always been.
- Q. What if I take in a dog from someone who should be licensed, but isn't?**
- A.** If you accept the dog to protect its health, safety or welfare, you must report the acceptance and provide relevant information to us about the transaction. If you don't do this, possible penalties include fines and license revocation.
- Q. Do we need to list our foster homes on our license application?**
- A.** No, but you must provide a list of foster homes to the inspector at the time of inspection.
- Q. I know that my rescue does not need a license, because I shelter fewer than 25 dogs a year. Do the dogs I place need to have certificates of veterinary inspection?**
- A.** No, not when you place them. However, regardless of license status, any dog that you bring into Wisconsin needs to be accompanied by an interstate certificate of veterinary inspection.
- Q. If we adopt dogs out to homes in other states, do we need to provide both the *interstate* CVI and the *intrastate* CVI required for adoptions under the new law?**
- A.** No, only the *interstate* CVI is necessary.
- Q. We often take in dogs from other Wisconsin shelters and rescues. Do these dogs need CVIs?**
- A.** No. Transfers between shelters are not considered sales as long as no fees or anything else of value is exchanged, so they don't require CVIs.
- Q. Will licensees be listed on the Department of Agriculture, Trade and Consumer Protection website?**
- A.** Yes. License information is available at: [https://mydatcp.wi.gov/documents/dah/datcp\\_DAH\\_DogSeller\\_MyDatcp.pdf](https://mydatcp.wi.gov/documents/dah/datcp_DAH_DogSeller_MyDatcp.pdf). Complete inspection reports will not be available online, but are public records, available to anyone who asks. Inquiries are welcome via phone or email to check the status of businesses or organizations.
- Q. We are a non-profit and will have trouble paying the costs of meeting all the standards of care. Is there any exemption?**
- A.** No, all licensees have to meet the standards of care in order to ensure humane treatment of the dogs.
- Q. Our rescue is near the state border and we often transfer dogs across state lines all the time. What are our requirements?**
- A.** When you bring dogs into Wisconsin, they need to arrive with interstate CVIs, just as they always have. If you don't shelter 25 or more dogs a year in Wisconsin, nothing further is required.

If you do shelter 25 or more dogs a year in Wisconsin, regardless of what state they came from, you will need a license. In that case, if someone adopts a dog that came from out of state within 30 days of the date it was examined, no further CVI is necessary. If the dog remains in a shelter or home custody care longer than that, it will need another CVI when it is adopted – *interstate* or *intrastate*, depending on where the adoptive home is.

Dogs that you take in from Wisconsin do not need a CVI until someone adopts them. Then they need an *interstate* or *intrastate* CVI, depending on where the adoptive home is.

**Q. Where can I get more information?**

**A.** Online: <http://datcp.wisconsin.gov> (look under “Animals” tab)

Email: [DATCPanimals.wi.gov](mailto:DATCPanimals.wi.gov)

Phone: 608-224-4872

# Wisconsin Dog Breeders & Sellers Law

[https://datcp.wi.gov/Pages/Programs\\_Services/DogBreedersSellersLaw.aspx](https://datcp.wi.gov/Pages/Programs_Services/DogBreedersSellersLaw.aspx)

Wisconsin's law regulating dog breeding, sales, and adoption-for-fee requires inspection and licensing of many dog breeders, dealers, and sellers, as well as shelters and rescues that foster and adopt out dogs. The law also prohibits selling puppies less than 7 weeks old unless they go with their mothers, and requires that certificates of veterinary inspection – health certificates – accompany dogs that are sold or adopted for a fee.

The intent is to protect the welfare of dogs and to protect consumers who buy or adopt them.

## Who Needs a License

These are the individuals and organizations that need to be licensed:

- Dog breeders selling at least 25 dogs a year, from more than 3 litters that they have bred
- Dog breeding facilities from which at least 25 dogs a year are sold, from more than 3 litters
- In-state dog dealers selling and offering to sell at least 25 dogs a year that they did not breed and raise
- Out-of-state dog dealers who import at least 25 dogs a year into Wisconsin, regardless of whether they bred and raised them
- Non-profit animal shelters and rescue groups sheltering/fostering at least 25 dogs a year
- Animal control facilities that contract with a city, village, town or county

There is no license or inspection required for pet owners, dog trainers, dog groomers, boarding kennels or anyone else.

If you're in one of the groups that need licenses, you can apply online and find application materials.

[Apply for a license](#)

[Requirements for license holders](#)

[Inspections & fees](#)

[Dog Seller Inspector Map](#)

[Rescue groups & shelters FAQ](#)

[Certificates of Veterinary Inspection FAQ](#)

[Find a licensed breeder/seller](#)

[File a complaint](#)

[2014 Dog Sellers Program Report](#)

[Statute: Chapter 173](#)

[Rules: ATCP 16](#)

Related Information

[Canine Brucellosis](#)

## Contact

Dog Sellers Program Associate

(608) 224-4889

[chelsey.kelley@wisconsin.gov](mailto:chelsey.kelley@wisconsin.gov)



November 12, 2018

Jeff Pollard, DVM  
Chair  
Multidisciplinary Advisory Committee  
California Veterinary Medical Board  
1747 N. Market Blvd, Ste. 230  
Sacramento, CA 95834

**RE: Shelter Medicine Recommendation; 11/13/18 Agenda Item No. 5**

Dear Dr. Pollard:

The California Animal Welfare Association (“Cal Animals”) appreciates the hard work of the Minimum Standards and Protocols for Shelter Medicine Subcommittee. Sorting through the myriad of unique issues associated with the practice of veterinary medicine in a shelter setting is challenging but vitally important to the welfare of animals in California’s shelters. I am writing with feedback on the shelter medicine recommendations contained in the Memorandum from Andrea Drummond, Administrative Programs Coordinator, to the Multidisciplinary Advisory Committee dated November 13, 2018. Cal Animals sought input from shelter veterinarians and shelter directors. However, because we have had just two weeks to review the materials, what follows for your consideration is initial feedback and not an exhaustive list of all concerns and recommendations.

**16 CCR § 2035. Duties of Supervising Veterinarian**

(a) and (b): Many shelters do not have a staff veterinarian. Instead they rely on private practice veterinarians in the community to provide care. With this arrangement, it would be both unreasonable and unfair to hold the veterinarian responsible for determining the competency of shelter staff. Not only does the veterinarian have no control over the hiring, firing, and training of shelter staff, the veterinarian is not present in the shelter on a daily basis. Therefore, he or she does not have the opportunity to oversee and observe staff. In a traditional practice setting, this oversight responsibility makes sense because the supervising veterinarian oversees and evaluates hospital staff on an ongoing basis in the course of a normal work day. It is important to note that some shelters do not even have a veterinary hospital within a reasonable distance of the shelter. Recommendation: Explore the idea of requiring online training for shelter staff on basic health care tasks. This training would eliminate the requirement that the supervising veterinarian be responsible for determining competency of shelter staff.

(c): The term “disposition” here should exclude things like adoption, transfer to rescue, and euthanasia. These do not fall under the duties of a supervising veterinarian in an animal shelter, even when the veterinarian is on staff.

(e) How will a veterinarian know what this means in a shelter setting? This language is quite vague.

**Proposed 16 CCR § 2035.5. Duties of Supervising Veterinarian and Animal Health Care Tasks for R.V.T., VACSP Holder, and Veterinary Assistant in the Shelter Setting**

(a)(2)(B) and (C): Most shelters, particularly those that are small and rural, do not have RVTs. Therefore, VACSP holders and veterinary assistants should also be able to treat medical conditions based on an animal's symptoms pursuant to written protocol. This is especially true for minor medical issues such as URI, kennel cough, or pain management after a spay. As written, this proposal would require shelters without a staff veterinarian or RVT to transport animals to a veterinarian for treatment of these conditions. These shelters have neither the resources nor the staff to do these transports, particularly when the nearest veterinary hospital willing to treat shelter animals is far away. Recommendation: Explore the idea of requiring online training for shelter staff in treating medical conditions based on an animal's symptoms pursuant to written protocol.

(a)(3) Most shelters do not have RVTs. VACSP holders and veterinary assistants should also be able to render certain emergency treatment. Recommendation: Explore the idea of requiring training for shelter staff in providing emergency treatment.

(d) What would this look like? What type of "physical presence" would be reasonable?

(e) Presumably, this applies to animals that are adopted and then returned to the shelter for ongoing treatment only (i.e. the owner is not relinquishing ownership of the animal to the shelter). If so, a word other than "returned" should be used. Use of the word "returned" could be interpreted as meaning the animal is being surrendered, not brought in for ongoing treatment.

(f) This section should clarify that it applies to owner returns and surrenders that result in relinquishment of ownership.

**Proposed 16 CCR § 2036.6. Minimum Standards – Animal Shelter Ambulatory Medicine**

Introductory paragraph: Need to clarify that these standards apply to the part of the shelter facility where veterinary medicine is actually performed and not to the entire shelter facility.

(f) This should read ". . . where spay or neuter, or other veterinary services, are provided to the public . . ."

(i) and (j) Some rural shelters do not have a veterinary facility within a reasonable distance. These shelters would be unable to comply with this requirement.

(l) The Committee should explore whether equipment, such as oxygen, should be required when it is equipment that shelter staff would not be allowed to use in the absence of an onsite veterinarian.

(n) This subsection be revised to clarify that it applies only to the situation in which a member of the public submits an animal to a shelter for treatment.



(p) What if the shelter does not have anesthetic equipment because it does not perform anesthesia?

(r) In a shelter setting, disposition of a deceased animal should occur per shelter protocol.

Again, Cal Animals applauds your hard work and focus on this important matter and looks forward to continuing the discussion on minimum standards in a shelter setting that reflect the unique needs and realities of animal shelters.

Very truly yours,

A handwritten signature in black ink that reads "Erica Hughes". The signature is written in a cursive, flowing style.

Erica Hughes  
Executive Director

Task: for determination and recommendation on whether the minimum facility standards under CCR 2030.2 small animal mobile clinics is appropriate for application to pet ambulances. If so, whether that section should be clarified to specifically add the term pet ambulance.

**Commented [WT1]:** I recommend including in the meeting materials for this item the approved Minimum Standards for Alternate Premises for easy reference.

Point of order: there is no definition for pet ambulance or veterinary pet transport

Do we want to include pet harness if not using carrier or containment below?

Subcommittee suggestion:

CCR 2030.25 For purposes of these regulations, a “veterinary pet transport” shall mean a vehicle or mobile facility that provides veterinary medical services to animals in transport to and/or from the animal’s residence and a veterinary premises.

**Commented [WT2]:** Need to add within CCR 2030.1 and 2030.5 so that pet transport falls within the premises registration requirement established under 2030 Min Standards for Alt Premises.

(a) A veterinary pet transport shall have:

- (1) Hot and cold water.
- ~~(2) a 110 volt power source for diagnostic equipment.~~
- (3) A collection tank for disposal of waste material.
- (4) Lighting adequate for the procedures to be performed in the veterinary pet transport.
- (5) Floors, table tops, and counter tops shall be of a non-porous material suitable for regular disinfecting, and cleaning, and shall be cleaned and disinfected regularly.
- (6) Secure compartment(s) to transport or hold animals, pet harness(es), and immobilization board(s) to hold and transport animals. ~~if applicable.~~

**Commented [WT3]:** Revised definition to better differentiate the pet transport from the small animal mobile clinic.

(b) A veterinary pet transport shall also have:

- ~~(1) indoor lighting for halls, wards, reception areas, examining and surgical rooms, which shall be adequate for its intended purpose.~~
- ~~(2) an examination room, which shall be of sufficient size to accommodate the doctor, assistant, patient and client.~~
- (3) fire precautions that meet the requirements of local and state fire prevention codes,
- (4) temperature and ventilation control adequate to assure the comfort of all patients.
- (5) A small animal mobile clinic which provides aseptic surgical services shall also have a room, separate and distinct from other rooms, which shall be reserved for aseptic surgical procedures. Storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable. A small animal mobile clinic which provides aseptic surgical services and that is currently registered with the board, but does not have a separate room reserved for aseptic surgical procedures, shall provide the board with the vehicle identification number of the mobile clinic and obtain compliance with this subdivision on or before January 1, 2006.



~~(A) A small animal mobile clinic that provides aseptic surgery shall also have an examination area separate from the surgery room that is large enough to conduct an examination.~~

(c) A veterinary pet transport shall have the ability and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services it is providing.

~~(d) A veterinary ambulance shall provide either after hours emergency services to its patients or, if no after hours emergency care is available, full disclosure to the public prior to rendering services.~~

(e) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal.

## Guidelines for Discussion of Cannabis Use for Medicinal Purposes in Pets

**Summary of AB 2215** (Kalra, Chapter 819, Statutes of 2018) Veterinarians: cannabis: animals

- 1) Prohibits Veterinary Medical Board (Board) from disciplining, or denying, revoking, or suspending the license of a veterinarian solely for discussing the use of cannabis on an animal for medicinal purposes.
- 2) Prohibits a licensed veterinarian from dispensing or administering cannabis or cannabis products to an animal patient.
- 3) Provides for penalties for conflicts of interest
  - (a) Accepting, soliciting, or offering any form of remuneration from or to a cannabis licensee if the veterinarian or their family have a financial interest with the cannabis licensee.
  - (b) Discussing medicinal cannabis with a client while employed by or having an agreement with a cannabis licensee.
  - (c) Distributing any form of advertising for cannabis in California.
  - (d) This is consistent with the restrictions placed on physicians in the State of California.
- 4) Requires that the Board develop guidelines to be posted on its website by January 1, 2020, for practitioners to follow when discussing cannabis within a veterinarian-client-patient relationship.

**Commented [WT1]:** Under California gender laws, "their" can be used in place of "his or her"

### Preamble

The legalization of medical marijuana for the treatment of human diseases has been accompanied by an increased use in animals. Historically, the recommendations for use have come from individuals outside of the veterinary medical profession. The commercials, marketing, dispensaries, and companies attempt to educate the pet owner. This is dangerous, as most veterinarians have seen an overdose or toxicity. Thus, it is in the best interest of animals if this use is initiated only after discussion with a veterinary professional. The purpose of these guidelines is to assist the veterinarian in these discussions.

### Guidelines

- 1) Veterinary-Client-Patient Relationship:** The wellbeing of the pet depends on the collaboration between the veterinarian and the client. This relationship as defined in the California Code of Regulations (CCR) section 2032.1 must be established and documented prior to a discussion concerning cannabis use. The veterinarian will have sufficient knowledge of the pet to initiate at least a general or preliminary diagnosis. This diagnosis must also be documented.

<sup>1</sup>JAMA, June 23/30, 2015 Vol 313, No 24, pp2491-2493

- 2) Patient Evaluation:** A documented medical examination and collection of relevant clinical history must be obtained prior to the initiation of discussions concerning cannabis. Included in this documentation should be previous therapies with inadequate response.
- 3) Informed and shared decision-making:** The decision to discuss cannabis should be a shared decision between the veterinarian and the client. The veterinarian should discuss the facts, risks and benefits of use of cannabis in this patient. This would include:
- a) While Marijuana products are marketed to treat diseases in animals, no doses or approved uses have been determined.
  - b) Marijuana (cannabis sativa) is classified by the DEA as Schedule 1 Controlled substance – the most restricted category with no current acceptable medical use.
  - c) Cannabis is a pharmacologically diverse herb, containing more than 113 distinct compounds with their proportions varying between each subspecies of plant, the part of the plant and how the product is prepared. Phytocannabinoids are unique to Cannabis.
  - d) The most important of the phytocannabinoids are tetrahydrocannabinol (THC), cannabidiol (CBD), cannabichromene (CBC) and cannabigerol (CBG).
  - e) Tetrahydrocannabinol (THC), the compound responsible for the psychogenic effects of cannabis, is toxic to dogs in certain doses.
  - f) Cannabis is a poorly regulated industry – recent studies indicate that only 17% of cannabinoid products are accurately labeled. 23% indicated they had less THC than they actually did and 60% indicated they had more THC than they did.<sup>1</sup>
- 4) Qualifying Conditions:** Research is ongoing, but CBD is thought to work via effects on the endocannabinoid system (ECS). The ECS is a network of cellular activators and receptors in the body that regulate physiological processes, including pain, mood, inflammation, stress and more. CBD binds to and activates the vanilloid, adenosine, and serotonin receptor in a dog's ECS and helps to regulate pain perception, inflammation, temperature, and more. It also increases dopamine levels.
- a) Animal medical uses being researched:
    - i) Allergies
    - ii) Anxiety and fear
    - iii) Appetite loss and digestive issues
    - iv) Cancer
    - v) Dermatology
    - vi) Seizures
    - vii) Glaucoma
- 5) Medical Records:** Proper record keeping and maintenance should support the decision to discuss the use of cannabis for medical purposes. The veterinarian must maintain adequate and accurate medical records that are complete and legible. Entries need to be dated and signed. The occurrence of a veterinarian-client discussion of the medical use of cannabis on the patient should be documented in the medical records.

<sup>1</sup>JAMA, June 23/30, 2015 Vol 313, No 24, pp2491-2493

# US veterinarians' knowledge, experience and perception regarding the use of cannabidiol for canine medical conditions

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Due to the myriad of laws concerning cannabis, there is little empirical research regarding the veterinary use of cannabidiol (CBD). This study gauged US veterinarians' knowledge level, views and experiences related to the use of cannabinoids in the medical treatment of dogs. Participants (n = 2130) completed an anonymous, online survey.

Results were analyzed based on legal status of recreational marijuana in the participants' state of practice, and year of graduation from veterinary school.

Participants felt comfortable in their knowledge of the differences between THC and marijuana, as well as the toxic effects of marijuana in dogs. Most veterinarians (61.5%) felt comfortable discussing the use of CBD with their colleagues, but only 45.5% felt comfortable discussing this topic with clients. No differences were found based on state of practice, but recent graduates were less comfortable discussing the topic.

Veterinarians and clients in states with legalized recreational marijuana were more likely to talk about the use of CBD products to treat canine ailments than those in other states.

Overall, CBD was most frequently discussed as a potential treatment for pain management, anxiety and seizures. Veterinarians practicing in states with legalized recreational marijuana were more likely to advise their clients and recommend the use of CBD, while there was no difference in the likelihood of prescribing CBD products. Recent veterinary graduates were less likely to recommend or prescribe CBD. The most commonly used CBD formulations were oil/extract and edibles. These were most helpful in providing analgesia for chronic and acute pain, relieving anxiety and decreasing seizure frequency/severity. The most commonly reported side-effect was sedation.

Participants felt their state veterinary associations and veterinary boards did not provide sufficient guidance for them to practice within applicable laws. Recent graduates and those practicing in states with legalized recreational marijuana were more likely to agree that research regarding the use of CBD in dogs is needed. These same groups also felt that marijuana and CBD should not remain classified as Schedule I drugs. Most participants agreed that both marijuana and CBD products offer benefits for humans and expressed support for use of CBD products for animals.

<https://www.avma.org/Events/Pages/on-demand-ce-webinars.aspx#vidiframe12>

## What Veterinarians Need to Know About Cannabis

With increasing interest in cannabis as a therapeutic agent in human and veterinary medicine, veterinarians are increasingly fielding questions about its potential benefits and adverse effects. Amid a confusing legal environment, cannabis-derived products marketed for pets are widely available, and may be administered to animals without veterinary guidance by owners aiming to treat various ailments and/or promote general wellbeing. These products may or may not have known or accurate concentrations of active ingredients, and the administration of such products to animals has led to a substantively increasing incidence of toxicosis. This webinar, featuring Dr. Jeffrey Powers and AVMA Chief Veterinary Officer Dr. Gail Golab, will give you a working knowledge of cannabis and its status in the practice of veterinary medicine.

Approximate Length: 45 minutes. CE Available: 1.0 credit.

**To Earn Your CE** visit [avma.org/LL082318\\_CannabisCE](https://www.avma.org/LL082318_CannabisCE)

AVMA Council on Biologic and Therapeutic Agents

# CANNABIS: WHAT VETERINARIANS NEED TO KNOW

January 2018



## **INTRODUCTION**

With the increasing interest in cannabis as a therapeutic agent both in human medicine and veterinary medicine, veterinarians are fielding more questions about the use, dosing, and adverse effects of cannabis. Since there is little evidence-based information about the use of cannabis in pets, veterinarians are left with relying on anecdotal reports, client reports, or manufacturer's claims about its use. For these reasons, the AVMA offers the following current information to attempt to clear up confusion regarding the use/prescribing of marijuana-based products in pets.



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## MARIJUANA, CANNABINOIDS, AND HEMP

### MARIJUANA

Marijuana (*Cannabis sativa*) - All parts of the plant *Cannabis sativa* L.—the seeds; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin. The term marijuana does not include hemp,<sup>1</sup> Marijuana is classified by the DEA as a Schedule 1 Controlled Substance—most restricted category for drugs with no current acceptable medical use.

- Marijuana and its derivatives are ILLEGAL and not approved by the FDA for ANY medical use.
- Illegal for veterinarians in ANY state to prescribe or recommend as a treatment.
  - Marijuana and its derivatives including CBD are federally illegal, even though more than half of the states have legalized marijuana for human medical use. There are NO FDA-approved marijuana or hemp products for use in animals, and thus the legality of veterinarians recommending any unapproved products can be confusing.
  - Even in states where medical marijuana is legal, such as the State of Colorado, it is illegal for a veterinarian to prescribe marijuana for animal use. Furthermore, any discussion regarding any therapeutic regimen should be consistent with a valid Veterinarian-Client-Patient-Relationship (VCPR)

### CANNABINOIDS

Cannabinoids, such as tetrahydrocannabinols (THC) and cannabidiols (CBD), are found in the flowering tops, resin, and leaves of the marijuana plant. Cannabinoids are not found in hemp, except for trace amounts (typically, only parts per million). Therefore, extracts that contain more than trace amounts of cannabinoids must be from the parts of the cannabis plant that are defined as marijuana and regulated as Schedule 1 controlled substances. Furthermore, if using only the parts of the cannabis plant that are excluded from the CSA definition of marijuana to produce products such as hemp seed oil, the industrial processes used to clean cannabis seeds and produce seed oil would likely further diminish any trace amounts of cannabinoids that end up in the finished product. ([DEA, 2017](#)) A more complete discussion on hemp follows in the section below.

### THC VERSUS CBD

- Both are cannabinoids that originate from the *Cannabis sativa* plant. The 2 main cannabinoids are tetrahydrocannabinolic acid (THCA) and cannabidiolic acid (CBDA). THCA when dried is converted to tetrahydrocannabinol (THC), the psychoactive cannabinoid. Carboxylation of CBDA yields cannabidiol (CBD).
- While CBD may not produce the typical euphoria seen with THC in humans, it does affect the nervous system in mammalian species. The specific mechanisms and effects remain unknown.
- CBD products often indicate a hemp source, leading many to believe that the products are legally marketed, when in fact they are not. CBD is promoted as having antianxiety, antipsychotic, antispasmodic, antibacterial, and many of the same properties as THC-containing marijuana products without the euphoric properties. THC products are sourced from marijuana

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<sup>1</sup> The CSA states: "The term 'marihuana' means all parts of the plant *Cannabis sativa* L., whether growing or not; the seeds thereof; the resin extracted from any part of such plant; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds or resin. Such term does not include the mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of such plant which is incapable of germination." [21 U.S.C. § 802\(16\)](#)

and purport analgesic, anti-inflammatory, antiemetic, antioxidant, antipruritic and cholinergic in addition to known euphoric properties.

### MECHANISM OF ACTION: CANNABINOIDS FUNCTION VIA RECEPTORS

- CB1 receptors are found on neurons and in the GI tract, causing release of GABA (inhibitory neurotransmitter). High concentrations of receptors are present in the canine cerebellum.
- CB2 receptors are expressed on cells of the immune system.
- Non-receptor interactions also exist.
- Medicinal properties include: anti-inflammatory, anticonvulsant, analgesia, antioxidant, anti-seborrheic, anti-MRSA, antifungal, antidepressant, neuroprotective in Parkinson's disease.

### SYNTHETIC CANNABINOIDS

Synthetic cannabinoids (dronabinol and nabilone, synthetic THC) are available for humans as Schedule II Controlled Substances under the trade names Cesamet<sup>®</sup> and Syndros<sup>®</sup>. Nabilone (Syndros<sup>®</sup>) should not be used in dogs due to potentially lethal toxic effects. Chronic cannabinoid toxicity varied between species tested but dogs exhibited ataxia, muscle incoordination.<sup>2</sup> Marinol<sup>®</sup> (a different formulation of dronabinol) is available as Schedule III. Veterinary prescribing of these products under the [Extra Label Drug Use](#) regulations are not expressly prohibited by AMDUCA.

### HEMP

Hemp (excluded from the DEA definition of marijuana) is "the mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks (except the resin extracted there from), fiber, oil, or cake, or the sterilized seed of such plant which is incapable of germination,"<sup>3</sup> and is not a significant source of THC or CBD, as noted in the above section on cannabinoids. Furthermore, the DEA has issued a clarification that while they indeed recognize industrial hemp research and its products as legal, this protection does not extend to CBD products, which remain illegal, regardless of the source.<sup>4</sup>

### INDUSTRIAL HEMP

Industrial hemp may ONLY be grown in accordance with an agricultural pilot program in a state where state law allows for industrial hemp to be produced legally to study its growth, cultivation, or marketing by licensed and registered cultivators. The term includes any part or derivative of *Cannabis sativa L.* including the seeds that is used exclusively for industrial purposes (fiber and seed) with a THC concentration of < 0.3% on a dry weight basis.<sup>5</sup>

<sup>2</sup> [Fundam Appl Toxicol.](#) 1987 Aug;9(2):185-97. A species comparison of the toxicity of nabilone, a new synthetic cannabinoid. [Hanazono GK](#)<sup>1</sup>, [Sullivan HR](#), [Gries CL](#), [Jordan WH](#), [Emmerson JL](#).

<sup>3</sup> The CSA states: "The term 'marihuana' means all parts of the plant *Cannabis sativa L.*, whether growing or not; the seeds thereof; the resin extracted from any part of such plant; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds or resin. Such term does not include the mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of such plant which is incapable of germination." [21 U.S.C. § 802\(16\)](#)

<sup>4</sup> Drug Enforcement Administration Diversion Control Division. In *Clarification to the New Drug Code (7350) for Marijuana Extract. s.l.*, 2017.

<sup>5</sup> [https://www.federalregister.gov/documents/2016/08/12/2016-19146/statement-of-principles-on-industrial-hemp?utm\\_campaign=pi+subscription+mailing+list&utm\\_medium=email&utm\\_source=federalregister.gov](https://www.federalregister.gov/documents/2016/08/12/2016-19146/statement-of-principles-on-industrial-hemp?utm_campaign=pi+subscription+mailing+list&utm_medium=email&utm_source=federalregister.gov)

## **ANIMAL FOOD/FEED**

Hemp has not undergone the required scientific review to ensure its safety and utility for use in animal food and therefore has not been approved as an ingredient for animal food.<sup>6</sup> Furthermore, potential safety concerns related to the presence of cannabinoids (including THC and CBD) still need to be addressed.

Under section 301(ii) of the FD&C Act, it is prohibited to introduce or deliver for introduction into interstate commerce any food (including any animal food or feed) to which has been added a substance which is an active ingredient in a drug product that has been approved under 21 U.S.C. § 355 (section 505 of the Act) or a drug for which substantial clinical investigations have been instituted and for which the existence of such investigations has been made public. There are exceptions, including when the drug was marketed in food before the drug was approved or before the substantial clinical investigations involving the drug had been instituted or, in the case of animal feed, that the drug is a new animal drug approved for use in feed and used according to the approved labeling. However, based on available evidence, FDA has concluded that none of these is the case for THC or CBD. FDA has therefore concluded that it is a prohibited act to introduce or deliver for introduction into interstate commerce any food (including any animal food or feed) to which THC or CBD has been added.<sup>7</sup>

## **TOXICOLOGY**

### **MARIJUANA TOXICOSIS**

Marijuana toxicosis is most commonly due to our canine patients' predilection for dietary indiscretion. The majority of cases reported have occurred in young dogs (less than 1 year old), although cases have also been recorded in cats.<sup>6,7</sup> Toxicosis in dogs is most commonly associated with edibles, often those made with chocolate, while cats are more likely to directly consume the plant material. This complicates the clinical picture in dogs, who may also be suffering from other toxicities, such as chocolate, raisins, xylitol, or a foreign body from concurrently eating packaging material.

### **EXPOSURE**

It is also important to consider how marijuana exposure occurred. Effects from ingesting marijuana products tend to have a slower onset. In most cases, clinical signs appear within 1-3 hours of exposure; however, clinical signs have been reported to manifest in as little as 5 minutes or as long as 96 hours.<sup>7,8</sup> This variation may be due to many factors, including lipid content within the gastrointestinal tract, body condition score, quantity and concentration of cannabinoids consumed, and individual variation in absorption. Furthermore, dogs have a more complex excretion profile than humans with hepatic uptake and biliary excretion resulting in different metabolites than in humans.

Many edible marijuana products contain ingredients toxic to dogs, potentially resulting in concurrent toxicoses from marijuana and other ingredients, such as chocolate, raisins, or xylitol and resulting in a poorer prognosis. Toxicosis from these ingredients is associated with clinical signs different from that of marijuana toxicity, complicating clinical diagnosis; concurrent toxicoses may not become apparent unless included in the history or determined through monitoring clinical signs over time. Additionally, it

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<sup>6</sup> AAFCO Guidelines on Hemp in Animal Food March 2017

<sup>7</sup> [https://www.fda.gov/NewsEvents/PublicHealthFocus/ucm421168.htm#enforcement\\_action](https://www.fda.gov/NewsEvents/PublicHealthFocus/ucm421168.htm#enforcement_action)

is common for dogs to inadvertently ingest the packaging that the marijuana is contained in. This may result in a foreign body requiring additional diagnostics, treatment and surgery.

## DIAGNOSIS

Diagnosis of marijuana toxicity is almost solely based on history and clinical signs. Human urine tests are available, but have not been validated in pets. They are reported to have high specificity but low sensitivity. This means that, while a positive test can be trusted, false negatives are likely. False negatives may result if testing is done too early after intoxication: THC metabolites need to be formed in order for the test to return a positive result. Furthermore, false negatives may occur as a result of testing procedures designed for human use that detect only human metabolites. Differences in metabolism of THC have been documented in several species that are kept as companion animals and there are multiple metabolites formed in dogs that are not formed in humans,<sup>9</sup> which available screening tests may not detect. Additionally, collection errors may occur due to THC's proclivity to bind to glass and rubber stoppers.<sup>5,11</sup> Due to these challenges with diagnostic testing and lack of pathognomonic clinical signs in these cases, a reliable history from the owner is extremely important. To facilitate the discussion, some veterinarians have found it helpful to explain the cost of additional tests needed to rule out other forms of toxicosis, if marijuana cannot be determined as the likely causative agent from the history. Clients should also be reminded that veterinarians have no ethical or legal obligation to report marijuana toxicosis to any authorities; their focus is on patient care, which requires an accurate history. In addition, the veterinarian could provide the owner several opportunities to provide a complete and accurate history when marijuana toxicity is suspected.

## CLINICAL SIGNS

ASPCA Poison Control Center reports that pets that ingest CBD products develop the same clinical signs as those that are exposed to THC products. It is unknown if this is due to quality control or unknown content of unregulated products; metabolism of CBD; or the varying amount of CBD despite label claims.

There are a wide range of clinical signs that have been associated with marijuana toxicosis, with the most common being ataxia, depression, mydriatic pupils, hyperesthesia, and urinary incontinence.<sup>5</sup> A typical owner may describe their pet as dull and dribbling urine, seemingly falling asleep while standing. Other signs include vomiting, hypothermia, hypotension, bradycardia or tachycardia, tremors, seizures, incoordination, anorexia, weakness, hypersalivation, disorientation, and death; some animals may simply present recumbent or comatose.<sup>5,7,8</sup> Several deaths have been reported in the literature and appear to be the result of associated complications, such as aspiration. Anecdotally, additional deaths have been reported related to marijuana exposure.

Marijuana toxicity can look similar to intoxication with numerous other sedatives, but the most serious consideration is anti-freeze poisoning. Therefore, it is important to consider marijuana along with other depressants.

## TREATMENT

Treatment of marijuana toxicosis is primarily supportive, based on clinical signs. If an animal presents with a history of marijuana ingestion, but is not currently symptomatic, emesis can be performed if within 2 hours of ingestion and if there are no CNS signs. Administration of activated charcoal (1-2g/kg)

Q8 for at least the first 24 hours may be indicated as THC undergoes enterohepatic recirculation.<sup>6-8</sup> These treatments should not be pursued in animals showing severe CNS signs as the risk of aspiration pneumonia is greatly increased. Other treatments may include fluid therapy if there is evidence of dehydration, monitoring of temperature and respiratory rate, atropine for bradycardia, and diazepam (0.25-0.5mg/kg IV) if exhibiting hyperexcitability.<sup>6</sup> An anti-emetic, such as Maropitant (1mg/kg SQ Q24) or Ondansetron (0.1-0.2 mg/kg IV Q8) is indicated if vomiting has occurred or if activated charcoal has been given.<sup>8</sup> Intravenous lipid emulsion therapy has been used in some cases, although effectiveness of this treatment has not been fully established. The use of metoclopramide to increase gastric emptying has also been proposed.<sup>12</sup> Selection of appropriate supportive care interventions, based upon clinical signs and exposure history, in addition to vigilant monitoring, is imperative for management of marijuana toxicosis cases. While relatively few deaths have been reported in relation to marijuana exposure, those that have occurred have appeared to be related to complications from toxicosis rather than the marijuana itself. These complications are commonly due to asphyxiation from vomiting but also include sub-clinical disorders that become clinical after marijuana toxicosis.

Acute marijuana toxicosis can cause severe clinical signs in companion animals, and even death in rare instances. As more states legalize medicinal and recreational use in humans, it is likely that marijuana toxicosis cases presented to veterinary hospitals will continue to increase as well. The ability to obtain a complete exposure history, as well as recognition of associated clinical signs, is critical to the practicing veterinarian for optimal case management. Initiation of appropriate supportive care measures can facilitate recovery and mitigate complications, which will further reduce the risk of death in these cases. Having an open dialogue between veterinarian and the client will help to facilitate the most detailed history and thus proper animal care.

## **ADDITIONAL INFORMATION**

### **DEA SCHEDULING**

Drugs and other substances that are considered controlled substances under the Controlled Substances Act (CSA) are divided into five schedules. An updated and complete list of the schedules is published annually in [Title 21 Code of Federal Regulations \(C.F.R.\) §§ 1308.11 through 1308.15](#). Substances are placed in their respective schedules based on whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential, and likelihood of causing dependence when abused. Substances in Schedule 1 have no currently accepted medical use in the United States, a lack of accepted safety for use under medical supervision, and a high potential for abuse.

### **SCHEDULING AND DRUG AVAILABILITY FOR RESEARCH**

There is a significant amount of interest in reclassifying marijuana from a Schedule 1 drug to a Schedule 2 drug to facilitate research opportunities for veterinary and human medical uses. However, despite attempts to verify, examples of marijuana and associated products being unavailable for research purposes have not been documented. Several hundred marijuana researchers are registered with DEA suggesting that the lack of product availability is a common misconception. However, it is acknowledged that Schedule 1 drug research is more difficult than other types of drug research due to rigorous requirements for approval and lack of research funding. While there have been reports of several veterinary researchers evaluating marijuana therapies, no results have been reported in the literature.



Typically, DEA scheduling is based upon the drug compound (active ingredient) rather than by individual products. However, if a marijuana product is found to be a safe and effective treatment for one or more diseases/conditions, and that product has been approved by the FDA as such, then the individual product would likely be classified as a Schedule II drug.

### **Marijuana products in animals**

Marijuana products are being marketed to treat diseases in animals. While both marijuana and industrial hemp products are available, no studies, doses, or uses in veterinary medicine have been determined. Furthermore, FDA has not approved the use of marijuana or hemp in any form in animals, and the agency cannot ensure the safety or effectiveness of these products. For these reasons, FDA and AVMA cautions pet owners against the use of such products. Many of these products are marketed as CBD oil or chews. These products, despite contrary claims, are illegal for use in pets.

### **Dietary Supplements**

There is no FDA approval process for animal supplements, including marijuana products marketed as nutritional supplements. Animal products are regulated as either animal drugs or animal feed ingredients. For humans, FDA has concluded that THC and CBD products are excluded from the dietary supplement definition. If a substance (such as THC or CBD) is an active ingredient in a drug product that has been approved or has been authorized for investigation as a new drug, then products containing that substance are outside the definition of a dietary supplement.<sup>8</sup> Therefore, neither THC nor CBD can be legally marketed as a human or animal supplement.

Despite the fact that CBD cannot be sold legally as a dietary supplement in the U.S., many CBD products are available. The FDA has issued numerous warning letters to companies selling products containing cannabidiol. Many products did not contain the levels of CBD they claimed-some containing .0025% CBD while others 25-35% CBD similar to doses used in clinical trials.<sup>9</sup>

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<sup>8</sup> [https://www.fda.gov/NewsEvents/PublicHealthFocus/ucm421168.htm#enforcement\\_action](https://www.fda.gov/NewsEvents/PublicHealthFocus/ucm421168.htm#enforcement_action)

<sup>9</sup> <https://www.fda.gov/NewsEvents/PublicHealthFocus/ucm484109.htm>

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# **Multidisciplinary Advisory Committee**

*January 2019*

## Existing Priorities – Currently being addressed by the MDC

1. Complaint Process Audit/Enforcement Case Outcomes
  - a. Specific focus on the minimum standards of care for Dental Radiography and the outcomes of complaints and discipline
2. Minimum Standards for Shelter Medicine
  - a. Subcommittee
3. Pet ambulances and their relation to CCR 2030.2
4. Cannabis Discussion Guidelines as delegated from AB 2215