BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • VETERINARY MEDICAL BOARD
1747 North Market Blvd., Suite 230, Sacramento, CA 95834-2987
P (916) 515-5520 | Toll-Free (866) 229-6849 | www.vmb.ca.gov

MEMORANDUM

DATE	October 5, 2023
TO	Veterinary Medical Board (Board)
FROM	Leah Shufelt, RVT, Chair Multidisciplinary Advisory Committee (MDC)
SUBJECT	**Agenda Item 5.C. Recommendation on Proposal to Initiate a Rulemaking to Amend CCR, Title 16, Section 2032.3 Regarding Medical Records**

Background

During discussions over the last year between the MDC Equine Practice Subcommittee and representatives from the California Veterinary Medical Association (CVMA), the California Horse Racing Board (CHRB), and the University of California, Davis School of Veterinary Medicine (UCD SVM) it was determined that equine practitioners find it difficult to comply with CCR section 2032.3, “Record Keeping.” The stakeholders felt that the language in CCR section 2032.3 was geared more toward small animal medicine, where cases involved individual patients. In equine and production animal medicine, the medical approach is often treating multiple animals (herd health medicine) at the same time, at the same location, and with the same diagnosis and treatment. It was also determined that the medical records section was too prescriptive. CVMA recommended that the medical records should be in a more logical order such that a veterinarian could follow with the SOAP format (Subjective, Objective, Assessment, and Plan) for recording patient medical encounters and medical record documentation, which is taught in the majority of veterinary schools.

The Subcommittee decided to research and address the entire Medical Records section. CVMA provided examples of medical records from all fifty states. The Subcommittee chose twelve states as representative examples and looked in depth at each of those. Ms. Sieferman also provided medical record requirements from three human healing arts disciplines. These requirements were very short and simple, essentially stating that it was the licensee’s responsibility to provide adequate medical records; we also noted that insurance companies require detailed medical records for medical payments.

Discussion

The Subcommittee identified three issues that needed it needed to consider:

1. The logical order of the required information that makes up a medical record should be changed to follow a SOAP format of writing medical records.
2. Record keeping requirements must consider both:
    a. Individual medical records for diagnosing and treating an individual animal whether it is a companion animal, equine patient, or a production animal.
    b. A group medical record where several animals can be treated for the same condition, at the same location, and at the same time whether they are cattle, horses, sheep, dogs, cats, etc.
3. Requirements should be less prescriptive.

After compiling a rough draft, the Subcommittee along with CVMA, Board staff and Regulations Counsel had several meetings and communications regarding this proposal beginning in June 2023 to wordsmith the document to its present form.

Subcommittee Recommendations
The Office of Administrative Law (OAL) reviews all regulatory proposals to ensure that an agency regulation meets standards set by law in the Administrative Procedure Act ("APA" – Gov. Code, §§ 11340 and following). These include whether the regulation meets the following standards: (1) necessity, (2) authority, (3) clarity, (4) consistency, (5) reference, and (6) nonduplication. (Gov. Code, §§ 11349, 11349.1, subd. (a).). With the foregoing requirements in mind, the Subcommittee recommends the proposal in Attachment 1 of the meeting materials and provides the following explanations for those proposed changes.

Proposed Amendments and Deletions to Section 2032.3 (Medical Records):
The Subcommittee is proposing reformatting this section so that we can clearly define two differing standards for types of medical records (individual and group) as well as list the minimum requirements for each type of medical record in a more logical order and according to the SOAP format. This will require renumbering existing subsections and rearranging items. We will explain the changes as we progress through the document provided in Attachment 1.

Subsection (a): The Subcommittee recommends revising this subsection to add the term "medical record" to explain more clearly what records this section covers and provide an easy shorthand reference to be used throughout this proposal.

Existing language in this section states that a record "shall contain the following information" and provides a laundry list of categories that must be covered in every case. To address concerns about the prescriptive nature of current regulations, we are striking the word "following" and adding language to denote that these standards are "at a minimum", the content standards for medical records. This would allow veterinarians, in their professional judgment and in accordance with generally accepted standards for practice in the community, the flexibility to add other types of information besides the Board-mandated content set forth in Section 2032.3. This subsection would also add language specifying that records shall be kept according to the new requirements set forth in paragraphs (1) and (2) of subsection (b) (relating to "single patient medical record" requirements and "group medical record" requirements).

Rationale: These changes are necessary to address concerns raised by stakeholders

that current requirements are too prescriptive, do not follow generally accepted SOAP format practices, and do not reflect the differing approaches for medical record documentation in current practice when veterinary services at an appointment are to be provided to more than a single animal patient.

Subsection (b): This is a new section that introduces the concept of requiring two types of medical records, one for a single animal patient's care and one for care of a group of patients depending on the veterinary services requested by the client or their authorized agent. To implement these new medical recordkeeping categories, the Subcommittee proposes adding language to this subsection to require medical records be generated as applicable (individual v. group) and "according to whether veterinary services are being provided to a single animal patient or a group of animal patients as authorized orally or in writing by the client responsible for the animal patient receiving services or their authorized representative."

Rationale: These changes are necessary to set minimum standards consistent with current practice standards in the profession for creating medical records and according to the service requested by the client. These changes are also necessary to ensure that the proposal is consistent with the Board's informed consent and disclosure requirements at Business and Professions Code section 4857, which limits responsibility for authorization of services and disclosure of patient medical information to "the client responsible for the animal patient receiving services or their authorized representative."

Subsection (b)(1): This is a new section that provides a new heading entitled "Single Patient Medical Record" and includes an introductory phrase that precedes a list of items that specify what the minimum content for a single animal patient would consist of (as set forth in newly added and renumbered items listed in (b)(1)(A)-(N)).

Rationale: These changes are necessary to specify that these are the minimum recommended standards for a single animal patient medical record and what would be needed, at a minimum, to provide an accurate health history and accounting of the veterinary services provided as specified in (b)(1)(A)-(N).

Subsection (b)(1)(A): This subsection relates to existing regulation that sets a requirement for "Dates (beginning and ending) of custody of the animal." There is no change proposed except for renumbering.

Subsection (b)(1)(B): This statement is new and requests the name(s) of the individual(s) that are providing patient care to be recorded in the medical record.

Rationale: This change is necessary to ensure consumers and the Board are notified about the care provided to the animal patient and are able to follow up with questions or concerns to the responsible party about any care or treatment that was provided. This new item is necessary because the current requirement in Subsection (b)(1)(N) only requires recording of the person responsible for entries (which is important for verifying recordkeeping compliance). However, this is problematic from a disclosure and compliance perspective, since the person that is making the entries into the medical records may not be the individual(s) that are

providing the care to the patient(s).

Subsection (b)(1)(C): This subsection relates to existing regulation that sets a requirement for "Name, address and phone number of the client." There is no change proposed except renumbering.

Repeal existing (a)(3) "Name or identity of the animal, herd or flock".

Rationale: This sentence is not necessary since "name" is currently covered by new subsection (b)(1)(D) and identity of "herd or flock" requirements will be moved to the new group medical record requirements in (b)(2)(D).

Subsection (b)(1)(D): Consistent with the aforementioned policy objectives, this section revises the old Subsection (a)(4) and makes it more specific to requirements more commonly found in single animal patient medical records by adding references to "patient identifying information" including "name" to the existing requirements proposed to be retained (age, sex, breed, species and color). It also removes the reference to "herd or flock" for the reasons mentioned previously.

Subsection (b)(1)(E): This section is reworded to add a new content requirement to include "the reason the patient is presenting for veterinary services and a history and history relative to the reason for the visit."

Rationale: This is necessary to reflect the sequence of what happens in developing a diagnosis (or tentative diagnosis.) and set minimum standards for recording this in the medical record of the patient. It is the "subjective" part of the SOAP system and widely understood in practice. It replaces the old Subsection (a)(6).

Subsection (b)(1)(F): This section would be revised to add new requirements for documenting physical examination findings, laboratory testing, diagnostic imaging, and necropsy.

Rationale: This is necessary to reflect the objective part of the SOAP system and to set minimum standards for recording objective data relative to the patient encounter in the medical record of the patient. It replaces the old Subsection (a)(7).

Subsection (b)(1)(G): This subsection is new and would add the requirements of including "interpretation of examination findings and any information obtained by instrumentation, laboratory testing, diagnostic imaging, and necropsy." This would essentially ask for the interpretation of the findings in (b)(1)(F). This is the "assessment" part of the SOAP system, where the veterinarian documents their impression of the patient's condition.

Rationale: This proposal is necessary to ensure that this be a minimum standard for this type of patient record. The Subcommittee felt this to be an important part of the medical record, especially if there is need for follow-up care by another veterinarian. It is critical to understand what interpretations were made from the data that went into developing the treatment plan.

Subsection (b)(1)(H): This proposal would revise existing Subsection (a)(10) to require

inclusion of a “presumptive diagnosis or diagnosis, if made.”

> Rationale: Current regulations require a diagnosis or assessment prior to performing a treatment or procedure. However, in practice, such diagnoses are not always made in every case. This proposed change is therefore necessary to make clear that recording of a diagnosis or presumptive diagnosis (commonly understood as a hypothesis based on symptoms, signs and previous experience of the patient) is only necessary if there is a presumptive diagnosis or a diagnosis made. In some cases, such as prophylactic care of an individual patient, a diagnosis is not needed.

Subsection (I): This subsection would be moved and renumbered from current subsections (a)(8) and (a)(12) and revised to strike the reference to “and intended treatment plan” as redundant (since all plans include intentions) and would include “any of the following” list that would precede the list in subparagraphs (b)(I)(i)-(iii).

Subsection (b)(I)(i)-(iii): This subparagraph would be added to include new requirements for recording “treatments, including application of therapies or devices administered and prescribed, “ and for medications “administered, including strength” to existing requirements for recording all medications prescribed and dispensed.

> Rationale: This is necessary to set minimum standards for recording the “plan” (consistent with the “plan” standards of the SOAP system) that includes the veterinarian’s plan for treatment or management of the patient's condition based on the assessment (as discussed above under subsection (b)(1)(G)) that includes these criteria. These changes also helps ensure accuracy and the completeness of recommendations as documented in the medical record of the patient.

Subsection (b)(1)(J): This proposal would restate the old Subsection (a)(11) requirement of recording “any prognosis of the animal’s condition” but would remove the phrase “if relevant” with “if made”.

> Rationale: Understanding that a prognosis is not always given in every case, this proposal would add the words “if made.” However, the Subcommittee believes that consumers have a right and an interest in receiving an accurate record of any prognosis “if made.” The words “if relevant” are removed as vague and as a possible impediment to consumers receiving complete information about the state of their animal’s health and possible future outcomes.

Subsection (b)(1)(K): This section would add new recording requirements for animals that are housed or retained for treatment including “the beginning and ending dates of custody of the animal patient and [daily] update on the animal patient’s medical condition relative to the treatment plan, and would remove the words “progress, if relevant, and disposition of the case” from existing regulations (currently at (a)(13)).

> Rationale: It is the Subcommittee’s understanding that if an animal is housed or retained for treatment, the standard of care requires that there must be an entry in the medical record made daily to update the patient’s health progress in the patient’s treatment plan. This does not mean a complete physical exam or disposition of the

case each day. However if there is a change to the treatment plan because of a change in the progress of the patient, there must be a more detailed explanation as to the medical status and the need for the change of the treatment plan. This change is therefore necessary to ensure that medical records contain updates on the patient's progress and medical condition "relative to the treatment plan."

Subsection (b)(1)(L): This change would renumber existing subsection (a)(9), make grammatical changes, delete the word "sedative", add a requirement to document any "pre-anesthetic" medication and add the word "dosage."

Rationale: By removing the word "sedative" and adding any "pre-anesthetic" before the words "anesthetic agents," the Subcommittee is updating to reflect current standard of practice and terminology. "Dosage" is also necessary to be more accurate in the description of the administration of the anesthetics.

Subsection (b)(1)(M): This is new and requires an entry of "any veterinary services or recommendations declined by the client or their authorized representative."

Rationale: This requirement is necessary to ensure the completeness of the medical record and documentation of consumer consent to care or treatment. This entry is very important in the instances where the client is declining recommendations by the veterinarian, as it satisfies documentation of the spectrum of care.

Subsection (b)(1)(N): This proposal would retain and renumber existing requirements for "Name or initials of the person responsible for entries."

Rationale: See the explanation in "Rationale" in Subsection (b)(1)(B).

Subsection (b)(2): This is a new section that includes addition of the title "Group Medical Record," and would define the circumstances when a group medical record would be required to be prepared (same species are treated at the same time, for the same purpose, and at the same location). It would also include an introductory phrase that prescribes what the minimum content requirements for a group medical record (at proposed newly added subsections (b)(2)(A)-(J)).

Rationale: See the explanation in "Rationale" in Subsection (b)(1) for the overall policy objectives in creating this new category of recordkeeping requirements. To ensure consistency and accuracy in the record for animals served under commonly understood criteria, the Subcommittee recommends defining a "group" to include animals of the same species who are treated at the same time, for the same purpose, and at the same location.

Subsections (b)(2) (A), (B), (C), (E), (G), (H)(i)-(iii), (I), and (J): These are the same medical record requirements that are in the "Single Patient Medical Record" section being applied to the "group medical record" requirements for the reasons described previously in this memo.

Subsection (b)(2)(D): This proposal would add a new record requirement to include a recording requirement for "name or identity of the group, including group location and

species."

Rationale: This change is necessary to establish a method for identifying groups that is unique to the group served (i.e., "name or identify of the group, group location and species)." This helps avoid errors in the documentation of and the provision of care to animal patient groups.

Subsection(b)(2)(F)(i): This proposal would add records requirements for "group examination findings and data" (as opposed to the "**physical** examination findings set forth in the single patient medical records requirements noted previously), and that any data obtained by instrumentation, laboratory testing, diagnostic imaging, and necropsy, must be recorded in the medical record.

Rationale: In group or herd medicine, much of the work is prophylactic treatment. In those cases, a physical exam of each animal or even of one animal is not performed. The client or their agent is responsible for advising the veterinarian on the health status of the group of animals. As a result, the Subcommittee believes it is necessary that the existing regulations be revised to only include "group examination findings and data" as specified in this proposal for a group medical record, consistent with current professional standards.

Subsection (b)(2)(F)(ii): This proposal adds that if data in Subsection (b)(2)(F)(ii) is obtained as specified, then the interpretation of that data must be included in the medical record.

Rationale: This is necessary to reflect the objective part of the SOAP system and to set minimum standards for recording objective data relative to the group animal patients encounters in the group medical record.

Subsection (b)(2)(H)(iv): This change would add a new requirement to document withdrawal times for meat, milk, or egg products (normally required to be done prior to going into the food chain).

Rationale: In production animal medicine, there is a withholding period for every medication that is administered or dispensed. It is the responsibility of the licensee to advise the producer to keep meat, milk, or egg products from entering the food supply until after the withholding time for each medication. This requirement is therefore necessary to verify that this standard was met.

Subsection (c): This proposal would revise existing Subsection (b) by removing the current requirement for maintaining medical records for 3 years "after the animal's last visit" to "from the date of the last entry into the medical record". In addition, the requirement for the provision of a summary of the medical record be provided to the client is struck and replaced with a requirement that a "copy" of the medical record be provided upon request*****. The current requirements for a summary to be provided "sooner" and "depending" would be replaced with a requirement for providing the medical record "immediately" if the animal patient is in critical condition.

Rationale: The Subcommittee wants to clarify that medical records must be kept for

three (3) years from the date of the last entry to provide a "brightline" standard for records retention that is easier for licensees to understand. The revision is also necessary to eliminate the option of the licensee being required to write a summary of the medical records and requires them to make a copy of the medical records available to the client upon request. This change is meant to avoid fraud in the recordkeeping process and clarify that the medical records are recorded at the time of the examination and development of the treatment plan and cannot be editorialized later by a summary of the medical records. The change in language to remove "sooner" and "depending" is meant to correct vague language subject to multiple interpretation in favor of the more accurate term of "immediately."

***Note: Regulations Counsel Advice on removal of the "summary" requirement:**

Regulations Counsel advises that removal of the "summary" requirement and the imposition of the requirement of providing a "copy" conflicts with the authority set forth in BPC section 4855, which was enacted in 1978 and provides, in part:

> A veterinarian subject to the provisions of this chapter shall, as required by regulation of the board, keep a written record of all animals receiving veterinary services, **and provide a summary** of that record to the owner of animals receiving veterinary services, when requested. The minimum amount of information which shall be included in written records and summaries shall be established by the board. (Emphasis added.)

Consequently, OAL may find that this portion of the proposal relating to removal of the summary requirement is inconsistent and not authorized. If the MDC decides to proceed with this proposal in its current form, and to recommend initiation of a rulemaking, it would need to be made with the understanding that a rulemaking would not be authorized unless legislation to remove the summary requirement from BPC section 4855 is enacted. This could mean a delay of up to two years in adoption of this proposal.

The old Subsections (b)(1), (2), (3), (4), (5), (6), and (7) are proposed to be repealed as they relate to the contents of a summary proposed to be repealed in favor of setting copy requirements as referenced above in this memo.

Subsection 2032.3 (d): This proposal would revise existing Subsection (c)(1) by removing the last two sentences in the paragraph relating to transfer of radiographs between veterinary facilities and documentation of such transfer and correct the naming convention of "veterinary facility" to "veterinary premises" consistent with BPC section 4853.

Rationale: The last two sentences are removed because they are no longer relevant to current practice. Digital radiographs can be easily transferred to another veterinarian via the internet and therefore such "ownership" transfer no longer needs to be documented.

Subsection (e): This proposal would retain requirements in existing subsection (c)(2) relating to identifying criteria for radiographs and renumber to (e).

Subsection (e)(1): The proposal would retain this existing requirement for name of premise and veterinarian name and change the term “hospital or clinic” to “veterinary premises” to be consistent with the rest of the Act.

Subsections (e)(2), (3), and (4): This proposal would retain requirements in existing subsections (c)(2)(B)-(D) regarding client, patient and date radiographs were taken and renumber.

Subsection (f): This proposal would retain requirements in existing subsection (c)(3) regarding non-digital intraoral radiographs except for renumbering and correction of cross-references as a result of that renumbering.

The old Subsections (d), (e)(1), (2), (3), (4), (5), (6), and (7) are removed because the requirements for the provision of copies, ownership of the medical record, medical records content were considered to be substantively covered by the changes proposed in both Subsections (a), (b)(1), (b)(2) and (c) and any requirements for medical record delivery in the event of an emergency (animal is in critical condition) covered by subsection (c) as well.

Action Requested

The MDC will review the proposal during its October meeting. If the MDC approves the proposal during its meeting, the MDC will request the Board review the attached rulemaking proposal and entertain a motion to:

1. Approve the proposed regulatory text as provided in Attachment 1.

2. Direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review if legislative amendments to Business and Professions Code section 4855 are enacted to remove the summary requirement and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested.

3. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations as noticed for California Code of Regulations, title 16, section 2032.3.

Attachment

1. Proposed Regulatory Text for Minimum Standards for Regarding Record Keeping; Records; Contents; Transfer to Amend California Code of Regulations, Title 16, Section 2032.3

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 20. VETERINARY MEDICAL BOARD

PROPOSED REGULATORY LANGUAGE

Medical Records

Proposed amendments to the regulatory language are shown in single underline for added text and ~~single strikethrough~~ for deleted text. Where the Board proposes to re-number existing text to a new location with no changes, the Board has emphasized that change by using [no changes to text] as a guide for the reader.

Amend section 2032.3 of article 4 of division 20 of title 16 of the California Code of Regulations to read as follows:

ARTICLE 4

§ 2032.3. Record Keeping; Records; Contents; Transfer.
(a) Every veterinarian performing any act requiring a license pursuant to the provisions of Chapter 11, Division 2, of the code, upon any animal or group of animals shall prepare a legible, written or computer generated record concerning the animal or animals ("medical record") which shall contain, at a minimum, the ~~following~~ information~~:~~ contained in paragraphs (1) or (2) of subsection (b), as applicable.

(b) Medical records shall be prepared in accordance with the requirements of this section as applicable and according to whether veterinary services are being provided to a single animal patient or a group of animal patients as authorized orally or in writing by the client responsible for the animal patient receiving services or their authorized representative.

(1) Single Patient Medical Record: When veterinary services are being provided to a single patient, a medical record for a single animal patient shall consist of the following:

(~~5~~A) Dates (beginning and ending) of custody of the animal, if applicable. [no changes to text]

(B) Name(s) of the individual(s) providing patient care.

(~~2~~C) Name, address and phone number of the client. [no changes to text; moved and renumbered from existing (a)(2).]

~~(3) Name or identity of the animal, herd or flock.~~

(~~4~~D) ~~Except for herds or flocks,~~ Patient identifying information including name, age, sex, breed, species, and color ~~of the animal~~.

(~~6~~E) The reason the patient is presenting for veterinary services and ~~A~~ history ~~or pertinent information as it pertains to each animal, herd, or flock's medical status~~relative to the reason for the visit.

(~~7~~F) ~~Data~~Physical examination findings, including that obtained by instrumentation, laboratory testing, diagnostic imaging, and necropsy ~~from the physical examination~~.

(G) Interpretation of examination findings and any information obtained by instrumentation, laboratory testing, diagnostic imaging, and necropsy.

(~~10~~H) A presumptive diagnosis or ~~D~~diagnosis, ~~or assessment prior to performing a treatment or procedure~~if made.

(~~8~~I) Treatment ~~and intended treatment~~ plan, including any of the following:

(i) Treatments, including application of therapies or devices administered and prescribed.

(ii) ~~m~~Medications administered, including strength, dosages, route of administration, and frequency of use.

(~~12~~iii) ~~All m~~Medications ~~and treatments~~ prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.

(~~11~~J) ~~If relevant, a~~Any prognosis of the animal's condition, if made.

(~~13~~K) If animals are housed or retained for treatment, the beginning and ending dates of custody of the animal patient and a ~~D~~daily ~~progress, if relevant, and disposition of the case~~update on the animal patient's medical condition relative to the treatment plan.

(~~9~~L) ~~Records f~~For surgical procedures, ~~shall include~~ a description of the procedure, the name of the surgeon, the type of ~~sedative/~~pre-anesthetic and anesthetic agents used, dosage, ~~their~~ route of administration, and ~~their~~ strength (if available in more than one strength).

(M) Any veterinary services or recommendations declined by the client or their authorized representative.

(~~1~~N) Name or initials of the person responsible for entries. [no changes to text; moved and renumbered from existing (a)(1).]

(2) Group Medical Record: When a group of animals of the same species are treated at the same time, for the same purpose, and at the same location, a group medical record shall consist of the following:

(A) Dates (beginning and ending) of custody of the animal patient(s), if applicable.

(B) Name(s) of the individual(s) providing animal patient care.

(C) Name, address, and phone number of the client.

(D) Name or identity of the group, including group location and species.

(E) The reason the group is presenting for veterinary services and history relative to the reason for the visit.

(F) The following information shall be included in the medical record if applicable to the reason for the appointment:

(i) Group examination findings, and data, including that obtained by instrumentation, laboratory testing, diagnostic imaging, and necropsy.

(ii) Interpretation of examination findings and any information obtained by instrumentation, laboratory testing, diagnostic imaging, and necropsy.

(G) A presumptive diagnosis or diagnosis, if made.

(H) Treatment plan, including any of the following:

(i) Treatments, including application of therapies or devices administered and prescribed.

(ii) Medications administered, including, strength, dosage, and route of administration.

(iii) Medications prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.

(iv) Meat, milk, or egg withdrawal times.

(I) Any veterinary services or recommendations declined by the client.

(J) Name or initials of the person responsible for entries.

(~~b~~c) Medical ~~R~~records shall be maintained for a minimum of three (3) years ~~after the animal's last visit~~from the date of the last entry into the medical record. A ~~summary~~ copy of ~~an~~ the ~~animal's~~ medical record~~s~~ shall be made available to the client within five (5) days or ~~sooner~~immediately, ~~depending~~ if the animal patient is in critical condition, upon ~~his or her~~ their request. ~~The summary shall include:~~

~~(1) Name and address of client and animal.~~

~~(2) Age, sex, breed, species, and color of the animal.~~

~~(3) A history or pertinent information as it pertains to each animal's medical status.~~

~~(4) Data, including that obtained by instrumentation, from the physical examination.~~

~~(5) Treatment and intended treatment plan, including medications, their dosage and frequency of use.~~

~~(6) All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.~~

~~(7) Daily progress, if relevant, and disposition of the case.~~

(~~c)(1~~d) Radiographs and digital images are the property of the veterinary ~~facility~~premises that originally ordered them to be prepared. Radiographs or digital images shall be released to another veterinarian upon the request of another veterinarian who has the authorization of the client. Radiographs shall be returned to the veterinary ~~facility~~ premises which originally ordered them to be prepared within a reasonable time upon request. ~~Radiographs originating at an emergency hospital shall become the property of the next attending veterinary facility upon receipt of said radiograph(s). Transfer of radiographs shall be documented in the medical record.~~

(~~2~~e) Radiographs and digital images, except for intraoral radiographs, shall have a permanent identification legibly exposed in the radiograph or attached to the digital file, which shall include the following: [no changes to text; renumbered from existing(c)(2)]

(~~A~~1) The ~~hospital or clinic~~ veterinary premises' name and/or the veterinarian's name.~~,~~

(~~B~~2) Client identification.~~,~~ [no changes to text]

(~~C~~3) Patient identification.~~, and~~ [no changes to text]

(~~D~~4) The date the radiograph was taken. [no changes to text]

(~~3~~f) Non-digital intraoral radiographs shall be inserted into sleeve containers and include information in ~~subdivision~~subsection (~~c~~e)(1)-(4~~2~~)~~(A)-(D)~~. Digital images shall have identification criteria listed in ~~subdivision~~subsection (~~c~~e)(1)-(4~~2~~)~~(A)-(D)~~ attached to the digital file. [no changes to text; renumbered from existing (c)(3)]

~~(d) Laboratory data is the property of the veterinary facility which originally ordered it to be prepared, and a copy shall be released upon the request of the client.~~

~~(e) The client shall be provided with a legible copy of the medical record when the patient is released following emergency clinic service. The minimum information included in the medical record shall consist of the following:~~

~~(1) Physical examination findings~~

~~(2) Dosages and time of administration of medications~~

~~(3) Copies of diagnostic data or procedures~~

~~(4) All radiographs and digital images, for which the facility shall obtain a signed release when transferred~~

~~(5) Surgical summary~~

~~(6) Tentative diagnosis and prognosis, if known~~

~~(7) Any follow-up instructions.~~

NOTE: Authority cited: Section 4808, Business and Professions Code. Reference: Sections 4855 and 4856, Business and Professions Code.