

## MEMORANDUM

DATE	April 10, 2025
TO	California Veterinary Medical Board (Board)
FROM	Multidisciplinary Advisory Committee (MDC) Marie Ussery, RVT
SUBJECT	<b>Agenda Item 5.B. Recommendation on Legislative Proposal to Amend Business and Professions Code (BPC) Sections 4825.1 and 4827 Regarding Veterinary Medicine Practice Exemptions</b>

### **Background**

As previously discussed during the MDC's [October 15, 2024](#), and [January 14, 2025](#) meetings, the Unlicensed Practice Subcommittee (Subcommittee) was, among other things, tasked with pursuing legislation to narrow the scope of the licensure exemptions in BPC section 4827 to prevent unintended consequences.

Specifically, the Board raised concerns with the owner exemption in BPC section 4827, subdivision (a)(1), and it being applied far beyond its intended purpose of allowing ranchers to provide veterinary services on their owned food production animals. The Board receives many complaints a year against rescue groups alleging practice of veterinary medicine by individuals associated with the rescue groups that causes significant harm to animals. However, since rescue groups are considered the owners of their animals, these complaints are closed. Many of these complaints are forwarded to District Attorney offices for consideration of animal cruelty charges. Unfortunately, most cases do not result in criminal charges being filed.

In addition, many unlicensed individuals in equine and small animal communities claim the services they provided were performed gratuitously and therefore exempt them from the Veterinary Medicine Practice Act (Act). In these cases, the animal owners are often uncooperative because they have long-standing relationships with these individuals and/or appreciate the cheaper services. As such, the Board is unable to prove the unlicensed individuals did not perform the services gratuitously.

As mentioned in more detail [here](#), the Subcommittee updated the MDC and the Board on its stakeholder meeting with the equine community during the October 2024 meeting.

During the January 2025 meeting, the Subcommittee reported an additional stakeholder meeting with small animal stakeholders.

Like the equine community, small animal stakeholders reported the prevalence of unlicensed practice in dentistry and reproductive services. In dentistry, small animal stakeholders reported many groomers advertise for anesthetic-free teeth cleaning, but

the services often lead to more in depth cleaning and/or teeth extractions. In those instances, clients only bring their animals to the veterinarian after the harm to the animals has already occurred.

In reproductive services, stakeholders shared how consumers may invest thousands of dollars in reproductive services and find out years later that the services were performed incorrectly. Stakeholders reported these services are prevalent at dog shows and recommended consumer outreach be developed to educate consumers on the risks associated with using unlicensed individuals, rather than licensed veterinarians, for these services.

Concerns were also raised regarding boarding facilities administering vaccinations or other medications using the incorrect route of administration, which can harm animals. Those boarding facilities have claimed the BPC section 4827 exemption, since they are assisting the owner, performing the services gratuitously, and are only charging for the costs of the vaccination and/or medication.

The Subcommittee presented a legislative proposal to amend BPC section 4827 to narrow the owner exemption to “one’s own livestock or food animals,” add provisions to preserve animal owners’ and caretakers’ exemption from the Act when administering medications to their own animals, and update the livestock definition in BPC section 4825.1, subdivision (e), to replace “equines” with “any animal in individual training, or any animal that competes as an individual.”

After receiving public comment and MDC discussion, the MDC decided additional work was necessary before approving the proposal to move forward to the Board. The MDC directed the Subcommittee to meet with the California Department of Food and Agriculture (CDFA) to discuss potential impacts of including or excluding livestock in the owner exemption and to keep the changes related to animal owners and caretakers administering medications to their own animals.

After hearing the MDC Chair’s summary of the discussion during its January meeting, the Board decided to leave the current definition of livestock as is and asked the MDC to continue working through the concerns raised.

### **Stakeholder Meeting: Food Animal**

On March 10, 2025, the Subcommittee and Board staff met with members of the California food animal community, which included:

- Dr. Mike Karle – Mixed animal practitioner, former President of the California Veterinary Medical Association (CVMA).
- Dr. Gary MacArthur – Food animal veterinarian specializing in cattle.
- Dr. Ryan Wood – Food animal veterinarian covering areas from Davis to San Diego.
- Dr. Melissa Garrod-Van Laningham – Director of Food Science at Superior Farms in Dixon and small and large animal veterinarian.

Stakeholders were oriented on one of the Board’s current tasks, to pursue legislation to narrow the scope of the licensure exemptions, specifically, with the owner exemption

being applied far beyond its intended purpose of allowing ranchers to provide veterinary services on their owned food production animals.

They were also informed on the various issues raised by the animal shelter community and the efforts made by the Board to include language that would address their concerns but would also ensure protection of consumers and animals in the State of California and would give the Board authority to investigate and curtail unlicensed activity.

The Subcommittee wanted to ensure that the language change from “animal” to “livestock or food animals” was appropriate and would not impinge upon the original intended purpose of the exemption to allow ranchers to provide veterinary services on their owned food production animals.

Stakeholders appreciated the outreach for feedback and did not express any opposition to the proposed language.

Stakeholders submitted various examples of and issues related to unlicensed activity that the food animal community is currently facing. These included:

- Widespread unlicensed reproductive services and pregnancy diagnosis.
- Veterinarians are hesitant to file complaints due to fear of retaliation or conflict of interest.
- Consumers rarely report harm, especially in food animal and equine sectors.
- Individuals trained by veterinarians starting their own reproductive businesses.
- Difficulty recruiting and retaining food animal veterinarians.
- Economic pressures leading to reliance on unlicensed practitioners.
- High-value animals in show circuits create an incentive for unlicensed practice.

When asked if large-scale ranch horses might qualify as livestock, stakeholders said equine should remain separate from the livestock exemption.

When asked for additional ideas to address their various issues, stakeholders were not opposed to the idea of a midlevel practitioner specializing in reproductive services.

### **Stakeholder Meeting: Rescue Groups and Shelter Community**

On March 10, 2025, the Subcommittee and Board staff met with Dr. Kate Hurley from the Center for Companion Animal Health at UC Davis.

Dr. Hurley stated that rescue groups and responsible breeders should be included in the owner exemption because they work with large populations of animals, like livestock producers, and they need to make real-time decisions for animals without practical access to one-on-one veterinary relationships.

Dr. Hurley also stated that the proposed changes would adversely affect a rescue group's ability to support the mission of shelters and would lead to underground or informal methods that could reduce oversight, increase the risk to animal health, and negatively affect public health.

Three main concerns were raised by Dr. Hurley below; two of which the Subcommittee recommends addressing through the legislative proposal.

- First Concern: Current exemptions allow shelters to administer medications but not rescue groups. Rescue groups need similar flexibility since they handle large populations of animals under challenging conditions.
  - Proposed Solution: Extend shelter exemptions to include rescue groups. The legislative proposal would add a new definition for “rescue group” in BPC section 4825.1, subdivision (g). The proposed definition for “rescue group” was based on Food and Agricultural Code (FAC) sections 30503.5, subdivision (a)(2), and 31751.3, subdivision (a)(2). The new “rescue group” term would be used in BPC sec. 4827, subdivision (a)(5)(A) and (B), as well as the new continuing education [legislative proposal](#), which was discussed and approved by the Board at its January 2025 meeting. Notably, rescue groups would not be added to subdivision (a)(5)(C) because rescue groups are not registered veterinary premises with a supply of medications that otherwise would be tracked or dispensed pursuant to regulatory requirements.
- Second Concern: To extend the shelter exemptions to rescue groups as proposed above, written protocols would have to be established by California licensed veterinarians for shelter and rescue staff with proper training to follow. Concern was raised that few licensed veterinarians would be willing to assume liability for this responsibility. There would also be funding concerns to establish and maintain these protocols
  - Proposed Solution: Allow rescue groups to follow protocols developed by either a California-licensed veterinarian, a university program (e.g., UC Davis shelter medicine program), or a reputable shelter medicine textbook. The CVMA or the Board might also be involved in the development and implementation of these protocols. Notably, proper training has already been defined in BPC section 4827, subdivision (b)(1).
- Third Concern: Rescue groups often need to identify animal with infectious conditions (such as ringworm or leukemia virus) to promptly separate them from others to prevent the spread of disease and possibly start treatment.
  - Subcommittee Response: The Subcommittee has concerns with extending exemptions for rescue groups beyond what shelters can currently do without a veterinarian. The Subcommittee does not believe unlicensed individuals should be allowed to diagnose or treat commonly seen infections, such as Upper Respiratory Tract Infections, diarrhea, or skin conditions.

If rescue groups suspect any animals have those conditions, they can proactively separate them from the other animals until they can be diagnosed and treated.

Broader ethical and practical issues were discussed. It was acknowledged that many rescue groups start out with the best of intentions, and the Board strongly supports their efforts. However, the reality is that there are many examples of some individuals

associated with rescue groups going beyond their resources and abilities and crossing the line into hoarding situations and animal abuse. Guardrails need to be in place to prevent abuse or neglect under the guise of rescue.

### **Unlicensed Veterinary Practice at Polo Events and Horse Shows**

On March 10, 2025, the Subcommittee and Board staff met with representatives from three different Polo Clubs. They included:

- Steve Hankin – Managing partner and CEO of Desert International Horse Park.
- Mia Bray – Representative from the Twin Palms Polo Club.
- Bob Puetz – Representative from Eldorado Polo Club.

The purpose of the meeting was to respond to numerous reports of unlicensed activity occurring at polo events throughout California, including:

- Unlicensed Individuals – People with no veterinary credentials providing medical care to horses.
- Out-of-State Veterinarians – Licensed veterinarians from other states practicing in California without a California veterinarian license.
- Foreign Veterinarians – Individuals from other countries, especially from Argentina, working on horses without California licenses.

The specific concerns were:

- Event organizers and managers are aware of this illegal activity but are not acting to prevent it.
- Allegations include mistreatment and misdiagnosis leading to patient harm.
- Reports have increased in frequency and severity.

Mia Bray of Twin Palms stated that she was not aware of unlicensed practice at her facility, and she would be open to requiring proof of a California license for any veterinarian providing services at the club.

Bob Puetz of Eldorado acknowledged hearing about unlicensed veterinarians at the club but had not seen it himself. He said other veterinarians usually report such illegal activity.

Steve Hankin of Desert International stated for various reasons it would be challenging to report illegal activity mostly due to the size of his facility.

Challenges to enforcement were discussed including how rapidly the polo season occurs (four months), the vast number of horses and participants who come and go during the season, and the lack of proof of unlicensed activity occurring.

Possible solutions were discussed, including:

- Require participants to provide the name and California license number of their veterinarian at registration. This could include a QR code for quick license verification.

- Developing formal policies that include language in liability waivers stating that only licensed veterinarians may treat horses, and penalties for non-compliance could be imposed.
- Create a clear policy that management will report any known unlicensed practice to the Board and encourage anonymous reporting by veterinarians and staff.
- Develop an informational document explaining legal requirements for veterinary practice and penalties for illegal practice and to distribute it to polo players and horse owners.
- Send state investigators to polo events to monitor for unlicensed practice.
- Engage with the United States Equestrian Federation (USEF) and the International Federation for Equestrian Sports (French: Fédération Équestre Internationale (FEI)) to create a national policy requiring proof of veterinary licenses at horse shows. The Subcommittee will reach out to Steve Schumacher (Chief Veterinarian of USEF) to explore this option.

This meeting was productive and resulted in both immediate and long-term goals.

The MDC/Board received written public comments (Attachments 2 and 3) related to the legislative proposal for MDC/Board consideration.

The MDC will discuss and vote on this item during its April meeting.

**Action Requested:**

If the Board agrees with the legislative proposal recommendation, please entertain a motion to submit to the California State Legislature the attached legislative proposal to amend BPC sections 4825.1 and 4827 regarding veterinary medicine practice exemptions.

**Attachments:**

1. Legislative Proposal to Amend BPC Sections 4825.1 and 4827 Regarding Veterinary Medicine Practice Exemptions
2. Written Public Comment from San Francisco Society for the Prevention of Cruelty to Animals (SFSPCA), dated April 1, 2025
3. Written Public Comment from California Animal Welfare Association (CalAnimals), dated April 2, 2025

**CALIFORNIA VETERINARY MEDICAL BOARD**

**LEGISLATIVE PROPOSAL TO AMEND BUSINESS AND PROFESSIONS CODE  
SECTIONS 4825.1 AND 4827 REGARDING VETERINARY MEDICINE PRACTICE  
EXEMPTIONS**

Additions are indicated in single underline.

Deletions are indicated in ~~single strikethrough~~.

Amend sections 4825.1 and 4827 of the Business and Professions Code as follows:

**4825.1.** These definitions shall govern the construction of this chapter as it applies to veterinary medicine.

(a) "Animal" means any member of the animal kingdom other than humans, and includes fowl, fish, and reptiles, wild or domestic, whether living or dead.

~~(ab)~~ "Client" means the individual or individuals who represent to the veterinarian that they are the owner or owners of the animal patient at the time that the services are provided.

~~(bc)~~ "Diagnosis" means the act or process of identifying or determining the health status of an animal patient through examination and the opinion derived from that examination.

~~(c) "Animal" means any member of the animal kingdom other than humans, and includes fowl, fish, and reptiles, wild or domestic, whether living or dead.~~

(d) "Food animal" means any animal that is raised for the production of an edible product intended for consumption by humans. The edible product includes, but is not limited to, milk, meat, and eggs. Food animal includes, but is not limited to, cattle (beef or dairy), swine, sheep, poultry, fish, and amphibian species.

(e) "Herd" refers to any group of two or more animals of the same species and located at the same geographical location.

~~(ef)~~ "Livestock" includes all animals, poultry, aquatic, and amphibian species that are raised, kept, or used for profit. It does not include those species that are usually kept as pets such as dogs, cats, and pet birds, or companion animals, including equines.

(g) "Rescue group" means a for-profit or not-for-profit entity, or a collaboration of individuals with at least one of its purposes being the sale or placement of animals that have been removed from a public animal control agency or shelter, society for the prevention of cruelty to animals shelter, or humane shelter or that have been previously owned by any person other than the original breeder of that animal.

(fh) “Synchronous” means a real-time interaction between a client and animal patient with a veterinarian who is licensed in this state and located at a distant site.

(gi) “Telehealth” means the mode of delivering veterinary medicine via electronic communication technologies to facilitate the diagnosis, consultation, care management, or treatment of an animal patient, and includes, but is not limited to, synchronous video and audio communication; synchronous, two-way audio communication; and electronic transmission of images, diagnostics, data, and medical information.

**4827.** (a) Nothing in this chapter prohibits any person from:

(1) Practicing veterinary medicine as a bona fide owner of one’s own ~~animal~~ livestock or food animals. This exemption applies to the following:

(A) The owner’s bona fide employees.

(B) Any person assisting the owner, provided that the practice is performed gratuitously.

(2) Lay testing of poultry by the whole blood agglutination test. For purposes of this section, “poultry” means flocks of avian species maintained for food production, including, but not limited to, chickens, turkeys, and exotic fowl.

(3) Making any determination as to the status of pregnancy, sterility, or infertility upon livestock, equine, or food animals at the time an animal is being inseminated, providing no charge is made for this determination.

(4) Administering sodium pentobarbital for euthanasia of sick, injured, homeless, or surrendered domestic pets or animals without the presence of a veterinarian when the person is an employee of an animal control shelter and its agencies or humane society and has received proper training in the administration of sodium pentobarbital for these purposes.

(5) Providing the following care to animals lawfully deposited with or impounded by a shelter not registered with the board pursuant to Section 4853 or removed from such shelter by, and in the current care of, a rescue group:

(A) Administering preventative or prophylactic nonprescription vaccinations to the animal pursuant to protocols written by a California-licensed veterinarian-licensed in this state, a university veterinary medicine program, or a reputable shelter medicine textbook, for the purposes of preventing the spread of communicable diseases, without the presence of a veterinarian when the person has received proper training in the administration of the nonprescription preventative or prophylactic vaccinations.

(B) Administering nonprescription medications to the animal pursuant to protocols written by a California-licensed veterinarian licensed in this state, a university program, or a reputable shelter medicine textbook, for the control or



eradication of apparent or anticipated internal or external parasites, including, but not limited to, fleas, ticks, or worms, without the presence of a veterinarian when the person has received proper training in the administration of the nonprescription medications for the control or eradication of those internal or external parasites. A person's decision to administer these medications shall not be construed to mean the person has made a diagnosis of the animal's medical condition.

(C) Administering medications prescribed by a veterinarian licensed in the state to the animal without the presence of a veterinarian when the shelter or rescue group has received a written treatment plan from the licensed veterinarian for that specific animal and has a dispensing protocol in place for the tracking of dispensed prescribed medications and when the person has received proper training in the administration of prescription medications.

(6) Pursuant to a written treatment plan prepared by a licensed veterinarian that includes the route and/or method of administration and dosage and/or frequency of use, administering a prescription drug or medication, other than anesthesia, to an animal by the owner of the animal, an employee of the owner, or a designated caretaker of the animal.

(7) Administering a nonprescription drug or medication to the animal by the owner of the animal, an employee of the owner, or a designated caretaker of the animal. An owner's decision for administration of the nonprescription drug or medication shall not be construed to mean the owner has made a diagnosis of the animal's medical condition.

(b) For the purposes of paragraph (5) of subdivision (a):

(1) "Proper training" means completing a training curriculum of at least four hours provided by a veterinarian licensed to practice in this state, and includes, but is not limited to, an overview of intake procedures and preventative medicine, recognizing when an animal is required to be seen by a veterinarian, prescription and nonprescription medications, humane animal restraint techniques, vaccination injection methods and procedures, and documentation.

(2) "Shelter" means a public animal control agency or shelter, society for the prevention of cruelty to animals shelter, or humane society shelter that is not registered with the board pursuant to Section 4853.

(c) A shelter providing care to an animal pursuant to this section that is not registered with the board pursuant to Section 4853 shall report to the board any adverse event resulting in significant impairment or death from the care provided, on a form prescribed by the board, including severe injuries, infections, and unintended reactions caused by the incorrect or inappropriate administration of a vaccine or medications.



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**RE: California Veterinary Medical Board Proposal to Amend Business & Professions Code section 4827**

HUTCHINSON EMERITI DIRECTORS

J. PETER READ  
ERIC B. ROBERTS

Dear President Solacito and Members of the Board --

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The San Francisco SPCA ("SF SPCA") is a non-profit organization that has been at the forefront of animal welfare in California for 157 years. Founded in 1868, SF SPCA was the first humane society west of the Mississippi River and it played an integral role in the development and enforcement of California's early animal cruelty laws. SF SPCA has special expertise relevant to the issues addressed in this letter because every year we deal with thousands of California pets, and are intimately aware of their care needs and how that care is provided by owners throughout the state.

Additionally, SF SPCA runs its Shelter Policy and Legal Services program, which represents over 90 animal welfare organizations throughout the state, and addresses access to veterinary care issues every day. The SF SPCA also operates the largest private veterinary hospital in San Francisco, and employs about 30 veterinarians and dozens more Registered Veterinary Technicians and veterinary assistants. One of SF SPCA's core organizational missions is directly in line with the issues addressed in this letter -- to ensure that California pet owners and their pets, and California shelters, are able to care for their animals. SF SPCA extends its resources and generosity throughout the state, helping shelters with vital medical care that they would not otherwise be able to get.

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In short, the SF SPCA has a unique, statewide perspective with respect to the need for more care and animal welfare in and out of shelters, and for issues that arise in connection with statutory and regulatory matters regarding veterinary medicine and care. We appreciate the opportunity to comment on the Veterinary Medical Board’s discussion of Business & Professions Code section 4827, both in its recent meetings and in its 2025 Sunset Review Report.

**The VMB’s Proposal to Limit the “Ownership Exception” is a Dangerous Effort That Will Hurt Hundreds of Thousands of Animals and Californians**

The following comments concern the VMB’s suggestion for amendments to California Business and Professional Code Section 4827. Currently, Section 4826 defines the practice of veterinary medicine, and Section 4827 provides statutory exceptions to that definition. One of these exceptions allows owners of animals to perform both routine and also potentially lifesaving acts of animal health care that would otherwise constitute the practice of veterinary medicine (and therefore be prohibited). The ownership exception applies solely to “bona fide owners” of animals, or their employees, or people “assisting the owner ... gratuitously.”<sup>1</sup> As explained in detail below, that exception ensures optimal health and welfare, urgent and nonurgent care, and the potential for the prevention of disease and suffering – *much of which would never be provided to animals without the statutory exception*. Yet without sufficient justification, and without considering the vast and tragic implications for animals and people, the VMB has stated its intention to eliminate those exceptions. With its proposal to narrow the scope of Section 4827, the VMB is condemning California animals to reduced care, and guaranteeing negative impact on the health and safety of California animals in homes and in shelters. The Board’s proposal will also disproportionately affect the health and safety of animals and pet owners in minority communities, and in underserved and under-resourced areas where members of the public – and private and public animal shelters and rescues – cannot easily access veterinary care, because of financial, geographic, or other reasons.<sup>2</sup>

The ownership exception codified in Section 4827 promotes animal welfare, the health and safety of the public, private owners’ ability to care for their animals, and the rights of shelters to provide basic and vital care to the animals under their control. This is demonstrated in part by the fact that 36 states have virtually identical language, and among these states there is no effort to change those exceptions, even though the VMB’s reported concerns certainly exist in those states as well. However well intentioned, the decision to try to remove this exception amounts to an

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<sup>1</sup> This provision is referred to as the “ownership exception” in this letter.

<sup>2</sup> The VMB’s justifications for this effort are discussed in detail later in this letter. In short, the Board claims that because of an unspecified and unidentified number of illegal practices done by anonymous individuals (none of which the VMB has provided proof of), that it wants to eliminate this provision that helps hundreds of thousands of animals and Californians.

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affirmative declaration that the VMB wants to take away basic care and protection for hundreds of thousands of California animals, and to turn owners of animals providing basic care into lawbreakers.

The proposal fails to acknowledge that in the vast majority of cases, animal owners want and know what is best for their animals, and are equipped and need to be able to administer all kinds of care for them. Eliminating this exception would create an absurd reality in California where people are legally permitted to administer all kinds of care for their human family members with impunity (and without consulting a doctor), but cannot administer the most basic care to their own pets, including, but not limited to, dogs, cats, guinea pigs, rats, turtles, rabbits, and hamsters.

In many parts of California, access to licensed veterinary care is direly limited. Currently, there is a shortage of 3500-5000 veterinarians statewide, which is predicted to grow to 14,000 by 2030. The ownership exception provides valuable support for owners and shelters to administer basic care to their animals. Taking it away will abandon these animals and their owners to an unfortunate fate.

- **ANIMAL OWNERSHIP**

The elimination of the owner exception would have a negative impact on animal welfare throughout the state because the proposed change in the law would directly impact several different types of animal owners, each of them in multiple ways, on an almost daily basis. Section 4827 makes an exception for practices otherwise limited to veterinarians, for actions undertaken by “a bona fide owner of one’s own animals,” as well as the owner’s “bona fide employees” and “[a]ny person assisting the owner... gratuitously.” Under California Penal Code Section 11199, “owner” means “any person who is the *legal owner, keeper, harbinger, possessor, or the actual custodian of an animal.*” (Emphasis added.) Therefore, eliminating the ownership exception would impact different types of animal owners, including, but not limited to, ordinary pet owners, shelters<sup>3</sup>, and

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<sup>3</sup> California Civil Code §§ 1815-1816 deems a government-related shelter an involuntary depositary for animals that are left with the shelter, or otherwise picked up by authorities and brought to the shelters. However, the time period in which any shelter remains as an involuntary depositary is very limited, and can last only as long as the statutory holding periods found in Food & Agriculture Code §§ 31108, 31108.5, 31752, 31754, and 17006.

Once the statutory holding period has ended, the government-related shelters have all the rights that an owner has in property (to transfer, exclude others, sell, destroy) and by the grant of that authority, those shelters are the owners from that point forward. Under California Civil Code § 679, “[t]he ownership of property is absolute when a single person has the absolute dominion over it, and may use it or dispose of it according to his pleasure, subject only to general laws.” This is exactly the situation that exists in any government-related shelter, after the holding period, when the shelter “has the absolute dominion over [the animal], and may use it or dispose of it according to [the shelter’s] pleasure.” See also Cal. Civil Code § 654 (“The ownership of a thing is the right of one or more persons to possess and use it to the exclusion of others.”).

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rescues. Not only that, but entire industries in California would also be negatively impacted by the removal of this exception. This may include, but is not limited to, animal owners in the agricultural industry, entertainment industry, zoos, aquariums, film and television production companies, breeders, scientific research facilities, and many others.

- **ELIMINATING THE OWNERSHIP EXEMPTION WILL NEGATIVELY IMPACT THE TREATMENT AND CARE OF ANIMALS STATEWIDE**

If Section 4827's ownership exception were to be eliminated, a wide range of animal-care activities, including routine wellness care, vital welfare, and lifesaving efforts, would be prohibited. In lay terms, owners would no longer legally be able to provide their animals with basic healing and care.

In order to understand this, we must start with Business & Professions Code Section 4826(b) and (c), which list the tasks that constitute the practice of veterinary medicine. Breaking down the statute, as any court would do, all of the following constitute the practice of veterinary medicine, unless an exception applies:

1. **“Diagnoses”** is the practice of veterinary medicine, exclusively limited to veterinarians absent an exception, under Section 4826(b). **“Diagnosing”** meaning the identification and determination of a disease, condition, or injury based on an evaluation of an animal's symptoms, history, and examination.
2. There can be no reasonable doubt that a wide range of straightforward decisions with respect to diseases, conditions, and injuries of animals, based on symptoms, history and examination, would be illegal if the ownership exception were eliminated.<sup>4</sup> In both shelters that own their animals, and in private homes, the following are a small and illustrative, very much nonexhaustive, list of common and daily activities done for animals by their owners, all of which are regularly undertaken by owners and shelters, and which would be prohibited diagnoses:

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Additionally, private shelters that have no government affiliation, and that only accept animals that are either transferred from other shelters, or surrendered by their owners, are the owners of those animals as soon as they accept them.

<sup>4</sup> While members of the VMB members have insisted that they do not “intend” to remove owners' abilities to care for their animals on a daily basis, and do not “intend” to obliterate the ability of shelter staff to care for the animals in their care, the proposed changes to the ownership exception would do just that.

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- a. Identifying a minor cut or laceration and recognizing the need for first aid, basic care for that injury,
  - b. Observing minor gastrointestinal problems in a pet through the discovery of vomitus or diarrhea, or abnormal intestinal/bowel sounds, and identifying the problem and potential basic course of action needed (dietary change or otherwise).
  - c. Seeing a dog or cat holding up their paw and recognizing the need for reduced activity or possible supportive care
  - d. Determining, based on visual examination or knowledge of the nature of tick-borne disease, that ticks on a dog or cat mean a danger of disease that needs to be treated before further problems develop.
  - e. Combing a cat for fleas and, based on the discovery of flea dirt or other indicators, determining that the cat has a flea infestation and needs to be treated.
  - f. Observing an animal limping, thereby recognizing that there may be a foreign body in the affected limb, warranting further investigation and determination of possible solutions.
  - g. Responding to the consequences or sequelae of chemotherapy with supportive nutritional, dietary, physical, or palliative care.
  - h. Noticing recurrent problems in animals with chronic diseases and identifying new conditions that may need new medications, veterinary visits, or other supportive therapy.
3. Additionally under Section 4826, the following also constitute the practice of veterinary medicine: **“administer[ing] a drug, medicine, appliance, application, or treatment ... of whatever nature** for the prevention, cure, or relief of [an animal’s] **wound,” “fracture” or “bodily injury” or “disease.”**
4. Based on this definition, eliminating the ownership exception would prevent animal owners from providing a wide range of care, thereby generating incalculable harm, suffering, and inconvenience. A nonexhaustive list of the myriad care activities that would now be illegal include:
  - a. Stopping the bleeding on a minor cut or laceration – this is “treating” the “injury” and “relieving” the problem.
  - b. Putting a pressure (or any) bandage on an animal’s cut – as above, this is a “treatment” using an “application” and possibly an “appliance”.
  - c. Addressing upper respiratory infections often seen in shelter environments, including the use of dehumidifiers and other straightforward treatments.
  - d. Providing deworming solutions, which are often needed in shelters.
  - e. Monitoring, identifying, and addressing behavioral issues with supplements, support, or behavior modification – commonly seen in shelters and private homes.

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- f. Addressing recurrent gastric and intestinal upsets with over-the-counter medications or bland diets – clearly “treatment” by the use of “medicine” that will “relieve” “disease.”
- g. Providing supportive mobility appliances such as harnesses, wheelchairs, or assistance appliances for limping related to chronic orthopedic problems would clearly fall in this category
- h. Cleaning ears that are dirty or infected or have easily accessible foreign bodies.
- i. Removing a tick from a dog or cat – this is “administering a treatment ... for the prevention, cure [and] relief” of an animal “injury” or “disease.”
- j. Combing a pet for fleas – a “treatment” which will “prevent,” “cure”, and “relieve” the problem.
- k. Providing supplements to address joint pain that is obvious from an animal’s lameness after exercise.
- l. Administering flea medications – another “treatment” which will “prevent,” “cure”, and “relieve” the problem.
- m. Washing and cleaning a minor cut, or applying a bacterial ointment – this also is “treating” the “injury” and “relieving” the problem, using a “medicine” or other “treatment”.
- n. Expressing anal glands for relief of pain and discomfort.
- o. Trimming nails that are overgrown, and stopping any related bleeding
- p. Applying salves for wounds or chronic conditions – without question, this is the “administering” of a “drug” or “medicine” or “treatment” of an animal’s “bodily injury” or “disease.”
- q. Applying *any* traditional antibiotic or symptom-relieving ointments to wounds, hot spots and areas of infection is “treatment” and the “application” of products to “relieve” a “wound,” “bodily injury” or “disease.”
- r. Using medicated compresses for any medical condition – same as (p)
- s. Applying heating pads or hot water bottles – same as (p)
- t. Applying ice packs for certain conditions – same as (p)
- u. Responding to the consequences or sequelae of chemotherapy or other treatments with palliative or supportive care – same as (p)
- v. Addressing the consequences of chronic conditions including cancer or immune disorders requires owners and shelters to “administer” “drugs” or “medicines” or “applications” for the “prevention, cure, or relief of [an animal’s] ... fracture” or “bodily injury” or “disease.”
- w. Tooth brushing and other routine dental care.
- x. Monitoring an animal post-surgery to care for stitches and prevent infection with simple support in the home environment.

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Regardless of the Board's intent, or members' of the Board's thoughts and ideas when advocating for the elimination of the ownership exception, the language of the statute *defining the prohibited conduct without an exception* can bear no other possible interpretation.

The foregoing also makes it incontrovertible that the ownership exception could not only be meant to provide an exception for herd health in the agriculture context, as members of the Board have suggested. In fact, hundreds of thousands of California animals benefit greatly from the exception, every single day. And the acts that would be prohibited without the exception provide important care that should not, and often cannot, wait until an owner can get their pet into a veterinarian. Owners would be breaking the law by engaging in the acts (and many more not listed) identified above, under the clear statutory language.

For animal owners who are breeders, all of the above applies. Additionally, the acts listed below – routine and important for those treating animals in vulnerable times -- would also no longer be permitted, as these are treatments that clearly fall within the practice of veterinary medicine per the statutory definition.

- Providing prenatal treatments to pregnant animals
- Overseeing an animal giving birth
- Monitoring an animal after birth
- Lactation treatment and care
- Clearing milk ducts
- Initial emergency and urgent care for newborns
- Monitoring newborn animals to ensure they are receiving sufficient food/nutrition

The lists above, which could be doubled or tripled for further examples, involve actions which indisputably constitute the practice of veterinary medicine, but are routine tasks that any animal owner who loves and cares for their animals perform thousands of times a day across California. The ownership exception ensures those owners have the legal authority to provide these important health functions – just as parents are allowed to provide medical care to their infants and children. With respect to this notable comparison, by attempting to remove the ownership exception, the Board would be making the unseemly statement that what parents do for their children every day, pet owners cannot do to their animals. Yet in both situations, caregivers (parents or pet owners) are simply engaging in longstanding and accepted practices to provide health care and support for those who depend on them – whether those dependents are human children, or pets.

The reason that parents are allowed to provide daily, regular, ongoing care to their children, even though those parents are not doctors, not nurses, and not trained in any formal way to provide that care, is because of the recognition that these are common everyday occurrences, neither



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warranting visits to physicians, nor legally mandated to only be treated by physicians. It is a matter of both commonsense, and even more, absolute necessity, that pet owners be allowed to provide this kind of care to their animals.

Moreover, the ownership exception allows these owners to perform these tasks and therefore exponentially increases the chance that these animals will actually get the care they need. If they had to make an appointment with licensed veterinarians for this care, many if not most of the animals would never get the care needed. And given the undisputed veterinary crisis in California, in most cases all of this care, if now prohibited, will simply not be provided. The VMB's proposal will chill the provision of the most fundamental routine care, will overtax both veterinarians and related resources, will discourage animal owners from caring for their animals for fear of retribution by the government or regulatory agencies, will lead to the surrender of even more animals to shelters, and will cause chaos and confusion in homes, shelters, rescues, farms, and businesses around the state about what owners can and cannot do for their animals.

It is worth emphasizing that there is a great benefit inherent in permitting animal owners to be able to provide care to their animals and be able to perform these specific tasks. For example, if an owner is able to immediately care for an animal after it is hurt, they will minimize the animal's suffering and the pain that animal may feel, as compared to the scenario where they have to wait to go to a veterinarian. For example, cleaning a fresh wound and applying hemostatic bandages and/or simple antibiotic ointment fits directly within the definition of the practice of veterinary medicine and would be illegal for anyone but a veterinarian or RVT if the VMB's proposal were accepted. Yet if owners can address these issues immediately, the chance of infection, and of mounting pain, will be greatly diminished.

Additionally, being able to perform routine tasks will allow animals to retain and maintain good health and hygiene on a regular basis. Failure to care for an animals' hygiene or injuries on a regular basis may have a long-term and even devastating impact on an animal. Careful monitoring of recurrent conditions is a must for some animals, but would now be prohibited – both the “diagnosis” and the “treatment”. The VMB's proposal would affirmatively block hundreds of types of simple and timely care, and prevent them from being given as quickly as feasibly possible.<sup>5</sup>

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<sup>5</sup> Notably, even highly experienced individuals, who are skilled at animal care, would be in violation of the law if the ownership exception was removed. For example, a retired veterinarian or former Registered Veterinary Technician could not provide vital treatment to their own animals, because they were not licensed by the state. Likewise, foreign-trained veterinarians who relocated to California, or out-of-state veterinarians who move here, could not provide this basic care for their own animals, if the Board's proposal became law.

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Members of the VMB, in its recent meetings, claimed that when they proposed this blanket destruction of the right of owners to engage in this vast landscape of animal care, that they not “intend” to affect the previously-described scenarios. But if the exception is eliminated, it will not matter what the Board intended, *only* what the law says, and all of those acts will be illegal; it simply cannot be denied that removing the owner exception would do just that. The Board can neither promise nor guarantee there will not be enforcement, now or in the future, and whatever its intentions are, there will be no protection for so much important health promotion and animal protection. In a parallel context, the U.S. Supreme Court has stated: “We would not uphold an unconstitutional statute merely because the Government promised to use it responsibly.” *United States v. Stevens*, 559 U.S. 460, 480 (2010) (refusing to accept the government’s assurance that it would only enforce an animal cruelty law in “extreme” situations).

In fact, the members’ statements illustrate precisely the incredible value that the ownership exception provides. Under any reading of Section 4826’s definition of the practice of veterinary medicine, the examples above all qualify and the plain language of the law makes it clear that they constitute veterinary care. If the Board wants to guarantee the continued health of California animals, and the legality of providing them with basic treatment, then the Board should refrain from eliminating the ownership exception altogether.

The VMB explained that this proposal was stimulated by some complaints/examples of egregious conduct by unauthorized individuals that resulted in animal suffering and even death. To date the VMB has provided absolutely no evidence of these complaints – how many there were, who reported them, their veracity, any investigation done into them. In short, we have no verifiable information. But even if there were such complaints, that would not change the analysis. Surely those unproven situations represent the tiniest fraction of interactions covered by the ownership exception. And the VMB’s reported concerns seem focused on rare, extremely concerning scenarios whereby a bad actor harms an animal under the guise of treatment or care through the practice of unlicensed veterinary medicine, such as by performing surgery on an animal. To be clear, we agree that this would be cruel and is of great concern. We agree that it would be a better world if the animal cruelty laws were enforced at a higher rate. But the claimed problems are very rare. And in fact, from the stories the Board has reported, the actors there are not operating under the presumption they are covered by the exception – they are simply bad actors who are harming animals. And the change in the law would likely not affect them, but only those who are doing good.

The VMB expressed concern that law enforcement and district attorneys are not willing to take these cases on as animal cruelty prosecutions. There could be many reasons for that, including but not limited to the fact that – despite the Board’s presumptive decision that the animal cruelty laws have been violated -- the claims might be insupportable, lacking in evidentiary support, or simply not as egregious as the VMB thinks. The VMB is using these vague descriptions of cases

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and trying to redirect the criminal procedure process and take it into its own hands. The VMB wants this unidentified (but likely small) number of bad events to control the entire state's direction on animal health and welfare. But it would be very sad to use this unknown set of vague descriptions to destroy the ability of hundreds of thousands of pet owners, as well as shelters and rescues, to provide support and care for the animals under their control.

It is unclear what the Board really expects to achieve by removing these protections. Those who are most likely to be deterred by this change in law are law-abiding citizens who would otherwise utilize the ownership exception to act in the best interest of their animals. Those abusive owners whom the Board's proposal reportedly aims to target are precisely the people who would be least impacted by it, and the least likely to change, since they are already actively violating the criminal animal cruelty laws. If these bad actors were not already deterred by such laws, then why would they now be deterred by this amendment? Instead, the elimination of the ownership exception will only have a chilling effect on the administration of basic and sometimes lifesaving care by animal owners who are already predisposed to acting in good faith and in the best interest of their animals.

**• ELIMINATING THE OWNERSHIP EXCEPTION WILL PUT AN UNREASONABLE STRAIN ON ALREADY-LIMITED RESOURCES**

The elimination of the ownership exception for the unlicensed practice of veterinary care will negatively impact the efforts of pet owners to care for hundreds of thousands of animals throughout the state, causing immense animal suffering. Below are a number of key statistics to consider:

- Approximately 344,000 California shelter animals are housed in shelters that do not have adequate access to veterinary care staff.
- 68% of shelters cannot consistently provide complete veterinary care to treat conditions commonly seen in shelters, such as fractures, eye injuries, and dental problems – conditions which can be treated *only because of the ownership exception*.
- 40% of animal shelters cannot provide consistent access to spay and neuter services, vital lifesaving surgeries which are required in California before animals can be adopted.

In addition to all of the above, shelters saw an increase of 245,000 more animals entering the system in 2023 over the previous year. This means shelters are getting busier and busier, with an increased need to provide routine and quick urgent care, and are trying to care for more and more animals with their trained (but often not licensed) staff. If they were to become bogged down in bureaucracy, or concerned that common practices could not continue, animals will immediately suffer. Shelters administer medical care for animals every day, ranging from simple hygiene to literally lifesaving medical intervention. Shelters also deal with chronic ailments such as skin diseases or upper respiratory problems that could affect all shelter animals if not addressed quickly

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and decisively. And shelters often have to deal with behavioral issues that may require daily medical care. It is important to highlight that many individual owners hand over their animals to rescues and shelters because they themselves cannot provide basic care to their animals. If these shelters are prohibited by law to care for those animals, who will?

One thing is for sure – if the ownership exception is limited or shut down, it will be practically impossible for the limited number of licensed professionals in California to be able to be responsible for personally caring for animals and providing the type of care discussed in this letter independent from the animal’s owners. Therefore, while the Board may think that eliminating the ownership exception would incentivize owners to rely more on licensed veterinarians for medical care, the reality is it would result in the discontinuation of medical care for hundreds of thousands of animals.

- **ADDITIONAL CONCERNS WITH THE VMB’S PROPOSAL**

Given the current crisis that leaves many private pet owners and shelters throughout the state without sufficient veterinary professionals, and the existence of large portions of California that are “veterinary deserts” without any veterinarians, the problem of access to care hits underresourced and minority/BIPOC communities the hardest. The VMB’s proposal would therefore impact these types of groups in a disproportionate manner, the worst and the hardest, and their animals would suffer the most. With the elimination of the ability to care for their own animals without being subjected to liability, animals in these communities would simply go without care. And the same would go for the animals in the shelters in these communities. The proposal will hurt Californians and their animals statewide, but will have a disparate and discriminatory impact on these groups. This will discourage pet ownership and adoption, and result in relinquishment of animals to our already overcrowded shelters.

The VMB’s proposed revisions make three exceptions to the proposed elimination of the owner exception: (1) allowing for over-the-counter medications; (2) declaring that owners of livestock/food animals will still have the exception; and (3) owners can perform these actions when they are doing so in accord with written protocols from their veterinarian. These proposed alternative exceptions illustrate a confusion of priorities and the fallacy of the proposal overall.

First, it is difficult to comprehend why the VMB feels comfortable entrusting untrained animal owners to give actual drugs and medicines, but not to stop bleeding or provide other treatment and basic care. It is additionally ironic that animal owners would be able to get whatever drugs they think will work at a drug store for their animals, but they cannot wash their animals with soap and water if the animal had an infected wound, or pull a tick from the animal’s skin – because without question, the latter “treatments” of “wounds” and prevention of disease would constitute veterinary practice under Section 4826 and would therefore be prohibited.

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Second, the statute would maintain the current exception for livestock and food animals. The Board claims it is concerned about animals, but this constitutes a profound hypocrisy and danger to animals if the owners of livestock are allowed to do whatever they want to serve their businesses and bottom line – including painful practices without any oversight, when their practices could easily be seen as animal cruelty. It cannot be disputed that those in commercial production are on the whole less emotionally invested with their animals' pain and suffering, and therefore less concerned about the negative implications or consequences of nontraditional methods of treatment. But at the same time the Board would deny owners who consider their pets to be “just like children” and who care as much about them as many parents do about their own children, from providing supportive medical care. If the Board considered the interests of animals in this analysis, it clearly would not even suggest this distinction.

Third, the statute would still permit veterinary care by owners under a “written veterinary plan” option; however, if owners cannot get to a veterinarian (whether because of timing, cost, inconvenience, lack of real need, or geography), then they are almost surely not likely to be able to get to a veterinarian to obtain a written veterinary plan for conditions that may arise. It is folly to think that this would help alleviate any of the problems discussed in this letter, if the exception is removed.

- **CONCLUSION**

The proposed elimination of the ownership exception will harm owners and animals throughout California. The San Francisco SPCA, and dozens of shelters that it represents, will vigorously oppose this effort. We urge the Board not to take this step because of a few bad actors -- in other words, we must not throw the “puppy out with the bathwater.” This amendment would set access to veterinary care back decades, if not centuries -- a problem that the VMB itself has identified as a priority. California pet owners need to be able to care for their animals, just as California parents can care for their children. The Board's efforts will hurt all of its stakeholders, and will place the veterinary profession in a bad light, here and throughout the nation.

Sincerely,

A handwritten signature in blue ink, appearing to read 'J. Scarlett', with a stylized, cursive flourish.

Jennifer Scarlett, DVM  
Chief Executive Officer  
San Francisco Society for the Prevention of Cruelty to Animals



## California Animal Welfare Association

Promoting Excellence in Animal Care, Sheltering, and Law Enforcement since 1909

April 2, 2025

Jessica Seiferman  
California Veterinary Medical Board  
1747 N. Market Boulevard, Suite 230  
Sacramento, CA 95834

### **Subject: Strong Opposition to the Elimination of the Owner Exemption in Business and Professions Code Section 4827**

Dear Ms. Seiferman and the CVMB Board Members,

On behalf of the California Animal Welfare Association (CalAnimals), representing over 280 animal care and control agencies, SPCAs, humane societies, and other animal welfare organizations across the state, we write to express our strong opposition to the Veterinary Medical Board's (VMB) proposed elimination of the owner exemption from Business and Professions Code Section 4827. This change would be disastrous for pet owners, devastating for animal welfare, and entirely unworkable in practice.

We fully support efforts to hold animal abusers accountable, but this proposal will not achieve that goal. Instead, it will create insurmountable barriers to basic animal care, making veterinary services even more inaccessible to millions of pet owners. California is home to approximately **40 million companion animals but only 12,000 veterinarians**—the vast majority of whom are concentrated in urban areas. Forcing every pet owner to rely solely on veterinarians even for **basic, routine care** is not just unreasonable—it is impossible.

This misguided change will disproportionately harm **rural communities and low-income families**, many of whom already struggle to access veterinary care due to distance and cost. According to [USA Today](#), **veterinary costs have skyrocketed by 60% in the past decade**, making affordability a growing crisis. Rather than improving animal welfare, this proposal will result in **fewer animals receiving care, more pets suffering from preventable conditions, and an increase in pet surrenders to already overburdened shelters**.

Furthermore, the lack of clarity surrounding this proposal is deeply troubling. Will over-the-counter treatments like flea preventatives, eye ointments, and ear cleaners be banned? Will pet owners who administer basic first aid be at risk of violating the law? If a pet owner purchases necessary treatments online and administers them, could they be fined? These are critical questions that remain unanswered, leaving responsible pet owners in an untenable position.

California already has mechanisms in place to hold animal abusers accountable. Instead of imposing excessive restrictions on responsible pet owners, we urge the VMB to focus on



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**collaborating with agencies tasked with investigating animal abuse and address barriers to prosecution with the Department of Justice.** The VMB's authority to issue financial penalties does not equate to justice for abused animals. True accountability comes from **criminal prosecution, not bureaucratic fines.**

This proposal is not a solution to the VMB's stated concern around animal cruelty, nor a reasonable measure to hold unlicensed practitioners accountable. This proposal amounts to a drastic overreach that will **hurt the very animals it claims to protect.** We urge you to refrain from eliminating the owner exemption and instead support policies that increase access to veterinary care rather than restricting it.

We appreciate your time and consideration.

Sincerely,

Jill Tucker, CAWA

CEO

California Animal Welfare Association (CalAnimals)