

MEMORANDUM

DATE	July 11, 2025
TO	Multidisciplinary Advisory Committee (MDC)
FROM	<u>Inspections Subcommittee (Subcommittee)</u> Jeni Goedken, DVM Kristi Pawlowski, RVT
SUBJECT	Agenda Item 6. Update, Discussion, and Potential Action on Recommendations from the Inspections Subcommittee

Hospital Standards Self-Evaluation Checklist (Strategic Plan Objective 3.7)

The Subcommittee continued updating the [Hospital Standards Self-Evaluation Checklist](#) (Checklist) to help licensees remain in compliance with regulations.

Since the MDC's April 2025 meeting, the Subcommittee continued to meet and revise the Checklist. Concerns were raised with the Board's Radiation Safety Guidelines (Guidelines) and its origins. One area of concern centered on possible duplication of efforts of the Radiologic Health Branch (RHB). RHB is under the Radiation Safety and Environmental Management Division of the California Department of Public Health. Through their inspection program, RHB enforces the laws and regulations as they pertain to radioactive material and protection of the public from such material.

On May 13, 2025, Board staff met with RHB's Section Chief of the Radiation Machine Inspection, Compliance and Enforcement Section. He stated the Guidelines were created under the guidance of the previous RHB Supervising Physicist sometime in 2012. He went on to state his agency had no issues with the Guidelines since the information is accurate and no regulatory changes have taken place since the Guidelines were created. Additionally, RHB inspectors accept the safety examination contained in the Guidelines as meeting their training and examination requirement.

Board staff and the RHB Section Chief also discussed continuity of the Guidelines and which office may be better suited to maintaining and updating the document. They discussed the potential for other agencies to maintain and update the Guidelines as needed. RHB's Section Chief was open to the possibility of RHB taking over the Guidelines if no other viable options were identified

The Section Chief further discussed RHB's inspection process. Their goal is to inspect their licensees approximately once every five years. Their inspection process essentially mirrors the Board's process as it pertains to radiation safety, specifically California Code of Regulations (CCR), title 17, division 1, chapter 5, subchapter 4

(commencing with section 30100). Given the redundancies of the inspection process, the Subcommittee discussed removing radiation items from the Checklist and the importance of maintaining RHB information links in the document, particularly since RHB provides multiple resources specifically for veterinarians.

The discussion raised the importance of improving communication between the departments, particularly when areas of radiation safety concerns are identified by inspectors. The Board and RHB intend to continue this collaboration and intend to report any violations found that may be within each agency's jurisdiction.

Lastly, the Subcommittee identified a number of potential statutory and regulatory changes since some of the items in the checklist based on statutes and regulations do not correspond to the way the industry operates.

Authority to Inspect Boarding Facilities (Strategic Plan Objective 4.8)

The Subcommittee discussed the issue concerning the Board's authority to inspect boarding facilities attached to fixed veterinary premises registered with the Board. Business and Professions Code (BPC) section [4853](#) establishes that all premises where veterinary medicine, dentistry, surgery, and the various practices thereof is being practiced, including buildings, kennels, mobile units, or vehicles, must be registered with the Board.¹ Further, the Board may at any time inspect the premises in which veterinary medicine, dentistry, or surgery is being practiced (BPC, § [4809.5](#)). CCR, title 16, section [2030](#), subsection (d), establishes requirements for when animals are housed or retained for treatment.

Boarding facilities commonly provide veterinary care services, such as drug administration, wound care, etc. The Subcommittee determined when a registered veterinary premises provides boarding services or houses animals, the Board is authorized to inspect the entire facility. At this time, the Subcommittee does not deem it necessary to clarify the regulatory language of CCR, title 16, section 2030. However, if there is confusion in the industry, additional outreach should be considered to clarify this issue.

Next Steps

The Subcommittee has concluded its review of the Checklist and created separate Checklists for small animal mobile and fixed facility premises and vaccination clinics. Drafts of the Checklists are attached hereto for the MDC's and Board's review.

The Subcommittee will also draft a memo identifying their concerns with current statutes and regulations for Board consideration at future meetings.

¹ Animal control shelters have specified exemptions under BPC section [4827](#), subdivisions (a)(4) and (5), (b), and (c), regarding the practice of veterinary medicine on animals impounded at the shelter.

Action Requested

The Subcommittee requests feedback from the MDC on the Checklists.

Attachments

1. Inspection Checklist – Small Animal Fixed Premises
2. Inspection Checklist – Small Animal Mobile Clinic
3. Inspection Checklist – Small Animal Vaccination Clinic

SMALL ANIMAL FIXED PREMISES

Veterinary Premises Standards Self-Evaluation Checklist (Checklist)

The Hospital Standards Self-Evaluation Checklist (Checklist) was developed by the California Veterinary Medical Board (Board) and its Multidisciplinary Advisory Committee with input from the public and profession in order to assist Licensee Manager's (MGL) and office managers in reviewing minimum standards to achieve compliance with the law. The Board strongly recommends involvement of the entire staff in a team effort to become familiar with and maintain the minimum standards of practice.

INTRODUCTION

Authority and Requirement to Inspect

The Board has the authority to inspect veterinary hospitals under the Business and Professions Code (BPC) and the California Code of Regulations, Title 16, Division 20 (CCR). Please reference the Appendix for specific BPC and CCR sections. Additionally, every veterinary hospital is required to be in compliance with the minimum standards required by law at all times.

The Inspection Program

Qualified licensed veterinarians and registered veterinary technicians (RVT) in good standing may be Board inspectors and are required to successfully complete a thorough training program as well as participate in periodic updates. The Board also utilizes Special Investigators to conduct inspections. If you are interested in becoming an inspector, please refer to the Board's [website](#) for more information.

The Inspection

Once the inspection is complete, the inspector will review the report with the MGL or designated representative. Part of the Inspection Report is dedicated to identifying deficiencies, listing individual corrections, what items are required to be submitted to demonstrate compliance (e.g., pictures, receipts, written narratives, photocopies, etc.), and discussing their correction to comply with minimum standards requirements. The inspector may also have educational materials available to assist with the correction of certain issues. Questions are encouraged so the MGL and/or staff are clear on each issue. Board inspectors are professionals representing the Board; as such, they are expected to treat veterinarians, staff members, and the facility in a professional manner at all times.

Compliance Examples

Throughout the Checklist, compliance examples are provided where appropriate to help the veterinary premises meet minimum standards requirements. There are often many ways to comply with the statutes and regulations. The cited are neither prescriptive nor the only means individual veterinary hospitals may meet minimum standard requirements.

GENERAL

1. After Hours Referral/Veterinary Premises Closure

Objectives

- An obvious sign is posted outside the primary entrance with telephone number and location where emergency after hours veterinary care is available. [CCR, tit. 16, § 2030, subs. \(e\)](#)

- The public is notified via an answering machine or service when the veterinary premises will be reopened and where after-hours emergency veterinary care is available. [CCR, tit. 16, § 2030, subs. \(e\)](#)
- Full disclosure prior to rendering services if NO after hours emergency care is available. [CCR, tit. 16, § 2030, subs. \(e\)](#)

Examples of Compliance

- A sign displaying the name, address, and telephone number of a local emergency veterinary premises clearly visible by someone standing at the main entrance of the veterinary premises.)
- Having an off-hours telephone message that states when the veterinary premises will reopen and the name, location, and phone number of a local emergency veterinary premises.
- Posting a sign in the lobby that no after-hours emergency care is available.

2. License Displayed

Objective

- Every person holding a license issued by the Board shall conspicuously display the license in their principal place of business. [BPC § 4850](#)

Example of Compliance

- Licenses are displayed in a location easily visible to the public.

3. Notice of No Staff on Veterinary Premises

Objective

- If no personnel will be on the veterinary premises during any time when animal patients are housed or left at the veterinary premises, notice is given to clients prior to initiating treatment. [CCR, tit. 16, § 2030, subs. \(d\)\(3\)](#)

Examples of Compliance

- Posting a sign in a place and manner conspicuous to the public stating that there may be times when there are no personnel on the veterinary premises.
- Written notice of “No staff on the veterinary premises between the hours of x pm and x am” stated on an admittance form, estimate, or receipt.

4. Veterinary Staff Identification

Objectives

- All RVTs, veterinary assistants, and veterinary assistant controlled substance permit (VACSP) holders registered with the Board wear a name tag in at least 18-point font in any area of the veterinary premises that is accessible to members of the public.
- The name tag includes the name of the RVT, veterinary assistant, or VACSP holder, and if applicable, the registration or permit type and number issued by the Board. [BPC § 4826.3, subd. \(a\)](#)

FACILITIES

5. General Sanitary Conditions

Objective

- All premises where veterinary medicine, veterinary dentistry, or veterinary surgery is being practiced, and all instruments, apparatus, and apparel used in connection with those practices, are kept clean and sanitary at all times, and conform to the minimum standards established by the Board. [BPC § 4854](#)

Examples of Compliance

- Shelves and countertops are clean to the touch.
- Trash cans are emptied on a regular basis.
- Floors are mopped/scrubbed regularly.
- Window coverings, if required, are free of dust and debris.
- An appropriate cleaning schedule is established for all areas of the veterinary premises.
- Personal apparel is clean.
- Instruments and equipment are clean and sanitary.
- Endotracheal tubes and resuscitation bags are kept clean and stored in a sanitary manner to prevent dust, hair, and debris contamination.
- The top of surgical lights is free of dust, hair, and other debris.

6. Temperature and Ventilation

Objective

- The facility, its temperature, and ventilation shall be maintained to assure the comfort of all patients. [CCR, tit. 16, § 2030, subs. \(f\)\(2\)](#)

Example of Compliance

- Temperature is comfortable and the Heating, Ventilation, and Air Conditioning system is routinely maintained.

7. Lighting

Objective

- Indoor lighting for halls, wards, reception areas, examination and surgical rooms are adequate for their intended purpose. [CCR, tit. 16, § 2030, subs. \(a\)](#)

8. Reception/Office

Objective

- The veterinary premises has a reception room and office, or a combination of the two. [CCR, tit. 16, § 2030, subs. \(b\)](#)

9. Exam Rooms

Objective

- An examination room is available that is separate from other areas of the veterinary premises and is of sufficient size to accommodate the doctor, assistant, patient, and client. [CCR, tit. 16, § 2030, subs. \(c\)](#)

10. Food and Beverage

Objective

- Food and beverages are not stored or consumed in a toilet room or in an area where they may be contaminated by any toxic material. [CCR, tit. 8, § 3368, subs. \(b\)](#)

Examples of Compliance

- Food or beverages intended for human consumption are not located in treatment areas, pharmacy, laboratory, or restrooms.
- Food or beverages intended for human consumption are not located in refrigerators/freezers with vaccines or drugs.

11. Fire Precautions

Objectives

- Meet requirements of local and state fire prevention codes. [CCR, tit. 16, § 2030, subs. \(f\)\(1\)](#)
- The employer provides portable fire extinguishers and mounts, locates, and identifies them so they are readily accessible to employees without subjecting the employees to possible injury. [CCR, tit. 8, § 6151, subs. \(c\)\(1\)](#)
- Portable fire extinguishers are subjected to an annual maintenance check. Stored pressure extinguishers do not require an internal examination. The employer records the annual maintenance date and retains this record for one year after the last entry or the life of the shell, whichever is less. The record is available to the Fire Chief upon request. CCR, tit. 8, § 6151, subs. (e)(3)

Example of Compliance

- Portable fire extinguishers are readily available to staff and are regularly inspected and in compliance with local and state fire prevention codes.

12. Oxygen Equipment

Objective

- The veterinary premises has equipment to deliver oxygen in emergency situations. [CCR, tit. 16, § 2030, subs. \(f\)\(11\)](#)

Examples of Compliance

- Ambu bag, also known as a Bag-Valve-Mask (BVM).
- Resuscitation bag.
- Oxygen via anesthetic machine.
- Oxygen generator with back-up tank.

13. Emergency Drugs and Equipment

Objective

- Appropriate drugs and equipment are readily available to treat an animal emergency. [CCR, tit. 16, § 2030, subs. \(f\)\(12\)](#)

Example of Compliance

- Unexpired atropine, epinephrine, diphenhydramine, and IV catheters of various sizes are readily available.

14. Laboratory Services

Objective

- Clinical pathology and histopathology diagnostic laboratory services are available within the veterinary premises or through outside services. [CCR, tit. 16, § 2030, subs. \(f\)\(5\)](#)

18. Waste Disposal

Objective

- The disposal of waste materials complies with all applicable state, federal and local laws and regulations. [CCR, tit. 16, § 2030, subs. \(f\)\(3\)](#)

Examples of Compliance

- Maintain a contract with an approved waste control service to dispose of hazardous waste.
- Appropriately sized sharps containers are available and maintained throughout the veterinary premises.

19. Disposal of Animals

Objective

- Sanitary methods for the disposal of deceased animal patients are provided and maintained. [CCR, tit. 16, § 2030, subs. \(f\)\(7\)](#)

Example of Compliance

- Maintain a contract with an animal remains company.

20. Freezer

Objective

- When the client has not given authorization to dispose of their deceased animal, the veterinarian must have the ability to retain the remains in a freezer for at least 14 days prior to disposal. [CCR, tit. 16, § 2030.1, subs. \(b\)](#)

Example of Compliance

- A functioning deep freezer in sanitary condition is located on the veterinary premises.

21. Compartments

Objective

- If animals are housed or treated on the veterinary premises, compartments for animals are maintained in a comfortable and sanitary manner. [CCR, tit. 16, § 2030, subs. \(d\)\(1\)](#)

Examples of Compliance

- Prevent cross-contamination through effective separation of animals and their waste products.
- Surfaces are solid and non-porous.
- Cleaning protocols are maintained with effective and appropriate disinfectants, such as accelerated hydrogen peroxide.

22. Exercise Runs

Objectives

- Where animals are kept on the veterinary premises for 24 hours or more, the animals are provided with an opportunity for proper exercise. [CCR tit. 16, § 2030.1, subs. \(b\)](#)
- Where a premises has exercise runs, they are clean and sanitary and provide for effective separation of animals and their waste products. [CCR tit. 16, § 2030.1, subs. \(b\)](#)

Examples of Compliance

- Exercise runs are available or animals are provided outdoor walks.
- Individual drains or covered common drains if located within the runs to provide effective separation of waste products.
- Runs have solid dividers to prevent nose to nose contact or every other run sits unused.
- Gates and runs are maintained to prevent injury to animals.
- If exercise runs are not utilized, the walking area is free of animal waste.

23. Contagious Facilities

Objectives

- The veterinary premises has the ability to provide effective separation of known or suspected contagious animals. [CCR, tit. 16, § 2030, subs. \(d\)\(2\)](#)

Examples of Compliance

- Cleaning and apparel protocols are in place to prevent the spread of infectious disease.
- Maintain proper isolation separate from common areas.
- If an isolation ward is utilized, the room should not be used for storage or any other purpose that would cause foot traffic unrelated to the care of an isolated patient.

SURGERY

24. Separate Surgery

Objectives

- A room, separate and distinct from all other rooms, is reserved for aseptic surgical procedures which require aseptic preparation. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable. [CCR, tit. 16, § 2030, subs. \(g\)\(1\)](#)
- Storage in the surgery room is limited to items and equipment normally related to aseptic surgery and surgical procedures. Equipment not normally related to surgery and surgical procedures includes, but is not limited to, equipment used for dental prophylaxis, autoclaves, and non-surgical radiographic equipment. [CCR, tit. 16, § 2030, subs. \(g\)\(2\)](#)
- Open shelving is not in the surgical room. [CCR, tit. 16, § 2030, subs. \(g\)\(3\)](#)
- The surgery room does not contain a functional sink with an open drain. [CCR, tit. 16, § 2030, subs. \(g\)\(4\)](#)
- The doors into the surgery room are able to be fully closed, fill the entire door space, made of non-porous material, and do not provide access from outside the hospital. In cases where the size of animals prevents entry to the hospital via a regularly-sized door, doors for outside access are permitted as long as such doors are able to be fully closed, fill the entire door space, and are made of non-porous material. [CCR, tit. 16, § 2030, subs. \(g\)\(5\)](#)

Examples of Compliance

- Doors are kept closed at all times except when entering and exiting the surgery room.
- The surgery room is completely enclosed with solid floor to ceiling walls and has no door to the immediate outside.
- Surgical preparation items, such as clippers and vacuums, are not present in the surgery room.
- Dental units, ultrasounds, and autoclaves are not stored in the surgery room.

25. Surgery Lighting/X-ray/Emergency

Objective

- The surgery room is well-lighted, has equipment for viewing radiographs, and has effective emergency lighting with a viable power source. [CCR, tit. 16, § 2030, subs. \(g\)\(6\)](#)

Examples of Compliance

- Emergency lighting and emergency backup lighting illuminates the surgical field.
- Operable flashlight(s) are stored in surgery.
- The veterinary premises is connected to a generator or other power supply for backup lighting.
- Equipment for viewing radiographs (light box, tablet, laptop, etc.) is present.

26. Surgery Floors, Tables, and Countertop

Objective

- The floors, tabletops, and countertops of the surgery room are of a non-porous material suitable for regular disinfecting and cleaning, and are disinfected regularly. [CCR, tit. 16, § 2030, subs. \(g\)\(7\)](#)

Examples of Compliance

- The floors are sealed.
- The floors, tables, and countertops are in good repair.
- The floors and surfaces are free of dust, hair, and debris.

27. Endotracheal Tubes and Resuscitation Bags

Objective

- When administering general anesthesia in a hospital setting, a veterinarian has resuscitation or rebreathing bags of appropriate volumes for the animal patient and an assortment of endotracheal tubes readily available. [CCR, tit. 16, § 2032.4, subs. \(b\)\(5\)](#)

28. Anesthetic Equipment

Objective

- Anesthetic equipment in accordance with the procedures performed is maintained in proper working condition and available at all times. [CCR, tit. 16, § 2030, subs. \(f\)\(10\)](#)

Examples of Compliance

- Anesthetic hoses are inspected and cleaned on a regular schedule.
- Anesthetic vaporizers are calibrated annually or per manufacturer's recommendations.
- CO2 absorbents are dated and changed as appropriate.
- A charcoal gas filter canister is weighed, dated, and changed as appropriate.
- An active anesthetic gas scavenging system is present.
- Rebreathing bags and endotracheal tubes are in good repair.

29. Anesthetic Monitoring

Objectives

- Respiratory monitoring is provided including, but not limited to, observation of the animal's chest movements, observation of the rebreathing bag or respirometer. [CCR, tit. 16, § 2032.4, subs. \(b\)\(3\)](#)
- Cardiac monitoring is provided including, but not limited to, the use of a stethoscope, pulse oximeter, or electrocardiographic monitor. [CCR, tit. 16, § 2032.4, subs. \(b\)\(4\)](#)

Examples of Compliance

- Respiratory monitoring could include a rebreathing bag or respirometer.
- Cardiac monitoring could include a stethoscope or electrocardiographic monitor.

30. Surgical Packs and Sterilization of Equipment

Objectives

- Surgical instruments and equipment are sterilized as required by the surgical procedure performed and instruments used. [CCR, tit. 16, § 2030, subs. \(g\)\(8\)\(B\)](#)
- In any sterile procedure, a separate sterile pack is used for each animal. [CCR, tit. 16, § 2030, subs. \(g\)\(9\)](#)

- All instruments, packs, and equipment that have been sterilized have an indicator that reacts to and verifies sterilization. [CCR, tit. 16, § 2030, subs. \(g\)\(10\)](#)

Examples of Compliance

- An entire sterilization indicator is in the center of the pack.
- Appropriate barrier material, such as surgical drape material, is used to wrap sterile surgical packs.
- Surgical packs have the date of sterilization.
- Surgical packs are stored in a clean and dry cabinet or drawer.

31. Sanitary Attire

Objectives

- Each member of the surgical team wears an appropriate sanitary cap and sanitary mask which covers their hair and mouth, nose and any facial hair (except for eyebrows or eyelashes). Any member of the surgical team who will be handling the instruments or touching the surgical site wears sterilized surgical gowns with long sleeves and sterilized gloves. [CCR, tit. 16, § 2030 subs. \(g\)\(11\)\(A\)](#)
- Additional personnel in the surgery room wear clean clothing, footwear, and sanitary cap and mask. [CCR, tit. 16, § 2030, subs. \(g\)\(11\)\(B\)](#)
- When performing clean surgery, the instruments used to perform surgery have been sterilized and the surgeon(s) and ancillary personnel wear clean clothing and footwear when appropriate. [CCR § 2030 \(h\)](#)[CCR, tit. 16, § 2030, subs. \(h\)](#)

DANGEROUS DRUGS/CONTROLLED SUBSTANCES

32. Drugs and Biologics

Objectives

- All drugs and biologics are maintained, administered, dispensed, and prescribed in compliance with state and federal laws. [CCR, tit. 16, § 2030, subs. \(f\)\(6\)](#), [BPC § 4883\(g\)\(3\)](#)
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- The veterinary premises does not purchase, trade, sell, or transfer dangerous drugs or dangerous devices after the beyond use date on the label. [BPC § 4169, subd. \(a\)\(4\)](#)
- Registered practitioners destroy or deliver expired controlled substances for disposal in compliance with federal regulations. Code of Federal Regulations (CFR), tit. 21, [§§ 1317.05\(a\), 1317.10, 1317.90, 1317.95](#)

Examples of Compliance

- A system is in place to regularly identify and remove expired drugs from circulation on the veterinary premises, including from crash carts and emergency kits.
- Expired controlled drugs are delivered to a reverse distributor.
- Drugs and biologics are stored at proper temperatures according to their manufacturer's instructions.
- Drugs are not misbranded or mislabeled.

[Health and Safety Code §§ 111330–111510](#)

33. Drug Security Controls

Objectives

- Controlled substances listed in Schedule I are stored in a securely locked, substantially constructed cabinet. [CFR, tit. 21, § 1301.75\(a\)](#)
- Controlled substances listed in Schedules II, III, IV, and V are stored in a securely locked, substantially constructed cabinet. [CFR, tit. 21, § 1301.75\(b\)](#)

Examples of Compliance

- Controlled drugs are locked in a substantial secure safe with access limited to licensed veterinarians, RVTs, and VACSP holders.
- Refrigerated controlled drugs are stored inside a locked box and secured to the refrigerator with a locking cable.
- A compliant smart cabinet system is used to house and dispense controlled substances. Access to the smart cabinet system is limited to licensed veterinarians, RVTs, and VACSP holders.
- Controlled drugs being transported are stored inside a locked box and secured to the vehicle with a locking cable.

[Code of Federal Regulations \(CFR\) § 1301.75 \(a-e\)](#)

34. Controlled Substance Records

Objectives

- Federal Drug Enforcement Administration (DEA) registrants maintain complete and accurate records on a current basis for each controlled substance purchased, received, sold, stored, distributed, dispensed, or otherwise disposed of. [CFR, tit. 21, §§ 1304.03, 1304.21, & 1304.22](#)
- All records are available on the veterinary premises for inspection and copying by authorized DEA or Board personnel. [CFR, tit. 21, § 1304.04\(a\)](#)
- A complete and accurate dispensation log that meets all federal and state requirements is maintained for each controlled substance. [CFR, tit. 21, § 1304.22, subs. \(c\)](#)
- An initial inventory of controlled substances on hand is recorded on the date the practitioner first engages in the dispensing of controlled substances. Ongoing biennial inventories of controlled substances are recorded at least every two years. [CFR, tit. 21, § 1304.11](#)
- Records and inventories of Schedule II controlled substances are maintained separately from all other records. [CFR, tit. 21, § 1304.04\(f\), \(g\)](#)

Board Resources for Compliance

- [Veterinary Controlled Drug Dispensation Record Sample](#)
- [Biennial Controlled Drug Inventory Sample](#)
- [Controlled Substance Administration FAQs](#)

DEA, Diversion Control Division Resources for Compliance

- [Practitioner's Manual](#)

35. Veterinary Assistant Handling of Controlled Substance

Objectives

- No veterinary assistant shall obtain or administer a controlled substance without first receiving a valid VACSP. [BPC § 4836.1, subd. \(b\)](#)
- No person utilizes the term “veterinary assistant controlled substances permit,” or any other words, letters, or symbols, including, but not limited to, the abbreviation “VACSP”,

with the intent to represent that person is authorized to act as a permit holder, unless that person is a VACSP holder. [CCR, tit. 16, § 2087.3, subs. \(c\)](#)

Example of Compliance

- The VACSPs are valid by proper association with the MGL.

36. Controlled Substance Utilization and Review System (CURES) Reporting

Objectives

- All veterinarians dispensing controlled substances are registered with [CURES](#). Health and Safety Code (HSC) [§ 11165, subds. \(a\) – \(d\)](#)
- All veterinarians dispensing controlled substances, submit [weekly CURES reports](#) to the PMP Clearinghouse.

37. Current DEA Registration

Objective

- Every veterinarian who dispenses controlled substances is registered with the DEA. [CFR, tit. 21, § 1301.11\(a\)](#)

Example of Compliance

- All veterinarians who prescribe controlled substances have a DEA registration.

PRACTICE MANAGEMENT

38. Licensee Manager / MGL

Objectives

- The MGL has ensured the veterinary premises complies with the requirements in BPC sections 4853, 4854, 4855, and 4856. [CCR, tit. 16, § 2030.05, subs. \(b\)](#)
- The MGL has ensured the physical and operational components of the veterinary premises meet the minimum standards of practice as set forth in CCR, title 16, sections [2030](#) through [2032.5](#). CCR, tit. 16, [§ 2030.05, subs. \(b\)](#)
- The MGL has ensured no unlicensed activity is occurring within the veterinary premises or in any location where any function of veterinary medicine, veterinary surgery, or veterinary dentistry is being conducted off the veterinary premises under the auspices of the veterinary premises registration. [CCR, tit. 16, § 2030.05, subs. \(c\)](#)
- The MGL maintains a physical presence within the veterinary premises to ensure the requirements of CCR, title 16, section [2032.5](#), subsections (a) – (c) are met. [CCR, tit. 16, § 2030.05, subs. \(d\)](#)

39. Veterinary Reference Library

Objective

- Current veterinary reference materials are readily available on the veterinary premises. [CCR, tit. 16, § 2030, subs. \(f\)\(9\)](#)

Example of Compliance

- Veterinarians have journal subscriptions, online reference materials, textbooks, and/or electronic reference materials at work.

40. Record Keeping

Objectives

- Written records of all animals receiving veterinary services are kept by the veterinary premises. Medical records are maintained for a minimum of three (3) years after the animal's last visit. [BPC § 4855](#); [CCR, tit. 16, 2032.3, subs. \(b\)](#)
- All animal patient records are legible and contain the following ([CCR, tit. 16, 2032.3, subs. \(a\)](#)):
 - Name or initials of the person responsible for entries
 - Name, address, and phone number of the client
 - Name or identity of the animal, herd, or flock
 - Except for herds or flocks, age, sex, breed, species, and color of the animal
 - Dates (beginning and ending) of custody of the animal, if applicable
 - A history or pertinent information as it pertains to each animal, herd, or flock's medical status
 - Data, including that obtained by instrumentation, from the physical examination
 - Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use
 - Records for surgical procedures include a description of the procedure, the name of the surgeon, the type of sedative/anesthetic agents used, their route of administration, and their strength if available in more than one strength.
 - Diagnosis or assessment prior to performing the treatment or procedure
 - If relevant, a prognosis of the animal's condition
 - All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use
 - Daily progress, if relevant, and disposition of the case
- Radiographs and digital images, except for intraoral radiographs, have a permanent identification legibly exposed in the radiograph or attached to the digital file, which include the following ([CCR, tit. 16, 2032.3, subs. \(c\)\(2\)](#)):
 - The hospital or clinic name and/or veterinarian's name,
 - Client identification,
 - Patient identification, and
 - The date radiograph was taken.
- Non-digital intraoral radiographs are inserted into sleeve containers and include the information required in CCR, title 16, section 2032.3, subsection (c)(2)(A)-(D). Digital images have identification criteria listed in CCR, title 16, section 2032.3, subsection (c)(2)(A)-(D) attached to the digital file. [CCR, tit. 16, 2032.3, subs. \(c\)\(3\)](#)
- Each time the veterinarian initially prescribes, dispenses, or furnishes a dangerous drug to an animal patient in an outpatient setting, they provide a consultation to the client, verbally, in writing, or by email, that includes the following information ([BPC § 4829.5](#)):
 - The name and description of the dangerous drug.
 - Route of administration, dosage form, dosage, duration of drug therapy, the duration of the effects of the drug, and the common severe adverse effects associated with the use of a short-acting or long-acting drug.
 - Any special directions for proper use and storage.
 - Actions to be taken in the event of a missed dose.
 - If available, precautions and relevant warnings provided by the drug's manufacturer, including common severe adverse effects of the drug.
 - Drug documentation if requested and if available.

This task may be delegated to a registered veterinary technician or veterinary assistant.

- It is noted in the medical record of the animal patient whether the client was provided or declined the drug consultation.
- The veterinarian has performed a physical examination on the animal patient within 12 hours prior to administration of general anesthesia. The result of the physical examination is documented in the animal patient's medical records. [CCR, tit. 16, 2032.4, subs. \(b\)\(1\)](#)
- Records for procedures involving general anesthesia include the following information ([CCR, tit. 16, 2032.4, subs. \(b\)\(6\)](#)):
 - A description of the procedure.
 - Name of the surgeon.
 - Type of the sedative and/or anesthetic agents used.
 - Their route of administration.
 - Their strength if available in more than one strength.

APPENDIX

BPC section [4809.5](#) states, in part, “The Board may at any time inspect the premises in which veterinary medicine, veterinary dentistry, or veterinary surgery is being practiced.” The Board is required to inspect, and the veterinarian is required to allow an unannounced inspection, pursuant to BPC section [4809.7](#), which provides that “The board shall establish a regular inspection program that will provide for random, unannounced inspections.” An inspector is allowed to perform an unannounced inspection whether or not the managing licensee is present.

The veterinarian is also required to allow an unannounced inspection by the Board pursuant to BPC section [4856](#) as follows:

(a) All records required by law to be kept by a veterinarian subject to this chapter, including, but not limited to, records pertaining to diagnosis and treatment of animals and records pertaining to drugs or devices for use on animals, shall be open to inspection by the board, or its authorized representatives, during an inspection as part of a regular inspection program by the board, or during an investigation initiated in response to a complaint that a licensee has violated any law or regulation that constitutes grounds for disciplinary action by the board. A copy of all those records shall be provided to the board immediately upon request.

(b) Equipment and drugs on the premises, or any other place, where veterinary medicine, veterinary dentistry, veterinary surgery, or the various branches thereof is being practiced, or otherwise in the possession of a veterinarian for purposes of that practice, shall be open to inspection by the board, or its authorized representatives, during an inspection as part of a regular inspection program by the board, or during an investigation initiated in response to a complaint that a licensee has violated any law or regulation that constitutes grounds for disciplinary action by the board.

Specific areas requiring inspection by the Board are outlined in CCR, title 16, section [2030](#): “All fixed premises where veterinary medicine and its various branches are being practiced, and all instruments, apparatus and apparel used in connection with those practices, shall be kept clean and sanitary at all times and shall conform to or possess the following minimum standards.”

Responsibilities of Veterinarians and RVTs

All licensed veterinarians and RVTs are responsible for knowing the laws governing their respective professions. This includes all laws in the California Veterinary Medicine Practice Act and all related laws regulating drugs, radiologic installations, safety issues (Cal/ OSHA), etc. The MGL is ultimately responsible for overseeing and ensuring that all these laws are being met. This responsibility is outlined in BPC sections [4853](#), subdivision (c), and [4853.6](#) and CCR, title 16, section [2030.05](#).

All aspects of medical care for patients are under the control of a veterinarian licensed by the state of California. The veterinarian may delegate some animal health care tasks to RVTs as specified by California law. The veterinarian may also delegate tasks to veterinary assistants, but veterinary assistants may not perform tasks restricted to RVTs or VACSP holders.

The laws establishing delegated animal health care tasks can be found as follows:

BPC section [4826](#), subdivision (c) – RVT or veterinary assistant administration of an appliance, application, or treatment at the direction of and under the direct supervision of a licensed veterinarian, or administration of a controlled substance by an RVT or VACSP holder.

[BPC § 4836.1 – Administration of Drugs by RVTs or assistants,](#)

[BPC § 4840 – Authorized Services by RVTs and Assistants,](#)

[BPC § 4840.2 – Unauthorized Practices,](#)

[BPC § 4840.7 – Operation of Radiographic Equipment; Training Records](#)

[CCR § 2034 – Animal Health Care Tasks Definitions,](#)

[CCR § 2035 – Duties of Supervising Veterinarian,](#)

[CCR § 2036 – Animal Health Care Tasks for RVT,](#) and,

[CCR § 2036.5 – Animal Hospital Health Care Tasks for Permit Holders and Veterinary Assistants.](#)

SMALL ANIMAL MOBILE CLINIC

Veterinary Premises Standards Self-Evaluation Checklist (Checklist)

The Checklist was developed by the California Veterinary Medical Board (Board) and its Multidisciplinary Advisory Committee with input from the public and profession in order to assist Licensee Managers (MGLs) and veterinary office managers in reviewing minimum standards to achieve compliance with the law. The Board strongly recommends involvement of the entire staff in a team effort to become familiar with and maintain the minimum standards of practice.

INTRODUCTION

Board Authority to Inspect

The Board has the authority to inspect every premises in which veterinary medicine, dentistry, and surgery are being practiced. Additionally, every veterinary premises is required to be in compliance with the minimum standards required by law at all times. For ease of reference, the Appendix at the end of this document provides the Business and Professions Code (BPC) and California Code of Regulations (CCR) citations for Board authority and veterinary premises requirements.

The Inspection Program

Qualified veterinarians and registered veterinary technicians (RVT) who are licensed or registered, as applicable, with the Board in good standing may be Board inspectors and are required to successfully complete a thorough training program, as well as participate in periodic updates. The Board also utilizes Special Investigators to conduct inspections. If you are interested in becoming a Board inspector, please refer to the Board's [website](#) for more information.

The Inspection

A Board inspector or Special Investigator performs an inspection of the veterinary premises and completes an Inspection Report. Once the inspection is complete, the inspector will review the Inspection Report with the MGL or designated representative. Part of the Inspection review is dedicated to identifying deficiencies, listing individual corrections, what items are required to be submitted to demonstrate compliance (e.g., pictures, receipts, written narratives, photocopies, etc.), and discussing their correction to comply with minimum standards requirements for veterinary premises. The inspector or investigatory also may have educational materials available to assist with the correction of certain issues. Questions are encouraged so the MGL and/or veterinary staff are clear on each issue. Board inspectors are professionals representing the Board; as such, they are expected to perform inspections in a professional manner at all times.

Compliance Examples

Throughout this Checklist, compliance examples are provided where appropriate to help the veterinary premises meet minimum standards requirements. There are often many ways to comply with the statutes and regulations. The examples are neither prescriptive nor the only means individual veterinary premises may meet minimum standard requirements.

GENERAL

1. After Hours Emergency Services

Objectives

- Mobile clinic shall provide either after hours emergency services to patients or, full disclosure prior to rendering services if NO after hours emergency care is available. [CCR § 2030.2 \(d\)](#)

Example of Compliance

- Posting a sign that no after-hours emergency care is available in a location easily visible to the public.

2. License Displayed

Objective

- Every person holding a license issued by the Board shall conspicuously display the license in their principal place of business. [BPC § 4850](#)

Example of Compliance

- Licenses are displayed in a location easily visible to the public.

3. Veterinary Staff Identification

Objectives

- All RVTs, veterinary assistants, and veterinary assistant controlled substance permit (VACSP) holders registered with the Board wear a name tag in at least 18-point font in any area of the veterinary premises that is accessible to members of the public.
- The name tag includes the name of the RVT, veterinary assistant, or VACSP holder, and if applicable, the registration or permit type and number issued by the Board. [BPC § 4826.3, subd. \(a\)](#)

FACILITIES

4. General Sanitary Conditions

Objective

- All premises where veterinary medicine, veterinary dentistry, or veterinary surgery is being practiced, and all instruments, apparatus, and apparel used in connection with those practices, are kept clean and sanitary at all times, and conform to the minimum standards established by the Board. [BPC § 4854](#)

Examples of Compliance

- Shelves and countertops are clean to the touch.
- Trash cans are emptied on a regular basis.
- Floors are mopped/scrubbed regularly.
- Window coverings, if required, are free of dust and debris.
- An appropriate cleaning schedule is established for all areas of the veterinary premises.
- Personal apparel is clean.
- Instruments and equipment are clean and sanitary.
- Endotracheal tubes and resuscitation bags are kept clean and stored in a sanitary manner to prevent dust, hair, and debris contamination.
- The top of surgical lights is free of dust, hair, and other debris.

5. Temperature and Ventilation

Objective

- The facility, its temperature and ventilation shall be maintained to assure the comfort of all patients. [CCR § 2030.2 \(b\)\(4\)](#)

Example of Compliance

- Temperature is comfortable and the Heating, Ventilation, and Air Conditioning system is routinely maintained.

6. Lighting

Objective

- Indoor lighting for halls, wards, reception areas, examination and surgical rooms are adequate for their intended purpose. [CCR § 2030.2 \(b\)\(1\)](#)

7. Exam Rooms

Objective

- An examination room is available that is separate from other areas of the facility and is of sufficient size to accommodate the doctor, assistant, patient, and client. [CCR § 2030.2 \(b\)\(2\)](#)

8. Food and Beverage

Objective

- Food and beverages are not stored or consumed in a toilet room or in an area where they may be contaminated by any toxic material. [CCR, tit. 8, § 3368, subs. \(b\)](#)

Examples of Compliance

- Food or beverages intended for human consumption are not located in treatment areas, pharmacy, laboratory, or restrooms.
- Food or beverages intended for human consumption are not located in refrigerators/freezers with vaccines or drugs.

9. Fire Precautions

Objectives

- Meet requirements of local and state fire prevention codes. [CCR § 2030.2 \(b\)\(3\)](#)
- The employer provides portable fire extinguishers and mounts, locates, and identifies them so they are readily accessible to employees without subjecting the employees to possible injury. [CCR, tit. 8, § 6151, subs. \(c\)\(1\)](#)
- Portable fire extinguishers are subjected to an annual maintenance check. Stored pressure extinguishers do not require an internal examination. The employer records the annual maintenance date and retains this record for one year after the last entry or the life of the shell, whichever is less. The record is available to the Fire Chief upon request. [CCR, tit. 8, § 6151, subs. \(e\)\(3\)](#)

Example of Compliance

- Portable fire extinguishers are readily available to staff and are regularly inspected and in compliance with local and state fire prevention codes.

10. Oxygen Equipment*

Objective

- The veterinary premises has equipment to deliver oxygen in emergency situations. [CCR § 2030 \(f\)\(11\)](#)

Examples of Compliance

- Ambu bag, also known as a Bag-Valve-Mask (BVM).
- Resuscitation bag.
- Oxygen via anesthetic machine.
- Oxygen generator with back-up tank.

11. Emergency Drugs and Equipment

Objective

- Appropriate drugs and equipment are readily available to treat an animal emergency. [CCR § 2030.2 \(c\)](#)

Example of Compliance

- Unexpired atropine, epinephrine, diphenhydramine, and IV catheters of various sizes are readily available.

12. Laboratory Services*

Objective

- Clinical pathology and histopathology diagnostic laboratory services are available within the veterinary premises or through outside services. [CCR § 2030 \(f\)\(5\)](#)

13. Waste Disposal*

Objective

- The disposal of waste materials complies with all applicable state, federal and local laws and regulations. [CCR § 2030 \(f\)\(3\)](#)

Examples of Compliance

- Maintain a contract with an approved waste control service to dispose of hazardous waste.
- Appropriately sized sharps containers are available and maintained throughout the veterinary premises.

14. Disposal of Animals*

Objective

- Sanitary methods for the disposal of deceased animal patients are provided and maintained. [CCR § 2030 \(f\)\(7\)](#)

Example of Compliance

- Maintain a contract with an animal remains company.

15. Freezer

Objective

- When the client has not given authorization to dispose of their deceased animal, the veterinarian must have the ability to retain the remains in a freezer for at least 14 days prior to disposal. [CCR § 2030.2 \(e\)](#)

* Currently, this item is not specifically required by the regulation however, it is addressed in the proposed regulatory language for CCR §2030 Minimum Standards – Veterinary Premises.

Example of Compliance

- A functioning deep freezer in sanitary condition is located on the mobile premises.

16. Compartments

Objective

- If animals are housed or treated on the veterinary premises, compartments for animals are maintained in a comfortable and sanitary manner. [CCR § 2030.2 \(a\)\(6\)](#)

Examples of Compliance

- Prevent cross-contamination through effective separation of animals and their waste products.
- Surfaces are solid and non-porous.
- Cleaning protocols are maintained with effective and appropriate disinfectants, such as accelerated hydrogen peroxide.

SURGERY

17. Separate Surgery

Objectives

- A room, separate and distinct from all other rooms, is reserved for aseptic surgical procedures which require aseptic preparation. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable. [CCR § 2030.2 \(b\)\(5\)](#)
- Storage in the surgery room is limited to items and equipment normally related to aseptic surgery and surgical procedures. Equipment not normally related to surgery and surgical procedures includes, but is not limited to, equipment used for dental prophylaxis, autoclaves, and non-surgical radiographic equipment. [CCR § 2030.2 \(b\)\(5\)](#)
- Open shelving is not in the surgical room. [CCR § 2030\(g\)\(3\)*](#)
- ~~• The surgery room does not contain a functional sink with an open drain. [CCR § 2030\(g\)\(4\)](#) **~~
- ~~• The doors into the surgery room are able to be fully closed, fill the entire door space, made of non-porous material, and do not provide access from outside the hospital. In cases where the size of animals prevents entry to the hospital via a regularly sized door, doors for outside access are permitted as long as such doors are able to be fully closed, fill the entire door space, and are made of non-porous material. [CCR § 2030\(g\)\(5\)](#) **~~

Examples of Compliance

- Doors are kept closed at all times except when entering and exiting the surgery room.
- The surgery room is completely enclosed with solid floor to ceiling walls and has no door to the immediate outside.
- Surgical preparation items, such as clippers and vacuums, are not present in the surgery room.
- Dental units, ultrasounds, and autoclaves are not stored in the surgery room.

18. Surgery Lighting/X-ray/Emergency

Objective

** Currently, this item is not specifically required by the regulation nor is it required in the proposed regulatory language for CCR §2030 Minimum Standards – Veterinary Premises.

- The surgery room is well-lighted, has equipment for viewing radiographs, and has effective emergency lighting with a viable power source. [CCR § 2030.2 \(b\)\(1\)](#)

Examples of Compliance

- Emergency lighting and emergency backup lighting illuminates the surgical field.
- Operable flashlight(s) are stored in surgery.
- The veterinary premises is connected to a generator or other power supply for backup lighting.
- Equipment for viewing radiographs (light box, tablet, laptop, etc.) is present.

19. Surgery Floors, Tables and Countertop

Objective

- The floors, tabletops, and countertops of the surgery room are of a non-porous material suitable for regular disinfecting and cleaning, and are disinfected regularly. [CCR § 2030.2 \(a\)\(5\)](#)

Examples of Compliance

- The floors are sealed.
- The floors, tables, and countertops are in good repair.
- The floors and surfaces are free of dust, hair, and debris.

24. Endotracheal Tubes and Resuscitation Bags**

Objective

- ~~When administering general anesthesia in a hospital setting, a veterinarian has resuscitation or rebreathing bags of appropriate volumes for the animal patient and an assortment of endotracheal tubes readily available. [CCR § 2032.4 \(b\)\(5\)](#)~~

20. Anesthetic Equipment*

Objective

- Anesthetic equipment in accordance with the procedures performed is maintained in proper working condition and available at all times. [CCR § 2030 \(f\)\(10\)](#)

Examples of Compliance

- Anesthetic hoses are inspected and cleaned on a regular schedule.
- Anesthetic vaporizers are calibrated annually or per manufacturer's recommendations.
- CO2 absorbents are dated and changed as appropriate.
- A charcoal gas filter canister is weighed, dated, and changed as appropriate.
- An active anesthetic gas scavenging system is present.
- Rebreathing bags and endotracheal tubes are in good repair.

21. Anesthetic Monitoring

Objectives

- Respiratory monitoring is provided including, but not limited to, observation of the animal's chest movements, observation of the rebreathing bag or respirometer. [CCR, tit. 16, § 2032.4, subs. \(b\)\(3\)](#)
- Cardiac monitoring is provided including, but not limited to, the use of a stethoscope, pulse oximeter, or electrocardiographic monitor. [CCR, tit. 16, § 2032.4, subs. \(b\)\(4\)](#)

Examples of Compliance

- Respiratory monitoring could include a rebreathing bag or respirometer.
- Cardiac monitoring could include a stethoscope or electrocardiographic monitor.

22. Surgical Packs and Sterilization of Equipment*

Objectives

- Surgical instruments and equipment are sterilized as required by the surgical procedure performed and instruments used. [CCR § 2030 \(g\)\(8\)\(B\)](#)
- In any sterile procedure, a separate sterile pack is used for each animal. [CCR § 2030 \(g\)\(9\)](#)
- All instruments, packs, and equipment that have been sterilized have an indicator that reacts to and verifies sterilization. [CCR § 2030 \(g\)\(10\)](#)

Examples of Compliance

- An entire sterilization indicator is in the center of the pack.
- Appropriate barrier material, such as surgical drape material, is used to wrap sterile surgical packs.
- Surgical packs have the date of sterilization.
- Surgical packs are stored in a clean and dry cabinet or drawer.

23. Sanitary Attire*

Objectives

- Each member of the surgical team wears an appropriate sanitary cap and sanitary mask which covers their hair and mouth, nose and any facial hair (except for eyebrows or eyelashes). Any member of the surgical team who will be handling the instruments or touching the surgical site wears sterilized surgical gowns with long sleeves and sterilized gloves. [CCR § 2030 \(g\)\(11\)\(A\)](#)
- Additional personnel in the surgery room wear clean clothing, footwear, and sanitary cap and mask. [CCR § 2030 \(g\)\(11\)\(B\)](#)
- When performing clean surgery, the instruments used to perform surgery have been sterilized and the surgeon(s) and ancillary personnel wear clean clothing and footwear when appropriate. [CCR § 2030 \(h\)](#)

DANGEROUS DRUGS/CONTROLLED SUBSTANCES

24. Drugs and Biologics*

Objectives

- All drugs and biologics are maintained, administered, dispensed, and prescribed in compliance with state and federal laws. [CCR § 2030\(f\)\(6\)](#), [BPC 4883\(g\)\(3\)](#)
- The veterinary premises does not purchase, trade, sell, or transfer dangerous drugs or dangerous devices after the beyond use date on the label. [BPC § 4169, subd. \(a\)\(4\)](#)
- Registered practitioners destroy or deliver expired controlled substances for disposal in compliance with federal regulations. Code of Federal Regulations (CFR), [tit. 21, §§ 1317.05\(a\), 1317.10, 1317.90, 1317.95](#)

Examples of Compliance

- A system is in place to regularly identify and remove expired drugs from circulation on the veterinary premises, including from crash carts and emergency kits.
- Expired controlled drugs are delivered to a reverse distributor.
- Drugs and biologics are stored at proper temperatures according to their manufacturer's instructions.
- Drugs are not misbranded or mislabeled.

25. Drug Security Controls

Objectives

- Controlled substances listed in Schedule I are stored in a securely locked, substantially constructed cabinet. [CFR, tit. 21, § 1301.75\(a\)](#)
- Controlled substances listed in Schedules II, III, IV, and V are stored in a securely locked, substantially constructed cabinet. [CFR, tit. 21, § 1301.75\(b\)](#)

Examples of Compliance

- Controlled drugs are locked in a substantial secure safe with access limited to licensed veterinarians, RVTs, and VACSP holders.
- Refrigerated controlled drugs are stored inside a locked box and secured to the refrigerator with a locking cable.
- A compliant smart cabinet system is used to house and dispense controlled substances. Access to the smart cabinet system is limited to licensed veterinarians, RVTs, and VACSP holders.
- Controlled drugs being transported are stored inside a locked box and secured to the vehicle with a locking cable.

[Code of Federal Regulations \(CFR\) § 1301.75 \(a-e\)](#)

26. Controlled Substance Records

Objectives

- Federal Drug Enforcement Administration (DEA) registrants maintain complete and accurate records on a current basis for each controlled substance purchased, received, sold, stored, distributed, dispensed, or otherwise disposed of. [CFR, tit. 21, §§ 1304.03, 1304.21, & 1304.22](#)
- All records are available on the veterinary premises for inspection and copying by authorized DEA or Board personnel. [CFR, tit. 21, § 1304.04\(a\)](#)
- A complete and accurate dispensation log that meets all federal and state requirements is maintained for each controlled substance. [CFR, tit. 21, § 1304.22\(c\)](#)
- An initial inventory of controlled substances on hand is recorded on the date the practitioner first engages in the dispensing of controlled substances. Ongoing biennial inventories of controlled substances are recorded at least every two years. [CFR, tit. 21, § 1304.11](#)
- Records and inventories of Schedule II controlled substances are maintained separately from all other records. [CFR, tit. 21, § 1304.04\(f\), \(g\)](#)

Board Resources for Compliance

- [Veterinary Controlled Drug Dispensation Record Sample](#)
- [Biennial Controlled Drug Inventory Sample](#)
- [Controlled Substance Administration FAQs](#)

DEA, Diversion Control Division Resources for Compliance

- [Practitioner's Manual](#)

27. Veterinary Assistant Handling of Controlled Substance

Objectives

- No veterinary assistant shall obtain or administer a controlled substance without first receiving a valid VACSP. [BPC § 4836.1, subd. \(b\)](#)

- No person utilizes the term “veterinary assistant controlled substances permit,” or any other words, letters, or symbols, including, but not limited to, the abbreviation “VACSP”, with the intent to represent that person is authorized to act as a VACSP holder, unless that person is a VACSP holder. [CCR, tit. 16, § 2087.3, subs. \(c\)](#)

Example of Compliance

- The VACSPs are valid by proper association with the MGL.

28. Controlled Substance Utilization and Review System (CURES) Reporting

Objectives

- All veterinarians dispensing controlled substances are registered with [CURES](#). Health and Safety Code (HSC) [§ 11165, subs. \(a\) – \(d\)](#)
- All veterinarians dispensing controlled substances submit [weekly CURES reports](#) to the PMP Clearinghouse.

29. Current DEA Registration

Objective

- Every veterinarian who dispenses controlled substances is registered with the DEA. [CFR, tit. 21, § 1301.11\(a\)](#)

Example of Compliance

- All veterinarians who prescribe controlled substances have a DEA registration.

PRACTICE MANAGEMENT

30. Licensee Manager / MGL

Objectives

- The MGL has ensured the veterinary premises complies with the requirements in BPC sections 4853, 4854, 4855, and 4856. [CCR, tit. 16, § 2030.05, subs. \(b\)](#)
- The MGL has ensured the physical and operational components of the veterinary premises meet the minimum standards of practice as set forth in CCR, title 16, section 2032.5. [CCR, tit. 16, § 2030.05, subs. \(b\)](#)
- The MGL has ensured no unlicensed activity is occurring within the veterinary premises or in any location where any function of veterinary medicine, veterinary surgery, or veterinary dentistry is being conducted off the veterinary premises under the auspices of the veterinary premises registration. [CCR, tit. 16, § 2030.05, subs. \(c\)](#)
- The MGL maintains a physical presence within the veterinary premises to ensure the requirements of CCR, title 16, section 2030.05, subsections (a) – (c) are met. [CCR, tit. 16, § 2030.05, subs. \(d\)](#)

31. Veterinary Reference Library*

Objective

- Current veterinary reference materials are readily available on the veterinary premises. [CCR § 2030 \(f\)\(9\)](#)

Example of Compliance

- Veterinarians have journal subscriptions, online reference materials, textbooks, and/or electronic reference materials at work.

32. Record Keeping

Objectives

- Written records of all animals receiving veterinary services are kept by the veterinary premises. Medical records are maintained for a minimum of three (3) years after the animal's last visit. [BPC § 4855](#); [CCR, tit. 16, 2032.3, subs. \(b\)](#)
- All animal patient records are legible and contain the following ([CCR, tit. 16, 2032.3, subs. \(a\)](#)):
 - Name or initials of the person responsible for entries
 - Name, address, and phone number of the client
 - Name or identity of the animal, herd, or flock
 - Except for herds or flocks, age, sex, breed, species, and color of the animal
 - Dates (beginning and ending) of custody of the animal, if applicable
 - A history or pertinent information as it pertains to each animal, herd, or flock's medical status
 - Data, including that obtained by instrumentation, from the physical examination
 - Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use
 - Records for surgical procedures include a description of the procedure, the name of the surgeon, the type of sedative/anesthetic agents used, their route of administration, and their strength if available in more than one strength.
 - Diagnosis or assessment prior to performing the treatment or procedure
 - If relevant, a prognosis of the animal's condition
 - All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use
 - Daily progress, if relevant, and disposition of the case
- Radiographs and digital images, except for intraoral radiographs, have a permanent identification legibly exposed in the radiograph or attached to the digital file, which include the following ([CCR, tit. 16, 2032.3, subs. \(c\)\(2\)](#)):
 - The hospital or clinic name and/or veterinarian's name,
 - Client identification,
 - Patient identification, and
 - The date radiograph was taken.
- Non-digital intraoral radiographs are inserted into sleeve containers and include the information required in CCR, title 16, section 2032.3, subsection (c)(2)(A)-(D). Digital images have identification criteria listed in CCR, title 16, section 2032.3, subsection (c)(2)(A)-(D) attached to the digital file. [CCR, tit. 16, 2032.3, subs. \(c\)\(3\)](#)
- Each time the veterinarian initially prescribes, dispenses, or furnishes a dangerous drug to an animal patient in an outpatient setting, they provide a consultation to the client, verbally, in writing, or by email, that includes the following information ([BPC § 4829.5](#)):
 - The name and description of the dangerous drug.
 - Route of administration, dosage form, dosage, duration of drug therapy, the duration of the effects of the drug, and the common severe adverse effects associated with the use of a short-acting or long-acting drug.
 - Any special directions for proper use and storage.
 - Actions to be taken in the event of a missed dose.
 - If available, precautions and relevant warnings provided by the drug's manufacturer, including common severe adverse effects of the drug.
 - Drug documentation if requested and if available.

This task may be delegated to a registered veterinary technician or veterinary assistant.

- It is noted in the medical record of the animal patient whether the client was provided or declined the drug consultation.
- The veterinarian has performed a physical examination on the animal patient within 12 hours prior to administration of general anesthesia. The result of the physical examination is documented in the animal patient's medical records. [CCR, tit. 16, 2032.4, subs. \(b\)\(1\)](#)
- Records for procedures involving general anesthesia include the following information ([CCR, tit. 16, 2032.4, subs. \(b\)\(6\)](#)):
 - A description of the procedure.
 - Name of the surgeon.
 - Type of the sedative and/or anesthetic agents used.
 - Their route of administration.
 - Their strength if available in more than one strength.

33. Hot and Cold Water

34. 110-Volt Power

35. Collection Tank for Waste

36. Floors, Tabletops and Counter Tops

Objectives

A small animal mobile premises has a trailer or mobile facility established to function as a veterinary premises concentrating in providing veterinary services to common, domestic household pets. A small animal mobile premises shall have the following ([CCR, tit. 16, § 2030.2, subs. \(a\)\(1\) – \(3\) and \(5\)](#)):

- Maintain hot and cold water.
- Maintain 110-volt power source for diagnostic equipment.
- Maintain collection tank for waste material.
- Maintain floors, tabletops and counter tops clean and disinfected.

APPENDIX

BPC section [4809.5](#) states, in part, “The Board may at any time inspect the premises in which veterinary medicine, veterinary dentistry, or veterinary surgery is being practiced.” The Board is required to inspect, and the veterinarian is required to allow an unannounced inspection, pursuant to BPC section [4809.7](#), which provides that “The board shall establish a regular inspection program that will provide for random, unannounced inspections.” An inspector is allowed to perform an unannounced inspection whether or not the MGL is present.

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[CCR § 2035 – Duties of Supervising Veterinarian,](#)
[CCR § 2036 – Animal Health Care Tasks for RVT, and](#)
[CCR § 2036.5 – Animal Hospital Health Care Tasks for Permit Holders and Veterinary Assistants.](#)

SMALL ANIMAL VACCINATION CLINIC

Veterinary Premises Standards Self-Evaluation Checklist (Checklist)

The Checklist was developed by the California Veterinary Medical Board (Board) and its Multidisciplinary Advisory Committee with input from the public and profession in order to assist Licensee Manager's (MGL) and office managers in reviewing minimum standards to achieve compliance with the law. The Board strongly recommends involvement of the entire staff in a team effort to become familiar with and maintain the minimum standards of practice.

INTRODUCTION

Board Authority to Inspect

The Board has the authority to inspect every premises in which veterinary medicine, dentistry, and surgery are being practiced. Additionally, every veterinary premises is required to be in compliance with the minimum standards required by law at all times. For ease of reference, the Appendix at the end of this document provides the Business and Professions Code (BPC) and California Code of Regulations (CCR) citations for Board authority and veterinary premises requirements.

The Inspection Program

Qualified veterinarians and registered veterinary technicians (RVT) who are licensed or registered, as applicable, with the Board in good standing may be Board inspectors and are required to successfully complete a thorough training program, as well as participate in periodic updates. The Board also utilizes Special Investigators to conduct inspections. If you are interested in becoming a Board inspector, please refer to the Board's [website](#) for more information.

The Inspection

A Board inspector or Special Investigator performs an inspection of the veterinary premises and completes an Inspection Report. Once the inspection is complete, the inspector will review the Inspection Report with the MGL or designated representative. Part of the Inspection review is dedicated to identifying deficiencies, listing individual corrections, what items are required to be submitted to demonstrate compliance (e.g., pictures, receipts, written narratives, photocopies, etc.), and discussing their correction to comply with minimum standards requirements for veterinary premises. The inspector or investigatory also may have educational materials available to assist with the correction of certain issues. Questions are encouraged so the MGL and/or veterinary staff are clear on each issue. Board inspectors are professionals representing the Board; as such, they are expected to perform inspections in a professional manner at all times.

Compliance Examples

Throughout this Checklist, compliance examples are provided where appropriate to help the veterinary premises meet minimum standards requirements. There are often many ways to comply with the statutes and regulations. The examples are neither prescriptive nor the only means individual veterinary premises may meet minimum standard requirements.

GENERAL

1. License Displayed

Objective

- Every person holding a license issued by the Board shall conspicuously display the license in their principal place of business. [BPC § 4850](#)

Example of Compliance

- Licenses are displayed in a location easily visible to the public.

2. Veterinary Staff Identification

Objectives

- All RVTs, veterinary assistants, and veterinary assistant controlled substance permit (VACSP) holders registered with the Board wear a name tag in at least 18-point font in any area of the veterinary premises that is accessible to members of the public.
- The name tag includes the name of the RVT, veterinary assistant, or VACSP holder, and if applicable, the registration or permit type and number issued by the Board. [BPC § 4826.3, subd. \(a\)](#)

3. General Sanitary Conditions

Objective

- All premises where veterinary medicine, veterinary dentistry, or veterinary surgery is being practiced, and all instruments, apparatus, and apparel used in connection with those practices, are kept clean and sanitary at all times, and conform to the minimum standards established by the Board. [BPC § 4854](#)

Examples of Compliance

- Shelves and countertops are clean to the touch.
- Trash cans are emptied on a regular basis.
- Floors are mopped/scrubbed regularly.
- Window coverings, if required, are free of dust and debris.
- An appropriate cleaning schedule is established for all areas of the veterinary premises.
- Personal apparel is clean.
- Instruments and equipment are clean and sanitary.
- Endotracheal tubes and resuscitation bags are kept clean and stored in a sanitary manner to prevent dust, hair, and debris contamination.
- The top of surgical lights is free of dust, hair, and other debris.

4. Lighting

Objective

- Indoor lighting for halls, wards, reception areas, examination and surgical rooms are adequate for their intended purpose. [CCR § 2030.3 \(e\)](#)

5. Food and Beverage

Objective

- Food and beverages are not stored or consumed in a toilet room or in an area where they may be contaminated by any toxic material. [CCR, tit. 8, § 3368, subs. \(b\)](#)

Examples of Compliance

- Food or beverages intended for human consumption are not located in treatment areas, pharmacy, laboratory, or restrooms.
- Food or beverages intended for human consumption are not located in refrigerators/freezers with vaccines or drugs.

6. Fire Precautions

Objectives

- Meet requirements of local and state fire prevention codes. [CCR § 2030 \(f\)\(1\)*](#)
- The employer provides portable fire extinguishers and mounts, locates, and identifies them so they are readily accessible to employees without subjecting the employees to possible injury. [CCR, tit. 8, § 6151, subs. \(c\)\(1\)](#)
- Portable fire extinguishers are subjected to an annual maintenance check. Stored pressure extinguishers do not require an internal examination. The employer records the annual maintenance date and retains this record for one year after the last entry or the life of the shell, whichever is less. The record is available to the Fire Chief upon request. [CCR, tit. 8, § 6151, subs. \(c\)\(1\)](#)

Example of Compliance

- Portable fire extinguishers are readily available to staff and are regularly inspected and in compliance with local and state fire prevention codes.

7. Emergency Drugs and Equipment

Objective

- Appropriate drugs and equipment are readily available to treat an animal emergency. [CCR § 2030.3 \(g\), \(i\)](#)

Example of Compliance

- Unexpired atropine, epinephrine, diphenhydramine, and IV catheters of various sizes are readily available.

8. Waste Disposal

Objective

- The disposal of waste materials complies with all applicable state, federal and local laws and regulations. [CCR § 2030.3 \(c\)](#)

Examples of Compliance

- Maintain a contract with an approved waste control service to dispose of hazardous waste.
- Appropriately sized sharps containers are available and maintained throughout the veterinary premises.

9. Floors, Tables and Countertop

Objective

- The floors, tabletops, and countertops of the surgery room are of a non-porous material suitable for regular disinfecting and cleaning, and are disinfected regularly. [CCR § 2030.3 \(f\)](#)

Examples of Compliance

- The floors are sealed.
- The floors, tables, and countertops are in good repair.
- The floors and surfaces are free of dust, hair, and debris.

* Currently, this item is not specifically required by the regulation however, it is addressed in the proposed regulatory language for CCR §2030 Minimum Standards – Veterinary Premises.

DANGEROUS DRUGS/CONTROLLED SUBSTANCES

10. Drugs and Biologics

Objectives

- All drugs and biologics are maintained, administered, dispensed, and prescribed in compliance with state and federal laws. [CCR § 2030.3 \(d\)](#), [BPC 4883\(g\)\(3\)](#)
- The veterinary premises does not purchase, trade, sell, or transfer dangerous drugs or dangerous devices after the beyond use date on the label. [BPC § 4169, subd. \(a\)\(4\)](#)
- Registered practitioners destroy or deliver expired controlled substances for disposal in compliance with federal regulations. Code of Federal Regulations (CFR), tit. 21, [§§ 1317.05\(a\), 1317.10, 1317.90, 1317.95](#)

Examples of Compliance

- A system is in place to regularly identify and remove expired drugs from circulation on the veterinary premises, including from crash carts and emergency kits.
- Expired controlled drugs are delivered to a reverse distributor.
- Drugs and biologics are stored at proper temperatures according to their manufacturer's instructions.
- Drugs are not misbranded or mislabeled.

11. Drug Security Controls

Objectives

- Controlled substances listed in Schedule I are stored in a securely locked, substantially constructed cabinet. [CFR, tit. 21, § 1301.75\(a\)](#)
- Controlled substances listed in Schedules II, III, IV, and V are stored in a securely locked, substantially constructed cabinet. [CFR, tit. 21, § 1301.75\(b\)](#)

Examples of Compliance

- Controlled drugs are locked in a substantial secure safe with access limited to licensed veterinarians, RVTs, and VACSP holders.
- Refrigerated controlled drugs are stored inside a locked box and secured to the refrigerator with a locking cable.
- A compliant smart cabinet system is used to house and dispense controlled substances. Access to the smart cabinet system is limited to licensed veterinarians, RVTs, and VACSP holders.
- Controlled drugs being transported are stored inside a locked box and secured to the vehicle with a locking cable.

[Code of Federal Regulations \(CFR\) § 1301.75 \(a-e\)](#)

12. Controlled Substance Records

Objectives

- Federal Drug Enforcement Administration (DEA) registrants maintain complete and accurate records on a current basis for each controlled substance purchased, received, sold, stored, distributed, dispensed, or otherwise disposed of. CFR, tit. 21, [§§ 1304.03, 1304.21, & 1304.22](#)

- All records are available on the veterinary premises for inspection and copying by authorized DEA or Board personnel. [CFR, tit. 21, § 1304.04\(a\)](#)
- A complete and accurate dispensation log that meets all federal and state requirements is maintained for each controlled substance. [CFR, tit. 21, § 1304.22\(c\)](#)
- An initial inventory of controlled substances on hand is recorded on the date the practitioner first engages in the dispensing of controlled substances. Ongoing biennial inventories of controlled substances are recorded at least every two years. [CFR, tit. 21, § 1304.11](#)
- Records and inventories of Schedule II controlled substances are maintained separately from all other records. [CFR, tit. 21, § 1304.04\(f\), \(g\)](#)

Board Resources for Compliance

- [Controlled Drug Dispensation Record Sample](#)
- [Biennial Controlled Drug Inventory Sample](#)
- [Controlled Substance Administration FAQs](#)

DEA, Diversion Control Division Resources for Compliance

- [Practitioner's Manual](#)

13. Veterinary Assistant Handling of Controlled Substance

Objectives

- No veterinary assistant shall obtain or administer a controlled substance without first receiving a valid VACSP. [BPC § 4836.1, subd. \(b\)](#)
- No person utilizes the term “veterinary assistant controlled substances permit,” or any other words, letters, or symbols, including, but not limited to, the abbreviation “VACSP”, with the intent to represent that person is authorized to act as a permit holder, unless that person is a VACSP holder. [CCR § 2087.3 \(c\)](#)

Example of Compliance

- The VACSPs are valid by proper association with the MGL.

14. Controlled Substance Utilization and Review System (CURES) Reporting

Objectives

- All veterinarians dispensing controlled substances are registered with [CURES](#). Health and Safety Code (HSC) [§ 11165 \(a\) – \(d\)](#)
- All veterinarians dispensing controlled substances, submit [weekly CURES reports](#) to the PMP Clearinghouse.

15. Current DEA Registration

Objective

- Every veterinarian who dispenses controlled substances is registered with the DEA. [CFR, tit. 21, § 1301.11\(a\)](#)

Example of Compliance

- All veterinarians who prescribe controlled substances have a DEA registration.

PRACTICE MANAGEMENT

16. Licensee Manager / MGL

Objectives

- The MGL has ensured the veterinary premises complies with the requirements in BPC sections 4853, 4854, 4855, and 4856. [CCR, tit. 16, § 2030.05, subs. \(b\)](#)
- The MGL has ensured the physical and operational components of the veterinary premises meet the minimum standards of practice as set forth in CCR, title 16, section 2030.3. [CCR, tit. 16, § 2030.05, subs. \(b\)](#)
- The MGL has ensured no unlicensed activity is occurring within the veterinary premises or in any location where any function of veterinary medicine, veterinary surgery, or veterinary dentistry is being conducted off the veterinary premises under the auspices of the veterinary premises registration. [CCR, tit. 16, § 2030.05, subs. \(c\)](#)
- The MGL maintains a physical presence within the veterinary premises to ensure the requirements of CCR, title 16, section 2030.05, subsections (a) – (c) are met. [CCR, tit. 16, § 2030.05, subs. \(d\)](#)

17. Veterinary Reference Library*

Objective

- Current veterinary reference materials are readily available on the veterinary premises. [CCR § 2030 \(f\)\(9\)](#)

Example of Compliance

- Veterinarians have journal subscriptions, online reference materials, textbooks, and/or electronic reference materials at work.

18. Record Keeping

Objectives

- Written records of all animals receiving veterinary services are kept by the veterinary premises. Medical records are maintained for a minimum of three (3) years after the animal's last visit. [BPC § 4855](#); [CCR, tit. 16, 2030.3 \(k\)](#), [CCR, tit. 16, 2032.3, subs. \(b\)](#).
- All animal patient records are legible and contain the following ([CCR, tit. 16, 2032.3, subs. \(a\)](#)):
 - Name or initials of the person responsible for entries
 - Name, address and phone number of the client
 - Name or identity of the animal, herd or flock
 - Except for herds or flocks, age, sex, breed, species, and color of the animal
 - Dates (beginning and ending) of custody of the animal, if applicable
 - A history or pertinent information as it pertains to each animal, herd, or flock's medical status
 - Data, including that obtained by instrumentation, from the physical examination
 - Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use
 - Records for surgical procedures include a description of the procedure, the name of the surgeon, the type of sedative/anesthetic agents used, their route of administration, and their strength if available in more than one strength.
 - Diagnosis or assessment prior to performing the treatment or procedure
 - If relevant, a prognosis of the animal's condition
 - All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use
 - Daily progress, if relevant, and disposition of the case

- Radiographs and digital images, except for intraoral radiographs, have a permanent identification legibly exposed in the radiograph or attached to the digital file, which include the following ([CCR, tit. 16, 2032.3, subs. \(a\)](#))
 - The hospital or clinic name and/or veterinarian's name,
 - Client identification,
 - Patient identification, and
 - The date radiograph was taken.
- Non-digital intraoral radiographs are inserted into sleeve containers and include the information required in CCR, title 16, section 2032.3, subsection (c)(2)(A)-(D). Digital images have identification criteria listed in CCR, title 16, section 2032.3, subsection (c)(2)(A)-(D) attached to the digital file. CCR, tit. 16, § 2032.3, subs. (c)(3)
- Each time the veterinarian initially prescribes, dispenses, or furnishes a dangerous drug to an animal patient in an outpatient setting, they provide a consultation to the client, verbally, in writing, or by email, that includes the following information [BPC § 4829.5](#)):
 - The name and description of the dangerous drug.
 - Route of administration, dosage form, dosage, duration of drug therapy, the duration of the effects of the drug, and the common severe adverse effects associated with the use of a short-acting or long-acting drug.
 - Any special directions for proper use and storage.
 - Actions to be taken in the event of a missed dose.
 - If available, precautions and relevant warnings provided by the drug's manufacturer, including common severe adverse effects of the drug.
 - Drug documentation if requested and if available.

This task may be delegated to a registered veterinary technician or veterinary assistant.

- It is noted in the medical record of the animal patient whether the client was provided or declined the drug consultation.
- The veterinarian has performed a physical examination on the animal patient within 12 hours prior to administration of general anesthesia. The result of the physical examination is documented in the animal patient's medical records. [CCR, tit. 16, 2032.4, subs. \(b\)\(1\)](#)
- Records for procedures involving general anesthesia include the following information: [CCR, tit. 16, 2032.4, subs. \(b\)\(6\)](#)
 - A description of the procedure.
 - Name of the surgeon.
 - Type of the sedative and/or anesthetic agents used.
 - Their route of administration.
 - Their strength if available in more than one strength.

19. Veterinarian on Site

Objectives

- A licensed veterinarian is on site throughout the duration of the vaccination clinic and maintains responsibility for all medical decisions made. The veterinarian is responsible for proper immunization and parasitic procedures and the completeness of recommendations made to the public by the paraprofessional staff that the veterinarian supervises or employs. The veterinarian is responsible for consultation and referral of clients when disease is detected or suspected [CCR, tit. 16, § 2030.3, subs. \(b\)](#)
- The veterinarian is identifiable to the public. [CCR, tit. 16, § 2030.3, subs. \(m\)](#)

20. Waste Disposal

Objective

- The disposal of waste material complies with all applicable state, federal, and local laws and regulations. [CCR, tit. 16, § 2030.3, subs. \(c\)](#)

21. Adequate Equipment

Objective

- The quality and type of equipment provides for the best delivery of vaccines and parasiticides in the best interest of the patient and safety to the public. [CCR, tit. 16, § 2030.3, subs. \(g\)](#)

22. Fresh Clean Water

Objective

- Fresh, clean water is available for sanitizing and first aid. Disposable towels and soap are readily available. [CCR, tit. 16, § 2030.3, subs. \(h\)](#)

23. Emergency Services

Objectives

- Clients are provided with a legible list of the name, address, and hours of operation of all facilities that provide or advertise emergency services and, when applicable, the location of other clinics provided by the same entity on that day, that are located within a 30-minute or 30-mile radius. [CCR, tit. 16, § 2030.3, subs. \(j\)](#)

APPENDIX

[BPC § 4809.5](#) states, in part, “The Board may at any time inspect the premises in which veterinary medicine, veterinary dentistry, or veterinary surgery is being practiced.” The Board is required to inspect, and the veterinarian is required to allow an unannounced inspection, pursuant to [BPC § 4809.7](#), which provides that “The board shall establish a regular inspection program that will provide for random, unannounced inspections.” An inspector is allowed to perform an unannounced inspection whether or not the managing licensee is present.

The veterinarian is also required to allow an unannounced inspection by the Board pursuant to [BPC § 4856](#) as follows: “(a) All records required by law to be kept by a veterinarian subject to this chapter, including, but not limited to, records pertaining to diagnosis and treatment of animals and records pertaining to drugs or devices for use on animals, shall be open to inspection by the board, or its authorized representatives, during an inspection as part of a regular inspection program by the board, or during an investigation initiated in response to a complaint that a licensee has violated any law or regulation that constitutes grounds for disciplinary action by the board. A copy of all those records shall be provided to the board immediately upon request. (b) Equipment and drugs on the premises, or any other place, where veterinary medicine, veterinary dentistry, veterinary surgery, or the various branches thereof is being practiced, or otherwise in the possession of a veterinarian for purposes of that practice, shall be open to inspection by the board, or its authorized representatives, during an inspection as part of a regular inspection program by the board, or during an investigation initiated in response to a complaint that a licensee has violated any law or regulation that constitutes grounds for disciplinary action by the board.”

Responsibilities of Veterinarians and RVTs

All licensed veterinarians and RVTs are responsible for knowing the laws governing their respective professions. This includes all laws in the California Veterinary Medicine Practice Act and all related laws regulating drugs, radiologic installations, safety issues (Cal/ OSHA), etc. The MGL is ultimately responsible for overseeing and ensuring that all these laws are being met. This responsibility is outlined in BPC sections [4853](#), subdivision (c), and 4853.6 and CCR, title 16, section 2030.05.

All aspects of medical care for patients are under the control of a veterinarian licensed by the state of California. The veterinarian may delegate some animal health care tasks to RVTs as specified by California law. The veterinarian may also delegate tasks to veterinary assistants, but veterinary assistants may not perform tasks restricted to RVTs or VACSP holders.

The laws establishing delegated animal health care tasks can be found as follows:

BPC section [4826](#), subdivision (c) – RVT or veterinary assistant administration of an appliance, application, or treatment at the direction of and under the direct supervision of a licensed veterinarian, or administration of a controlled substance by an RVT or VACSP holder.

[BPC § 4836.1 – Administration of Drugs by RVTs or assistants](#),
[BPC § 4840 – Authorized Services by RVTs and Assistants](#),
[BPC § 4840.2 – Unauthorized Practices](#),
[BPC § 4840.7 – Operation of Radiographic Equipment; Training Records](#)
[CCR § 2034 – Animal Health Care Tasks Definitions](#),
[CCR § 2035 – Duties of Supervising Veterinarian](#),

[CCR § 2036 – Animal Health Care Tasks for RVT, and](#)
[CCR § 2036.5 – Animal Hospital Health Care Tasks for Permit Holders and Veterinary](#)
[Assistants.](#)