

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

**IN THE MATTER OF THE PETITION FOR EARLY TERMINATION OF PROBATION OF  
J. WADE BYRD, DVM**

**Agency Case No. 4602021000373**

**HEARING DOCUMENTS**

<b>EX. # 1 Case Center Page Numbers</b>	<b>DOCUMENTS</b>
A2-A4	Notice of Hearing
A5	License Certification
A6-A8	Petition for Early Termination of Probation
A9	Respondent's Written Statement
A10-A14	Letters of Support
A15-A18	Continuing Education Certificates
A19	Envelope
A20-A86	Decision and Order Effective April 5, 2023, Exhibit A: Accusation 4602021000373 Filed June 14, 2022
A87-A89	Probation Compliance Report
A90-A204	Probation Violation Correspondence



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

March 26, 2026

J. Wade Byrd, DVM  
31504 Stoney Creek Dr.  
Lake Elsinore, CA 92532-0300

**RE: HEARING NOTICE  
OAH Case No. 2026030316  
Petition for Early Termination or Modification of Penalty – Dr. J. Wade Byrd**

Dear Dr. J. Wade Byrd:

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

**Date: Thursday, April 16, 2026  
Time: 9:00 AM Pacific Time  
Location: Department of Consumer Affairs  
Hearing Room  
1625 N. Market Blvd  
Sacramento, CA 95834**

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

**Event address:**

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m560deb978787d05bf4f6a879248cffd3>

**Event number: 2496 916 9583  
Event password: VMB416**

**Phone audio conference: (415) 655-0001  
Access code: 2496 916 9583  
Passcode: 862416**

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

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

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

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

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

Please visit the Board's website at [www.vmb.ca.gov](http://www.vmb.ca.gov) to view a copy of the agenda or you may contact me at (916) 905-5434 or via email at [Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov).

Sincerely,

Alexander A. Juarez  
Probation Monitor  
California Veterinary Medical Board

cc: Neva Tassan, Deputy Attorney General



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR  
 DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA VETERINARY MEDICAL BOARD  
 1747 North Market Blvd., Suite 230, Sacramento, CA 95834-2987  
 P (916) 515-5520 | Toll-Free (866) 229-0170 | www.vmb.ca.gov



**DECLARATION OF SERVICE BY CERTIFIED, REGULAR, & ELECTRONIC MAIL**

**RE: Notice of Hearing**

**LICENSE NO: VET 10381**

I, the undersigned declare that I am over 18 years of age; my business address is 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834. I served a true copy of the attached letter by Certified Mail on the following, by placing same in an envelope addressed as follows:

**NAME AND ADDRESS**

J. Wade Byrd, DVM  
 31504 Stoney Creek Dr.  
 Lake Elsinore, CA 92532-0300

**CERTIFIED NUMBER:**

9589 0710 5270 28546669 58  
 Email

Neva Tassan, DAG  
[neva.tassan@doj.ca.gov](mailto:neva.tassan@doj.ca.gov)

Email

Said envelope was then, on **March 26, 2026**, sealed and deposited in the United States Mail at 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834, the county in which I am employed, as certified mail with postage thereon fully prepaid, return receipt requested.

Executed on **March 26, 2026**, at Sacramento, California.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

**DECLARANT:**



**Alexander A. Juarez  
 Probation Monitor  
 Veterinary Medical Board**

**U.S. Postal Service™  
 CERTIFIED MAIL® RECEIPT  
 Domestic Mail Only**

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

9589 0710 5270 2854 6669 58

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and	\$	
Sent To	J. Wade Byrd, DVM	
Street and Apt. No	31504 Stoney Creek Dr.	
City, State, ZIP+4®	Lake Elsinore, CA 92532-0300	

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

**A004**



## CERTIFICATION OF LICENSE HISTORY

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

**VET No. 10381:**

J. Wade Byrd, DVM  
31504 Stoney Creek Dr.  
Lake Elsinore, CA 92532-0300

First Issued: June 5, 1989  
Expiration: March 31, 2026  
Status: Current  
Secondary Status: Probation

**Discipline:**

On or about June 14, 2022, the Board filed an Accusation (Case No. 4602021000373) against Respondent. On January 30, 2023, Respondent agreed to a Stipulated Settlement, placing his license on probation for four years with terms and conditions, effective April 5, 2023.

Dated at Sacramento, California, this 4<sup>th</sup> day of February 2026

---

Ashley Sanchez, Enforcement Manager



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



## PETITION FOR REINSTATEMENT OR MODIFICATION OF PENALTY

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

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

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

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

**PERSONAL INFORMATION**

NAME:                      First                                      Middle                                      Last  
    John                                      Wade                                      Byrd

Other name(s) licensed under, if any:  
 J. Wade Byrd, DVM

HOME ADDRESS:                      Number & Street                                      City                                      State                                      Zip  
    31504 Stoney Creek Dr.                                      Lake Elsinore                                      C A                                      92532-0300

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

E-mail address: [REDACTED]	CA License or Registration Number 10381
-------------------------------	--

Are you licensed by any other state(s) or country(ies) (please include license number(s), issue date(s), and status of license(s)):  
 None

**ATTORNEY INFORMATION (If Applicable)**

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

NAME:                      n/a

ADDRESS:                      n/a

PHONE:

**DISCIPLINARY INFORMATION**

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

Have you ever had your license revoked, suspended, voluntarily surrendered, denied, or placed on probation in any other state or country?     No                       Yes

(If Yes, give a brief cause for administrative action or license denial in your "Narrative Statement" section, including dates and discipline ordered (e.g., 5 years probation.)

**VETERINARIAN/REGISTERED TECHNICIAN BACKGROUND**

Total number of years in veterinary practice: 36

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

July 27, 2023 - VMB - 'What To Expect When Being Inspected' - 2hr CE

July 8, 2024 - Veterinary Bootcamp - Veterinary Medical Records CE - 10hr CE

March 27, 2025 - Vet Med Team - Veterinary Medicine:  
Medical Records the Roadmap to Quality Care - 10hr CE

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

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

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

I am currently practicing as a Veterinarian.

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

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

Trackside Veterinary Group - PO Box 736 Bonsall, CA 92003. Veterinarian. 10/2022 => Current

Equine Medical Center - 10542 Walker St. Cypress, CA 90630 Veterinarian. 6/1994 - 9/2022

**REHABILITATION**

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

Since the disciplinary action, I have implemented comprehensive procedural improvements to ensure full compliance with Veterinary Medical Board standards. Record-keeping protocols were standardized using a digital system with time-stamped entries, structured templates, and required documentation of client communications, examinations, treatments, and follow-ups, with regular audits verifying accuracy and completeness. To ensure an established veterinarian-client-patient relationship (VCPR), I instituted formal intake procedures documenting initial examinations, treatment plans, and client consent, and all services are now performed within clearly defined VCPR parameters. I also completed continuing education in ethics, record management, and regulatory compliance to reinforce accountability and adherence to professional standards. These measures are now permanently integrated into daily operations to maintain ongoing compliance, consistency, and integrity.

**CURRENT COMPLIANCE**

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

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

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

**COST RECOVERY**

Was cost recovery ordered?  Yes  No If yes, what is the remaining balance? \$10,969.00  
When is payment anticipated? Monthly until November 4, 2026

**DECLARATION**

Executed on October 21, 2025 2025, at Lake Elsinore, C A  
(City) (State)

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

J. Wade Byrd, DVM  
\_\_\_\_\_  
Petitioner (print name)

  
\_\_\_\_\_  
Signature

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

NARRATIVE STATEMENT

*J. Wade Byrd, DVM,  
Veterinarian License No VET 10381  
Respondent  
Case No. 4602021000373*

October 21, 2025

I was notified on June 21, 2022, of the Accusations brought forward by the California Veterinary Medical Board. The Stipulated Settlement and Disciplinary Order was signed in March 2023 and became effective on April 5, 2023.

In the agreement, the revocation of my license to practice veterinary medicine was stayed and I was placed on probation for four years. I was required to abide by the terms and conditions of the agreement. The first amended accusation described eight causes for discipline.

I have remained in private practice in southern California throughout the two and a half years of my probation. While practicing, I continue to educate myself and implement the requirements and recordkeeping in accordance with the Veterinary Practice Act of the State of California. Attached in these documents are several continuing education relative to elevating my practice for my clients and patients in regards to their medical records.

As a condition of my probation, I am eligible for early termination of my probation two years after the effective date of the stipulated settlement. I have adhered to the terms of my probation respectfully, meticulously, and consciously to the terms and conditions of my probation. As such, I am formally and respectfully requesting early termination of my probation. Thank you for consideration in this matter.

Sincerely,

  
J. Wade Byrd, DVM

[REDACTED]  
Telephone: [REDACTED]

Email: [REDACTED]

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

28 April 2025

Veterinary Medical Board  
1747 N Market Blvd #230  
Sacramento, CA 95834

Dear Veterinary Medical Board Members,

I am writing this letter in reference to Wade Byrd, DVM, whom I have the privilege of employing. Despite his probationary status, I chose to employ him because I knew he had an upstanding character and always prioritized the best interests of the horses, the clients, and was dedicated to the profession, while bettering himself within it. Veterinary medicine, especially within the racing industry, is a challenging profession, and Dr. Byrd has managed it with grace and resilience.

I believe that Dr. Byrd's probation has been a catalyst for him to elevate his practice. It's helped him implement an adjunct enhancement to his standard of care and record-keeping skills. As the person responsible for reviewing his records, I have observed considerable improvement. Dr. Byrd has adopted numerous new practices to ensure his records are up to par and in compliance.

Throughout his time with us, Dr. Byrd has demonstrated quality standards in care, ethics, and professional conduct. He maintains a meticulous veterinary vehicle, ensuring it meets all regulatory codes, his practice of veterinary medicine exceeds caliber, and his record-keeping is on track for the standards required by the Veterinary Medical Board.


Dr. Byrd is dedicated to his clients, patients, and colleagues. He is well-liked by both his clients and colleagues, and I see him as a valuable asset to the profession and our practice. He has taken his probation seriously and has shown a steadfast commitment to his professional responsibilities.

Please feel free to contact me at any time if you have any questions or need further information regarding Dr. Byrd. I value him as a colleague and a member of our team.

Sincerely,

Korin Potenza, DVM, DACVSMR  
[REDACTED]

**Michael Manno, DVM, MS**  
**San Dieguito Equine Group**



I have know Dr. Wade Byrd for nearly 30 years both as an equine veterinarian and as a friend. As a colleague, Dr. Byrd has always exemplified the highest standards both medically and ethically. He has also been someone ready not only to lend a helping hand but one who strives to elevate the level of veterinary practice in our field. In our area of expertise as racetrack veterinarians, Dr. Byrd was one of the first to embrace advanced diagnostic techniques and modalities in arriving at the source of lameness issues in his patients. He convinced his clients and owners to utilize MRI, Nuclear Scintigraphy and PET scan technology to enhance the diagnostic radiology and ultrasound that we have been using for years.

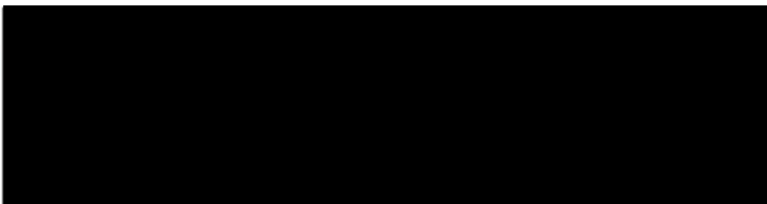
Dr. Byrd has taken pride not only in his medical approach to equine medicine, but has always tried to advocate for the horse in his therapeutic recommendations by convincing his clients to give the horse the needed rest and treatment that was best. By coming up with the most accurate diagnoses he has always sought the best outcome for his patients.

As with most veterinarians practicing in the high paced, long hours of racetrack medicine, he was not unlike many of us whose daily reporting to the California Horse Racing Board (CHRB) seemed sufficient for proper records keeping. I believe he acknowledges this may have limited his reporting of complete and accurate patient notes outside of the CHRB reporting in medical records. During his probationary period, he has shown a complete understanding of both the process of accurate records keeping and has realized the importance that accurate records bring to the profession. He also has sought to understand as best as possible all the pertinent rules, regulations and laws governing veterinary practice. Going forward, I have no doubt that Dr. Byrd understands the certain shortcomings shown previously that were pointed out in his probation, and that he has faced them square on and made the nesscessary corrections.

Dr. Byrd is, and will continue to be an example of an equine veterinarian practicing at the highest level possible. I would hope the members of the Veterinary Medical Board see this also and grant his request for early termination of his probation period.

Sincerely

"I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct."



Michael Manno, DVM, MS

Senior Partner, San Dieguito Equine Group  
Chairman, United States Polo Association Equine Welfare Committee  
State Equine Delegate, California Veterinary Medical Association

**Subject: Recommendation for Dr. Wade Byrd**

**Dear Members of the California Veterinary Medical Board,**

**I am writing to provide my recommendation for Dr. Wade Byrd's petition for reinstatement under the California Veterinary Medical Board. As a colleague who is well aware of the disciplinary actions taken against Dr. Byrd's license, I can confidently speak to the significant positive changes he has made since then.**

**Dr. Byrd's license was disciplined due to several issues, primarily revolving around negligence, unprofessional conduct, and violations of the Practice Act and Board Regulations. However, Dr. Byrd has taken substantial steps to address each concern and has shown a commendable commitment to professional growth and ethical practice.**

**1. Negligence: Dr. Byrd was previously found negligent in formulating treatments and prescribing medications without adequate examination and diagnosis. He has since implemented a systematic approach to performing comprehensive physical examinations and patient assessments to document and formulate accurate diagnoses before initiating any treatment. This demonstrates his dedication to providing conscientious and thorough care to his patients.**

**2. Unprofessional Conduct -Dispensing Dangerous Drugs without Medical Necessity: In response to dispensing dangerous drugs without medical necessity to equine patients, Dr. Byrd has pursued further education to deepen his understanding of mislabeled, misbranded, and dangerous drugs. He now ensures all treatments align with medical necessity, thus enhancing the safety for equine patients under his care.**

**3. Unprofessional Conduct - Failure to Establish a Veterinary-Client-Patient Relationship: Dr. Byrd was also cited for failing to establish a proper veterinary-client-patient relationship before administering treatments. He has taken steps to rectify this by ensuring all new patients, and those not seen within the past year, have an established relationship before any medical intervention.**

**4. Violation of the Practice Act and Board Regulations – Recordkeeping: Formerly lacking in maintaining adequate written records for equine patients, Dr. Byrd now ensures that all necessary documentation is meticulously entered into patient files, adhering to the required standards of medical recordkeeping.**

**5. Unprofessional Conduct - Misbranded Drugs: Having sold and dispensed misbranded drugs, Dr. Byrd has undertaken extensive education to recognize and eliminate the use of misbranded drugs, ensuring compliance with legal and ethical standards.**

6. Unprofessional Conduct - Minimum Standards for Drug Logs: Dr. Byrd previously failed to maintain proper drug logs for his mobile veterinary truck unit. He now meticulously complies with these requirements, ensuring all administered, dispensed, and prescribed drugs are logged correctly.

7. Unprofessional Conduct - Possession or Use of Prohibited Drugs: On the matter of possessing unapproved substances as per CHRB regulations, Dr. Byrd has educated himself on the permitted substances and ensures that all drugs and medications used are FDA-approved.

8. Violation of the Practice Act - Failure to Provide Required Drug Consultation: Dr. Byrd has corrected his previous failure to offer drug consultations. He now diligently provides and notes the necessary drug consultations for prescribed, dispensed, or furnished drugs.

Throughout these experiences, Dr. Byrd has demonstrated resilience and a firm commitment to ethical veterinary practices. His efforts towards rectification show that he has learned significantly from his past mistakes and is fully dedicated to adhering to the high standards expected of him as a veterinarian.

Given these substantial improvements and his dedication to professional development, I strongly believe that Dr. Byrd is well-equipped to resume his practice with a reinstated license.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Sincerely,

Nick Huggons, DVM, DACVS-LA.



## Florida Equine Imaging & Sports Medicine

John G. Peloso, DVM, MS, Diplomate, ACVS, MRCVS



April 22, 2025

J. Wade Byrd  
CA Vet license # 10381  
6338 N Willard Ave  
San Gabriel CA 91775

Dear Dr., Bryd:

The purpose of this document is to provide you with a letter of recommendation for submission to the California Veterinary Medical Board. It is my hope that this letter assists you with your application for early termination of your probation, to be submitted on the 2-yr-anniversary of your probation.

For completeness, my name is John Gerard Peloso and I am board certified equine veterinarian and surgeon licensed to practice veterinary medicine as license number Vet23751 by the California Veterinary Medical Board. My mailing address is [REDACTED] my mobile phone number is [REDACTED] and my email address is [REDACTED]

For completeness, I am aware that in you were cited as causes for discipline on June 23, 2022, an accusation was filed against the license of J. Wade Byrd (Vet10381)for:

1. Negligence - Prescribing, dispensing, or administering medications to animal patients without performing an exam and forming a diagnosis;
2. Unprofessional Conduct - Dispensing dangerous drugs without medical necessity.
3. Unprofessional Conduct – Prescribing Controlled Substances without a medical purpose.
4. Unprofessional Conduct - Failure to establish a veterinarian-client-patient relationship.
5. Violations of the Practice Act and Board Regulations - Recordkeeping.
6. Unprofessional Conduct – Misbranded drugs – selling, delivering, holding, or offering for sale drugs that are misbranded;
7. Unprofessional Conduct – minimum standards for drug logs.
8. Unprofessional Conduct – Possession or Use of Prohibited Drugs.
9. Violations of the Practice Act – Failure to provide required drug consultations.

For completeness, I cite these actions as a short list of your activities since the date the disciplinary penalty was imposed and note that Br, Byrd has complied with the terms of the disciplinary order. Specifically, he has met the terms and conditions outlined:

1. None of the above citations (1 to 9) have occurred since this disciplinary order was brought.
2. Obey All Laws
3. Quarterly Reports
4. Interview with the Board
5. Cooperation with Board Staff
6. Probation Monitoring Costs
7. Changes of Employment or Address
8. No Supervision of Students, Interns, or Residents
9. Notice to Employers
10. Notice to Employees
11. Tolling of Probation
12. Maintain a Current and Active License with the Board.

It is with pride that I state to the committee that I declare, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Respectfully,



John Peloso, DVM, MS  
Diplomate, American College of Veterinary Surgeons





**John Byrd, DVM**

has completed

**Veterinary Medicine: Medical Records the Roadmap to Quality Care**

**on March 27, 2025**

**This program 742657 is approved by the AAVSB RACE to offer a total of 10.00 CE Credits (10.00 max) being available to any one veterinarian: and/or 10.00 Veterinary Technician CE Credits (10.00 max).**

This RACE approval is for the subject matter categories of: Medical using the delivery method of Interactive Distance. This approval is valid in jurisdictions which recognize AAVSB RACE; however, participants are responsible for ascertaining each board's CE requirements. RACE does not "accredit" or "endorse" or "certify" any program or person, nor does RACE approval validate the content of the program.



David Tolton, DVM, MBA, Founder



Pat Lynch, Director of Operations

VetMedTeam, LLC, 2325 SW Dodge Terrace, Port St. Lucie, FL 34953  
[www.VetMedTeam.com](http://www.VetMedTeam.com)



**John Byrd, DVM**

has completed

## **Veterinary Medicine: Medical Records the Roadmap to Quality Care**

**on March 27, 2025**

This course is applicable for 10.0 CE credits toward the continuing education requirement for the Certified Veterinary Practice Manager program offered by the Veterinary Hospital Managers Association (VHMA).

**Subject Category:**

**Practice Management**

**Method of Delivery:**

**Interactive Online**



**David Tallon, DVM, MBA, Founder**



**Pat Lynch, Director of Operations**

VetMedTeam, LLC, 2325 SW Dodge Terrace, Port St. Lucie, FL 34953  
[www.VetMedTeam.com](http://www.VetMedTeam.com)

# VETERINARY BOOTCAMP CERTIFICATE OF COMPLETION

Awarded to:

**John Byrd**

For satisfactorily completing the Veterinary Medical Records CE online course, which covers several topics related directly to the subject of medical record keeping as it pertains to the veterinary field for 10 hours of continuing education contact hours.

Completed on July 8, 2024

**ABIGAIL KITCHENS, DVM**  
CEO Veterinary Bootcamp CE, LLC.

This program 42528 is approved by the AAVSB RACE to offer a total of 10 CE credits, 10 max being available to any one veterinarian. This RACE approval is for the subject matter categories of: Category Three: non Scientific, Practice Management, Professional Development using the delivery method of interactive distance. This approval is valid in jurisdictions which recognize AAVSB RACE; however, participants are responsible for ascertaining each board's CE requirements. RACE does not "accredit" or "endorse" or "certify" any program or person or does RACE approval validate the content of the program.

# VETERINARY MEDICAL BOARD

WADE BYRD, DVM

---

Participant Name

The above individual participated in the Veterinary Medical Board's  
Enforcement Webinar: *What to Expect When Being Inspected*  
on July 27, 2023  
and has earned 2 hour of continuing education credit.



1747 N. Market Blvd., Suite 230, Sacramento, CA 95834  
Phone: 916-515-5220; Fax: 916-928-6849; Website: [www.vmb.ca.gov](http://www.vmb.ca.gov)



Envelope  
Recycle me.

1964 WED 10/29 08:39 95834 2978 99  
1747 N MARKET BLVD SACRAMENTO, CA  
**313-4551**  
11' 6" 31 PD 100Y

Align top of FedEx Express® shipping label here.

ORIGIN ID: ONTA (951) 674-3189  
SHIPPED FROM  
POSTALANEX+ 42  
32295 MISSION TRAIL R8  
LAKE ELSINORE, CA 92530  
UNITED STATES US

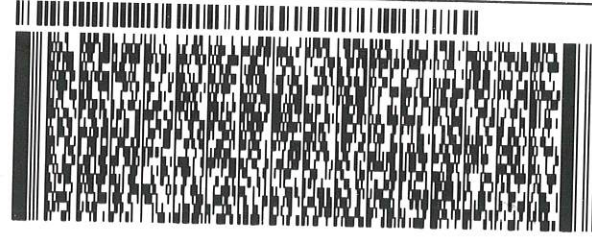
SHIP DATE: 27OCT25  
ACTWT: 0.51 LB  
CAD: 261338900/FAPI2208

BILL SENDER

TO **ATTN ALEX JUAREZ**  
**VETERINARY MEDICAL BOARD**  
**1747 N MARKET BLVD**  
**SUITE 230**  
**SACRAMENTO CA 95834**

RECEIVED  
NOV 24 2025  
VMB

(999) 999-9999 REF: MADE BYRD  
INVT PKG ID: 312075 PO: DEPT:



TRK# 8855 3005 5048  
0201

THU - 30 OCT 5:00P  
EXPRESS SAVER  
DSR  
95834  
CA-US SMF

**CB SMFA**



UPS NOTICE ON RETURN: Handling of S. items, and other information is primary. Where allowed by law, shipper authorizes UPS to act as forwarding agent for export control and customs purposes. If exported from the US, shipper certifies that the commodities, technology or software were exported from the US in accordance with the Export Administration Regulations. Diversion contrary to law is prohibited. RRD R 0125

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

**In the Matter of the Accusation Against:**

**J. Wade Byrd, DVM,**

**Veterinarian License No. VET 10381,**

**Respondent**

**Case No. 4602021000373**

**OAH No. 2022100205**

**DECISION AND ORDER**

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

This Decision shall become effective on \_\_\_\_\_.

It is so ORDERED \_\_\_\_\_.

---

Christina Bradbury, DVM, President  
VETERINARY MEDICAL BOARD  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

1 ROB BONTA  
Attorney General of California  
2 THOMAS L. RINALDI  
Supervising Deputy Attorney General  
3 MICHAEL YI  
Deputy Attorney General  
4 State Bar No. 217174  
ELAINE YAN  
5 Deputy Attorney General  
State Bar No. 277961  
6 300 So. Spring Street, Suite 1702  
Los Angeles, CA 90013  
7 Telephone: (213) 269-6483  
Facsimile: (916) 731-2126  
8 E-mail: Michael.Yi@doj.ca.gov  
*Attorneys for Complainant*  
9

10 **BEFORE THE**  
11 **VETERINARY MEDICAL BOARD**  
12 **DEPARTMENT OF CONSUMER AFFAIRS**  
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

15 **J. WADE BYRD**  
16 **3 Via Palmieki Ct.**  
**Lake Elsinore, CA 92532-0146**

17 **Veterinarian License No. VET 10381,**

18 **Respondent.**

Case No. 4602021000373

OAH No. 2022100205

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

23 **PARTIES**

24 1. Jessica Siefertman (Complainant) is the Executive Officer of the Veterinary Medical  
25 Board (Board). She brought this action solely in her official capacity and is represented in this  
26 matter by Rob Bonta, Attorney General of the State of California, by Michael Yi and Elaine Yan,  
27 Deputy Attorneys General.  
28



1 **CULPABILITY**

2 9. Respondent understands and agrees that the charges and allegations in Accusation  
3 number 4602021000373, if proven at a hearing, constitute cause for imposing discipline upon his  
4 Veterinarian License.

5 10. For the purpose of resolving the Accusation without the expense and uncertainty of  
6 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual  
7 basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest  
8 those charges.

9 11. Respondent agrees that his Veterinarian License is subject to discipline and he agrees  
10 to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

11 **CONTINGENCY**

12 12. This stipulation shall be subject to approval by the Veterinary Medical Board.  
13 Respondent understands and agrees that counsel for Complainant and the staff of the Veterinary  
14 Medical Board may communicate directly with the Board regarding this stipulation and  
15 settlement, without notice to or participation by Respondent or his counsel. By signing the  
16 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
17 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
18 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
19 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
20 action between the parties, and the Board shall not be disqualified from further action by having  
21 considered this matter.

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

25 14. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an  
26 integrated writing representing the complete, final, and exclusive embodiment of their agreement.  
27 It supersedes any and all prior or contemporaneous agreements, understandings, discussions,  
28 negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary

1 Order may not be altered, amended, modified, supplemented, or otherwise changed except by a  
2 writing executed by an authorized representative of each of the parties.

3 15. In consideration of the foregoing admissions and stipulations, the parties agree that  
4 the Board may, without further notice or formal proceeding, issue and enter the following  
5 Disciplinary Order:

6 **DISCIPLINARY ORDER**

7 IT IS HEREBY ORDERED that Veterinarian License Number VET 10381 issued to  
8 Respondent J. Wade Byrd is revoked. However, the revocation is stayed and Respondent is  
9 placed on probation for four (4) years on the following terms and conditions:

10 **1. Obey All Laws**

11 Respondent shall obey all federal and state laws and regulations substantially related to the  
12 practice of veterinary medicine. Within thirty (30) days of any arrest, Respondent shall notify the  
13 Board. Within thirty (30) days of any conviction, Respondent shall report to the Board and  
14 provide proof of compliance with the terms and conditions of the court order including, but not  
15 limited to, probation and restitution requirements. Obey all laws shall not be tolled.

16 **2. Quarterly Reports**

17 Respondent shall report quarterly to the Board or its designee, under penalty of perjury, on  
18 forms provided by the Board, stating whether there has been compliance with all terms and  
19 conditions of probation. Omission or falsification in any manner of any information on these  
20 reports shall constitute a violation of probation and shall result in the filing of an accusation  
21 and/or a petition to revoke probation against Respondent's license registration or permit. If the  
22 final written quarterly report is not made as directed, the period of probation shall be extended  
23 until the final report is received by the Board. Any period(s) of delinquency in submission of  
24 reports as directed may be added to the total period of probation.

25 **3. Interview with the Board**

26 Within 30 days off the effective date of the Decision, Respondent shall appear in person for  
27 an interview with the Board or its designee to review the terms and conditions of probation.  
28 Thereafter, Respondent shall, upon reasonable request, report or appear in person as directed.

1 Interview with the Board shall not be tolled.

2 **4. Cooperation with Board Staff**

3 Respondent shall cooperate with the Board's inspection program and with the Board's  
4 monitoring and investigation of Respondent's compliance with the terms and conditions of  
5 Respondent's probation. Respondent may receive the assistance of private counsel, but  
6 Respondent shall communicate directly with the Board or its designee, and written  
7 communications from the Board will only be sent to the Respondent. Respondent shall make  
8 available all patient records, hospital records, books, logs, and other documents relating to the  
9 practice of veterinary medicine to the Board, upon request.

10 Respondent shall claim all certified mail issued by the Board, respond in a timely manner to  
11 all notices and requests for information, and submit Reports, Identification Update reports or  
12 other reports similar in nature, as requested and directed by the Board or its designee.  
13 Respondent is encouraged to contact the Board's probation monitoring program representative at  
14 any time Respondent has a question or concern regarding the terms and conditions of  
15 Respondent's probation.

16 **5. Probation Monitoring Costs**

17 Probation monitoring costs are set at a rate of \$100 per month for the duration of the  
18 probation. These costs shall be payable to the Board on a schedule as directed by the Board or its  
19 designee.

20 **6. Changes of Employment or Address**

21 Respondent shall notify the Board, and appointed probation monitor in writing, of any and  
22 all changes of employment, location, and address within fourteen (14) calendar days of such  
23 change. This includes, but is not limited to, termination or resignation from employment, change  
24 in employment status, and change in supervisors, administrators or directors. Respondent shall  
25 also notify Respondent's probation monitor AND the Board IN WRITING of any changes of  
26 residence or mailing address within fourteen (14) calendar days. P.O. Boxes are accepted for  
27 mailing purposes; however, Respondent must also provide Respondent's physical residence  
28 address as well.

1           **7. No Supervision of Students, Interns, or Residents**

2           Respondent shall not supervise students, interns, or residents.

3           **8. Notice to Employers**

4           During the period of probation, Respondent shall notify all present and prospective  
5 employers of this Decision and the terms, conditions, and restrictions imposed on Respondent by  
6 this Decision, as follows:

7           Within thirty (30) days of the effective date of this Decision and within fifteen (15) days of  
8 Respondent undertaking any new employment, Respondent shall cause Respondent’s supervisor  
9 and/or managing licensee (licensee manager) to report to the Board in writing, acknowledging  
10 that the listed individual(s) has/have read this Decision, including the terms conditions, and  
11 restrictions imposed. It shall be Respondent’s responsibility to ensure that Respondent’s  
12 supervisor and/or licensee manager submit timely acknowledgment(s) to the Board.

13           If Respondent provides veterinary services as a relief veterinarian, Respondent shall notify  
14 each individual or entity with whom Respondent is employed or contracted and require the  
15 supervisor and/or licensee manager to submit to the Board timely acknowledgment of receipt of  
16 the notice.

17           **9. Notice to Employees**

18           Throughout the probationary period, and in a manner that is visible to all licensed,  
19 registered, or permitted veterinary employees at the veterinary premises, Respondent shall post a  
20 notice provided or approved by the Board, that recites the violations for which Respondent has  
21 been disciplined and the terms and conditions of probation.

22           **10. Tolling of Probation**

23           Respondent shall notify the Board or its designee in writing within fifteen (15) calendar  
24 days of any periods of non-practice lasting more than thirty (30) calendar days and shall notify  
25 the Board or its designee within fifteen (15) calendar days of Respondent’s return to practice.  
26 Any period of non-practice will result in the Respondent’s probation being tolled.

27           Non-practice is defined as any period of time exceeding thirty (30) calendar days in which  
28 Respondent is not engaging in the practice of veterinary medicine in California.

1 It shall be considered a violation of probation if Respondent's periods of temporary or  
2 permanent residence or practice outside California total two years. However, it shall not be  
3 considered a violation of probation if Respondent is residing and practicing in another state of the  
4 United States and is on active probation with the licensing authority of that state, in which case  
5 the two-year tolling limitation period shall begin on the date probation is completed or terminated  
6 in that state.

7 The following terms and conditions, if required, shall not be tolled:

8 Obey All Laws  
9 Interview with the Board  
10 Tolling of Probation  
11 Maintain a Current and Active License  
12 Cost Recovery

13 Non-practice is also defined as any period that Respondent fails to engage in the practice of  
14 veterinary medicine in California for a minimum of 24 hours per week for the duration of  
15 probation (except reasonable time away from work for vacations, illnesses, etc.) or as determined  
16 by the Board. While tolled for not meeting the hourly requirement, Respondent shall comply  
17 with all terms and conditions of this Decision.

18 Any period of tolling will not apply to the reduction of the probationary term.

19 **11. Maintain a Current and Active License**

20 At all times while on probation, Respondent shall maintain a current and active license with  
21 the Board. Maintain a current and active license shall not be tolled.

22 **12. Violation of Probation**

23 If Respondent violates probation in any respect, the Board, after giving Respondent notice  
24 and the opportunity to be heard, may revoke probation and carry out the disciplinary order that  
25 was stayed. If an accusation or petition to revoke probation is filed against Respondent during  
26 probation, or if the Attorney General's office has been requested to prepare any disciplinary  
27 action against Respondent's license, the Board shall have continuing jurisdiction until the matter  
28 is final, and the period of probation shall be extended until the matter is final. No petition for  
modification or termination of probation shall be considered while there is an accusation or

1 petition to revoke probation pending against Respondent.

2 **13. License Surrender While on Probation/Suspension**

3 Following the effective date of this Decision, should Respondent cease to practice  
4 veterinary medicine due to retirement or health issues, or be otherwise unable to satisfy the terms  
5 and conditions of probation, Respondent may tender Respondent's license to practice veterinary  
6 medicine to the Board for surrender. The Board or its designee has the discretion to grant the  
7 request for surrender or to take any other action it deems appropriate and reasonable. Upon  
8 formal acceptance of the license surrender, Respondent will no longer be subject to the terms and  
9 conditions of probation. The surrender constitutes a record of discipline and shall become a part  
10 of the Respondent's license history with the Board.

11 Respondent must relinquish Respondent's license to the Board within ten (10) days of  
12 receiving notification from the Board that the surrender has been accepted.

13 **14. Completion of Probation**

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

18 **15. Cost Recovery**

19 Pursuant to Section 125.3 of the California Business and Professions Code, within thirty  
20 (30) days of the effective date of this Decision, Respondent shall pay to the Board its enforcement  
21 costs including investigation and prosecution, in the amount of \$19,534.00 which may be paid  
22 over time in accordance with a Board approved payment plan, within six (6) months before the  
23 end of the probation term. Cost recovery shall not be tolled.

24 **16. Inspections**

25 If Respondent is the owner or managing licensee of a veterinary premises, the following  
26 probationary conditions apply:

27 (A) The location or mobile veterinary practice shall hold a current premises registration  
28 issued by the Board, and Respondent shall make the practice or location available for inspections

1 by a Board representative to determine whether the location or veterinary practice meets  
2 minimum standards for a veterinary premises. The inspections will be conducted on an  
3 announced or unannounced basis and shall be held during normal business hours. The Board  
4 reserves the right to conduct these inspections on at least a quarterly basis during probation.  
5 Respondent shall pay the Board for the cost of each inspection, which is \$500.

6 (B) As a condition precedent to any premises registration issued to Respondent as Owner or  
7 managing licensee, the location or mobile veterinary practice for which application is made shall  
8 be inspected by a Board representative to determine whether the location or mobile veterinary  
9 practice meets minimum standards for a veterinary premises. Respondent shall submit to the  
10 Board, along with any premises registration application, a \$500 inspection fee.

11 **17. Medical Records Review**

12 Within 30 calendar days of the effective date of this Decision, Respondent shall provide to  
13 the Board or its designee the name and qualifications of one or more proposed reviewer of the  
14 medical records of animal patients created and maintained by Respondent. If Respondent's terms  
15 of probation include Supervised Practice, that supervisor also may serve as the medical records  
16 reviewer. Each reviewer shall be a licensed veterinarian in California, have held a valid  
17 California license for at least five (5) years, and have never been subject to any disciplinary action  
18 by the Board.

19 The Board or its designee shall provide the approved reviewer with copies of this Decision.  
20 Within fifteen (15) calendar days of the reviewer's receipt of this Decision, the reviewer shall  
21 sign an affirmation that they have reviewed the terms and conditions of this Decision and fully  
22 understands the role of the reviewer.

23 If Respondent fails to obtain the Board's or its designee's approval of a reviewer within  
24 sixty (60) calendar days of the effective date of this Decision, Respondent shall receive a  
25 notification from the Board or its designee to cease practicing veterinary medicine within three  
26 (3) calendar days after being notified. Respondent shall cease practice until a reviewer is  
27 approved to provide medical records review services.  
28

1 The reviewer shall review a minimum of ten percent (10%) of Respondent's animal patient  
2 medical records or fifteen (15) records (whichever is greater), a minimum of twelve (12) times  
3 per year. The reviewer shall determine the method of random selection of medical records to  
4 review and shall access the medical records directly from where the medical records are being  
5 kept. Review of Respondent's medical records shall not be delegated to Respondent or  
6 Respondent's staff. The reviewer's random selection of medical records shall include medical  
7 records that correlate to the animal patient care issues or other issues identified in the disciplinary  
8 action that resulted in this Decision. Respondent is required to make all animal patient medical  
9 records available for immediate inspection and copying by the reviewer at all times during  
10 business hours. The reviewer shall immediately notify the Board's Probation Monitor if  
11 Respondent fails or refuses to make the medical records available for inspection and/or copying.

12 Any potential costs associated with conducting the medical records review shall be borne  
13 by Respondent.

14 The reviewer shall evaluate the medical records to assess 1) The medical necessity and  
15 appropriateness of Respondent's treatment; 2) Respondent's compliance with minimum standards  
16 of practice in the diagnosis and treatment of animal patients; 3) Respondent's maintenance of  
17 necessary and appropriate treatment; 4) Respondent's maintenance of necessary and appropriate  
18 records and chart entries; and 5) Respondent's compliance with existing statutes and regulations  
19 governing the practice of veterinary medicine.

20 The reviewer shall submit quarterly reports to the Board on a form designated by the Board.  
21 The reports shall be submitted by the reviewer directly to the Board's Probation Monitor within  
22 seven (7) calendar days after the end of the preceding quarter. The quarterly reporting periods  
23 and due dates are as follows:

<b>Reporting Time Period</b>	<b>Due No Later Than</b>
January 1 to March 31 (Quarter I)	April 7
April 1 to June 30 (Quarter II)	July 7
July 1 to September 30 (Quarter III)	October 7
October 1 to December 31 (Quarter IV)	January 7

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

**18. Continuing Education**

Within sixty (60) days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board for its prior approval, an educational program or course related to recordkeeping which shall not be less than 8 hours per year, for each year of probation. Upon successful completion of the course, Respondent shall provide proof to the Board. This program shall be in addition to the Continuing Education required of all licensees for licensure renewal. All costs shall be borne by Respondent.

**19. Fine**

Respondent shall pay to the Board a fine in the amount of \$3,000.00 pursuant to Business and Professions Code sections 4875 and 4883, which may be paid over time in accordance with a Board approved payment plan, within six (6) months before the end of the probation term.

**ACCEPTANCE**

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney Lisa J. Brown. I understand the stipulation and the effect it will have on my Veterinarian License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Veterinary Medical Board.

DATED: 1/30/23

Signature On File

J. WADE BYRD  
*Respondent*

I have read and fully discussed with Respondent J. Wade Byrd the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 1.30.23

Signature On File

LISA J. BROWN  
*Attorney for Respondent*

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

**ENDORSEMENT**

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

DATED: \_\_\_\_\_

Respectfully submitted,

ROB BONTA  
Attorney General of California  
THOMAS L. RINALDI  
Supervising Deputy Attorney General  
ELAINE YAN  
Deputy Attorney General

MICHAEL YI  
Deputy Attorney General  
*Attorneys for Complainant*

LA2021602023  
65701131.docx

**Exhibit A**

**Accusation number 4602021000373**

1 ROB BONTA  
Attorney General of California  
2 KIM KASRELIOVICH  
Deputy Attorney General  
3 MICHAEL YI  
Deputy Attorney General  
4 State Bar No. 217174  
ELAINE YAN  
5 Deputy Attorney General  
State Bar No. 277961  
6 300 So. Spring Street, Suite 1702  
Los Angeles, CA 90013  
7 Telephone: (213) 269-6483  
Facsimile: (916) 731-2126  
8 E-mail: [Michael.Yi@doj.ca.gov](mailto:Michael.Yi@doj.ca.gov)  
*Attorneys for Complainant*  
9

10 **BEFORE THE**  
11 **VETERINARY MEDICAL BOARD**  
12 **DEPARTMENT OF CONSUMER AFFAIRS**  
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

Case No. 4602021000373

15 **J. WADE BYRD**  
16 **10542 Walker Street**  
**Cypress, CA 90630**

**ACCUSATION**

17 **Veterinarian License No. VET 10381,**

18 **Respondent.**

19  
20 **PARTIES**

21 1. Jessica Sieferman (Complainant) brings this Accusation solely in her official capacity  
22 as the Executive Officer of the Veterinary Medical Board (Board), Department of Consumer  
23 Affairs, State of California.

24 2. On June 5, 1989, the Board issued Veterinarian License Number VET 10381 to  
25 J. Wade Byrd (Respondent). The Veterinarian License was in full force and effect at all times  
26 relevant to the charges brought in this Accusation and will expire on March 31, 2024, unless  
27 renewed.  
28

1 **JURISDICTION**

2 3. This Accusation is brought before the Board under the authority of the following  
3 laws. All section references are to the Business and Professions Code unless otherwise indicated.

4 4. Section 118, subdivision (b), provides that suspension, expiration, surrender, or  
5 cancellation of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary  
6 action during the period within which the license may be renewed, restored, reissued, or  
7 reinstated.

8 5. Section 4875 provides, in relevant part, that the Board may revoke or suspend the  
9 license of any person to practice veterinary medicine, or any branch thereof, in this state for any  
10 causes provided in the Veterinary Medicine Practice Act (Bus. & Prof. Code, § 4800, et seq.). In  
11 addition, the Board has the authority to assess a fine not in excess of \$5,000 against a licensee for  
12 any of the causes specified in section 4883. Such fine may be assessed in lieu of, or in addition  
13 to, a suspension or revocation.

14 **STATUTORY PROVISIONS**

15 6. Section 4021 defines “controlled substance” to mean “any substance listed in Chapter  
16 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.”

17 7. Section 4022 provides:

18 “Dangerous drug” or “dangerous device” means any drug or device unsafe for  
19 self-use in humans or animals, and includes the following:

20 (a) Any drug that bears the legend: “Caution: federal law prohibits dispensing  
without prescription,” “Rx only,” or words of similar import.

21 (b) Any device that bears the statement: “Caution: federal law restricts this device  
22 to sale by or on the order of a \_\_\_\_\_,” “Rx only,” or words of similar import, the  
23 blank to be filled in with the designation of the practitioner licensed to use or order  
use of the device.

24 (c) Any other drug or device that by federal or state law can be lawfully dispensed  
25 only on prescription or furnished pursuant to Section 4006.

26 8. Section 4024, subdivision (b), defines “dispense” to include the furnishing of drugs or  
27 devices directly to a patient by a veterinarian acting within the scope of his or practice.

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

9. Section 4169 provides, in relevant part:

(a) A person or entity shall not do any of the following:

....

(3) Purchase, trade, sell, or transfer dangerous drugs that the person knew or reasonably should have known were misbranded, as defined in Section 111335 of the Health and Safety Code.

10. Section 4170 provides, in relevant part:

(a) No prescriber shall dispense drugs or dangerous devices to patients in his or her office or place of practice unless all of the following conditions are met:

....

(2) The dangerous drugs or dangerous devices are necessary in the treatment of the condition for which the prescriber is attending the patient.

11. Section 4829.5 provides, in relevant part:

(a) Each time a veterinarian initially prescribes, dispenses, or furnishes a dangerous drug, as defined in Section 4022, to an animal patient in an outpatient setting, the veterinarian shall offer to provide, in person or through electronic means, to the client responsible for the animal, or his or her agent, a consultation that includes the following information:

(1) The name and description of the dangerous drug.

(2) 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.

(3) Any special directions for proper use and storage.

(4) Actions to be taken in the event of a missed dose.

(5) If available, precautions and relevant warnings provided by the drug's manufacturer, including common severe adverse effects of the drug.

....

(d) It shall be noted in the medical record of the animal patient if the consultation described in this section is provided or declined by the client or his or her agent.

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

12. Section 4855 states:

A veterinarian subject to the provisions of this chapter shall, as required by regulation of the board, keep a written record of all animals receiving veterinary services, and provide a summary of that record to the owner of animals receiving veterinary services, when requested. The minimum amount of information which shall be included in written records and summaries shall be established by the board. The minimum duration of time for which a licensed premise shall retain the written record or a complete copy of the written record shall be determined by the board.

13. Section 4883 states, in relevant part:

The board may deny, revoke, or suspend a license or registration or assess a fine as

....

(c) Violation or attempting to violate, directly or indirectly, any of the provisions of this chapter [the Veterinary Medicine Practice Act].

....

(g) Unprofessional conduct, that includes, but is not limited to, the following:

....

(3) A violation of any federal statute, rule, or regulation or any of the statutes, rules, or regulations of this state regulating dangerous drugs or controlled substances.

....

(i) Fraud, deception, negligence, or incompetence in the practice of veterinary medicine.

....

(o) Violation, or the assisting or abetting violation, of any regulations adopted by the board pursuant to this chapter [the Veterinary Medicine Practice Act].

14. Health and Safety Code section 111440 states: "It is unlawful for any person to manufacture, sell, deliver, hold, or offer for sale any drug or device that is misbranded."

15. Health and Safety Code section 111450 states: "It is unlawful for any person to receive in commerce any drug or device that is misbranded or to deliver or proffer for delivery any drug or device."

////

////

**REGULATORY PROVISIONS**

16. California Code of Regulations (CCR), title 4, section 1867, subsection (b), prohibits the possession and/or use on the premises of a facility under the jurisdiction of the California Horse Racing Board (CHRB) of any drug, substance, or medication by a veterinarian that has not been approved by the United States Food and Drug Administration (FDA) for use in the United States.

17. CCR, title 16, section 2032.1, provides, in relevant part:

(a) It is unprofessional conduct for a veterinarian to administer, prescribe, dispense or furnish a drug, medicine, appliance, or treatment of whatever nature for the prevention, cure, or relief of a wound, fracture or bodily injury or disease of an animal without having first established a veterinarian-client-patient relationship with the animal patient or patients and the client, except where the patient is a wild animal or the owner is unknown.

(b) A veterinarian-client-patient relationship shall be established by the following:

(1) The client has authorized the veterinarian to assume responsibility for making medical judgments regarding the health of the animal, including the need for medical treatment,

(2) The veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian is personally acquainted with the care of the animal(s) by virtue of an examination of the animal or by medically appropriate and timely visits to the premises where the animals are kept, and

(3) The veterinarian has assumed responsibility for making medical judgments regarding the health of the animal and has communicated with the client a course of treatment appropriate to the circumstance.

(c) A drug shall not be prescribed for a duration inconsistent with the medical condition of the animal(s) or type of drug prescribed. The veterinarian shall not prescribe a drug for a duration longer than one year from the date the veterinarian examined the animal(s) and prescribed the drug.

(d) As used herein, "drug" shall mean any controlled substance, as defined by Section 4021 of the code, and any dangerous drug, as defined by Section 4022 of the code.

(e) No person may practice veterinary medicine in this state except within the context of a veterinarian-client-patient relationship or as otherwise permitted by law. A veterinarian-client-patient relationship cannot be established solely by telephonic or electronic means.

....

////

////

1 18. CCR, title 16, section 2032.3, provides, in relevant part:

2 (a) Every veterinarian performing any act requiring a license pursuant to the  
3 provisions of Chapter 11, Division 2, of the code, upon any animal or group of  
4 animals shall prepare a legible, written or computer generated record concerning the  
5 animal or animals which shall contain the following information:

6 (1) Name or initials of the veterinarian responsible for entries.

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

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

9 (4) Except for herds or flocks, age, sex, breed, species, and color of the animal.

10 (5) Dates (beginning and ending) of custody of the animal, if applicable.

11 (6) A history or pertinent information as it pertains to each animal, herd, or flock's  
12 medical status.

13 (7) Data, including that obtained by instrumentation, from the physical examination.

14 (8) Treatment and intended treatment plan, including medications, dosages, route of  
15 administration, and frequency of use.

16 (9) Records for surgical procedures shall include a description of the procedure, the  
17 name of the surgeon, the type of sedative/anesthetic agents used, their route of  
18 administration, and their strength if available in more than one strength.

19 (10) Diagnosis or assessment prior to performing a treatment or procedure.

20 (11) If relevant, a prognosis of the animal's condition.

21 (12) All medications and treatments prescribed and dispensed, including strength,  
22 dosage, route of administration, quantity, and frequency of use.

23 (13) Daily progress, if relevant, and disposition of the case.

24 . . . .

25 19. Code of Federal Regulations, title 21, section 1304.22, provides, in relevant part:

26 Each person registered or authorized (by §§ 1301.13(e), 1307.11, 1307.13, or part  
27 1317 of this chapter) to manufacture, distribute, dispense, import, export, reverse  
28 distribute, destroy, conduct research with controlled substances, or collect controlled  
substances from ultimate users, shall maintain records with the information listed in  
paragraphs (a) through (f) of this section.

. . . .

(c) Records for dispensers and researchers. Each person registered or authorized to  
dispense or conduct research with controlled substances shall maintain records with  
the same information required of manufacturers pursuant to paragraph (a)(2)(i), (ii),  
(iv), (vii), and (ix) of this section. In addition, records shall be maintained of the  
number of units or volume of such finished form dispensed, including the name and

1 address of the person to whom it was dispensed, the date of dispensing, the number  
2 of units or volume dispensed, and the written or typewritten name or initials of the  
3 individual who dispensed or administered the substance on behalf of the dispenser.  
4 In addition to the requirements of this paragraph, practitioners dispensing gamma-  
5 hydroxybutyric acid under a prescription must also comply with § 1304.26.

6 . . . .

### 7 COST RECOVERY

8 20. Section 125.3 provides, in relevant part, that a board may request the administrative  
9 law judge to direct a licentiate found to have committed a violation or violations of the licensing  
10 act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the  
11 case.

### 12 DRUG CLASSIFICATIONS

13 21. *Acepromazine*, commonly known as Ace, is a tranquilizer used in horses.  
14 Acepromazine is restricted for use by, or on the order of a licensed veterinarian, and is a  
15 dangerous drug pursuant to section 4022.

16 22. *Adequan*, see polysulfated glycosaminoglycan.

17 23. *Adrenocorticotropic hormone*, sold under the brand name ACTH, is an injectable  
18 polypeptide tropic hormone used in the treatment of adrenal cortex suppression and severe stress  
19 in horses. Adrenocorticotropic hormone is a dangerous drug pursuant to section 4022.

20 24. *Altenogest*, sold under the trade name of Regumate, is a progestenic drug used to  
21 suppress estrus in the mare. It is a dangerous drug pursuant to section 4022.

22 25. *Aservo EquiHaler*, trade name for ciclesonide inhalation spray, is a proprietary  
23 inhaler device used in the treatment of asthmatic conditions of the horse. It is a dangerous drug  
24 pursuant to section 4022.

25 26. *Aspirin*, also known as acetylsalicylic acid or ASA, is used to reduce pain, fever, or  
26 inflammation. In its injectable form, it is a dangerous drug pursuant to section 4022. In  
27 oral form, it is considered an OTC drug and not a dangerous drug. There are no FDA approved  
28 aspirin products and dosages for veterinary patients.

29 27. *Banamine*, see flunixin meglumine.

30 28. *Baytril*, see enrofloxacin.

1           29. *Betamethasone* is a corticosteroid used in the treatment of inflammatory disorders.  
2 It is a dangerous drug pursuant to section 4022.

3           30. *Branched chain amino acids*, commonly known as BC2A paste, is marketed to  
4 support horse health and performance, including joints, muscles, hooves, skin and coat, mane  
5 and tail, and digestion. It is not a dangerous drug pursuant to section 4022.

6           31. *Bute*, see phenylbutazone.

7           32. *Bute-Cort* is a topical cream used as a sweat. It is a compounded product that  
8 contains phenylbutazone, DMSO, hydrocortisone, diclofenac or variations thereof in different  
9 concentrations depending on the compounding source. *Bute-Cort* is not approved by the FDA as  
10 it is a compounded product. It is a dangerous drug pursuant to section 4022.

11           33. *Butorphanol tartrate* an injectable narcotic pain medication, is sold under the  
12 tradenames Torbugesic and Dolorex. *Butorphanol tartrate* is restricted for use by or on the order  
13 of a licensed veterinarian and is a Schedule IV controlled substance pursuant to Health and Safety  
14 Code section 11057, subdivision (c)(3). It is a dangerous drug pursuant to section 4022.  
15 *Detomidine hydrochloride* (see below) and *butorphanol tartrate* may be used in combination to  
16 sedate equine patients and is commonly abbreviated as Dorm/Torb.

17           34. *Chloramphenicol* is an antibiotic and a dangerous drug pursuant to section 4022.

18           35. *Caco Copper*, also known as Western Caco Copper, is a compounded injectable  
19 containing iron used as a blood builder or hematinic. It is a dangerous drug pursuant to section  
20 4022.

21           36. *Calcium gluconate* in an injectable for the treatment of hypocalcemic conditions.  
22 Calcium gluconate is a dangerous drug pursuant to section 4022.

23           37. *Calvenza* is a polyvalent vaccine for prevention of equine rhinopneumonitis and  
24 equine influenza. It is not a dangerous drug pursuant to section 4022.

25           38. *Carbocaine* is a local anesthetic. It is a dangerous drug pursuant to section 4022.

26           39. *Celestone* is a proprietary form of betamethasone.

27           40. *CK Shampoo* is an antibacterial and antifungal shampoo. It does not require a  
28 prescription and is not a dangerous drug pursuant to section 4022.

1           41.    *Dantrium*, see Dantrolene.

2           42.    *Dantrolene* is a muscle relaxant used to treat exertional rhabdomyolysis (tying up) in  
3 horses. It is not commercially available as a suspension. It is available as an oral capsule and as  
4 an injectable, and must be prepared by a compounding pharmacist. The compounded preparation  
5 is not FDA approved. It is a dangerous drug pursuant to section 4022.

6           43.    *Dermacleanse* is a proprietary combination of benzoic acid, malic acid and cleansers  
7 used in superficial wound management. It is not a prescription drug, and not a dangerous drug  
8 pursuant to section 4022.

9           44.    *Detomidine hydrochloride*, sold under the trade name Dormosedan, is a sedative  
10 used in horses. Detomidine hydrochloride is restricted for use by, or on the order of a licensed  
11 veterinarian, and is a dangerous drug pursuant to section 4022. *Butorphanol tartrate*, sold  
12 under the brand name Torbugesic, is a narcotic used in horses to treat pain. Butorphanol tartrate  
13 is restricted for use by, or on the order of a licensed veterinarian, and is a dangerous drug  
14 pursuant to section 4022, and a Schedule IV controlled substance pursuant to Health and Safety  
15 Code section 11057, subdivision (c)(3). Detomidine hydrochloride and butorphanol tartrate may  
16 be used in combination to sedate equine patients and is commonly abbreviated as Dorm/Torb.

17           45.    *Dex – SP or dexamethasone NaP*, abbreviation for dexamethasone sodium  
18 phosphate, is a steroid used to treat swelling and inflammation. It is a dangerous drug pursuant to  
19 section 4022.

20           46.    *Diclofenac* is a topical anti-inflammatory sold under multiple trade names. It is a  
21 dangerous drug pursuant to section 4022.

22           47.    *DMG* is a common abbreviation for dimethylglycine. It is an oral supplement  
23 purported to increase oxygen efficiency and reduce lactic acid build up. It is not a dangerous  
24 drug pursuant to section 4022.

25           48.    *DMSO*, abbreviation for *dimethyl sulfoxide*. Approved by the FDA for only  
26 topical use in horses. Not approved for IV use and no approved commercial DMSO products  
27 exist for parental use in horses. An industrial solvent used for anti-inflammatory properties.  
28 DMSO is a dangerous drug pursuant to section 4022.

- 1           49. *Dolorex*, trade name see butorphanol.
- 2           50. *Dorm/Ace*, see detomidine hydrochloride and acepromazine.
- 3           51. *Domorsedan*, trade name for detomidine.
- 4           52. *Dorm/Torb*, see Detomidine and Torbugesic.
- 5           53. *Electrolyte paste*, commonly referred to as ELPAS, is a nutritional supplement  
6 marketed as replacing crucial electrolytes depleted through exercise, stress, heat and/or  
7 humidity to help a horse maintain the necessary fluid levels for normal function.
- 8           54. *Electrolyte + Fluid Therapy*, is an undefined mixture of IV fluids and electrolytes  
9 given via the jugular vein. Electrolyte + Fluid Therapy is a dangerous drug pursuant to section  
10 4022.
- 11          55. *Electrolytes* are electrically charged minerals found in the body that are essential  
12 compounds of life. Electrolyte therapy if given intravenously in fluid form is a dangerous drug  
13 pursuant to section 4022.
- 14          56. *Enrofloxacin*, sold under the brand name Baytril, is a broad spectrum bactericidal  
15 antibiotic used to treat infections requiring long-term treatment. Enrofloxacin is restricted for use  
16 by, or on the order of a licensed veterinarian, and is a dangerous drug pursuant to section 4022.
- 17          57. *Entrolyte packet* is a nutritional supplement for veterinary use only.
- 18          58. *Eqimax*, see ivermectin and praziquantel.
- 19          59. *EqStim* is a biological agent used as an adjunct immunostimulant for equine  
20 respiratory disease. It is not a dangerous drug as defined by section 4022.
- 21          60. *Equilyzer* is an oral nutritional supplement. It is not a dangerous drug pursuant to  
22 section 4022.
- 23          61. *Equimmune* is a mycobacterium cell wall fraction immune stimulant used in the  
24 treatment of Equine Respiratory Disease complex. It is not a dangerous drug pursuant to  
25 section 4022.
- 26          62. *Estro*, see Estrone.
- 27          63. *Estrone*, sold under the brand names Estragyn, Kestrin, and Theelin, is an  
28 estrogen medication used in menopausal hormone therapy in humans and for EIPH in horses.

1 It is also used for its anabolic properties. It is commercially unavailable and obtained only by  
2 compounding pharmacies. Estrone is a dangerous drug pursuant to section 4022.

3 64. *Euthasol*, a tradename for pentobarbital sodium/phenytoin sodium, is used for  
4 euthanasia. It is a Schedule III controlled substance pursuant to Health and Safety Code section  
5 11056, subdivision (g). Euthasol is a dangerous drug pursuant to section 4022.

6 65. *Fluid Therapy* is a term used to describe the administration of physiologic liquids to  
7 an animal. The fluids may contain electrolytes and other substances mixed into the fluids, such as  
8 vitamins. A drug administered by fluid therapy is a dangerous drug pursuant to section 4022.

9 66. *Flunixin meglumine*, sold under the brand name Banamine, is an injectable non-  
10 steroidal anti-inflammatory drug (NSAID) approved for use in cattle and horses in the United  
11 States. Flunixin meglumine is a dangerous drug pursuant to section 4022.

12 67. *Fulvicin paste* is a compounded paste of the drug griseofulvin used for the  
13 treatment of fungal diseases. It is a dangerous drug pursuant to section 4022.

14 68. *Furosemide*, sold under the brand names of Lasix or Salix, is a diuretic used in horse  
15 racing as an anti-bleeding medication to prevent exercise-induced pulmonary hemorrhage in  
16 horses running at high speed and has long been considered a performance enhancing drug in the  
17 horse racing industry. Furosemide is available by prescription only and is a dangerous drug  
18 pursuant to section 4022.

19 69. *GastroGard*, a trade name for omeprazole, used in the treatment and prevention of  
20 gastric ulcers in horses. It is a dangerous drug pursuant to section 4022.

21 70. *Gelocast* is a trade name for medicated gauze impregnated with zinc oxide and  
22 calamine paste used in the treatment of lower leg conditions in the horse. It is not a dangerous  
23 drug pursuant to section 4022.

24 71. *Gentamycin*, also known as Gentocin or Gent is an antibiotic drug. It is a  
25 dangerous drug pursuant to section 4022.

26 72. *Glycopyrrolate* is a quaternary ammonium salt and synthetic anti-cholinergic drug  
27 that exerts peripheral anti-muscarinic effects on the respiratory tract. Glycopyrrolate is a  
28 dangerous drug pursuant to section 4022.

1           73. *Guaifenesin* is a centrally acting skeletal muscle relaxant used in horses.

2 Guaifenesin is a dangerous drug pursuant to section 4022.

3           74. *Hyaluronate sodium*, sold under the brand name Legend and HyVisc, is an  
4 intravenous injectable solution or intra-articular used in horses to treat joint dysfunction  
5 associated with equine osteoarthritis. Federal law restricts the use of hyaluronate sodium to use  
6 by, or on the order of a licensed veterinarian, and is a dangerous drug pursuant to section 4022.

7           75. *Hydroxyzine* is used to treat hives or allergic skin disorders in the horse. It is a  
8 dangerous drug pursuant to section 4022.

9           76. *HyVisc* or *HY*, see hyaluronate sodium. It is labeled for intra-articular use only  
10 and is a dangerous drug pursuant to section 4022.

11           77. *Influenza/Rhinopneumonitis vaccine* is administered to control the spread of  
12 influenza and Rhinopneumonitis, which cause highly contagious respiratory infections in horses  
13 who travel frequently.

14           78. *IRAP* is an abbreviation for Interleukin-1 Receptor Agonist Protein. It is process  
15 of injecting therapeutic proteins stimulated from the horse's own harvested white blood cells to  
16 induce anti-inflammatory effects in the joint. It is not a dangerous drug pursuant to section 4022.

17           79. *Ivermectin/praziquantel*, sold under the brand name Equimax, is a dewormer used  
18 in horses to control parasites..

19           80. *Jug* means to administer via the jugular vein of the horse, often used in conjunction  
20 with DMSO, Vits, Vitamin-Electrolyte, Fluid Therapy, and other drugs.

21           81. *Ketamine* is a Schedule III controlled substance pursuant to Health and Safety Code  
22 section 11056, subdivision (g), and is a dangerous drug pursuant to section 4022.

23           82. *Ketoprofen*, sold under the brand name Ketofen, is an injectable NSAID used for the  
24 alleviation of inflammation and pain associated with musculoskeletal disorders in horses.  
25 Ketoprofen is a dangerous drug pursuant to section 4022.

26           83. *Lasix*, see furosemide.

27           84. *Legend*, see hyaluronate sodium. Legend is labeled for IV use only. It is a  
28 dangerous drug pursuant to section 4022.

1           85. *Marquis*, trade name for ponazuril treatment for protozoal myeloencephalitis in  
2 the horse. It is a dangerous drug pursuant to section 4022.

3           86. *Medicated Spray Antibacterial/Anti-fungal*. An unknown drug combination. It  
4 would be considered a dangerous drug pursuant to section 4022, and not approved by  
5 the FDA without further identification.

6           87. *Methocarbamol*, sold under the brand name Robaxin-V, is a potent skeletal muscle  
7 relaxant. Federal law restricts this drug to use by, or on the order of a licensed veterinarian.  
8 Methocarbamol is a dangerous drug pursuant to section 4022.

9           88. *Metronidazole*, an antibiotic, is a dangerous drug pursuant to section 4022.

10          89. *Midazolam*, sold under the tradename Versed, is a benzodiazepine sedative used in  
11 horses. Midazolam is restricted for use by or on the order of a licensed veterinarian and is a  
12 Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision  
13 (c)(3). It is a dangerous drug pursuant to section 4022.

14          90. *Naquasone*, a tradename for a combination product containing trichlormethiazide  
15 (a diuretic) and dexamethasone (a steroidal anti-inflammatory), is used to treat edema and  
16 inflammation. Naquasone is FDA approved for use in dairy cattle in the United States in bolus  
17 form. Compounders make various representations of the drug. It is available in Canada as an  
18 injectable drug. Naquasone is a dangerous drug as defined by section 4022.

19          91. *Normosol-R* is a sterile, nonpyrogenic isotonic solution of electrolytes in water  
20 administered by intravenous infusion to treat dehydration, as fluid replacement during surgery,  
21 and in treating diseases, such as colic in horses. Normosol-R is a dangerous drug pursuant to  
22 section 4022.

23          92. *Ofloxacin* is an antibiotic, and a dangerous drug pursuant to section 4022.

24          93. *Omeprazole paste*, sold under the brand name GastroGard, is used to treat equine  
25 gastric ulcers. Omeprazole paste is a dangerous drug pursuant to section 4022.

26          94. *Omeprazole//Ranitidine* is a compounded non-FDA approved combination of  
27 omeprazole and ranitidine. It is a dangerous drug pursuant to section 4022.

28

1           95. *Panacur Powerpac*, tradename for fenbendazole, is used to treat horses for intestinal  
2 parasites. It is a dangerous drug pursuant to section 4022.

3           96. *Panolog* is a trade name for a combination topical/otic preparation containing  
4 nystatin, neomycin sulfate, thiostrepton, triamcinolone acetonide in ointment form. It is a  
5 dangerous drug pursuant to section 4022.

6           97. *Penicillin*, also known as Pen or Pen-G, is an antibiotic. It is a dangerous drug  
7 pursuant to section 4022.

8           98. *Phenylbutazone*, commonly known as Bute and sold as Butazolidin, is an NSAID  
9 used to treat lameness in horses. It is commonly administered by IV and oral routes.  
10 Phenylbutazone is a dangerous drug pursuant to section 4022. When phenylbutazone is  
11 combined with an undefined corticosteroid, the combination is commonly referred to as Bute-  
12 Cort and used as a topical sweat. Bute-Cort is a dangerous drug pursuant to section 4022.

13           99. *Platinum Performance Equine* is an oral nutritional supplement marketed to  
14 support horse health and performance. It is not a dangerous drug pursuant to section 4022.

15           100. *Polysulfated glycosaminoglycan*, sold under the brand name Adequan, is used for the  
16 intramuscular treatment of non-infectious degenerative and/or traumatic joint dysfunction and  
17 associated lameness of the carpal and hock joints in horses. Polysulfated glycosaminoglycan is a  
18 dangerous drug pursuant to section 4022.

19           101. *Predef*, trade name for isoflupredone an injectable corticosteroid used  
20 intrasynovially or intramuscularly in the treatment of inflammatory joint problems in the horse.  
21 It is a dangerous drug pursuant to section 4022.

22           102. *Prednisolone* is a corticosteroid used in the treatment of inflammatory and allergic  
23 conditions. It is a dangerous drug pursuant to section 4022.

24           103. *Protazil*, trade name for 1.56% diclazuril, are pellets used to prevent protozoal  
25 infection in the horse by *Sarcocystis neurona* the causative organism of Equine Protozoal  
26 Myelitis. It is a prescription drug. It is a dangerous drug as defined under section 4022.

27           104. *Quest Plus* is a trade name for a combination horse wormer containing moxidectin  
28 and praziquantel used to control intestinal parasites. It is available as an OTC product without a

1 prescription. It is not a dangerous drug pursuant to section 4022.

2 105. *Ranitidine* is used to decrease stomach acid and treat gastric ulcers. No longer  
3 available in the United States due to FDA notice of contamination with NDMA, a known  
4 carcinogen. Ranitidine is available only as a compounded product. Ranitidine is a dangerous  
5 drug pursuant to section 4022.

6 106. *Red Cell* is avitamin-iron-mineral supplement administered orally. It is not a  
7 dangerous drug pursuant to section 4022.

8 107. *Regumate*, trade name for altrenogest, a hormone used to suppress estrus in mares.  
9 It is a dangerous drug pursuant to section 4022.

10 108. *Robaxin*, see methocarbamol.

11 109. *Silvadene cream* is the trade name for silver sulfadiazine a topical antibacterial used  
12 in wound treatment. It is a prescription drug and is a dangerous drug pursuant to section 4022.

13 110. *Sodium hyaluronate injection*, sold as Hylartin-V, is used to treat joint  
14 dysfunction in horses by intra-articular injection. Sodium hyaluronate is restricted for use by, or  
15 on the order of a licensed veterinarian, and is a dangerous drug pursuant to section 4022.

16 111. *Stop Two* is a homeopathic animal medicine that is not FDA-approved for the  
17 treatment or mitigation of any disease. The Stop Two label states an indication “to reduce the  
18 incidence and severity of EPIH (bleeding) in performance horses.” The label also states it is “RX  
19 Only for IV injection.” Stop Two is misbranded and bears a counterfeit label. Stop Two is a  
20 dangerous drug pursuant to section 4022.

21 112. *Surpass cream*, brand name for diclofenamic acid, is an anti-inflammatory topical  
22 cream. Surpass is a dangerous drug pursuant to section 4022.

23 113. *Synergy*, is an oral nutritional supplement. It is not a dangerous drug pursuant to  
24 section 4022.

25 114. *Tetracycline* is an antibiotic and a dangerous drug pursuant to section 4022.

26 115. *Thiamine*, also known as Vitamin B1, is an essential B vitamin used in horses for  
27 carbohydrate metabolism. If given by injection, it is a dangerous drug pursuant to section 4022.

28

1           116. *Throat Spray Green* is a compounded product containing dexamethasone, potassium  
2 penicillin, glycerin, and DMSO. It is a dangerous drug pursuant to section 4022.

3           117. *Throat Spray Pink* is a compounded product containing dexamethasone, DMSO,  
4 and glycerin. It is a dangerous drug pursuant to section 4022.

5           118. *Thyro-L Thyroxine*, also known as levothyroxine, is sold under the trade name of  
6 Thyro-L (levothyroxine sodium powder USP). Thyro-L is not approved by the FDA. The label  
7 of Thyro-L shows indications for treatment of specific disease, supplies doses, contraindications,  
8 and bears the federal legend, “Federal law restricts this product to use by or on the order of a  
9 licensed veterinarian”. In as much it is a misbranded drug under federal [21 USC § 331 and 21  
10 USC § 352(w)] and California State law [BPC § 4169]. Other commercially available forms of  
11 levothyroxine powder for equine use are marketed as branded or generic products. None of the  
12 marketed levothyroxine powder products are FDA approved. Thyro-L, levothyroxine, and  
13 branded levothyroxines are dangerous drugs as defined under section 4022.

14           119. *Torb*, see butorphanol.

15           120. *Torbugesic*, also called Torb, is a trade name for butorphanol. See butorphanol

16           121. *Trichlormethiazide/dexamethasone*, commonly known as Tri Dex and Naquasone, is  
17 a diuretic and corticosteroid combination used to mild swellings of the distal limbs in horses. It is  
18 not commercially available and is a compounded product only, therefore not FDA approved.  
19 *Trichlormethiazide/dexamethasone* is a dangerous drug pursuant to section 4022.

20           122. *Triamcinolone or TA*, is a corticosteroid used in the treatment of inflammatory  
21 conditions. It is a dangerous drug pursuant to section 4022.

22           123. *Trimethoprim* and *sulfadiazine*, sold as Uniprim, Tucoprim, and Tribriksen, is an oral  
23 antibiotic used in horses to treat systemic bacterial infections. Trimethoprim and sulfadiazine are  
24 restricted for use by,, or on the order of a licensed veterinarian and is a dangerous drug pursuant  
25 to section 4022.

26           124. *U-7* is a vitamin and herbal blend supplement to aid in the digestive process of the  
27 horse. It is not a dangerous drug pursuant to section 4022.

28           125. *Uniprim*, see trimethoprim and sulfadiazine.



1 administration of medications dosages, treatment plans, prognoses, drug consultations for  
2 dispensed drugs and other required information.

3 135. In February 2021, the Board received a complaint concerning the unsafe treatment of  
4 equine patients by multiple veterinarians. The Board initiated an investigation based on the  
5 complaint. As part of its investigation, the Board received equine medical records from  
6 Respondent and/or his representative.

7 136. During its investigation, the Board received Veterinarian Confidential Reports from  
8 the CHRB documenting the equine patients treated by Respondent from January 2021 to March  
9 2021. Veterinarians are required to submit Veterinarian Confidential Reports to the CHRB for  
10 horses treated at any CHRB-regulated location. The reports revealed that Respondent treated  
11 approximately 2,091 equine patients over 73 work days (average of 28 horses per day), as  
12 follows:

- 13 a. Approximately 756 patients over 26 work days in January 2021;
- 14 b. Approximately 723 patients over 23 work days in February 2021;
- 15 c. Approximately 612 patients over 24 work days in March 2021;

16 137. The Veterinarian Confidential Reports for Respondent revealed that clusters of equine  
17 patients were administered identical medications and treatments, at the same time, at the request  
18 of their trainers without medical necessity. The following chart provides examples of the  
19 medications or treatments that Respondent administered to clusters of equine patients with the  
20 same trainer:

21 Date	Trainer Last Initial	Number of Patients	Medication or Treatment Received	
22 01/01/2021	Trainer G.	3 horses	DMSO Jug, Robaxin, Bute	
23 01/02/2021	Trainer G.	10 horses	Regumate	
24 01/02/2021	Trainer G.	5 horses	Dantrium	
25 01/03/2021	Trainer G.	3 horses	Normosol + Vits	
26 01/05/2021	Trainer P.	7 horses	Adequan, Silvadene	
27 01/05/2021	Trainer P.	6 horses	Adequan	
28 01/05/2021	Trainer P.	6 horses	Dantrium	
	01/05/2021	Trainer P.	10 horses	DMG Bucket
	01/06/2021	Trainer P.	4 horses	Robaxin, Bute, Estro, Adequan
	01/08/2021	Trainer G.	10 horses	Regumate

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

01/09/2021	Trainer G.	10 horses	Ace Tablets
01/10/2021	Trainer P.	4 horses	Enterolyte
01/10/2021	Trainer G.	4 horses	Aservo EquiHaler
01/12/2021	Trainer G.	15 horses	Adequan
01/13/2021	Trainer G.	4 horses	Aservo EquiHaler
01/14/2021	Trainer G.	5 horses	DMSO Jug, Robaxin, Bute
01/15/2021	Trainer P.	10 horses	Ace Tablets
01/15/2021	Trainer G.	5 horses	Vits
01/16/2021	Trainer G.	10 horses	Regumate
01/17/2021	Trainer G.	3 horses	Naq Paste
01/17/2021	Trainer G.	2 horses	Bute Paste
01/17/2021	Trainer G.	4 horses	Bute-Cort
01/17/2021	Trainer P.	5 horses	Dantrium
01/19/2021	Trainer P.	3 horses	Ace
01/19/2021	Trainer P.	10 horses	DMG
01/23/2021	Trainer G.	10 horses	Regumate
01/24/2021	Trainer P.	6 horses	Gastrogard
01/26/2021	Trainer P.	3 horses	Ace
01/26/2021	Trainer G.	21 horses	Adequan
01/27/2021	Trainer P.	17 horses	Adequan
01/28/2021	Trainer P.	5 horses	Robaxin, Bute, Estro
01/29/2021	Trainer P.	4 horses	Vits
01/30/2021	Trainer G.	4 horses	Aservo EquiHaler
01/30/2021	Trainer G.	10 horses	Regumate
01/31/2021	Trainer P.	5 horses	Dantrium
02/02/2021	Trainer P.	10 horses	DMG Bucket
02/03/2021	Trainer G.	3 horses	DMSO Jug, Robaxin, Bute
02/06/2021	Trainer G.	4 horses	Aservo EquiHaler
02/06/2021	Trainer P.	10 horses	Uniprim
02/06/2021	Trainer P.	10 horses	Ace Tablets
02/09/2021	Trainer G.	10 horses	Regumate
02/09/2021	Trainer G.	21 horses	Adequan
02/09/2021	Trainer G.	5 horses	Dantrium
02/11/2021	Trainer P.	5 horses	Dantrium #20
02/11/2021	Trainer G.	2 horses	DMSO Jug, Robaxin, Bute
02/12/2021	Trainer G.	4 horses	Aservo EquiHaler
02/12/2021	Trainer P.	3 horses	Robaxin, Bute, Estro
02/12/2021	Trainer G.	2 horses	DMSO Jug, Robaxin, Bute
02/12/2021	Trainer D.	3 horses	DMSO Jug, Adequan, Bute
02/13/2021	Trainer G.	10 horses	Regumate
02/13/2021	Trainer P.	12 horses	Adequan
02/14/2021	Trainer G.	10 horses	Ace Tablets
02/16/2021	Trainer P.	10 horses	Uniprim
02/17/2021	Trainer G.	3 horses	DMSO Jug, Robaxin, Bute
02/17/2021	Trainer P.	10 horses	DMG

1	02/20/2021	Trainer G.	20 horses	Red Cell, U-7
2	02/21/2021	Trainer G.	10 horses	Regumate
3	02/23/2021	Trainer G.	6 horses	Adequan
4	02/24/2021	Trainer P.	5 horses	Dantrium
5	02/26/2021	Trainer P.	3 horses	Robaxin, Bute, Estro, Adequan
6	02/27/2021	Trainer P.	12 horses	Adequan
7	02/27/2021	Trainer P.	3 horses	Vits
8	02/28/2021	Trainer G.	10 horses	Regumate
9	03/05/2021	Trainer G.	4 horses	Aservo EquiHaler
10	03/05/2021	Trainer G.	2 horses	DMSO Jug, Robaxin, Bute
11	03/05/2021	Trainer P.	10 horses	DMG
12	03/06/2021	Trainer G.	3 horses	Normosol + Vits
13	03/09/2021	Trainer G.	18 horses	Adequan
14	03/09/2021	Trainer P.	10 horses	Ace Tablets
15	03/10/2021	Trainer P.	2 horses	Robaxin, Bute, Estro, Adequan
16	03/11/2021	Trainer P.	2 horses	Vits
17	03/11/2021	Trainer G.	2 horses	Vits
18	03/12/2021	Trainer G.	2 horses	Thyro-L
19	03/12/2021	Trainer G.	10 horses	Regumate
20	03/13/2021	Trainer G.	16 horses	Red Cell
21	03/14/2021	Trainer P.	14 horses	Adequan
22	03/17/2021	Trainer G.	4 horses	DMSO Jug, Robaxin
23	03/17/2021	Trainer P.	10 horses	DMG
24	03/19/2021	Trainer P.	2 horses	Robaxin, Bute, Estro
25	03/19/2021	Trainer G.	5 horses	Dantrium #20
26	03/19/2021	Trainer G.	10 horses	Regumate
27	03/23/2021	Trainer G.	20 horses	Adequan
28	03/23/2021	Trainer P.	16 horses	Adequan
	03/24/2021	Trainer P.	5 horses	Dantrium #20
	03/24/2021	Trainer D.	2 horses	DMSO Jug, Bute
	03/25/2021	Trainer G.	10 horses	DMG
	03/25/2021	Trainer G.	3 horses	Vits
	03/25/2021	Trainer G.	2 horses	DMSO Jug, Robaxin, Bute
	03/27/2021	Trainer P.	4 horses	Vits, Gastrogard

**FIRST CAUSE FOR DISCIPLINE**

**(Negligence)**

138. Respondent is subject to disciplinary action under section 4883, subdivision (i), for negligence in the practice of veterinary medicine. Respondent prescribed, dispensed, or administered a drug, medication, appliance, application, or treatment to animal patients without performing an examination and forming a diagnosis of any condition that required treatment, as follows:

1 139. Between July 2018 and May 2021, without performing an examination and forming a  
2 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
3 administered Lasix, Dorm/Torb, BC2A paste, DMSO Jug, Banamine, Vit Booster, Bute, Protozil,  
4 Baytril, Calcium, Electrolyte paste, Thiamine Inj., Ace Inj., Ketofen, Methocarbamol Inj., Pen-G,  
5 Gentocin Inj., Platinum Performance Barrel, Red Cell Gallon, EQ-Stim, Sodium Iodide Jug,  
6 Ventipulum, Ranitidine, U-7, Acepromazine, Thyro-L Powder, GastroGard, Prednisolone,  
7 Tetracycline, Silvadene Cream, Marquis, Calcium, Throat Spray, DMG, Quest, Caco-Copper, LF  
8 Prox suspension inj. with Predef and Carbocaine, and Naquasone paste to equine patient L. L.<sup>1</sup>  
9 Respondent also performed endoscope examinations, a tracheal wash, culture and sensitivity, an  
10 ultrasound examination, shockwave therapy, an x-ray of the left knee, and cytology on equine  
11 patient L. L.

12 140. Between June 2018 and May 2021, without performing an examination and forming a  
13 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
14 administered Panacur paste, Baytril, Hydroxyzine powder, Tetracycline, Dorm/Torb, Banamine,  
15 Acepromazine, Regumate, Dantrium, DMG, Thyro-L Powder, Dorm/Ace, Platinum Performance  
16 Liver Support, Lasix, Ace Inj., Synergy Granules, Naquasone paste, Dexamethasone, Gentocin  
17 Inj., Aservo EquiHaler, Methocarbamol Inj., DMSO Jug, Nasal Strip, Quest, Red Cell, U-7,  
18 Dormosedan, Vit Booster, Nasal Strip, Aspirin Powder, and Glycopyrulate to equine patient E. S.  
19 Respondent also performed endoscope examinations on equine patient E. S.

20 141. Between March 2018 and April 2021, without performing an examination and  
21 forming a diagnosis of any condition that required treatment, Respondent prescribed, dispensed,  
22 or administered Aservo EquiHaler, Panacur paste, Baytril, DMG, Hydroxyzine powder,  
23 Dantrium, Ventipulmin, Dormosedan, Dorm/Torb, EQ-Stim, Lasix, Throat Spray, BC2A paste,  
24 Electrolyte paste, Estrone Inj., Equimune IV, Fulvicin paste, Quest, Red Cell, U-7, Adequan,  
25 Silvadene cream, Panolog ointment, DMSO Jug, Banamine, Vit Booster, Platinum Performance  
26 Barrel, Naquasone paste, Methocarbamol Inj., Bute, Bute-Cort, Regumate, Normosol,  
27 GastroGard, Glycopyrulate, Platinum Performance Healthy Weight, Acepromazine, Ophth

28 <sup>1</sup> Initials are used to protect the equine patients' identities.

1 ointment, Synergy Granules, Tetracycline, Thyro-L, Dexamethasone, Gentocin, Pen G, Vetera  
2 Gold, and Fluid Therapy to equine patient G. L. Respondent also performed endoscope  
3 examinations, culture and sensitivity, cytology, an injection in the left knee with Hyvisc and  
4 Predef, treatment of injured hock with Celestone and Predef, block, lance, and flush abscess,  
5 nasal strips, left MCJ with Polyglycan and Celestone, and oph-fluorescein stain on equine patient  
6 G. L.

7 142. Between May 2020 and January 2021, without performing an examination and  
8 forming a diagnosis of any condition that required treatment, Respondent prescribed, dispensed,  
9 or administered Ace Inj., Acepromazine, Banamine, Baytril, Bute, Dantrium, DMG, DMSO Jug,  
10 Dorm/Ace, Eq-Stim, Glycopyrulate, Lasix, Methocarbamol Inj., Naquasone paste, Normosol +  
11 Vits, Panacur paste, Quest, Regumate, Synergy Granules and Thyro-L to equine patient R. E.  
12 Respondent also performed endoscope examinations on equine patient R. E.

13 143. Between March 2020 and August 2020, without performing an examination and  
14 forming a diagnosis of any condition that required treatment, Respondent prescribed, dispensed,  
15 or administered Acepromazine, Adequan, Banamine, Bute, Dantrium, Dexamethasone, DMG,  
16 DMSO Jug, Dormosedan, Dorm/Ace, Dorm/Torb, Equimune IV, Fulvicin paste, Lasix,  
17 Methocarbamol, Panacur paste, Red Cell, Thyro-L, and Vit Booster to equine patient S. P.  
18 Respondent also performed x-rays and endoscope examinations on equine patient S. P.

19 144. Between June 2016 and May 2021, without performing an examination and forming a  
20 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
21 administered Ace Inj, Acepromazine, Adequan, Aspirin, Banamine, Baytril, BC2A paste, Bute,  
22 Bute-Cort, Calcium, Calvenza vaccine, Dexamethasone, DMG, DMSO Jug, Dorm/Ace,  
23 Dorm/Torb, Electrolyte paste, Estrone Inj, Full Bucket Probiotics, Fulvicin paste, GastroGard,  
24 Gentocin, Gentocin oph ointment, Lasix, Methocarbamol Inj, Naquasone paste, Normosol,  
25 Panacur paste, Pen-G, Platinum Performance Barrel, Prednisolone, Ranitidine, Red Cell Gallon,  
26 Silvadene Cream, Surpass Cream, Synergy Granules, Synergi Probiotic Pellets, Quest,  
27 Tetracycline, Thiamine Inj, Throat Spray, Thyro-L, U-7, Ventipulmin, Vetera Gold, Vit Booster  
28 and West Nile vaccine, to equine patient S. A. Respondent also performed IRAPs, x-rays, inj

1 fetlock and knee - with Polyglycan and Celestone, inj misc - both front prox susp, shockwave  
2 therapy, ophth-fluorescein stain, ophth – dilate pupil, Ofloxacin ophth drops, Diclofenac ophth drops,  
3 both hocks with Celestone, and endoscope examinations on equine patient S. A.

4 145. Between March 2019 and June 2021, without performing an examination and  
5 forming a diagnosis of any condition that required treatment, Respondent prescribed, dispensed,  
6 or administered Acepromazine, ACTH, Adequan, Aservo EquiHaler, Aspirin powder, Banamine,  
7 Baytril, Bute, CK shampoo, Dexamethasone, Dantrium, DMG, DMSO Jug, Dorm, Dormosedan,  
8 Dorm/Ace, Dorm/Torb, GastroGard, Gentocin, Lasix, Methocarbamol Inj, Panacur paste, Panolog  
9 ointment, Platinum Performance Healthy Weight, Quest, Ranitidine, Red Cell, Regumate, Surpass  
10 Cream, Silvadene Cream, Synergy Granules, Synergy Probiotic Pellets, Tetracycline, Thyro-L, U-7,  
11 Uniprim powder, Vetera Gold, Vit Booster to equine patient K. A. Respondent also applied a  
12 nasal strip, and performed x-rays and endoscope examinations on equine patient K. A.

13 146. Between May 2018 and June 2021, without performing an examination and forming a  
14 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
15 administered Ace Inj, Acepromazine, Adequan, Aservo EquiHaler, Aspirin, Banamine, Baytril,  
16 Bute, Bute-Cort, Calcium, Dexamethasone, Dantrium, DMG, DMSO Jug, Dorm, Dorm/Ace,  
17 Dorm/Torb, Equimune IV, Fluid Therapy, Fulvicin, GastroGard, Gentocin, Glycopyrulate,  
18 Hydroxyzine powder, Ketofen, Lasix, Methocarbamol Inj, Naquasone paste, Panacur paste,  
19 Panolog ointment, Platinum Performance Barrel, Platinum Performance Healthy Weight, Quest,  
20 Protozil, Ranitidine, Red Cell, Regumate, Silvadene Cream, Surpass Cream, Synergy Granules,  
21 Tetracycline, Thyro-L, U-7, Vetera Gold, and Vit Booster to equine patient M. D. Respondent  
22 also treated injured fetlock with HyVisc and Vetalog, injured LF proximal susp ligament with  
23 Predef and Carbocaine, dermacleans, CK shampoo, Kling, IRAP, nasal strips, and performed  
24 cytology, culture and sensitivity, tracheal wash, x-rays, IRAP, Gel-Cast, and endoscope  
25 examinations on equine patient M. D.

26 ////

27 ////

28 ////

1 147. Between July 2020 and September 2020, without performing an examination and  
2 forming a diagnosis of any condition that required treatment, Respondent prescribed, dispensed,  
3 or administered Acepromazine, Bute, DMG, Equilyizer, Tetracycline, and Thyro-L to equine  
4 patient I. C.

5 148. On or about March 7, 2020, without performing an examination and forming a  
6 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
7 administered Baytril to equine patient H. M

8 149. On or about March 7, 2020, without performing an examination and forming a  
9 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
10 administered Lasix, Bute, Banamine, Dorm/Ace, and also applied a Gel Cast to equine patient  
11 U. S.

12 150. On or about March 7, 2020, without performing an examination and forming a  
13 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
14 administered Metronidazole and Chloramphenicol to equine patient T. H.

15 151. On or about March 12, 2020, without performing an examination and forming a  
16 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
17 administered DMSO Jug, Adequan and Bute to equine patient T. C.

18 152. On or about March 12, 2020, without performing an examination and forming a  
19 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
20 administered Adequan to equine patient B. C.

21 153. On or about March 12, 2020, without performing an examination and forming a  
22 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
23 administered Adequan to equine patient H. M.

24 154. On or about March 12, 2020, without performing an examination and forming a  
25 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
26 administered Adequan to equine patient M. D.

27 ///

28 ///

1 155. On or about March 12, 2020, without performing an examination and forming a  
2 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
3 administered Adequan to equine patient Q.

4 156. On or about March 17, 2020, without performing an examination and forming a  
5 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
6 administered Fluid Therapy and Vitamins to equine patient R. B.

7 157. On or about March 17, 2020, without performing an examination and forming a  
8 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
9 administered DMSO Jug, Bute and Methocarbamol to equine patient H. C.

10 158. On or about March 17, 2020, without performing an examination and forming a  
11 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
12 administered DMSO Jug, Bute and Methocarbamol to equine patient R. C.

13 159. On or about March 17, 2020, without performing an examination and forming a  
14 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
15 administered DMSO Jug and Estrone to equine patient M. A.

16 160. On or about March 17, 2020, without performing an examination and forming a  
17 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
18 administered DMSO Jug, Estrone and Adequan to equine patient M. J.

19 161. On or about March 19, 2020, without performing an examination and forming a  
20 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
21 administered DMSO Jug, Bute and Methocarbamol to equine patient A. F.

22 **SECOND CAUSE FOR DISCIPLINE**

23 **(Unprofessional Conduct – Dispensing Dangerous Drugs Without Medical Necessity)**

24 162. Respondent is subject to disciplinary action for unprofessional conduct under  
25 section 4883, subdivision (g)(3), for violating section 4170, subdivision (a)(2). Respondent  
26 dispensed unnecessary dangerous drugs to equine patients, as follows:

27 ////

28 ////

1           163.     Between July 2018 and November 2019, without performing an examination and  
2 forming a diagnosis of any condition that required treatment, Respondent dispensed  
3 Acepromazine, Lasix, Dorm/Ace, Dorm/Torb, DMSO Jug, Banamine, Vit Booster, Bute, Baytril,  
4 Ace Inj, Calcium, Ketofen, Marquis, Methocarbamol Inj., Pen-G, Gentocin Inj., Sodium Iodide  
5 Jug, Ventipulum, Ranitidine, U-7, Thyro-L Powder, GastroGard, Prednisolone, Tetracycline,  
6 Thiamine, Silvadene Cream, Throat Spray, DMG, Caco-Copper, LF prox. suspension inj. with  
7 Predef and Carbocaine, and Naquasone paste to equine patient L. L.

8           164.     Between July 2018 and May 2021, without performing an examination and  
9 forming a diagnosis of any condition that required treatment, Respondent dispensed Baytril,  
10 Hydroxyzine powder, Tetracycline, Dorm/Torb, Banamine, Acepromazine, Regumate, Dantrium,  
11 Thyro-L Powder, Dorm/Ace, Lasix, Ace Inj., Aservo EquiHaler, Dexamethasone, Gentocin Inj.,  
12 Methocarbamol Inj., DMSO Jug, Dormosedan, Vit Booster, and Glycopyrulate to equine patient  
13 E. S.

14           165.     Between March 2018 and April 2021, without performing an examination and  
15 forming a diagnosis of any condition that required treatment, Respondent dispensed Adequan,  
16 Baytril, Hydroxyzine powder, Dantrium, Ventipulmin, Dorm/Torb, Lasix, Throat Spray, Estrone  
17 Inj., Equimmune IV, DMSO Jug, Banamine, Vit Booster, Naquasone paste, Methocarbamol Inj.,  
18 Bute, Bute-Cort, Regumate, Panolog ointment, Fulvicin paste, Normosol, GastroGard,  
19 Glycopyrulate, Hyvisc. and Predef., Celestone and Predef., Acepromazine, Ophth ointment,  
20 Tetracycline, Thyro-L, Dexamethasone, Gentocin, Pen G, Silvadene cream, and Fluid Therapy to  
21 equine patient G. L.

22           166.     Between May 2020 and January 2021, without performing an examination and  
23 forming a diagnosis of any condition that required treatment, Respondent dispensed Ace Inj.,  
24 Acepromazine, Banamine, Baytril, Bute, Dantrium, DMSO Jug, Dorm/Ace, Glycopyrulate, Lasix,  
25 Methocarbamol Inj., Naquasone paste, Regumate, and Thyro-L to equine patient R. E.

26           167.     Between March 2020 and August 2020, without performing an examination and  
27 forming a diagnosis of any condition that required treatment, Respondent dispensed  
28 Acepromazine, Adequan, Banamine, Bute, Dantrium, Dexamethasone, DMSO Jug, Dormosedan,

1 Dorm/Ace, Dorm/Torb, Fulvicin paste, Lasix, Methocarbamol, Thyro-L, and Vit Booster to  
2 equine patient S. P.

3 168. Between June 2016 and May 2021, without performing an examination and forming  
4 a diagnosis of any condition that required treatment, Respondent dispensed Ace Inj,  
5 Acepromazine, Adequan, Aspirin, Banamine, Baytril, BC2A paste, Bute, Bute-Cort, Calcium,  
6 Celestone, Dexamethasone, Diclofenac Opth drops, DMG, DMSO Jug, Dorm/Ace, Dorm/Torb,  
7 Electrolyte paste, Estrone Inj, Full Bucket Probiotics, Fulvicin paste, GastroGard, Gentocin,  
8 Gentocin Opth oint, Lasix, Methocarbamol Inj, Naquasone paste, Normosol, Ofloxacin Opth drops,  
9 Panacur paste, Pen-G, Polyglycan and Celestone, Prednisolone, Ranitidine, Silvadene Cream,  
10 Surpass cream, Tetracycline, Thyro-L, and Vit Booster to equine patient S. A.

11 169. Between March 2019 and June 2021, without performing an examination and  
12 forming a diagnosis of any condition that required treatment, Respondent dispensed  
13 Acepromazine, ACTH, Adequan, Aservo EquiHaler, Aspirin powder, Banamine, Baytril, Bute,  
14 Dexamethasone, Dantrium, DMSO Jug, Dorm, Dormosedan, Dorm/Ace, Dorm/Torb,  
15 GastroGard, Gentocin, Lasix, Methocarbamol Inj, Panacur paste, Panolog ointment, Ranitidine,  
16 Regumate, Surpass Cream, Silvadene Cream, Tetracycline, Thyro-L, U-7, Uniprim powder, and Vit  
17 Booster to equine patient K. A.

18 170. Between May 2018 and June 2021, without performing an examination and forming a  
19 diagnosis of any condition that required treatment, Respondent dispensed Ace Inj, Acepromazine,  
20 Adequan, Aservo EquiHaler, Aspirin, Banamine, Baytril, Bute, Bute-Cort, Calcium,  
21 Dexamethasone, Dantrium, DMSO Jug, Dorm, Dorm/Ace, Dorm/Torb, Fulvicin, GastroGard,  
22 Gentocin, Glycopyrulate, Hydroxyzine powder, Ketofen, Lasix, Methocarbamol Inj, Naquasone  
23 paste, Panacur paste, Panolog ointment, Protozil, Ranitidine, Red Cell, Regumate, Silvadene  
24 Cream, Surpass Cream, Tetracycline, Thyro-L, and Vit Booster to equine patient M. D.

25 171. Between July 2020 and September 2020, without performing an examination and  
26 forming a diagnosis of any condition that required treatment, Respondent dispensed  
27 Acepromazine, Bute, Tetracycline, and Thyro-L to equine patient I. C.

28

1 172. On or about March 7, 2020, without performing an examination and forming a  
2 diagnosis of any condition that required treatment, Respondent dispensed Baytril to equine patient  
3 H. M.

4 173. On or about March 7, 2020, without performing an examination and forming a  
5 diagnosis of any condition that required treatment, Respondent dispensed Lasix, Bute, Banamine,  
6 Dorm/Ace to equine patient U. S.

7 174. On or about March 7, 2020, without performing an examination and forming a  
8 diagnosis of any condition that required treatment, Respondent dispensed Metronidazole and  
9 Chloramphenicol to equine patient T. H.

10 175. On or about March 12, 2020, without performing an examination and forming a  
11 diagnosis of any condition that required treatment, Respondent dispensed DMSO Jug, Adequan  
12 and Bute to equine patient T. C.

13 176. On or about March 12, 2020, without performing an examination and forming a  
14 diagnosis of any condition that required treatment, Respondent dispensed Adequan to equine  
15 patient B. C.

16 177. On or about March 12, 2020, without performing an examination and forming a  
17 diagnosis of any condition that required treatment, Respondent dispensed Adequan to equine  
18 patient H. M.

19 178. On or about March 12, 2020, without performing an examination and forming a  
20 diagnosis of any condition that required treatment, Respondent dispensed Adequan to equine  
21 patient M. D.

22 179. On or about March 12, 2020, without performing an examination and forming a  
23 diagnosis of any condition that required treatment, Respondent dispensed Adequan to equine  
24 patient Q.

25 180. On or about March 17, 2020, without performing an examination and forming a  
26 diagnosis of any condition that required treatment, Respondent dispensed Fluid Therapy and  
27 Vitamins to equine patient R. B.

28

1 181. On or about March 17, 2020, without performing an examination and forming a  
2 diagnosis of any condition that required treatment, Respondent dispensed DMSO Jug, Bute and  
3 Methocarbamol to equine patient H. C.

4 182. On or about March 17, 2020, without performing an examination and forming a  
5 diagnosis of any condition that required treatment, Respondent dispensed DMSO Jug, Bute and  
6 Methocarbamol to equine patient R. C.

7 183. On or about March 17, 2020, without performing an examination and forming a  
8 diagnosis of any condition that required treatment, Respondent dispensed DMSO Jug and Estrone  
9 to equine patient M. A.

10 184. On or about March 17, 2020, without performing an examination and forming a  
11 diagnosis of any condition that required treatment, Respondent dispensed DMSO Jug, Estrone  
12 and Adequan to equine patient M. J.

13 185. On or about March 19, 2020, without performing an examination and forming a  
14 diagnosis of any condition that required treatment, Respondent dispensed DMSO Jug, Bute and  
15 Methocarbamol to equine patient A. F.

16 186. On or about January 1, 2021, without performing an examination and forming a  
17 diagnosis of any condition that required treatment, Respondent dispensed DMSO Jug to three (3)  
18 equine patients.

19 187. On or about January 6, 2021, without performing an examination and forming a  
20 diagnosis of any condition that required treatment, Respondent dispensed Estro to four (4) equine  
21 patients.

22 188. On or about January 14, 2021, without performing an examination and forming a  
23 diagnosis of any condition that required treatment, Respondent dispensed DMSO Jug to five (5)  
24 equine patients.

25 189. On or about January 17, 2021, without performing an examination and forming a  
26 diagnosis of any condition that required treatment, Respondent dispensed Naq paste to three (3)  
27 equine patients.

28

1           190. On or about January 17, 2021, without performing an examination and forming a  
2 diagnosis of any condition that required treatment, Respondent dispensed Bute-Cort to four (4)  
3 equine patients.

4           191. On or about January 28, 2021, without performing an examination and forming a  
5 diagnosis of any condition that required treatment, Respondent dispensed Estro to five (5) equine  
6 patients.

7           192. On or about February 3, 2021, without performing an examination and forming a  
8 diagnosis of any condition that required treatment, Respondent dispensed DMSO Jug to three (3)  
9 equine patients.

10          193. On or about February 11, 2021, without performing an examination and forming a  
11 diagnosis of any condition that required treatment, Respondent dispensed DMSO Jug to two (2)  
12 equine patients.

13          194. On or about February 12, 2021, without performing an examination and forming a  
14 diagnosis of any condition that required treatment, Respondent dispensed Estro to three (3)  
15 equine patients.

16          195. On or about February 12, 2021, without performing an examination and forming a  
17 diagnosis of any condition that required treatment, Respondent dispensed DMSO Jug to five (5)  
18 equine patients.

19          196. On or about February 17, 2021, without performing an examination and forming a  
20 diagnosis of any condition that required treatment, Respondent dispensed DMSO Jug to three (3)  
21 equine patients.

22          197. On or about February 26, 2021, without performing an examination and forming a  
23 diagnosis of any condition that required treatment, Respondent dispensed Estro to three (3)  
24 equine patients.

25          198. On or about March 5, 2021, without performing an examination and forming a  
26 diagnosis of any condition that required treatment, Respondent dispensed DMSO Jug to two (2)  
27 equine patients.

28



1 treatment; or (3) communicate and/or document the appropriate course of treatment with the  
2 client.

3 207. On or about March 7, 2020, Respondent applied Gel Cast to equine patient U. S.  
4 Before performing veterinary medicine practices and providing treatment, Respondent did not:  
5 (1) perform and/or document an examination; (2) form and/or document a diagnoses of any  
6 condition that required performance of the veterinary medicine practice or treatment; or  
7 (3) communicate and/or document the appropriate course of treatment with the client.  
8 Accordingly, Respondent failed to establish the required veterinarian-client-patient relationship  
9 before performing veterinary medicine practices and treating U. S.

10 **FOURTH CAUSE FOR DISCIPLINE**

11 **(Violation of Practice Act and Board Regulations – Recordkeeping)**

12 208. Respondent is subject to disciplinary action under section 4883, subdivisions (c) and  
13 (o), for failing to keep written records containing the information required under section 4855 and  
14 CCR, title 16, section 2032.3, for equine patients receiving veterinary services, as follows:

15 209. The records for equine patient L. L., dated between July 19, 2018 and May 20,  
16 2021, failed to include the following information:

- 17 a. A history or pertinent information as it pertains to the equine patient’s  
18 medical statutes as required under CCR, title 16, section 2032.3, subsection  
19 (a)(6);
- 20 b. Data, including that obtained by instrumentation, from the physical  
21 examination of the equine patient as required under CCR, title 16, section  
22 2032.3, subsection (a)(7);
- 23 c. Treatment and intended treatment plan, including medication dosages as  
24 required under CCR, title 16, section 2032.3, subsection (a)(8);
- 25 d. Diagnosis or assessment prior to performing a treatment or procedure as  
26 required under CCR, title 16, section 2032.3, subsection (a)(10); and
- 27 e. A prognosis of the animal’s condition as required under CCR, title 16,  
28 section 2032.3, subsection (a)(11).

1           210. The records for equine patient G. L., dated between March 31, 2018 and April 17,  
2 2021, failed to include the following information:

- 3           a. A history or pertinent information as it pertains to the equine patient's  
4 medical statutes as required under CCR, title 16, section 2032.3, subsection  
5 (a)(6);
- 6           b. Data, including that obtained by instrumentation, from the physical  
7 examination of the equine patient as required under CCR, title 16, section  
8 2032.3, subsection (a)(7);
- 9           c. Treatment and intended treatment plan, including medication dosages as  
10 required under CCR, title 16, section 2032.3, subsection (a)(8);
- 11          d. Diagnosis or assessment prior to performing a treatment or procedure as  
12 required under CCR, title 16, section 2032.3, subsection (a)(10); and
- 13          e. A prognosis of the animal's condition as required under CCR, title 16,  
14 section 2032.3, subsection (a)(11).

15           211. The records for equine patient R. E., dated between May 12, 2020 and January 14,  
16 2021, failed to include the following information:

- 17          a. A history or pertinent information as it pertains to the equine patient's  
18 medical statutes as required under CCR, title 16, section 2032.3, subsection  
19 (a)(6);
- 20          b. Data, including that obtained by instrumentation, from the physical  
21 examination of the equine patient as required under CCR, title 16, section  
22 2032.3, subsection (a)(7);
- 23          c. Treatment and intended treatment plan, including medication dosages as  
24 required under CCR, title 16, section 2032.3, subsection (a)(8);
- 25          d. Diagnosis or assessment prior to performing a treatment or procedure as  
26 required under CCR, title 16, section 2032.3, subsection (a)(10); and
- 27          e. A prognosis of the animal's condition as required under CCR, title 16,  
28 section 2032.3, subsection (a)(11).

1           212. The records for equine patient S. P., dated between March 4, 2020 and August 28,  
2 2020, failed to include the following information:

- 3           a. A history or pertinent information as it pertains to the equine patient's  
4 medical statutes as required under CCR, title 16, section 2032.3, subsection  
5 (a)(6);
- 6           b. Data, including that obtained by instrumentation, from the physical  
7 examination of the equine patient as required under CCR, title 16, section  
8 2032.3, subsection (a)(7);
- 9           c. Treatment and intended treatment plan, including medication dosages as  
10 required under CCR, title 16, section 2032.3, subsection (a)(8);
- 11          d. Diagnosis or assessment prior to performing a treatment or procedure as  
12 required under CCR, title 16, section 2032.3, subsection (a)(10); and
- 13          e. A prognosis of the animal's condition as required under CCR, title 16,  
14 section 2032.3, subsection (a)(11).

15           213. The records for equine patient S. A., dated between June 30, 2016 and May 21,  
16 2021, failed to include the following information:

- 17          a. A history or pertinent information as it pertains to the equine patient's  
18 medical statutes as required under CCR, title 16, section 2032.3, subsection  
19 (a)(6);
- 20          b. Data, including that obtained by instrumentation, from the physical  
21 examination of the equine patient as required under CCR, title 16, section  
22 2032.3, subsection (a)(7);
- 23          c. Treatment and intended treatment plan, including medication dosages as  
24 required under CCR, title 16, section 2032.3, subsection (a)(8);
- 25          d. Diagnosis or assessment prior to performing a treatment or procedure as  
26 required under CCR, title 16, section 2032.3, subsection (a)(10); and
- 27          e. A prognosis of the animal's condition as required under CCR, title 16,  
28 section 2032.3, subsection (a)(11).

1           214. The records for equine patient K. A., dated between March 2, 2019 and June 1,  
2 2021, failed to include the following information:

- 3           a. A history or pertinent information as it pertains to the equine patient's  
4 medical statutes as required under CCR, title 16, section 2032.3, subsection  
5 (a)(6);
- 6           b. Data, including that obtained by instrumentation, from the physical  
7 examination of the equine patient as required under CCR, title 16, section  
8 2032.3, subsection (a)(7);
- 9           c. Treatment and intended treatment plan, including medication dosages as  
10 required under CCR, title 16, section 2032.3, subsection (a)(8);
- 11          d. Diagnosis or assessment prior to performing a treatment or procedure as  
12 required under CCR, title 16, section 2032.3, subsection (a)(10); and
- 13          e. A prognosis of the animal's condition as required under CCR, title 16,  
14 section 2032.3, subsection (a)(11).

15           215. The records for equine patient M. D., dated between May 19, 2018 and June 1,  
16 2021, failed to include the following information:

- 17          a. A history or pertinent information as it pertains to the equine patient's  
18 medical statutes as required under CCR, title 16, section 2032.3, subsection  
19 (a)(6);
- 20          b. Data, including that obtained by instrumentation, from the physical  
21 examination of the equine patient as required under CCR, title 16, section  
22 2032.3, subsection (a)(7);
- 23          c. Treatment and intended treatment plan, including medication dosages as  
24 required under CCR, title 16, section 2032.3, subsection (a)(8);
- 25          d. Diagnosis or assessment prior to performing a treatment or procedure as  
26 required under CCR, title 16, section 2032.3, subsection (a)(10); and
- 27          e. A prognosis of the animal's condition as required under CCR, title 16,  
28 section 2032.3, subsection (a)(11).

1           216. The records for equine patient I. C., dated between July 10, 2020 and September 12,  
2 2020, failed to include the following information:

- 3           a. A history or pertinent information as it pertains to the equine patient's  
4 medical statutes as required under CCR, title 16, section 2032.3, subsection  
5 (a)(6);
- 6           b. Data, including that obtained by instrumentation, from the physical  
7 examination of the equine patient as required under CCR, title 16, section  
8 2032.3, subsection (a)(7);
- 9           c. Treatment and intended treatment plan, including medication dosages as  
10 required under CCR, title 16, section 2032.3, subsection (a)(8);
- 11          d. Diagnosis or assessment prior to performing a treatment or procedure as  
12 required under CCR, title 16, section 2032.3, subsection (a)(10); and
- 13          e. A prognosis of the animal's condition as required under CCR, title 16,  
14 section 2032.3, subsection (a)(11).

15           217. The records for equine patient H. M., dated on or about March 7, 2020, failed to  
16 include the following information:

- 17          a. Age, sex, breed, species, and color of the equine patient as required under  
18 CCR, title 16, section 2032.3, subsection (a)(4);
- 19          b. A history or pertinent information as it pertains to the equine patient's  
20 medical statutes as required under CCR, title 16, section 2032.3, subsection  
21 (a)(6);
- 22          c. Data, including that obtained by instrumentation, from the physical  
23 examination of the equine patient as required under CCR, title 16, section  
24 2032.3, subsection (a)(7);
- 25          d. Treatment and intended treatment plan, including medication dosages as  
26 required under CCR, title 16, section 2032.3, subsection (a)(8);
- 27          e. Diagnosis or assessment prior to performing a treatment or procedure as  
28 required under CCR, title 16, section 2032.3, subsection (a)(10);

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

- f. A prognosis of the animal’s condition as required under CCR, title 16, section 2032.3, subsection (a)(11); and
- g. For each medication prescribed and dispensed, the strength, dosage, route of administration, and frequency of use as required under CCR, title 16, section 2032.3, subsection (a)(12).

218. The records for equine patient U. S., dated on or about March 7, 2020, failed to include the following information:

- a. Age, sex, breed, species, and color of the equine patient as required under CCR, title 16, section 2032.3, subsection (a)(4);
- b. A history or pertinent information as it pertains to the equine patient’s medical statutes as required under CCR, title 16, section 2032.3, subsection (a)(6);
- c. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subsection (a)(7);
- d. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subsection (a)(8);
- e. Records of surgical procedure as required under CCR, title 16, section 2032.3, subsection (a)(9);
- f. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subsection (a)(10);
- g. A prognosis of the animal’s condition as required under CCR, title 16, section 2032.3, subsection (a)(11); and
- h. For each medication prescribed and dispensed, the strength, dosage, route of administration, and frequency of use as required under CCR, title 16, section 2032.3, subsection (a)(12).

///  
///

1           219. The records for equine patient T. C., dated on or about March 12, 2020, failed to  
2 include the following information:

- 3           a. Age, sex, breed, species, and color of the equine patient as required under  
4           CCR, title 16, section 2032.3, subsection (a)(4);
- 5           b. A history or pertinent information as it pertains to the equine patient's  
6           medical statutes as required under CCR, title 16, section 2032.3, subsection  
7           (a)(6);
- 8           c. Data, including that obtained by instrumentation, from the physical  
9           examination of the equine patient as required under CCR, title 16, section  
10          2032.3, subsection (a)(7);
- 11          d. Treatment and intended treatment plan, including medication dosages as  
12          required under CCR, title 16, section 2032.3, subsection (a)(8);
- 13          e. Diagnosis or assessment prior to performing a treatment or procedure as  
14          required under CCR, title 16, section 2032.3, subsection (a)(10);
- 15          f. A prognosis of the animal's condition as required under CCR, title 16,  
16          section 2032.3, subsection (a)(11); and
- 17          g. For each medication prescribed and dispensed, the strength, dosage, route  
18          of administration, and frequency of use as required under CCR, title 16,  
19          section 2032.3, subsection (a)(12).

20           220. The records for equine patient R. B., dated on or about March 17, 2020, failed to  
21 include the following information:

- 22          a. Age, sex, breed, species, and color of the equine patient as required under  
23          CCR, title 16, section 2032.3, subsection (a)(4);
- 24          b. A history or pertinent information as it pertains to the equine patient's  
25          medical statutes as required under CCR, title 16, section 2032.3, subsection  
26          (a)(6);

27        ////

28        ////

- c. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subsection (a)(7);
- d. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subsection (a)(8);
- e. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subsection (a)(10);
- f. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subsection (a)(11); and
- g. For each medication prescribed and dispensed, the strength, dosage, route of administration, and frequency of use as required under CCR, title 16, section 2032.3, subsection (a)(12).

221. The records for equine patient B. C., dated on or about March 12, 2020, failed to include the following information:

- a. Age, sex, breed, species, and color of the equine patient as required under CCR, title 16, section 2032.3, subsection (a)(4);
- b. A history or pertinent information as it pertains to the equine patient's medical statutes as required under CCR, title 16, section 2032.3, subsection (a)(6);
- c. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subsection (a)(7);
- d. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subsection (a)(8);
- e. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subsection (a)(10);
- f. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subsection (a)(11); and

1 g. For each medication prescribed and dispensed, the strength, dosage, route  
2 of administration, and frequency of use as required under CCR, title 16,  
3 section 2032.3, subsection (a)(12).

4 222. The records for equine patient H. M., dated on or about March 12, 2020, failed to  
5 include the following information:

- 6 a. Age, sex, breed, species, and color of the equine patient as required under  
7 CCR, title 16, section 2032.3, subsection (a)(4);
- 8 b. A history or pertinent information as it pertains to the equine patient's  
9 medical statutes as required under CCR, title 16, section 2032.3, subsection  
10 (a)(6);
- 11 c. Data, including that obtained by instrumentation, from the physical  
12 examination of the equine patient as required under CCR, title 16, section  
13 2032.3, subsection (a)(7);
- 14 d. Treatment and intended treatment plan, including medication dosages as  
15 required under CCR, title 16, section 2032.3, subsection (a)(8);
- 16 e. Diagnosis or assessment prior to performing a treatment or procedure as  
17 required under CCR, title 16, section 2032.3, subsection (a)(10);
- 18 f. A prognosis of the animal's condition as required under CCR, title 16,  
19 section 2032.3, subsection (a)(11); and
- 20 g. For each medication prescribed and dispensed, the strength, dosage, route  
21 of administration, and frequency of use as required under CCR, title 16,  
22 section 2032.3, subsection (a)(12).

23 223. The records for equine patient M. D., dated on or about March 12, 2020, failed to  
24 include the following information:

- 25 a. Age, sex, breed, species, and color of the equine patient as required under  
26 CCR, title 16, section 2032.3, subsection (a)(4);

27 ///

28 ///

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

- b. A history or pertinent information as it pertains to the equine patient’s medical statutes as required under CCR, title 16, section 2032.3, subsection (a)(6);
- c. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subsection (a)(7);
- d. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subsection (a)(8);
- e. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subsection (a)(10);
- f. A prognosis of the animal’s condition as required under CCR, title 16, section 2032.3, subsection (a)(11); and
- g. For each medication prescribed and dispensed, the strength, dosage, route of administration, and frequency of use as required under CCR, title 16, section 2032.3, subsection (a)(12).

224. The records for equine patient Q., dated on or about March 12, 2020, failed to include the following information:

- a. Age, sex, breed, species, and color of the equine patient as required under CCR, title 16, section 2032.3, subsection (a)(4);
- b. A history or pertinent information as it pertains to the equine patient’s medical statutes as required under CCR, title 16, section 2032.3, subsection (a)(6);
- c. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subsection (a)(7);
- d. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subsection (a)(8);

- 1 e. Diagnosis or assessment prior to performing a treatment or procedure as
- 2 required under CCR, title 16, section 2032.3, subsection (a)(10);
- 3 f. A prognosis of the animal's condition as required under CCR, title 16,
- 4 section 2032.3, subsection (a)(11); and
- 5 g. For each medication prescribed and dispensed, the strength, dosage, route
- 6 of administration, and frequency of use as required under CCR, title 16,
- 7 section 2032.3, subsection (a)(12).

8 225. The records for equine patient T. H..., dated on or about March 7, 2020, failed to  
9 include the following information:

- 10 a. Age, sex, breed, species, and color of the equine patient as required under
- 11 CCR, title 16, section 2032.3, subsection (a)(4);
- 12 b. A history or pertinent information as it pertains to the equine patient's
- 13 medical statutes as required under CCR, title 16, section 2032.3, subsection
- 14 (a)(6);
- 15 c. Data, including that obtained by instrumentation, from the physical
- 16 examination of the equine patient as required under CCR, title 16, section
- 17 2032.3, subsection (a)(7);
- 18 d. Treatment and intended treatment plan, including medication dosages as
- 19 required under CCR, title 16, section 2032.3, subsection (a)(8);
- 20 e. Diagnosis or assessment prior to performing a treatment or procedure as
- 21 required under CCR, title 16, section 2032.3, subsection (a)(10);
- 22 f. A prognosis of the animal's condition as required under CCR, title 16,
- 23 section 2032.3, subsection (a)(11); and
- 24 g. For each medication prescribed and dispensed, the strength, dosage, route
- 25 of administration, and frequency of use as required under CCR, title 16,
- 26 section 2032.3, subsection (a)(12).

27 ///

28 ///

1           226. The records for equine patient H. C., dated on or about March 17, 2020, failed to  
2 include the following information:

- 3           a. Age, sex, breed, species, and color of the equine patient as required under  
4           CCR, title 16, section 2032.3, subsection (a)(4);
- 5           b. A history or pertinent information as it pertains to the equine patient's  
6           medical statutes as required under CCR, title 16, section 2032.3, subsection  
7           (a)(6);
- 8           c. Data, including that obtained by instrumentation, from the physical  
9           examination of the equine patient as required under CCR, title 16, section  
10          2032.3, subsection (a)(7);
- 11          d. Treatment and intended treatment plan, including medication dosages as  
12          required under CCR, title 16, section 2032.3, subsection (a)(8);
- 13          e. Diagnosis or assessment prior to performing a treatment or procedure as  
14          required under CCR, title 16, section 2032.3, subsection (a)(10);
- 15          f. A prognosis of the animal's condition as required under CCR, title 16,  
16          section 2032.3, subsection (a)(11); and
- 17          g. For each medication prescribed and dispensed, the strength, dosage, route  
18          of administration, and frequency of use as required under CCR, title 16,  
19          section 2032.3, subsection (a)(12).

20           227. The records for equine patient R. C., dated on or about March 17, 2020, failed to  
21 include the following information:

- 22           a. Age, sex, breed, species, and color of the equine patient as required under  
23           CCR, title 16, section 2032.3, subsection (a)(4);
- 24           b. A history or pertinent information as it pertains to the equine patient's  
25           medical statutes as required under CCR, title 16, section 2032.3, subsection  
26           (a)(6);

27        ////

28        ////

- c. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subsection (a)(7);
- d. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subsection (a)(8);
- e. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subsection (a)(10);
- f. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subsection (a)(11); and
- g. For each medication prescribed and dispensed, the strength, dosage, route of administration, and frequency of use as required under CCR, title 16, section 2032.3, subsection (a)(12).

228. The records for equine patient A. F., dated on or about March 19, 2020, failed to include the following information:

- a. Age, sex, breed, species, and color of the equine patient as required under CCR, title 16, section 2032.3, subsection (a)(4);
- b. A history or pertinent information as it pertains to the equine patient's medical statutes as required under CCR, title 16, section 2032.3, subsection (a)(6);
- c. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subsection (a)(7);
- d. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subsection (a)(8);
- e. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subsection (a)(10);
- f. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subsection (a)(11); and

1 g. For each medication prescribed and dispensed, the strength, dosage, route  
2 of administration, and frequency of use as required under CCR, title 16,  
3 section 2032.3, subsection (a)(12).

4 229. The records for equine patient M. A., dated on or about March 17, 2020, failed to  
5 include the following information:

- 6 a. Age, sex, breed, species, and color of the equine patient as required under  
7 CCR, title 16, section 2032.3, subsection (a)(4);
- 8 b. A history or pertinent information as it pertains to the equine patient's  
9 medical statutes as required under CCR, title 16, section 2032.3, subsection  
10 (a)(6);
- 11 c. Data, including that obtained by instrumentation, from the physical  
12 examination of the equine patient as required under CCR, title 16, section  
13 2032.3, subsection (a)(7);
- 14 d. Treatment and intended treatment plan, including medication dosages as  
15 required under CCR, title 16, section 2032.3, subsection (a)(8);
- 16 e. Diagnosis or assessment prior to performing a treatment or procedure as  
17 required under CCR, title 16, section 2032.3, subsection (a)(10);
- 18 f. A prognosis of the animal's condition as required under CCR, title 16,  
19 section 2032.3, subsection (a)(11); and
- 20 g. For each medication prescribed and dispensed, the strength, dosage, route  
21 of administration, and frequency of use as required under CCR, title 16,  
22 section 2032.3, subsection (a)(12).

23 230. The records for equine patient M. J., dated on or about March 17, 2020, failed to  
24 include the following information:

- 25 a. Age, sex, breed, species, and color of the equine patient as required under  
26 CCR, title 16, section 2032.3, subsection (a)(4);

27 ///

28 ///

- b. A history or pertinent information as it pertains to the equine patient's medical statutes as required under CCR, title 16, section 2032.3, subsection (a)(6);
- c. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subsection (a)(7);
- d. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subsection (a)(8);
- e. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subsection (a)(10);
- f. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subsection (a)(11); and
- g. For each medication prescribed and dispensed, the strength, dosage, route of administration, and frequency of use as required under CCR, title 16, section 2032.3, subsection (a)(12).

231. The records for equine patient M. R., dated on or about April 17, 2020, failed to include the following information:

- a. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subsection (a)(11).

232. The records for equine patient V. A., dated on or about April 21, 2020, failed to include the following information:

- a. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subsection (a)(8).

233. The records for equine patient M. D., dated on or about April 2, 2020, failed to include the following information:

- a. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subsection (a)(8).

**FIFTH CAUSE FOR DISCIPLINE**

**(Unprofessional Conduct – Misbranded Drugs)**

234. Respondent is subject to disciplinary action for unprofessional conduct under section 4883, subdivision (g)(3), for violations of section 4169, subdivision (a)(3), and Health and Safety Code sections 111440 and 111450, for selling, delivering, holding, or offering for sale drugs that are misbranded.

235. Between August 30, 2018 and May 9, 2019, Respondent sold, delivered, held or offered DMSO Jug, Thyro-L, Caco-Copper to equine patient L. L.

236. Between June 20, 2020 and April 2, 2021, Respondent sold, delivered, held or offered DMSO Jug and Thyro-L to equine patient E. S.

237. Between August 31, 2018 and April 16, 2021, Respondent sold, delivered, held or offered DMSO Jug and Thyro-L to equine patient G. L.

238. On or about June 20, 2020, Respondent sold, delivered, held or offered Thyro-L to equine patient R. E.

239. Between May 21, 2020 and August 27, 2020, Respondent sold, delivered, held or offered DMSO Jug and Thyro-L to equine patient S. P.

240. Between August 30, 2017 and May 23, 2019, Respondent sold, delivered, held or offered DMSO Jug and Thyro-L to equine patient S. A.

241. Between July 5, 2019 and May 26, 2021, Respondent sold, delivered, held or offered DMSO Jug and Thyro-L to equine patient K. A.

242. Between October 17, 2018 and May 20, 2021, Respondent sold, delivered, held or offered DMSO Jug and Thyro-L to equine patient M. D.

243. Between August 1, 2020 and September 3, 2020, Respondent sold, delivered, held or offered Thyro-L to equine patient I. C.

////

////

////

////

1 **SIXTH CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct – Minimum Standards for Drug Logs)**

3 244. Respondent is subject to disciplinary action under section 4883, subdivision (g)(3),  
4 for failing to comply with Code of Federal Regulations, title 21, section 1304.22, subdivision (c),  
5 that required Respondent to maintain a log of drugs administered, dispensed and prescribed from  
6 his mobile unit operated from EMC, as follows:

7 245. Respondent’s correction documents for Schedule III and IV drugs failed to record  
8 the terminal (ultimate) patient dispensations by the prescriber. A truck is not a terminal  
9 dispensation as recorded in the drug logs. Drug logs for Euthasol, Ketamine and Midazolam are  
10 incorrect due to lack of terminal patient administration and transfers to various practitioners’  
11 ambulatory units.

12 **SEVENTH CAUSE FOR DISCIPLINE**

13 **(Unprofessional Conduct – Possession or Use of Prohibited Drugs)**

14 246. Respondent is subject to disciplinary action under section 4883, subdivision (g)(3),  
15 for violating CCR, title 4, section 1867, subsection (b). Respondent possessed a drug, substance,  
16 or medication on the premises of a facility under the jurisdiction of CHRB that has not been  
17 approved by the FDA for use in the United States as follows<sup>2</sup>:

18 247. Between August 2, 2018 and November 12, 2019, Respondent possessed or used  
19 DMSO Jug, Ranitidine, Throat Spray, Caco-Copper, Naquasone paste, and Thyro-L for equine  
20 patient L. L.

21 248. Between July 10, 2018 and April 21, 2021, Respondent possessed or used DMSO  
22 Jug, Fulvicin paste, Throat Spray, Aspirin powder and tablets, Estone inj, Dantrolene suspension,  
23 Bute inj, Adequan, Naquasone paste, and Thyro-L for equine patient E. S.

24 249. Between May 12, 2020 and December 27, 2020, Respondent possessed or used  
25 DMSO Jug, Throat Spray, Dantrolene suspension, Naquasone paste, and Thyro-L for equine  
26 patient R. E.

27 \_\_\_\_\_  
28 <sup>2</sup> The equine patients were all listed on the confidential reports submitted to the CHRB.  
No compounded drugs are FDA approved even if compounded from FDA approved parent drugs.

1           250.   Between May 21, 2020 and August 27, 2020, Respondent possessed or used DMSO  
2 Jug, Dantrolene suspension, Fulvicin paste, and Thyro-L for equine patient S. P.

3           251.   Between June 29, 2017 and May 20, 2021, Respondent possessed or used Aspirin,  
4 DMSO Jug, Estone Inj, Fulvicin paste, Throat Spray, Fulvicin paste, Naquasone paste,  
5 Tetracycline, Ranitidine, Dexamethasone, Bute-Cort, and Thyro-L for equine patient S. A.

6           252.   Between April 18, 2019 and April 24, 2021, Respondent possessed or used Aspirin,  
7 DMSO Jug, Ranitidine, Bute-Cort, and Thyro-L for equine patient K. A.

8           253.   Between October 17, 2018 and May 20, 2021, Respondent possessed or used  
9 Aspirin, DMSO Jug, Fulvicin paste, Naquasone paste, Ranitidine, Bute-Cort, and Thyro-L for  
10 equine patient M. D.

11          254.   Between August 1, 2020 and September 3, 2020, Respondent possessed or used  
12 Thyro-L for equine patient I. C.

13          255.   On or about March 12, 2020, Respondent possessed or used DMSO Jug for equine  
14 patient T. C.

15          256.   On or about March 17, 2020, Respondent possessed or used Vits for equine patient  
16 R.

17          257.   On or about March 7, 2020, Respondent possessed or used Chloramphenicol Paste  
18 for equine patient T. H.

19          258.   On or about March 17, 2020, Respondent possessed or used DMSO Jug and Estrone  
20 for equine patient M. A.

21          259.   On or about March 17, 2020, Respondent possessed or used DMSO Jug for equine  
22 patient R. C.

23          260.   On or about March 17, 2020, Respondent possessed or used DMSO Jug for equine  
24 patient A. F.

25          261.   On or about March 17, 2020, Respondent possessed or used DMSO Jug and Estrone  
26 for equine patient M. J.

27          262.   On or about March 17, 2020, Respondent possessed or used DMSO Jug for equine  
28 patient H. C.



1 Silvadene cream, Thyro-L, Throat Spray, and Panolog ointment to equine patient G. L. without  
2 offering to provide a consultation and noting the offer in the medical record.

3 272. Between May 12, 2020 and January 16, 2021, Respondent dispensed Acepromazine,  
4 Regumate, Dantrium, Naquasone paste, Uniprim powder, Throat Spray, and Thyro-L to equine  
5 patient R. E. without offering to provide a consultation and noting the offer in the medical record.

6 273. Between March 18, 2020 and August 22, 2020, Respondent dispensed  
7 Acepromazine, Dantrium, Fulvicin paste, and Thyro-L to equine patient S. P. without offering to  
8 provide a consultation and noting the offer in the medical record.

9 274. Between January 16, 2019 and May 20, 2021, Respondent dispensed Acepromazine,  
10 Bute paste, Bute powder, Bute-Cort, GastroGard, Fulvicin paste, Panolog ointment, Silvadene  
11 cream, Surpass cream, Throat Spray, Ranitidine, and Thyro-L to equine patient S. A. without  
12 offering to provide a consultation and noting the offer in the medical record.

13 275. Between March 12, 2019 and May 18, 2021, Respondent dispensed Acepromazine,  
14 Aservo EquiHaler, Bute powder and paste, Bute-Cort, Dantrium, GastroGard, Panolog ointment,  
15 Ranitidine, Regumate, Silvadene cream, Surpass cream, Thyro-L, and Uniprim powder to equine  
16 patient K. A. without offering to provide a consultation and noting the offer in the medical record.

17 276. Between January 22, 2019 and April 13, 2021, Respondent dispensed  
18 Acepromazine, Aservo EquiHaler, Bute powder, Bute tablets, Bute-Cort, Dantrium, GastroGard,  
19 Naquasone paste, Panolog ointment, Ranitidine, Regumate, Silvadene cream, Surpass cream, and  
20 Thyro-L to equine patient M. D. without offering to provide a consultation and noting the offer in  
21 the medical record.

22 277. Between July 10, 2020 and September 12, 2020, Respondent dispensed  
23 Acepromazine, Bute tablets, and Thyro-L to equine patient I. C. without offering to provide a  
24 consultation and noting the offer in the medical record.

25 278. On or about March 7, 2020, Respondent dispensed Metronidazole and  
26 Chloramphenicol paste to equine patient T. H. without offering to provide a consultation and  
27 noting the offer in the medical record.

28



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

4. Taking such other and further action as deemed necessary and proper.

DATED: \_\_\_\_\_

\_\_\_\_\_  
JESSICA SIEFERMAN  
Executive Officer  
Veterinary Medical Board  
Department of Consumer Affairs  
State of California  
*Complainant*

LA2021602023  
65140246.docx



## PROBATION COMPLIANCE REPORT

**PROBATIONER:** J. Wade Byrd, DVM, VET 10381  
**REPORT TYPE:** Early Termination or Modification of Probation Report  
**CASE NUMBER:** 4602021000373  
**PROBATIONARY TERM:** Four years: April 5, 2023 – April 4, 2027

### PROBATION TERMS AND CONDITIONS AND STATUS:

**Obey All Laws:** Compliant.

The Board has not received any notices of arrest or criminal conviction concerning Petitioner. The Board has not taken any action against Petitioner for violations of the California Veterinary Medicine Practice Act.

**Quarterly Reports:** Non-Compliant.

Quarterly Report for 2024, Quarter 4, due January 5, 2025, was received on or about January 14, 2025.

All other Quarterly Reports have been received in a timely manner.

**Interview with the Board:** Compliant

The probation intake meeting with Petitioner occurred on April 5, 2023.

Petitioner participated in an interview with the Board on September 12, 2025.

**Cooperation with Board Staff:** Compliant.

Petitioner has responded and cooperated with probation monitoring in a timely manner when requested to respond.

**Probation Monitoring Costs:** Compliant

Petitioner has paid all probation monitoring costs to date.

**Changes of Employment or Address:** Compliant

Petitioner has maintained the same address and employment for the duration of probation.

**No Supervision of Students, Interns, or Residents:** Compliant.

No evidence has been received Petitioner has supervised any student, interns, or residents.

**Notice to Employers:** Compliant.

The Board received a Notice to Employers from Equine First Racing dba Trackside Veterinary Group on April 18, 2023.

**Notice to Employees:** Compliant

Probation Compliance Report  
J. Wade Byrd, DVM

The Board received notification from Petitioner that he placed his Accusation and Decision and Order on the dash of his mobile unit at Equine First Racing on September 16, 2025.

**Tolling of Probation:**

Petitioner has not tolled during probation.

**Maintain a Current and Active License:** Compliant

Petitioner has maintained a valid license during probation.

**Violation of Probation:**

The Board sent a Probation Violation Letter on June 25, 2024, regarding a violation related to Probation Monitoring Costs, Cost Recovery, Medical Records Review, Continuing Education, and Fine.

A response was received between July 9, 2024 and July 22, 2024.

The Board sent a Probation Violation Letter on September 2, 2025, regarding violations related to Obey All Laws, Quarterly Reports, and Notice to Employees. A response was received on September 16, 2025.

The Board sent a Probation Violation Letter on January 23, 2026, regarding a violation related to Quarterly Reports. A response was received on January 23, 2026.

The Board sent a Probation Violation Letter on March 13, 2026, regarding violations of Cost Recovery and Fine payments. A response is requested by March 27, 2026.

Since the effective date of the Decision, no Accusation or Petition to Revoke Probation has been filed against Petitioner for a probation violation.

**License Surrender While on Probation/Suspension:**

Petitioner has not requested to surrender during probation.

**Completion of Probation:**

All probation monitoring costs have been paid to-date.

**Cost Recovery:** Non-Compliant.

Petitioner failed to fulfill his originally approved payment plan. A second payment plan was approved on July 22, 2024, as a result of a Probation Violation Letter.

Petitioner did not make payments for June 2025, November 2025, or February 2026, but has made payments above the minimum per month to stay on track to complete his Cost Recovery payment plan within 6 months before the end of probation.

**Inspections:** Compliant

Petitioner's place of practice, Equine First Racing, HSP 38489, passed its past inspection conducted on September 16, 2024. Equine First Racing failed an inspection on August 28, 2025. Dr. Korin Potenza was listed as the Licensee Manager during both inspections.

Probation Compliance Report  
J. Wade Byrd, DVM

**Medical Record Review:** Non-Compliant.

A Monthly Supervision Report for December 2023, due January 7, 2024, was received on July 19, 2024.

Monthly Supervision Reports for January 2024, February 2024, and March 2024, due April 7, 2024, was received on or about July 1, 2024.

Monthly Supervision Reports for June 2024, due July 7, 2024, was received on or about September 14, 2024.

All other medical record review reports were received in a timely manner.

**Continuing Education:** Non-Compliant

The Board received requests for approval for 10 hours of record keeping and a certificate for the first year of probation. However, the course was completed after the first year of probation had ended.

The Board received requests for approval for 10 hours of record keeping and a certificate for the second year of probation.

The Board has not received requests for approval for 10 hours of record keeping for the third year of probation as of February 4, 2026.

**Fine:** Non-Compliant

Petitioner failed to fulfill his originally approved payment plan. A second payment plan was approved on July 22, 2024, as a result of a Probation Violation Letter.

Petitioner made a partial payment in April 2025 and did not make payments for June 2025, August 2025, or February 2026, but is still on track to complete payment within 6 months before the end of probation.

Completed by: Alexander Juarez Signature: SIGNATURE ON FILE Date: March 13, 2026



**VIA ELECTRONIC, CERTIFIED & US MAIL**

June 25, 2024

J. Wade Byrd, DVM  
31504 Stoney Creek Dr.  
Lake Elsinore, CA 92532-0300  
[REDACTED]

**Re: PROBATION VIOLATION LETTER**  
**Case No. 4602021000373**

Dear Dr. Byrd:

A comprehensive review of your probation file was conducted. The following items require your immediate attention:

**PROBATION MONITORING COSTS**

*Probation monitoring costs are set at a rate of \$100 per month for the duration of the probation. These costs shall be payable to the Board on a schedule as directed by the Board or its designee.*

After review of the Board's records, the Board has only received \$1,200 of the \$4,800 owed. On April 11, 2023, you agreed to make your second installment of \$1,200 on April 4, 2024. Probation monitoring fee is due (at least) monthly. As of June 2024, you are behind on probation monitoring costs by two months.

**COST RECOVERY**

*Pursuant to Section 125.3 of the California Business and Professions Code, within thirty (30) days of the effective date of this Decision, Respondent shall pay to the Board its enforcement costs including investigation and prosecution, in the amount of \$19,534.00 which may be paid over time in accordance with a Board approved payment plan, within six (6) months before the end of the probation term. Cost recovery shall not be tolled.*

After review of the Board's records, the Board has only received \$5,100 of the \$19,534 owed. On April 11, 2023, you agreed to make your second installment of \$5,100 on April 4, 2024. You have not made your payment according to your approved payment plan.

**MEDICAL RECORDS REVIEW**

*The reviewer shall review a minimum of ten percent (10%) of Respondent's animal patient medical records or fifteen (15) records (whichever is greater), a minimum of twelve (12) times per year. The reviewer shall submit quarterly reports to the Board on a form designated by the Board. The reports shall be submitted by the reviewer directly to the Board's Probation Monitor within seven (7) calendar days after the end of the preceding quarter.*

After review of the Board's records, the Board has not received reports for the months of December 2023 through June 2024. Medical Records Review reports are due on (at least) a quarterly basis.

**CONTINUING EDUCATION**

*Within sixty (60) days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board for its prior approval, an educational program or course related to recordkeeping which shall not be less than 8 hours per year, for each year of probation. Upon successful completion of the course. Respondent shall provide proof to the Board. This program shall, be in addition to the Continuing Education required of all licensees for licensure renewal. All costs shall be borne by Respondent.*

After review of the Board's records, the Board has not received a certificate of completion for 8 hours of recordkeeping for your first year of probation. 8 hours of recordkeeping are due for each year of probation.

**FINE**

*Respondent shall pay to the Board a fine in the amount of \$3,000.00 pursuant to Business and Professions Code sections 4875 and 4883, which may be paid overtime in accordance with a Board approved payment plan. within six (6) months before the end of the probation term.*

After review of the Board's records, the Board has only received \$750 of the \$3,000 owed. On April 11, 2023, you agreed to make your second installment of \$750 on April 4, 2024. You have not made your payment according to your approved payment plan.

Please submit a written letter of explanation in answer to the above-described violation along with a proposed plan to correct the violation by **July 9, 2024**. Failure to rectify any and/or all of the violations may be considered violations of your probation.

If you have any questions or concerns, please contact me via email at [Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov).

Regards,

Alexander A. Juarez  
Probation Monitor  
Veterinary Medical Board

**From:** [Wade Byrd](#)  
**To:** [Juarez, Alexander@DCA](#); [Wade Byrd](#)  
**Subject:** Re: Dr. Byrd Probation Violation Letter  
**Date:** Tuesday, July 9, 2024 8:15:06 AM  
**Attachments:** [image002.png](#)  
[image003.png](#)  
[2024-07-08\\_16-29-09.png](#)  
[2024-07-09\\_06-54-34.png](#)

---

**This Message Is From an Untrusted Sender**

Warning: This email originated from outside of the organization! Do not click links, open attachments, or reply, unless you recognize the sender's email.

[Report Suspicious](#)

Hello Alexander,

I have received your email with the Probation Letter.  
I am going to cover each of the areas of concern.

**1. Probation Monitoring Costs**

- I am now current, as I paid \$300 through my account at [BreEZe.ca.gov](#) on Friday, July 5, 2024
- I have paid \$1,500 off of my initial \$4,800, leaving a balance of \$3,300
- Initially, I agreed to pay 3 installments of \$1,200 yearly by April 4th.
- *Going forward, is it possible to pay \$300 when each of my 4 quarterly reports are due? (July 5th, October 5th, January 5th, and April 5th)*



Department of Consumer Affairs

RECEIPT

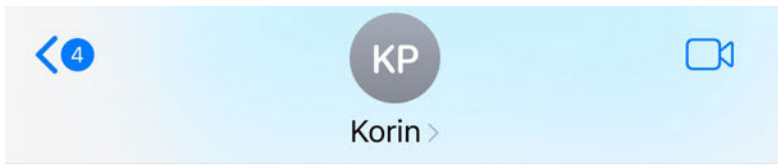
36188633

Thank you for using the BreEZe System to submit your application.

<b>Name:</b>	BYRD, J WADE
<b>Transaction Date:</b>	<u>07/05/2024 08:57</u>
<b>Charge Number:</b>	288
<b>Complaint Number:</b>	4602021000373
<b>License Type:</b>	Veterinary Medical Board
<b>License Number:</b>	
<b>Payment Description:</b>	Compliance Payment
<b>Fee Paid: (US \$)</b>	300.00
<b>Remaining Balance: (US \$)</b>	3300.00

**2. Medical Records Review**

- My Medical Record Reviews should be current.
- When I received your letter, I immediately contacted Dr. Korin Potenza, who is my approved medical record reviewer.
- Here is our text conversation on Wednesday, June 26, 2024:



Wed, Jun 26 at 5:28 PM

**MEDICAL RECORDS REVIEW**

*The reviewer shall review a minimum of ten percent (10%) of Respondent's animal patient medical records or fifteen (15) records (whichever is greater), a minimum of twelve (12) times per year. The reviewer shall submit quarterly reports to the Board on a form designated by the Board. The reports shall be submitted by the reviewer directly to the Board's Probation Monitor within seven (7) calendar days after the end of the preceding quarter.*

After review of the Board's records, the Board has not received reports for the months of December 2023 through June 2024. Medical Records Review reports are due on (at least) a quarterly basis.

VMB -  
After review of the Board's records, the Board has not received reports for the months of December 2023 through June 2024. Medical Records Review reports are due on (at least) a quarterly basis.

Have medical record reviews been sent?

I have sent through may.

They have changed who they want them sent to several times now though, so I will confirm and resend if I need to

I sent three months at a time, December/January/February, March/April/May

[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov)

Alexander Juarez is my primary probation monitor.

At your convenience, would you be kind enough to see if you happened to have emailed/sent the medical record reviews to him?

If not, would you let us know who you sent them to?

- *Please let me know that you have received my Medical Record Reviews from Dr. Potenza and that they are current.*

### **3. Continuing Education**

- I completed the approved course for 10 hours of Recordkeeping.
- VeterinaryBootcampCE



# VETERINARY BOOTCAMP CERTIFICATE OF COMPLETION

Awarded to:

**John Byrd**

For satisfactorily completing the Veterinary Medical Records CE online course., which covers several topics related directly to the subject of medical record keeping as it pertains to the veterinary field for 10 hours of continuing education contact hours.

Completed on July 8, 2024

**ABIGAIL KITCHENS, DVM**  
CEO, Veterinary Bootcamp CE, LCC.

This program 42528 is approved by the AAVSB RACE to offer a total of 10 CE credits. 10 max being available to any one veterinarian. This RACE approval is for the subject matter categories of: Category Three: non Scientific, Practice Management, Professional Development using the delivery method of interactive distance. This approval is valid in jurisdictions which recognize AAVSB RACE; however participants are responsible for ascertaining each board's CE requirements. RACE does not "accredit" or "endorse" or "certify" any program or person, nor does RACE approval validate the content of the program

## **4. Fine**

- I have paid \$750 of the \$3,000 owed.
- My second installment of \$750 was due on April 4, 2024.
- Due to multiple mitigating circumstances, I was unable to pay it.
- Starting Friday, May 12, 2024, I can make small payments to pay it down between now and April 4, 2025.
- *Would this be acceptable?*

## **5. Cost Recovery**

- I have paid \$5,100 of the \$19,534 owed.
- My second installment of \$5,100 was due on April 4, 2024.
- Same reason as #4. I am working to resolve these and trying to pick up another day of work.
- I know the total has to be paid off within six months of the end of the probation term.
- Starting Friday, May 12, 2024, I can make payments to begin paying down the balance.
- As soon as possible, when the \$5,100 is available, I will make that payment.
- *Would this be acceptable?*

## **In summary:**

- the probation monitoring costs, the medical record reviews, and the yearly recordkeeping CE are up to date.  
I will continue to meet these promptly.
- the 2nd installment for the fine and cost recovery can be paid over the next year to catch

up.

Please let me know if my suggestions for resolution are acceptable.

If not, please also let me know. If a phone call would be better for you, please feel free to call me.

Thank you in advance for your cooperation, understanding, and assistance.

Best Regards,  
Wade

M: 310.245.7000

On Tue, Jun 25, 2024 at 4:36 PM Juarez, Alexander@DCA <[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov)> wrote:

Hello,

Please see the attached probation violation letter.

Your response is requested by July 9, 2024.

Thank you,



Alexander A. Juarez

**Probation Monitor**

Veterinary Medical Board

Department of Consumer Affairs

1747 N. Market Blvd, Suite 230

Sacramento, CA 95834

Direct: (916) 905-5434



[Join Our Email List!](#)

[VMB Customer Satisfaction Survey](#)

## Juarez, Alexander@DCA

---

**From:** Juarez, Alexander@DCA  
**Sent:** Monday, July 22, 2024 2:06 PM  
**To:** Wade Byrd  
**Cc:** Mckowen, Rachel@DCA  
**Subject:** RE: Dr. Byrd Probation Violation Letter

Hello,

I'll accept a minimum of \$300/month until September 4, 2026, with the remaining balance to be paid by October 4, 2026.

Dr. Potenza's responses aren't consistent with how the probation unit operates nor has she provided any proof for her claims. It's important that Dr. Potenza adheres to the requirements of your Decision and Order, or you'll have to find someone else who can. There shouldn't be an issue as long as we get back on track.

Thank you,

---

**From:** Wade Byrd [REDACTED]  
**Sent:** Monday, July 22, 2024 12:27 PM  
**To:** Juarez, Alexander@DCA <Alexander.Juarez@dca.ca.gov>; Wade Byrd [REDACTED]  
**Subject:** Re: Dr. Byrd Probation Violation Letter

### This Message Is From an External Sender

WARNING: This email originated from outside of the organization! Do not click links, open attachments, or reply, unless you recognize the sender's email.

Report Suspicious

Hello Alexander,

I hope your week is off to a good start.  
[Please see my responses in blue.](#)

1. Paying Probation Monitoring Costs on a month-to-month basis is acceptable.

- [Confirmed and acknowledged](#) ■

2. Paying \$100 per month towards the remaining balance of your Fine (\$2,150) is acceptable.

- [Confirmed and acknowledged](#) ■

3. According to your Order, Cost Recovery must be paid within 6 months before the end of the probation term. Your remaining balance for Cost Recovery is \$14,134. Your scheduled termination date is April 4, 2027. Cost recovery needs to be paid by October 4, 2026. Making payments of \$300 per month would not clear the outstanding balance by October 4, 2026. Please propose a plan that would complete your remaining balance by October 4, 2026.

- [I understand that my Cost Recovery balance of \\$14,134 has to be paid by October 4, 2026. \(in ~ 26 months\)](#)

- If I pay it off in 26 equal monthly payments the amount would be \$543.62
- I proposed \$300 per month, as it would be an amount I can make now. If I have a monthly reserve, I can pay more without penalty.
- Around September 15, 2024, as our caseload increases again, I can ask for an extra day of work every week or bi-weekly.  
This would allow me to increase my monthly payments to expedite the payoff. Being an equine veterinarian is not like many other professions, where picking up extra days of work at other businesses/practices is simple.
- **I propose \$300 per month, if I stay with this monthly payment for 26 months, and I understand that a lump sum of \$6,334 will be due by October 4, 2026.**
- **Every month, when possible, I will pay \$550.00 so I will have a zero balance by October 4, 2026.**

Please advise.

**4. Recordkeeping courses** are widely available online.

Providers routinely used are:

- Dripvet
- Vetgirl
- VIN
- Vetfolio
- **Veterinary Bootcamp - completed** ■
- Animal & Veterinary Legal Services.

These providers are not required to be used but may be used as a starting point to explore CE providers you may want to use.

- **Thanks for the ideas. I will look around and see if I can find a useful one that is 8 hours.**

**5. Medical Record Reviews**

I'll respond to Dr. Potenza's recent emails separately with CC to you. My goal is to resolve whatever issues may exist with her submissions to the Board.

However, if similar occurrences persist, I may require you to find a new Medical Record reviewer.

- I hope the Medical Records Review with Dr. Potenza gets resolved.
- If you require me to find a new Medical Record reviewer, I will likely lose my job, as their practice owners do not want outside reviewing veterinarians having access to their medical database from a cyber-security standpoint or access to printed paper records from several standpoints.
- **Please let me know how I can help.**

Thanks again for your assistance with the process.

Best Regards,  
Wade

M: [REDACTED]

On Fri, Jul 19, 2024 at 12:36 PM Juarez, Alexander@DCA <[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov)> wrote:

Hello,

Paying Probation Monitoring Costs on a month-to-month basis is acceptable.

Paying \$100 per month towards the remaining balance of your Fine (\$2,150) is acceptable.

According to your Order, Cost Recovery must be paid within 6 months before the end of the probation term. Your remaining balance for Cost Recovery is \$14, 134. Your scheduled termination date is April 4, 2027. Cost recovery needs to be paid by October 4, 2026. Making payments of \$300 per month would not clear the outstanding balance by October 4, 2026. Please propose a plan that would complete your remaining balance by October 4, 2026.

Recordkeeping courses are widely available online. Providers routinely used are Dripvet, Vetgirl, VIN, Vetfolio, Veterinary Bootcamp, and Animal & Veterinary Legal Services. These providers are not required to be used but may be used as a starting point to explore CE providers you may want to use.

I'll respond to Dr. Potenza's recent emails separately with CC to you. My goal is to resolve whatever issues may exist with her submissions to the Board. However, if similar occurrences persist, I may require you to find a new Medical Record reviewer.

Thank you,

---

**From:** Wade Byrd [REDACTED]  
**Sent:** Thursday, July 18, 2024 6:49 PM  
**To:** Juarez, Alexander@DCA <[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov)>; Wade Byrd [REDACTED]  
**Subject:** Re: Dr. Byrd Probation Violation Letter

Hello Alexander,

Please look at my responses in blue below, in a request to modify my original payment plan.

**1. Probation Monitoring Costs:** The violation letter was based on the payment plan you originally agreed to. If you'd like to modify that payment plan, the least we could do is \$100 each month. If you'd like to pay a quarter at a time, you'd need to pay a quarter in advance.

- Probation Monitoring Costs: \$100 each month
- Last payment: July 18, 2024 (see below/attachment)

- Next payment: August 20, 2024

2. **Fine:** You stated you can make small payments but didn't specify what those payments are and when to expect them.

- Fine: \$100 each month
- Last payment: July 18, 2024 (see below/attachment)
- Next payment: August 20, 2024

3. **Cost Recovery:** You stated you can make small payments but didn't specify what those payments are and when to expect them.

- Cost Recovery: \$300 each month
- Last payment: July 18, 2024 (see below/attachment)
- Next payment: August 20, 2024

4. **Continuing Education:** Thank you for submitting your certificate. Please be sure to request your next course for this probationary year as soon as you can.

- Resources: *Would you happen to have a list of Record-Keeping courses that have been approved by the VMB previously?*  
I have looked online and through sites I would expect to have more CE courses in this area, however, there are very few and many are only 2 or 6-hour courses.

5. **Medical Records Review:** I have not received a report for December 2023 or June 2024. It may be helpful for Dr. Potenza to review the Decision and Order again. Reports are due on at least a quarterly basis and should contain a minimum of 10% of medical records or 15 records (whichever is greater). The point of contact has only changed once (Jeff Weiler to me) so there shouldn't be any issue with submission.

- I will copy you on an email letting her know I received a Probation Violation letter because of this, and ask her to review the Decision and Order again.
- I will once again give her your email address to send the reviews to.

Please let me know if you have any questions, or concerns or need anything else from me.

Thanks for your help, it is much appreciated.

Best Regards,

Wade

M: [REDACTED]

Wade Byrd, DVM



---

## Department of Consumer Affairs

### RECEIPT

36284995

Thank you for using the BreEZe System to submit your application.

<b>Name:</b>	BYRD, J WADE
<b>Transaction Date:</b>	07/18/2024 17:54
<b>Charge Number:</b>	288
<b>Complaint Number:</b>	4602021000373
<b>License Type:</b>	Veterinary Medical Board
<b>License Number:</b>	
<b>Payment Description:</b>	Compliance Payment
<b>Fee Paid: (US \$)</b>	100.00
<b>Remaining Balance: (US \$)</b>	3200.00

**Please print and save this receipt for your records.**

This receipt is provided as a record for the above named

On Tue, Jul 9, 2024 at 10:30 AM Juarez, Alexander@DCA <[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov)> wrote:

Hello,

Regarding Probation Monitoring Costs: The violation letter was based on the payment plan you originally agreed to. If you'd like to modify that payment plan, the least we could do is \$100 each month. If you'd like to pay a quarter at a time, you'd need to pay a quarter in advance.

Regarding Medical Records Review: I have not received a report for December 2023 or June 2024. It may be helpful for Dr. Potenza to review the Decision and Order again. Reports are due on at least a quarterly basis and should contain a minimum of 10% of medical records or 15 records (whichever is greater). The point of contact has only changed once (Jeff Weiler to me) so there shouldn't be any issue with submission.

Regarding Continuing Education: Thank you for submitting your certificate. Please be sure to request your next course for this probationary year as soon as you can.

Regarding Fine: You stated you can make small payments but didn't specify what those payments are and when to expect them.

Regarding Cost Recovery: You stated you can make small payments but didn't specify what those payments are and when to expect them.

If you'd like to propose a new payment plan, we can, but you'd need to provide more detail before I can approve.

Thank you,

---

From: Wade Byrd [REDACTED]  
Sent: Tuesday, July 9, 2024 8:15 AM

To: Juarez, Alexander@DCA <[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov)>; Wade Byrd [REDACTED]

Subject: Re: Dr. Byrd Probation Violation Letter

Hello Alexander,

I have received your email with the Probation Letter.

I am going to cover each of the areas of concern.

**1. Probation Monitoring Costs**

- I am now current, as I paid \$300 through my account at [BreEZe.ca.gov](http://BreEZe.ca.gov) on Friday, July 5, 2024
- I have paid \$1,500 off of my initial \$4,800, leaving a balance of \$3,300
- Initially, I agreed to pay 3 installments of \$1,200 yearly by April 4th.
- *Going forward, is it possible to pay \$300 when each of my 4 quarterly reports are due? (July 5th, October 5th, January 5th, and April 5th)*




---

**Department of Consumer Affairs**

**RECEIPT**

36188633

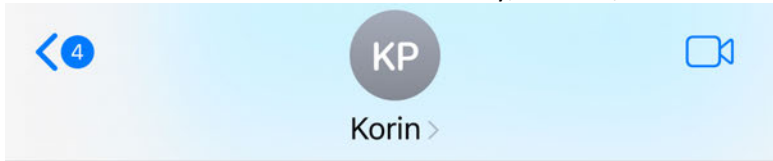
Thank you for using the BreEZe System to submit your application.

<b>Name:</b>	BYRD, J WADE
<b>Transaction Date:</b>	<u>07/05/2024</u> 08:57
<b>Charge Number:</b>	288
<b>Complaint Number:</b>	4602021000373
<b>License Type:</b>	Veterinary Medical Board

**2. Medical Records Review**

- My Medical Record Reviews should be current.
- When I received your letter, I immediately contacted Dr. Korin Potenza, who is my approved medical record reviewer.

- Here is our text conversation on Wednesday, June 26, 2024:



Wed, Jun 26 at 5:28 PM

**MEDICAL RECORDS REVIEW**

*The reviewer shall review a minimum of ten percent (10%) of Respondent's animal patient medical records or fifteen (15) records (whichever is greater), a minimum of twelve (12) times per year. The reviewer shall submit quarterly reports to the Board on a form designated by the Board. The reports shall be submitted by the reviewer directly to the Board's Probation Monitor within seven (7) calendar days after the end of the preceding quarter.*

After review of the Board's records, the Board has not received reports for the months of December 2023 through June 2024. Medical Records Review reports are due on (at least) a quarterly basis.

VMB -  
After review of the Board's records, the Board has not received reports for the months of December 2023 through June 2024. Medical Records Review reports are due on (at least) a quarterly basis.

Have medical record reviews been sent?

I have sent through may.

They have changed who they want them sent to several times now though, so I will confirm and resend if I need to

I sent three months at a time, December/January/February, March/April/May

[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov)

Alexander Juarez is my primary probation monitor.

At your convenience, would you be kind enough to see if you happened to have emailed/sent the medical record reviews to him?

If not, would you let us know who you sent them to?

- *Please let me know that you have received my Medical Record Reviews from Dr. Potenza and that they are current.*

### **3. Continuing Education**

- I completed the approved course for 10 hours of Recordkeeping.

- VeterinaryBootcampCE

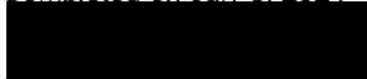


Awarded to:

**John Byrd**

For satisfactorily completing the Veterinary Medical Records CE online course., which several topics related directly to the subject of medical record keeping as it pertains veterinary field for 10 hours of continuing education contact hours.

Completed on July 8, 2024



#### 4. Fine

- I have paid \$750 of the \$3,000 owed.
- My second installment of \$750 was due on April 4, 2024.
- Due to multiple mitigating circumstances, I was unable to pay it.
- Starting Friday, May 12, 2024, I can make small payments to pay it down between now and April 4, 2025.
- *Would this be acceptable?*

#### 5. Cost Recovery

- I have paid \$5,100 of the \$19,534 owed.
- My second installment of \$5,100 was due on April 4, 2024.
- Same reason as #4. I am working to resolve these and trying to pick up another day of work.
- I know the total has to be paid off within six months of the end of the probation term.
- Starting Friday, May 12, 2024, I can make payments to begin paying down the balance.
- As soon as possible, when the \$5,100 is available, I will make that payment.
- *Would this be acceptable?*

#### **In summary:**

- the probation monitoring costs, the medical record reviews, and the yearly recordkeeping CE are up to date.  
I will continue to meet these promptly.
- the 2nd installment for the fine and cost recovery can be paid over the next year to catch up.

Please let me know if my suggestions for resolution are acceptable.

If not, please also let me know. If a phone call would be better for you, please feel free to call me.

Thank you in advance for your cooperation, understanding, and assistance.

Best Regards,

Wade

M: [REDACTED]

On Tue, Jun 25, 2024 at 4:36 PM Juarez, Alexander@DCA <[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov)> wrote:

Hello,

Please see the attached probation violation letter.

Your response is requested by July 9, 2024.

Thank you,



Alexander A. Juarez

**Probation Monitor**

Veterinary Medical Board

Department of Consumer Affairs

1747 N. Market Blvd, Suite 230

Sacramento, CA 95834

Direct: (916) 905-5434



[Join Our Email List!](#)

[VMB Customer Satisfaction Survey](#)

**Juarez, Alexander@DCA**

---

**From:** Korin Potenza [REDACTED]  
**Sent:** Monday, July 22, 2024 11:19 AM  
**To:** Juarez, Alexander@DCA  
**Cc:** Wade Byrd; Mckowen, Rachel@DCA  
**Subject:** Re: Probation Violation Letter

**This Message Is From an External Sender**

WARNING: This email originated from outside of the organization! Do not click links, open attachments, or reply, unless you recognize the sender's email.

Report Suspicious

Alexander

When I first agreed to do this, I went over the process with Jeff to make sure I was doing things appropriately. I recognize that he is no longer there so things may have changed/streamlined. He told me I did not need to do it monthly, but that I could submit several months at a time- he was very helpful in allowing me the flexibility. He said to just submit them in a timely manner as records come in and could get reviewed. That is what I have been doing. No set dates were provided to me. Thank you for providing me with structured outlines/dates for submission. Having things in 7 days following a quarter will be a challenge but we will work on getting it done.

I'll ask my office how they sent December documents, as I had them submit that one for me - I had completed the document but hadn't sent it as I was in the hospital. Sorry for any confusion. Thank you.

Korin

Korin N Potenza, DVM, Dipl. ACVSMR  
Owner/Practice Manager  
*San Luis Rey Equine Hospital*  
4211 Holly Lane | Bonsall, CA 92003

(o) [760.726.4566](tel:760.726.4566) | (f) [760.758.2585](tel:760.758.2585) | [www.slreh.com](http://www.slreh.com) | 



On Fri, Jul 19, 2024 at 12:58 PM Juarez, Alexander@DCA <[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov)> wrote:

Dr. Potenza,

The Dr. Byrd's Order states, "The reviewer shall submit quarterly reports to the Board on a form designated by the Board. The reports shall be submitted by the reviewer directly to the Board's Probation Monitor within seven (7) calendar days after the end of the preceding quarter.

Quarters are defined by January 1 to March 31, April 1 to June 30, July 1 to September 30, and October 1 to December 31. Reports are due no later than 7 days following the prior quarter. The report for April 1 to June 30 was due on July 7.

Can you describe how reports were originally sent and provide any evidence you may have? If they were sent and received, I'd like to determine what, if any, mistake was made to ensure this issue doesn't continue.

Your services are valuable to the Board. If you have any questions about Dr. Byrd's Order or expectations, please ask.

Thank you,

---

**From:** Korin Potenza [REDACTED]  
**Sent:** Thursday, July 18, 2024 8:44 PM  
**To:** Wade Byrd [REDACTED]  
**Cc:** Juarez, Alexander@DCA <[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov)>  
**Subject:** Re: Probation Violation Letter

Also, if December didn't come through for some reason, why couldn't a courtesy email just have been sent to request it be resent.

I'll resend it in the morning when I get back to the hospital computer, where all of your records are stored.

Alexander- Wade has been abiding to all regulations, medical records are current and up to date, and a significant amount of time is taken to review such records each month!

June isn't completed yet- takes quite a lot of time to go through a whole months records and I'm only 3/4 of the way through.

Korin

Sent from my iPhone

> On Jul 18, 2024, at 8:29 PM, Korin Potenza [REDACTED] wrote:  
>  
> Pretty confused because I have sent through May (just resent yet again 2 weeks ago) and June is not even due yet!! And 15 cases have been filed for every month.  
>  
> The only extra effort is having to send it repeatedly.  
>  
> Sent from my iPhone  
>  
>> On Jul 18, 2024, at 7:05 PM, Wade Byrd [REDACTED] wrote:  
>>  
>>  
>> Hello Korin,  
>>  
>> I have received a Probation Violation Letter because the Medical Records Review report  
>> has not been received for December 2023 or June 2024.  
>>  
>> The point of contact has only changed once about a year ago.  
>> It changed once from Jeffery Weiler to Alexander Juarez.  
>>  
>> The Decision and Order states that the Reports are due on at least a quarterly basis and should contain a minimum of 10% of medical records or 15 records (whichever is greater). I have attached a copy of the Decision and Order below.  
>>  
>> Please let Alexander and myself know if you have any questions or concerns, and  
>> if we can be of any assistance.  
>>  
>> I appreciate all the extra effort this takes while running a large practice and having a newborn to raise on top of it all.  
>>  
>> Much appreciated,  
>> Wade  
>>  
>> [REDACTED]  
>>  
>> Wade Byrd, DVM  
>> <Byrd\_VMB\_Decision & Order.pdf>

**Juarez, Alexander@DCA**

---

**From:** Korin Potenza [REDACTED]  
**Sent:** Friday, July 19, 2024 12:13 PM  
**To:** Juarez, Alexander@DCA; Wade Byrd  
**Subject:** REPORT- December  
**Attachments:** monthly supervision report December 23.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

**This Message Is From an Untrusted Sender**

Warning: This email originated from outside of the organization! Do not click links, open attachments, or reply, unless you recognize the sender's email.

Report Suspicious

Alexander

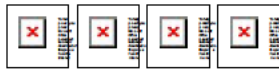
Here, again, is the December report.

Once everything has been uploaded for June, you will get those.

Korin

Owner/Practice Manager  
*San Luis Rey Equine Hospital*  
4211 Holly Lane | Bonsall, CA 92003

(o) [760.726.4566](tel:760.726.4566) | (f) [760.758.2585](tel:760.758.2585) | [www.slreh.com](http://www.slreh.com) |





### MONTHLY SUPERVISION REPORT

Case No: 4602021000373

Veterinarian Name: Wade Byrd

VET # 10381

Report for the Month of: (circle one)

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

**Instructions:**

- (1) Please review the supervision agreement which includes the percentage and frequency of records that need to be reviewed.
- (2) **Make additional copies of this page and two types of Supervision Review logs to be turned in monthly (Satisfactory/Unsatisfactory).**
- (3) Fill this page completely with all up-to-date information and turn in monthly by the 5<sup>th</sup> of each month of supervision with corresponding logs.
- (4) Please fill out UNSATISFACTORY TREATMENT OR DOCUMENTATION review log for all patient care reviewed that required discussion, concerns or recommendations and provide your feedback to the Board (e.g. did you discuss the concerns with the probationer, were any changes made, what was the outcome, etc.)
- (5) Please fill out SATISFACTORY TREATMENT AND DOCUMENTATION for all patient care reviewed that was in total compliance.

The BOX below is to be filled out AFTER all necessary logs are filled out.

I HEREBY SUBMIT THIS REPORT OF COMPLIANCE AS REQUIRED BY THE VETERINARY MEDICAL BOARD AND THE TERMS AND CONDITIONS OF THE DISCIPLINARY ORDER IN THE MATTER REGARDING THE ABOVE REFERENCE PROBATIONER. I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS GIVEN HERE ARE TRUE AND CORRECT.

SUPERVISOR NAME: Korin N Potenza, DMV, DACVSMR VET # 17426

PROBATIONER'S EMPLOYER OR HOSPITAL:  
San Luis Rey Equine Hospital

ADDRESS: 30643 Via Maria Elena Bonsall, CA 92003 TELEPHONE #: 7605358508

NUMBER OF HOURS YOU SPEND REVIEWING PATIENT RECORDS: PER WEEK 1 PER MONTH 4-6

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ REVIEW DATE: 1/15/24

# Supervision Review Log

## UNSATISFACTORY TREATMENT OR DOCUMENTATION

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____ _____			
No concerns with any records reviewed on this cycle/month. _____			
Comments/ Recommendations given _____ _____			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____ _____			
Comments/ Recommendations given _____ _____			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____ _____			
Comments/ Recommendations given _____ _____			

Reviewing Vet Initials knp

## Supervision Review Log

### SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	12/1/2023
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	12/2/2023
<b>Medical Care Provided</b>	Training Soundness Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	12/2/2023
<b>Medical Care Provided</b>	Fetlock Radiographs/ Fetlock Injections		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	12/3/2023
<b>Medical Care Provided</b>	Castration		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	12/6/2023
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	12/9/2023
<b>Medical Care Provided</b>	Endoscopic Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	12/13/2023
<b>Medical Care Provided</b>	Radiographs Hocks		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	12/16/2023
<b>Medical Care Provided</b>	Post Work Soundness Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	12/16/2023
<b>Medical Care Provided</b>	Carpal Radiographs/ Carpal Injections		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	12/20/2023
<b>Medical Care Provided</b>	Vitamin Injections		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	12/23/2023
<b>Medical Care Provided</b>	Pre-Work Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	12/23/2023
<b>Medical Care Provided</b>	Diagnostic Ultrasound		

Reviewing Vet Initials knp

# Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	12/27/2023
<b>Medical Care Provided</b>	Pre-Entry Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	12/24/2023
<b>Medical Care Provided</b>	Neuro Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	12/29/2023
<b>Medical Care Provided</b>	Carpal Injection		

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

Reviewing Vet Initials knp

# MEDICAL RECORD REVIEW

RECORD #



OVERALL EXAMINATION ASSESSMENT																			
Diagnosis complied with minimum standards.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Treatment was necessary, appropriate, and complied with minimum standards.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Maintained necessary and appropriate treatment.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Maintained necessary and appropriate records and chart entries.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Complied with existing statutes and regulations governing the practice of veterinary medicine.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
CCR SECTION 2032.3 (a) RECORD REVIEW																			
Legible	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Name or initials of the person responsible for entries.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Name, address and phone number of the client.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Name or identity of the animal, herd or flock.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Except for herds or flocks, age, sex, breed, species,	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
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.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Data, including that obtained by instrumentation, from the physical examination.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
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.				x															
Diagnosis or assessment prior to performing a treatment or procedure.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
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.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				

**Juarez, Alexander@DCA**

---

**From:** Korin Potenza [REDACTED]  
**Sent:** Tuesday, July 2, 2024 8:17 PM  
**To:** Juarez, Alexander@DCA  
**Cc:** Mckowen, Rachel@DCA  
**Subject:** Re: WADE BYRD  
**Attachments:** Monthly sup March.pdf; Monthly sup April.pdf; Monthly sup may-2.pdf

**This Message Is From an Untrusted Sender**

Warning: This email originated from outside of the organization! Do not click links, open attachments, or reply, unless you recognize the sender's email.

Report Suspicious

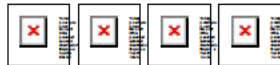
Added more reviewed records- counts were down during those months but there are still plenty of records I have to review- it's quite tedious and time consuming to be honest. I have added additional records.

Should be all set now. Please let me know if you have any questions.

Korin

Korin N Potenza, DVM, Dipl. ACVSMR  
Owner/Practice Manager  
*San Luis Rey Equine Hospital*  
4211 Holly Lane | Bonsall, CA 92003

(o) [760.726.4566](tel:760.726.4566) | (f) [760.758.2585](tel:760.758.2585) | [www.slreh.com](http://www.slreh.com) |



On Tue, Jul 2, 2024 at 8:55 AM Juarez, Alexander@DCA <[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov)> wrote:

Good morning,

How were these reports originally sent? The last email I have from you is from January 2024 for the November 2023 report. If you're sending these through regular mail you may want to also email them. If you emailed them, can you forward me the original emails?

Please be aware that these reports must include ten percent (10%) of Respondent's animal patient medical records or fifteen (15) records (whichever is greater). Several of your reports do not contain at least 15 records. Is this a matter of records not being available for you to review?

Thank you,

---

**From:** Korin Potenza [REDACTED]  
**Sent:** Monday, July 1, 2024 10:01 PM  
**To:** Juarez, Alexander@DCA <[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov)>  
**Subject:** WADE BYRD

Sending records for Dr. Byrd again.... He mentioned that you had not seen them come through. I sent Jan/Feb in February and March/April/May in June.

Korin N Potenza, DVM, Dipl. ACVSMR

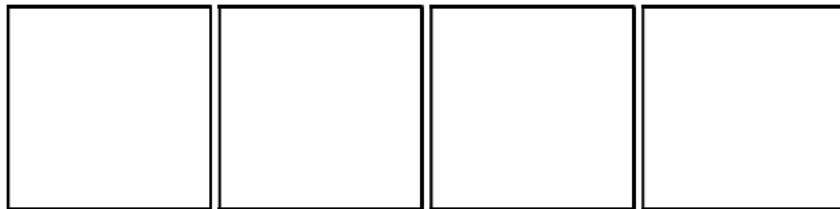
Owner/Practice Manager

*San Luis Rey Equine Hospital*

4211 Holly Lane | Bonsall, CA 92003

(o) [760.726.4566](tel:760.726.4566) |

(f) [760.758.2585](tel:760.758.2585) | [www.slreh.com](http://www.slreh.com) |







### MONTHLY SUPERVISION REPORT

Case No: 4602021000373

Veterinarian Name: Wade Byrd

VET # 10381

Report for the Month of: (circle one)

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

**Instructions:**

- (1) Please review the supervision agreement which includes the percentage and frequency of records that need to be reviewed.
- (2) **Make additional copies of this page and two types of Supervision Review logs to be turned in monthly (Satisfactory/Unsatisfactory).**
- (3) Fill this page completely with all up-to-date information and turn in monthly by the 5<sup>th</sup> of each month of supervision with corresponding logs.
- (4) Please fill out UNSATISFACTORY TREATMENT OR DOCUMENTATION review log for all patient care reviewed that required discussion, concerns or recommendations and provide your feedback to the Board (e.g. did you discuss the concerns with the probationer, were any changes made, what was the outcome, etc.)
- (5) Please fill out SATISFACTORY TREATMENT AND DOCUMENTATION for all patient care reviewed that was in total compliance.

The BOX below is to be filled out AFTER all necessary logs are filled out.

I HEREBY SUBMIT THIS REPORT OF COMPLIANCE AS REQUIRED BY THE VETERINARY MEDICAL BOARD AND THE TERMS AND CONDITIONS OF THE DISCIPLINARY ORDER IN THE MATTER REGARDING THE ABOVE REFERENCE PROBATIONER. I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS GIVEN HERE ARE TRUE AND CORRECT.

SUPERVISOR NAME: Korin N Potenza, DMV, DACVSMR VET # 17426

PROBATIONER'S EMPLOYER OR HOSPITAL:  
San Luis Rey Equine Hospital

ADDRESS: 30643 Via Maria Elena, Bonsall CA 92003 TELEPHONE #: 7605358508

NUMBER OF HOURS YOU SPEND REVIEWING PATIENT RECORDS: PER WEEK 2 PER MONTH 6-8

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ REVIEW DATE: 1/31/24

# Supervision Review Log

## UNSATISFACTORY TREATMENT OR DOCUMENTATION

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____ _____			
No concerns with records on this cycle- all those reviewed look good/appropriate _____			
Comments/ Recommendations given _____ _____			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____ _____			
Comments/ Recommendations given _____ _____			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____ _____			
Comments/ Recommendations given _____ _____			

Reviewing Vet Initials \_\_\_\_\_

## Supervision Review Log

### SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	1/3/24
<b>Medical Care Provided</b>	Ophthalmic Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	1/5/24
<b>Medical Care Provided</b>	Endoscopic Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	1/6/24
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	1/6/24
<b>Medical Care Provided</b>	Carpal Radiographs		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	1/13/24
<b>Medical Care Provided</b>	Endoscopic Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	1/14/24
<b>Medical Care Provided</b>	Vitamin Injection		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	1/14/24
<b>Medical Care Provided</b>	Post Work Soundness Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	1/20/24
<b>Medical Care Provided</b>	Endoscopic Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	1/21/2024
<b>Medical Care Provided</b>	Post Work Soundness Exam/ Diagnostic Block		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	1/17/24
<b>Medical Care Provided</b>	Pre-Work Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	1/26/24
<b>Medical Care Provided</b>	Pre-Entry Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	1/19/24
<b>Medical Care Provided</b>	Pre-Work Exam		

Reviewing Vet Initials \_\_\_\_\_

# Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	1/31/21
<b>Medical Care Provided</b>	Vitamin Injection		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	1/3/24
<b>Medical Care Provided</b>	Pre-Work Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	1/3/24
<b>Medical Care Provided</b>	Pre-Work Exam		

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

Reviewing Vet Initials \_\_\_\_\_

# MEDICAL RECORD REVIEW

RECORD #



<b>OVERALL EXAMINATION ASSESSMENT</b>																			
Diagnosis complied with minimum standards.	x	x		x	x		x	x	x										
Treatment was necessary, appropriate, and complied with minimum standards.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Maintained necessary and appropriate treatment.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Maintained necessary and appropriate records and chart entries.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Complied with existing statutes and regulations governing the practice of veterinary medicine.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
<b>CCR SECTION 2032.3 (a) RECORD REVIEW</b>																			
Legible	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Name or initials of the person responsible for entries.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Name, address and phone number of the client.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Name or identity of the animal, herd or flock.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Except for herds or flocks, age, sex, breed, species,																			
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.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Data, including that obtained by instrumentation, from the physical examination.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
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 a treatment or procedure.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
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.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				



### MONTHLY SUPERVISION REPORT

Case No: 4602021000373

Veterinarian Name: Wade Byrd

VET # 10381

Report for the Month of: (circle one)

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

**Instructions:**

- (1) Please review the supervision agreement which includes the percentage and frequency of records that need to be reviewed.
- (2) **Make additional copies of this page and two types of Supervision Review logs to be turned in monthly (Satisfactory/Unsatisfactory).**
- (3) Fill this page completely with all up-to-date information and turn in monthly by the 5<sup>th</sup> of each month of supervision with corresponding logs.
- (4) Please fill out UNSATISFACTORY TREATMENT OR DOCUMENTATION review log for all patient care reviewed that required discussion, concerns or recommendations and provide your feedback to the Board (e.g. did you discuss the concerns with the probationer, were any changes made, what was the outcome, etc.)
- (5) Please fill out SATISFACTORY TREATMENT AND DOCUMENTATION for all patient care reviewed that was in total compliance.

The BOX below is to be filled out AFTER all necessary logs are filled out.

I HEREBY SUBMIT THIS REPORT OF COMPLIANCE AS REQUIRED BY THE VETERINARY MEDICAL BOARD AND THE TERMS AND CONDITIONS OF THE DISCIPLINARY ORDER IN THE MATTER REGARDING THE ABOVE REFERENCE PROBATIONER. I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS GIVEN HERE ARE TRUE AND CORRECT.

SUPERVISOR NAME: Korin N Potenza, DMV, DACVSMR VET # 17426

PROBATIONER'S EMPLOYER OR HOSPITAL:  
San Luis Rey Equine Hospital

ADDRESS: 30643 Via Maria Elena, Bonsall CA 92003 TELEPHONE #: 7605358508

NUMBER OF HOURS YOU SPEND REVIEWING PATIENT RECORDS: PER WEEK 2 PER MONTH 8

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ REVIEW DATE: March 1 2024

# Supervision Review Log

## UNSATISFACTORY TREATMENT OR DOCUMENTATION

<b>Patient Name</b>	████████████████████	<b>Treatment Date</b>	2/4/24
<b>Medical Care Provided</b> Joint Injections			
<b>Medical Records Documentation:</b> <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) <u>Treated joints without imaging (radiographs)</u>			
Comments/ Recommendations given _____ Try to do diagnostics/imaging and if trainer declines, document			
<b>Patient Name</b>	████████████████████	<b>Treatment Date</b>	2/4/24
<b>Medical Care Provided</b> Ultrasound			
<b>Medical Records Documentation:</b> <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) <u>An ultrasound was performed but no results/findings were recorded</u>			
Comments/ Recommendations given _____			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____			
Comments/ Recommendations given _____			

Reviewing Vet Initials knp

## Supervision Review Log

### SATISFACTORY TREATMENT AND DOCUMENTATION

Patient Name		Treatment Date	2/2/24
Medical Care Provided	Vitamin Injection		

Patient Name		Treatment Date	2/4/24
Medical Care Provided	Endoscopic Exam		

Patient Name		Treatment Date	
Medical Care Provided			

Patient Name		Treatment Date	
Medical Care Provided			

Patient Name		Treatment Date	2/7/24
Medical Care Provided	Radiographs		

Patient Name		Treatment Date	2/9/24
Medical Care Provided	Vitamin Injection		

Patient Name		Treatment Date	2/14/24
Medical Care Provided	Pre-Work Exam		

Patient Name		Treatment Date	2/10/24
Medical Care Provided	Post Training Electrolytes		

Patient Name		Treatment Date	2/16/24
Medical Care Provided	Pre-Entry Exam		

Patient Name		Treatment Date	2/11/24
Medical Care Provided	Soundness Exam		

Patient Name		Treatment Date	2/14/24
Medical Care Provided	Endoscopic Exam		

Patient Name		Treatment Date	2/16/24
Medical Care Provided	Radiographs		

Reviewing Vet Initials knp

# Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	2/24/24
<b>Medical Care Provided</b>	Radiographs		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	2/28/24
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	2/28/24
<b>Medical Care Provided</b>	Pre-Work Exam		

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

Reviewing Vet Initials \_\_\_\_\_

# MEDICAL RECORD REVIEW

RECORD #



OVERALL EXAMINATION ASSESSMENT																			
Diagnosis complied with minimum standards.	x	x			x	x	x	x	x	x	x	x	x	x	x				
Treatment was necessary, appropriate, and complied with minimum standards.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Maintained necessary and appropriate treatment.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Maintained necessary and appropriate records and chart entries.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Complied with existing statutes and regulations governing the practice of veterinary medicine.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
CCR SECTION 2032.3 (a) RECORD REVIEW																			
Legible	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Name or initials of the person responsible for entries.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Name, address and phone number of the client.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Name or identity of the animal, herd or flock.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Except for herds or flocks, age, sex, breed, species,	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
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.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Data, including that obtained by instrumentation, from the physical examination.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
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 a treatment or procedure.	X	X			X	X	X	X	X	X	X	X	X	X	X				
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.	x					x	x								x				
Daily progress, if relevant, and disposition of the case.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				



### MONTHLY SUPERVISION REPORT

Case No: 4602021000373

Veterinarian Name: Wade Byrd

VET # 10381

Report for the Month of: (circle one)

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

**Instructions:**

- (1) Please review the supervision agreement which includes the percentage and frequency of records that need to be reviewed.
- (2) **Make additional copies of this page and two types of Supervision Review logs to be turned in monthly (Satisfactory/Unsatisfactory).**
- (3) Fill this page completely with all up-to-date information and turn in monthly by the 5<sup>th</sup> of each month of supervision with corresponding logs.
- (4) Please fill out UNSATISFACTORY TREATMENT OR DOCUMENTATION review log for all patient care reviewed that required discussion, concerns or recommendations and provide your feedback to the Board (e.g. did you discuss the concerns with the probationer, were any changes made, what was the outcome, etc.)
- (5) Please fill out SATISFACTORY TREATMENT AND DOCUMENTATION for all patient care reviewed that was in total compliance.

The BOX below is to be filled out AFTER all necessary logs are filled out.

I HEREBY SUBMIT THIS REPORT OF COMPLIANCE AS REQUIRED BY THE VETERINARY MEDICAL BOARD AND THE TERMS AND CONDITIONS OF THE DISCIPLINARY ORDER IN THE MATTER REGARDING THE ABOVE REFERENCE PROBATIONER. I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS GIVEN HERE ARE TRUE AND CORRECT.

SUPERVISOR NAME: Korin N Potenza, DVM, DACVSMR VET # 17426

PROBATIONER'S EMPLOYER OR HOSPITAL:  
San Luiss Rey Equine Hospital

ADDRESS: 30643 Va Maria Elena, Bonsall CA 92003 TELEPHONE #: 7605358508

NUMBER OF HOURS YOU SPEND REVIEWING PATIENT RECORDS: PER WEEK 2-3 PER MONTH 6-9

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ REVIEW DATE: 4/12/24

# Supervision Review Log

## UNSATISFACTORY TREATMENT OR DOCUMENTATION

<b>Patient Name</b>		<b>Treatment Date</b>	3/3/24
<b>Medical Care Provided</b> Carpal Injections			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) <u>Carpal injections were performed but without diagnosis (imaging/reasoning) etc</u>			
Comments/ Recommendations given _____ At least recommend diagnostics or report as to why you feel its safe to treat without imaging.			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____			
Comments/ Recommendations given _____			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____			
Comments/ Recommendations given _____			

Reviewing Vet Initials knp

# Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	3/3/24
<b>Medical Care Provided</b>	Pre-Entry Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	3/2/24
<b>Medical Care Provided</b>	Vitamin Injection		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	3/6/24
<b>Medical Care Provided</b>	Pre-Work Exam		

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	3/6/24
<b>Medical Care Provided</b>	Post Race Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	3/13/24
<b>Medical Care Provided</b>	Pre-Work Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	3/9/24
<b>Medical Care Provided</b>	Endoscopic Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	3/15/24
<b>Medical Care Provided</b>	Pre-Work Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	3/10/24
<b>Medical Care Provided</b>	Castration		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	3/14/24
<b>Medical Care Provided</b>	Training Soundness Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	3/29/24
<b>Medical Care Provided</b>	Lasix		

Reviewing Vet Initials knp

# Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

Reviewing Vet Initials \_\_\_\_\_

# MEDICAL RECORD REVIEW

RECORD #



<b>OVERALL EXAMINATION ASSESSMENT</b>																				
Diagnosis complied with minimum standards.	x	x	x	x		x	x	x	x	x	x	x								
Treatment was necessary, appropriate, and complied with minimum standards.	X	X	X	X	X	X	X	X	X	X	X	X								
Maintained necessary and appropriate treatment.	x	x	x	x	x	x	x	x	x	x	x	x								
Maintained necessary and appropriate records and chart entries.	X	X	X	X	X	X	X	X	X	X	X	X								
Complied with existing statutes and regulations governing the practice of veterinary medicine.	X	X	X	X	X	X	X	X	X	X	X	X								
<b>CCR SECTION 2032.3 (a) RECORD REVIEW</b>																				
Legible	x	x	x	x	x	x	x	x	x	x	x	x								
Name or initials of the person responsible for entries.	x	x	x	x	x	x	x	x	x	x	x	x								
Name, address and phone number of the client.	x	x	x	x	x	x	x	x	x	x	x	x								
Name or identity of the animal, herd or flock.	x	x	x	x	x	x	x	x	x	x	x	x								
Except for herds or flocks, age, sex, breed, species,	x	x	x	x	x	x	x	x	x	x	x	x								
Dates (beginning and ending) of custody of the animal, if applicable.	X	X	X	X	X	X	X	X	X	X	X	X								
A history or pertinent information as it pertains to each animal, herd, or flock's medical status.	X	X	X	X	X	X	X	X	X	X	X	X								
Data, including that obtained by instrumentation, from the physical examination.	X	X	X	X	X	X	X	X	X	X	X	X								
Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.	X	X	X	X	X	X	X	X	X	X	X	X								
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.												x								
Diagnosis or assessment prior to performing a treatment or procedure.	X	X	X	X	X	X	X	X	X	X	X	X								
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.	x		x		x							x								x
Daily progress, if relevant, and disposition of the case.	X	X	X	X	X	X	X	X	X	X	X	X								



## MONTHLY SUPERVISION REPORT

Case No: 4602021000373

Veterinarian Name: Wade Byrd

VET # 1081

Report for the Month of: *(circle one)*

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

**Instructions:**

- (1) Please review the supervision agreement which includes the percentage and frequency of records that need to be reviewed.
- (2) **Make additional copies of this page and two types of Supervision Review logs to be turned in monthly (Satisfactory/Unsatisfactory).**
- (3) Fill this page completely with all up-to-date information and turn in monthly by the 5<sup>th</sup> of each month of supervision with corresponding logs.
- (4) Please fill out UNSATISFACTORY TREATMENT OR DOCUMENTATION review log for all patient care reviewed that required discussion, concerns or recommendations and provide your feedback to the Board (e.g. did you discuss the concerns with the probationer, were any changes made, what was the outcome, etc.)
- (5) Please fill out SATISFACTORY TREATMENT AND DOCUMENTATION for all patient care reviewed that was in total compliance.

**The BOX below is to be filled out AFTER all necessary logs are filled out.**

I HEREBY SUBMIT THIS REPORT OF COMPLIANCE AS REQUIRED BY THE VETERINARY MEDICAL BOARD AND THE TERMS AND CONDITIONS OF THE DISCIPLINARY ORDER IN THE MATTER REGARDING THE ABOVE REFERENCE PROBATIONER. I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS GIVEN HERE ARE TRUE AND CORRECT.

SUPERVISOR NAME: Korin N Potenza VET # 17426

PROBATIONER'S EMPLOYER OR HOSPITAL:  
San Luis Rey Equine Hospital

ADDRESS: 30643 Via Maria Elena, Bonsall CA 92003 TELEPHONE #: 7605358508

NUMBER OF HOURS YOU SPEND REVIEWING PATIENT RECORDS: PER WEEK 1 PER MONTH 4-6

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ REVIEW DATE: 4/29/24

# Supervision Review Log

## UNSATISFACTORY TREATMENT OR DOCUMENTATION

<b>Patient Name</b>		<b>Treatment Date</b>	4/13/24
<b>Medical Care Provided</b> 14 day pre-race exam/Injections			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) Pre race exam was thorough but treated hocks and carpi with no undelying rea provided for carpus but not for hocks.			
Comments/ Recommendations given Diagnosis, at least recommendations for. Drug dosages listed for all joints.			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain)			
Comments/ Recommendations given			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain)			
Comments/ Recommendations given			

Reviewing Vet Initials knp

## Supervision Review Log

### SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/3/24
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/4/24
<b>Medical Care Provided</b>	Pre-Work Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/5/24
<b>Medical Care Provided</b>	Soundness Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/7/24
<b>Medical Care Provided</b>	14 Day Pre Race Soundness Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/10/24
<b>Medical Care Provided</b>	Endoscopic Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/10/24
<b>Medical Care Provided</b>	Pre-Entry Exam		

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/14/24
<b>Medical Care Provided</b>	Vitamin Injection		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/17/24
<b>Medical Care Provided</b>	Pre-Work Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/20/24
<b>Medical Care Provided</b>	Endoscopic Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/21/24
<b>Medical Care Provided</b>	Soundness Exam/ Radiographs (really good work up and recs)		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/26/24
<b>Medical Care Provided</b>	Pre-Work Exam		

Reviewing Vet Initials knp

# Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

Reviewing Vet Initials \_\_\_\_\_





### MONTHLY SUPERVISION REPORT

Case No: 4602021000373

Veterinarian Name: Wade Byrd

VET # 10381

Report for the Month of: (circle one)

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

#### Instructions:

- (1) Please review the supervision agreement which includes the percentage and frequency of records that need to be reviewed.
- (2) **Make additional copies of this page and two types of Supervision Review logs to be turned in monthly (Satisfactory/Unsatisfactory).**
- (3) Fill this page completely with all up-to-date information and turn in monthly by the 5<sup>th</sup> of each month of supervision with corresponding logs.
- (4) Please fill out UNSATISFACTORY TREATMENT OR DOCUMENTATION review log for all patient care reviewed that required discussion, concerns or recommendations and provide your feedback to the Board (e.g. did you discuss the concerns with the probationer, were any changes made, what was the outcome, etc.)
- (5) Please fill out SATISFACTORY TREATMENT AND DOCUMENTATION for all patient care reviewed that was in total compliance.

The BOX below is to be filled out AFTER all necessary logs are filled out.

I HEREBY SUBMIT THIS REPORT OF COMPLIANCE AS REQUIRED BY THE VETERINARY MEDICAL BOARD AND THE TERMS AND CONDITIONS OF THE DISCIPLINARY ORDER IN THE MATTER REGARDING THE ABOVE REFERENCE PROBATIONER. I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS GIVEN HERE ARE TRUE AND CORRECT.

SUPERVISOR NAME: Korin N Potenza, DMV, DACVSMR VET # 17426

PROBATIONER'S EMPLOYER OR HOSPITAL:  
San Luis Rey Equine Hospital

ADDRESS: 30643 Vita Maria Elena, Bonsall, CA 92003 TELEPHONE #: 7605358508

NUMBER OF HOURS YOU SPEND REVIEWING PATIENT RECORDS: PER WEEK 1-2 PER MONTH 4-6

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ REVIEW DATE: 5/12/24

# Supervision Review Log

## UNSATISFACTORY TREATMENT OR DOCUMENTATION

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____			
_____			
No concerns with this months records.			
_____			
Comments/ Recommendations given _____			
_____			
_____			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____			
_____			
_____			
Comments/ Recommendations given _____			
_____			
_____			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____			
_____			
_____			
Comments/ Recommendations given _____			
_____			
_____			

Reviewing Vet Initials knp

## Supervision Review Log

### SATISFACTORY TREATMENT AND DOCUMENTATION

Patient Name	██████████	Treatment Date	5/1/24
Medical Care Provided	Pre-Entry Exam		

Patient Name	██████████	Treatment Date	5/3/24
Medical Care Provided	Vitamin Injection		

Patient Name	██████████	Treatment Date	5/4/24
Medical Care Provided	Lasix		

Patient Name	██████████	Treatment Date	5/4/24
Medical Care Provided	Endoscopic Exam		

Patient Name	██████████	Treatment Date	5/4/24
Medical Care Provided	Vitamin Injection		

Patient Name	██████████	Treatment Date	5/10/24
Medical Care Provided	7 Day Post Race Exam		

Patient Name	██████████	Treatment Date	5/15/24
Medical Care Provided	Lasix		

Patient Name	██████████	Treatment Date	5/17/24
Medical Care Provided	Soundness Exam		

Patient Name	██████████	Treatment Date	5/31/24
Medical Care Provided	Pre-Work Exam		

Patient Name	██████████	Treatment Date	5/8/24
Medical Care Provided	Pre-Entry Exam		

Patient Name	██████████	Treatment Date	5/22/24
Medical Care Provided	Radiographs		

Patient Name	██████████	Treatment Date	5/25/24
Medical Care Provided	Lasix		

Reviewing Vet Initials knp

# Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

Reviewing Vet Initials \_\_\_\_\_





### MONTHLY SUPERVISION REPORT

Case No: 4602021000373

Veterinarian Name: Wade Byrd

VET # 10381

Report for the Month of: (circle one)

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

**Instructions:**

- (1) Please review the supervision agreement which includes the percentage and frequency of records that need to be reviewed.
- (2) **Make additional copies of this page and two types of Supervision Review logs to be turned in monthly (Satisfactory/Unsatisfactory).**
- (3) Fill this page completely with all up-to-date information and turn in monthly by the 5<sup>th</sup> of each month of supervision with corresponding logs.
- (4) Please fill out UNSATISFACTORY TREATMENT OR DOCUMENTATION review log for all patient care reviewed that required discussion, concerns or recommendations and provide your feedback to the Board (e.g. did you discuss the concerns with the probationer, were any changes made, what was the outcome, etc.)
- (5) Please fill out SATISFACTORY TREATMENT AND DOCUMENTATION for all patient care reviewed that was in total compliance.

The BOX below is to be filled out AFTER all necessary logs are filled out.

I HEREBY SUBMIT THIS REPORT OF COMPLIANCE AS REQUIRED BY THE VETERINARY MEDICAL BOARD AND THE TERMS AND CONDITIONS OF THE DISCIPLINARY ORDER IN THE MATTER REGARDING THE ABOVE REFERENCE PROBATIONER. I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS GIVEN HERE ARE TRUE AND CORRECT.

SUPERVISOR NAME: Korin N Potenza, DVM, DACVSMR VET # 17426

PROBATIONER'S EMPLOYER OR HOSPITAL:  
San Luiss Rey Equine Hospital

ADDRESS: 30643 Va Maria Elena, Bonsall CA 92003 TELEPHONE #: 7605358508

NUMBER OF HOURS YOU SPEND REVIEWING PATIENT RECORDS: PER WEEK 2-3 PER MONTH 6-9

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ REVIEW DATE: 4/12/24

# Supervision Review Log

## UNSATISFACTORY TREATMENT OR DOCUMENTATION

<b>Patient Name</b>		<b>Treatment Date</b>	3/3/24
<b>Medical Care Provided</b> Carpal Injections			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) <u>Carpal injections were performed but without diagnosis (imaging/reasoning) etc</u>			
Comments/ Recommendations given _____ At least recommend diagnostics or report as to why you feel its safe to treat without imaging.			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____			
Comments/ Recommendations given _____			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____			
Comments/ Recommendations given _____			

Reviewing Vet Initials knp

## Supervision Review Log

### SATISFACTORY TREATMENT AND DOCUMENTATION

Patient Name	██████████	Treatment Date	
Medical Care Provided	Lasix		

Patient Name	██████████	Treatment Date	3/3/24
Medical Care Provided	Pre-Entry Exam		

Patient Name	██████████	Treatment Date	3/2/24
Medical Care Provided	Vitamin Injection		

Patient Name	██████████	Treatment Date	3/6/24
Medical Care Provided	Pre-Work Exam		

Patient Name	██████████	Treatment Date	3/1/24
Medical Care Provided	Endoscopic Exam		

Patient Name	██████████	Treatment Date	3/6/24
Medical Care Provided	Post Race Exam		

Patient Name	██████████	Treatment Date	3/13/24
Medical Care Provided	Pre-Work Exam		

Patient Name	██████████	Treatment Date	3/9/24
Medical Care Provided	Endoscopic Exam		

Patient Name	██████████	Treatment Date	3/15/24
Medical Care Provided	Pre-Work Exam		

Patient Name	██████████	Treatment Date	3/10/24
Medical Care Provided	Castration		

Patient Name	██████████	Treatment Date	3/14/24
Medical Care Provided	Training Soundness Exam		

Patient Name	██████████	Treatment Date	3/29/24
Medical Care Provided	Lasix		

Reviewing Vet Initials knp

# Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	3/3/24
<b>Medical Care Provided</b>	Traning soundness exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	3/22/24
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

Reviewing Vet Initials knp

# MEDICAL RECORD REVIEW

RECORD #



<b>OVERALL EXAMINATION ASSESSMENT</b>																			
Diagnosis complied with minimum standards.	x	x	x	x		x	x	x	x	x	x	x	x	x	x				
Treatment was necessary, appropriate, and complied with minimum standards.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Maintained necessary and appropriate treatment.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Maintained necessary and appropriate records and chart entries.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Complied with existing statutes and regulations governing the practice of veterinary medicine.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
<b>CCR SECTION 2032.3 (a) RECORD REVIEW</b>																			
Legible	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Name or initials of the person responsible for entries.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Name, address and phone number of the client.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Name or identity of the animal, herd or flock.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Except for herds or flocks, age, sex, breed, species,	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Dates (beginning and ending) of custody of the animal, if applicable.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
A history or pertinent information as it pertains to each animal, herd, or flock's medical status.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Data, including that obtained by instrumentation, from the physical examination.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
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.											x								
Diagnosis or assessment prior to performing a treatment or procedure.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
If relevant, a prognosis of the animal's condition.																			x
All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.	x		x		x						x		x	x					x
Daily progress, if relevant, and disposition of the case.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				



### MONTHLY SUPERVISION REPORT

Case No: 4602021000373

Veterinarian Name: Wade Byrd

VET # 1081

Report for the Month of: (circle one)

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

#### Instructions:

- (1) Please review the supervision agreement which includes the percentage and frequency of records that need to be reviewed.
- (2) **Make additional copies of this page and two types of Supervision Review logs to be turned in monthly (Satisfactory/Unsatisfactory).**
- (3) Fill this page completely with all up-to-date information and turn in monthly by the 5<sup>th</sup> of each month of supervision with corresponding logs.
- (4) Please fill out UNSATISFACTORY TREATMENT OR DOCUMENTATION review log for all patient care reviewed that required discussion, concerns or recommendations and provide your feedback to the Board (e.g. did you discuss the concerns with the probationer, were any changes made, what was the outcome, etc.)
- (5) Please fill out SATISFACTORY TREATMENT AND DOCUMENTATION for all patient care reviewed that was in total compliance.

The BOX below is to be filled out AFTER all necessary logs are filled out.

I HEREBY SUBMIT THIS REPORT OF COMPLIANCE AS REQUIRED BY THE VETERINARY MEDICAL BOARD AND THE TERMS AND CONDITIONS OF THE DISCIPLINARY ORDER IN THE MATTER REGARDING THE ABOVE REFERENCE PROBATIONER. I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS GIVEN HERE ARE TRUE AND CORRECT.

SUPERVISOR NAME: Korin N Potenza VET # 17426

PROBATIONER'S EMPLOYER OR HOSPITAL:  
San Luis Rey Equine Hospital

ADDRESS: 30643 Via Maria Elena, Bonsall CA 92003 TELEPHONE #: 7605358508

NUMBER OF HOURS YOU SPEND REVIEWING PATIENT RECORDS: PER WEEK 1 PER MONTH 4-6

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ REVIEW DATE: 4/29/24

# Supervision Review Log

## UNSATISFACTORY TREATMENT OR DOCUMENTATION

<b>Patient Name</b>		<b>Treatment Date</b>	4/13/24
<b>Medical Care Provided</b> 14 day pre-race exam/Injections			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) Pre race exam was thorough but treated hocks and carpi with no undelying rea provided for carpus but not for hocks.			
Comments/ Recommendations given			
Diagnosis, at least recommendations for. Drug dosages listed for all joints.			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain)			
Comments/ Recommendations given			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain)			
Comments/ Recommendations given			

Reviewing Vet Initials knp

## Supervision Review Log

### SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/3/24
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/4/24
<b>Medical Care Provided</b>	Pre-Work Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/5/24
<b>Medical Care Provided</b>	Soundness Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/7/24
<b>Medical Care Provided</b>	14 Day Pre Race Soundness Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/10/24
<b>Medical Care Provided</b>	Endoscopic Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/10/24
<b>Medical Care Provided</b>	Pre-Entry Exam		

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/14/24
<b>Medical Care Provided</b>	Vitamin Injection		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/17/24
<b>Medical Care Provided</b>	Pre-Work Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/20/24
<b>Medical Care Provided</b>	Endoscopic Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/21/24
<b>Medical Care Provided</b>	Soundness Exam/ Radiographs (really good work up and recs)		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	4/26/24
<b>Medical Care Provided</b>	Pre-Work Exam		

Reviewing Vet Initials knp

# Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

Patient Name		Treatment Date	4/7/24
Medical Care Provided	Lasix		

Patient Name		Treatment Date	4/10/24
Medical Care Provided	Vaccinations		

Patient Name		Treatment Date	4/13/24
Medical Care Provided	Soundness Exam		

Patient Name		Treatment Date	
Medical Care Provided			

Patient Name		Treatment Date	
Medical Care Provided			

Patient Name		Treatment Date	
Medical Care Provided			

Patient Name		Treatment Date	
Medical Care Provided			

Patient Name		Treatment Date	
Medical Care Provided			

Patient Name		Treatment Date	
Medical Care Provided			

Patient Name		Treatment Date	
Medical Care Provided			

Patient Name		Treatment Date	
Medical Care Provided			

Patient Name		Treatment Date	
Medical Care Provided			

Reviewing Vet Initials knp34938

# MEDICAL RECORD REVIEW

RECORD #

--	--	--	--

OVERALL EXAMINATION ASSESSMENT																			
Diagnosis complied with minimum standards.	x	x	x	x	x	x		x	x	x	x	x	x	x	x				
Treatment was necessary, appropriate, and complied with minimum standards.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Maintained necessary and appropriate treatment.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Maintained necessary and appropriate records and chart entries.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Complied with existing statutes and regulations governing the practice of veterinary medicine.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
CCR SECTION 2032.3 (a) RECORD REVIEW																			
Legible	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Name or initials of the person responsible for entries.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Name, address and phone number of the client.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Name or identity of the animal, herd or flock.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Except for herds or flocks, age, sex, breed, species,	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
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.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Data, including that obtained by instrumentation, from the physical examination.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
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 a treatment or procedure.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
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.	x	x	x	x	x	x		x	x	x	x	x	x	x	x				
Daily progress, if relevant, and disposition of the case.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				



### MONTHLY SUPERVISION REPORT

Case No: 4602021000373

Veterinarian Name: Wade Byrd

VET # 10381

Report for the Month of: (circle one)

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

**Instructions:**

- (1) Please review the supervision agreement which includes the percentage and frequency of records that need to be reviewed.
- (2) **Make additional copies of this page and two types of Supervision Review logs to be turned in monthly (Satisfactory/Unsatisfactory).**
- (3) Fill this page completely with all up-to-date information and turn in monthly by the 5<sup>th</sup> of each month of supervision with corresponding logs.
- (4) Please fill out UNSATISFACTORY TREATMENT OR DOCUMENTATION review log for all patient care reviewed that required discussion, concerns or recommendations and provide your feedback to the Board (e.g. did you discuss the concerns with the probationer, were any changes made, what was the outcome, etc.)
- (5) Please fill out SATISFACTORY TREATMENT AND DOCUMENTATION for all patient care reviewed that was in total compliance.

The BOX below is to be filled out AFTER all necessary logs are filled out.

I HEREBY SUBMIT THIS REPORT OF COMPLIANCE AS REQUIRED BY THE VETERINARY MEDICAL BOARD AND THE TERMS AND CONDITIONS OF THE DISCIPLINARY ORDER IN THE MATTER REGARDING THE ABOVE REFERENCE PROBATIONER. I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS GIVEN HERE ARE TRUE AND CORRECT.

SUPERVISOR NAME: Korin N Potenza, DMV, DACVSMR VET # 17426

PROBATIONER'S EMPLOYER OR HOSPITAL:  
San Luis Rey Equine Hospital

ADDRESS: 30643 Vita Maria Elena, Bonsall, CA 92003 TELEPHONE #: 7605358508

NUMBER OF HOURS YOU SPEND REVIEWING PATIENT RECORDS: PER WEEK 1-2 PER MONTH 4-6

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ REVIEW DATE: 5/12/24

# Supervision Review Log

## UNSATISFACTORY TREATMENT OR DOCUMENTATION

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____ _____			
No concerns with this months records. _____			
Comments/ Recommendations given _____ _____			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____ _____			
No concerns with this months records. _____			
Comments/ Recommendations given _____ _____			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____ _____			
No concerns with this months records. _____			
Comments/ Recommendations given _____ _____			

Reviewing Vet Initials knp

## Supervision Review Log

### SATISFACTORY TREATMENT AND DOCUMENTATION

Patient Name	[REDACTED]	Treatment Date	5/1/24
Medical Care Provided	Pre-Entry Exam		

Patient Name	[REDACTED]	Treatment Date	5/3/24
Medical Care Provided	Vitamin Injection		

Patient Name	[REDACTED]	Treatment Date	5/4/24
Medical Care Provided	Lasix		

Patient Name	[REDACTED]	Treatment Date	5/4/24
Medical Care Provided	Endoscopic Exam		

Patient Name	[REDACTED]	Treatment Date	5/4/24
Medical Care Provided	Vitamin Injection		

Patient Name	[REDACTED]	Treatment Date	5/10/24
Medical Care Provided	7 Day Post Race Exam		

Patient Name	[REDACTED]	Treatment Date	5/15/24
Medical Care Provided	Lasix		

Patient Name	[REDACTED]	Treatment Date	5/17/24
Medical Care Provided	Soundness Exam		

Patient Name	[REDACTED]	Treatment Date	5/31/24
Medical Care Provided	Pre-Work Exam		

Patient Name	[REDACTED]	Treatment Date	5/8/24
Medical Care Provided	Pre-Entry Exam		

Patient Name	[REDACTED]	Treatment Date	5/22/24
Medical Care Provided	Radiographs		

Patient Name	[REDACTED]	Treatment Date	5/25/24
Medical Care Provided	Lasix		

Reviewing Vet Initials knp

# Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	5/1/24
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	5/3/24
<b>Medical Care Provided</b>	Soundness Exam/ Shin Injection		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	5/12/24
<b>Medical Care Provided</b>	Post Work Soundness Exam		

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

Reviewing Vet Initials knp

# MEDICAL RECORD REVIEW

RECORD #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OVERALL EXAMINATION ASSESSMENT																			
Diagnosis complied with minimum standards.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
Treatment was necessary, appropriate, and complied with minimum standards.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
Maintained necessary and appropriate treatment.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
Maintained necessary and appropriate records and chart entries.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
Complied with existing statutes and regulations governing the practice of veterinary medicine.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
CCR SECTION 2032.3 (a) RECORD REVIEW																			
Legible	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
Name or initials of the person responsible for entries.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
Name, address and phone number of the client.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
Name or identity of the animal, herd or flock.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
Except for herds or flocks, age, sex, breed, species,	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
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.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
Data, including that obtained by instrumentation, from the physical examination.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
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 a treatment or procedure.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
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.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			

**Juarez, Alexander@DCA**

---

**From:** Korin Potenza [REDACTED]  
**Sent:** Saturday, September 14, 2024 11:12 AM  
**To:** Juarez, Alexander@DCA  
**Subject:** WADE BYRD REPORTS  
**Attachments:** Monthly sup June.pdf; Monthly sup July 2024.pdf; vet\_m\_sup\_report August 2024.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

**This Message Is From an Untrusted Sender**

Warning: This email originated from outside of the organization! Do not click links, open attachments, or reply, unless you recognize the sender's email.

Report Suspicious

Alex

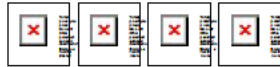
Can you please confirm that you are receiving these.

September will follow.

Korin

Korin N Potenza, DVM, Dipl. ACVSMR  
Owner/Practice Manager  
*San Luis Rey Equine Hospital*  
4211 Holly Lane | Bonsall, CA 92003

(o) [760.726.4566](tel:760.726.4566) | (f) [760.758.2585](tel:760.758.2585) | [www.slreh.com](http://www.slreh.com) |





### MONTHLY SUPERVISION REPORT

Case No: 4602021000373

Veterinarian Name: Wade Byrd

VET # 10381

Report for the Month of: (circle one)

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

#### Instructions:

- (1) Please review the supervision agreement which includes the percentage and frequency of records that need to be reviewed.
- (2) **Make additional copies of this page and two types of Supervision Review logs to be turned in monthly (Satisfactory/Unsatisfactory).**
- (3) Fill this page completely with all up-to-date information and turn in monthly by the 5<sup>th</sup> of each month of supervision with corresponding logs.
- (4) Please fill out UNSATISFACTORY TREATMENT OR DOCUMENTATION review log for all patient care reviewed that required discussion, concerns or recommendations and provide your feedback to the Board (e.g. did you discuss the concerns with the probationer, were any changes made, what was the outcome, etc.)
- (5) Please fill out SATISFACTORY TREATMENT AND DOCUMENTATION for all patient care reviewed that was in total compliance.

The BOX below is to be filled out AFTER all necessary logs are filled out.

I HEREBY SUBMIT THIS REPORT OF COMPLIANCE AS REQUIRED BY THE VETERINARY MEDICAL BOARD AND THE TERMS AND CONDITIONS OF THE DISCIPLINARY ORDER IN THE MATTER REGARDING THE ABOVE REFERENCE PROBATIONER. I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS GIVEN HERE ARE TRUE AND CORRECT.

SUPERVISOR NAME: Korin N Potenza, DMV, DACVSMR VET # 17426

PROBATIONER'S EMPLOYER OR HOSPITAL:  
San Luis Rey Equine Hospital

ADDRESS: 4211 Holly Lane Bonsall CA 92003 TELEPHONE #: 7607264566

NUMBER OF HOURS YOU SPEND REVIEWING PATIENT RECORDS: PER WEEK 2 PER MONTH 8-9

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ REVIEW DATE: 7/29/24

## Supervision Review Log

### UNSATISFACTORY TREATMENT OR DOCUMENTATION

<b>Patient Name</b>		<b>Treatment Date</b>	6/20/24
<b>Medical Care Provided</b> Exam/ESWT/Injections			
<b>Medical Records Documentation:</b> <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) Patient was evaluated and treated based on examination and radiographs- how of radiographs (not sure if they were obtained by WB or if they were obtained by another DVM and Would be nice to have this information on file			
Comments/ Recommendations given If reviewing radiographs obtained by other DVM please document that and try to put radiographs on file/server.			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain)			
Comments/ Recommendations given			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain)			
Comments/ Recommendations given			

**Reviewing Vet Initials** knp

## Supervision Review Log

### SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	6/8/24
<b>Medical Care Provided</b>	Adequan Injection		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	6/5/24
<b>Medical Care Provided</b>	Vitamin Injection		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	6/8/24
<b>Medical Care Provided</b>	Post Work Soundness Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	6/9/24
<b>Medical Care Provided</b>	Insurance Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	6/12/24
<b>Medical Care Provided</b>	Endoscopic Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	6/12/24
<b>Medical Care Provided</b>	Carpal Injection		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	6/20/24
<b>Medical Care Provided</b>	Vitamin Injection		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	6/20/24
<b>Medical Care Provided</b>	Vaccines		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	6/5/24
<b>Medical Care Provided</b>	Pre-Work Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	6/9/24
<b>Medical Care Provided</b>	Pre-Entry Exam		

<b>Patient Name</b>	██████████	<b>Treatment Date</b>	6/12/24
<b>Medical Care Provided</b>	Pre-Work Exam		

Reviewing Vet Initials knp

# Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>		<b>Treatment Date</b>	6/20/24
<b>Medical Care Provided</b>	Endoscopic Exam		

<b>Patient Name</b>		<b>Treatment Date</b>	6/28/24
<b>Medical Care Provided</b>	Castration		

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

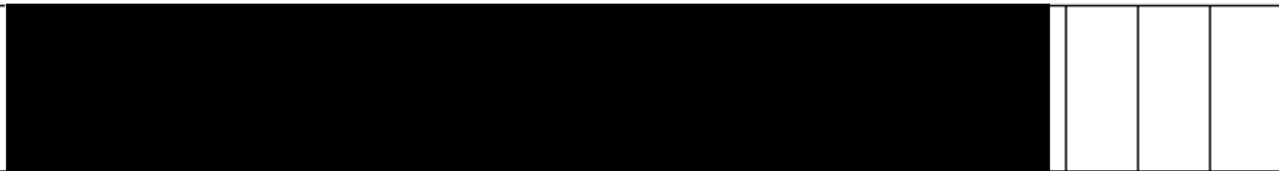
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

Reviewing Vet Initials knp

# MEDICAL RECORD REVIEW

RECORD #



OVERALL EXAMINATION ASSESSMENT																
Diagnosis complied with minimum standards.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Treatment was necessary, appropriate, and complied with minimum standards.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Maintained necessary and appropriate treatment.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Maintained necessary and appropriate records and chart entries.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Complied with existing statutes and regulations governing the practice of veterinary medicine.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CCR SECTION 2032.3 (a) RECORD REVIEW																
Legible	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Name or initials of the person responsible for entries.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Name, address and phone number of the client.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Name or identity of the animal, herd or flock.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Except for herds or flocks, age, sex, breed, species,	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Dates (beginning and ending) of custody of the animal, if applicable.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
A history or pertinent information as it pertains to each animal, herd, or flock's medical status.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Data, including that obtained by instrumentation, from the physical examination.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.	X	X	X					X	X	X					X	X
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.																x
Diagnosis or assessment prior to performing a treatment or procedure.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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.																x
Daily progress, if relevant, and disposition of the case.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X



**VIA ELECTRONIC, CERTIFIED & US MAIL**

September 2, 2025

J. Wade Byrd, DVM  
31504 Stoney Creek Dr.  
Lake Elsinore, CA 92532-0300

**Re: PROBATION VIOLATION LETTER**  
**Case No. 4602021000373**

Dear Dr. Byrd:

A comprehensive review of your probation file was conducted. The following items require your immediate attention:

**OBEY ALL LAWS**

*Respondent shall obey all federal and state laws and regulations substantially related to the practice of veterinary medicine. Within thirty (30) days of any arrest, Respondent shall notify the Board. Within thirty (30) days of any conviction, Respondent shall report to the Board and provide proof of compliance with the terms and conditions of the court order including, but not limited to, probation and restitution requirements. Obey all laws shall not be tolled.*

Violation: The Board conducted an inspection of San Luis Rey Equine Hospital and Equine First Racing on or about September 18, 2024. After review of the medical records collected during the inspection for Westward Look (11/3/2023), Emerald Flash (11/19/2023), Kitzkaty (11/25/2023), La Paloma (11/29/2023), and Kid Azteca (10/9/2023), it was determined each record was missing required information, including, but not limited to, incomplete or missing exam data, dose and route of drug administration, the name or initials of the person responsible for entries, and a lack of diagnosis or prognosis. Additionally, it appeared that in several instances, medications or treatments were prescribed without a valid exam.

**QUARTERLY REPORTS**

*Respondent shall report quarterly to the Board or its designee, under penalty of perjury, on forms provided by the Board, stating whether there has been compliance with all terms and conditions of probation. Omission or falsification in any manner of any information on these reports shall constitute a violation of probation and shall result in the filing of an accusation and/or a petition to revoke probation against Respondent's license, registration or permit. If the final written quarterly report is not made as directed, the period of probation shall be extended until the final report is received by the Board. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation.*

Violation: After review of the Board's records, a Quarterly Report for 2024, Quarter 4, due January 5, 2025, was received on or about January 14, 2025.

**NOTICE TO EMPLOYEES**

*Throughout the probationary period, and in a manner that is visible to all licensed, registered, or permitted veterinary employees at the veterinary premises, Respondent shall post a notice, provided or approved by the Board, that recites the violations for which Respondent has been disciplined and the terms and conditions of probation.*

Violation: After review of the Board's records, the Board does not have proof that a notice, provided or approved by the Board, is posted at San Luis Rey Equine Hospital or Equine First Racing.

**INTERVIEW WITH THE BOARD**

*Within 30 days of the effective date of the Decision, Respondent shall appear in person for an interview with the Board or its designee to review the terms and conditions of probation. Thereafter, Respondent shall, upon reasonable request, report or appear in person as directed. Interview with the Board shall not be tolled.*

Pursuant to your Interview with the Board term, you are being scheduled to report to the Board for a probation meeting on **September 10, 2025, at 3:00pm** via Microsoft Teams.

Microsoft Teams [Need help?](#)

[Join the meeting now](#)

Meeting ID: 221 311 685 942 9

Passcode: eJ66dr9y

Dial in by phone

[+1 916-461-9649,,140532430#](#) United States, Folsom

[Find a local number](#)

Phone conference ID: 140 532 430#

Please submit a written letter of explanation in answer to the above-described violation along with a proposed plan to correct the violation by **September 16, 2025**. Failure to rectify any and/or all of the violations may be considered violations of your probation.

If you have any questions or concerns, please contact me via email at

[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov).

Regards,

Alexander A. Juarez

Probation Monitor

California Veterinary Medical Board

**Juarez, Alexander@DCA**

---

**From:** Wade Byrd <[REDACTED]>  
**Sent:** Tuesday, September 16, 2025 1:03 PM  
**To:** Juarez, Alexander@DCA; Wade Byrd  
**Subject:** Byrd response\_VMB Probation Violation Letter\_250902  
**Attachments:** Byrd Reponse\_Probation Violation Letter\_250902 (1).pdf; BYRD\_VMB\_Notice to Employees.pdf

**This Message Is From an Untrusted Sender**

Warning: This email originated from outside of the organization! Do not click links, open attachments, or reply, unless you recognize the sender's email.

[Report Suspicious](#)

Dear Mr. Juarez,

Please find attached below my response to the VMB Probation Violation Letter dated September 2, 2025. Also find attached is the Notice To Employees that I had given our 2 employees a copy of my Accusation and the Decision and Order document.

Please let me know that you have received this email.  
Is this email sufficient or do you need me to send it via regular mail as well?

If there is anything else that you need, please do not hesitate to contact me.

Best Regards,  
Wade

[REDACTED]

Wade Byrd, DMV  
Trackside Veterinary Group  
Bonsall, CA  
92003



### NOTICE TO EMPLOYEES

Veterinarian's Name: J.Wade Byrd, DVM License # 10381

Term of probation: from April 5, 2023 to April 5, 2027

The Veterinarian named above has been placed on probation with the Veterinary Medical Board. As a condition of probation, the Veterinarian is required to post a notice, which recites the offenses for which he/she has been disciplined and the terms and conditions of probation, to all licensed, registered, or permitted veterinary employees at the veterinary premise.

Name of Veterinary Premise: Equine First Racing, Inc

***The Section Below is to be Completed by the Acknowledging Party  
 (Attach additional sheets, if necessary)***

All employees listed below have been provided with a true copy of the Accusation and the Decision and Order for the Veterinarian named above.

Date Submitted: April 10, 2023

Name: Lindsey Porubovich, DVM Name: \_\_\_\_\_

Work Title: Veterinarian Work Title: \_\_\_\_\_

Name: Tasha Vadnais Name: \_\_\_\_\_

Work Title: Manager / Billing Work Title: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Work Title: \_\_\_\_\_ Work Title: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Work Title: \_\_\_\_\_ Work Title: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Work Title: \_\_\_\_\_ Work Title: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Work Title: \_\_\_\_\_ Work Title: \_\_\_\_\_

***Please return this completed form to the address shown above Attention: Probation Unit***  
 (Rev. 7/2019)

J. Wade Byrd, DVM  
31504 Stoney Creek Dr  
Lake Elsinore, CA 92532

[REDACTED]  
M: [REDACTED]

**September 15, 2025**

Mr. Alexander Juarez  
Veterinary Medical Board  
1747 N. Market Blvd., Suite 230  
Sacramento, CA 95834  
[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov)

**Re: Response to Probation Violation Notice (9/2/25)**  
**Case No. 4602021000373**

Dear Mr. Juarez,

I write in response to your September 2, 2025 letter asserting probation violations arising from records accessed on September 14, 2024, and concerning services dated October 9, 2023, through November 29, 2023. The events in question occurred approximately 22–23.5 months ago. Earlier notice would have enabled me to address minor omissions sooner; nevertheless, I have taken corrective actions and detail them below.

---

## **1) Continuing Education — Recordkeeping Compliance**

Probation Term 18: Within sixty (60) days of the effective date and annually thereafter, submit for prior approval and complete an educational program/course in medical recordkeeping (≥8 hours/year), with proof of completion in addition to standard licensure CE.

Completions to date:

- Year 1: Veterinary Bootcamp — Certificate of Completion (July 8, 2024).
- Year 2: VetMedTeam — Veterinary Medicine: Medical Records—The Roadmap to Quality Care (March 27, 2025).

These courses post-date the alleged recordkeeping deficiencies and have materially improved my documentation practices. Proofs of completion are available upon request.

---

## 2) Case Record Reviews (per allegations)

Below are 12-point concise audits of the cited records and records going forward.

### A) [REDACTED] — October 9, 2023

- Presenting complaint: Routine castration — clearly documented.
- Client contact: Present and correct.
- Vitals: Documented (T 100.2, P 32, R 12).
- Physical exam: Within normal limits (BAR; lungs/trachea clear; mucous membranes pink/moist; CRT <2 sec; normal GI borborygmi), both testicles descended into the scrotum.
- Laboratory: None submitted (not clinically indicated for this case).
- Consent/estimates: Signed; trainer authorized as owner's agent. Authorization includes clinical exam, sedation, castration, post-castration analgesia, and antibiotics.
- Diagnosis/Prognosis: Diagnosis recorded; prognosis not explicitly stated.
- Medications dispensed: None.
- Discharge/follow-up: Noted that the horse remained on-site within our daily care; antibiotics administered as part of ongoing management.
- Charges: Reconciled to procedures.
- Notes/initials: Present.

**Remediation:** I now document an explicit prognosis statement and standardized dismissal instructions even for on-site, continuing-care cases.

**B) [REDACTED] — November 19, 2023 (Soundness Exam)**

- Regulatory context: California Horse Racing Board (CHRB 1866) and HISA 2242 pre-work application requirements met; included history for not starting as a 2 or 3yr. old and 30-day treatment review.
- Diagnostics: None performed; clinical assessment supported an implied diagnosis of a sound racehorse.
- Prognosis: Should be explicitly recorded as “Good” for clarity.

**Remediation:** Post-CE training, I uniformly record explicit diagnosis and prognosis, even when implied by a normal exam, and include a brief rationale.

**C) [REDACTED] — November 25, 2023**

- Presenting complaint: No coughing reported post-work. Endoscopic Examination: Grade 1 function at rest; Grade ¼, slightly thick, gold tracheal mucus.
- Client contact: Present and correct.
- Vitals: Temperature - 100.0. Patient BAR.  
Monthly physical exam performed on October 27, 2023: Patient BAR, appears healthy. T 99.4, P 40 (no m/a), R 20. Lungs/trachea clear. MM p/m. CRT <2s. GI normal borborygmi in all 4 quadrants.
- Physical exam: Monthly physical exam documented (lungs/trachea clear; MM pink/moist; CRT <2 sec; normal GI sounds in all quadrants; BAR). Abbreviated physical exams as indicated throughout the month.
- Laboratory: None submitted.  
November 6, 2023: SAA= 2. Assistant trainer reports mucoid nasal discharge. Normal temps, eating well. Slight-serous discharge present currently. P: Monitor
- Consent/estimates: Signed; trainer designated as owner’s authorized agent and approved endoscopic exam and treatments.
- Diagnosis/Prognosis: Diagnosis recorded; prognosis not explicitly stated.
- Medications dispensed: None.
- Discharge/follow-up: Ongoing on-site monitoring documented.

- Charges: Reconciled to procedures.
- Notes/initials: Present.

**Remediation:** Prognosis now recorded as a required field in my standardized template.

**D) [REDACTED] - November 3, 2023**

- Presenting Complaint: Soundness Examination
- Client Contact: Present and Correct
- Vitals: TPR - not recorded on November 3, 2023.  
October 30, 2023: T 99.3, P 36 (no m/a), R 8. Lungs/trachea clear.
- Physical Exam: November 3, 2023 - Patient BAR, appears healthy. PE WNL.  
Lungs/trachea clear. MM p/m. CRT <2s. GI borborygmi normal in all 4 quadrants.
- Laboratory: None submitted.
- Consent/Estimates: Signed; trainer designated as owner's authorized agent. Trainer consented to the estimate of sedation, radiographs, and intra-articular therapy.
- Diagnosis/Prognosis: Diagnosis: L DRCB has an old, small chip fragment. L third carpal bone has areas of sclerosis and lysis. No radiographic evidence of stress fracture.  
Prognosis: Not explicitly stated.
- Medications dispensed: none.
- Discharge/follow-up: Ongoing on-site monitoring documented. Re-examined on November 8, 2023: Jogs sound. L ICJ effusion reduced. Flex/palp negative
- Charges: Reconciled to procedures.
- Notes/initials: Present.
- **Remediation:** Prognosis now recorded as a required field in my standardized template.

E) [REDACTED] — November 29, 2023

- Record status: No patient by this name exists in my caseload or database.

Action: Please provide identifying details (client name, microchip/tattoo, date of birth, or alternative spelling) so I can assist in locating or reconciling any potential record under a variant name.

---

### 3) Quarterly Report — Timeliness

- Allegation: 2024 Q4 Quarterly Report (due January 5, 2025) received on or about January 14, 2025.
  - ***Acknowledgment & remediation:*** I acknowledge this late submission. I have since implemented a calendared compliance checklist with redundant alerts - seven (7) and three (3) days before each deadline, and a same-day confirmation step, to prevent recurrence.
- 

### 4) Ongoing Quality Improvements

Since completing the recordkeeping courses, I have:

- Implemented a standardized medical record template requiring mandatory fields for Diagnosis and Prognosis on every case.
  - Added a universal discharge/follow-up section—even for cases remaining under on-site daily care—to ensure explicit after-care guidance exists in the chart.
  - Adopted a consent/authorization checklist that captures owner-agent relationships (e.g., trainer as authorized agent) and scope of authorization for diagnostics/treatments.
  - Conduct routine self-audits against a 12-point checklist (presenting complaint, client contact, vitals, PE, labs/interpretation, consent, diagnosis, prognosis, medications/labels, discharge/follow-up, charge reconciliation, clinician initials).
-

## 5) Notice To Employees

Throughout the probationary period, and in a manner that is visible to all licensed, registered, or permitted veterinary employees at the veterinary premises, Respondent shall post a notice, provided or approved by the Board, that recites the violations for which Respondent has been disciplined and the terms and conditions of probation.

I have placed a copy of my Accusation and the Decision & Order in the following locations:

1. I had notified and emailed the employees of Equine First Racing:
  - Lindsey Porubovich, DVM, veterinarian
  - Tasha Vadnais, manager and bookkeeper
2. In a binder on the dash of my mobile unit, as 100% of my veterinary work is mobile at 5227 Camino Del Rey, Bonsall, CA 92003.

## 6) Request for Board Consideration

In light of the above, I respectfully request that the Board consider my timely remediation, ongoing education, system upgrades, and absence of patient harm in resolving these matters. I remain committed to full compliance with the terms of my probation and to high standards of veterinary recordkeeping and patient care.

If additional documentation or clarifications are needed, I will provide them promptly.

Sincerely,

*Wade Byrd, DVM*

J. Wade Byrd, DVM



**VIA ELECTRONIC, CERTIFIED & US MAIL**

January 23, 2026

J. Wade Byrd, DVM  
31504 Stoney Creek Dr.  
Lake Elsinore, CA 92532-0300

**Re: PROBATION VIOLATION LETTER**  
**Case No. 4602021000373**

Dear Dr. Byrd:

A review of your probation file was conducted. The following item requires your immediate attention:

**QUARTERLY REPORTS**

*Respondent shall report quarterly to the Board or its designee, under penalty of perjury, on forms provided by the Board, stating whether there has been compliance with all terms and conditions of probation. Omission or falsification in any manner of any information on these reports shall constitute a violation of probation and shall result in the filing of an accusation and/or a petition to revoke probation against Respondent's license, registration or permit. If the final written quarterly report is not made as directed, the period of probation shall be extended until the final report is received by the Board. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation.*

Violation: After review of the Board's records, a Quarterly Report for 2025, Quarter 4, due January 5, 2026, has not been received by the Board.

Please submit a written letter of explanation in answer to the above-described violation along with a proposed plan to correct the violation by **February 6, 2026**. Failure to rectify any and/or all of the violations may be considered violations of your probation.

If you have any questions or concerns, please contact me via email at [Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov).

Regards,

SIGNATURE ON FILE

Alexander A. Juarez  
Probation Monitor  
California Veterinary Medical Board

**Juarez, Alexander@DCA**

---

**From:** Wade Byrd [REDACTED]  
**Sent:** Friday, January 23, 2026 7:06 PM  
**To:** Juarez, Alexander@DCA; Wade Byrd  
**Subject:** Re: CVMB: Notice of Probation Violation  
**Attachments:** 2025\_4th QTR Report\_Byrd.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

**This Message Is From an Untrusted Sender**

Warning: This email originated from outside of the organization! Do not click links, open attachments, or reply, unless you recognize the sender's email.

[Report Suspicious](#)

Dear Mr. Juarez,

The **2025 4th Quarterly Report** was signed and mailed on **January 3, 2026, at 2:41PM**. It was mailed via the United States Postal Service, certified with a signature request. It was picked up at the **Sacramento Post Office on January 8, 2026, and signed for by Consumer Affairs - J Scott at 10:10AM**.  
**Do you know a J Scott?**

**Please reference the evidence that I am not in violation of probation:**

**1. PICK UP RECEIPT ON THE USPS WEBSITE**



tools.usps.com

# USPS Tracking<sup>®</sup>

Tracking Number:

R

**9410850899563000497933**



Copy



Add to Informed Delivery

## Latest Update

Your item was picked up at the post office at 10: on January 8, 2026 in SACRAMENTO, CA 95810 CONSUMER AFFAIR. The item was signed for b SCOTT.

Get More Out of USPS Tracking:



USPS Tracking Plus<sup>®</sup>

2. MY SHIPPING RECEIPT - JANUARY 3, 2026

Postal Annex 42  
32295-8 MISSION TRAIL RD.  
LAKE HENRIKSON, CA 92530  
PHONE 951-674-3189  
FAX 951-245-1202  
EMAIL: POSTALANNEX42@GMAIL.COM

Shipment -----  
USPS Priority Flat Rate  
Ship To:  
VETERINARY MEDICAL BOARD  
1747 N Market Blvd #230  
SACRAMENTO, CA 95834  
Package ID: 319983 25.60  
Tracking #: 9410850899563000497933  
Signature Confirmation [\$5.70]  
SUBTOTAL 25.60  
TAX 0.00  
TOTAL 25.60  
TEND Debit 25.60

Total shipments: 1

3. 2025 4th QUARTERLY REPORT - attached for your reference.

If you have any questions or concerns regarding my prompt attention to this matter, please do not hesitate to contact me.

Best Regards,  
Wade Byrd, DVM

M: [REDACTED]

PS: Have you read through my package for petition of early termination of probation?  
What is the status of it?

On Fri, Jan 23, 2026 at 4:51 PM Juarez, Alexander@DCA <[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov)> wrote:

Hello,

Please see the attached Probation Violation Letter.

Your response is requested by February 6, 2026.

Thanks,



**Alexander A. Juarez**

**Probation Monitor**

California Veterinary Medical Board

Department of Consumer Affairs

1747 N. Market Blvd, Suite 230

Sacramento, CA 95834

Direct: 916-905-5434 Toll Free: 866-229-0170

[f](#) | [X](#) | [Join Our Email List!](#) | [VMB Customer Satisfaction Survey](#)

## Quarterly Probation Report

**INSTRUCTIONS:** Please type or print neatly. ALL requested information and questions on this form must be answered. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the Declaration. Mail your completed report to the Veterinary Medical Board's Probation Unit at the address above. PLEASE USE THIS FORM AS A MASTER AND MAKE COPIES FOR FUTURE USE. Faxed or emailed reports *will not* be accepted, only reports with an original signature.

### Check Appropriate Box Below for Reporting Period

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> 1 <sup>st</sup> Quarter (January, February, March)               | Postmark date April 5 <sup>th</sup>   |
| <input type="checkbox"/> 2 <sup>nd</sup> Quarter (April, May, June)                       | Postmark date July 5 <sup>th</sup>    |
| <input type="checkbox"/> 3 <sup>rd</sup> Quarter (July, August, September)                | Postmark date October 5 <sup>th</sup> |
| <input checked="" type="checkbox"/> 4 <sup>th</sup> Quarter (October, November, December) | Postmark date January 5 <sup>th</sup> |

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	
John	Wade	Byrd	
<b>Case Number</b>	<b>License/Registration Number</b>	<b>Primary Email Address</b>	
4602021000373	10381	[REDACTED]	
<b>Hours Worked</b>	<b>Days Worked</b>	<b>Mobile Phone Number</b>	<b>Home Phone Number</b>
Per Week: 42	Per Week: 4	[REDACTED]	N/A
<b>Mailing Address</b>			
31504 Stoney Creek Dr. Lake Elsinore, CA 92532			
<b>Principle Place of Practice*</b>			
Trackside Veterinary Group (mobile equine practice)			
<b>Address of Principle Place of Practice</b>			
PO Box 736 Bonsall, CA 92003			

\*You must list all practice locations and changes in practice or employment. If you have additional practice locations or employers, you must list this information on an attached sheet of paper.

### COMPLIANCE REPORT

*The questions below refer to the time period since your last completed Quarterly Report. Please provide any supporting documentation as requested in the section below.*

(Check ONE box for each question below)	YES	NO
Have you had any disciplinary action taken by any federal, state, other governmental agency against any professional or vocational license you now hold? <i>If yes, provide an explanation.</i>	<input type="radio"/>	<input checked="" type="radio"/>
Since the last quarterly report have you been arrested, charged, or convicted of any violation of any federal, state or local laws? <i>If yes, please attach a detailed explanation.</i>	<input type="radio"/>	<input checked="" type="radio"/>
Have you complied with every term and condition of your probation? <i>If no, provide an explanation.</i>	<input checked="" type="radio"/>	<input type="radio"/>
Did you cease practicing since your last report? <i>If yes, give the date you ceased practice.</i>	<input type="radio"/>	<input checked="" type="radio"/>

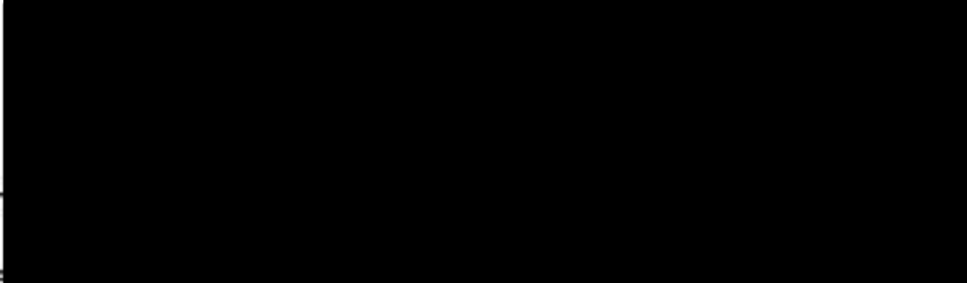
(Check ONE box for each question below)	YES	NO
Have you maintained a current and valid license/registration? <i>If no, provide an explanation.</i>	<input checked="" type="radio"/>	<input type="radio"/>
Are you current with your probation monitoring costs? <i>If no, provide an explanation.</i>	<input checked="" type="radio"/>	<input type="radio"/>

### DECLARATION AND SIGNATURE

I hereby submit this Quarterly Report as required by the Veterinary Medical Board and its Order of probation thereof and declare under penalty of perjury under the laws of the State of California that I have read the foregoing report and any attachments in their entirety and know their contents and that all statements made are true in every respect and I understand and acknowledge that any misstatements, misrepresentations, or omissions of material fact may be cause for further disciplinary action.

Executed on January 3, 2026, at Lake Elsinore, CA  
City State

Probationer (print name): John Wade Byrd

Probationer's Signature: 

**Juarez, Alexander@DCA**

---

**From:** Cline, Taylor@DCA  
**Sent:** Monday, February 2, 2026 4:29 PM  
**To:** Juarez, Alexander@DCA  
**Subject:** Incoming Mail, Various  
**Attachments:** Prob 4Q25 Byrd 21000373.pdf

Thank you,



**Taylor Cline**

**Receptionist**

She/They ([Why Pronouns Matter](#))

CA Veterinary Medical Board  
Department of Consumer Affairs  
1747 N Market Blvd, Suite 230  
Sacramento, CA 95834-2978  
Direct: (916) 232-4122  
Direct: Taylor.Cline@dca.ca.gov



[Join Our Email List!](#) | [VMB Customer Satisfaction Survey](#)

## Quarterly Probation Report

**INSTRUCTIONS:** Please type or print neatly. ALL requested information and questions on this form must be answered. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the Declaration. Mail your completed report to the Veterinary Medical Board's Probation Unit at the address above. PLEASE USE THIS FORM AS A MASTER AND MAKE COPIES FOR FUTURE USE. Faxed or emailed reports will not be accepted, only reports with an original signature.

**Check Appropriate Box Below for Reporting Period**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> 1 <sup>st</sup> Quarter (January, February, March)               | Postmark date April 5 <sup>th</sup>   |
| <input type="checkbox"/> 2 <sup>nd</sup> Quarter (April, May, June)                       | Postmark date July 5 <sup>th</sup>    |
| <input type="checkbox"/> 3 <sup>rd</sup> Quarter (July, August, September)                | Postmark date October 5 <sup>th</sup> |
| <input checked="" type="checkbox"/> 4 <sup>th</sup> Quarter (October, November, December) | Postmark date January 5 <sup>th</sup> |

<b>First Name</b>		<b>Middle Name</b>		<b>Last Name</b>	
John		Wade		Byrd	
<b>Case Number</b>		<b>License/Registration Number</b>		<b>Primary Email Address</b>	
4602021000373		10381		[REDACTED]	
<b>Hours Worked</b>		<b>Days Worked</b>		<b>Mobile Phone Number</b>	
Per Week:		Per Week:		Home Phone Number	
42		4		[REDACTED] N/A	
<b>Mailing Address</b>					
31504 Stoney Creek Dr. Lake Elsinore, CA 92532					
<b>Principle Place of Practice*</b>					
Trackside Veterinary Group (mobile equine practice)					
<b>Address of Principle Place of Practice</b>					
PO Box 736 Bonsall, CA 92003					

\*You must list all practice locations and changes in practice or employment. If you have additional practice locations or employers, you must list this information on an attached sheet of paper.

### COMPLIANCE REPORT

*The questions below refer to the time period since your last completed Quarterly Report. Please provide any supporting documentation as requested in the section below.*

(Check ONE box for each question below)	YES	NO
Have you had any disciplinary action taken by any federal, state, other governmental agency against any professional or vocational license you now hold? <i>If yes, provide an explanation.</i>	<input type="radio"/>	<input checked="" type="radio"/>
Since the last quarterly report have you been arrested, charged, or convicted of any violation of any federal, state or local laws? <i>If yes, please attach a detailed explanation.</i>	<input type="radio"/>	<input checked="" type="radio"/>
Have you complied with every term and condition of your probation? <i>If no, provide an explanation.</i>	<input checked="" type="radio"/>	<input type="radio"/>
Did you cease practicing since your last report? <i>If yes, give the date you ceased practice.</i>	<input type="radio"/>	<input checked="" type="radio"/>

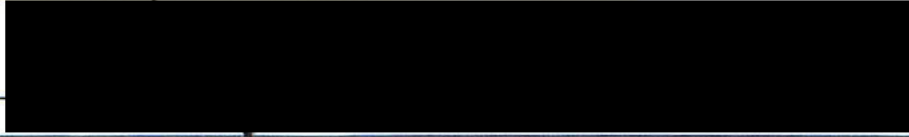
(Check ONE box for each question below)	YES	NO
Have you maintained a current and valid license/registration? <i>If no, provide an explanation.</i>	<input checked="" type="radio"/>	<input type="radio"/>
Are you current with your probation monitoring costs? <i>If no, provide an explanation.</i>	<input checked="" type="radio"/>	<input type="radio"/>

### DECLARATION AND SIGNATURE

I hereby submit this Quarterly Report as required by the Veterinary Medical Board and its Order of probation thereof and declare under penalty of perjury under the laws of the State of California that I have read the foregoing report and any attachments in their entirety and know their contents and that all statements made are true in every respect and I understand and acknowledge that any misstatements, misrepresentations, or omissions of material fact may be cause for further disciplinary action.

Executed on January 3, 2026, at Lake Elsinore, CA  
City State

Probationer (print name): John Wade Byrd

Probationer's Signature: 

WADE BYRO, DVM  
31504 STONEY CREEK DR.  
LAKE ELSINORE, CA  
92532

RECEIVED  
FEB 02 2026

VMB

VETERINARY MEDICAL BOARD  
1747 N. MARKET BLVD. #230  
SACRAMENTO, CA 95834

ATTN: MR. ALEXANDER JUAREZ

A

A190

PRESS FIRMLY TO SEAL



PRIORITY MAIL  
FLAT RATE ENVELOPE  
POSTAGE REQUIRED

**PRIORITY<sup>®</sup>  
MAIL**

**FLAT RATE  
ENVELOPE**

ONE RATE ■ ANY WEIGHT

To schedule free Package Pickup,  
scan the QR code.



USPS.COM/PICKUP



PS00001000012

EP14B Octobr  
OD: 10 x 6



06380010937446

US POSTAGE AND FEES PAID  
PRIORITY MAIL IMI  
Jan 04 2026  
Mailed from ZIP 92530  
PRIORITY MAIL  
ZONE 4 FLAT - RATE ENV  
13582604  
Commercial

**P**

**USPS PRIORITY MAIL**

**C059**

**WADE BYRD  
31504 STONEY CREEK DR  
LAKE ELSINORE CA 92532**

Shipped using PostalMate  
pkg:319988

**VETERINARY MEDICAL BOARD  
SHIP TO: 1747 N Market Blvd #230  
SACRAMENTO CA 95834**



**USPS SIGNATURE TRACKING #**



**9410 8508 9956 3000 4979 33**



SEE NOTICE ON REVERSE regarding USPS terms, conditions of sale and limitation of liability. Where allowed by law, shipper authorizes USPS to act as its exclusive agent for export and import purposes. It is the shipper's responsibility to ensure that the commodities, technology or software were exported from the US in accordance with the Export Administration Regulations. Diversion contrary to law is prohibited.



sole agent for Priority Mail<sup>®</sup> and Priority Mail International<sup>®</sup> shipments.  
Misuses may be a violation of federal law. This package is not for resale. EP14B  
© U.S. Postal Service; October 2023; All rights reserved.



**VIA ELECTRONIC, CERTIFIED & US MAIL**

March 13, 2026

J. Wade Byrd, DVM  
31504 Stoney Creek Dr.  
Lake Elsinore, CA 92532-0300

**Re: PROBATION VIOLATION LETTER**  
**Case No. 4602021000373**

Dear Dr. Byrd:

A review of your probation file was conducted. The following item requires your immediate attention:

**COST RECOVERY**

*Pursuant to Section 125.3 of the California Business and Professions Code, within thirty (30) days of the effective date of this Decision, Respondent shall pay to the Board its enforcement costs including investigation and prosecution, in the amount of \$19,534.00 which may be paid over time in accordance with a Board approved payment plan, within six (6) months before the end of the probation term. Cost recovery shall not be tolled.*

After review of the Board's records, the Board did not receive a payment for the month of November 2025 or February 2026 in accordance with your new payment plan approved July 22, 2024.

**FINE**

*Respondent shall pay to the Board a fine in the amount of \$3,000.00 pursuant to Business and Professions Code sections 4875 and 4883, which may be paid overtime in accordance with a Board approved payment plan. within six (6) months before the end of the probation term.*

After review of the Board's records, the Board received a partial monthly payment for April 2025, and no payment for August 2025 and February 2026 in accordance with your new payment plan approved July 19, 2024.

Please submit a written letter of explanation in answer to the above-described violation along with a proposed plan to correct the violation by **March 27, 2026**. Failure to rectify any and/or all of the violations may be considered violations of your probation.

If you have any questions or concerns, please contact me via email at [Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov).

Regards,

Alexander A. Juarez  
Probation Monitor  
California Veterinary Medical Board



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR  
 DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA VETERINARY MEDICAL BOARD  
 1747 North Market Blvd., Suite 230, Sacramento, CA 95834-2987  
 P (916) 515-5520 | Toll-Free (866) 229-0170 | [www.vmb.ca.gov](http://www.vmb.ca.gov)



## VIA ELECTRONIC, CERTIFIED & US MAIL

March 30, 2026

J. Wade Byrd, DVM  
 31504 Stoney Creek Dr.  
 Lake Elsinore, CA 92532-0300  
[Wadebyrddvm@gmail.com](mailto:Wadebyrddvm@gmail.com)

**Re: PROBATION VIOLATION LETTER**  
**Case No. 4602021000373**

Dear Dr. Byrd:

A review of your probation file was conducted. The following item requires your immediate attention:

**OBEDIENCE TO ALL LAWS**

*Respondent shall obey all federal and state laws and regulations substantially related to the practice of veterinary medicine. Within thirty (30) days of any arrest, Respondent shall notify the Board. Within thirty (30) days of any conviction, Respondent shall report to the Board and provide proof of compliance with the terms and conditions of the court order including, but not limited to, probation and restitution requirements. Obey all laws shall not be tolled.*

Medical records reviewed for Howbeit on June 8, 2025 indicated the following: Medical records for Howbeit failed to contain a phone number for the client. Medical records for Howbeit failed to contain a history or pertinent information as it pertains to each animal, heard, or flock's medical status (history regarding lameness not included).

Medical records reviewed for Penny The Jet on June 14, 2025 indicated the following: Medical records for Penny The Jet failed to contain a history or pertinent information as it pertains to each animal, heard, or flock's medical status (history regarding lameness not included). Medical records for Penny The Jet failed to contain data including that obtained by instrumentation, from the physical examination (description of thickened lateral suspensory branch location not included).

Please submit a written letter of explanation in answer to the above-described violation along with a proposed plan to correct the violation by **April 13, 2026**. Failure to rectify any and/or all of the violations may be considered violations of your probation.

If you have any questions or concerns, please contact me via email at [Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov).

Regards,



Alexander A. Juarez  
Probation Monitor  
California Veterinary Medical Board

**Juarez, Alexander@DCA**

---

**From:** Juarez, Alexander@DCA  
**Sent:** Wednesday, March 25, 2026 1:44 PM  
**To:** 'Wade Byrd'  
**Subject:** RE: CVMB: Probation Violation Notification

Hello,

Your email and attachments have been received.

Thank you,



**Alexander A. Juarez**  
**Probation Monitor**  
California Veterinary Medical Board  
Department of Consumer Affairs  
1747 N. Market Blvd, Suite 230  
Sacramento, CA 95834  
Direct: 916-905-5434 Toll Free: 866-229-0170  
[f](#) | [X](#) | [Join Our Email List!](#) | [VMB Customer Satisfaction Survey](#)

---

**From:** Wade Byrd <wadebyrddvm@gmail.com>  
**Sent:** Wednesday, March 25, 2026 8:00 AM  
**To:** Juarez, Alexander@DCA <Alexander.Juarez@dca.ca.gov>; Wade Byrd <wadebyrddvm@gmail.com>  
**Subject:** Re: CVMB: Probation Violation Notification

**This Message Is From an External Sender**

WARNING: This email originated from outside of the organization! Do not click links, open attachments, or reply, unless you recognize the sender's email.

[Report Suspicious](#)

Dear Mr. Juarez,

Please see the attached response to the probation violation notification regarding probation monitoring costs, cost recovery, and fine payments.

Could you please acknowledge receipt of this email?

Thank you,

Wade Byrd, DVM  
Trackside Veterinary Group

Bonsall, CA 92003

On Fri, Mar 13, 2026 at 3:23 PM Juarez, Alexander@DCA <[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov)> wrote:

Hello Dr. Byrd,

Please see the attached Probation Violation Notification regarding Cost Recovery payments and Fine payments.

Your response is requested by March 27, 2026.

Thank you,



**Alexander A. Juarez**

**Probation Monitor**

California Veterinary Medical Board

Department of Consumer Affairs

1747 N. Market Blvd, Suite 230

Sacramento, CA 95834

Direct: 916-905-5434 Toll Free: 866-229-0170

[f](#) | [X](#) | [Join Our Email List!](#) | [VMB Customer Satisfaction Survey](#)

Wade Byrd, DVM  
California Veterinary License No.: 10381  
31504 Stoney Creek Dr.  
Lake Elsinore, CA 92532  
310.245.7000  
wadebyrddvm@gmail.com

March 24, 2026

Mr. Alexander Juarez  
California Veterinary Medical Board  
Department of Consumer Affairs  
1725 North Market Blvd., Suite N-200  
Sacramento, CA 95834

**RE:** Response to Notice of Probation Violation — Payment Deficiency  
**License No.:** 10381

Dear Mr. Juarez:

I am writing in response to the Notice of Probation Violation I recently received regarding my payment account. I want to address this matter directly, take full responsibility for the lapses in my payment schedule, and provide a clear accounting of the corrective actions I have already taken.

During this period, my household experienced significant and unexpected medical expenses related to a serious illness within my immediate family. These out-of-pocket costs placed considerable strain on our finances, which directly contributed to the payment lapses in November 2025 and February 2026. I am pleased to report that my family member's health has since improved, and our financial situation has stabilized accordingly.

I acknowledge that a scheduled payment was missed in November 2025. Upon becoming aware of this deficiency, I rectified the oversight by submitting a double payment on December 31, 2025, thereby satisfying both the missed November obligation and the December installment within the same calendar month.

I further acknowledge that a payment was missed in February 2026. Once again, upon identifying this deficiency, I took immediate corrective action. On March 20, 2026, I submitted three separate payments totaling \$1,800.00, structured as follows:

1. Payment 1: \$600.00 (\$100.00 — Probation Monitoring Fee | \$400.00 — Cost Recovery | \$100.00 — Fine)
2. Payment 2: \$600.00 (\$100.00 — Probation Monitoring Fee | \$400.00 — Cost Recovery | \$100.00 — Fine)

3. Payment 3: \$600.00 (\$100.00 — Probation Monitoring Fee | \$400.00 — Cost Recovery | \$100.00 — Fine)

Payment confirmation documentation for the March 20, 2026 transactions is enclosed for your review.

I want to be transparent about my current outstanding balance and my firm commitment to satisfying it in full well in advance of the October 4, 2026 deadline:

<b>Probation Monitoring Fee:</b>	\$1,000.00
<b>Cost of Recovery:</b>	\$5,799.00
<b>Fine:</b>	\$300.00
<b>Total Remaining Balance:</b>	<b>\$7,099.00</b>

I have been a licensed veterinarian in the State of California since 1989 — over 36 years of dedicated service to the profession and to the animal patients and clients I serve. It is not lost on me that maintaining my license in good standing is both a professional and personal obligation. These missed payments do not reflect a lack of commitment to my probation terms; rather, they were isolated administrative oversights that I corrected proactively.

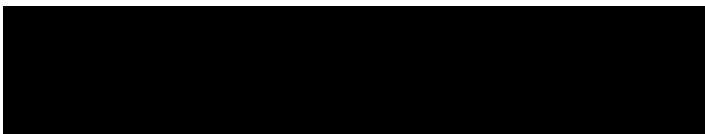
I respectfully request that the Board take into consideration the following:

4. Both missed payments were remedied with accelerated payments — a double payment for November 2025 and a triple payment totaling \$1,800.00 for February 2026 — demonstrating my good faith intent to honor my financial obligations in full.
5. My remaining balance of \$7,099.00 will be satisfied on or before October 4, 2026, and I am prepared to provide a structured payment schedule upon request.
6. My 36-year record of service to the veterinary profession reflects a consistent commitment to ethical and professional standards.

I sincerely regret any concern or administrative burden these oversights may have caused the Board. I remain fully committed to the terms of my probation and to completing all outstanding financial obligations within the required timeframe. I welcome any opportunity to discuss this matter further and can be reached at 310.245.7000 or [wadebyrdvm@gmail.com](mailto:wadebyrdvm@gmail.com) at your convenience.

Thank you for your time and consideration.

Respectfully submitted,



Wade Byrd, DVM  
California Veterinary License No.: 10381  
Date: March 24, 2026

**Enclosures:**

- Payment Confirmation — March 20, 2026, Payment 1 of 3
- Payment Confirmation — March 20, 2026, Payment 2 of 3
- Payment Confirmation — March 20, 2026, Payment 3 of 3
- Payment Confirmation — December 31, 2025 (Double Payment)

Order Section	
Amount	600.00 USD
Service Fee (2.3%)	13.80 USD
Total of all charges and fees	613.80 USD

Billing Address
J Wade Byrd, DVM, Inc
John Byrd
31504 Stoney Creek Dr
Lake Elsinore CA, 92532
[REDACTED]

Confirmation	
Your payment has been approved.	
Payment Type	CREDITCARD
Transaction Type	SALE
Card Type	MC
Card Number	[REDACTED]
Transaction ID	210326C1A-CB35 [REDACTED]
Date / Time	03/20/2026 09:44:37 PM
Message	APPROVAL
Approve Code	[REDACTED]
Service Fee Transaction ID	210326C1A-427 [REDACTED]
Service Fee Approve Code	[REDACTED]
Service Fee Date / Time	03/21/2026 12:44:37 AM
AVS Response	Y
CVV2 Response	M

Shipping Address

A receipt has been emailed to you at the email address provided.

**Complete**

Order Section	
Amount	600.00 USD
Service Fee (2.3%)	13.80 USD
Total of all charges and fees	613.80 USD

**Confirmation**

Your payment has been approved.

Payment Type	CREDITCARD
Transaction Type	SALE
Card Type	MC
Card Number	[REDACTED]
Transaction ID	210326O39-B917 [REDACTED]
Date / Time	03/20/2026 09:40:36 PM
Message	APPROVAL
Approve Code	095507
Service Fee Transaction ID	210326O39-A0 [REDACTED]
Service Fee Approve Code	091594
Service Fee Date / Time	03/21/2026 12:40:37 AM
AVS Response	Y
CVV2 Response	M

Billing Address
J Wade Byrd, DVM, Inc
John Byrd
31504 Stoney Creek Dr
Lake Elsinore CA, 92532
[REDACTED]

Shipping Address

A202

A  
A202

Order Section	
Amount	600.00 USD
Service Fee (2.3%)	13.80 USD
Total of all charges and fees	613.80 USD

### Confirmation

Your payment has been approved.

Payment Type	CREDITCARD
Transaction Type	SALE
Card Type	MC
Card Number	[REDACTED]
Transaction ID	21032 [REDACTED]
Date / Time	03/20/2026 09:01:11 PM
Message	APPROVAL
Approve Code	075785
Service Fee Transaction ID	210326 [REDACTED]
Service Fee Approve Code	086356
Service Fee Date / Time	03/21/2026 12:01:12 AM
AVS Response	Y
CVV2 Response	M

Billing Address
J Wade Byrd, DVM, Inc
John Byrd
31504 Stoney Creek Dr
Lake Elsinore CA, 92532
USA
[REDACTED]

Shipping Address

## PROPOSED FORWARD PAYMENT SCHEDULE

California Veterinary Medical Board — Probation Financial Obligations

*License No.: 10381 | Submitted: March 24, 2026*

**Outstanding Balance as of March 24, 2026:**

**Probation Monitoring Fee:** \$1,000.00  
**Cost of Recovery:** \$5,799.00  
**Fine:** \$300.00  
**Total Remaining Balance:** **\$7,099.00**

Payment Date	Probation Monitoring Fee	Cost of Recovery	Fine	MonthlyTotal	RemainingBalance
April 20, 2026	\$167.00	\$967.00	\$50.00	\$1,184.00	<b>\$5,915.00</b>
May 20, 2026	\$167.00	\$967.00	\$50.00	\$1,184.00	<b>\$4,731.00</b>
June 20, 2026	\$167.00	\$967.00	\$50.00	\$1,184.00	<b>\$3,547.00</b>
July 20, 2026	\$167.00	\$967.00	\$50.00	\$1,184.00	<b>\$2,363.00</b>
August 20, 2026	\$167.00	\$967.00	\$50.00	\$1,184.00	<b>\$1,179.00</b>
<b>September 20, 2026 (Final)</b>	<b>\$165.00</b>	<b>\$964.00</b>	<b>\$50.00</b>	<b>\$1,179.00</b>	<b>\$0.00</b>
<b>TOTALS</b>	<b>\$1,000.00</b>	<b>\$5,799.00</b>	<b>\$300.00</b>	<b>\$7,099.00</b>	<b>\$0.00</b>

*I commit to making each payment on or before the dates listed above. All payments will be submitted through the California Veterinary Medical Board’s online payment portal and allocated to each category as specified. Should any circumstance arise that may affect my ability to maintain this schedule, I will notify the Board in advance and in writing.*



Wade Byrd, DVM  
 California Veterinary License No.: 10381  
 Date: March 24, 2026