

<b>OVMEB BOARD MEETING PUBLIC SESSION</b>	<b>April 18-19, 2024,</b>	<b>8:30 AM</b>
	<b>Zoom Conference:</b>	
	<a href="https://us06web.zoom.us/j/83113480569?pwd=Qq71nKGktZFtbuCuM4MUXvsbR9abm4.1">https://us06web.zoom.us/j/83113480569?pwd=Qq71nKGktZFtbuCuM4MUXvsbR9abm4.1</a>	
	<b>Meeting ID: 831 1348 0569</b>	
	<b>Passcode: LXvKa3</b>	
	<b>Phone 971-673-0224 Fax 971-673-0226</b>	
<b>Board President: Allison Lamb, DVM, MS</b>		

**April 18-19, 2024, 8:30 AM**

**Convene Public Session**

**1. CALL TO ORDER**

Public Session is scheduled to start at 8:30AM and will continue until the end of business. Executive Session (closed to the public) will follow, continuing until the end of business. The Board expects to come out of Executive Session and into Public Session for the purpose of voting on the cases discussed during Executive Session and other applicable Board business.

**2. Roll Call**

**3. OVMEB BOARD CHAIR’S COMMENTS**

a. Welcome comments from Allison Lamb, OVMEB Board Chair

**4. PUBLIC COMMENTS – For Items Not on the Agenda** (Comments must be limited to 3-5 minutes. Notify the Board office in advance if you wish to address the Board.)

**5. CONSENT AGENDA**

a. Today’s Agenda

b. February 22-23, 2024- Public Board Meeting Minutes

**6. UPDATE FROM STATE VETERINARIAN – Dr. Ryan Scholz**

**7. EXECUTIVE DIRECTOR REPORT – Peter J. Burns**

**8. DISCUSSION AND ACTION ITEMS**

- i. Strategic Planning and DEI Planning – Pete Burns
- ii. Animal Massage Advisement (revised) – Pete Burns
- iii. CVT Applicants – Brooke Walker
- iv. CET Applicant Training Review – Brooke Walker
- v. VCPR Workgroup Update – Allison Lamb & Emilio DeBess
- vi. CVT Workgroup Update – Ragan Borzcik
- vii. Rulemaking Update – Ingrid Nye

- a. OAR 875-005-0005 – Definitions, and OAR 875-010-0090 Continuing Education Requirements
- b. OAR 875-010-0065 - License and Facility Registration Renewal Procedures
- c. OAR 875-030-0030 - Issuance of Licenses, Fees, Renewals for CVTs
- d. OAR 875-040-0010 - Certification of Technicians
- viii. Managing Veterinarian Challenges – Pete Burns

**9. EXECUTIVE SESSION: The Oregon Veterinary Medical Examining Board will now go into Executive Session pursuant to ORS 192.660(2)(L), ORS 192.660(2)(f), ORS 192.660(2)(h), and 676.175(1) concerning discipline, litigation, and exempt public records. Representatives of the news media and designated staff will be allowed to attend the Executive Session. All other members of the audience are asked to leave the room. Representatives of the news media are specifically directed not to report on any of the deliberations during the Executive Session except to state the general subject of the session as previously announced. No decision will be made in Executive Session. At the end of the Executive Session, we will return to open session and welcome the audience back into the room.**

**10. IN THE MATTERS OF (following Executive Session)**

## **4. Public Comment**

**From:** [Barbara Kahl](#)  
**To:** [WALKER Brooke \\* OVMEB](#)  
**Subject:** Mid-level practitioner position  
**Date:** Wednesday, April 3, 2024 9:31:18 AM

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You don't often get email from [barbarajkahl@gmail.com](mailto:barbarajkahl@gmail.com). [Learn why this is important](#)

Good morning,

What is the address of the board meeting please?

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Statement:

AVMA evaluated, by survey, the mid-level practitioner position. When clients were offered for their pet to be seen by a mid-level, patient care assistant, or veterinarian, clients chose veterinarians approximately 80% of the time. AVMA does not want mid-level practitioners to diagnose and treat patients.

Mid-level practitioners are people that may have been working in a practice, with or without formal medical training, veterinary assistants or technicians. This position, in other States, is allowed to diagnose, treat, and prescribe medication without a veterinary degree. Corporations use veterinarians as practice managers to order pharmaceuticals, while those pharmaceuticals are prescribed by other than the veterinarian.

A mid-level position will place patients at great risk, reduce the value of veterinary education, reduce the quality of medicine provided, increase legal malpractice liability to veterinarians, and create a false sense professionally managed medicine to clients.

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If this is allowed, our profession and academic knowledge will cease to have value.

Thank you,  
Dr Kahl

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	<b>Meeting ID:</b> 829 1161 1527 <b>Passcode:</b> vPE6yX	
<b>Board President: Allison Lamb, DVM, MS</b>		<b>Phone 971-673-0224 Fax 971-673-0226</b>

Board member Attendees:	Staff Attendees:
Allison Lamb, DVM, President	Peter Burns, Executive Director
Brain Waydka, Public Member	Bertina Balajadia, Investigator
Ragan Borzcik, DVM	Janine Holland, Investigator
Katy Wallace, DVM	Brooke Walker, Licensing Administrator
Brett Hamilton, DVM	
Max Rinaldi, DVM	
Karen Pate, Public Member	
<b>Public Attendees:</b> Glenn Kolb, Elizabeth Isaacs, Christina Keef, Danny Rust CVT, Emilio DeBess	Joanna Tucker-Davis, AAG (day 1 only) Angie Hunt, Attorney

**Thursday, February 22-23,  
2024, 8:30AM Public Session**

**Convene**

**Public Session**

**1. CALL TO ORDER**  
8:30 AM

**2. ROLL CALL**  
Allison Lamb, Katy Wallace, Brian Wadyka, Max Rinaldi, Ragan Borzcik, Brett Hamilton, Pete Burns, Bertina Grajo, Janine Holland, Brooke Walker, Joanna Tucker-Davis and Angie Hunt.

**3. OVMEB BOARD CHAIR’S COMMENTS-**  
**Outcome:** Welcome and thank you for being here.

**4. PUBLIC COMMENTS – No Public Comments**

**5. CONSENT AGENDA –**



- a. **Today's Agenda** – Adopted.
- b. **December 1, 2023- Public Board Meeting Minutes-** Adopted as amended.
- c. **January 19, 2024- Public Board Meeting Minutes-** Adopted as amended.

**6. Executive Directors Report- Pete Burns**

Burns provided an update on the upcoming budget and strategic plan.

**7. Discussion and Action Items**

**a. Board Administration/Procedures/Practice Polices**

**i. Strategic Planning- Pete Burns**

**Issue:** Update

**Discussion:** Burns provided update on strategic planning. Five areas of focus: agency operation efficiencies, lessen regulatory burden while maintaining public safety, wellness in the profession, enhance partnership and enhance education and outreach.

**Outcome:** Burns will look at additional models and continue to develop.

**ii. Animal Massage Advisement- Pete Burns**

**Issue:** Board receiving many questions from the public regarding animal massage.

**Discussion:** This document is to help educate those who call in inquiring about animal massage. It will provide staff with a quick means of getting information out. The current version of this document is dense. Karen offered to simplify the language.

**Outcome:** Karen will make necessary edits and bring it back to the board in April for final review.

**iii. CVT Education- Ragan Borzcik**

**Issue:** CVT licensure has problematic language in OAR 875-030-0010.

**Discussion:** CVT licensure has problematic language in OAR 875-030-0010. Regulatory streamlining and ease burdens on public applicants. The language is difficult for staff to interpret and requires the board to evaluate education requirements. Borzcik would like to start a workgroup to take a closer look and discuss further. Wallace moved. Borzcik seconded. All in favor.

**Outcome:** CVT Education Workgroup

**iv: VCPR Workgroup- Emilio DeBess**

**Issue:** Update.

**Discussion:** All the documents are together and ready to go. Waiting on contributing members for availability in schedules.

**Outcome:** Need to establish meeting dates for workgroup.

**v. CET Rules Hearing- Pete Burns**

**Issue:** Amend rules 875-040-0010 and 875-040-0000

**Discussion:** Burns presented documents and all reviewed public comment. Lamb moved to initiate rulemaking for 875-040-0010 regarding fees and move forward with public notice with that correction. Rinaldi seconded. All in favor. Lamb moved to amend top portion of 875-040-0000. All in favor. Bring back the form for review.

**Outcome:** Bring back to April meeting.

**vi: CVT Renewal Language (late fees/ mailing process)- Pete Burns**

**Issue:** Update language to match current operation.

**Discussion:** Discussed specific changes that need to be updated. Strike mailing address and replace with email. Update renewal fee of \$10 to \$15. Lamb moved to initiate the rulemaking process for 875-030-0030. Rinaldi Second. Borzcik abstained. All others in favor.

**Outcome:** Initiate rulemaking.

**8. Executive Session:**

**IN THE MATTERS OF** (following Executive Session)

**2022-0067A:** No statutory violation. Lamb moved; Wallace second. All in favor. Motion passed.

**2022-0067B:** Issue Notice of Proposed Discipline with a \$500 fine. Lamb moved; Rinaldi second. All in favor. Motion passed.

**2022-0012:** Issue Notice of Proposed Discipline with a \$5,000 fine. Lamb moved; Rinaldi second. Hamilton opposes. All others in favor. Motion passed.

**2023-0094:** Issue Notice of Proposed Discipline with a \$250 fine. Lamb moved; Pate second. All in favor. Motion passed.

**2022-0110A:** Issue Notice of Proposed Discipline with a \$250 fine. Lamb moved; Borzcik second. All in favor Motion passed.

**2022-0110B:** No statutory violation. Lamb moved; Borzcik second. All in favor. Motion passed.

**2023-0020:** No statutory violation. Lamb moved; Wadyka second. All in favor. Motion passed.

**2023-0090AB:** No statutory violation. Lamb moved; Rinaldi second. All in favor. Motion passed.

**2022-0023:** Issue Notice of Proposed Discipline with a \$110,000 fine. Lamb moved; Wadyka second. All in favor. Motion passed.

**2023-0088:** No statutory violation. Lamb moved; Wallace second. Rinaldi abstained. All others in favor. Motion passed.

**2022-0053AB:** No statutory violation. Lamb moved; Borzcik second. All in favor. Motion passed.

**2022-0103:** No statutory violation. Lamb moved; Wadyka second. All in favor. Motion passed.

**2023-0136:** No statutory violation. Lamb moved; Rinaldi second. All in favor. Motion passed.

**2023-0104:** No statutory violation. Lamb moved; Wallace second. All in favor. Motion passed.

**2023-0062:** Issue Notice of Proposed Discipline with a \$250 fine. Lamb moved; Borzcik second. All in favor. Motion passed.

**2023-0108:** No statutory violation. Lamb moved; Borzcik second. All in favor. Motion passed.

**2023-0120:** No statutory violation. Lamb moved; Wallace second. All in favor. Motion passed.

**2023-0126:** No statutory violation. Lamb moved; Pate second. All in favor. Motion passed.

**2023-0054:** Close case. Lamb moved; Rinaldi second. All in favor. Motion passed.

**2023-0134:** No statutory violation. Lamb moved; Borzcik second. All in favor. Motion passed.

**2022-0059ABC-** No statutory violation. Lamb moved; Wallace second. All in favor. Motion passed.

**2022-0069:** No statutory violation. Lamb moved; Borzcik second. All in favor. Motion passed.

**2022-0069:** Issue Notice of Proposed Discipline with a \$250 fine. Lamb moved; Wadyka second. All in favor. Motion passed.

**2023-0146:** No statutory violation. Lamb moved; Pate second. All in favor. Motion passed.

**2022-0060:** Issue Notice of Proposed Letter of Reprimand. Lamb moved; Borzcik second. All in favor. Motion passed.

**2023-0133:** Issue Notice of Proposed Discipline with a \$500 fine. Lamb moved; Wallace second. All in favor. Motion passed.

**2022-0031A:** Issue Notice of Proposed Discipline with a \$250 fine. Lamb moved; Pate second. All in favor. Motion passed.

**2022-0031B:** Issue Notice of Proposed Discipline with a \$250 fine. Lamb moved; Wallace

second. All in favor. Motion passed.

**2022-0030:** No statutory violation. Lamb moved; Wallace second. All in favor. Motion passed.

**2022-0073:** No statutory violation. Lamb moved; Wadyka second. All in favor. Motion passed.

**2021-0084B:** Issue Notice of Proposed Discipline with a \$500 fine. Lamb moved; Pate second. All in favor. Motion passed.

**2021-0084A:** No statutory violation. Lamb moved; Rinaldi second. All in favor. Motion passed.

**2022-0025B:** Amend motion from January 19, 2024. Issue Notice of Proposed Discipline with a \$500. Lamb moved; Pate second. All in favor. Motion passed.

**Close the following cases:**

2021-0079, 2024-0006, 2024-0010, 2023-0156, 2024-0002, 2022-0076.

Lamb moved; Wallace second. All in favor. Motion passed.

**9. IN THE MATTER OF (Following Executive Session)**

Adjourn meeting: 12:28 PM

Prepared by Brooke Walker; Licensing Administrator 4/05/2024.

Board and Commission Meeting Minutes Series documents the official proceedings of the board or commission meetings. Records may include agendas; minutes; meeting notices; items for board action; contested case hearings schedules; committee reports; exhibits; and related correspondence and documentation. Records may also include audio recordings of meetings used to prepare summaries. Retention:

(a) Minutes: Permanent, transfer to State Archives after 10 years; (b) Audio recordings: 1 year after transcribed, destroy; (c) Other records: 5 years, destroy.

# **7. EXECUTIVE DIRECTOR REPORT**

**Executive Director Report  
April 2024 Board Meeting**

To: Oregon Veterinary Medical  
Examining Board

From: Peter J. Burns, Executive Director

**Board Meeting Details:** April 18-19, 2023 Via  
Zoom

**2024-2025 Budget**

2023-2025 BIENNIUM BUDGET VS. ACTUAL PERFORMANCE

Actuals to Budget through most current closed period (July 2023 – February 2024)

	Actuals (to date)	Budget (to date)	\$ Variance	% of Budget (to date)
<b>Revenue</b>	\$645,540	\$2,798,418	-\$2,152,878	23%
<b>Expenditure</b>	\$524,415	\$1,690,877	-\$1,166,462	31%

As of the end of December 2023, we have an ending cash balance of \$951,147.66, which equates to 13.03 months of available cash.

Director meets monthly and as necessary with DAS-Shared Financial Services to monitor agency budget. DAS-SFS describes agency budget as healthy, with a few potentialities that may impact the budget and require attention. Director will continue to coordinate with our SFS team and update Board accordingly.

**2024 Scheduled Board Meeting Dates**

February 22-23; April 18-19; August 22-23; October 17-18; December 5-6

**Outreach and Education**

PAW Team: March 9, Director visited PAW Team site to meet with their incredible team of volunteers, observe their operations and even some examinations.

PVMA: March 14, OVMEB Chair and Director presented at PVMA’s The Power of Ten Program, a personal and professional development program for early-career veterinarians.

Constructing Civic Dialogue Workshop Series: April 8, Intercultural Communication workshop with agency partners, to better understand cultural relevance on professional and interpersonal communication. This series will continue throughout the year, with a wide array of important topics. For more information or to participate, please reach out.

AAVSB Board Basics and Beyond: April 12-13, 2024, in Kansas City. OVMEB Board Member Dr. Max Rinaldi was able to attend this year. We look forward to hearing any updates, trends, or other information he took away from that event.

## **Administration**

### **Staffing**

OVMEB Investigator Janine Holland, is doing very well during her maternity leave. We are delighted to share in her family's joy. Investigator Bertina Grajo is now well-established in her role as Investigator. She has been working independently on cases. OVMEB Inspector Ingrid Nye is continuing some of Janine's caseload. Brooke Walker has provided administrative support on cases as well. We will continue with this plan to maintain our level of processing cases. We now have a backlog of completed cases, to bring to the Board. Our intention is to help mediate that through additional Board meetings, shorter and focused solely on case review.

### **Office Lease Review**

All Health-Related Licensing Boards currently housed in the Portland State Office Building continue regular collaboration, especially currently on bills and fiscal impacts from those. We are all currently in talks with Oregon Department of Administrative Services to review our lease and real estate options. We aim to amend our DAS lease and better coordinate our office space to better meet our needs. This would very likely reduce agency costs.

### **Technology**

Agency Director has worked closely with DAS-IT services to upgrade our access to Microsoft Teams for OVMEB Board Members. This will allow us to utilize Teams for meetings and, more significantly, secure document sharing. This will increase ease of access to meetings and secure documents. It will give Board Members greater flexibility in how and where they access meetings and documents. This will also reduce agency costs. We anticipate transitioning to the new system by the June Board Meeting. This has been postponed from the April Board Meeting, but we have access and are building out the agency platform. I will demonstrate the Teams platform at the April Board Meeting.

## **Agency Divisions**

### **Inspections**

OVMEB's inspections were paused due to the departure of our longtime Inspector in June 2023. 95% of inspections had been completed for 2023. OVMEB Inspector Ingrid Nye joined the Board at the end of 2023. Since training and reviewing the inspection process, Ingrid has commenced inspections again. She has sent out requests for 2024 pharmacy self-inspection reports to be completed and returned. Completed checklists were due by April 5, 2024. Most of the facilities have already responded and either provided the appropriate documentation or asked for an extension to get the materials in; Ingrid will follow up with non-responding facilities once all self-inspection forms received have been processed, filed, and the database

updated. Facilities due for in-person inspection in 2024, and who have appropriately submitted their self-inspection documentation, will be contacted starting on April 15, 2024, and scheduled for in-person inspection. There are currently 713 Oregon Facilities. A Board Inspection Report has been provided for Board review in Executive Session.

**Licensing**

OVMEB Licenses by the Numbers (February 2024)	
Total Individual Licenses	4,452
DVM Licenses	2,692
Intern licenses	100
CVT Licenses	1,565
CET Licenses	95
<b>New Licenses</b>	
Licenses added in 2023-2024	502
Licenses added in Q4 (Jan – Apr 2024)	79
Licenses added in March 2024	23
<b>Facilities</b>	
Total facilities statewide (February 2024)	713
Metro Area (Clackamas, Multnomah & Washington Counties)	270 (38%)
All other counties	444 (62%)



**Investigations**

**Open Cases Report**

<b>OVMEB Open Cases (as of April, 2024)</b>	<b>225</b>
<b>Presenting to the Board at April 2024 Meeting</b>	<b>40</b>
<b>Post Board Meeting (Notice/Hearing Process)</b>	<b>47</b>
<b>Cases Closed since 2021</b>	<b>255</b>

OVMEB Investigators have steadily chipped away at the long-standing case backlog. They continue to complete large batches of investigations each month. However, cases continue to come in high volume. The team is currently working to enhance the complaint website to reduce any erroneous complaints or complaints where we would clearly have no jurisdiction. We would refer these cases to the proper agencies or resources.

<b>Cases Resulting in Action</b>				
This table reflects the percentage of cases that warrant Board action				
<b>Year</b>	<b>Cases</b>	<b>No violation</b>	<b>Violation %</b>	
2015	49	40	18%	2015 – 2021 Cases average 23% result in a violation
2016	61	50	18%	
2017	51	39	24%	
2018	48	33	31%	
2019	67	56	16%	
2020	63	47	25%	
2021	112	83	26%	
2022	147	UTD		
2023	194	UTD		
2024 to date	38	UTD		
2022-2024 cases are still in process and currently unable to determine (UTD)				

## **8. Discussion and Action Items**

## **ANIMAL MASSAGE**

Graduates of programs that give certificates in animal massage have asked the Oregon Veterinary Medical Examining Board what they may and may not do in Oregon. Below are the Board's positions on these questions. Please know that the Board cannot give individualized legal advice.

### **What can I do and not do with animal massage certificate?**

In Oregon, unless you are licensed as a veterinarian, or you fit into one of the exceptions to licensure in [ORS 686.040](#), you cannot practice or represent that you practice veterinary medicine. [ORS 686.030](#) defines the practice of veterinary medicine, which includes diagnosing and treating animal medical problems. A person who unlawfully practices veterinary medicine can be fined up to \$5,000 (see [ORS 686.020](#) and [ORS 686.992](#)). A person who is not licensed as veterinarian and is not subject to an exception to licensure can be fined for up to \$5,000 for providing animal massage to treat medical problems.

People who would **not** be practicing veterinary medicine include:

- Someone offering animal massage only for relaxation of a healthy animal;
- Someone offering massage as part of animal grooming.

However, someone offering or providing such services may not do so with the intent of treating animal medical problems. Someone not treating medical problems through massage likely does not need a license from the Board.

### **What if I have a license in human massage therapy from Oregon State Board of Massage Therapists?**

Licensed human health-care practitioners acting on a referral from a veterinarian do not have to be licensed by the Board:

A practitioner of allied health methods may practice that method on animals without violating ORS 686.020 (1)(a), as long as the practice is in conformance with laws and rules governing the practitioner's practice and the practice is upon referral from a licensed veterinarian for treatment or therapy specified by the veterinarian.

Under [ORS 686.040\(4\)](#), a licensed massage therapist, as long as this statute's requirements are met, would not be practicing veterinary medicine without a license if referred by a veterinarian and providing massage only as a treatment to the animal.

### **What if I am a licensed veterinarian referring to other health care practitioners?**

Referring veterinarians are expected to ensure the referral is appropriate: to someone licensed in their field and competent to practice massage on animals. Below, we have listed information on allied health methods to which veterinarians often refer animals for specialized care. The list is not comprehensive, and veterinarians should do their own research into licensure and competence before making a referral.

**Message:** Veterinary referral should be to a person licensed with the [Oregon State Board of Massage Therapists](#) and competent to provide massage as a treatment or therapy to animals.

**Chiropractic:** Referral should be to someone licensed with the [Oregon Board of Chiropractic Examiners](#) and competent to provide the care. [ORS 684.025\(3\)](#), which governs chiropractic doctors, states that chiropractic doctors are not prohibited “from accepting a referral from a practitioner licensed under ORS chapter 686. The care rendered as a result of the referral must be in writing and in accordance with ORS 686.040(4) and only as prescribed and diagnosed by a licensee under ORS chapter 686. The applicable standard of care is established under ORS chapter 686.”

**Physical therapy:** Referral should be to someone licensed by the [Oregon Board of Physical Therapy](#) and competent to provide the care. According to [OAR 848-040-0117](#): “A physical therapist may provide physical therapy treatment to an animal under a referral from a veterinarian licensed under ORS Chapter 686. The referral must be in writing and specify the treatment or therapy to be provided pursuant to 686.040(4). The standard of care and documentation for physical therapy care to an animal shall be as provided for veterinarians under ORS Chapter 686.”

**From:** [Courtney Williams](#)  
**To:** [WALKER Brooke](#) \* OVMEB  
**Subject:** Euthansia Certification  
**Date:** Monday, February 26, 2024 5:27:51 PM

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You don't often get email from [courtney@heartlandhumane.org](mailto:courtney@heartlandhumane.org). [Learn why this is important](#)

Hi Brooke~

This is Courtney from Heartland Humane Society down in Corvallis. I know our business administrator Tammy has been in contact with you this week about getting an employee licensed and she forward me the documents you had sent her in regard to euthanasia interns. In reviewing the new policies, I see that an intern can do 15 hours of documented observations OR completion of an approved euthanasia course. We have an internal PowerPoint and written test that was made by Dr. Harter when Multnomah County stopped doing their trainings and we require this to be completed at our facility for any staff that is interested in becoming certified. I am curious if this would suffice or if you have a list of approved courses to offer instead. I can send you the PP and test if you'd like them for review if it helps answer this question. If we opt to do the 15 hours do you require any formal documentation?

Thank you so much for your time. We are just trying to do things correctly and write the SOP's.

Courtney

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**Courtney Williams, CVT**

*Medical Coordinator*

Heartland Humane Society

(541) 757-9000

"Spay and Neuter Your Pets"



# Certified Euthanasia Technician

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WRITTEN EXAM TRAINING  
WILLAMETTE HUMANE SOCIETY  
2021 UPDATE  
DR. JACQUE HARTER

# CET Testing Program

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1. Get experience assisting with euthanasia with a trained, certified euthanasia technician, CVT or DVM
2. Read the HSUS Euthanasia Reference Manual
3. Attend the CET Training Powerpoint presentation
4. Take the written CET exam: Open book, open note exam- 1 hour
5. Take the practical exam: euthanize one dog and one cat, demonstrate IP technique on cat, verify completion, complete paperwork.
6. May complete practical in two sessions if needed

# Additional OVMEB requirements as of 9/2/2021:

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1. CET intern application
  - Need 3 references, 2 must be veterinarians
  - possible background check
  - answer background questions
  - \$25 fee
2. complete WHS training as previously described
3. **or:** “15 hours of documented observation and hands-on training with a licensed DVM or CET within the entity the individual is employed or volunteers with ...”
4. Complete CET application (unclear at this time if these will be two separate applications, as the questions are the same.)
5. Veterinarian conducts technician evaluation exam, as before
6. New evaluation form includes requirement for photo and notarization.



# Requirements for Humane Euthanasia

---

1. Compassion
2. Knowledge
3. Technical skills developed through training and experience
4. Appropriate application of drugs, equipment, and techniques
5. Wisdom to know when euthanasia should, and should not, be performed.

# Euthanasia versus Anesthesia

---

Definition of euthanasia: “Good (easy) death”

The primary goal of euthanasia is to bring the animal through the five physiological stages of death as quickly and smoothly as possible.

-----

Definition of anesthesia: Without sensation

The primary goal of anesthesia is to maintain the patient in an unconscious, painless, and immobile state through surgery, and then to allow the patient to awaken.

# Criteria for Euthanasia

---

- What are the prospects for providing this animal with a “quality” life?
- Is the animal in pain or distress and is there hope of (and financial resources for) alleviating this pain to allow for “quality of life”?
- Does keeping this animal in his or her present condition present health or safety risks to other animals or people?
- Given the fiscal and practical limits faced by this organization, does keeping this animal alive reduce the ability to care humanely for other animals in need?
- Is a foster or rescue available to assist with care and placement?

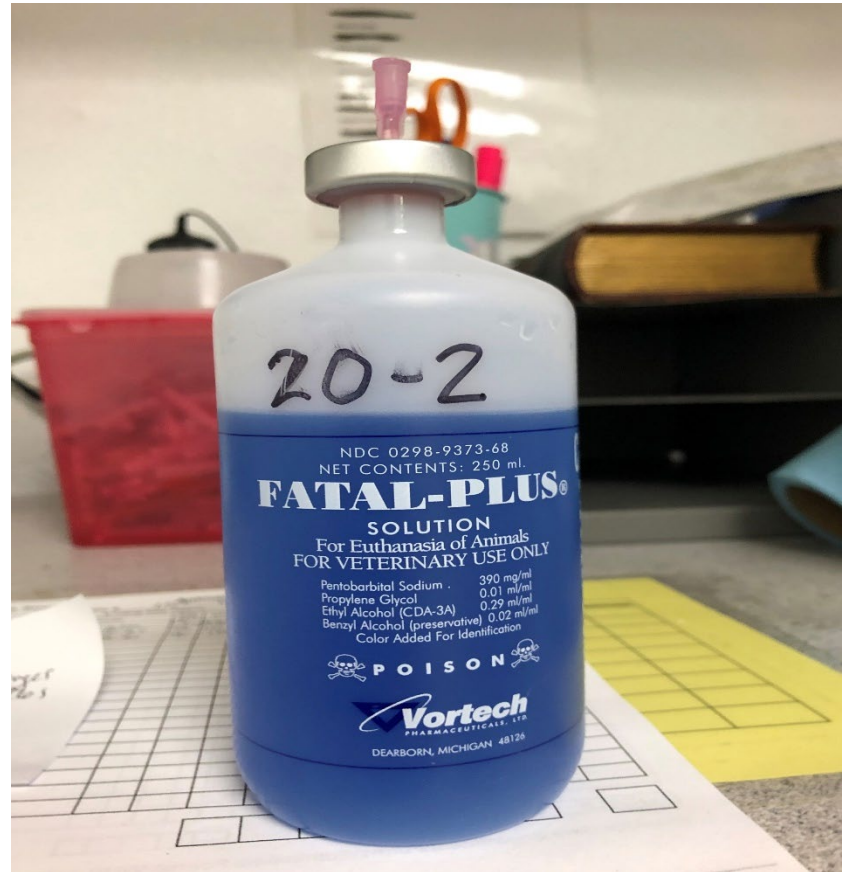
# Ideal Euthanasia Agent

---

1. Animals lose consciousness with minimal pain or distress
2. Rapid loss of consciousness
3. Reliable
4. Safety for personnel
5. Irreversible
6. Compatible with intended animal use and purpose
7. Emotionally easy for observers or operators
8. Compatibility with subsequent exam or use of tissue
9. Readily available, low human abuse potential
10. Compatible with species, age and health status of many animals.
11. Easy to maintain equipment in proper working order
12. Safety for predators/scavengers should carcass be consumed

# Sodium Pentobarbital

---



# Advantages of Sodium Pentobarbital

---

1. Animals lose consciousness with minimal pain or distress from the drug
2. Rapid loss of consciousness
3. Reliable
5. Irreversible
6. Compatible with requirement and purpose
10. Compatible with species, age and health status of many types of animals
11. Easy to maintain equipment in proper working order

# Disadvantages of Sodium Pentobarbital

---

- Federally controlled substance, high abuse potential.
- Takes a toll on human emotions
- Needs two people to properly administer, taking time and money.
- Potential to harm to personnel

# DEA classification of SP:

---

- Barbiturate family. Class II: Potential for abuse is high, but the drug has a legitimate use in the medical field.
- Abuse may lead to severe psychological or physical dependence.
- Class II is the second most restricted category for controlled substances.
- Must be kept locked in an approved safe, use must be logged, and must be used only by trained personnel



# Route of injected SP:

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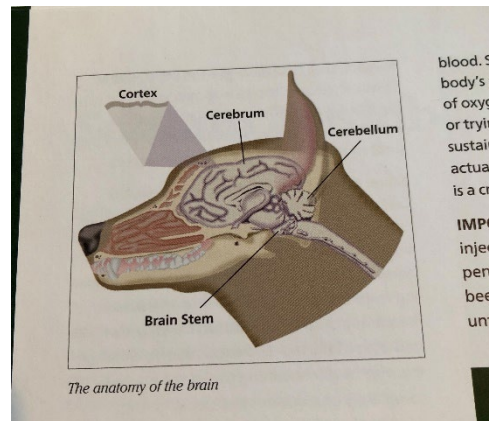
Vein to bloodstream

to heart to brain (cerebral cortex) causing unconsciousness,

then brainstem to depress vital signs,

then **breathing ceases** (5-10 seconds)

and then **heartbeat ceases** (generally within 5 minutes)



# SP has its first visible effect on:

---

- Brain/ cerebral cortex causing relaxation then unconsciousness
  
- ABC's of death
  - Appearance of death (anesthesia)
  - Breathing stops
  - Cardiac arrest

# Physical Stages of Euthanasia

---

## **Stage 1: Voluntary Excitement:**

- Just as the injection is given.
- Drug is moving through cerebral cortex
- As the animal begins to lose consciousness, s/he may become increasingly sensitive to noise, touch, and other stimuli.
- Use gentle, safe restraint
- Can be minimized with sedation

# Stage 2: Involuntary Excitement

---

- Occurs as animal is losing control of its body.
- Drug is moving into the cerebrum, which controls senses, memory, personality and emotions.
- May struggle, paddle, vocalize, act distressed; not minimized by calming actions of holder and animal is not aware

# Stage 3: Anesthesia

---

- Drug has entered the cerebellum, which controls balance and gross motor activity
- Heartbeat and breathing present, no response to pain stimuli (pinch reflex), no blink reflex (touch eyelid or cornea). Surgical plane of anesthesia.
- It is safe to perform intracardiac injections at this stage.
- Generally occurs within 4-5 seconds

# Stage 4: Medullary paralysis:

---

- Vital centers of the brain within the brainstem (medulla) are effected and the last reflexes that maintain life are shut down and disappear.
- Breathing, heartbeat and blood pressure are depressed.
- Blood circulation usually stops within 40 seconds of injection directly into a vein.

# Stage 5: Cardiac Arrest:

---

- No heartbeat
- May see heart fibrillations
- Agonal breathing may occur
- There is a brief delay between stages 4 and 5
- Electrical activity to the heart may still be detected on an EKG for a time after death.
- Rigor Mortis (stiff body) will appear from ½ hour to several hours after death.

# Steps to verify death

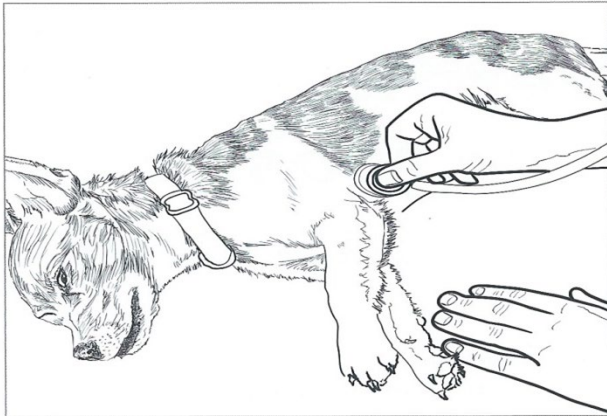
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1. Check for corneal reflex (tap eye)
2. Check for withdrawal reflex (toe pinch)
3. Check for presence of heartbeat
4. Heart Injection- inject needle into lower left side of chest, just behind the elbow, watch for motion of syringe to identify heartbeat.



# Heart Auscultation/ Heart Stick

---



*A stethoscope is one means of verifying death*



*The proper location for intracardiac injection or heart stick*

...the physician must observe the

# Verification of Death

---

1. Lack of reflexes: blink (corneal) reflex or pupillary light reflex, or withdrawal reflex (pinch toe web)
2. Lack of respiration
3. Lack of heartbeat- It is possible for an animal to show all of the above and still be alive and revive.
4. Heart Stick- wait until heart ceases movement
5. Presence of rigor mortis (the only absolute certain sign of death) ½ to several hours later

(For IP Injections, check animals every 5 minutes; if they remain alive, re-dose with one-half the original IV dose, cover animal, and continue checking.)

# Variabilities

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- Animals may pass through these 5 stages at variable rates.
  - Delays may be due to: Underdosing, missing the vein, stress, or slow absorption via IP injections
  - Faster response may be due to: metabolic disease or pre-sedation
- Variabilities in response to the correct dose and placement of sodium pentobarbital may be due to:
  - Age, metabolism, stress levels, food in stomach, underlying disease

# IV Injections

---

## Advantages:

- Quick
- Usually easy to locate
- Few restrictions for age or size
- Animal is held and comforted
- Minimal distress or pain for animal when properly performed

# IV Injections

---

## Disadvantages:

- Some animals may have difficult vein access
- Vein is sometimes difficult to locate or raise, depending on size and condition of animal
- Requires close contact and difficult restraint with dangerous animals
- Requires skill and practice, and a holder

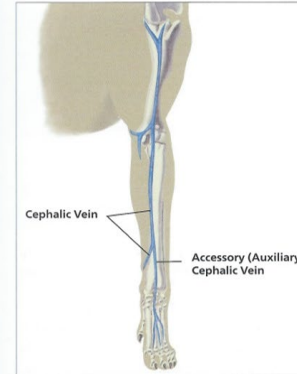
# Vein Locations

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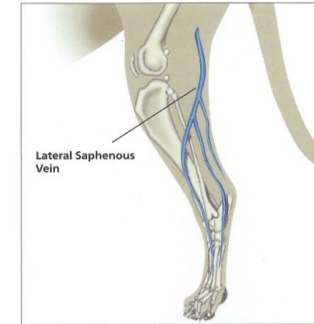
- **Cephalic vein**, runs down length of both front legs in dogs and cats
- **Saphenous** veins on rear legs, alternative to cephalic.
  - **medial saphenous**, aka **femoral vein**, (inside rear leg) is often used in cats.
  - **lateral saphenous** (outside of leg) can be used on dogs; **wiggly vein**, technically more difficult.
- **Jugular** vein, in neck- generally used on livestock and other large animals
- **Start low on the leg, work up if needed**

# Vein Locations

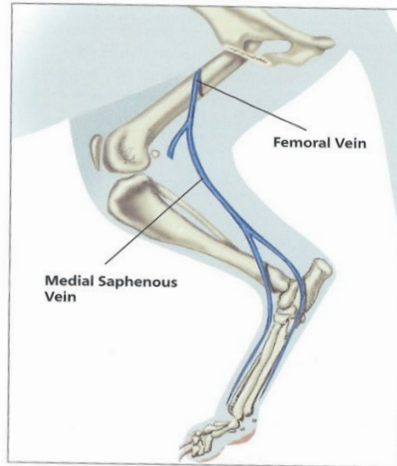
them a preferred choice for many technicians, provided they choose their injection location appropriately. Lateral saphenous veins must



*Cephalic vein of a dog*



*Lateral saphenous vein of a dog*



*View of the medial saphenous vein of a cat*



*Location of the jugular veins in a horse*

the likelihood of improper injection. For these reasons, injection into the jugular vein of a dog, cat, or other small mammal should be avoided. For large animals like horses, however, the

# Intraperitoneal Cavity

---

- This is the open space within which the internal organs of the abdomen are situated.
- The gap between the organs and the abdominal wall.



# Intraperitoneal Injections

---

## Advantages:

- May be used with very small or very young animals and other species with difficult venous access
- Involves minimal restraint of the animal
- Injection site is large and easy to locate

# Intraperitoneal Injections

---

## Disadvantages

- Requires larger volume of SP (3 ml/10 lbs)
- Longer time before unconsciousness and death (15 minutes or more)
- May hit an organ/stomach contents and delay absorption
- Must hold the animal in a quiet, safe, secure area until consciousness is fully lost

# Location for IP injections

---

- Inject on the ventral midline, just caudal (tail-ward) to the umbilicus. Aspirate should reveal suction (no blood or fluid). Inject at a 90 degree angle to the abdomen
- Avoid the left side of the body (spleen, stomach)
- Hold the cat without stretching the body, which can increase pain sensation.
- Due to indirect (and slower) absorption, animals may be difficult to handle until unconsciousness is attained.

# Restraint for IP Injection

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*Proper hold and injection site for IP injection of a cat*

**It is safe to insert the needle for an IP injection.**

# Intracardiac Injections

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## Advantages:

- Quickest of all methods
- Useful if animal has poor venous access (hard to find veins, thick skin, wiggly veins, low blood pressure)

## Disadvantages:

- Technically most difficult injection
- Must only be done on unconscious animals (painful)

# Intracardiac Injection

---

- Animal must be unconscious
- Check corneal blink reflex
- Check withdrawal reflex (pinch web of toe)
- Animal should be left side up/right side down
- Feel for heartbeat before injecting
- Inject at a 90 degree angle to the chest wall, firm decisive motion

# Intracardiac injection:

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- Inject at 90 degree angle between the 3rd, 4th, or 5<sup>th</sup> ribs, or where heartbeat is easily felt.
- Heart is on left side, animal laying on right side
- Use a longer needle than for IV injection( 1 ½” large dog)
- 1 ml/10 lbs
- Aspirate back to check for blood before injecting

# Intracardiac injection





# Oral SP administration

---

- Not ideal
  - Isn't always fatal when given orally
  - Animal moves through stages of anesthesia slowly
  - Usually takes at least 1 hour to reach unconsciousness
- May be used for dangerous animals for tranquilization before euthanasia. Can squirt liquid into an open mouth or place SP powder into capsules with food.
- Will need to be followed up with IV or IC injection.

# Inappropriate Injection Sites:

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- Subcutaneous
- Intramuscular

The high pH of sodium pentobarbital makes these injection sites painful.

# Calculating IV Doses

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- Standard IV injection dose: (ml = cc)  
1.0 ml per 10 lbs, minimum of 1 ml.

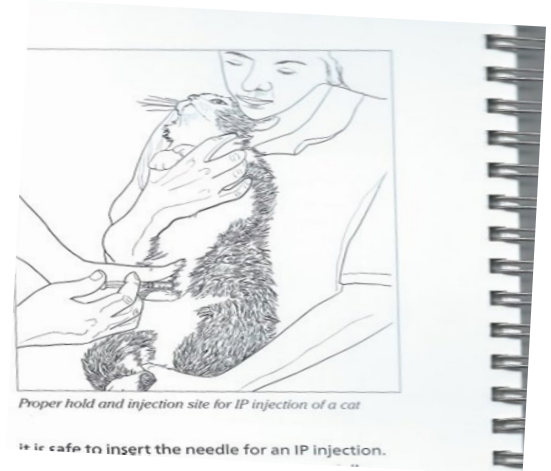
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- 8 lb cat= 1 ml.  
22- 25 g needle, 3 cc syringe
- 53 lb. dog: Round up to nearest 10 lbs  
= 6 or 7 mls.
- 22-20 g needle, 12 cc syringe
- Use a larger needle for larger volumes, larger syringes for larger volumes. Allow room in syringe to aspirate.

# Calculating IP doses

---

- Standard IP dose is 3 mls per 10 lbs.



- 
- 2 lb. kitten: 1 ml. minimum
  - 5-10 lbs: 3 mls
  - 12 lb feral cat: 4-6 mls
  - Use a small gauge needle (22,23 or 25) at right angle to skin

# Chemical vs. Physical Restraint

---

- Consider temperament, species, size, physical injury or illness, safety for personnel, and ability to restrain animal with the least distress to it, when deciding to use chemical restraint versus physical restraint alone.
- If you are going to muzzle a dog, leave it on until death is verified. AVOID BQ!
  
- Advantages of Chemical Restraint:
  - Allows safer handling of dangerous animals
  - Minimizes anxiety and pain for the animal
  - Moves animals through stages of anesthesia more quickly

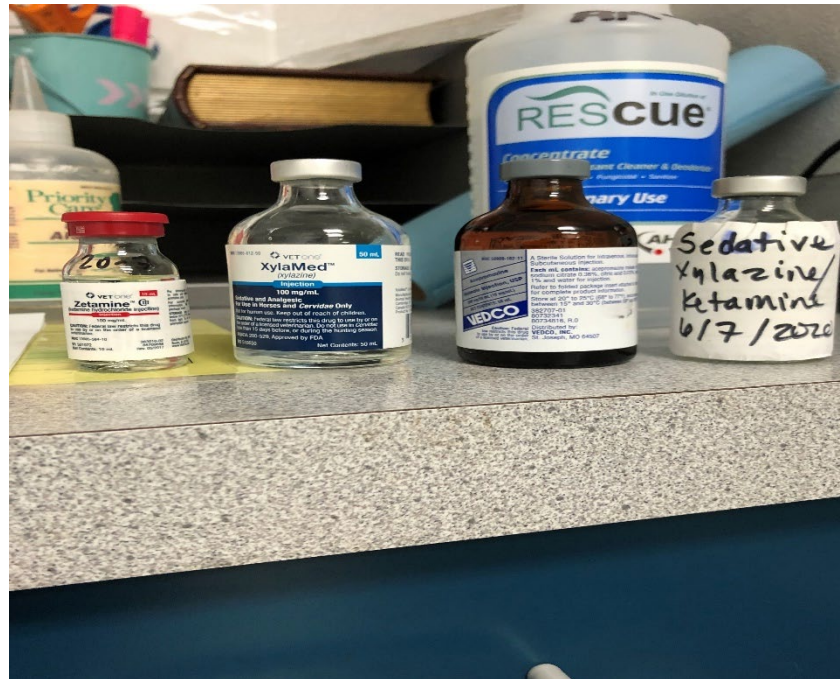
# Chemical Restraints

---

- Can be injected IM quickly with physical restraint via equipment rather than handling.
- Oral medications may also be used in a treat or food
- Injection may be painful.
- Some are schedule III controlled substances which require special handling and DEA licensing.
- Some shelters require all animals to be pre-sedated.
- Use caution, as animals react differently and may still become aroused especially with noise around head.
- Enables safe scan of fractious/"feral" cats for microchip

# Pre-euthanasia sedation

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# Acepromazine

---

Tranquilizer: animal remains awake but is more relaxed

- Oral or injectable forms available, not a controlled substance
- Injectable is yellow in color
  
- May reduce natural bite inhibition- use muzzle if bite risk
- May cause hypotension (low blood pressure), making veins more difficult to find
- Variable effects- some stressed animals may be fairly resistant
- Can induce seizures
- Not ideal by itself as a pre-euthanasia drug



# Xylazine

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Sedative: animal becomes sleepy and immobile but not unconscious;  
uncoordinated, decreased pain sensation

- Injectable, not a controlled substance.
- Used in small and large animals.
- Useful as pre-euthanasia drug in animals with seizure disorders
- Is reversible with yohimbine (yobine) or antiseden
  
- Causes hypotension (low blood pressure), may make veins difficult to find
- may induce vomiting
- Animals may still react suddenly to loud noises or sudden movements
- Not ideal for use on its own

# Ketamine

---

Immobilization- Animal may remain rigid, can still feel deep pain

- Stings on injection
- Can induce seizures on its own
- Need veterinarian with DEA license to order it.
- **Controlled substance**, Class III- requires special handling and logging.
- Human abuse potential.

# Anesthetic Combinations

---

Ketamine/Xylazine (Pre-mix), Telazol,  
Ketamine/Acepromazine, Ket/Ace/Xylazine

(Often used for induction of anesthesia)

- Animal becomes (nearly) unconscious, decreased pain sensation, and is immobilized, but vital functions remain normal
- Will likely sting when injected
- **Controlled substances**- Class III, requires special handling and logging

# Pre-Mix (ketamine/xylazine)

---

Mix at 2 ml large animal xylazine (100 mg/ml) to 10 mls ketamine (100 mg/ml)

Dose at 0.5 ml/10 lbs (0.6 mls for feral cats)

Needs a label on the bottle with contents and date mixed, and initials. Mixed only by designated individuals.

Log in book- controlled substance

Can be partially reversed with yohimbine/antiseden

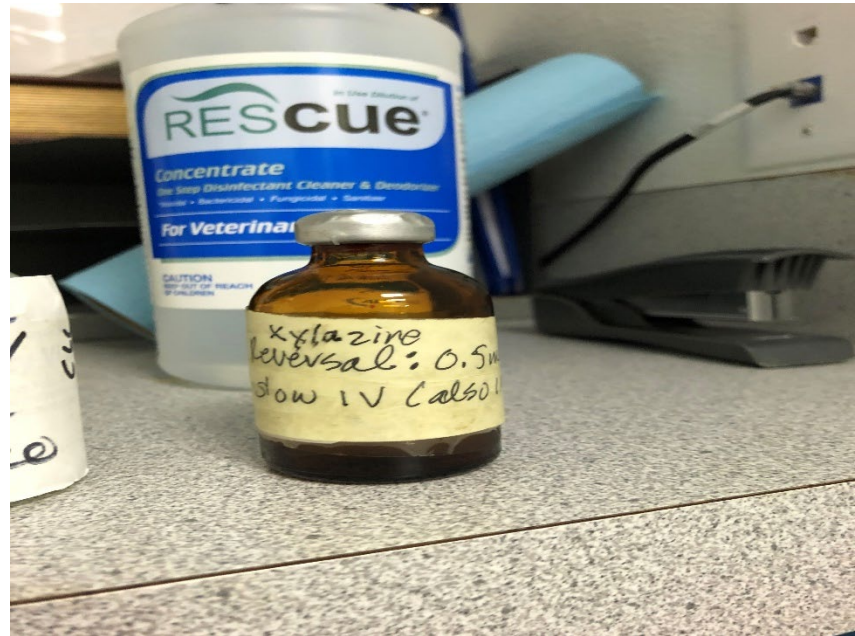
Lasts about 30-40 minutes

Also have “yellow ket” available, fractious dogs (has ace)

# Yohimbine- reverses xylazine

---

Used in case a previously undetected microchip is found after sedation and prior to euthanasia, yohimbine can reverse the xylazine portion of the pre-mix sedation.



# Other acceptable drugs

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New lists from OVMEB, to aid in potential shortage of Fatal Plus

- Diazepam/Midazolam\*
- Medetomidine
- Butorphanol\*
- Morphine\*
- Hydromorphone\*
- Telazol\*

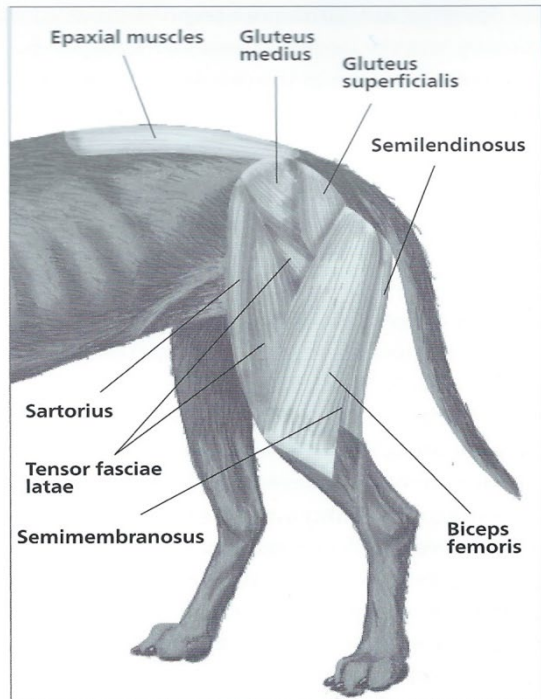
\*All but medetomidine are controlled substances, only used with veterinarian approval and only if standard pre-euthanasia drugs are unavailable or alternative drugs would be best for the patient.

# Location for IM injections

---

- Intramuscular injections should preferably be given in the hind leg, laterally (on the outside), between the hip and stifle (knee).
- Use a small gauge needle to minimize the sting. Inject at a 90 degree angle to the skin
- A secondary site for IM injections is in the lumbar musculature, near the spine, caudal (tail-ward) to the ribs.
- Inject rapidly, do not aspirate (fractious cats, aggressive dogs)

# IM injection sites



*Muscle masses in rear leg of dog, appropriate for IM injection of pre-euthanasia drugs*

## Animal Handling and Restraint



*A press gate is a useful tool for securing a fractious dog for injection of pre-euthanasia drugs*



# Other Species

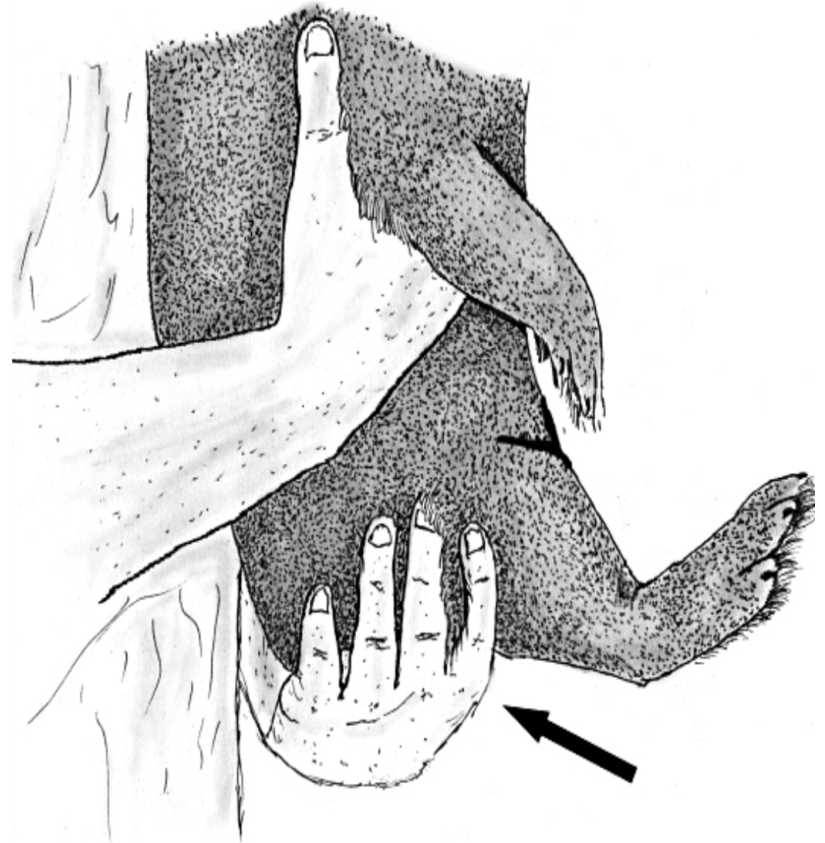
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## Rabbits

- Towels to scoop, gloves if needed
- Support the body, prevent bites
- Rabbits require twice the amount of drug due to high metabolism
  - Tranquilizer ok
  - IV cephalic or saphenous vein or IP

# Rabbit restraint

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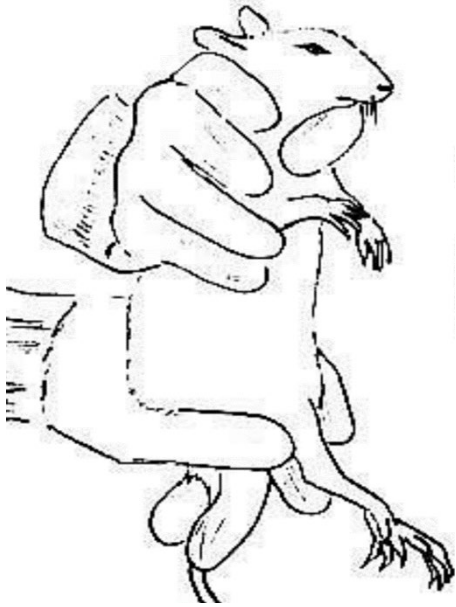
# Other Species

---

- Small Rodents
  - IP injection
  - Hold rats and guinea pigs around front legs, support hind end
  - Scruff mice and hamsters, control the head- BITE!!
  - Inject into midline
  - Use IM sedation if animal can't be safely held awake

# Small mammal restraint

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# Other Species

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## Birds

- Small birds- small towel, cover and grasp from behind, hold head between fingers, IP
- Larger birds, chickens- larger towels to restrain head and wings. Can use pre-mix IM in breastbone or thigh muscle; IP below breastbone

Reptiles- see euthanasia manual

# Bird Restraint

---



Fig. 4: Proper restraint of a large parrot.

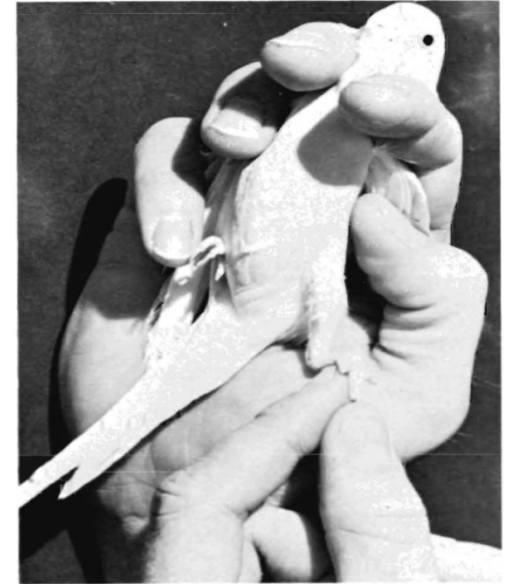


Fig. 1: Proper restraint of a small bird (parakeet).

# Euthanasia Room Supplies

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- Good light
- Secure locked storage cabinet
- First Aid Kit
- Clippers with No. 40 blade
- Stethoscope
- Drug log
- Cleanable Table
- Sharps Container
- Eye wash station
- Tourniquets
- Gloves, Muzzles, leashes, other safe handling equipment
- Body bags
- **Alcohol or water container**
- Calculator
- Non-slip flooring
- Temperature control/ventilation
- Separate work surface for needles, drugs, syringes, etc.
- Towels
- Microchip Scanner

# Safety and Handling Equipment

---

- Emergency syringe
  - Control stick
  - Leather Gloves
  - Towel/blanket
  - Another person
  - Wall-mounted leash clip &/or press gate
  - Squeeze cage/trap
- Net
  - Muzzle
  - Leash
  - Bag
  - Plastic shield



# Press gate, squeeze cage/trap



# Muzzle assortment

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# Required Syringe Sizes

---

3 ml

6 ml

12 ml

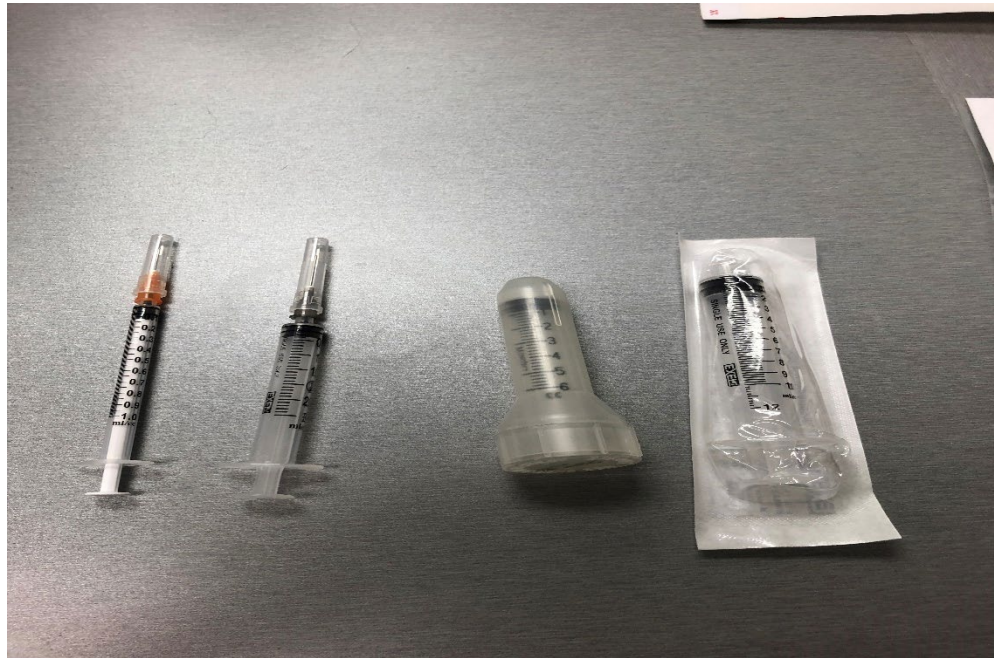
Luer-lock syringes are safer to use than slip syringes

1 ml (tuberculin) syringes are generally too small for anything but the smallest animals.

A spare syringe filled with SP nearby is recommended for a backup in case the needle becomes dislodged and the injection misses the animal.

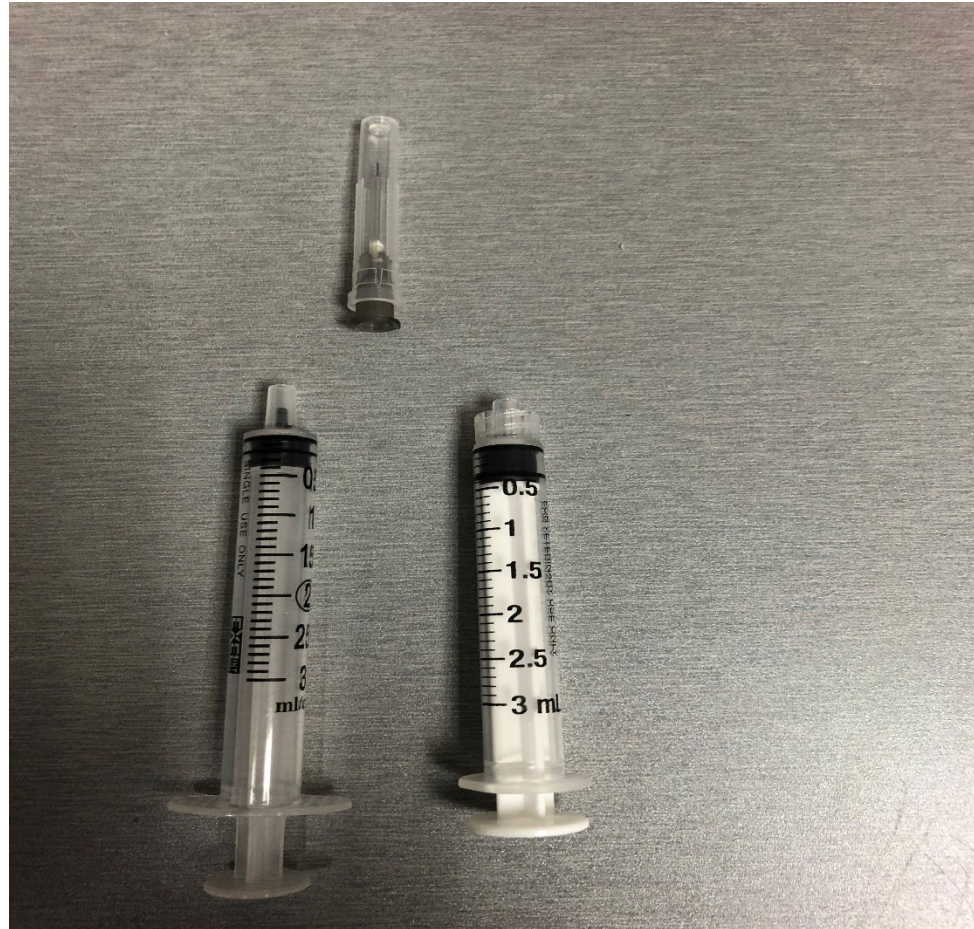
# Syringe sizes: 1, 3, 6, 10 ml

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# Slip syringe vs luer lock syringe

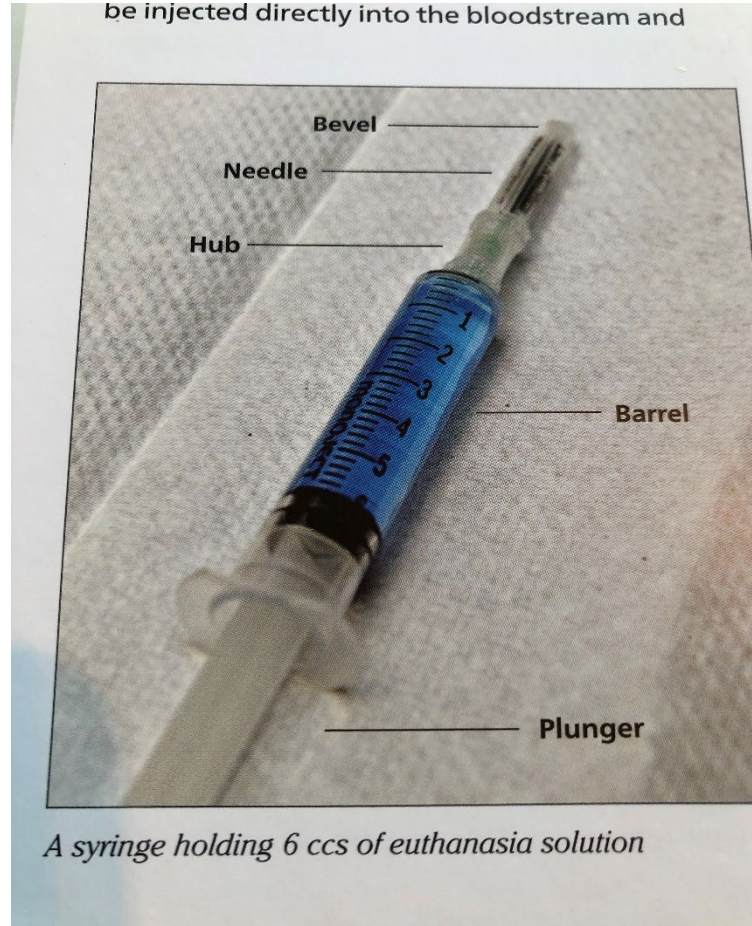
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# Filled syringe

---

be injected directly into the bloodstream and



*A syringe holding 6 ccs of euthanasia solution*

# Required Needle Sizes

---

18, 20, 22, gauge needles are required.

Large dog: 18g-20g

Medium dog: 20g- 22g

Small dog/cat: 22g-25g

Do not use 25 g needles with large volumes of drug.

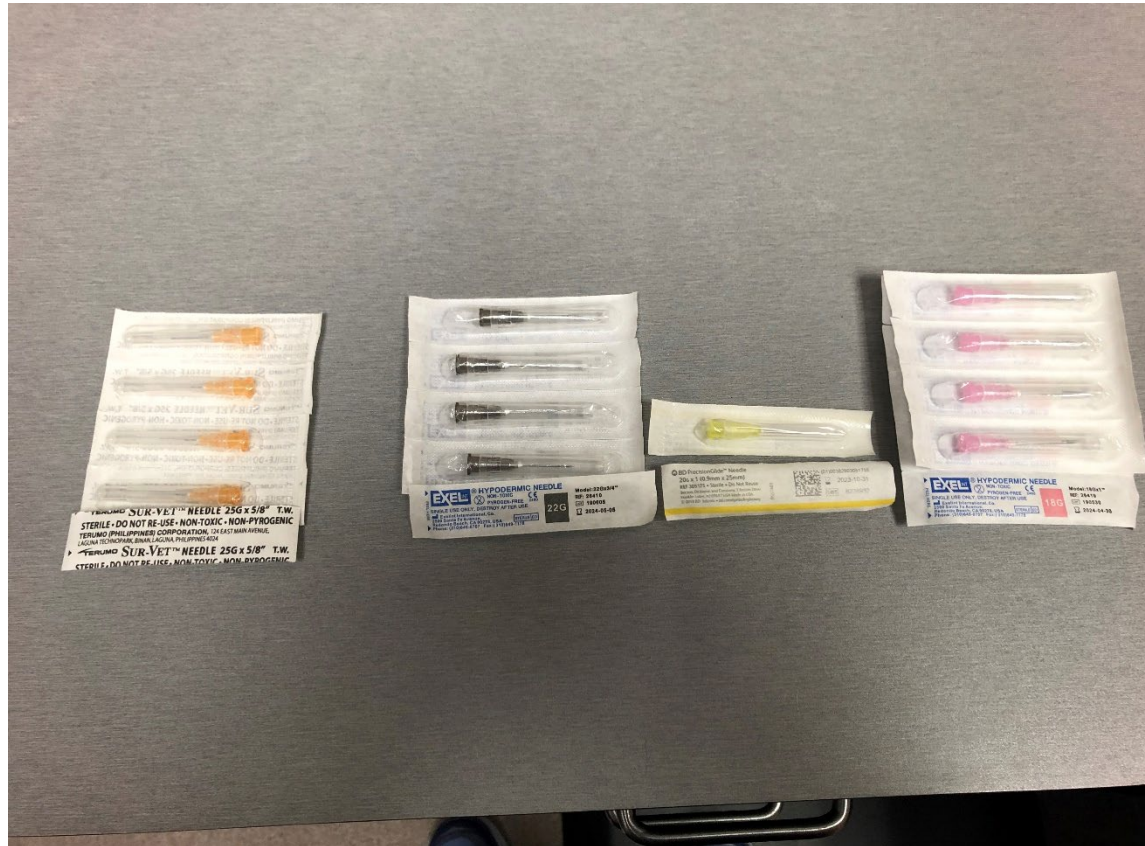
16 g may be used on a horse or other large livestock.

Needles are generally  $\frac{3}{4}$  inch to 1 inch long. Longer needles tend to bend, shorter needles make it difficult to inject through the skin.

1  $\frac{1}{2}$  inch needles used for IC sticks

# Needles: 25, 22, 20, 18 gauge

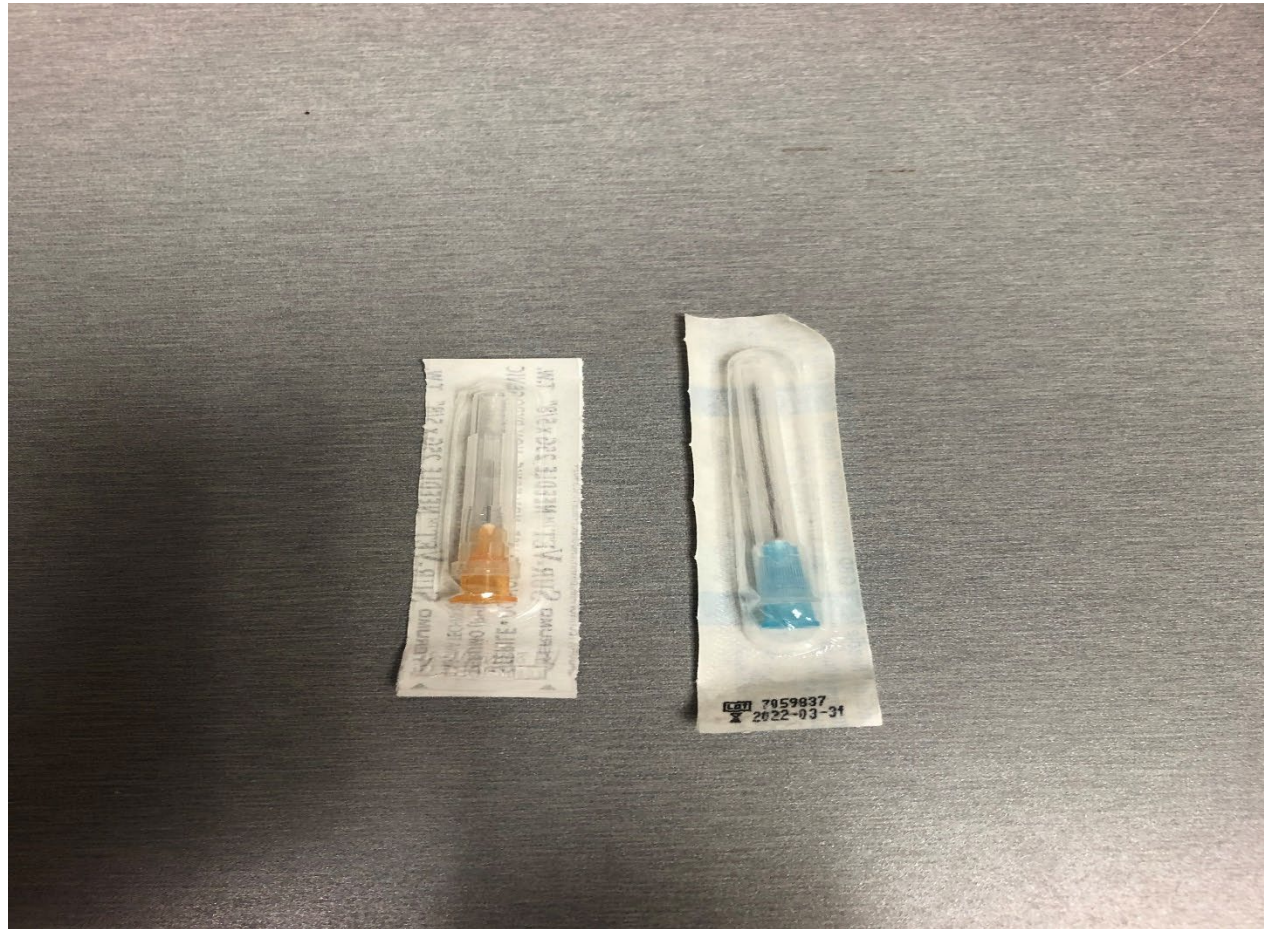
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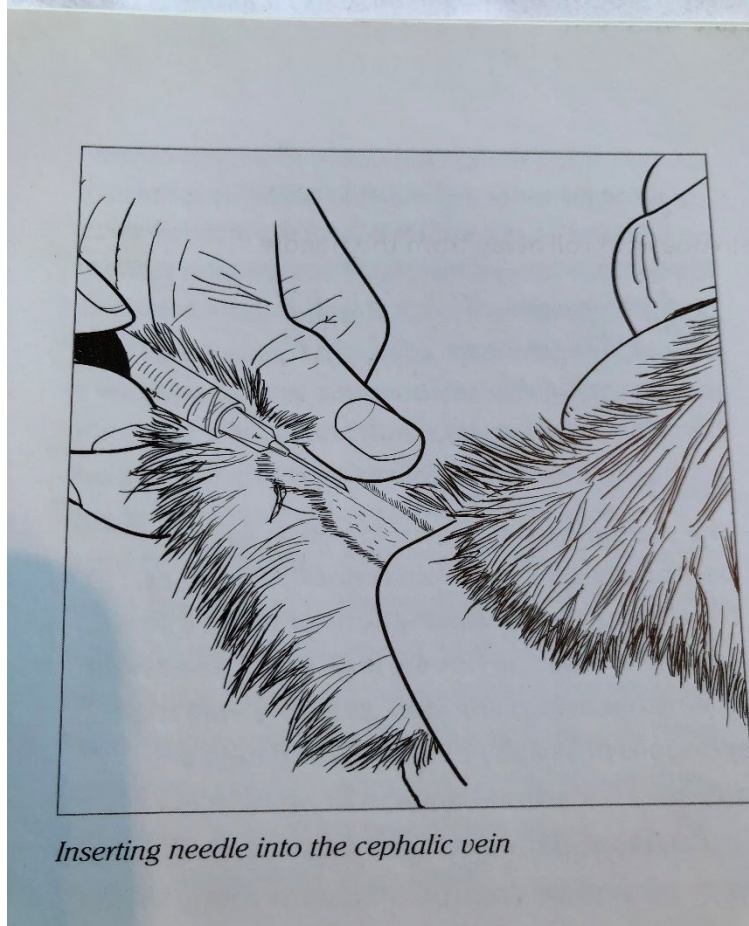
# Needle sizes: 3/4", 1 1/2"

---



# Inserting needle bevel (slant)up

---



# Euthanasia procedure

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1. ALWAYS check animal identification and paperwork to verify that you have the correct animal before beginning euthanasia.
2. SCAN for MICROCHIP!!
3. Pre-medicate/ muzzle (do not remove until complete)
4. When inserting the needle in the vein of the animal the position of the bevel should be UP.
  - Every pass of the needle through skin or rubber stopper of a bottle dulls it and causes barbs. Ok to change needles.
  - Have a back-up syringe in case of missed vein
5. ASPIRATE back on the syringe to be certain of proper needle placement (blood- IV, suction-IP)
6. Secure the syringe with your hand/fingers to prevent movement
7. Inject slowly but continuously unless vein blows/animal moves

# Special cases

---

1. **Aggressive dog:**

“Chill Pills protocol”- oral sedation. Get BT help if possible

May still require injectable sedation

1. **Feral/ fractious cat:**

Sedate

Check for microchip- if previously unidentified microchip is found, can reverse animal and wake it up while owner search is conducted

1. **Animal with seizure history:**

Use xylazine alone at higher dose than usual (1.5 x)

If seizure still occurs, complete process as quickly and smoothly as possible.

Except in case #2, **“overdose” of sedation is not a concern.**

# Participants in the Euthanasia Process

---

CET

Handler

CET is responsible for making the euthanasia decisions.

The handler should provide physical restraint, teamwork, and moral support, and should communicate well with the CET or veterinarian.

Testing during practical determines ability to problem solve, technical ability, and confidence

# Microchip Scanner

---



# Safety Recommendation for Fatal Plus brand of Sodium Pentobarbital

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Do not ingest

Keep away from eyes and skin

Use a respirator/avoid breathing

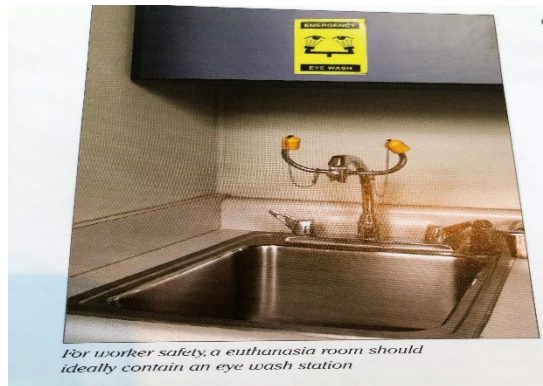
Wear gloves, goggles, mask

Wash skin with soap and water after handling

# Potential Danger to Humans During Euthanasia Procedures

---

- Injury from animals
- Needle stick
- Slipping on floor, injuries when lifting or restraining
- Accidental injection of drugs
- Sodium Pentobarbital sprayed in eyes



*For worker safety, a euthanasia room should ideally contain an eye wash station*



# Planning for Problems

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- If an animal becomes loose, secure the area and regain control of the animal quietly and quickly.
- If a person is injured, apply standard first aid if appropriate and notify a supervisor.
- Evaluate the situation if necessary to prevent a recurrence.

Communication between workers is vital.

- Provide a supportive environment for CET's and handlers.

# Common Causes of Stress

---

Feeling guilty

Feeling overwhelmed

No breaks in euthanasia (#'s, scheduling)

Tension with co-workers

Not taking care of self

Not maintaining life outside shelter

No-one to understand your situation

# Signs of CET Stress

---

Insomnia

Irritability

Fatigue

Lack of concentration

Feelings of inadequacy

Burnout

Feelings of guilt

Inability to let go of work related matters

Work encroaches on personal time

Loss of enjoyment in activities

Change in weight or appetite

Relationship dysfunction

Addictive/ self-destructive behaviors

# Compassion Fatigue/ Post Traumatic Stress Symptoms

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- Flashbacks
- nightmares
- insomnia
- “zombie” syndrome
- poor concentration
- increased irritability
- increased alcohol or drug use
- fatigue
- avoidance
- detachment
- distress

# Ways to diffuse compassion fatigue

---

Talk about it

Counseling

Journaling

Focus on the positive

Have hobbies

Life outside shelter

Taking time off

# Federal Requirements for Controlled Substances

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- Oregon state law allows for direct licensing of shelters to purchase and use euthanasia drugs (not all states do)
- Sodium Pentobarbital is DEA schedule II, ketamine is DEA schedule III
- Shelters must meet federal requirements for: storage, record-keeping, inventory and disposal.

# Safe, Drug log



**Willamette Humane Society**      **Animal Disposition Log**

Date 8/10/20 Beginning Bottle # 15 Ending Bottle # 15 Beginning NaPEN 257  
 Beginning Key Agent CK Ending Key Agent \_\_\_\_\_

VERI BY	AMT. REM.	CONTROL #	TIME	BREED AND DESCRIPTION	KU A	KJ J	FE A	FE J	O	REASON	ASL ACC	WT	IV	IC	IC PO	IC ASST	TRANS AMT.	NaPEN USED	VERI BY	AMT. REM.	
5cc	259	4516197	9:3	DSH "Smalkey"						Regenerative	11	10	2		1	6/12			3	60	254
5cc	257	4516197	11:53	DSH "Femal"						Drug, Femal	11	10	2			8/12	6		2	60	252
		4516124	11:53	DSH "Femal"						Drug, Femal	11	10	2			8/12	6		2	60	252

TOTALS     

S:\Animal Care Department\Forms\Euthanasia Forms\WHS Animal Disposition Log updated 2016

Never leave safe unlocked/ unattended.

# Federal Requirements

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- **Storage**  
Must be “substantially constructed”, securely locked container
- **Record Keeping**  
Type of drug, number assigned to bottle, person administering drug, description of animal, animal’s id number, weight, amount of drug used, total drug remaining. Log pages should be totalled each day.
- **Inventory records-** full inventory required every two years (monthly is ideal)



The table below indicates recent rulemaking activity and status updates as of April 4, 2024. Highlighted cells indicate items that will be reviewed by the Board at the next Board Meeting (April 18-19, 2024).

Number	Description	Status	Notes	To Do
OAR 875-005-0005 – Definitions; OAR 875-010-0090 Continuing Education Requirements.	Added definition of Continuing Education (CE) within “Definitions” and a reference to this definition within “CE Requirements”.	To Board for review at April 2024 Board Meeting		Obtain approval from Board; submit filing on OARD; Public Rules Hearing; etc.
OAR 875-010-0026 Intern, Active and Inactive Licenses	Correction to 30 days (statute).	Complete.		
OAR 875-010-0065 - License and Facility Registration Renewal Procedures	Correction from “facility owner” to “Managing Veterinarian”.	To Board for review at April 2024 Board Meeting	Correction required to reflect longstanding practice; rule likely overlooked in the past.	Obtain approval from Board; submit filing on OARD; Public Rules Hearing; etc.
OAR 875-010-0065 - License and Facility Registration Renewal Procedures	Introduce late fees for facilities that fail to renew registration in a timely manner.	In progress.	Facilities that have failed to renew registration in a timely manner, but continue to practice, may be subject to late fees. Fees would offset additional drain on OVMEB Staff resources caused by late facility renewals, and encourage facilities not to operate with expired registrations.	Board Staff to develop and present proposed rule changes at upcoming Board Meeting (date TBD).
OAR 875-030-0000 - Introduction	Statutory Minor Correction (spelling error).	Complete.		
OAR 875-030-0030 - Issuance of Licenses, Fees, Renewals for Certified Veterinary Technicians	Revision to renewal instructions and fee.	To Board for review at April 2024 Board Meeting		Obtain approval from Board; submit filing on OARD; Public Rules Hearing; etc.

OAR 875-030-0050 Practice Limitations for Individuals not Certified as Veterinary	Number change.	Complete.		
OAR 875-040-0000 Certified Euthanasia Technicians	Litany of changes including grace period.	Complete.		
OAR 875-040-0000 Certified Euthanasia Technicians	Statutory Minor Correction – user error in submitting rule changes to OARD resulted in a duplicated rule title appearing in this rule.	Complete.		
OAR 875-040-0010 - Certification of Technicians	Substantial changes to criteria for becoming a CET; OVMEB Staff proposed change in placement of fee revision, minor grammatical and clarity revisions.	To Board for review at April 2024 Board Meeting.	Rule content has already been approved at February Board Meeting; OVMEB Staff proposing several minor grammatical changes and a change in placement of fee revision (for purposes of clarity).	Obtain final version from Board; push through on OARD. Public Rules Hearing was completed in January 2024.
VCPR changes	TBD	In progress. RAC formed and met.		RAC first meeting took place March 27, 2024. Minutes available for review; additional meetings to be scheduled. RAC will continue to meet, eventually will make recommendations to the Board.
Equine dentistry	TBD	In progress. RAC formed and met.		RAC recommendations to Board. OVMEB Staff to reach out to RAC to determine whether additional meetings must be held prior to recommendations being referred to Board.

OVMEB Staff believes that it would be advantageous for the Board to define “Continuing Education” (CE) within the VPA. Applicants and licensees have questions about what types of training courses may or may not be considered acceptable CE. For example, some individuals have attempted to submit their initial training (veterinary degree program, etc.) as CE, because it technically was completed within the required time period. To that end, I reviewed definitions of CE entered into rule by several other Oregon healthcare regulatory agencies, and produced draft language for the Board to review, edit, and/or approve to move forward. The definition of CE is provided within *OAR 875-005-0005 – Definitions* under a proposed new subsection (25) and also referenced within *OAR 875-010-0090 – Continuing Education Requirements (CE)* via a minor amendment to existing subsection (1).

### **OAR 875-005-0005 - Definitions**

- (1) “Agency”: Any animal control department, humane society, or facility which contracts with a public agency or arranges to provide animal sheltering services and is registered by the Oregon State Board of Pharmacy.
- (2) “Board”: The Oregon State Veterinary Medical Examining Board (OVMEB).
- (3) “Board of Pharmacy”: The Oregon State Board of Pharmacy (BOP).
- (4) “Certified Euthanasia Technician (CET): A person who is employed by, or a volunteer at, a humane society or animal control agency and is certified by the Board pursuant to ORS 475.190(4). Any person who was trained prior to October 15, 1983 in euthanasia methods, in the course provided by Multnomah County Animal Control and the Oregon Humane Society, and who has been subsequently certified by the Board.
- (5) “Client”: An entity, person, group, or corporation, that has entered into an agreement with a veterinarian for the purpose of obtaining veterinary medical services.
- (6) “Comprehensive”: Pertaining to all animal species.
- (7) “Conviction of Cruelty to Animals”: For purposes of ORS 686.130(11), is defined to include but not limited to animal abuse in the first or second degree, aggravated animal abuse in the first degree, and animal neglect in the first degree.
- (8) “Designated Agent”: A CET who is responsible for the withdrawal and return of sodium pentobarbital from the drug storage cabinet.
- (9) “Diagnostics”: Imaging, testing, and samples collected used to provide information for patient care.
- (10) “Facility Owner”: Any person, corporation, partnership, or other similar organization, private, or not-for-profit, holding title to a facility where licensed veterinarian(s) practice or where the practice of veterinary medicine occurs.

(11) "Facility Registration": A registration issued by the Board to operate a veterinary medical facility when the premises meet minimum standards established by the Board. Premises includes, but is not limited to, any building, structure, unit, office, land, vehicle, motor or mobile home, utilized in the practice of veterinary medicine or where the practice of veterinary medicine occurs.

(12) "Good Standing and Repute": As used in ORS 686.045(1), means:

(a) A university accredited by the American Veterinary Medical Association (AVMA); or

(b) A foreign school listed by the AVMA whose graduates are eligible to apply for a certificate through the Educational Commission for Foreign Veterinary Graduates (ECFVG) committee of the AVMA, or other programs approved by the Board.

(13) "Herd or Flock Animal": Animals, (four or more, of the same species), managed as a group, including, but not limited to, breeding, sale, show, food production, or racing. The veterinarian shall have the discretion to determine 'herd or flock' status for provision of veterinary medical care and recordkeeping.

(14) "Licensee Portal": Licensee access point for maintaining personal and facility information and for processing registrations and renewals. Located on the Oregon Veterinary Medical Examining Board website.

(15) "Managing Veterinarian": An Oregon veterinarian, licensed in good standing, who has been designated by the facility owner to be accountable to the Board for the facility's compliance with the laws and rules governing the practice of veterinary medicine in this state. Designation of a Managing Veterinarian shall be according to the procedures in OAR 875-010-0031(3).

(16) "Medical Records": Systematic documentation of a single patient or patients' medical history, physical examination, diagnosis, treatment, notes, and care across time, pursuant to OAR 875-015-0030.

(17) "Principal": A person who has controlling authority over the licensed facility, including but not limited to:

(a) Managers or other persons who have decision-making authority and whose primary duties include control over the operation of the licensed facility;

(b) Officers or directors who have some degree of responsibility for the operation of the licensed facility;

(c) General Partners, limited and joint ventures;

(d) Sole proprietors;

(e) Stockholders holding a majority of outstanding shares of stock; and

(f) Members of a Limited Liability Company.

(18) "Satellite Unit" A mobile or house call facility operated under the license of a registered fixed location facility. Satellite Units do not require individual facility registration. A mobile satellite unit must maintain sufficient capacity to address medical emergencies.

(19) Surgery Procedure

(a) "Aseptic Surgery": Aseptic surgical technique exists when everything that comes in contact with the surgical field is sterile and precautions are taken to ensure sterility during the procedure.

(b) "Antiseptic Surgery": Antiseptic surgical technique exists when care is taken to avoid bacterial contamination.

(20) "Supervision" means that each act shall be performed by any employee or volunteer in the practice only after receiving specific directions from a licensed veterinarian.

(a) "Direct" supervision under this provision means both the certified veterinary technician and the licensed veterinarian are on the premises at the same time;

(b) "Immediate" supervision under this provision means that the supervising veterinarian is in the immediate vicinity of where the work is being performed and is actively engaged in supervising this work throughout the entire period it is being performed;

(c) "Indirect" supervision under this provision means that a CVT may, after receiving specific direction from an Oregon-licensed veterinarian, perform duties permitted under OAR 875-030-0040 at a client's home or other location where the animal is kept. A valid VCPR must exist in order for a CVT to perform duties under indirect supervision.

(21) "Veterinary Client Patient Relationship (VCPR)": Except where the patient is a wild or feral animal or its owner is unknown; a VCPR shall exist when the following conditions exist: The veterinarian must have sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the medical condition of the animal. This means that the veterinarian has seen the animal within the last year and is personally acquainted with the care of the animal by virtue of a physical examination of the animal or by medically appropriate and timely visits to the premises where the animal is kept.

(22) "Veterinary Medical Facility": Any premises, unit, structure, or vehicle where veterinary medicine is practiced, except when used for the practice of veterinary medicine pursuant to an exemption under ORS 686.040.

(a) "Fixed Location Facility": A veterinary medical facility including but not limited to a building, unit or structure, at a fixed location, where animals are received and/or confined, and where the practice of veterinary medicine is practiced,

(b) "Mobile Facility": A veterinary medical facility including but not limited to any vehicle, trailer, camper, motor, or mobile home, used in the practice of veterinary medicine. Mobile facilities must maintain sufficient capacity to address medical emergencies.

(c) "House Call Facility": A veterinary medical facility at a non-fixed location where veterinarian(s) practice. It must include a designated location for drug and record storage..

(23) "Veterinary Technician": a person licensed by the Board as a Certified Veterinary Technician.

(24) For purposes of meeting work experience eligibility requirements for intern, veterinarian and certified veterinary technician licensure, a year is defined as at least 2,000 hours in any 52-week period.

**(25) Continuing education (CE) is defined as ongoing education required by the Board, which must be completed outside initial required training, for the purpose of developing and updating professional skills to provide appropriate and current veterinary services.**

Statutory/Other Authority: ORS 686.210, ORS 475.190, 609.405, 686.130, 686.255 & 686.510

Statutes/Other Implemented: ORS 475.190, 609.405, 686.130, 686.255 & 686.510

History:

VMEB 3-2021, amend filed 08/24/2021, effective 09/01/2021

VMEB 2-2020, amend filed 02/10/2020, effective 02/10/2020

VMEB 6-2018, amend filed 07/31/2018, effective 07/31/2018

VMEB 3-2018, minor correction filed 02/14/2018, effective 02/14/2018

VMEB 8-2017, amend filed 11/07/2017, effective 11/08/2017

VMEB 1-2015, f. & cert. ef. 11-13-15

VMEB 1-2014, f. & cert. ef. 1-17-14

VMEB 3-2012, f. & cert. ef. 8-28-12

VMEB 1-2012, f. & cert. ef. 6-25-12

Reverted to VMEB 7-2008, f. & cert. ef. 7-22-08

VMEB 5-2011(Temp), f. & cert. ef. 12-12-11 thru 6-9-12

VMEB 7-2008, f. & cert. ef. 7-22-08

VMEB 6-2008, f. & cert. ef. 5-21-08

VMEB 1-2008, f. & cert. ef. 2-11-08

VMEB 2-2006, f. & cert. ef. 5-11-06

VMEB 1-2006, f. & cert. ef. 2-8-06

### **OAR 875-010-0090 - Continuing Education Requirements (CE)**

(1) All active licensees, including veterinarians and certified veterinary technicians, must comply with the CE, **as defined in OAR 875-005-0005(25), and** as provided in this rule in order to renew their licenses.

(2) Licensees wishing to renew their license must complete the minimum required number of CE hours every two years. Veterinarians shall report 30 hours of CE to the Board with license renewals for every odd-numbered year. Certified veterinary technicians shall report 15 hours of CE to the Board for every even-numbered year. The required hours may be obtained online and be satisfied with any combination of the following continuing education activities:

(a) Attendance at scientific workshops or seminars approved by the Board or by the American Association of Veterinary Boards Registry of Approved Continuing Education (RACE).

(b) A maximum of four hours for veterinarians or two hours for certified veterinary technicians reading approved scientific journals. One subscription to an approved journal is equal to one hour of credit.

(c) A maximum of six hours for veterinarians or three hours for certified veterinary technicians of workshops or seminars on non-scientific subjects relating to the practice of veterinary medicine such as communication skills, practice management, stress management, or chemical impairment.

(d) A minimum for veterinarians of one hour each in judicious antibiotic use and appropriate analgesic and anesthetic methods.

(3) Workshops, seminars, and prepared materials on scientific and non-scientific subjects relating to veterinary medicine sponsored by the following organizations are approved:

(a) American Veterinary Medical Association (AVMA) and Canadian Veterinary Medical Association (CVMA);

(b) Specialty and allied groups of the American Veterinary Medical Association and Canadian Veterinary Medical Association;

(c) Regional meetings such as the Inter-Mountain Veterinary Medical Association, Central Veterinary Conference, and Western Veterinary Conference;

(d) Any state or province veterinary medical association;

(e) Any local or regional veterinary medical association;

(f) The American Animal Hospital Association;

(g) American and Canadian Veterinary Schools accredited by the American Veterinary Medical Association;

(h) All federal, state or regional veterinary medical academies or centers;

(i) Other programs receiving prior approval by the Board.

(4) The Board may approve other sponsors for lectures or prepared materials upon written request by the attending veterinarian or the sponsor.

(5) Scientific journals and publications relating to veterinary medicine are approved by the Board to satisfy a maximum of four hours of non-lecture CE activities.

(6) Study in a graduate resident program at an AVMA-approved veterinary school will satisfy the CE requirements for the year in which the veterinarian is enrolled in such program.

(7) Postgraduate coursework in veterinary science or veterinary public health at an AVMA- or Board-approved educational institution will satisfy CE requirements on a semester or credit hour basis for the reporting period in which the coursework occurs.

(8) Reporting CE credits.

(a) At the time of making application for license renewal in years when CE reporting is required, the veterinarian shall certify on the application form that 30 hours of CE, and the veterinary technician shall certify on the application form that 15 hours of CE, as set forth in this rule have been satisfied. Proof of participation in such CE programs must be kept by the licensee for a period of at least two years, and the licensee must permit the Board to inspect CE records. Failure to keep or provide these records to the Board shall constitute grounds for non-renewal of the license, or, if the license has been issued for that year, for revocation of the license;

(b) Proof of compliance with the CE requirement of this rule may be supplied through registration forms at lectures, certificates issued by the sponsors of lectures, subscriptions to journals, and other documentation approved by the Board.

(9) The Board may approve CE programs presented by non-veterinarians, if program content is pertinent or complementary to veterinary medicine.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.410 - 686.420

History:

VMEB 14-2017, minor correction filed 11/09/2017, effective 11/09/2017

VMEB 4-2017, f. & cert. ef. 1-12-17

VMEB 6-2016, f. & cert. ef. 12-12-16

VMEB 3-2014, f. & cert. ef. 1-17-14

VMEB 2-2013, f. & cert. ef. 10-29-13

VMEB 1-2009, f. & cert. ef. 4-20-09

VMEB 13-2008, f. & cert. ef. 12-15-08

Reverted to VMEB 1-2008, f. & cert. ef. 2-11-08

VMEB 2-2008(Temp), f. & cert. ef. 2-11-08 thru 8-9-08

VMEB 1-2008, f. & cert. ef. 2-11-08

VMEB 2-2006, f. & cert. ef. 5-11-06

VMEB 1-2006, f. & cert. ef. 2-8-06



OVMEB Staff noted an error in OAR 875-010-0065(7). It is longstanding practice that the Managing Veterinarian, not the facility owner, is responsible for renewing the facility registration. The error in this rule was likely overlooked, and therefore, a correction is merited.

### **OAR 875-010-0065 - License and Facility Registration Renewal Procedures**

(1) The annual renewal fee for all veterinary licenses shall be \$150.

(2) A renewal application is timely if the completed application together with the correct renewal fee is postmarked or electronically filed by December 31st of the current license year. The licensee has the burden of proving that the application was mailed or filed timely. If the renewal application is not timely, the applicant must pay delinquent fees of \$50 for each month or part of a month after December 31st, up to a maximum of \$150.

(a) In the event a licensee's renewal application is not received by January 31st, notice from the Board will be sent by April 1st, advising the licensee of his or her delinquency and that practicing veterinary medicine in Oregon without a valid license is a violation of ORS 686.020. It is the licensee's responsibility to provide the Board with a current address;

(b) If the delinquency in license renewal exceeds three months, the Board may require the applicant to appear before the Board and/or may attach other conditions to the renewal, e.g. community service, additional continuing education, etc.;

(c) If the delinquency in license renewal exceeds 21 months, the Board may assess an extended delinquency renewal fee, and/or require re-qualification by examination.

(3) Board staff will review renewal applications. If the application is complete with the following requirements, staff will issue a license which expires on December 31st of the next calendar year:

(a) The renewal application is completed;

(b) The renewal fee is enclosed;

(c) Any delinquent fees are enclosed;

(d) Continuing Education (CE) requirements must have been met; and

(e) The license is not suspended, revoked or otherwise encumbered under the provisions of ORS 686.120 and 686.130.

(4) Board staff will refer for Board review any license renewal that fails to respond fully to questions in the application.

(5) A veterinarian who submits a completed renewal application postmarked or electronically filed no later than December 31st, and has complied with all requirements under section (3) of this rule, may continue to practice veterinary medicine in Oregon pending notification of renewal or notification that the application is incomplete. A veterinarian who submits a renewal application postmarked after December 31st, or who knows the application is incomplete, or has not fulfilled the continuing education requirement, will be subject to delinquent fees and may not lawfully continue to practice veterinary medicine in Oregon until notified that the license has been renewed.

(6) If the veterinarian's license lapses, a 21-month grace period begins. The veterinarian may renew the license within the 21-month period by paying the maximum delinquent fee and the current annual license

fee, and by providing documentation of veterinary activities, including completed Continuing Education, during the interim. After 21 months, the license may be revoked and the veterinarian may have to re-qualify for licensure by taking an examination determined by the Board.

(7) The annual facility registration fee shall be \$150. ~~Facility owners~~ **The Managing Veterinarian** shall renew each facility registration by December 31st of the current license year. Failure to renew a facility registration may be grounds for the Board to suspend practice of veterinary medicine in the facility.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.110 & 686.255

History:

VMEB 1-2015, f. & cert. ef. 11-13-15

VMEB 1-2013, f. & cert. ef. 10-4-13

VMEB 2-2006, f. & cert. ef. 5-11-06

VMEB 1-2006, f. & cert. ef. 2-8-06

VME 2-1994, f. & cert. ef. 11-30-94

VME 1-1992, f. & cert. ef. 10-9-92

VME 3-1991, f. & cert. ef. 12-9-91

VME 2-1989, f. 8-29-89, cert. ef. 10-1-89

VME 1-1987, f. & ef. 12-22-87

VME 3-1986(Temp), f. & ef. 10-23-86

Revisions submitted to the Board for approval reflect OVMEB Staff plans to transition from mailed to electronic notification, as well as a fee increase from \$10 to \$15.

**OAR 875-030-0030 - Issuance of Licenses, Fees, Renewals for Certified Veterinary Technicians**

(1) Upon filing a complete application and meeting all the criteria of OAR 875-030-0010, the Board will issue the applicant a Certified a Veterinary Technician license.

(2) Each CVT license shall expire on December 31st of each year.

(3) On or about November 1 of each year, the Board will send a renewal application **instructions** to the last known **mailing address and/or email** address of the CVT on file with the Board. CVTs shall keep the Board advised of their address at all times. The Board shall be entitled to rely on its records, regardless of whether the CVT keeps the Board so advised.

(4) CVTs may be renewed annually without re-examination upon timely application. A renewal application accompanied by the annual fee of \$35 must be ~~returned~~ **submitted** to the Board postmarked no later than December 31st of each year in order to be considered timely filed.

(a) Renewal forms received or postmarked between January 1st and 31st will incur a late fee of ~~\$40~~**15**.

(b) Renewal forms received or postmarked between February 1st and February 28 or 29 will incur a late fee of \$25.

(c) Renewal forms received or postmarked between March 1st and April 30 will incur a late fee of \$35.

(d) If the CVT license lapses, a 21-month grace period begins. The CVT may renew the license within the 21-month period by paying the maximum delinquent fee and the current annual renewal fee, and by providing documentation of veterinary technician activities, including having completed 15 hours of approved continuing education, during the interim. After 21 months, the license may be revoked and the CVT may have to re-qualify for licensure by taking an examination specified by the board.

**Statutory/Other Authority:** ORS 686.210

**Statutes/Other Implemented:** ORS 686.255 & 686.350 - 686.370

**History:**

[VMEB 4-2014, f. & cert. ef. 1-17-14](#)

[VMEB 1-2008, f. & cert. ef. 2-11-08](#)

VME 3-1992, f. & cert. ef. 10-9-92, Renumbered from 875-010-0025

VME 3-1991, f. & cert. ef. 12-9-91

VME 1-1991, f. & cert. ef. 1-24-91

VME 2-1989, f. 8-29-89, cert. ef. 10-1-89

VME 3-1983, f. & ef. 1-21-83

VE 5, f. & ef. 8-3-76

OVMEB Staff requests that the Board consider the following highlighted revisions to the rules below. The content of the rules has not changed since the previous meeting; OVMEB Staff made changes to the placement of a rule revision that the Board had previously approved for the sole purpose of clarity. Additionally, several other minor grammar and formatting tweaks, that do not change the content or meaning of these rules, have been included (for example, “1 hours” was corrected to “1 hour”). Additionally, the rule title was corrected for clarity, as CVTs are “technicians” as well.

### **OAR 875-040-0010 - Certification of Technicians CETs**

(1) Applicants must first apply as a CET Intern in order to obtain the training required for a permanent CET certificate. CET Interns may not act independently but only under the immediate supervision of ~~a~~ **an Oregon CET or Oregon licensed veterinarian**. The intern certificate will expire within one year of issue date and does not renew.

(a) The Board may conduct background checks on applicants and certificate holders. Applicants and certificate holders shall be required to provide any police and court records for any arrests and convictions.

(b) The applicant must be an employee or a volunteer at a humane society or animal control agency.

(c) **CET intern applicants must pay** an initial certification fee of \$25.00.

(2) Upon completion of the ~~internship's training,~~ **requirements below to become a permanent CET**, the intern may apply for a permanent certificate.

(3) In order for a person to become a permanent Certified Euthanasia Technician (CET), an application must include the following, ~~within the last 12 months~~:

~~(a) 15 hours of documented observation and hands-on training done with a licensed DVM or CET and exhibits proficiency when assessed within their organization performing euthanasia of domestic pets and other animals when observed by a licensed veterinarian; or~~

~~(b) Completion of an approved euthanasia course and exhibits proficiency when assessed within their organization performing euthanasia of domestic pets and other animals when observed by a licensed veterinarian; and~~

~~(c) Submission of an evaluation verification form attesting that the applicant has satisfactorily completed the internship. The supervising, Oregon licensed, veterinarian shall submit this form.~~

**(a) Documented evidence of completion of either requirement in (4) or evidence that applicant is exempt from those requirements as described in (5); and,**

**(b) Submission of an evaluation verification form completed within the previous 12 months attesting that the applicant exhibits proficiency to perform euthanasia of domestic pets and other animals when observed by an Oregon licensed veterinarian within their organization while holding a valid CET intern certificate. The evaluation must be performed after completion of the requirements (4) or (5) of this rule.**

**(c) The required documentation may be submitted by the intern, the supervising veterinarian, or**

the agency the CET intern certificate holder is an employee of, or volunteers with.

**(d) Applicants to become a permanent CET must pay a certification fee of \$25.00.**

(4) Unless exempt under (5), applicants to be a permanent CET must complete one of the following requirements to satisfy the requirement in (3)(a):

(a) 15 hours of documented instruction, observation, and hands-on euthanasia training done with an Oregon licensed DVM or Oregon CET within the past 12 months, or

(b) Completion of an OVMEB approved euthanasia course containing the following within the past 5 years.

(i) 1 hour of Evidence-based euthanasia practices including the euthanasia process, patient selection, confirming correct patient for euthanasia, and record keeping practices.

(ii) 1 hour of Selection of and handling of syringes, needles and other medical equipment, and anatomical landmarks for injection by SQ and IM routes.

(iii) 2 hours of Humane animal handling and restraint.

(iv) 1 hour of Humane euthanasia space and equipment.

(v) 2 hours of Pre-euthanasia drugs, including levels of consciousness, recordkeeping, oversight of drug, dosing, decision making, and routes of administration.

(vi) 1 hour of Sodium Pentobarbital including formulations, controlled drug status, pharmacology, dosing and labeled uses.

(vii) 1 hour Appropriate routes of Sodium Pentobarbital including IV, IP, and IC. With emphasis on dosing, levels of consciousness in the patient, and appropriate level of consciousness for IC administration.

(viii) 1 hour of Verifying death and body disposal practices.

(ix) 1 hour of Human Safety including OSHA regulations, injury prevention, medical waste disposal, sanitation, and PPE.

(x) 2 hours of Controlled Drug Logs and Federal LAWS, State Laws, Medical record keeping, Drug logs, drug log reconciliation, DEA, and veterinary oversight.

(xi) 1 hour of Compassion Fatigue and Stress

(xii) 1 hour of Owner-Intended Euthanasia practices and other species euthanasia.

(5) An applicant to be a permanent CET is exempt from the training requirements in (4) if:

(a) The applicant is: (i) a previously certified Oregon CETs outside the 12-month window of reinstatement, (ii) a CET licensed in another state or territory of the United States, or (iii) an Oregon licensed CVT; and,

(b) Successfully passes, on the first attempt, a 30-question test provided by the OVMEB.

(c) The applicant must still obtain an intern CET certificate and satisfy the requirements of (3)(b).

(46) Upon separation from an organization, a CET will not euthanize animals until the person is employed by or is a volunteer at another approved agency, completed specific training in association with that agency, and the CET has notified the Board **and is issued a new certificate**.

(a) Certificates are valid only for the agency at which the person is currently working.

(b) The CET will notify the Board within 10 days of their separation from their organization.

(57) If a CET is reemployed or volunteers within 12-months of holding a CET license, the CET may apply to the Board for reactivation of their certification. After a 12-month lapse, the person must become recertified **as both an intern CET and a permanent CET** as described above.

(68) CET certificate holders will need to be recertified every 5 years in the form of a proficiency assessment done by an Oregon licensed veterinarian and submitted to the Board ~~with their certificate renewal~~. **within 90 days of the CET certificate renewal. A failure to provide the proficiency assessment by the 90<sup>th</sup> day after renewal may result in revocation of the CET certificate.**

(79) All CET certificates expire on October 31<sup>st</sup> of each year and are in effect for one calendar year.

(810) Certificate renewal fee is \$15.

(911) Annual verification of employment or volunteer status must come directly from the organization the CET is employed or volunteers with.

(4012) Failure to renew or provide verification of employment or volunteer status will result in a lapse and euthanasia duties may not be conducted until the certificate is reinstated.

(4413) The Board may suspend, revoke, or otherwise discipline a CET Intern or permanent CET certificate holder for unprofessional conduct or non-compliance with applicable Board statutes and rules.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 475 & ORS 686

History:

VMEB 4-2023, temporary amend filed 12/13/2023, effective 12/13/2023 through 06/09/2024

VMEB 1-2023, amend filed 02/24/2023, effective 03/01/2023

VMEB 6-2021, amend filed 08/24/2021, effective 09/01/2021

VMEB 2-2012, f. & cert. ef. 6-25-12