

OVMEB BOARD MEETING PUBLIC SESSION	April 23-24, 2021	8:00 AM
	Zoom Conference: https://zoom.us/j/95505908661?pwd=T3Bmd3Z4a0lpNW9JMUxWenpwQjdTZz09	
	Meeting ID: 955 0590 8661 Passcode: 18uhn3	
Board President: Emilio DeBess, DVM, MPH	Phone 971-673-0224	Fax 971-673-0226

8:00 AM Convene Public Session**1. 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.)

2. CONSENT AGENDA

Action

- a. Today's agenda
- b. February 19-20, 2021 Public Board Meeting Minutes
- c. October 24, 2020 Public Board Meeting Minutes

3. 8:30 AM - ADMINISTRATIVE RULE HEARING – April 23, 2021

Action

- a. **OAR 875-011-0010**- Prohibited and Unprofessional Conduct
- b. **OAR 875-011-0015** - Compliance with Governor's Emergency Executive Orders and Guidance – new permanent rule

4. DISCUSSION AND ACTION ITEMS

- a. Executive Director Report Inform
- b. Practice Policies
 - i. OAR 875-015-0035 Telemedicine, prescription medications - Lamb Action
 - ii. Standard of Care - Corriher Action
 - iii. ORS 686.040 – “In consultation with” 30 day rule Action
 - iv. OAR 875-015-0030- Anesthetic monitoring record- Marcum Action
- c. Administrative Policies
 - i. Continuing education for courses taught Action

5. WORK SESSION

Action

- a. OAR 875 Division 40 - CET Rules revisions
- b. Background checks for all Licensees - OAR 875-010-0000, OAR 875-0030-0010, and OAR 875-005-0010
- c. OAR 875-005-0005 Definitions
- d. OAR 875-010-0031 Allows operation of temporary facilities for up to 15 days per year
- e. OAR 875-015-0040 Minimum standards for Veterinary Drugs
- f. RAC member applications

6. EXECUTIVE SESSION

EXECUTIVE SESSION: The Oregon Veterinary Medical Examining Board will now go into Executive Session pursuant to ORS 192.660(2)(f), ORS 192.660(2)(l), ORS 192.660(2)(h), ORS 684.185, 676.175(1) and 684.100(10) 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 in to the room.

7. IN THE MATTERS OF (following Executive Session)

OVMEB BOARD MEETING PUBLIC SESSION	February 19-20, 2021	8:00 AM
	Zoom Conference: Meeting ID: 920 5927 6175 Password: MjF2B6	
Board President: Emilio DeBess, DVM, MPH	Phone 971-673-0224	Fax 971-673-0226

Board member Attendees:	Staff Attendees:
Emilio DeBess DVM, MPH, Chair	Cass McLeod-Skinner JD, Executive Director
Peggidy Yates, Public Member	Bertina Balajadia, Administrative Assistant
Dannell Davis, DVM	Brenda Biggs, Inspector
Allison Lamb, DVM	Janine Holland, Investigator
Natalie Mair-Williamson, CVT	Joanna Tucker-Davis, Assistant Attorney General
Karen Pate, Public Member	
Dean Wilson, DVM	
Public Attendees: Multiple members of the public attended.	

Friday February 19, 2021 Public Session

8:00 AM Convene Public Session

- 1. PUBLIC COMMENTS** – No public comment.
- 2. CONSENT AGENDA** –

- a. **Today's Agenda** - Hamilton moved to approve today's agenda; Lamb seconded; vote unanimous. Motion passed.
- b. **January 25, 2021 Public Board minutes** – Pate motioned to approve the January Public Board meeting minutes; Wilson seconded; vote unanimous. Motion passed.

3. ADMINISTRATIVE RULE HEARING – Feb 19, 2021

OAR 875-011-0015 Compliance with Governor's Emergency Executive Orders and Guidance – new permanent rule.

Discussion:

OVMEB received many comments regarding the section of the notice that stated there would be no economic impact. It was clarified that the economic impact was regarding the effect on the Board, not the licensees. Board to expand economic impact statement to include impact on community we serve. Discussion was had regarding workload on agency staff, length of effectiveness, repeatability, COVID vs general applicability, and OSHA responsibilities. Board agreed that it would like to make the rule general and not COVID-19 specific.

Outcome:

Hold open rulemaking for further comment on economic impact (for revisions). Yates moved; Lamb seconded; unanimous vote.

4. DISCUSSION AND ACTION ITEMS

a. Executive Director's Report -

Report was provided and received.

b. Best Practices Questionnaire -

Board was informed of and provided the questionnaire. Will revisit during June 2021 board meeting in order to file a supplemental Annual Performance Progress Report for 2020/2021.

c. 2020 Annual Performance Progress Report -

Board ratified.

d. 2021-23 Agency Request Budget -

Informed Board of the process. Board ratified.

e. 2021-23 Governor's Request Budget -

Budget testimony and PowerPoint Presentation. Board Ratified.

f. 2019 Secretary of State Audit and Response -

Board ratified. Discussion was had over recommendations made, especially around PDMP compliance and HIPAA requirements.

g. Practice Policies -

Continuing education for courses taught - preparing for a lecture and lecturing to vet community is not considered CE for RACE. Will need to come back to this after Board reviews more information – revisit in April.

h. Administrative Policies -

- a. **Arrest/Conviction Application Review Policy** – Policy applies to applications for all license types. Davis moved to approve; Mair-Williamson, seconded; vote unanimous. Motion passed.
- b. **Annual Dispensing Practitioner Drug Outlets (DPDO) self-checklist submission timeframe** – Board discussed moving DPDO self-checklist into license renewal process. Modify application to reflect it and timeline. When certifying facility, managing veterinarian should be filling it out. Discussion regarding potentially adding an extra signature line for completion and one for managing vet. Response was that MV is responsible, regardless of who fills it out and signs. If the DPDO checklist is attached to the renewal, better chance of managing vet responsible. Wilson moved to incorporate DPDO checklist into facilities renewal with Dec. 31 deadline; Davis seconded. Vote unanimous. Motion passed.
- c. **Limits on Licensing Exam Attempts** – Whether the Board wanted to set limits on the number of times an applicant could take licensing exams. Board determined to not set a limit. Lamb moved for no limit on exam attempts; Wilson seconded. Vote unanimous. Motion passed.

***Adjourned to Executive Session at 10:15AM.**

5. WORK SESSION - Returned to public session on Saturday at 10:59AM. Only staff and Board members were present this day.

6.

- a. **Measure 110 changes** – Discussed upcoming rule changes in response to Measure 110.
- b. **CET Rules** - Members to provide their redlines to Director by April 1 for coordination into document to review at April's board meeting.
- c. **Pending Votes on CVT Rules** – Creating a RAC – Board had previously voted to create a RAC to address CVTs and dental issues and enter into rulemaking. A RAC had yet to be convened.

History of the CVT rules: Jan. 26, 2019 minutes – Board voted to repeal OAR 875-030-0040(2)(e)(G) and add task to duties prohibited. Board went into rulemaking 3 years ago, took public comment, but didn't take final vote. A second was supposed to be filed as rulemaking but was never filed.

Moving Forward:

RAC for dental extraction and CVTs.

What questions to you want RAC to address?

- Extractions under immediate supervision of a licensed vets
- Involves both CVT and vet

- CVTs being asked to do things that they're not adequately trained for, being paid for, etc.

RAC membership – 13 total

(4) DVMs

(1) Veterinary dentists

(4) CVTs

(1) CVT specialized in dentistry

University/PCC technician programs – involved in curriculum of teaching dentistry

Public member as alternates

11 voting members, 2 alternates

Members can request subject matter experts

Urban/rural diversity

Large animal/small animal reps

Vet assistants (unlicensed) – bring them in as subject matter experts

Board Liaison – non-voting board member - Dr. DeBess

Topics: OAR 875-015-0050, vet dentistry and x-ray, OAR 875-030-0040

To draft and send out call for membership, 2 week application

RAC membership review in April's meeting

- d. **CVTs and CETs: Background Checks and Disciplinary Authority** – Staff will bring back revised rules to review for implementing background checks for all license types. Possible review at April or June meeting.
- e. **Nonprofits and Using Expired Drugs** – Issue: Donating expired or close to expired drugs to non-profits. Non-profit often rely on expired or about to expire drugs to serve people who might not otherwise be able to afford vet care/drugs for their pets. Board will need to consult with Board of Pharmacy (BOP) to know what consequences could be with the DPDO waiver. Dr. DeBess and Director McLeod-Skinner will follow up with BOP.
- f. **Prescription Diets** – Concerned that BOP will consider “prescription” diets as regulable and find liability. Dr. DeBess and Director McLeod-Skinner will include this topic in their follow up with BOP.
- g. **Facilities and Licensee Rules Separation** - Staff will bring back redline version for board review to June meeting.

h. **Overall Rule Review** - We are required to review rules every 5 years. Sections will be assigned to each member. Staff will get redlines started and bring it back to Board.

i. **Rulemaking for OAR 875-011-0010** – Pate moves to enter into rulemaking; Yates seconded. Vote unanimous. Motion passed.

7. IN THE MATTERS OF:

- **2020-0047:** The Board found no violation and moved to close the case. Wilson moved, Pate seconded, vote unanimous. Motion passed.
- **2020-0057:** The Board found no violation and moved to close the case. Lamb moved, Wilson seconded, vote unanimous. Motion passes.
- **2020-0056:** The Board found two violations of OAR 875-011-0010(22) and voted to issue a Notice of Proposed Discipline with a civil penalty of \$1,000. Davis moved, Hamilton seconded, vote unanimous. Motion passed.
- **2020-0020:** The Board found a violation of OAR 875-015-0030(8)(b) and voted to issue of Notice of Proposed Discipline with a civil penalty of \$250. Wilson moved, Yates seconded, vote unanimous. Motion passed.
- **2020-0036:** The Board found no violation and moved to close the case. Davis moved, Lamb seconded, vote unanimous. Motion passed.
- **2020-0041:** The Board found violations of OAR 875-011-0010(13) and OAR 875-015-0030(1) and voted to issue a Notice of Proposed Discipline with a civil penalty of \$500. Yates moved, Ms. Pate seconded, vote unanimous. Davis recused. Motion passed.
- **2020-0028:** The Board found no violation and voted to close the case. Davis moved, Ms. Yates seconded, vote unanimous. Motion passed.
- **2020-0025:** The Board found violations of OAR 875-011-0010(7) and voted to issue a Notice of Proposed Discipline with a civil penalty of \$250. Yates moved, Mair-Williamson seconded, vote unanimous. Lamb recused. Motion passed.
- **2020-0034:** The Board found no violation and voted to close the case. Lamb moved, Wilson seconded, vote unanimous. Motion passed.
- **2020-0038:** The Board found no violation and voted to close the case. Pate moved, Mair-Williamson seconded, vote unanimous. Motion passed.

- **2020-0031:** The Board found a violation of OAR 875-011-0010(7) and voted to issue a Notice of Proposed Discipline with a civil penalty of \$250. Mair-Williamson moved, Lamb seconded, vote unanimous. Motion passed.
- **2020-0033:** The Board found no violation and voted to close the case. Yates moved, Wilson seconded, vote unanimous. Motion passed.
- **2020-0011:** The Board found no violation and voted to close the case. Pate moved, Wilson seconded, vote unanimous. Motion passed.
- **2020-0035:** The Board found no violation and voted to close the case. Davis moved, Lamb seconded, vote unanimous. Motion passed.
- **2020-0039:** The Board found no violation and voted to close the case. Wilson moved, Davis seconded, vote unanimous. Motion passed.
- **2020-0026:** The Board found no violation and voted to close the case. Lamb moved, Davis seconded, vote unanimous. Motion passed.
- **2020-0018:** The Board found no violation and voted to close the case. Davis moved, Yates seconded, vote unanimous. Motion passed.
- **2020-0037:** The Board found violations of OAR 875-010-0031(3)(c) and OAR875-011-0010(14) and voted to issue a Notice of Proposed Discipline with a civil penalty of \$500. Mair-Williamson moved, Pate seconded, vote unanimous. Motion passed.
- **2020-0032:** The Board found violations of OAR 875-010-0031(3)(c) and OAR875-011-0010(14) and voted to issue a Notice of Proposed Discipline with a civil penalty of \$250. Yates moved, Pate seconded, vote unanimous. Motion passed.

3:43 PM Adjourn for the Day

Prepared by Janine Holland, Investigator; 03/18/2021

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.

**Oregon Veterinary Medical Examining Board
Board Meeting Saturday October 24, 2020
1:40 P.M. Public Session
DRAFT MINUTES**

Present:

Dr. Emilio DeBess (Chair),
Dr. Allison Lamb
CVT Ms. Natalie Mair-Williamson;
Public Members Ms. Karen Pate, Ms. Peggidy Coffman-Yates
Lori Makinen, Director; Brenda Biggs, Board Investigator

Present by phone:

Drs. Dannell Davis, Dean Wilson; Brett Hamilton
Joanna Tucker-Davis Asst. Attorney General
Janine Holland, Board Investigator

Dr. DeBess took roll and convened Executive Session at 8:52A.M. for attorney advice and case review. The following cases were reviewed: 20-0042; 19-0022B; 20-0001; 20-0006; 20-0010; 20-0012; 20-0013; 20-0014; 20-0015; 20-0016AB; 20-0017; 20-0019.

Dr. DeBess convened Public Session at 1:40P.M.

All Board members and staff present at the executive session were present for the public session.

Director Makinen presented the Director's report and a discussion regarding waiving licensing fees for 2021 ensued.

The Board voted to waive licensing fees for 2021 (Move KP, Second AL, vote unanimous) to waive licensing fees for 2021.

The Board voted to approve the meeting minutes for the 2020 Board Meetings (Move PCY, Second NMW, vote unanimous) to approve 2020 meeting minutes.

Complaint Resolution:

2020-0042 – The Board voted (Move KP, Second NMW, vote unanimous) to grant CVT license.

2019-0022B – The Board voted (move AL, Second KP, vote unanimous) to find no violation.

2020-0001 – AL recused herself. The Board voted (Move DW, Second PY, vote unanimous) to find no violation.

2020-0006 – The Board voted (Move PY, Second AL, vote unanimous) to find no violation.

2020-0010 – The Board voted (Moved by DW, Second by KP, vote unanimous) to find no violation.

2020-0012 – The Board voted (Move AL, Second PY, vote unanimous) to find no violation.

2020-0013 – The Board voted (Move PY, Second DW, vote unanimous) to find a violation of OAR 875-

010-0010(7) with CP of \$250.

2020-0014 – The Board voted (Move AL, Second KP, vote unanimous) to find no violation.

2020-0015 – The Board voted (Move DW, no one Second) to find no violation. FAILED.

2020-0015 – The Board voted (Move AL, Second NMW, vote PY, KP, BH, DD. Opposed DW, EDB) to find a violation of OAR 875-015-0030(2)(c) with no CP.

2020-0016AB – The Board voted (Move KP, Second DW, vote unanimous) to find no violation.

2020-0017 - The Board voted (Move AL, Second BH, vote unanimous) to find no violation.

2020-0019 - The Board voted (Move DW, Second BH, vote NMW, DD, KP. Opposed AL, PY, EDB) to find a violation of OAR 875-010-0010(3) with CP of \$250. LM will ask JTD to provide legal assessment.

Dr. DeBess asked if the Board wanted to discuss issues surrounding prescription pet food. Discussion ensued and it was agreed that this discussion would be tabled to obtain additional pet food labeling information and examples.

Dr. DeBess asked if the Board wanted to discuss issues surrounding shelter compliance with drug rules, (expired drug dispensing). Discussion ensued and it was agreed that this discussion would be tabled to discuss the options with the Board of Pharmacy.

Public member Ms. Karen Pate then asked about the status of the rulemaking process started in 2018 & 2019. Discussion of the rulemaking process ensued.

KP moved to form an advisory committee to resolve this issue. AL 2nd in favor: Dr. Allison Lamb; CVT Natalie Mair-Williamson; Public members Karen Pate; Peggidy Coffman Yates. Opposed: Drs. Brett Hamilton; Dannel Davis. Motion passes to put together an advisory committee based on the vote of the Board.

There being no further business, the meeting was adjourned at approximately 2:53 P.M.

Respectfully submitted,

Lori Makinen, Executive Director

NOTICE OF PROPOSED RULEMAKING

CHAPTER 875

VETERINARY MEDICAL EXAMINING BOARD

FILING CAPTION: Unprofessional or Dishonorable Conduct

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 04/23/2021 5:00 PM

HEARING(S):

DATE: 04/23/2021

TIME: 10:30 AM

OFFICER: Brenda Biggs

ADDRESS: Oregon Veterinary Medical Examining Board

800 NE Oregon Street

Suite 407

Portland, OR 97232

SPECIAL INSTRUCTIONS:

Per Governor Kate Brown's Executive Order 20-12, the Portland State Office Building remains closed to the public. The public hearing will be held virtually via zoom meeting only.

Join Zoom Meeting

<https://zoom.us/j/95505908661?pwd=T3Bmd3Z4a0lpNW9JMUxWenpwQjdTZz09>

Meeting ID: 955 0590 8661

Passcode: 18uhn3

NEED FOR THE RULE(S):

Amending existing rule to clarify that records must be delivered when requested within 72 business hours; To include/clarify that allowing unlicensed practice is considered unprofessional conduct; To remove redundant language; To clarify written permission must be received within 24 hours of performing treatment, diagnostics or surgery; To clarify "diagnostics".

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

OAR 875 available on the OVMEB website: <https://www.oregon.gov/ovmeb/Pages/default.aspx>

FISCAL AND ECONOMIC IMPACT:

Amending existing rule; No additional fiscal or economic impact.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

Amending existing rule. No additional cost of compliance.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Input from the public, licensees, and veterinary facility owners was requested, received, reviewed and considered by the OVMEB. A public hearing is scheduled for April 23, 2021 where the public and licensees may ask questions and present their concerns.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT? Not required. Amending existing rule. No additional fiscal or economic impact.

CONTACT:

Brenda Biggs
503-995-3121
OVMEB.Inspector@Oregon.gov
800 NE Oregon Street
Suite 407
Portland, OR 97232

AMEND: 875-011-0010

RULE TITLE: Unprofessional or Dishonorable Conduct

RULE SUMMARY: Clarifying that written permission must be obtained within 24 hours of performing surgery, radiographs or performing diagnostics. Clarifying "diagnostics". Clarifying requested patient records are to be provided within 72 business hours of request. Amending unprofessional conduct to include allowing unlicensed practice.

RULE TEXT:

The Board interprets "unprofessional or dishonorable conduct" to include, but is not limited to:

- (1) Gross negligence in the practice of veterinary medicine.
- (2) A pattern, practice, or continuous course of negligence, ignorance, incompetence, or inefficiency in the practice of veterinary medicine. The incidents may be dissimilar.
- (3) Failure to obtain the client's written permission within 24 hours prior to performing surgery, taking a radiograph, performing diagnostics including but not limited to blood draws and testing, or attempting a treatment, except in emergency circumstances. Permission may be reasonably implied

under some circumstances. Written confirmation must be obtained within 72 hours of implied consent.

(4) Failure to perform, without good cause, a specific surgery or treatment in a timely manner after agreeing to perform the surgery or treatment.

(5) Failure to properly prepare an animal for surgery or treatment.

(6) Failure to use sterile instruments and equipment when performing surgery, when the circumstances require the use of sterile instruments and equipment.

(7) Failure to use generally accepted diagnostic procedures and treatments without good cause.

(8) Failure to obtain the client's written permission before using unorthodox or non-standard methods of diagnosis or treatment. Acupuncture, chiropractic, or herbal medicine is not considered unorthodox or non-standard.

(9) Failure to advise a client of home care or follow-up treatment required after a particular diagnosis or treatment.

(10) Handling animals in an inhumane manner or with unnecessary force.

(11) Charging for services not rendered.

(12) Altering or falsifying medical records.

(13) Failure to maintain records as required under OAR 875-015-0030(1).

(14) Failure to provide to a client, or another veterinarian retained by the client, upon request by either, a copy of the patient's medical record (including copies of imaging) within 72 business hours or immediately for emergencies. A reasonable copying fee, e.g., comparable to local commercial copying rates, may be charged; however, copy requests may not be denied for nonpayment of fees or outstanding bills.

(15) Failure to comply with the requirements of OAR 875-015-0040.

(16) Violation of any state or federal law relating to controlled substances, as defined in ORS 475.005(6), which the veterinarian obtained under the authority of the veterinary license.

(17) Non-veterinary prescribing, use, theft, or diversion of legend or controlled drugs.

(18) Failure to respond or appear as requested, without good cause, within the time required by the Board.

(19) Failure to comply with any rule or Order of the Board or as required by OAR 875-005-0010.

(20) Providing false, misleading, or deceptive information to the Board.

- (21) Making a misrepresentation or omission on a license renewal application.
 - (22) Violations of veterinary laws in other states that would constitute violations of Oregon law.
 - (23) Violations of other laws that relate to the practice of veterinary medicine, including violations of the Oregon Racing Commission statutes and administrative rules.
 - (24) Failure to meet minimum facility standards as defined in OAR 875-015-0020 or OAR 875-015-0030 following inspection and findings of noncompliance.
 - (25) Failure to post valid facility registration in a place conspicuous to the public.
 - (26) Failure to notify the Board within 10 days, without good cause, of any change in facility ownership.
 - (27) Failure to notify the Board within 15 days, without good cause, of any change in Managing Veterinarian. An interim Managing Veterinarian may be designated.
 - (28) Practicing veterinary medicine in a facility without a valid registration unless subject to an exception in OAR 875-010-0031(1).
 - (29) Failure to report uncorrected, noncompliant facility conditions if registered as a Managing Veterinarian.
 - (30) Providing false, misleading, or deceptive information to the Board or its designated inspector as part of a facility inspection or investigation.
 - (31) Failing to perform the required duties of a managing veterinarian under OAR 875-010-0031. A Managing Veterinarian shall not be held liable for noncompliant facility conditions demonstrably beyond the control of the Managing Veterinarian.
 - (32) Allowing an unlicensed, uncertified, or non-registered individual to perform duties that require a license, certification, or registration from the Board.
 - (33) Failure to report prohibited or unprofessional conduct as described in ORS 676.150.
- (a) "Prohibited conduct" means conduct by a licensee that:
 - (A) Constitutes a criminal act against a patient or client; or
 - (B) Constitutes a criminal act that creates a risk of harm to a patient or client.
 - (b) "Unprofessional conduct" means conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or client.

- (c) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a licensee who has reasonable cause to believe that another licensee has engaged in prohibited or unprofessional conduct shall report the conduct to the Board. The reporting licensee shall report the conduct without undue delay, but no later than 10 working days after the reporting licensee learns of the conduct.
- (d) A licensee who is convicted of a misdemeanor or felony or who is arrested for a felony crime shall report the conviction or arrest to the Board within 10 days after the conviction or arrest.
- (e) Except as part of an application for a license or for renewal of a license and except as provided in section (d) of this rule, the Board may not require a licensee to report the licensee's criminal conduct.
- (f) The Board shall investigate in accordance with the Board's rules. If the Board has reasonable cause to believe that the licensee has engaged in prohibited conduct, the Board shall present the facts to an appropriate law enforcement agency without undue delay, but in no event later than 10 working days after the Board finds reasonable cause to believe that the licensee engaged in prohibited conduct.
- (g) A licensee who fails to report prohibited or unprofessional conduct as required by section (c) of this rule or the licensee's conviction or arrest as required by section (d) of this rule is subject to discipline by the Board.
- (h) A licensee who fails to report prohibited conduct as required by section (c) of this rule commits a Class A violation.
- (i) Notwithstanding any other provision of law, a report under subsection (c) of this rule is confidential under ORS 676.175. A board may disclose a report as provided in ORS 676.177.
- (j) The obligations imposed by this section are in addition to, and not in lieu of, other obligations to report unprofessional conduct as provided by statute.
- (k) A licensee who reports to the Board in good faith as required by section (c) of this rule is immune from civil liability for making the report.
- (l) The Board and the members, employees, and contractors of the Board are immune from civil liability for actions taken in good faith as a result of a report received under section (c) of this rule.

STATUTORY/OTHER AUTHORITY: ORS 686.210

STATUTES/OTHER IMPLEMENTED: ORS 686.130

OAR 875-011-0010 Unprofessional or Dishonorable Conduct

The Board interprets "unprofessional or dishonorable conduct" to include, but is not limited to:

- (1) Gross negligence in the practice of veterinary medicine.
- (2) A pattern, practice, or continuous course of negligence, ignorance, incompetence, or inefficiency in the practice of veterinary medicine. The incidents may be dissimilar.
- (3) ~~Performing surgery, taking a radiograph or attempting a treatment without first obtaining the client's permission~~Failure to obtain the client's written permission within 24 hours prior to performing surgery, taking a radiograph, performing diagnostics including but not limited to blood draws and testing, or attempting a treatment, except in emergency circumstances. Permission may be reasonably implied under some circumstances.Written confirmation must be obtained within 72 hours of implied consent.
- (4) Failure to perform, without good cause, ~~to perform~~, a specific surgery or treatment in a timely manner after agreeing to perform the surgery or treatment.
- (5) Failure to properly prepare an animal for surgery or treatment.
- (6) Failure to use sterile instruments and equipment when performing surgery, when the circumstances require the use of sterile instruments and equipment.
- (7) Failure to use generally accepted diagnostic procedures and treatments without good cause.
- (8) Failure to obtain the client's written permission before using unorthodox or non-standard methods of diagnosis or treatment. Acupuncture, chiropractic, or herbal medicine is not considered unorthodox or non-standard.
- (9) Failure to advise a client of home care or follow-up treatment required after a particular diagnosis or treatment.
- (10) Handling animals in an inhumane manner or with unnecessary force.
- (11) Charging for services not rendered.
- (12) Altering or falsifying medical records.
- (13) Failure to maintain records ~~which show, at a minimum, the name of the client, identification of the patient, its condition upon presentation, the tentative diagnosis, treatment performed, drug administered, amount of drug, any prescription, and the date of treatment. For companion animals, identification of the patient should include species, breed, name, age, sex, color, and distinctive markings, where practical~~as required under OAR 875-015-0030(1).
- (14) Failure to provide to a client, or another veterinarian retained by the client, upon request by either, a copy of the patient's medical record (including copies of imaging) within 72 **business** hours or immediately for emergencies. A reasonable copying fee, e.g., comparable to local commercial copying rates, may be charged; however, copy requests may not be denied for nonpayment of fees or outstanding bills.
- (15) Failure to comply with the requirements of OAR 875-015-0040. ~~Failure to mark or label a container of prescription or legend drugs as required under OAR 875-015-0040(5).~~
- ~~(16) Failure to comply with federal law concerning packaging and labeling of prescription or legend drugs.~~
- (17) Violation of any state or federal law relating to controlled substances, as defined in ORS 475.005(6), which the veterinarian obtained under the authority of the veterinary license.
- ~~(18) Non-veterinary prescribing, use, theft, or diversion of legend or controlled drugs.~~
- ~~(19) Failure to respond or appear as requested, without good cause, within the time required by the Board.~~
- ~~(20) Failure to comply with any rule or Order of the Board or as required by OAR 875-005-0010.~~
- ~~(21) Providing false, misleading, or deceptive information to the Board.~~
- (22) Making a misrepresentation or omission on a license renewal application.
- (23) Violations of veterinary laws in other states that would constitute violations of Oregon law.
- (24) Violations of other laws that relate to the practice of veterinary medicine, including violations of the Oregon Racing Commission statutes and administrative rules.
- (25) Failure to meet minimum facility standards as defined in OAR 875-015-0020 or OAR 875-015-0030 following inspection and findings of noncompliance.
- (26) Failure to post valid facility registration in a place conspicuous to the public
- (27) Failure ~~without good cause~~ to notify the Board within 10 days, without good cause, of any change in facility ownership.
- (28) Failure ~~without good cause~~ to notify the Board within 15 days, without good cause, of any change in Managing Veterinarian. An interim Managing Veterinarian may be designated
- (29) Practicing veterinary medicine in a facility without a valid registration unless subject to an exception in OAR 875-010-0031(1).
- ~~(30) Failure to report uncorrected, noncompliant facility conditions if registered as a Managing Veterinarian.~~
- (31) Providing false, misleading, or deceptive information to the Board or its designated inspector as part of a facility inspection or investigation.

~~(32)~~ (31) Failing to perform the required duties of a managing veterinarian under OAR 875-010-0031. A Managing Veterinarian shall not be held liable for noncompliant facility conditions demonstrably beyond the control of the Managing Veterinarian.

~~(33)~~ (32) Failure to report unprofessional or prohibited conduct. Allowing an unlicensed, uncertified, or non-registered individual to perform duties that require a license, certification, or registration from the Board.

(33) Failure to report prohibited or unprofessional conduct as described in ORS 676.150. ¶

(a) "Prohibited conduct" means conduct by a licensee that:

(A) Constitutes a criminal act against a patient or client; or

(B) Constitutes a criminal act that creates a risk of harm to a patient or client.

(b) "Unprofessional conduct" means conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or client.

~~(34)~~ (c) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a licensee who has reasonable cause to believe that another licensee has engaged in prohibited or unprofessional conduct shall report the conduct to the Board. The reporting licensee shall report the conduct without undue delay, but ~~in no event~~ no later than 10 working days after the reporting licensee learns of the conduct.

~~(35)~~ (d) A licensee who is convicted of a misdemeanor or felony or who is arrested for a felony crime shall report the conviction or arrest to the Board within 10 days after the conviction or arrest.

~~(36)~~ (e) Except as part of an application for a license or for renewal of a license and except as provided in section (d) of this rule, the Board may not require a licensee to report the licensee's criminal conduct.

(f) The Board shall investigate in accordance with the Board's rules. If the Board has reasonable cause to believe that the licensee has engaged in prohibited conduct, the Board shall present the facts to an appropriate law enforcement agency without undue delay, but in no event later than 10 working days after the Board finds reasonable cause to believe that the licensee engaged in prohibited conduct.

~~(37)~~ (g) A licensee who fails to report prohibited or unprofessional conduct as required by ~~subsection (2c)~~ of this ~~section~~ rule or the licensee's conviction or arrest as required by ~~subsection (3d)~~ of this ~~section~~ rule is subject to discipline by the Board.

~~(38)~~ (h) A licensee who fails to report prohibited conduct as required by ~~subsection (2c)~~ of this ~~section~~ rule commits a Class A violation.

~~(39)~~ (i) Notwithstanding any other provision of law, a report under ~~subsection (2)~~ or ~~(3c)~~ of this ~~section~~ rule is confidential under ORS 676.175. A board may disclose a report as provided in ORS 676.177.

~~(40) Except as part of an application for a license or for renewal of a license and except as provided in subsection~~

~~(3) of this section, the Board may not require a licensee to report the licensee's criminal conduct.~~

(41j) The obligations imposed by this section are in addition to, and not in lieu of, other obligations to report unprofessional conduct as provided by statute.

(42k) A licensee who reports to the Board in good faith as required by subsection (2c) of this section~~rule~~ is immune from civil liability for making the report.

(43l) The Board and the members, employees, and contractors of the Board are immune from civil liability for actions taken in good faith as a result of a report received under subsection (2) or (3c) of this section~~rule~~.

Statutory/Other Authority:

ORS 686.210

Statutes/Other

Implemented: ORS

686.130

OFFICE OF THE SECRETARY OF STATE
SHEMIA FAGAN
SECRETARY OF STATE

CHERYL MYERS
DEPUTY SECRETARY OF STATE



ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

NOTICE OF PROPOSED RULEMAKING INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 875
VETERINARY MEDICAL EXAMINING BOARD

FILED

03/11/2021 12:05 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Unprofessional or Dishonorable Conduct

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 04/23/2021 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

CONTACT: Brenda Biggs

503-995-3121

OVMEB.Inspector@Oregon.gov

800 NE Oregon Street

Suite 407

Portland, OR 97232

Filed By:

Brenda Biggs

Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 04/23/2021

TIME: 10:30 AM

OFFICER: Brenda Biggs

ADDRESS: Oregon Veterinary Medical
Examining Board

800 NE Oregon Street

Suite 407

Portland, OR 97232

SPECIAL INSTRUCTIONS:

Per Governor Kate Brown's Executive
Order 20-12, the Portland State Office
Building remains closed to the public.

The public hearing will be held virtually
via zoom meeting only.

Join Zoom Meeting

<https://zoom.us/j/95505908661?pwd=T3Bmd3Z4a0lpNW9JMUxWenpwQjdTZz09>

Meeting ID: 955 0590 8661

Passcode: 18uhn3

NEED FOR THE RULE(S):

Amending existing rule to clarify that records must be delivered when requested within 72 business hours; To include/clarify that allowing unlicensed practice is considered unprofessional conduct; To remove redundant language; To clarify written permission must be received within 24 hours of performing treatment, diagnostics or surgery; To clarify "diagnostics";

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

OAR 875 available on the OVMEB website: <https://www.oregon.gov/ovmeb/Pages/default.aspx>

FISCAL AND ECONOMIC IMPACT:

Amending existing rule; No additional fiscal or economic impact.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

Amending existing rule ; No additional cost of compliance.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Input from the public, licensees, and veterinary facility owners was requested, received, reviewed and considered by the OVMEB. A public hearing is scheduled for April 23, 2021 where the public and licensees may ask questions and present their concerns.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

Not required. Amending existing rule. No additional fiscal or economic impact.

AMEND: 875-011-0010

RULE SUMMARY: Clarifying that written permission must be obtained within 24 hours of performing surgery, radiographs or performing diagnostics. Clarifying "diagnostics". Clarifying requested patient records are to be provided within 72 business hours of request. Amending unprofessional conduct to include allowing unlicensed practice.

CHANGES TO RULE:

875-011-0010

Unprofessional or Dishonorable Conduct ¶¶

The Board interprets "unprofessional or dishonorable conduct" to include, but is not limited to the following:¶¶

- (1) Gross negligence in the practice of veterinary medicine.¶¶
- (2) A pattern, practice, or continuous course of negligence, ignorance, incompetence, or inefficiency in the practice of veterinary medicine. The incidents may be dissimilar.¶¶
- (3) ~~Performing surgery, taking a radiograph or attempting a treatment without first obtaining the client's permission~~ Failure to obtain the client's written permission within 24 hours prior to performing surgery, taking a radiograph, performing diagnostics including but not limited to blood draws and testing, or attempting a treatment, except in emergency circumstances. Permission may be reasonably implied under some circumstances. Written confirmation must be obtained within 72 hours of implied consent.¶¶
- (4) Failure to perform, without good cause ~~to perform~~, a specific surgery or treatment in a timely manner after

agreeing to perform the surgery or treatment.¶

(5) Failure to properly prepare an animal for surgery or treatment.¶

(6) Failure to use sterile instruments and equipment when performing surgery, when the circumstances require the use of sterile instruments and equipment.¶

(7) Failure to use generally accepted diagnostic procedures and treatments without good cause.¶

(8) Failure to obtain the client's written permission before using unorthodox or non-standard methods of diagnosis or treatment. Acupuncture, chiropractic, or herbal medicine is not considered unorthodox or non-standard.¶

(9) Failure to advise a client of home care or follow-up treatment required after a particular diagnosis or treatment.¶

(10) Handling animals in an inhumane manner or with unnecessary force.¶

(11) Charging for services not rendered.¶

(12) Altering or falsifying medical records.¶

(13) Failure to maintain records ~~which show, at a minimum, the name of the client, identification of the patient, its condition upon presentation, the tentative diagnosis, treatment performed, drug administered, amount of drug, any prescription, and the date of treatment. For companion animals, identification of the patient should include species, breed, name, age, sex, color, and distinctive markings, where practical~~ as required under OAR 875-015-0030(1).¶

(14) Failure to provide to a client, or another veterinarian retained by the client, upon request by either, a copy of the patient's medical record (including copies of imaging) within 72 business hours or immediately for emergencies. A reasonable copying fee, e.g., comparable to local commercial copying rates, may be charged; however, copy requests may not be denied for nonpayment of fees or outstanding bills.¶

(15) Failure to ~~mark or label a container of prescription or legend drugs with the date, name of drug, dosage frequency, identification of animal (if appropriate), and withdrawal time (if appropriate). Excludes legend drugs dispensed or ordered in original, unopened manufacturer's packaging for herd use.~~¶

~~(16) Failure to comply with federal law concerning packaging and labeling of prescription or legend drugs.~~¶

~~(17) comply with the requirements of OAR 875-015-0040.~~¶

(16) Violation of any state or federal law relating to controlled substances, as defined in ORS 475.005(6), which the veterinarian obtained under the authority of the veterinary license.¶

(187) Non-veterinary prescribing, use, theft, or diversion of legend or controlled drugs.¶

(198) Failure to respond or appear as requested, without good cause, within the time required by the Board.¶

(2019) Failure to comply with any rule or Order of the Board or as required by OAR 875-005-0010.¶

(240) Providing false, misleading, or deceptive information to the Board.¶

(221) Making a misrepresentation or omission on a license renewal application.¶

(232) Violations of veterinary laws in other states that would constitute violations of Oregon law.¶

(243) Violations of other laws that relate to the practice of veterinary medicine, including violations of the Oregon Racing Commission statutes and administrative rules.¶

(254) Failure to meet minimum facility standards as defined in OAR 875-015-0020 or OAR 875-015-0030 following inspection and findings of noncompliance.¶

(265) Failure to post valid facility registration in a place conspicuous to the public.¶

(276) Failure ~~without good cause~~ to notify the Board within 10 days, without good cause, of any change in facility ownership.¶

(287) Failure ~~without good cause~~ to notify the Board within 15 days, without good cause, of any change in Managing Veterinarian. An interim Managing Veterinarian may be designated.¶

(298) Practicing veterinary medicine in a facility without a valid registration unless subject to an exception in OAR 875-010-0031(1).¶

(3029) Failure to report uncorrected, noncompliant facility conditions if registered as a Managing Veterinarian.¶

(340) Providing false, misleading, or deceptive information to the Board or its designated inspector as part of a facility inspection or investigation.¶

~~(321)~~ Failing to perform the required duties of a managing veterinarian under OAR 875-010-0031. A Managing Veterinarian shall not be held liable for noncompliant facility conditions demonstrably beyond the control of the Managing Veterinarian.

~~(332)~~ Failure to report unprofessional or prohibited Allowing an unlicensed, uncertified, or non-registered individual to perform duties that require a license, certification, or registration from the Board.

~~(33)~~ Failure to report prohibited or unprofessional conduct as described in ORS 676.150.

(a) "Prohibited conduct" means conduct by a licensee that:

(A) Constitutes a criminal act against a patient or client; or

(B) Constitutes a criminal act that creates a risk of harm to a patient or client.

(b) "Unprofessional conduct" means conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or client.

~~(34c)~~ Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a licensee who has reasonable cause to believe that another licensee has engaged in prohibited or unprofessional conduct shall report the conduct to the Board. The reporting licensee shall report the conduct without undue delay, but ~~in no event~~ no later than 10 working days after the reporting licensee learns of the conduct.

~~(35d)~~ A licensee who is convicted of a misdemeanor or felony or who is arrested for a felony crime shall report the conviction or arrest to the Board within 10 days after the conviction or arrest.

~~(36e)~~ Except as part of an application for a license or for renewal of a license and except as provided in section (d) of this rule, the Board may not require a licensee to report the licensee's criminal conduct.

(f) The Board shall investigate in accordance with the Board's rules. If the Board has reasonable cause to believe that the licensee has engaged in prohibited conduct, the Board shall present the facts to an appropriate law enforcement agency without undue delay, but in no event later than 10 working days after the Board finds reasonable cause to believe that the licensee engaged in prohibited conduct.

~~(37g)~~ A licensee who fails to report prohibited or unprofessional conduct as required by ~~subsection (2c) of this section~~ rule or the licensee's conviction or arrest as required by ~~subsection (3d) of this section~~ rule is subject to discipline by the Board.

~~(38h)~~ A licensee who fails to report prohibited conduct as required by ~~subsection (2c) of this section~~ rule commits a Class A violation.

~~(39i)~~ Notwithstanding any other provision of law, a report under subsection ~~(2) or (3c) of this section~~ rule is confidential under ORS 676.175. A board may disclose a report as provided in ORS 676.177.

~~(40)~~ Except as part of an application for a license or for renewal of a license and except as provided in subsection (3) of this section, the Board may not require a licensee to report the licensee's criminal conduct.

~~(41j)~~ The obligations imposed by this section are in addition to, and not in lieu of, other obligations to report unprofessional conduct as provided by statute.

~~(42k)~~ A licensee who reports to the Board in good faith as required by ~~subsection (2c) of this section~~ rule is immune from civil liability for making the report.

~~(43l)~~ The Board and the members, employees, and contractors of the Board are immune from civil liability for actions taken in good faith as a result of a report received under ~~subsection (2) or (3c) of this section~~ rule.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.130



March 13, 2021

RULES COORDINATOR: Brenda Biggs
ADDRESS: Oregon Veterinary Medical Examining Board
800 NE Oregon Street suite 407
Portland, OR 97232

Dear OVMEB Investigator,

Although, I can only imagine the reasons for the proposed changes and sympathize with those associated with the cases that lead to such a change, I unfortunately, feel that one specific change will potentially and inadvertently lead to irreparable damage to the doctor client relationship and lead to undo liability to the practitioner if these are passed as proposed. I specifically, refer to Item (3) under "875-011-0010 Unprofessional or Dishonorable Conduct," listed as "Failure to obtain the client's written permission within 24 hours prior to performing surgery, taking a radiograph, performing diagnostics including but not limited to blood draws and testing, or attempting a treatment... Written confirmation must be obtained within 72 hours of implied consent" Although, in many cases, this would not be an issue, there are certain very real situations that I feel could be extraordinarily problematic.

My concerns are:

1. Obtaining written authorization from an owner can be problematic if the owner is not in a location where written authorization is available. It also requires that we risk personal contact of our staff to possibly contagious owners, to get a written authorization verses allowing the ability to obtain a verbal authorization for multiple visits in a day.
2. The requirement to obtain written authorization within 72 hours after a procedure, could unreasonably cause veterinarian liability if owner subsequently decides to not provide the written authorization for treatment after the fact, especially in such cases as that the outcome had unfortunate results.
 - a. For example, if an animal had to have an emergency procedure and the clinician had outlined to owner the risks involved and the owner verbally authorized. Then, if pet has morbid complications during the procedure, said owner could potentially (and I can specifically imagine, likely would) withhold written authorization, and the veterinarian would then be held liable. This is unduly unfair to the veterinarian.
3. Required written preauthorization could negatively impact owner convenience and inhibit speed of appropriate care of pet. This would be because we will not be able to call owner on the day of a drop off exam if it is determined that we would need to perform additional diagnostics, but instead would need to postpone diagnostics until such time as we can have written authorization **RECEIVED** performing diagnostics.

MAR 19 2021

Veterinary Medical
Examining Board



I believe that a chart note verifying a two-step verbal verification should suffice to confirm that that we have authorization to proceed with noted diagnostics, verses requiring only written authorization. Two people in clinic could be used to verify and confirm acceptance of the proposed diagnostics, procedures, etc. This would ensure that the owner has been made clear what is being proposed and be thoroughly educated upon the outcomes and have the opportunity to authorize treatment, without unfairly holding veterinarian liable in such cases as of an owner, with malice and untruthfulness, claims that they were not aware of the risks. It will also allow us to provide diagnostics in a timely manner, without requiring an owner return visit to provide written authorization.

Thank you for your willingness to consider my position and please contact me for further clarification of my statements as needed.

Sincerely,

Christine E Crawford, DVM

From: [J Wilson DVM](#)
To: [OVMEB Inspector](#)
Subject: Re: Oregon Veterinary Medical Examining Board - Notice of Rulemaking
Date: Monday, March 15, 2021 8:23:40 AM

Hi Brenda:

Please share the following regarding the written, signed approval for procedures.

In equine practice, many times the owner of the horse is not present. Some of them are out of state. Permission for treatment is given over the phone and it will not be possible to have them sign a treatment approval sheet. Equine practice is not small animal practice and does not fit into the mold of small animal practice.

Dr. Wilson

Sent from my iPad

On Mar 12, 2021, at 7:28 AM, OVMEB Inspector
<OVMEB.INSPECTOR@oregon.gov> wrote:

Thank you Dr. Wilson,

I will ensure that your comment is presented to the Board for review at the public hearing.

Per Governor Kate Brown's Executive Order 20-12, the Oregon Veterinary Medical Board remains closed to the public for in-person service. Board staff primarily are working remotely for the duration of the order; therefore, email is the most efficient mode of communication at this time. Response to all communication, but especially hand-delivered mail (USPS, FedEx, etc.), may be delayed. We appreciate your patience.

Sincerely,

Brenda Biggs

OVMEB Inspector

503-995-3121

From: J Wilson DVM <oregonequine@gmail.com>

Sent: Thursday, March 11, 2021 5:10 PM

To: OVMEB Inspector <OVMEB.INSPECTOR@oregon.gov>

Subject: Re: Oregon Veterinary Medical Examining Board - Notice of Rulemaking

Hi Brenda:

Permission can be the client saying they want the procedure. So this updated requirement would mean every time we need to get a signature and then store yet another form in their file. I think this is overkill.

Dr. Wilson

On Thu, Mar 11, 2021 at 4:23 PM OVMEB Inspector
<OVMEB.INSPECTOR@oregon.gov> wrote:

Good afternoon Dr. Wilson,

The existing rule has always required permission from the client prior to performing a surgery or treatment.

The proposed revision is to clarify that the clients **written** consent must be obtained.

Under the proposed rule, this authorization must be obtained within 24 hours prior to performing the surgery, radiograph, diagnostics, blood draw, testing and/or treatment.

When implied consent (such as phone consent) is received, then written consent would be required to be obtained within 72 hours of receiving oral consent.

Per Governor Kate Brown's Executive Order 20-12, the Oregon Veterinary Medical Board remains closed to the public for in-person service. Board staff primarily are working remotely for the duration of the order; therefore, email is the most efficient mode of communication at this time. Response to all communication, but especially hand-delivered mail (USPS, FedEx, etc.), may be delayed. We appreciate your patience.

Sincerely,

Brenda Biggs

OVMEB Inspector

503-995-3121

From: J Wilson DVM <oregonequine@gmail.com>

Sent: Thursday, March 11, 2021 4:02 PM

To: OVMEB Inspector <OVMEB.INSPECTOR@oregon.gov>

Subject: Re: Oregon Veterinary Medical Examining Board - Notice of Rulemaking

Hi There:

A question:

The following is listed on the provided document:

"Failure to obtain the client's written permission within 24 hours before performing surgery, taking a radiograph, performing diagnostics including but not limited to blood draws and testing, or attempting a treatment, except in emergency circumstances. Permission may be reasonably implied under some circumstances. Written confirmation must be obtained within 72 hours of implied consent.¶"

Does the above statement mean that every time I talk with a client at a call and they want to move forward with diagnostic lab work and radiographs, I have to have them sign a form?

Thanks

Dr. Wilson

On Thu, Mar 11, 2021 at 2:33 PM OVMEB Inspector
<OVMEB.INSPECTOR@oregon.gov> wrote:

Greetings from the Oregon Veterinary Medical Examining Board (OVMEB),

Attached you will find the OVMEB Notice of Proposed Rulemaking for your review.

NOTICE OF PROPOSED RULEMAKING ORS CHAPTER 875
OREGON VETERINARY MEDICAL EXAMINING BOARD

Proposed changes to: OAR 875-011-0010 Unprofessional or Dishonorable Conduct

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY:
04/23/2021 5:00 PM

HEARING(S):

DATE: 04/23/2021

TIME: 10:30 AM

Please submit your comments to:

RULES COORDINATOR: Brenda Biggs

ADDRESS: Oregon Veterinary Medical Examining Board

800 NE Oregon Street suite 407

Portland, OR 97232

Ovmeb.inspector@oregon.gov

503-995-3121

SPECIAL INSTRUCTIONS: Per Governor Kate Brown's Executive Order 20-12, the Portland State Office Building remains closed to the public. The public hearing to discuss the proposed changes to this rule will be held virtually via zoom meeting only. You are invited to attend the public hearing:

Join Zoom Meeting

<https://zoom.us/j/95505908661?pwd=T3Bmd3Z4a0lpNW9JMUxWenpwQjdTZz09>

Meeting ID: 955 0590 8661

Passcode: 18uhn3

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Sincerely,

Brenda Biggs

OVMED Inspector

503-995-3121

--

Janine Wilson DVM, CAC

Oregon Equine Inc

www.oregonequine.com

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| all copies of this document if you received it in error. Thank you.

--

Janine Wilson DVM, CAC

Oregon Equine Inc

www.oregonequine.com

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From: [J Wilson DVM](#)
To: [OVMEB Inspector](#)
Subject: Re: Oregon Veterinary Medical Examining Board - Notice of Rulemaking
Date: Thursday, March 11, 2021 5:10:12 PM

Hi Brenda:

Permission can be the client saying they want the procedure. So this updated requirement would mean every time we need to get a signature and then store yet another form in their file. I think this is overkill.

Dr. Wilson

On Thu, Mar 11, 2021 at 4:23 PM OVMEB Inspector <OVMEB.INSPECTOR@oregon.gov> wrote:

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Sincerely,

Brenda Biggs

OVMEB Inspector

503-995-3121

From: J Wilson DVM <oregonequine@gmail.com>

Sent: Thursday, March 11, 2021 4:02 PM

To: OVMEB Inspector <OVMEB.INSPECTOR@oregon.gov>

Subject: Re: Oregon Veterinary Medical Examining Board - Notice of Rulemaking

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A question:

The following is listed on the provided document:

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Thanks

Dr. Wilson

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<OVMEB.INSPECTOR@oregon.gov> wrote:

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Attached you will find the OVMEB Notice of Proposed Rulemaking for your review.

NOTICE OF PROPOSED RULEMAKING ORS CHAPTER 875

OREGON VETERINARY MEDICAL EXAMINING BOARD

Proposed changes to: OAR 875-011-0010 Unprofessional or Dishonorable Conduct

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 04/23/2021 5:00 PM

HEARING(S):

DATE: 04/23/2021

TIME: 10:30 AM

Please submit your comments to:

RULES COORDINATOR: Brenda Biggs

ADDRESS: Oregon Veterinary Medical Examining Board

800 NE Oregon Street suite 407

Portland, OR 97232

Ovmeh.inspector@oregon.gov

503-995-3121

SPECIAL INSTRUCTIONS: Per Governor Kate Brown's Executive Order 20-12, the Portland State Office Building remains closed to the public. The public hearing to discuss the proposed changes to this rule will be held virtually via zoom meeting only. You are invited to attend the public hearing:

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<https://zoom.us/j/95505908661?pwd=T3Bmd3Z4a0lpNW9JMUxWenpwQjdTZz09>

Meeting ID: 955 0590 8661

Passcode: 18uhn3

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Sincerely,

Brenda Biggs

OVMEB Inspector

503-995-3121

--

Janine Wilson DVM, CAC

Oregon Equine Inc

www.oregonequine.com

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--

Janine Wilson DVM, CAC

Oregon Equine Inc

www.oregonequine.com

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From: [Jamie Powell](#)
To: [OVMEB Inspector](#)
Subject: Veterinarian concern regarding proposed rule change
Date: Sunday, March 28, 2021 8:29:57 AM

Hi,

I am writing to express my concern regarding the problematic rule change below:

Failure to obtain the client's written permission within 24 hours prior to performing surgery, taking a radiograph, performing diagnostics including but not limited to blood draws and testing, or attempting a treatment, except in emergency circumstances. Permission may be reasonably implied under some circumstances. Written confirmation must be obtained within 72 hours of implied consent.¶

Without a doubt, clients should have informed consent for all treatments, tests and procedures. This is not my area of concern. Unfortunately, the way this rule is written is problematic. Requiring a written consent for each item or otherwise being considered "dishonorable" does not improve our profession. Does the standard treatment authorization line on clinic intake sheets cover this proposed rule, or would each additional change to therapy require a written consent? Does the client have to sign every line item that they approve or else the veterinarian risks being "dishonorable?" If the blanket legal authorization covers all tests and treatments we wish to perform, is this realistically informed consent? Would we require our clients to return to the clinic for written authorization after each diagnostic step or therapy change? How many clients will realistically sign after they've verbally approved?

I also question the timing of this rule change. During the pandemic, how are we to limit our contact with clients while also requiring WRITTEN consent? All of our communication is over the phone, approval is over the phone, and payment is over the phone.

Lastly, based upon the serious overwhelming surges experienced by all the emergency practices and general practices in the Portland area, it seems to me to be a very poor time to add additional paperwork requirements, again, with the threat of "dishonorable" conduct. As a profession, we are already working at maximum capacity, struggling to keep up with our workload, and struggling to retain veterinary professionals. In my opinion, this rule change does not serve to protect our clients, as the vast majority of veterinarians are already providing informed consent, but instead adds another layer risk to our license, forcing us into even more defensive practices that slow our work, impede our treatment of animals, and threaten our ability to practice veterinary medicine.

I hope you will retract this from the current rule change and seek community involvement prior to adding back a revision.

Respectfully,

Jamie Warren, DVM

From: Cristina Keef <pvma@portlandvma.org>
Sent: Tuesday, March 16, 2021 4:41:45 PM
To: DEBESS Emilio E <Emilio.E.DEBESS@dhsosha.state.or.us>
Cc: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>
Subject: OVMEB Dishonorable Conduct Feedback

Hello-

There is a member post/ thread in our private FB group about concerns over some language. Let me know any initial thoughts or how this may be addressed.

I am concerned regarding new wording from ovmeb regarding dishonorable conduct. As worded it implies dishonorable conduct for failing to obtain written consent for blood draws, testing, treatment, radiographs. If I need a client to sign a form prior to giving vaccines, again 10 minutes later to pull a heartworm test, and again prior to clipping a mat that the owner asked for. It opens the door to frivolous litigation for nail trims gone bad.

Thank you,

Cristina Keef
Executive Director

Portland Veterinary Medical Association
The heart of Portland's veterinary community since 1936

PO Box 6067
Portland, OR 97228

Phone: 503-228-7387

pvma@portlandvma.org
www.portlandvma.org

[Please join us on facebook!](#)

From: meddvm@efn.org
To: [OVMEB Inspector](#)
Subject: Proposed Rules changes
Date: Thursday, March 11, 2021 7:37:58 PM

Per proposed rules: "Amending existing rule to clarify that records must delivered when requested within 72 business hours; To include/clarify that allowing unlicensed practice is considered unprofessional conduct; To remove redundant language; To clarify written permission must be received within 24 hours of performing treatment, diagnostics, or surgery; To clarify "diagnostics"

Part 1. yes. Record delivered within 72 business hrs.

But you need to add that Corporate officers need to take the open book jurisprudence test and be listed on facility license so that they can be held responsible for failure to comply. Employee facility manager veterinarians have no control over corporate call / data centers in other states when in state veterinarians call for records and are told that the patient record is private and confidential. The rule is increasingly toothless in a corporate practice world.

2/3: #3) written consent to radiograph, perform diagnostics, blood profiles, etc: NO. This is onerous and difficult and just creates paperwork. It is adequate under current wording. To demand written consent / approval for every little thing is not needed. What if the owner is at work, the pet is dropped or presented by another family member or life partner or friend or otherwise away on a day when the clinic is closed for 3 days? Phone consult, and verbal agreement to presented care plans, which may change is adequate. Presentation with owner/agent statement of expected services is adequate. How about just say "must sign care plans/ estimates"? (or SPECIFICALLY SAY: permission implied with signed careplans/ estimates) We need written permission for every urgent but perhaps not "emergency" treatment or if the plan changes? People also start bucking against or suspect something is up when having to sign off on every little thing. What about courtesy / value added services like free nail trims/ ear pluck or anal gland expression? Banned under this rule unless specifically agreed to. What about testing we are required to perform? We do not need 12 layers of paperwork. Surgery - yes, fine we do that already as a LEGAL defense but to extend it to everything - such as blood draws is ridiculous and excessive. This is NOT human medicine. There is not pet privacy and pet rights. There is NO NEED for this rule. Where exactly are the bodies that suggest this is a problem that need this remedy? This is rules for the sake of rules and self-importance. Finally, this rule is not "Cost free" (Though it costs you nothing to make new rules for no reason, so I understand why you think it is without cost) - it is employee hours calling and getting the documents, printing and filing and record keeping, scheduling to get them to come in or fax (which costs paper and toner).

And how long does this written permission need to be kept? A year? 5 years? The life of the pet? Forever?

#13) keep current wording and listed minimum expected record items. Add citation or specific rule

#15) Keep current wording and add citation for specific rule.

Matt Dahlquist DVM

Gateway Veterinary Hospital

11222 NE Halsey St

Portland, OR 97220

From: [Monica Pollock](#)
To: [OVMEB Inspector](#)
Subject: Regarding proposed rule change.
Date: Thursday, March 11, 2021 6:36:37 PM

With regard to 875-011-0010

Adding requirement for written permission for surgery is reasonable. Requiring written permission for vaccines, blood draw, radiographs, etc. is not. As worded, it would require written consent for a nail trim.

An example in the human world: When we go to the dentist - we do not fill out a form prior to x-rays. Written general consent was filled out in forms prior to the first visit. I sit in the dentist chair, the technician or doctor reviews the recommendations, I say okay, and then cleaning begins. The technician reviews the chart, sees I am due for radiographs, I say okay, and radiographs are obtained. No form. When we go to a human doctor, I see the doctor, issues are discussed, lab work is ordered, and I walk down to the lab and blood is drawn. No form. This is a form of verbal consent. It is reasonable to require verbal consent.

It is unreasonable to have the veterinary community to be required to do more than our counterparts in human medicine. If I need to have an owner sign a waiver for exam and vaccine, then sign another waiver when I pull blood for a heartworm test 10 minutes later, then sign another waiver for a nail trim when they ask for one last minute - this will extend appointment times, frustrate pet owners, extend appointment time, create unnecessary paperwork, and really frustrate staff and myself. This does nothing to add to client patient relationship, patient safety, or quality of care. If anything, it is a hindrance.

Monica Pollock, DVM
5330

From: [Muriel Beaudoin](#)
To: [OVMEB Inspector](#)
Subject: Proposed rule change
Date: Tuesday, March 16, 2021 3:13:43 PM

To the board of veterinary examiners,

I would like to comment about the new rule regarding the added consent forms you want to impose.

I have been part of the veterinary community for 26 years and therefore have worked in different clinics. I have never witness Xrays or lab work done without the consent of the owner. Everyone I have work with always kept the owner informed of what needs to be done and made sure we have the owner's consent.

In my opinion it would be unethical do you anything less as communication is the cornerstone of our field.

Supplementary forms to be signed will add an additional strain to any clinic.

I think it would be easier on everyone if a mandatory poster with an address where to post a complaint of impropriety was required to be displayed.

Respectfully,

Muriel Beaudoin, LVT 13494

From: **Rex Urich** rexurich@me.com
Subject: **Fwd: Proposed Rule change comments**
Date: **March 13, 2021 at 10:55 AM**
To: Ovmeb.inspector@oregon.gov, **OVMEB Info** Ovmeb.info@state.or.us, **Ovma** glenn.kolb@oregonvma.org

Begin forwarded message:

From: Rex Urich <rexurich@me.com>
Subject: Proposed Rule change comments
Date: March 13, 2021 at 10:52:00 AM PST
To: Ovmeb.inspector@oregon.gov
Cc: murielb@bendbroadband.com, Rex Urich <rexurich@me.com>

Dear Brenda and Board of Veterinary Examiners:

My curiosity was piqued when I read the plans to require various consent forms be required of the clinic.

I asked all my staff many who had been in field for years and had worked at many other clinics how often the

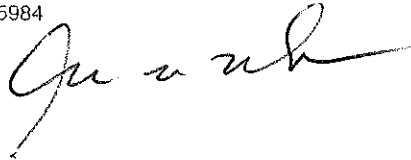
Issue of unrequested X-rays, lab work etc has come up as an issue and all said they have never heard of this being a problem

I have practiced for 42 years and can honestly say its never been an issue. Perhaps we communicate more clearly than clinics where this may have occurred.

I guess my concern, in our case, is maybe this is a solution in search of a problem. How often is this an item the board deals with? I just think the added

time factor to get consent during our hectic lives is a real burden especially if the owner is not here. Please record my concerns .

Thank you sincerely Rex Urich DVM 5984



RECEIVED

MAR 19 2021

Veterinary Medical
Examining Board



Holistic Pet Vet Clinic

Quality Integrative Medicine with an Emphasis on Naturopathic Care

Brenda Biggs
OVMEB Inspector
Oregon Veterinary Medical Examiners Board
800 NE Oregon Street, Suite 407
Portland, OR 97232

Re: Proposed Rulemaking

Hello Ms. Biggs:

I am writing regarding the proposed rulemaking memo I received via email from you. My question is regarding the term "diagnostics" in 875-011-0010. The term "diagnostics" could include any procedure that would facilitate diagnosis. Surgical biopsies, radiographs, bloodwork, taking a temperature and listening through a stethoscope are all examples of diagnostic procedures. And while obtaining written permission from the guardian makes sense for something like a surgical biopsy, it would be ridiculous to require written permission prior to placing a stethoscope on the chest or a thermometer in the ear. The question then becomes where one draws the line between a procedure that requires written permission and one that does not. It seems to be that a logical place to draw such a line would be between those procedures that impart some degree of risk to the patient and those that do not. Radiographs would be an example of a procedure that imparts some risk—the patient is being exposed to ionizing radiation. Bloodwork, however, does not impart any more risk to the patient than taking the temperature, and indeed, the time delay in proceeding with the diagnostics while the paperwork is gotten in order could potentially negatively impact the healthcare of the patient. I would suggest, therefore, that bloodwork not be included in the list of procedures that require prior written permission.

Sincerely,

Robert W. Ulbrich, VMD, CVH, CVSMT

RECEIVED

MAR 19 2021

Veterinary Medical
Examining Board

From: [Fiona Hillenbrand](#)
To: [OVMEB Inspector](#)
Subject: rule 875-011-0010
Date: Tuesday, March 23, 2021 2:55:30 PM

I would like to give some input to the above rule change item number 3. As a veterinarian that works in a very busy practice which includes an ER service, I feel the rule changes would be almost impossible to adhere to. An additional complication (hopefully temporary) is the curbside service where owners rarely stay in the parking lot while their pet is being examined. We have always gotten verbal authorization to perform any testing or starting any treatment, so owners are aware of the treatment plan. All of our patients that require any type of procedure that includes sedation or anesthesia automatically sign estimates along with the sedation or anesthesia release forms. I understand where the intent is coming from, I just feel chasing an owner down as they are leaving the parking lot or having them come back after the comp panel is normal and now you need to run a CPLI, or you find a lump that needs aspirating are situations that would inhibit our ability to perform our jobs effectively.

Thank you for your time,

Respectfully,

Dr. Fiona Hillenbrand

From: meddvm@efn.org
To: [OVMEB Inspector](#)
Subject: Re: Oregon Veterinary Medical Examining Board - Notice of Rulemaking
Date: Thursday, March 25, 2021 10:57:29 AM

The proposed rule changes are vague and unclear. How long must they be kept? Is digital "signature" adequate or is that assumed? We have paper records and paper forms. Do they have to be stored on premise or what if we need a storage unit for the 20 years of records and documents. It should say if care plans/ estimates are adequate. Is it general or is it EVERY single thing? It is overreach to prohibit sample collection because we can do that even if owner is not available to save to run once we can get consent. Again -the proposed rules will involve hours of staff time per week plus storage space and file cabinets or software upgrades, E-records storage and backup and backups of backups and maintenance costs. Just add " consent such as verbal witnessed and noted, estimate or care plan" Dump the rest. Add the duration of kept records. We dump estimate forms after a finished treatment.

From: "Ovmeb inspector" <OVMEB.INSPECTOR@oregon.gov>
To: "meddvm@efn.org" <meddvm@efn.org>
Sent: Thursday, March 25, 2021 9:46:39 AM
Subject: RE: Oregon Veterinary Medical Examining Board - Notice of Rulemaking

Good morning,

The rule as proposed provides for "implied" consent followed by written confirmation within 72 hours. The Board has scheduled a public hearing for April 23rd at 10:30am in order to review written comments and receive input from interested persons regarding the proposed rule changes.

All interested persons are encouraged to submit written comments and concerns to the Board prior to the public hearing. The Board will review all written comments received by April 23, 2021 at 5pm. Persons may also request to speak at the public hearing. Please contact the OVMEB in advance if you wish to speak at the hearing.

Per Governor Kate Brown's Executive Order 20-12, the Oregon Veterinary Medical Board remains closed to the public for in-person service. Board staff primarily are working remotely for the duration of the order; therefore, email is the most efficient mode of communication at this time. Response to all communication, but especially hand-delivered mail (USPS, FedEx, etc.), may be delayed. We appreciate your patience.

Sincerely,

Brenda Biggs
OVMEB Inspector
503-995-3121

From: meddvm at efn.org <meddvm@efn.org>

Sent: Thursday, March 25, 2021 9:09 AM

To: OVMEB Inspector <OVMEB.INSPECTOR@oregon.gov>

Subject: Re: Oregon Veterinary Medical Examining Board - Notice of Rulemaking

Here is one today: Presented by owner's friend for vaccines and heartworm test. Under your proposed rule we anger them by sending them away. The friend thinks maybe heartworm test was done someplace else. Can't get owner on the phone. We can draw a sample and hold it until we get clarification. - Except not under your dumb rule. Or what about a dog or a cat with nails grown around to puncture the foot? Owner declines and we report them? Or just do the trim as a courtesy?

From: "meddvm at efn.org" <meddvm@efn.org>

To: "Ovmeb inspector" <OVMEB.INSPECTOR@oregon.gov>

Sent: Wednesday, March 24, 2021 6:41:00 PM

Subject: Re: Oregon Veterinary Medical Examining Board - Notice of Rulemaking

This written permission rule: how will it be enforced and verified? Will you be inspecting all records or it only a "Gotcha" rule when there is a complaint?

From: "Ovmeb inspector" <OVMEB.INSPECTOR@oregon.gov>

To: "Ovmeb inspector" <OVMEB.INSPECTOR@oregon.gov>

Sent: Thursday, March 11, 2021 2:44:14 PM

Subject: Oregon Veterinary Medical Examining Board - Notice of Rulemaking

Greetings from the Oregon Veterinary Medical Examining Board (OVMEB),

Attached you will find the OVMEB Notice of Proposed Rulemaking for your review.

NOTICE OF PROPOSED RULEMAKING ORS CHAPTER 875

OREGON VETERINARY MEDICAL EXAMINING BOARD

Proposed changes to: OAR 875-011-0010 Unprofessional or Dishonorable Conduct

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 04/23/2021 5:00 PM

HEARING(S):

DATE: 04/23/2021

TIME: 10:30 AM

Please submit your comments to:

RULES COORDINATOR: Brenda Biggs

ADDRESS: Oregon Veterinary Medical Examining Board

800 NE Oregon Street suite 407

Portland, OR 97232
Ovmeb.inspector@oregon.gov
503-995-3121

SPECIAL INSTRUCTIONS: Per Governor Kate Brown's Executive Order 20-12, the Portland State Office Building remains closed to the public. The public hearing to discuss the proposed changes to this rule will be held virtually via zoom meeting only. You are invited to attend the public hearing:

Join Zoom Meeting
<https://zoom.us/j/95505908661?pwd=T3Bmd3Z4a0lpNW9JMUxWenpwQjdTZz09>

Meeting ID: 955 0590 8661
Passcode: 18uhn3

Per Governor Kate Brown's Executive Order 20-12, the Oregon Veterinary Medical Board remains closed to the public for in-person service. Board staff primarily are working remotely for the duration of the order; therefore, email is the most efficient mode of communication at this time. Response to all communication, but especially hand-delivered mail (USPS, FedEx, etc.), may be delayed. We appreciate your patience.

Sincerely,

Brenda Biggs
OVMEB Inspector
503-995-3121

OAR 875-011-0010 Prohibited and Unprofessional Conduct (Additional Suggested Revisions)
Amended to reorganize and re-structure of the rule; Amended to include CVT unprofessional conduct;
Amended to include practicing medicine in a facility that does not meet current facility requirements.

875-011-0010

Prohibited and Unprofessional Conduct

(1) The Board interprets “Prohibited conduct” to mean:

(a) Conduct by a licensee that constitutes a criminal act against a patient or client; or

(b) Conduct that constitutes a criminal act that creates a risk of harm to a patient or client.

(2) The Board interprets “Unprofessional conduct” to mean:

(a) Conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to recognized standards of ethics of the licensee’s profession or conduct that endangers the health, safety, or welfare of a patient or client. Unprofessional conduct includes, but is not limited to:

(1) Gross negligence in the practice of veterinary medicine;

(2) A pattern, practice, or continuous course of negligence, ignorance, incompetence, or inefficiency in the practice of veterinary medicine. The incidents may be dissimilar;

(3) Failure to obtain the client’s written permission within 24 hours prior to performing surgery, taking a radiograph, performing diagnostics including but not limited to blood draws and testing, or attempting a treatment, except in emergency circumstances. Permission may be reasonably implied under some circumstances. Written confirmation must be obtained within 72 hours of implied consent;

(4) Failure to perform, without good cause, a specific surgery or treatment in a timely manner after agreeing to perform the surgery or treatment;

(5) Failure to properly prepare an animal for surgery or treatment;

(6) Failure to use sterile instruments and equipment when performing surgery, when the circumstances require the use of sterile instruments and equipment;

(7) Failure to use generally accepted diagnostic procedures and treatments without good cause;

(8) Failure to obtain the client’s written permission within 24 hours prior to using unorthodox or non-standard methods of diagnosis or treatment. Acupuncture, chiropractic, or herbal medicine is not considered unorthodox or non-standard;

(9) Failure to advise a client of home care or follow-up treatment required after a particular diagnosis or treatment;

(10) Handling animals in an inhumane manner or with unnecessary force;

(11) Charging for services not rendered;

(12) Failure to maintain records as required under OAR 875-015-0030;

(13) Altering or falsifying medical records;

(14) Violation of any state or federal law relating to legend, or controlled substances as defined in ORS 475.005(6), obtained under the authority of the veterinary license;

(15) Non-veterinary prescribing, use, theft, or diversion of legend or controlled substances;

(16) Failure to respond or appear as requested, without good cause, within the time required by the Board;

(17) Failure to comply with any rule or Order of the Board or as required by OAR 875-005-0010;

(18) Providing false, misleading, or deceptive information to the Board;

(19) Failure to report conviction of a misdemeanor, conviction of a felony, or a felony arrest, to the Board within 10 days following the conviction or arrest;

(20) Making a misrepresentation or omission on an initial license application or on an application for renewal of a license;

(A) Except as part of an application for a license, or for renewal of a license, and except as provided by section (20) of this rule, the Board may not require a licensee to report the licensee's criminal conduct;

(B) A report under section (20) of this rule is confidential under ORS 676.175. A board may disclose a report as provided in ORS 676.177.

(21) Violations of veterinary laws in other states that would constitute violations of Oregon law;

(22) Violations of other laws that relate to the practice of veterinary medicine, including violations of the Oregon Racing Commission statutes and administrative rules;

(23) Practicing veterinary medicine in a facility without a valid registration unless subject to an exception in OAR 875-010-0031(1);

(24) Practicing veterinary medicine in a facility that fails to meet the requirements listed in OAR 875-015-0020 or 875-015-0040.;

(25) Practicing Veterinary Medicine with an expired, lapsed, revoked or suspended license at the time of practice;

(26) Providing false, misleading, or deceptive information to the Board or its designated inspector as part of a facility inspection or investigation;

(27) Allowing an unlicensed, uncertified, or non-registered individual to perform duties that require a license, certification, or registration from the Board;

(28) Gross negligence in the performance of duties as a Certified Veterinary Technician (CVT);

(29) A pattern, practice or continuous course of negligence, ignorance, incompetence or inefficiency in practice as a CVT. The incidents may be dissimilar;

(30) CVT Diagnosing, prescribing, or performing other activities that may be done only by a licensed veterinarian;

(31) Failure to report prohibited or unprofessional conduct as described in ORS 676.150;

(A) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a licensee who has reasonable cause to believe that another licensee has engaged in prohibited or unprofessional conduct shall report the conduct to the Board. The reporting licensee shall report the conduct without undue delay, but no later than 10 working days after the reporting licensee learns of the conduct;

(B) The Board shall investigate in accordance with the Board's rules. If the Board has reasonable cause to believe that the licensee has engaged in prohibited conduct, the Board shall present the facts to an appropriate law enforcement agency without undue delay, but in no event later than 10 working days after the Board finds reasonable cause to believe that the licensee engaged in prohibited conduct;

(C) A licensee who fails to report prohibited or unprofessional conduct as required by section (A) of this rule is subject to discipline by the Board;

(D) A licensee who fails to report prohibited conduct as required by section (A) of this rule commits a Class A violation;

(E) Notwithstanding any other provision of law, a report under section (A) of this rule is confidential under ORS 676.175. A board may disclose a report as provided in ORS 676.177;

(F) The obligations imposed by this section are in addition to, and not in lieu of, other obligations to report unprofessional or prohibited conduct as provided by statute;

(G) A licensee who reports to the Board in good faith as required by section (A) of this rule is immune from civil liability for making the report;

(H) The Board and the members, employees, and contractors of the Board are immune from civil liability for actions taken in good faith as a result of a report received under section (A) of this rule;

(32) Failing to perform the required duties of a managing veterinarian as provided by OAR 875-010-0031. A Managing Veterinarian shall not be held liable for noncompliant facility conditions demonstrably beyond the control of the Managing Veterinarian.

(A) Failure to notify the Board within 15 days, without good cause, of any change in Managing Veterinarian. An interim Managing Veterinarian may be designated;

(B) Failure to meet minimum facility standards as defined in OAR 875-015-0020;

(C) Failure to comply with the requirements of OAR 875-015-0040;

(D) Failure to post valid facility or valid licensee registration(s) in a place conspicuous to the public;

(E) Failure to notify the Board within 10 days, without good cause, of any change in facility ownership;

(F) Failure to provide to a client, or another veterinarian retained by the client, upon request by either, a copy of the patient's medical record (including copies of imaging) within 72 business hours or immediately

for emergencies. A reasonable copying fee, e.g., comparable to local commercial copying rates, may be charged; however, copy requests may not be denied for nonpayment of fees or outstanding bills;

(G) Failure to report uncorrected, noncompliant facility conditions.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.130

History:

[VMEB 5-2019, amend filed 10/28/2019, effective 10/28/2019](#)

[VMEB 2-2019, minor correction filed 08/13/2019, effective 08/13/2019](#)

[VMEB 5-2018, amend filed 05/01/2018, effective 05/01/2018](#)

[VMEB 15-2017, minor correction filed 12/11/2017, effective 12/11/2017](#)

[VMEB 9-2017, amend filed 11/07/2017, effective 11/08/2017](#)

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

VMEB 2-2009, f. & cert. ef. 10-15-09

VMEB 8-2008, f. & cert. ef. 7-22-08

VMEB 3-2008, f. & cert. ef. 3-19-08

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

Veterinary Medical Examining Board

Chapter 875

Division 1 PROCEDURAL RULES

875-001-0000

Notice

Prior to the adoption, amendment, or repeal of any permanent rule, the Veterinary Medical Examining Board shall give notice of the proposed adoption, amendment, or repeal:

- (1) In the Secretary of State's Bulletin referred to in ORS 183.360, at least 15 days prior to the effective date.
- (2) By providing a copy of the notice to persons on the Veterinary Medical Examining Board's mailing list established pursuant to ORS 183.335(7).
- (3) By providing a copy of the notice to the following persons, organizations, or publications:
 - (a) Media services;
 - (b) Oregon Veterinary Medical Association;
 - (c) Oregon Humane Society;
 - (d) Oregon State University Extension Service;
 - (e) Animal control agencies.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 183.310 - 183.360

History:

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

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

VE 4, f. & ef. 5-3-76

875-001-0005

Model Rules of Procedure

The Veterinary Medical Examining Board adopts in its entirety the Attorney General's Model Rules of Procedure under the Administrative Procedures Act.

[ED. NOTE: The full text of the Attorney General's Model Rules of Procedure is available from the office of the Attorney General or Veterinary Medical Examining Board.]

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 183

History:

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

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

VME 4-1992, f. & cert. ef. 12-10-92

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

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

VME 1-1982, f. & ef. 8-30-82

VME 2-1980, f. & ef. 5-20-80

VE 1-1979, f. & ef. 8-28-79

VE 2-1978, f. & ef. 2-21-78

VE 3, f. 9-25-74, ef. 10-25-74, Renumbered from 875-010-0005

VE 2, f. 6-23-72, ef. 7-15-72

VE 1, f. 7-29-60

875-001-0015

Hearing Requests, Answers, and Consequences of Failure to Answer

(1) A hearing request shall be made in writing to the Board by the party or his/her representative and shall include an answer, which includes the following:

- (a) An admission or denial of each factual matter alleged in the notice;
 - (b) A short and plain statement of each relevant affirmative defense the party may have.
- (2) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;
- (3) Failure to raise a particular defense in the answer will be considered a waiver of such defense; and
- (4) Affirmative defenses alleged in the answer shall be presumed to be denied by the Board.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.020, 686.045 & 686.065

History:

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

875-001-0040

Public Records and Materials

(1) All requests for copies of public records pertaining to the Veterinary Medical Examining Board available at the Board office shall be submitted in writing. Public records are also available for viewing in the Board office during regular office hours.

(2) Charges for copies, documents and services shall be as follows:

(a) For machine copies requested by other state agencies and the general public, the charge will be the accepted government agency rate per copy;

(b) For documents developed by the Board, the Charge will be an amount fixed by the Board or its Executive Officer not exceeding the actual preparation cost per copy;

(c) For both machine copies and documents, a charge for any additional amount set at the discretion of the Board or its Executive Officer for staff time required for search, handling, and copying.

(3) Charges for the general public shall be payable in cash. Charges to state agencies shall be payable in cash unless billing to such agencies is authorized by the Board or its Executive Officer.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 279.051

History:

VME 1-1994, f. & cert. ef. 4-13-94

[Division 5](#) [GENERAL](#)

Division 5 GENERAL

[875-005-0000](#) **Board Meetings**

The Board shall hold regular meetings at least once each year, at such time and place as the Board may designate. The Chair of the Board may call special meetings for the Board at any time through the year as such meetings are necessary.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.210

History:

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

[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.

(3) "Board of Pharmacy": The Oregon State Board of Pharmacy.

(4) "Certified Euthanasia Technician or "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) "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.

(10) "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.

(11) "Mobile Clinic": A vehicle, including but not limited to a camper, motor home, trailer, or mobile home, used as a veterinary medical facility. A mobile clinic is not required for house calls or farm calls.

(12) 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.

(13) "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.

(14) "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.

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

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

(17) "Facility Registration": A registration issued by the Board to operate a veterinary medical facility when the premises meet minimum standards established by the Board.

(a) "Premises": Any veterinary facility where a licensed veterinarian practices or where the practice of veterinary medicine occurs. Premises include buildings, land, equipment, supplies, pharmaceuticals and the policies and practices that relate to minimum facility standards.

(b) "Facility Owner": Any person, corporation or other similar organization, private, or not-for-profit, holding title to a facility where a licensed veterinarian practices or where the practice of veterinary medicine occurs.

(c) "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).

(18) 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.

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 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

875-005-0010

Licensee's Duty to Cooperate

Every licensee of the Board shall:

(1) Cooperate with the Board and respond fully and truthfully to inquiries from and comply with any request from the Board, subject only to the exercise of any applicable right or privilege.

(2) Undergo practice competency or other evaluations requested by the Board.

(3) Provide a home address and telephone number in addition to business location and contact information.

(4) Notify the Board within 30 days of a home or business address and telephone number change.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.020, 686.045 & 686.065

History:

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

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

Division 10

PERMITS AND LICENSES

875-010-0000

Qualifications for Veterinary Licenses and Permits

Applicants for Oregon veterinary licenses shall meet the following requirements:

(1) Graduate from a veterinary college or veterinary department of a university or college of good standing and repute as defined in OAR 875-005-0005(9)(a)(b) or, if a graduate of an unaccredited veterinary school, completion of all requirements of the Education Commission for Foreign Veterinary Graduates (ECFVG) program or the Program for the Assessment of Veterinary Education (PAVE); and

(2)(a) Pass the North American Veterinary Licensing Exam (NAVLE) or the National Board Exam (NBE) and Clinical Competency Test (CCT), and Oregon Jurisprudence Exam/Regional Disease Test as required by OAR 875-010-0015(3).

(b) An applicant may request a waiver of the Clinical Competency Test requirement if all the following conditions are met:

(A) The applicant has graduated from an accredited veterinary school or earned the ECFVG or PAVE certificate or completed another equivalency program approved by the Board, as described in OAR 875-010-0000, prior to and including 1990;

(B) Has been engaged in active veterinary clinical practice for at least five contiguous years immediately preceding the date of application;

(C) Has held license(s) in good standing in other state(s) or U.S. territories since graduation; and

(D) Has met Continuing Education requirements at least equivalent to 10 hours per year during the five years immediately preceding the date of application.

(E) The Board may request other documentation of competent clinical practice.

(3) Temporary and active licenses may be issued to applicants who have at least one year experience, as set out in ORS 686.045(3) and 686.065(1)(b).

(4) The Board may conduct background checks on intern, initial and renewing license applicants. Applicants and licensees shall be required to provide any police and court records for any arrests and convictions.

(5) The Board may refuse to issue a license or permit to an applicant for any of the following:

- (a) Violations of veterinary practice laws and rules in other states, provinces or countries;
- (b) Evidence of previous veterinary incompetence or negligence;
- (c) Violations of other laws substantially related to the qualifications, functions or duties of veterinary medicine;
- (d) The sale or use of illegal drugs or substance abuse; or
- (e) Making a misrepresentation or omission on application or otherwise to the Board.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.045 & 686.065

History:

[VMEB 3-2019, amend filed 10/28/2019, effective 10/28/2019](#)

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

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

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

[875-010-0006](#)

Procedures for Obtaining License or Permit

(1) Graduate from a veterinary college or veterinary department of a university or college as defined in OAR 875-005-0000(8).

(2) To apply for a veterinary license, the applicant must complete an application form available from the Board office. A completed application includes:

- (a) An application form completed and signed by the applicant and notarized;
- (b) A copy of a college diploma or a letter from the graduate's school verifying satisfactory graduation, or, if a graduate of an unaccredited foreign veterinary school certification of satisfactory completion of requirements of the Educational Commission for Foreign Veterinary Graduates (ECFVG), or verification of completion of other foreign graduate equivalency programs approved by the Board;
- (c) A completed Oregon Jurisprudence Exam/Regional Disease Test;
- (d) Verification of veterinary experience and certification of status of license(s) in other states if applicable;
- (e) The license application and Oregon Jurisprudence Exam/Regional Disease Test fee of \$75.00.

(3) To register for the NAVLE, the candidate shall apply to the National Board of Veterinary Medical Examiners (NBVME), www.nbvme.org.

(4) The applicant may take the NAVLE in another state. For licensing in Oregon, NAVLE scores must be directly transferred to the Board through the Veterinary Information Verifying Agency (VIVA).

(5) An applicant may request a waiver of the Clinical Competency Test requirement if all the following conditions are met:

(a) The applicant has graduated from an accredited veterinary school or earned the ECFVG certificate or completed another equivalency program approved by the Board, as described in OAR 875-010-0000, prior to and including 1990;

(b) Has been engaged in active veterinary clinical practice for at least five contiguous years immediately preceding the date of application;

(c) Has held license(s) in good standing in other state(s) or U.S. territories since graduation; and

(d) Has met continuing education requirements at least equivalent to 10 hours per year during the five years immediately preceding the date of application.

(e) The Board may request other documentation of competent clinical practice.

(7) Neither NAVLE nor the National Board Exam (NBE) requirement shall be waived.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.075 & 686.255

History:

VMEB 1-2011, f. & cert. ef. 3-2-11

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

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

875-010-0016

Veterinary License Examinations

"North American Veterinary Licensing Examination (NAVLE)": The National Board of Veterinary Medical Examiners (NBVME) provides this examination to test a candidate's qualification for entry-level clinical practice and comprehensive veterinary knowledge. Effective November 2000, the NAVLE replaces the National Board Examination (NBE) and Clinical Competency Test (CCT).

(1) NBVME is the sole provider of the NAVLE. The NBVME will report the scores of NAVLE to the Board.

(2) The passing score for NAVLE shall be 425. If the National Board Examination (NBE) and/or Clinical Competency (CCT) were taken December 1992, or later, the candidate must receive a passing score according to the criterion-referenced scoring method implemented by the Professional Exam Service in December 1992.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.075

History:

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

VMEB 1-2011, f. & cert. ef. 3-2-11

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

875-010-0021

Recalculation, Review and Appeal of Examination Results

(1) The Jurisprudence Exam/Regional Disease Test may be taken more than once, however, applicants who fail the JPE/RDT three times may be required to make further attempts to pass in the presence of a Board staff or member..

(2) An applicant may request a review of the NAVLE examination results according to the review procedures of the NBVME.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.075

History:

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

VMEB 1-2011, f. & cert. ef. 3-2-11

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

875-010-0026

Intern, Active and Inactive Licenses

Upon approval of all required application materials, the applicant may then apply for an intern or active license to practice veterinary medicine in Oregon. License activation forms are available from the Board office or on its website.

(1) The intern or active license fee shall be \$150 annually.

(2) If the applicant has satisfactorily completed one year's experience in the United States or its territories or provinces, or in Canada, an active veterinary license will be issued and will expire on the next following December 31st. Licensee shall renew the license according to OAR 875-010-0065.

(3) If applicant has less than one year's experience, an Intern Permit (intern license) will be issued. The intern license will expire following the total number of days necessary to complete one year's practice experience, under supervision of an Oregon licensed veterinarian, pursuant to ORS 686.085 and OAR 875-010-0050:

(a) Upon completion of the internship, the intern may apply for an active license, pursuant to OAR 875-010-0065. Late fees up to \$150 will apply for each month the application is late if the intern has continued to practice veterinary medicine in Oregon after expiration of the intern license;

(b) The supervising veterinarian shall complete an experience verification form attesting that the intern has satisfactorily completed the internship and the intern shall submit this form with the application for an active license.

(4) An inactive license may be issued to any applicant who does not meet Continuing Education requirements. Inactive licensees shall not practice veterinary medicine in Oregon. The inactive license fee shall be \$100 annually.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.095 & 686.255

History:

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

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

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

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

875-010-0031

Registration of Veterinary Facilities; Managing Veterinarian; Registration Denial, Suspension, Revocation; Inspection

(1) Each veterinary medical facility in Oregon as defined in 875-005-0005 must register with the Board and designate a Managing Veterinarian with the following exceptions:

- (a) Any facilities owned and operated by a local, regional, state or federal government agency
- (b) Facilities where privately owned animals are housed and where mobile veterinarians or mobile veterinary clinics may routinely come to provide veterinary services, e.g., private barn, home, boarding stable or animal event location
- (c) Locations where animals are undergoing a medical crisis and conditions preclude transport to a veterinary facility (accident site)
- (d) Temporary facilities established under a declared emergency
- (e) Teaching facilities as established by AVMA-accredited schools of veterinary science or veterinary technology.

(2) Requirements for registered Veterinary Facilities

- (a) Each facility registration expires on December 31st or upon a change in facility ownership.
- (b) Each facility identified by a separate physical address will be considered a separate facility requiring registration.
- (c) Mobile facilities, unless operated as a satellite of a registered fixed facility, will require individual registration.
- (d) Temporary facilities, providing only spay/neuter, vaccinations, micro-chipping and examinations may operate up to 15 days per year at any one location under the registration of an Oregon fixed-location facility and under the oversight of the fixed-location's Managing Veterinarian, unless otherwise approved by the Board.

(3) Requirements for the Managing Veterinarian.

- (a) Provide the Board with documented authority from the facility owner to maintain the facility within the standards set forth by this chapter.
 - (b) Ensure facilities maintain and post a valid facility registration issued by the Board.
 - (c) Ensure timely provision of medical record copies from the facility when requested.
 - (d) A veterinary intern (OAR 875-010-0026) may not be designated as Managing Veterinarian.
 - (e) A licensee with a relevant disciplinary history or who has been or currently is under a disciplinary order of the Board may be denied designation as Managing Veterinarian.
- (4) Procedures for any change in the Managing Veterinarian. The Managing Veterinarian on record with the Board as responsible for a facility remains responsible for that facility until one of the following occurs:
- (a) The Board is notified in writing of a new Managing Veterinarian that has accepted responsibility.

(b) The Board is notified in writing that the Managing Veterinarian wishes to be relieved of the position and associated responsibilities.

(c) The Managing Veterinarian is incapacitated to the extent that they cannot provide oversight of any facility.

(5) Applicants for facility registration must complete an application form available from the Board.

(6) A completed application will include payment of \$150 registration fee, inspector's or self-certification of compliance with minimum standards of OAR 875-015-0020 and 875-015-0030, and designation of a Managing Veterinarian as defined in 875-015-0065.

(7) Denial of Facility Registration Application. The Board may deny an application for facility registration or renewal if:

(a) The application is incomplete or the registration fee is not submitted.

(b) The facility fails to meet minimum standards or fails to correct deficiencies within an appropriate time frame following inspection.

(c) The designated Managing Veterinarian fails meet the minimum facility standards listed in OAR 875-015-0020 and 875-015-0030.

(d) No Managing Veterinarian, meeting all requirements of this chapter, has been designated.

(8) Suspension or Revocation of a Facility Registration. The Board may withhold, suspend or revoke a facility registration if:

(a) No Managing Veterinarian is designated for the facility for more than 15 consecutive days. An interim Managing Veterinarian may be designated for a period not to exceed 30 days total.

(b) When it has been determined by the Board that the managing Veterinarian has failed to meet all the minimum facility standards as provided for in the rules of this act.

(c) Investigation or inspection has revealed unresolved public health and safety risks or other conditions noncompliant with OAR 875-015-0020 and 875-015-0030.

(9) All Facility Registrations terminate upon a change in the facility owner.

(10) Inspection of Facilities: The purpose of inspection is to ensure that public health and safety is maintained by meeting the minimum facility standards listed in OAR 875-015-0020 and 875-015-0030. The Board may designate or employ qualified persons to do the inspections and may delegate inspections to other state or federal agency regulators. Prior to January 2017 the Board may accept self-certification of compliance by the Managing Veterinarian in-lieu-of inspection. This self-certification shall be submitted using a form provided by the Board.

(a) The Board may inspect each veterinary facility:

(A) Before a new facility receives an initial facility registration

(B) Periodically, at least once every three years

(b) The board may inspect any veterinary facility:

(A) At any time upon receipt of a complaint or if it has cause to believe the facility is noncompliant with OAR 875-015-0020 or 875-015-0030.

(B) Upon a change in ownership or a change in the Managing Veterinarian

(C) As follow-up at any time after an inspection has found non-compliant conditions.

(c) Initial and periodic facility inspections may be waived for facilities holding a current American Animal Hospital Association (AHAA) certification.

(d) Inspections may be documented in writing and by audio, video and still picture recording.

(e) Upon an inspection finding of non-compliance with OAR 875-015-0020 or 875-015-0030, the Board or its representative may do any or all of the following:

(A) Establish a reasonable time line for bringing the facility into compliance

(B) Issue a civil penalty or citation

(C) Restrict facility operations when the failure to meet minimum facility standards poses an unresolved risk to public health and safety or other conditions noncompliant with OAR 875-015-0020 or 875-015-0030.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.130

History:

VMEB 5-2017, f. & cert. ef. 5-16-17

Suspended by VMEB 5-2016(Temp), f. & cert. ef. 12-12-16 thru 6-9-17

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

875-010-0045

Student Interns

(1) Any person wishing to work in Oregon as a student intern may do so if he or she is engaged in a student intern program administered by a veterinary college or university, or a veterinary technology program, approved by the Board or the American Veterinary Medical Association.

(2) Supervision of veterinary school student interns. All acts which a student intern may perform must be under the direct supervision of a licensed veterinarian. "Direct supervision" means that each act shall be performed by the student intern only after receiving specific directions from and in the presence of an Oregon licensed veterinarian. Certified Veterinary Technician student interns may work under direct supervision of a licensed veterinarian or Certified Veterinary Technician.

(3) Student interns may perform the following acts:

(a) Obtaining and Recording Information. Student interns may obtain and record the following information:

(A) Complete admission records, including recording the statements made by the client concerning the patient's problems and history. Student interns may also record their own observations of the patient. However, student interns cannot state or record their opinion concerning diagnosis of the patient;

(B) Maintain daily progress records, surgery logs, X-ray logs, Drug Enforcement Agency logs, and all other routine records as directed by the supervising veterinarian.

(b) Veterinary school student interns may perform surgery, if relevant coursework has been successfully completed, and if determined by the supervising veterinarian to be competent in basic surgical techniques;

(c) Preparation of patients, instruments, equipment, and medications for surgery. Student interns may:

(A) Prepare and sterilize surgical packs;

(B) Clip, surgically scrub, and disinfect the surgical site in preparation for surgery;

(C) Administer preanesthetic drugs as prescribed by the supervising veterinarian;

(D) Position the patient for anesthesia;

(E) Administer anesthesia as prescribed by the supervising veterinarian;

(F) Operate anesthetic machines, oxygen equipment, and monitoring equipment.

(d) Collection of specimens and performance of laboratory procedures. Student Interns may:

(A) Collect urine, feces, sputum, and all other excretions for laboratory analysis;

(B) Collect blood samples for laboratory;

(C) Collect skin scrapings;

(D) Perform routine laboratory procedures including urinalysis, fecal analyses, hematological, and serological examinations.

(e) Assisting the veterinarian in diagnostic medical and surgical procedures. Student interns may assist supervising veterinarians in the following diagnostic, medical, and surgical proceedings:

(A) Take the patient's temperature, pulse and respiration;

(B) Medically bathe the patient;

(C) Administer topical, oral, hypodermic, and intravenous medication as directed by the supervising veterinarian;

(D) Operate diagnostic imaging equipment;

(E) Perform dental prophylaxis, including operating ultrasonic dental instruments.

(f) Veterinary School student interns may perform other acts not specifically enumerated herein under the supervision of a veterinarian licensed to practice veterinary medicine in the State of Oregon, however, a student intern may not administer rabies vaccine.

(4) Certified Veterinary Technician student interns may perform all the acts enumerated in OAR 875-030-0040(2) and may not perform the acts prohibited in 875-030-0040(3). Certified Veterinary Technician student interns may not administer rabies vaccine.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.040(13)

History:

VMEB 6-2017, f. & cert. ef. 5-16-17

VMEB 3-2017, f. & cert. ef. 1-12-17

VMEB 10-2016(Temp), f. & cert. ef. 12-14-16 thru 6-11-17

VMEB 8-2016, f. & cert. ef. 12-13-16

VMEB 4-2016(Temp), f. & cert. ef. 12-12-16 thru 6-9-17

VMEB 1-2016(Temp), f. & cert. ef. 8-4-16 thru 1-4-17

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

VMEB 1-2010, f. & cert. ef. 5-6-10

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

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

VE 7-1978, f. & ef. 7-10-78

875-010-0050

Supervision of Interns

An intern license is issued for the purpose of providing supervised training and mentorship to veterinarians who have less than one (1) year experience following graduation from a veterinary school or college as defined in OAR 875-005-0005(8).

(1) "Supervision," as used in ORS 686.085, requires an Oregon licensed veterinarian to provide supervision of the Intern as follows:

(a) Direct supervision of the Intern for each and every procedure until such time as the supervising veterinarian reasonably concludes that the Intern has sufficient training and experience to competently conduct a particular procedure, or class of procedures, independently;

(b) The supervising veterinarian shall document and make available to the Board, if requested, the documentation used in making the decision to allow the Intern to work independently.

(c) The supervising veterinarian need not continue to directly supervise that procedure or class of procedures, upon the supervisor's determination that competency has been achieved by the Intern; however, the supervising veterinarian shall continue to reasonably monitor the results thereof;

(d) The supervising veterinarian shall continue to directly supervise all procedures for which the supervisor has not yet made a competency determination.

(2) The supervising veterinarian may not:

(a) Be absent from the veterinary clinic for more than 14 consecutive days, or more than 21 total days, in a six month period, exclusive of weekends; or

(b) Conduct the supervision from a separate clinic, unless and until such time as the supervising veterinarian reasonably concludes that the Intern has sufficient training and experience to competently conduct a particular procedure or class of procedures independently.

(3) The supervising veterinarian shall notify the Board within 10 calendar days if an Intern is no longer under that veterinarian's supervision. Notification may be via electronic mail.

(4) An Intern shall notify the Board within 10 calendar days of any change in supervision. Notification may be via electronic mail.

(5) An Intern may have more than one supervisor during the internship.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.085

History:

[VMEB 8-2018, amend filed 07/31/2018, effective 07/31/2018](#)

[VMEB 12-2017, amend filed 11/07/2017, effective 11/08/2017](#)

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

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

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

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

VE 6-1978, f. & ef. 7-10-78

[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 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

875-010-0090

Continuing Education Requirements (CE)

(1) All active licensees, including veterinarians and certified veterinary technicians, must comply with the CE 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

[875-010-0095](#)

Fee Waivers for Licenses or Permits

The Board may waive a category of fees if, in its judgment, such waiver is necessary to ensure that the fees charged do not exceed the cost of administering the Board's regulatory program pursuant to ORS 656.255(c).

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.020, 686.045 & 686.065

History:

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

Division 11

DISCIPLINE AND CITATIONS

[875-011-0005](#)

Gross Ignorance, Incompetence, or Inefficiency in the Profession

Under ORS 686.130(14), any veterinarian may have his or her license revoked or suspended by the Board for gross ignorance, incompetence, or inefficiency in the profession, among other causes. "Gross ignorance, incompetence, or inefficiency" in the profession within the meaning of this provision shall be defined to include:

(1) Failure to comply with current standards on isolation of patients with serious infectious, contagious diseases.

(2) Keeping animals with known serious infectious, contagious diseases in the same area with animals who do not have serious infectious, contagious diseases when current standards require isolation.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.130

History:

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

875-011-0010

Unprofessional or Dishonorable Conduct

The Board interprets "unprofessional or dishonorable conduct" to include, but is not limited to the following:

(1) Gross negligence in the practice of veterinary medicine.

(2) A pattern, practice or continuous course of negligence, ignorance, incompetence or inefficiency in the practice of veterinary medicine. The incidents may be dissimilar.

(3) Performing surgery, taking a radiograph or attempting a treatment without first obtaining the client's permission, except in emergency circumstances. Permission may be reasonably implied under some circumstances.

(4) Failure without good cause to perform a specific surgery or treatment in a timely manner after agreeing to perform the surgery or treatment.

(5) Failure to properly prepare an animal for surgery or treatment.

(6) Failure to use sterile instruments and equipment when performing surgery, when the circumstances require the use of sterile instruments and equipment.

(7) Failure to use generally accepted diagnostic procedures and treatments without good cause.

(8) Failure to obtain the client's written permission before using unorthodox or non-standard methods of diagnosis or treatment. Acupuncture, chiropractic or herbal medicine is not considered unorthodox or non-standard.

(9) Failure to advise a client of home care or follow-up treatment required after a particular diagnosis or treatment.

(10) Handling animals in an inhumane manner or with unnecessary force.

(11) Charging for services not rendered.

(12) Altering or falsifying medical records.

(13) Failure to maintain records which show, at a minimum, the name of the client, identification of the patient, its condition upon presentation, the tentative diagnosis, treatment performed, drug administered,

amount of drug, any prescription, and the date of treatment. For companion animals, identification of the patient should include species, breed, name, age, sex, color, and distinctive markings, where practical.

(14) Failure to provide to a client, or another veterinarian retained by the client, upon request by either, a copy of the patient's medical record (including copies of imaging) within 72 hours or immediately for emergencies. A reasonable copying fee, e.g., comparable to local commercial copying rates, may be charged; however, copy requests may not be denied for nonpayment of fees or outstanding bills.

(15) Failure to mark or label a container of prescription or legend drugs with the date, name of drug, dosage frequency, identification of animal (if appropriate), and withdrawal time (if appropriate). Excludes legend drugs dispensed or ordered in original, unopened manufacturer's packaging for herd use.

(16) Failure to comply with federal law concerning packaging and labeling of prescription or legend drugs.

(17) Violation of any state or federal law relating to controlled substances, as defined in ORS 475.005(6), which the veterinarian obtained under the authority of the veterinary license.

(18) Non-veterinary prescribing, use, theft or diversion of legend or controlled drugs.

(19) Failure to respond or appear as requested, without good cause, within the time required by the Board.

(20) Failure to comply with any rule or Order of the Board or as required by OAR 875-005-0010.

(21) Providing false, misleading or deceptive information to the Board.

(22) Making a misrepresentation or omission on a license renewal application.

(23) Violations of veterinary laws in other states that would constitute violations of Oregon law.

(24) Violations of other laws that relate to the practice of veterinary medicine, including violations of the Oregon Racing Commission statutes and administrative rules.

(25) Failure to meet minimum facility standards as defined in OAR 875-015-0020 or 875-015-0030 following inspection and findings of noncompliance.

(26) Failure to post valid facility registration in a place conspicuous to the public.

(27) Failure without good cause to notify the Board within 10 days of any change in facility ownership.

(28) Failure without good cause to notify the Board within 15 days of any change in Managing Veterinarian. An interim Managing Veterinarian may be designated.

(29) Practicing veterinary medicine in a facility without a valid registration.

(30) Failure to report uncorrected noncompliant facility conditions if registered as a Managing Veterinarian.

(31) Providing false, misleading or deceptive information to the Board or its designated inspector as part of a facility inspection or investigation.

(32) A Managing Veterinarian shall not be held liable for noncompliant facility conditions demonstrably beyond the control of the Managing Veterinarian.

(33) Failure to report unprofessional or prohibited conduct as described in ORS 676.150.

(a) "Prohibited conduct" means conduct by a licensee that:

(A) Constitutes a criminal act against a patient or client; or

(B) Constitutes a criminal act that creates a risk of harm to a patient or client.

(b) "Unprofessional conduct" means conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or client.

(34) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a licensee who has reasonable cause to believe that another licensee has engaged in prohibited or unprofessional conduct shall report the conduct to the Board. The reporting licensee shall report the conduct without undue delay, but in no event later than 10 working days after the reporting licensee learns of the conduct.

(35) A licensee who is convicted of a misdemeanor or felony or who is arrested for a felony crime shall report the conviction or arrest to the Board within 10 days after the conviction or arrest.

(36) The Board shall investigate in accordance with the Board's rules. If the Board has reasonable cause to believe that the licensee has engaged in prohibited conduct, the Board shall present the facts to an appropriate law enforcement agency without undue delay, but in no event later than 10 working days after the Board finds reasonable cause to believe that the licensee engaged in prohibited conduct.

(37) A licensee who fails to report prohibited or unprofessional conduct as required by subsection (2) of this section or the licensee's conviction or arrest as required by subsection (3) of this section is subject to discipline by the Board.

(38) A licensee who fails to report prohibited conduct as required by subsection (2) of this section commits a Class A violation.

(39) Notwithstanding any other provision of law, a report under subsection (2) or (3) of this section is confidential under ORS 676.175. A board may disclose a report as provided in ORS 676.177.

(40) Except as part of an application for a license or for renewal of a license and except as provided in subsection (3) of this section, the Board may not require a licensee to report the licensee's criminal conduct.

(41) The obligations imposed by this section are in addition to and not in lieu of other obligations to report unprofessional conduct as provided by statute.

(42) A licensee who reports to the Board in good faith as required by subsection (2) of this section is immune from civil liability for making the report.

(43) The Board and the members, employees and contractors of the Board are immune from civil liability for actions taken in good faith as a result of a report received under subsection (2) or (3) of this section.

Statutory/Other Authority: ORS 686.210
Statutes/Other Implemented: ORS 686.130

History:

[VMEB 5-2019, amend filed 10/28/2019, effective 10/28/2019](#)
[VMEB 2-2019, minor correction filed 08/13/2019, effective 08/13/2019](#)
[VMEB 5-2018, amend filed 05/01/2018, effective 05/01/2018](#)
[VMEB 15-2017, minor correction filed 12/11/2017, effective 12/11/2017](#)
[VMEB 9-2017, amend filed 11/07/2017, effective 11/08/2017](#)

VMEB 1-2015, f. & cert. ef. 11-13-15
VMEB 2-2009, f. & cert. ef. 10-15-09
VMEB 8-2008, f. & cert. ef. 7-22-08
VMEB 3-2008, f. & cert. ef. 3-19-08
VMEB 1-2006, f. & cert. ef. 2-8-06

875-011-0012

Citation and Fine

If an investigation or inspection reveals noncompliance with any requirements of the Veterinary Practice Act (ORS ch. 676, OAR ch. 875) that do not relate to risk of harm to animals or the public, the Board may propose a non-disciplinary citation and fine not to exceed \$100 for each noncompliant instance.

Statutory/Other Authority: ORS 686.210
Statutes/Other Implemented: ORS 686.130

History:

[VMEB 1-2018, minor correction filed 01/24/2018, effective 01/24/2018](#)
VMEB 1-2015, f. & cert. ef. 11-13-15

875-011-0013

Compliance with Governor's Executive Orders and Guidance

(1) During a declared emergency, unprofessional or dishonorable conduct includes failing to comply with any applicable provision of a Governor's Executive Orders or any provision of this rule.

(2) Failing to comply as described in subsection (1) includes, but is not limited to:

(a) Operating a business required by an Executive Order to be closed under Executive Order 20-25;

(b) Providing services at a business required by an Executive Order to be closed under Executive Order 20-25;

(c) Failing to comply with Oregon Health Authority (OHA) guidance implementing an Executive Order, including but not limited to:

(A) Failing to satisfy required criteria in OHA guidance prior to resuming elective and non-emergent procedures;

(B) Failing to implement a measured approach when resuming elective and non-emergent procedures in accordance with OHA guidance;

(d) Failing to comply with any Board guidance implementing an Executive Order.

(3) No disciplinary action or penalty action shall be taken under this rule if the Executive Order alleged to have been violated is not in effect at the time of the alleged violation.

(4) Penalties for violating this rule are those authorized under ORS 686.150. Any such penalties shall be imposed in accordance with ORS Ch. 183.

Statutory/Other Authority: ORS 686.210, ORS 686.130

History:

[VMEB 6-2020, temporary adopt filed 08/18/2020, effective 08/18/2020 through 02/12/2021](#)

Division 15

MINIMUM STANDARDS FOR VETERINARY MEDICAL FACILITIES AND VETERINARY PRACTICE

Division 15

MINIMUM STANDARDS FOR VETERINARY MEDICAL FACILITIES AND VETERINARY PRACTICE

875-015-0005

Responsibilities for Veterinary Medical Practices

(1) Each veterinarian who holds any interest in a veterinary medical practice, unless exempted by ORS 686.040, shall be jointly and severally professionally responsible for all aspects of all activities conducted at and conditions of each veterinary medical facility at which the veterinarian's practice is conducted, including all acts and omissions of all the vet's partners, joint venturers, fellow shareholders, employees, representatives, agents and contractors, unless the veterinarian can establish:

(a) In the case of a non-complying condition, that the condition was under the sole control of one or more other licensed partners, joint venturers, Managing Veterinarians or shareholders, and was not utilized by the first veterinarian directly, or indirectly by someone under the first veterinarians's supervision or direction; and

(b) In the case of a non-complying activity, that the act or omission was committed by one or more other licensed employees, contractors, partners, joint venturers, Managing Veterinarians or shareholders, and the first veterinarian exercised no supervision or direction over the act or omission of the other licensed employee, contractor, partner, joint venturer or shareholder, and the first veterinarian had no duty to supervise.

(2) A licensed veterinarian shall not be relieved of responsibility for his or her own acts and omissions because another person also has some responsibility.

(3) Each facility owner who has any interest in a veterinary medical practice shall provide to the Board, upon request, the following information:

(a) The name and address (or vehicle license number) of each veterinary medical facility in which they have any ownership interest or responsibility;

(b) The name and address of each person having any legal or equitable interest in each of the veterinary medical facilities, and the form and amount of each interest;

(c) The name and address of each person having any interest in the ownership, operation, management or control of the veterinary medical practice conducted in each veterinary medical facility and the form and amount of each interest;

(d) A description of the services provided at or from each veterinary medical facility;

(e) The names and titles of each licensed professional employed or retained as a contractor at each veterinary medical facility;

(f) The names of each shareholder and officer of each professional corporation having any interest in the veterinary medical practice; and

(g) Any other relevant information which the Board representative requests.

(6) The Board considers that:

(a) Any person who violates section (1) or (2) of this rule thereby violates ORS 686.020(1), unlicensed practice of veterinary medicine; and

(b) Any licensee who participates in the same veterinary medical practice thereby commits unprofessional or dishonorable conduct in violation of ORS 686.130(6), having a professional connection with an illegal practitioner.

Statutory/Other Authority: ORS 686.210, ORS 686.040, 686.020 & 686.130

Statutes/Other Implemented: ORS 686.040, 686.020 & 686.130

History:

[VMEB 10-2017, amend filed 11/07/2017, effective 11/08/2017](#)

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

VMEB 1-1998, f. & cert. ef. 7-1-98

VME 2-1996, f. & cert. ef. 11-6-96

VME 5-1992, f. & cert. ef. 12-10-92

875-015-0020

Minimum Requirements for Veterinary Medical Facilities and Veterinary Licensees

Each veterinary medical facility and veterinary licensee shall comply with the following:

(1) Air Quality: Adequate heating and cooling must be provided for the comfort and well-being of the animals, and the facility must have sufficient ventilation in all areas to prevent mildew and condensation, and to exhaust toxic and/or nauseous fumes and/or odors.

(2) Lighting: Sufficient lighting must be provided in all areas sufficient for the safety of personnel and the intended use of this area.

(3) Water: Potable water must be provided.

(4) Waste Disposal: Waste disposal equipment shall be so operated as to minimize insect or other vermin infestation, and to prevent odor and disease hazards or other nuisance conditions. The veterinary medical facility shall have sanitary and aesthetic disposal of dead animals and other wastes which complies with all applicable federal, state, county and municipal laws, rules, ordinances and regulations.

(5) Storage: All supplies, including food and bedding, shall be stored in a manner that adequately protects such supplies against infestation, contamination or deterioration. Adequate refrigeration shall be provided for all supplies that are of a perishable nature, including foods, drugs and biologicals.

(6) Examination Area: Examination and surgery tables shall have impervious surfaces.

(7) Laboratory: May be either in the veterinary medical facility or through consultative services, adequate to render diagnostic information. An in-house laboratory shall meet the following minimum standards:

(a) The laboratory shall be clean and orderly with provision for ample storage;

(b) Adequate refrigeration shall be provided;

(c) Any tests performed shall be properly conducted by currently recognized methods to assure reasonable accuracy and reliability of results.

(d) Laboratory equipment must provide results of diagnostic quality. Protocols must be in place and followed regularly to assure the quality and reproducibility of the diagnostic information produced.

(8) Radiology: Equipment for diagnostic radiography must be available either on or off the veterinary medical facility. Such equipment must be on the premises if orthopedic or open thoracic procedures are performed. The equipment must meet federal and state protective requirements and be capable of producing, reading and labeling good quality diagnostic radiographs, including imaging diagnosis and findings. Equipment for providing diagnostic oral radiography must be available to the veterinary medical facility whenever surgical dental services are offered.

(9) Animal Housing Areas: Each veterinary medical facility confining animals must have individual cages, pens, exercise areas or stalls to confine said animals in a comfortable, sanitary and safe manner. Animals that are hospitalized for treatment of contagious diseases must be isolated physically and procedurally so as to prevent the spread of disease.

(10) Licenses: Licenses of every veterinarian or veterinary technician practicing in the veterinary medical facility shall be displayed in a place conspicuous to the public. Relief or temporary licensees may post legible photocopies of licenses. Mobile practice licensees shall have their license or a legible copy available for verification upon client request.

(11) Prescriptions: If requested, a written prescription shall be provided to a client for medications prescribed by the veterinarian under a valid VCPR. The facility shall post in a place conspicuous to the public a notice indicating availability of written prescriptions. The facility shall use, or replicate the specifications of, a notice template provided by the Board.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.130

History:

[VMEB 4-2018, amend filed 04/19/2018, effective 04/19/2018](#)

[VMEB 2-2018, amend filed 01/24/2018, effective 01/24/2018](#)

VMEB 2-2014, f. & cert. ef. 1-17-14

VMEB 9-2008, f. & cert. ef. 7-22-08

875-015-0030

Minimum Veterinary Practice Standards

Each veterinary medical facility shall comply with the following:

(1) Medical Records: A legible individual record shall be maintained for each animal. However, the medical record for a litter may be recorded either on the dam's record or on a litter record until the individual animals are permanently placed or reach the age of three months. Records for herd or flock animals may be maintained on a group or client basis. All records shall be readily retrievable and must be kept for a minimum of three (3) years following the last treatment or examination. Records shall include, but are not limited to, the following information:

(a) Name or initials of the veterinarian responsible for entries; any written entry to a medical record that is made subsequent to the date of treatment or service must include the date that the entry was added.

(b) Name, address and telephone number of the owner and/or client;

(c) Name, number or other identification of the animal and/or herd or flock;

(d) Species, breed, age, sex, and color or distinctive markings, where applicable, each individual animal;

(e) Vaccination history, if known, shall be part of the medical record;

(f) Beginning and ending dates of custody of the animal;

(g) Pertinent history and presenting complaint;

(2) Required examinations. Unless exempted under (1) of this section or the animal's temperament precludes examination, a physical examination is required:

(a) To establish or maintain a VCPR;

(b) Each time an animal is presented with a new health problem;

(c) Within 24 hours of scheduled anesthesia; and

(d) If an animal is presented for euthanasia. (May be limited to elements necessary for the humane application of the procedure, such as a weight estimate and visual assessment if necessary due to the patient's condition or temperament.)

(e) Examinations waived due to exemption or temperament must be noted in the record. The veterinarian may waive examinations not required by this section.

(f) For each physical exam the following conditions shall be evaluated and findings documented when applicable by species, even if such condition is normal:

(A) Temperature;

(B) Current weight or weight estimate for large animals;

- (C) Body condition or score;
- (D) Eyes, ears, nose and throat;
- (E) Oral cavity;
- (F) Cardiovascular and respiratory systems including heart rate and pulse, auscultation of the thorax, trachea, as species appropriate, and respiratory rate;
- (G) Evaluation of the abdomen by palpation and/or auscultation if applicable by species;
- (H) Lymph nodes;
- (I) Musculoskeletal system;
- (J) Neurological system;
- (K) Genito/urinary system;
- (L) Integumentary system
- (M) All data obtained by instrumentation;
- (N) Diagnostic assessment;
- (O) If relevant, a prognosis of the animal's condition;
- (P) Diagnosis or tentative diagnosis at the beginning of custody of animal;
- (Q) Treatments and intended treatment plan, medications, immunizations administered, dosages, frequency and route of administration;
- (R) All prescription or legend drugs dispensed, ordered or prescribed shall be recorded including: dosage, frequency, quantity and directions for use. Any changes made by telecommunications shall be recorded. Legend drugs in original unopened manufacturer's packaging dispensed or ordered for herd use are exempt from this rule. Legend and prescription drugs are as defined by the U.S. Food and Drug Administration in 'FDA and the Veterinarian'.
- (S) Surgical procedures shall be described including name of the surgeon, suture material used, and diagnostic findings;
- (T) Progress of the case while in the veterinary medical facility;
- (U) Exposed radiographs shall have permanent facility and animal identification;
- (V) If a client waives or declines any examinations, tests, or other recommended treatments, such waiver or denial shall be noted in the records.
- (3) Surgery: Surgery shall be performed in a manner compatible with current veterinary practice with regard to anesthesia, asepsis or antisepsis, life support and monitoring procedures, and recovery care. The minimum standards for surgery shall be:

(a) Aseptic surgery shall be performed in a room or area designated for that purpose and isolated from other activities during the procedure. A separate, designated area is not necessarily required for herd or flock animal surgery or antiseptic surgery;

(b) The surgery room or area shall be clean, orderly, well-lighted and maintained in a sanitary condition;

(c) All appropriate equipment shall be sterilized:

(A) Chemical disinfection ("cold sterilization") shall be used only for field conditions or antiseptic surgical procedures;

(B) Provisions for sterilization shall include a steam pressure sterilizer (autoclave) or gas sterilizer (e.g., ethylene oxide) or equivalent.

(d) For each aseptic surgical procedure, a separate sterile surgical pack shall be used for each animal. Surgeons and surgical assistants shall use aseptic technique throughout the entire surgical procedure;

(e) Minor surgical procedures shall be performed at least under antiseptic surgical techniques;

(f) All animals shall be prepared for surgery as follows:

(A) Clip and surgically prepare the surgical area for aseptic surgical procedures;

(B) Loose hair must be removed from the surgical area;

(C) Scrub the surgical area with appropriate surgical soap;

(D) Disinfect the surgical area;

(E) Drape the surgical area appropriately.

(4) A veterinarian shall use appropriate and humane methods of anesthesia, analgesia and sedation to minimize pain and distress during any procedures or conditions and shall comply with the following standards:

(a) Animals shall have a documented physical exam conducted within 24 hours prior to the administration of a sedative or anesthetic, which is necessary for veterinary procedures, unless the temperament of the patient precludes an exam prior to the use of chemical restraint;

(b) An animal under general anesthesia for a medical or surgical procedure shall be under direct observation throughout the anesthetic period and during recovery from anesthesia until the patient is awake and in sternal recumbency;

(c) A method of cardiac monitoring shall be employed to assess heart rate and rhythm repeatedly during anesthesia and may include a stethoscope or electronic monitor;

(d) A method of monitoring the respiratory system shall be employed to assess respiratory rate and pattern repeatedly during anesthesia and may include a stethoscope or electronic monitor.

(e) Where general anesthesia is performed in a hospital or clinic for companion animal species (excluding farm animals), anesthetic equipment available shall include an oxygen source, equipment to maintain an open airway and a stethoscope;

(f) Anesthetic and sedation procedures and anesthetic and sedative medications used shall be documented, including agent used, dosage, route of administration, and strength, if available in more than one strength;

(g) Adequate means for resuscitation including intravenous catheter and fluids shall be available;

(h) Emergency drugs shall be immediately available at all times;

(i) While under sedation or general anesthesia, materials shall be provided to help prevent loss of body heat;

(j) Analgesic medications, techniques and/or husbandry methods shall be used to prevent and minimize pain in animals experiencing or expected to experience pain, including but not limited to all surgical procedures;

(k) Chemical restraint may be used in conjunction with, but not in lieu of, analgesic therapy;

(l) Appropriate analgesic therapy shall be guided by information specific to each case, including but not limited to species, breed, patient health and behavioral characteristics, the procedure performed, and the expected degree and duration of pain.

(5) Library: A library of appropriate and current veterinary journals and textbooks or access to veterinary internet resources shall be available for ready reference.

(6) Laboratory: Veterinarians shall have the capability for use of either in-house or outside laboratory service for appropriate diagnostic testing of animal samples.

(7) Biologicals and drugs: The minimum standards for drug procedures shall be:

(a) All biological substances shall be stored, maintained, administered, dispensed and prescribed in compliance with federal and state laws and manufacturers' recommendations;

(b) Controlled substances and legend drugs shall be dispensed, ordered or prescribed based on a VCPR and shall be labeled with the following:

(A) Name of client and identification of animal(s);

(B) Date dispensed;

(C) Complete directions for use;

(D) Name, strength, dosage and the amount of the drug dispensed;

(E) Manufacturer's expiration date;

(F) Name of prescribing veterinarian and veterinary medical facility.

(c) No biological or drug shall be administered or dispensed after the expiration date, for a fee.

(d) Rabies vaccine shall be administered only by an Oregon-licensed veterinarian, a Certified Veterinary Technician under direct supervision of an Oregon-licensed veterinarian, or a person authorized by the Oregon Public Health Veterinarian pursuant to OAR 333-019-0017.

(e) If requested, a prescription shall be provided to a client for medications prescribed by the veterinarian under a valid VCPR.

(8) A veterinarian shall not use, or participate in the use of, any form of advertising or solicitation which contains a false, deceptive or misleading statement or claim.

(a) Specialty Services: Veterinarians shall not make a statement or claim as a specialist or specialty practice unless the veterinarian is a diplomate of a recognized specialty organization of the American Veterinary Medical Association;

(b) The public shall be informed if an animal will be left unattended in the veterinary facility.

(9) The veterinarian shall be readily available or has arranged for emergency coverage or follow-up evaluation in the event of adverse reaction or the failure of the treatment regimen.

(10) Euthanasia: Documented consent shall be obtained and a physical exam conducted prior to performing euthanasia. The exam may be limited to the elements necessary for the humane application of the procedure, such as a weight estimate and visual assessment if necessary due to the patient's condition or temperament. When ownership and identification of an animal cannot be reasonably established, the medical record for euthanasia shall contain a physical description of the animal.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.040 & 686.370

History:

[VMEB 13-2017, minor correction filed 11/09/2017, effective 11/09/2017](#)

[VMEB 11-2017, amend filed 11/07/2017, effective 11/08/2017](#)

VMEB 7-2017, f. & cert. ef. 5-16-17

VMEB 3-2016(Temp), f. & cert. ef. 12-12-16 thru 6-9-17

VMEB 2-2014, f. & cert. ef. 1-17-14

VMEB 4-2011, f. & cert. ef. 8-5-11

VMEB 2-2010, f. & cert. ef. 5-6-10

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

VME 5-1992, f. & cert. ef. 12-10-92

875-015-0035

Minimum Standards for Veterinary Telemedicine

(1) Veterinary Telemedicine (VTM) occurs in Oregon when either the animal who is receiving the care is located in Oregon when receiving VTM or the person providing the care to the animal is located in Oregon when providing VTM, pursuant to the provisions of ORS 686.020. VTM may be provided only under a valid VCPR.

(2) VTM may be used when a veterinarian has a VCPR only when it is possible to make a diagnosis and create a treatment plan without a new physical exam. .

(3) VTM may be used with an existing client when there has not been a previous physical examination for the purpose of prescribing sedation for an aggressive or fractious patient prior to an initial visit.

(4) Prescriptions may only be issued when VTM occurs if the veterinarian has evaluated the safety of doing so via VTM, and in compliance with all state and federal laws.

(5) A veterinarian shall not substitute VTM for a physical exam when a physical exam is warranted or necessary for an accurate diagnosis of any medical condition or creation of an appropriate treatment plan.

(6) When practicing VTM in Oregon, licensees must conform to all minimum standards of practice and applicable laws. Licensees are fully responsible and accountable for their conduct when using VTM under the Board's statutes and rules.

(7) Whenever VTM is practiced in Oregon, a veterinarian must:

(a) Ensure that any technology used in the provision of VTM is sufficient and of appropriate quality to provide accuracy of remote assessment and diagnosis.

(b) Ensure that medical information obtained via VTM is recorded completely in the patient medical record and meets all applicable requirements of OAR 875-015-0030(1).

(8) A veterinarian may only delegate the provision of VTM to a Certified Veterinary Technician who is acting under direct or indirect supervision and in accordance with OAR 875-030-0040. A valid VCPR established by a physical examination conducted by the veterinarian must exist for the CVT to provide VTM services.

(9) Veterinarians and CVTs providing VTM shall at the time of service provide their contact information to the client or practice using the service. All VTM records shall be provided to the client or practice and are subject to the provisions of 875-011-0010 (12), (13).

Statutory/Other Authority: ORS 686.210m IRS 686.040, ORS 686.370

Statutes/Other Implemented: ORS 686.210m IRS 686.040, ORS 686.370

History:

[VMEB 1-2020, adopt filed 02/10/2020, effective 02/10/2020](#)

875-015-0040

Minimum Standards for Veterinary Drugs

(1) Definitions:

(a) 'Administer' means the direct application of a drug or device whether by injection, inhalation, ingestion or any other means, to the body of an animal patient by:

(A) A veterinarian, Certified Veterinary Technician or employee under the veterinarian's supervision; or

(B) A client or their authorized agent at the direction of the veterinarian.

(b) 'Dispense' or 'Dispensing' means, under a lawful prescription of a veterinarian, the preparation and delivery of a prescription drug, in a suitable container appropriately labeled for subsequent veterinary patient administration, to a client or other individual entitled to receive the prescription drug. Controlled substances and legend drugs shall be dispensed, ordered or prescribed based on a VCPR.

(2) Policies and Procedures. The veterinary facility must:

(a) Maintain written policies and procedures for drug procurement and management, including storage, security, integrity, access, dispensing, disposal, record-keeping and accountability; and

(b) Comply with all federal and state laws regarding veterinary drugs.

(3) Drug Security and Storage:

(a) All drugs must be kept in a locked drug cabinet or designated drug storage area that is sufficiently secure to deny access to unauthorized persons. Controlled drugs must be kept in a locked cabinet with access limited to persons authorized by the Managing Veterinarian.

(b) In accordance with 21 CFR §1301.75, controlled substances listed in Schedule I, II, III, IV and V shall be stored in a securely locked, substantially constructed cabinet.

(4) All drugs, including drug samples, must be stored according to manufacturer's published guidelines and in appropriate conditions of temperature, light, humidity, sanitation, ventilation and space.

(5) Prescription Labeling. A prescription must be labeled with the following information:

(a) Name of patient;

(b) Name of prescriber;

(c) Name, address, and phone number of the facility;

(d) Date of dispensing;

(e) Name and strength of the drug;

(f) Quantity dispensed;

(g) Directions for use;

(h) Manufacturer's expiration date, or an earlier date if preferable, after which the drug should not be administered to the patient; and

(i) Cautionary information as required for patient safety and required precautionary information regarding controlled substances: In accordance with 21 CFR §290.5, the label of any drug listed as a 'controlled substance' in Schedule II, III or IV of the Federal Controlled Substances Act must, when dispensed to or for a patient, contain the following warning: "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed." This statement is not required to appear on the label of a controlled substance dispensed for use in clinical investigations which are 'blind.'

(6) Dispensing and Drug Delivery:

(a) The veterinarian or their representative must orally counsel the client concerning all new drugs prescribed, unless circumstances would render oral counseling ineffective.

(b) If requested, a prescription shall be provided to a client for drugs and medications prescribed by the veterinarian under a valid VCPR.

(c) Rabies vaccine shall be administered only by an Oregon-licensed veterinarian, a Certified Veterinary Technician under direct supervision of an Oregon-licensed veterinarian, or a person authorized by the Oregon Public Health Veterinarian pursuant to OAR 333-019-0017.

(d) Drugs must be dispensed in a new container that complies with the current provisions of the Federal Consumer Packaging Act (16 CFR 500) and rules or regulations and with the current United States Pharmacopoeia/National Formulary monographs for preservation, packaging, storage and labeling.

(7) Disposal of Drugs: Drugs that are outdated, damaged, deteriorated, misbranded, or adulterated must be quarantined and physically separated from other drugs until they are destroyed or returned to the supplier. At the discretion of the veterinarian, outdated drugs may be dispensed as long as the client is informed and there is no fee charged for the drugs.

(8) Record Keeping

(a) For all drugs, a dispensing record must be maintained separately from the patient chart and retained for a minimum of three years. The record must show, at a minimum, the following:

(A) Name of patient;

(B) Dose, dosage form, quantity dispensed;

(C) Directions for use;

(D) Date of dispensing; and

(E) Name of person dispensing the prescription.

(b) All records of receipt and disposal of drugs must be retained for a minimum of three years.

(c) All records required by these rules or by other state or federal law must be readily retrievable and available for inspection by the Board's inspector or inspectors from other agencies having jurisdiction.

(9) Drug Acquisition: The veterinary facility must verify that prescription drugs are acquired from a source registered with the Board of Pharmacy.

(10) Inspection: Veterinary facilities will be periodically inspected to ensure compliance with these rules. The Managing Veterinarian of a veterinary facility must annually complete and maintain the self-inspection form prior to inspection, and must make all drug records and storage available for inspection. The self-inspection form will be available from the Board on its website or upon request.

Statutory/Other Authority: ORS 686.210, 686.040, 686.370, 686.130

Statutes/Other Implemented: ORS 686.210, 686.040, 686.370, 686.130

History:

[VMEB 5-2020, minor correction filed 07/14/2020, effective 07/14/2020](#)

[VMEB 4-2020, minor correction filed 06/22/2020, effective 06/22/2020](#)

[VMEB 3-2020, adopt filed 05/18/2020, effective 05/18/2020](#)

875-015-0050

Veterinary Dentistry

(1) A veterinary dental operation or procedure is the application or use of any instrument or device to any portion of an animal's tooth, gum, or related tissue for the prevention, cure, or relief of any wound, fracture, injury, disease, or other condition of an animal's tooth, gum, or related tissue. Dental operations or procedures shall be performed only by licensed veterinarians, except for those veterinary dental procedures set out in section (3) of this rule.

(2) Minimum Standards:

(a) Where preventive dental cleanings are offered, appropriate polishing equipment shall be available;

(b) Dental diagnostic radiograph capability shall be available when surgical dental services are offered;

(c) Records of dental work performed shall be kept and become part of the animal's permanent record.

(3) Preventive veterinary dental procedures including, but not limited to, the removal of calculus, soft deposits, plaque, and stains, or the smoothing, filing, or polishing of tooth surfaces shall be performed only by licensed veterinarians, certified veterinary technicians or veterinary assistants under the direct supervision of a licensed veterinarian.

(4) This rule does not prohibit any person from utilizing cotton swabs, gauze, dental floss, dentifrice, toothbrushes, or similar items to maintain an animal's oral hygiene.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.040 & 686.370

History:

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

VME 5-1992, f. & cert. ef. 12-10-92, Renumbered from 875-015-0010

VME 1-1990, f. & cert. ef. 1-26-90

875-030-0000

Introduction

Prior to the adoption of these rules, OAR 875-030-0000 through 875-030-0050, the Board referred to the license issued to animal health technicians, pursuant to ORS 686.350 through 686.370 and OAR 875-010-0025, as certificate and to the holders as certified animal health technicians. The Board shall continue to refer to such licenses as certificates, but, from not on, shall refer to the holders as certified veterinary technicians. All individuals who were certified animal health technicians immediately prior to the adoption of these rules shall be considered to be certified veterinary technicians hereafter.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.350 - 686.370

History:

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

875-030-0010

Criteria for Becoming a Certified Veterinary Technician (CVT)

In order to be licensed as a CVT, an individual must:

- (1) Pass the examinations referred to in OAR 875-030-0020; and
- (2) Hold a certificate in veterinary technology (or a comparable certificate) from a college accredited by the American Veterinary Medical Association, or other program approved by the Board; or
- (3) Have been actively licensed or registered in good standing as a veterinary technician in another state or states for a minimum of four years within the last eight years of application, and:
 - (a) Worked as a licensed veterinary technician or instructor of veterinary technology performing duties substantially equivalent to those in OAR 875-030-0040 for a minimum of four years within the last eight years of application; and
 - (b) Pass the examinations referred to in OAR 87-030-0020; and
 - (c) Provide notarized letters confirming clinical competency as a veterinary technician or instructor from at least a veterinarian or college official who supervised the applicant pursuant to (a) of this section; and
 - (d) Provide W2 federal tax forms or other Board-approved proof of employment or experience as a licensed veterinary technician or instructor; and
 - (e) Provide proof of CE as required in OAR 875-010-0090 that is current at the time of application.
- (4) A graduate of a veterinary school that is not AVMA-accredited may be eligible for licensure as a CVT if the individual:
 - (a) Provides notarized documentation of graduation with the doctor of veterinary medicine degree or its equivalent in the country where the degree was conferred; and
 - (b) Passes the examinations referred to in OAR 875-030-0020.
- (5) The Board may conduct background checks on initial and renewing CVT license applicants. Applicants and licensees shall be required to provide any police and court records for any arrests and convictions.
- (6) The Board may refuse to issue a license or permit to an applicant for any of the following:
 - (a) Violations of veterinary practice laws and rules in Oregon and other states, provinces or countries;
 - (b) Violations of other laws substantially related to the qualifications, functions or duties of veterinary medicine;
 - (c) Evidence of previous incompetence or negligence in the care of animals[;
 - (d) Performing duties limited to CVTs prior to licensure;
 - (e) Impairment as defined in ORS 676.303;
 - (f) Conviction of a crime, subject to ORS 670.280; or
 - (g) Making a misrepresentation or material omission on application or otherwise to the Board.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.350 - 686.370

History:

[VMEB 4-2019, amend filed 10/28/2019, effective 10/28/2019](#)

[VMEB 1-2019, amend filed 05/22/2019, effective 05/23/2019](#)

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

VMEB 9-2016, f. & cert. ef. 12-13-16

VMEB 6-2014, f. & cert. ef. 10-20-14

VMEB 4-2014, f. & cert. ef. 1-17-14

VMEB 2-2011, f. & cert. ef. 3-2-11

VMEB 3-2010, f. & cert. ef. 5-6-10

VMEB 3-2009, f. & cert. ef. 10-15-09

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

VMEB 10-2008, f. & cert. ef. 7-22-08

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

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

VMEB 2-2000, f. & cert. ef. 6-21-00

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

[875-030-0020](#)

Examinations for Certified Veterinary Technicians

(1) Applicants for licensure as CVTs shall pass the Veterinary Technician National Examination (VTNE) with a criterion score of 425 or greater. The Board will accept VTNE scores transferred to Oregon through the Veterinary Information Verifying Agency (VIVA) if the examination was taken in another state.

(2) In addition to the VTNE, applicants must successfully complete an open book examination on the Oregon Veterinary Practice Act (ORS 686) with a passing score of at least 95 percent, and the Regional Disease Test, with a passing score of 100 percent.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.350 - 686.370

History:

VMEB 4-2014, f. & cert. ef. 1-17-14

VMEB 2-2011, f. & cert. ef. 3-2-11

VMEB 3-2009, f. & cert. ef. 10-15-09

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

VME 2-1996, f. & cert. ef. 11-6-96

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

[875-030-0025](#)

Application for Certified Veterinary Technicians

(1) Applications for certification shall include:

- (a) An application form available from the Board office completed by the applicant;
- (b) The application fee of \$35 payable to the Board;
- (c) An official transcript or verification of standing and impending graduation from school.
- (d) Completion of the Oregon Jurisprudence Exam and Regional Disease Test;
- (e) The VTNE score report if the examination was taken in another state; and
- (f) Letters of good standing from any other state the applicant is or has been licensed in as a veterinary or animal health technician.

(2) All applications for the VTNE must be made directly to the American Association of Veterinary State Boards (AAVSB, www.aavsb.org). The application fee for certification if the VTNE was taken in another state is \$35 payable to the Board.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.225 & 686.350 - 686.370

History:

VMEB 5-2014, f. & cert. ef. 4-22-14
VMEB 2-2013, f. & cert. ef. 10-29-13
VMEB 1-2013, f. & cert. ef. 10-4-13
VMEB 2-2011, f. & cert. ef. 3-2-11
VMEB 3-2009, f. & cert. ef. 10-15-09
VMEB 2-2006, f. & cert. ef. 5-11-06
VMEB 1-2006, f. & cert. ef. 2-8-06
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

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 to the last known 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 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 \$10.

(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

875-030-0040

Supervision of Certified Veterinary Technicians

(1) All duties of CVTs must be performed under the supervision of a licensed veterinarian.

(2) CVTs may perform the following acts:

(a) Obtain and record information:

(A) Complete admission records, including recording the statements made by the client concerning the patient's problems and history. The CVT may also record the technician's own observations of the patient. However, the CVT cannot state or record his or her opinion concerning diagnosis of the patient;

(B) Maintain daily progress records, surgery logs, X-ray logs, Drug Enforcement Administration (DEA) logs, and all other routine records as directed by the supervising veterinarian.

(b) Prepare patients, instruments, equipment and medicant for surgery:

(A) Prepare and sterilize surgical packs;

(B) Clip, surgically scrub, and disinfect the surgical site in preparation for surgery;

(C) Administer preanesthetic drugs as prescribed by the supervising veterinarian;

(D) Position the patient for anesthesia;

(E) Induce anesthesia as prescribed by the supervising veterinarian;

(F) Operate anesthetic machines, oxygen equipment, and monitoring equipment.

(G) Place an endotracheal tube for the purpose of delivering oxygen and anesthetic gas to the patient requiring inhalant anesthesia.

(c) Collect specimens and perform laboratory procedures:

(A) Collect urine, feces, sputum, and all other excretions and secretions for laboratory analysis;

(B) Collect blood samples for laboratory analysis;

(C) Collect skin scrapings;

(D) Perform routine laboratory procedures including urinalysis, fecal analyses, hematological and serological examinations.

(d) Apply and remove wound and surgical dressings, casts, and splints;

(e) Assist the veterinarian in diagnostic, medical, and surgical proceedings:

(A) Monitor and record the patient's vital signs;

(B) Medically bathe the patient;

(C) Administer topical, oral hypodermic, and intravenous medication as directed by the supervising veterinarian;

(D) Operate X-ray equipment and other diagnostic imaging equipment;

(E) Take electrocardiograms, electroencephalograms, and tracings;

(F) Perform dental prophylaxis, including operating ultrasonic dental instruments pursuant to OAR 875-015-0050.

(G) Perform extractions under the immediate supervision of a licensed veterinarian.

(H) Administer rabies vaccine under the direct supervision of a licensed veterinarian.

(I) Under direct supervision of a veterinarian, inject or implant a permanent identification device.

(J) Under indirect supervision, carry out an Oregon-licensed veterinarians' home care instructions for duties permitted under OAR 875-030-0040. A valid VCPR must exist in order for a CVT to perform duties under indirect supervision.

(3) CVTs may perform other acts not specifically enumerated herein under the supervision of a veterinarian licensed to practice veterinary medicine in the State of Oregon. However, nothing in this section shall be construed to permit a CVT to do the following:

(a) Make any diagnosis;

(b) Prescribe any treatments;

(c) Perform surgery, except as an assistant to the veterinarian;

(d) Sign a rabies vaccination or any other animal health certificate.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.350 - 686.370

History:

VMEB 4-2014, f. & cert. ef. 1-17-14

VMEB 11-2008, f. & cert. ef. 7-22-08

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

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

VMEB 1-2002(Temp), f. & cert. ef. 4-23-02 thru 10-20-02

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

875-030-0045

Unprofessional or Dishonorable Conduct

The Board interprets "unprofessional or dishonorable conduct" to include, but is not limited to the following:

- (1) Gross negligence in the performance of duties as a Certified Veterinary Technician (CVT).
- (2) A pattern, practice or continuous course of negligence, ignorance, incompetence or inefficiency in practice as a CVT. The incidents may be dissimilar.
- (3) Diagnosing, prescribing, or performing other activities that may be done only by a licensed veterinarian.
- (4) Handling animals in an inhumane manner or with unnecessary force.
- (5) Theft or diversion of legend or controlled drugs.
- (6) Failure to respond or appear as requested, without good cause, within the time required by the Board.
- (7) Failure to comply with any rule or order of the Board or as required by OAR 875-005-0010.
- (8) Altering or falsifying medical records.
- (9) Making a misrepresentation or omission on a license renewal application.
- (10) Violations of veterinary laws in other states that would constitute violations of Oregon law.
- (11) Violations of other laws that relate to the practice of veterinary medicine.
- (12) Failure without good cause to notify the Board within 15 days of a change in personal or business address and contact information.

(13) Providing false, misleading or deceptive information to the Board.

(14) Failure to report unprofessional or prohibited conduct as described in ORS 676.150.

(15) "Prohibited conduct" means conduct by a licensee that:

(a) Constitutes a criminal act against a patient or client; or

(b) Constitutes a criminal act that creates a risk of harm to a patient or client.

(16) "Unprofessional conduct" means conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or client.

(17) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a licensee who has reasonable cause to believe that another licensee has engaged in prohibited or unprofessional conduct shall report the conduct to the Board. The reporting licensee shall report the conduct without undue delay, but in no event later than 10 working days after the reporting licensee learns of the conduct.

(18) A licensee who is convicted of a misdemeanor or felony or who is arrested for a felony crime shall report the conviction or arrest to the Board within 10 days after the conviction or arrest.

(19) The Board shall investigate in accordance with the Board's rules. If the Board has reasonable cause to believe that the licensee has engaged in prohibited conduct, the Board shall present the facts to an appropriate law enforcement agency without undue delay, but in no event later than 10 working days after the Board finds reasonable cause to believe that the licensee engaged in prohibited conduct.

(20) A licensee who fails to report prohibited or unprofessional conduct as required by subsection (2) of this section or the licensee's conviction or arrest as required by subsection (3) of this section is subject to discipline by the Board.

(21) A licensee who fails to report prohibited conduct as required by subsection (2) of this section commits a Class A violation.

(22) Notwithstanding any other provision of law, a report under subsection (2) or (3) of this section is confidential under ORS 676.175. A board may disclose a report as provided in ORS 676.177.

(23) Except as part of an application for a license or for renewal of a license and except as provided in subsection (3) of this section, the Board may not require a licensee to report the licensee's criminal conduct.

(24) The obligations imposed by this section are in addition to and not in lieu of other obligations to report unprofessional conduct as provided by statute.

(25) A licensee who reports to the Board in good faith as required by subsection (2) of this section is immune from civil liability for making the report.

(26) The Board and the members, employees and contractors of the Board are immune from civil liability for actions taken in good faith as a result of a report received under subsection (2) or (3) of this section.

Statutory/Other Authority: ORS 686.210, ORS 686.350 - 686.370, OR 686-120 - 686.130 & ORS 686.260

History:

[VMEB 6-2019, adopt filed 10/28/2019, effective 10/28/2019](#)

875-030-0050

Practice Limitations for Individuals not Certified as Veterinary Technicians

- (1) Persons who are not licensed by this Board as CVTs may, under the supervision of a licensed veterinarian, perform all acts that a CVT may perform except:
- (2) Induce anesthesia, except to place an endotracheal tube to establish an airway in emergencies (OAR 875-030-0040(2)(b)(E);
- (3) Operate X-ray equipment unless the person has completed 20 hours training in radiograph safety (2)(b)(G) as required by the Oregon State Health Division (OAR 333);
- (4) Perform dental extractions (2)(e)(G);
- (5) Administer rabies vaccine (2)(e)(H); and
- (6) Perform any duties under indirect supervision as defined in OAR 875-005-0005(13)(c).

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.350 - 686.370

History:

[VMEB 7-2018, amend filed 07/31/2018, effective 07/31/2018](#)

VMEB 2-2017, f. & cert. ef. 1-12-17

VMEB 7-2016, f. & cert. ef. 12-13-16

VMEB 2-2016(Temp), f. & cert. ef. 8-4-16 thru 1-4-17

VMEB 4-2014, f. & cert. ef. 1-17-14

VMEB 16-2008, f. & cert. ef. 12-15-08

VMEB 12-2008, f. & cert. ef. 7-22-08

VMEB 5-2008, f. & cert. ef. 5-12-08

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

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

VMEB 1-2002(Temp), f. & cert. ef. 4-23-02 thru 10-20-02

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

Division 40

CERTIFIED EUTHANASIA TECHNICIANS

875-040-0000

Certified Euthanasia Technicians (CETs)

No person not licensed as a veterinarian shall perform euthanasia or administer sodium pentobarbital unless the person is certified by the Board. CETs shall administer euthanasia in conformance with the 2010 Association of Shelter Veterinarians (ASV) Guidelines for Standards of Care in Animal Euthanasia

for small animals and the 2011 American Veterinary Medical Association (AVMA) Guidelines on Euthanasia for large animals. Under ORS 609.405, lethal injection of sodium pentobarbital is the only approved method for the euthanasia of dogs and cats by an animal control agency, humane society or subcontractor thereof.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 475; 686.110, 120, 130, 132, 150 & 160

History:

[VMEB 9-2018, minor correction filed 08/01/2018, effective 08/01/2018](#)

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

875-040-0010

Certification of Technicians

(1) In order for a person to become a Certified Euthanasia Technician (CET), the person must:

(a) Be an employee or a volunteer at a humane society, animal control agency or animal holding facility (agency);

(b) Complete Board-approved training;

(c) Pay an annual certification fee of \$25.00.

(2) Upon separation from an agency, a CET may not euthanize animals until the person is employed by or a volunteer at another agency, and the agency has notified the Board. Certificates are valid only for the agency at which the person is currently working.

(3) If a CET is reemployed or volunteers again within 18 months of last certification, the agency may apply to the Board for reactivation of the person's certification. After an 18-month lapse in certification, the person must become recertified as described in (1).

(4) All certifications expire on October 31st of each year.

(5) The Board may suspend, revoke or discipline a CET holder for failure to comply with any part of OAR chapter 875 or Board of Pharmacy Rules (OAR chapter 855).

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 475 & 686

History:

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

NOTICE OF PROPOSED RULEMAKING

CHAPTER 875

OREGON VETERINARY MEDICAL EXAMINING BOARD

FILING CAPTION: Compliance with Governor's Emergency Executive Orders and Guidance

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 04/23/2021 5:00 PM

HEARING(S):

DATE: 04/23/2021

TIME: 9:30 AM

OFFICER: Brenda Biggs

ADDRESS: Oregon Veterinary Medical Examining Board

800 NE Oregon Street

Suite 407

Portland, OR 97232

SPECIAL INSTRUCTIONS:

Per Governor Kate Brown's Executive Order 20-12, the Portland State Office Building remains closed to the public. The public hearing will be held virtually via zoom meeting only. Please contact the Oregon Veterinary Medical Examining Board (contact information below) to obtain information on attending the virtual meeting.

NEED FOR THE RULE(S):

No current authority to enforce compliance with Emergency Executive Order(s).

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

ORS 686

Oregon Veterinary Medical Examining Board: <https://www.oregon.gov/ovmeb/Pages/default.aspx>

Oregon Secretary of State Website:

https://sos.oregon.gov/archives/Pages/oregon_administrative_rules.aspx

FISCAL AND ECONOMIC IMPACT:

Adoption of this rule will have no fiscal or economic impact on the public in general. The fiscal and economic impact to the Oregon Veterinary Medical Examining Board (OVMEB) related to adoption of this rule and enforcement of any such emergency executive order will be minimal, if any. The OVMEB is the regulatory Board that is responsible for regulating veterinarians, certified veterinary technicians, certified euthanasia technicians, veterinary medical facilities, and the practice of veterinary medicine in Oregon. The OVMEB anticipates a minor increase in the number of complaints received annually due to non-compliance of any such emergency executive order(s) that may be absorbed in the regular course of business. There will be minimal economic impact to licensees and veterinary medical facilities in general, as any practice changes to abide by the Governor's executive orders have already been, or should already have been implemented, prior to this rule proposal.

Licensees and facilities who fail to comply with an emergency executive order may experience fiscal and economic impacts in the form of legal representation and/or penalties imposed as the result of a complaint, investigation, and findings of non-compliance by the Board.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

There is no direct cost of compliance associated with adoption of this rule to the public in general. The cost of compliance to the OVMEB related to the adoption of this rule authorizing enforcement of emergency executive orders will be minimal, if any. The OVMEB does not anticipate a substantial increase in the number of investigations annually due to any such emergency executive order(s). There is no direct cost of compliance to licensees, and veterinary medical facilities in general, as any changes that needed to occur to practices to abide by the Governor's executive orders have already, or should have already, occurred prior to this filing. The cost of compliance to licensees and facilities who fail to comply with an emergency executive order may include the cost of legal representation and/or penalties imposed as the result of an investigation and findings of non-compliance by the Board.

Indirect costs of compliance to licensees and veterinary medical facilities cannot be determined and will be dependent upon the length of time any such emergency order is in effect and the specific requirements of any such emergency order, i.e. required closures, closures due to illness, increased costs related to personal protective gear, increased cleaning supplies, etc.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Input from the public, licensees, and veterinary facility owners was requested, received, reviewed and considered by the OVMEB. A public hearing was held in which the public and licensees could ask questions and present their concerns. A second public hearing is scheduled for April 23, 2021 where the public and licensees may ask questions and present their concerns. Three members of the Board submitted statements of fiscal and economic impact for review and consideration.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT? Not required. Minimal fiscal and economic impact, if any.

CONTACT:

Brenda Biggs
503-995-3121
OVMEB.Inspector@Oregon.gov
800 NE Oregon Street
Portland, OR 97232

ADOPT: 875-011-0015

RULE TITLE: Compliance with Governor's Emergency Executive Orders and Guidance

RULE SUMMARY: Adopting a permanent rule that allows the Oregon Veterinary Medical Examining Board to enforce the Governor's Emergency Executive Order(s). Failure to enforce compliance with the Governor's Emergency Executive Order(s) may adversely affect public health and safety. Authority to enforce compliance will help ensure that Licensees and veterinary facilities follow health and safety requirements during declared emergencies.

RULE TEXT:

- (1) During a declared emergency, unprofessional or dishonorable conduct includes failing to comply with any applicable provision of a Governor's Emergency Executive Order or any provision of this rule.
- (2) Failing to comply as described in subsection (1) includes, but is not limited to:
 - (a) Operating a business required by an Emergency Executive Order to be closed;
 - (b) Providing services at a business required by an Emergency Executive Order to be closed;
 - (c) Failing to comply with Oregon Health Authority (OHA) guidance implementing an Emergency Executive Order, including but not limited to:
 - (A) Failing to satisfy required criteria in OHA guidance prior to resuming elective and non-emergent procedures;
 - (B) Failing to implement a measured approach when resuming elective and non-emergent procedures in accordance with OHA guidance;
 - (d) Failing to comply with any Board guidance implementing an Emergency Executive Order.
- (3) Failure to abide by the requirements of this rule may result in disciplinary action by the Board.
- (4) No disciplinary action or penalty action shall be taken under this rule if the Emergency Executive Order alleged to have been violated is not in effect at the time of the alleged violation.
- (5) Penalties for violating this rule are those authorized under ORS 686.150. Any such penalties shall be imposed in accordance with ORS Ch. 183.
- (6) This rule shall remain in effect so long as an associated declared state of emergency is in effect. When the declared state of emergency is not in effect, this rule will not be effective.

STATUTORY/OTHER AUTHORITY: ORS 686.210

STATUTES/OTHER IMPLEMENTED: ORS 686

February 18, 2021

To whom it may concern,

I am writing to express the strong opposition of the Governor's Emergency Executive Order. This is an extreme measure that should not involve the medical examining board to enforce state executive orders.

The governor is overstepping boundaries that is risking our licenses and businesses. During this pandemic, veterinarians have made extreme changes to protect our clients, patients, and employees, all awhile trying to operate a business in this stressful climate. What qualifies Gov. Brown to determine what is essential in the veterinary medical field? As veterinarians, we took an oath to use our knowledge and skills to benefit society including public health. We should have more support versus punishment.

Thank you

Dr. Amanda Smith

Lakeview Animal Hospital

Lakeview, OR 97630

541-947-3383

From: [Carole Larsen](#)
To: [OVMEB Inspector](#)
Subject: Re: Oregon Veterinary Medical Examining Board - Notice of Rulemaking
Date: Wednesday, March 10, 2021 7:52:39 AM

I am not in favor of these rule changes. The governor is not the best person to decide what is best for our industry or animals. Please vote against this.

Rolling Vet LLC

On Tue, Mar 9, 2021 at 2:20 PM OVMEB Inspector <OVMEB.INSPECTOR@oregon.gov> wrote:

Greetings from the Oregon Veterinary Medical Examining Board (OVMEB),

Attached you will find the OVMEB Notice of Proposed Rulemaking for your review.

NOTICE OF PROPOSED RULEMAKING ORS CHAPTER 875

VETERINARY MEDICAL EXAMINING BOARD

Compliance with Governor's Emergency Executive Orders and Guidance

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 04/23/2021 5:00 PM

HEARING(S):

DATE: 04/23/2021

TIME: 9:30 AM

Please submit your comments to:

RULES COORDINATOR: Brenda Biggs

ADDRESS: Oregon Veterinary Medical Examining Board

800 NE Oregon Street suite 407

Portland, OR 97232

Ovmeb.inspector@oregon.gov

503-995-3121

SPECIAL INSTRUCTIONS: Per Governor Kate Brown's Executive Order 20-12, the Portland State Office Building remains closed to the public. The public hearing will be held virtually via zoom meeting only. Please contact the Oregon Veterinary Medical Examining Board to obtain information on attending the virtual meeting.

Per Governor Kate Brown's Executive Order 20-12, the Oregon Veterinary Medical Board remains closed to the public for in-person service. Board staff primarily are working remotely for the duration of the order; therefore, email is the most efficient mode of communication at this time. Response to all communication, but especially hand-delivered mail (USPS, FedEx, etc.), may be delayed. We appreciate your patience.

Sincerely,

Brenda Biggs

OVMEB Inspector

503-995-3121

From: [Cassee Terry](#)
To: [OVMEB Inspector](#)
Subject: Re: Oregon Veterinary Medical Examining Board Notice of Proposed Rulemaking
Date: Monday, February 1, 2021 4:11:33 PM

i would like info to attend virtually. My question is why is this an issue? Another rule to add onto already an emergency order? Who is policing it, and what will that cost, this says not economic impact, which i fully disagree with.

Blessings,

Dr. Cassee Terry DVM
www.redmondvetclinic.com



On Mon, Feb 1, 2021 at 2:00 PM OVMEB Inspector <OVMEB.INSPECTOR@oregon.gov> wrote:

Greetings from the Oregon Veterinary Medical Examining Board (OVMEB),

Attached you will find the OVMEB Notice of Proposed Rulemaking for your review.

NOTICE OF PROPOSED RULEMAKING ORS CHAPTER 875

VETERINARY MEDICAL EXAMINING BOARD

Compliance with Governor's Emergency Executive Orders and Guidance

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 02/19/2021 5:00 PM

HEARING(S):

DATE: 02/19/2021

TIME: 8:30 AM

Please submit your comments to:

OFFICER: Brenda Biggs

ADDRESS: Oregon Veterinary Medical Examining Board

800 NE Oregon Street suite 407

Portland, OR 97232

Ovmeb.inspector@oregon.gov

503-995-3121

SPECIAL INSTRUCTIONS: Per Governor Kate Brown's Executive Order 20-12, the Portland State Office Building remains closed to the public. The public hearing will be held virtually via zoom meeting only. Please contact the Oregon Veterinary Medical Examining Board (contact information below) to obtain information on attending the virtual meeting.

Per Governor Kate Brown's Executive Order 20-12, the Oregon Veterinary Medical Board remains closed to the public for in-person service. Board staff primarily are working remotely for the duration of the order; therefore, email is the most efficient mode of communication at this time. Response to all communication, but especially hand-delivered mail (USPS, FedEx, etc.), may be delayed. We appreciate your patience.

Sincerely,

Brenda Biggs

OVMEB Inspector

503-995-3121

From: [devon trottier](#)
To: [OVMEB Inspector](#)
Subject: proposed rulemaking ORS chapter 875
Date: Monday, February 1, 2021 2:15:17 PM

i do not understand how you can state that there is, "no economic impact", under the heading,"cost of compliance" and state that the fiscal and economic impact is "none". For those of us who have been voluntarily complying with the governor's orders there have been very large costs in terms of decreased revenue, increased costs, labor, and administrative activities to name a few. Perhaps small businesses should have been involved in the rules development. Even if the the document is only referring to the adoption of a compliance rule, there are still costs involved in investigating, documenting and enforcing compliance. i would be interested in knowing how you came to the conclusions of no economic impact and no requirement to involve the businesses affected. thank you, Devon Trotter VMD

Animal Health Center
10302 Wallowa Lake Hwy
Island City, OR 97850

February 19, 2021

To Whom It May Concern:

I am writing to express my sincere concern and opposition regarding the proposed rule. The Oregon Veterinary Medical Examining Board does not need to be influenced by government mandates. We as trained professionals are able to better manage our profession and business to provide appropriate care for our patients. I strongly disagree with this rule. The economic impact of a rule such as this would be devastating to our industry. The mandates set forth by our governor and government officials across the nation have destroyed businesses already and I will not support a rule that allows them access to control the veterinarians.

If you would like to discuss this proposal further, please contact me at my office 541-963-6621.

Sincerely,

A handwritten signature in dark ink, reading "Terrence M. McCoy". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Terrence M. McCoy, DVM

President/Owner

Animal Health Center

10302 Wallowa Lake Hwy

Island City, OR 97850

OVMEB:

Rulemaking concerning compliance with EEO:

Brenda Briggs:

Before I begin; I am not in favor of creating a "current authority to enforce compliance." The exam board has many responsibilities, adding another of this magnitude, in my opinion, is ludicrous. As I read through this, will I be required to submit all records of reasons for treatment of every patient I see? Will I be required to submit pictures or have a camera of everything that occurs in and out of the clinic? This may sound absurd but I believe this may be a preview of future regulations taking the responsibility of our profession and placing it in the hands of uneducated and uninformed public. The exam board participants are not all educated professionals within the veterinary community. Veterinarians are educated medical professional people, not a backroom stock clerk.

Where are the examples of veterinarians in non-compliance? It is stated "NONE" of fiscal and economic impact; did any entity ask or research? It will have an impact. There are clinics busier now than before. Economic impact, of course there is and yet it is stated "no economic input." Does anyone think there isn't a cost to masks, disinfectants, plexiglas barriers, labor costs to insure everything is disinfected? Loss of income because someone believes alteration isn't essential in the young cat or dog and at the same time professing a problem with over population. Cause and effect, why is it believed I can't make decisions? I do not believe there is widespread non-compliance by veterinarians dictating the need for another department that will be underfunded, understaffed, will struggle for existence when and if this becomes manageable then stipulating a need or justification of their existence.

Was there no thought involved, other than this notice that small businesses didn't need to be involved in making rule changes? No involvement of administrative rule advisory, why is there even a question?

The environment we are faced with is controversial. As professionals, the majority understand diseases, both bacterial and viral. I do not believe we need an oversight authority.

Further comment: Telemedicine, are there enforcements to regulate compliance? Are corporations being held responsible? Is there any concern with internet influence and our inability to regulate it?

This proposal will do nothing but divide. I believe it's wrong. I am not going to jeopardize the oath that I have cherished for over 47 years. This is not just a compliance issue; this is another step in controlling non-corporate practices. Solutions of today will not solve the problems of tomorrow. Staying ahead of change requires anticipating what is going to have to be done and doing it while there is still time to exercise choice and influence events. Statements made by people more intuitive than I.

E. L. Osburn DVM : 541 271 5824 reedsport@florenceveterinary.com

From: [OVMEB Info](#)
To: [OVMEB Inspector](#); [MCLEOD-SKINNER Cass * BCE](#); [OVMEB Investigator](#)
Subject: FW: Public Meeting
Date: Thursday, February 18, 2021 4:09:04 PM

From: Byron Maas <maas@bendveterinaryclinic.com>
Sent: Thursday, February 18, 2021 3:36 PM
To: OVMEB Info <OVMEB.INFO@oregon.gov>
Subject: Public Meeting

To Whom It May Concern:

I'd like to make a few comments regarding the proposed rule changes legislative changes in Govenors Executive order 20-12 under discission today at the virtual public meeting.

First, I entirely understand the need to adhere to executive mandates in emergency situations especially in unprecedented and unsettling times as we have now.

However, there are existing legal measures in which to enforce an Executive Emergency Order through regular law enforcement and the justice system and not by sanctions through the Oregon Veterinary Medical Examining Board (OVMEB).

It is not right nor reasonable to link or tie the ability of a licensed veterinary professional to practice through the OVMEB. It potentially gives the OVMEB the unprecedented power to circumvent the legal process of an individual.

The Oregon Vetinary Practice Act under Oregon Administrstive rules Chap. 875 is plain and clear and has built in language to exactly protect the public if and when a licensee fails to follow the law. Failure to comply with an Executive Order is not under the jurisdiction of our OVMEB, but instead the local and state courts and our legal system, which are much greater trained and equiped to handle this kind of legal action. If a conviction occurs, the OVMEB then has the power to evaluate and decide what actions, sanctions or disiplinary action is necessary.

See

686.130 “Unprofessional or dishonorable conduct” defined

Section 10. Conviction of a crime involving moral turpitude or conviction of a felony. The record of the conviction is conclusive evidence.

Thus it is necessary for a practitioner to be found guilty and convicted of a crime before the OVMEB would have jurisdiction for disipline.

Indeed, if due process is followed and a conviction takes place, the OVMEB has full ability to sanction, disipline, suspend and fine a licensee for such misconduct.

Opening the OVMEB up for essentially becoming a tribunal of a licencee's public conduct becomes a slippery slope, one which there is no formal and proper training for the members of board to make these decisions and second it serrupts the legal process into a conviction of an act based on the OVMEB determination and not legal system. A simple complaint from a

citizen, disgruntled employee or even a colleague could trigger such a cascade of events. This could potentially also waste resources, tax dollars, and the private individual's time going before the OVMEB in a hearing or defending their license where the OVMEB is ill equipped to judge the matter since it has nothing to do with animal care, health or welfare.

The OVMEB was established to test, license, monitor and regulate practitioners of veterinary medicine in the state. The board works in the interest of animal health and welfare, public health and consumers of veterinary services.

The Veterinary Practice Act is a well thought out law and has been designed to protect animals and the public in general from veterinary malfeasance.

Nowhere in the Veterinary Practice Act is it supposed to be a tool to enforce criminal or civil justice by using State licensure as a disciplinary action or punishment.

There are implications far reaching that clearly effect the livelihood of an individual based on this proposed administrative rule change, that go well beyond the scope of what the Practice Act and OVMEB was designed to do.

A violation of the practice act follows a practitioner throughout their career. It has ramifications on seeking licensure in other states and US Territories, ability to obtain and maintain a DEA registration.

Our existing system of justice should be used to police and sanction anyone that is unlawful, not via a back door loophole created to enforce a situation.

Finally there are considerable provisions of exemptions within the language of the Veterinary Practice Act. Individuals that fall within these parameters now somehow are immune from the discipline that is being suggested in the proposed rule change which also seems counter productive to enforcement of an Executive Order. This is yet another reason our legal system should be used to prosecute any infractions of law with its consequences.

A veterinarian takes an oath and subscribes to the principles of medicine and health. Here I quote...

"As a member of the **veterinary** medical profession, I solemnly swear that I will use my scientific knowledge and skills for the benefit of society. I will strive to promote animal health and welfare, relieve animal suffering, protect the health of the public and environment, and advance comparative medical knowledge."

■

A veterinarian working in good conscience will assuredly work on behalf of their patients.

These proposed rule changes are not necessary and violate the principles of what our Oregon Veterinary Practice Act is established to do.

Thank you reviewing my comments and considering not adopting the proposed rule change.

Submitted with Respect,

Byron Maas, DVM
Bend Veterinary Clinic, Inc.
OR Lic #5115

From: [Stephen Jenkins](#)
To: [OVMEB Info](#)
Subject: Comment on the OVMEB Administrative Rule decision
Date: Friday, February 19, 2021 3:04:03 PM

Hello

I do not think the OVMEB should enforce Executive Order 20-12.

If enforcement is to improve public health by decreasing potential exposure, then this falls under the purview of the Health department or OHSA.

If the enforcement is to punish offices/veterinarians that continue to serve clients/pets with elective procedures, then I think this is under purview of the Secretary of the State business office.

I think OVMEB's role is to oversee concerns that pet owners who have been seen by a veterinarian have. Accepting a role to punish veterinarians who see those patients will undermine the public and veterinarian trust in the OVMEB.

--

Stephen Jenkins

From: [Jessie Merritt CVPM SPHR](#)
To: [OVMEB Inspector](#)
Subject: Compliance with Governor's Emergency Executive Orders and Guidance
Date: Tuesday, February 2, 2021 9:38:49 AM

To whom it may concern,

This e-mail is in response to the recent proposed rule that allows the medical examining board to enforce state government executive orders.

To be clear, the medical examining board should have no role in enforcing state executive orders. To even assume that position causes significant concern that the board has lost focus on their true role and priorities in the profession. We are over a year into this pandemic and most practices are doing an outstanding job of protecting their team and their clients. We are in the trenches succeeding at keeping our people safe. We do not have the luxury of working from the safety of our home, and to think you know better how to protect our teams and our people or to insinuate we aren't doing so, is arrogant at best.

As a practice manager, it is my role, my responsibility, and my duty to adhere to executive orders that involve my practice. If I choose to not follow those orders, the state certainly has the resources to enforce them without your assistance.

This practice hasn't had a single Covid positive employee among the 20+ people employed.

We are routinely complimented and thanked by our clientele for our high standards in protection measures, PPE compliance, and other systems we adopted immediately in March of 2020.

For the last 11 months we have implemented every safety measure handed down and added some of our own. We have strategized systems, counseled fearful employees, brought in a psychologist to help the team through the early stress of the pandemic, laid awake at night with concern for our business and our people, and created detailed safety policies and procedures, all the while under immense pressure to be here for our clients and our patients in need, and now you want to get involved and enforce executive orders? Do you seriously think that is the best use of your time and power? If so, I feel you are strongly misguided. Perhaps with the best of intentions, but misguided never the less.

I strongly encourage you to not put yourself in a position to be our adversary instead of our ally during this time of unprecedented uncertainty.

Respectfully,

Jessie Merritt CVPM SPHR

Practice Manager

Oswego Veterinary Hospital

Office - 503-636-3001

Direct – 971-236-1201

From: [MCLEOD-SKINNER Cass * BCE](#)
To: [OVMEB Inspector](#)
Cc: [MCLEOD-SKINNER Cass * BCE](#)
Subject: FW: Rule question
Date: Monday, January 25, 2021 12:12:43 PM
Attachments: [image001.jpg](#)

Brenda,
Purely fyi.
Cass

From: lac4492@aol.com <lac4492@aol.com>
Sent: Monday, January 25, 2021 12:09 PM
To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>
Subject: Re: Rule question

Thank you for your prompt reply. Good grief of all times to lose your internet.

Anyway, I wanted to hear what was said and I wanted to tell them that the justification for the temporary filing was specifically to address the COVID-19 pandemic, which is now fading. I fail to see the justification for making permanent a temporary rule for a temporary problem. There were many mistakes and controversial actions in the handling of this problem and to ignore those issues in order to make a punitive rule permanent is ill-advised, in my opinion. I have many bullet points to illustrate my argument but the meeting is over now.

May I make these arguments at the February meeting?

Thanks,
Lynn

-----Original Message-----

From: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>
To: lac4492@aol.com <lac4492@aol.com>
Cc: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>
Sent: Mon, Jan 25, 2021 11:53 am
Subject: RE: Rule question

Oh no! We asked for your comments but didn't see you on, that explains it.

The board recognized that the temporary rule lapses on 2/12/21 and moved to enter permanent rulemaking at its February Board meeting. The rule notice will soon be posted along with the public comment period.

Cass

From: lac4492@aol.com <lac4492@aol.com>
Sent: Monday, January 25, 2021 11:50 AM
To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>
Subject: Re: Rule question

Greetings Cassandra,

I was on your Zoom meeting until the moment you guys started to discuss this temporary rule, then my

internet connection failed. Gahhhh!

Would you please summarize what was discussed about this issue?

Thank you,

Lynn A. Caldwell DVM

-----Original Message-----

From: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>

To: lac4492@aol.com <lac4492@aol.com>

Cc: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>

Sent: Fri, Jan 22, 2021 10:48 am

Subject: Rule question

Hello, Dr. Caldwell,

There is currently a temporary rule in effect regarding COVID-19 and abiding by Executive Order and guidance, linked within the notice that you responded to. The Board will be discussing whether to enter rulemaking for a permanent rule dealing with those same issues at its meeting on Monday. The Secretary of State does not draft any rules for any agencies but is the agency responsible for archiving them.

Let me know if you have any further questions,
Cass

Cassandra C. McLeod-Skinner, J.D.
Executive Director
Oregon Board of Chiropractic Examiners

Interim Executive Director
Oregon Veterinary Medical Examining Board

O: 503-373-1620

C: 503-779-9038

E: cass.mcleod-skinner@oregon.gov



From: lac4492@aol.com <lac4492@aol.com>

Sent: Friday, January 22, 2021 9:44 AM

To: OVMEB Info <OVMEB.INFO@oregon.gov>

Subject: Re: Oregon Veterinary Medical Examining Board Meeting - public session 1/25/21

Good morning,

Thank you for the information. Would you please tell me who the author of the proposed rule is? I assume the author is the current Secretary of State?

Thank you,

Lynn A Caldwell DVM

Silverton Equine Veterinary Services LLC

-----Original Message-----

From: OVMEB Info <OVMEB.INFO@oregon.gov>

Sent: Fri, Jan 22, 2021 8:44 am

Subject: Oregon Veterinary Medical Examining Board Meeting - public session 1/25/21

Good Morning,

The Oregon Veterinary Medical Examining Board is holding a public Board meeting on January 25, 2021 at 10:30 am. Attached you will find the agenda. To join the public session, please see the zoom information below.

Join Zoom Meeting

<https://zoom.us/j/97977976591?pwd=OWNqQXNsT0Z5bC9aOGRKb21mcWdNQQT09>

Meeting ID: 979 7797 6591

Passcode: q9zj5q

Link to temporary rule to be discussed:

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=272436>

Thank you,

Oregon Veterinary Medical Examining Board

800 NE Oregon St. Suite 407

Portland, Oregon 97232

Phone: 971-673-0224

Fax: 971-673-0226

From: [Mark Omann](#)
To: [OVMEB Inspector](#)
Subject: Re: Oregon Veterinary Medical Examining Board Notice of Proposed Rulemaking
Date: Monday, February 1, 2021 8:13:30 PM

Get over it. The governor is a criminal and you are able to disavow her illegal activity. Take the high road

On Feb 1, 2021, at 3:39 PM, OVMEB Inspector
<OVMEB.INSPECTOR@oregon.gov> wrote:

Greetings from the Oregon Veterinary Medical Examining Board (OVMEB),

Attached you will find the OVMEB Notice of Proposed Rulemaking for your review.

NOTICE OF PROPOSED RULEMAKING ORS CHAPTER 875
VETERINARY MEDICAL EXAMINING BOARD
Compliance with Governor's Emergency Executive Orders and Guidance

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 02/19/2021 5:00 PM

HEARING(S):

DATE: 02/19/2021

TIME: 8:30 AM

Please submit your comments to:

OFFICER: Brenda Biggs

ADDRESS: Oregon Veterinary Medical Examining Board

800 NE Oregon Street suite 407

Portland, OR 97232

Ovmeb.inspector@oregon.gov

503-995-3121

SPECIAL INSTRUCTIONS: Per Governor Kate Brown's Executive Order 20-12, the Portland State Office Building remains closed to the public. The public hearing will be held virtually via zoom meeting only. Please contact the Oregon Veterinary Medical Examining Board (contact information below) to obtain information on attending the virtual meeting.

Per Governor Kate Brown's Executive Order 20-12, the Oregon Veterinary Medical Board remains closed to the public for in-person service. Board staff primarily are working remotely for the duration of the order; therefore, email is the most efficient mode of communication at this time. Response to all communication, but especially hand-delivered mail (USPS, FedEx, etc.), may be delayed. We appreciate your patience.

Sincerely,

Brenda Biggs
OVMEB Inspector
503-995-3121

<Notice of Rulemaking.pdf>

From: [Mark Sargent](#)
To: [OVMEB Inspector](#)
Subject: Re: Oregon Veterinary Medical Examining Board Notice of Proposed Rulemaking
Date: Tuesday, February 16, 2021 6:19:44 PM

I am alarmed by the governor's office imposition to penalize private business for serving the public and operating a business. This is abuse by our government. I encourage you to push back hard to stop this. They are using this COVID supposed illness to control the populous and it needs to stop.

On Mon, Feb 1, 2021 at 3:39 PM OVMEB Inspector <OVMEB.INSPECTOR@oregon.gov> wrote:

Greetings from the Oregon Veterinary Medical Examining Board (OVMEB),

Attached you will find the OVMEB Notice of Proposed Rulemaking for your review.

NOTICE OF PROPOSED RULEMAKING ORS CHAPTER 875

VETERINARY MEDICAL EXAMINING BOARD

Compliance with Governor's Emergency Executive Orders and Guidance

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 02/19/2021 5:00 PM

HEARING(S):

DATE: 02/19/2021

TIME: 8:30 AM

Please submit your comments to:

OFFICER: Brenda Biggs

ADDRESS: Oregon Veterinary Medical Examining Board

[800 NE Oregon Street suite 407](#)

[Portland, OR 97232](#)

Ovmeb.inspector@oregon.gov

503-995-3121

SPECIAL INSTRUCTIONS: Per Governor Kate Brown's Executive Order 20-12, the Portland State Office Building remains closed to the public. The public hearing will be held virtually via zoom meeting only. Please contact the Oregon Veterinary Medical Examining Board (contact information below) to obtain information on attending the virtual meeting.

Per Governor Kate Brown's Executive Order 20-12, the Oregon Veterinary Medical Board remains closed to the public for in-person service. Board staff primarily are working remotely for the duration of the order; therefore, email is the most efficient mode of communication at this time. Response to all communication, but especially hand-delivered mail (USPS, FedEx, etc.), may be delayed. We appreciate your patience.

Sincerely,

Brenda Biggs

OVMEB Inspector

503-995-3121

From: [Marvin Sherman](#)
To: [OVMEB Inspector](#)
Subject: Re: Oregon Veterinary Medical Examining Board - Notice of Rulemaking
Date: Wednesday, March 10, 2021 10:50:28 AM

My comment: this is an oppressive rule that has no veterinary medical rationale. It violates our rights to peaceably assemble. It violates our rights to engage in legitimate commerce. It violates our rights to provide food, shelter and clothing for ourselves and our families. It is vague in that it doesn't define "measured approach."

On Tue, Mar 9, 2021, 1:53 PM OVMEB Inspector <OVMEB.INSPECTOR@oregon.gov> wrote:

Greetings from the Oregon Veterinary Medical Examining Board (OVMEB),

Attached you will find the OVMEB Notice of Proposed Rulemaking for your review.

NOTICE OF PROPOSED RULEMAKING ORS CHAPTER 875

VETERINARY MEDICAL EXAMINING BOARD

Compliance with Governor's Emergency Executive Orders and Guidance

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 04/23/2021 5:00 PM

HEARING(S):

DATE: 04/23/2021

TIME: 9:30 AM

Please submit your comments to:

RULES COORDINATOR: Brenda Biggs

ADDRESS: Oregon Veterinary Medical Examining Board

800 NE Oregon Street suite 407

Portland, OR 97232

Ovmeb.inspector@oregon.gov

503-995-3121

SPECIAL INSTRUCTIONS: Per Governor Kate Brown's Executive Order 20-12, the Portland State Office Building remains closed to the public. The public hearing will be held virtually via zoom meeting only. Please contact the Oregon Veterinary Medical Examining Board to obtain information on attending the virtual meeting.

Per Governor Kate Brown's Executive Order 20-12, the Oregon Veterinary Medical Board remains closed to the public for in-person service. Board staff primarily are working remotely for the duration of the order; therefore, email is the most efficient mode of communication at this time. Response to all communication, but especially hand-delivered mail (USPS, FedEx, etc.), may be delayed. We appreciate your patience.

Sincerely,

Brenda Biggs

OVMEB Inspector

503-995-3121

From: [Nancy Leveque](#)
To: [OVMEB Inspector](#)
Subject: Re: Oregon Veterinary Medical Examining Board - Notice of Rulemaking
Date: Tuesday, March 9, 2021 3:09:25 PM

OVMEB

I do not believe that the board should have to enforce compliance with Governor's Emergency Executive Orders and Guidance.

Veterinary Boards were formed to ensure the adequate practice of Veterinary Medicine and safety of employees and clients and patients.

We are not a governing board for the Governor.

I would vote no on this matter and if needed would be glad to speak more on the matter.

The Board should be non-political as well.

Dr. Nancy K. Leveque Dipl ACVS

On Tue, Mar 9, 2021 at 1:59 PM OVMEB Inspector <OVMEB.INSPECTOR@oregon.gov> wrote:

Greetings from the Oregon Veterinary Medical Examining Board (OVMEB),

Attached you will find the OVMEB Notice of Proposed Rulemaking for your review.

NOTICE OF PROPOSED RULEMAKING ORS CHAPTER 875

VETERINARY MEDICAL EXAMINING BOARD

Compliance with Governor's Emergency Executive Orders and Guidance

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 04/23/2021 5:00 PM

HEARING(S):

DATE: 04/23/2021

TIME: 9:30 AM

Please submit your comments to:

RULES COORDINATOR: Brenda Biggs

ADDRESS: Oregon Veterinary Medical Examining Board

800 NE Oregon Street suite 407

Portland, OR 97232

Ovmeb.inspector@oregon.gov

503-995-3121

SPECIAL INSTRUCTIONS: Per Governor Kate Brown's Executive Order 20-12, the Portland State Office Building remains closed to the public. The public hearing will be held virtually via zoom meeting only. Please contact the Oregon Veterinary Medical Examining Board to obtain information on attending the virtual meeting.

Per Governor Kate Brown's Executive Order 20-12, the Oregon Veterinary Medical Board remains closed to the public for in-person service. Board staff primarily are working remotely for the duration of the order; therefore, email is the most efficient mode of communication at this time. Response to all communication, but especially hand-delivered mail (USPS, FedEx, etc.), may be delayed. We appreciate your patience.

Sincerely,

Brenda Biggs

OVMEB Inspector

503-995-3121

From: vargapdx@gmail.com
To: [OVMEB Inspector](#)
Subject: RE: proposed notice
Date: Thursday, February 4, 2021 10:16:06 AM

I am deeply disturbed by this proposal. That a state regulatory agency is considering becoming a fascist enforcement arm of the office of the governor's office. As a note of fact, the emergency powers granted that office have long since expired. Perhaps a remedial course in history and civics is needed to understand how freedom is lost. This is nothing more than power consolidation within the governor's office. In a practical sense pretty much all that can be done regarding this medical problem has been done. The principals of contagious and infectious disease are largely met, making other efforts unnecessary. I strongly oppose this action. Shame on you all if you proceed.

Paul Tulacz D.V.M.

From: OVMEB Inspector <OVMEB.INSPECTOR@oregon.gov>
Sent: Tuesday, February 2, 2021 11:41 AM
To: vargapdx@gmail.com
Subject: proposed notice

NOTICE OF PROPOSED RULEMAKING
CHAPTER 875

VETERINARY MEDICAL EXAMINING BOARD

FILING CAPTION: Compliance with Governor's Emergency Executive Orders and Guidance

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 02/19/2021 5:00 PM

HEARING(S):

DATE: 02/19/2021 TIME: 8:30 AM OFFICER: Brenda Biggs ADDRESS: Oregon Veterinary Medical Examining Board 800 NE Oregon Street suite 407 Portland, OR 97232 SPECIAL INSTRUCTIONS: Per Governor Kate Brown's Executive Order 20-12, the Portland State Office Building remains closed to the public. The public hearing will be held virtually via zoom meeting only. Please contact the Oregon Veterinary Medical Examining Board (contact information below) to obtain information on attending the virtual meeting.

NEED FOR THE RULE(S):

No current authority to enforce compliance with Emergency Executive Order(s).

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

ORS 686

Oregon Secretary of State Website

FISCAL AND ECONOMIC IMPACT:

None

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping

and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

No economic impact.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Not required

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED?

NO

IF NOT, WHY NOT? No economic impact

CONTACT:

Brenda Biggs

503-995-3121

OVMEB.Inspector@Oregon.gov

800 NE Oregon Street suite 407

Portland, OR 97232

ADOPT: OAR 875-011-0015

RULE TITLE: Compliance with Governor's Emergency Executive Orders and Guidance

RULE SUMMARY: Adopting a permanent rule that allows the Oregon Veterinary Medical Examining Board to enforce the Governor's Emergency Executive Order(s). Failure to enforce compliance with the Governor's Emergency Executive Order(s) may adversely affect public health and safety.

Authority to enforce compliance will help ensure that Licensees and veterinary facilities follow health and safety requirements during declared emergencies.

RULE TEXT:

(1) During a declared emergency, unprofessional or dishonorable conduct includes failing to comply with any applicable provision of a Governor's Emergency Executive Order or any provision of this rule.

(2) Failing to comply as described in subsection (1) includes, but is not limited to:

(a) Operating a business required by an Emergency Executive Order to be closed;

(b) Providing services at a business required by an Emergency Executive Order to be closed;

(c) Failing to comply with Oregon Health Authority (OHA) guidance implementing an Emergency Executive Order, including but not limited to:

(A) Failing to satisfy required criteria in OHA guidance prior to resuming elective and non-emergent procedures;

(B) Failing to implement a measured approach when resuming elective and non-emergent procedures in accordance with OHA guidance;

(d) Failing to comply with any Board guidance implementing an Emergency Executive Order.

(3) Failure to abide by the requirements of this rule may result in disciplinary action by the Board.

(4) No disciplinary action or penalty action shall be taken under this rule if the Emergency Executive Order alleged to have been violated is not in effect at the time of the alleged violation.

(5) Penalties for violating this rule are those authorized under ORS 686.150. Any such penalties shall be imposed in accordance with ORS Ch. 183.

(6) This rule shall remain in effect so long as an associated declared state of emergency is in effect.

When the declared state of emergency is not in effect, this rule will not be effective.

STATUTORY/OTHER AUTHORITY: ORS 686.210

STATUTES/OTHER IMPLEMENTED:

Per Governor Kate Brown's Executive Order 20-12, the Oregon Veterinary Medical Board remains closed to the public for in-person service. Board staff primarily are working remotely for the duration of the order; therefore, email is the most efficient mode of communication at this time. Response to all communication, but especially hand-delivered mail (USPS, FedEx, etc.), may be delayed. We appreciate your patience.

Sincerely,

Brenda Biggs
OVMEB Inspector
503-995-3121

From: valleyequine@macnet.com
To: [OVMEB Inspector](#)
Date: Monday, February 1, 2021 9:47:49 PM

Brenda

My biggest concern with this addition to the rules is that The Governor and many other elected officials are not able to adequately determine what are essential services in our field of work. This became a problem earlier last year when essential services were not allowed to be done at the OSU College of Veterinary Medicine and so very important services were not available to properly care for the livestock in our state. This had the potential for human injury to occur and adequate health care of our livestock and horses to not take place. There seems to be a lack of understanding about what is essential service when it comes to Veterinary care. I realize The current Governor is a horse owner but that did not seem to make any difference in what was allowed to be done. And, it caused some serious problems for some of my patients and their owners.

Richard McMillen, DVM

From: [Valley Equine](#)
To: [OVMEB Inspector](#)
Subject: Proposed till change comment
Date: Tuesday, March 9, 2021 2:34:08 PM

Brenda

During this Covid quarantine time I have personally had veterinary cases that the governor declared as elective procedures and would not allow treatment to occur of a patient. Her determination of what was elective did not allow for adequate and safe treatment of the patient. In some cases what might often be considered an elective procedures becomes a necessary procedure to prevent suffering of the animal or may even affect whether the patient lives or dies. In other cases it is an issue of safety to the owners life. I understand that there appears to be a need to reduce disease spread and that is the governor's concern. But, her deciding what is elective and what is necessary is not an appropriate decision being made by qualified individuals. The most qualified individual is the doctor treating the case! I had one patient who was not allowed to get proper care at OSU hospital because the Governor told them they could not do that kind of treatments. That is NOT good medicine or humane treatment of a animal. Putting this kind of change in the rule book makes this problem worse not better! There has to be a better solution

Richard McMillen, DVM

Sent from my Verizon Motorola Smartphone

LAKEVIEW ANIMAL HOSPITAL
18644 ROBERTA ROAD
LAKEVIEW, OREGON 97630
(541) 947-3383 PHONE
(541) 947-3115 FAX
info@outbackvet.com

February 18, 2021

Veterinary Medical Examining Board
800 NE Oregon Street suite 407
Portland, OR 97232

Dear Board Members,

I am writing to comment on the proposed rule making FILING CAPTION:
Compliance with Governor's Emergency Executive Orders and Guidance.

1. Under need for the rule, it states that there is no current authority to enforce compliance. **This is not true** as Oregon OSHA has been enforcing the current executive orders.
2. Cost of Compliance states no economic impact. **This also is not true.** If any of you manage or own a business then you certainly know that the cost of compliance is very significant. This cost can not be measured as it will be at the whim of a single persons wishes if this rule is adopted.
3. I do not understand how small businesses were not required to be involved in the rule making of a rule that may have a major effect on them.
4. An administrative rule advisory committee was not consulted due to no economic impact. This may be true for the State but as previously stated it is **certainly not true** for the small businesses that will be affected.

Rule text:

1. According to the veterinary practice act 686.130 "unprofessional or dishonorable conduct" would not include the proposed violations. As veterinarians we have to do what is best for our patients and clients and if this is somehow inconsistent with an executive order then the board should not blemish a person's career simply for not following an order created by one person without a scientific background. Lay people not familiar with the Veterinary Practice Act would likely think the veterinarian was bad if one obtained this blemish and the violation could be as simple as an employee not asking a client to dawn a mask as this is currently in violation of an executive order. Let me use another example: executive order 20-07, 20-12, 20-25, 20-27, etc. prohibited spiritual gathering of over 25 people. If I went to church and before it was over 26 or 27 people

- showed up, I would be in violation of an executive order as would everyone there. Would this justify “unprofessional or dishonorable conduct”? You might think these situations would not be issues, but if this rule is passed and there is a complaint the veterinarian will be in violation and you will be forced to act. Did any of you travel or leave the state when you were not supposed to or at some point violate an executive order? If so, do you feel your license should be in jeopardy for it?
2. Before you say this could never happen: “Failing to comply as described in subsection (1) includes, **but is not limited to:**”. This basically leaves the door wide open as it is not limited so it can be any violation that occurs whether or not it even pertains to the practice of veterinary medicine.
 3. Items 3 to 6 are common sense and do not require comment.

In summary: the board is contemplating passing a rule that is not needed as executive orders are enforced by OSHA. The cost and effect on veterinarians have not and cannot be determined as they depend on future executive orders. No rule advisory committee reviewed the rule. The rule would change the definition of “unprofessional or dishonorable conduct” to a definition that would be different from any of the medical or veterinary practice act definitions that I know of.

Executive orders can also be very confusing. For instance, your Public Board Meeting Notice states: “Per Governor Kate Brown’s Executive Order 20-12, the OVMEB remains closed to the public for in-person service.” However, even though executive order 20-12, issued March 23, 2020 does not appear to be formally rescinded it was replaced with executive order 20-25 on May 14, 2020. Likewise, 20-25 was replaced or updated with the more recent 20-27 on June 5, 2020. 20-27 was continued on September 1, 2020 with 20-38. Then on December 17, 2020 with executive order 20-67 our governor reviewed all the executive orders that she listed as still currently in effect. In her review 20-12, 20-25, 20-27, and 20-28 were **not** mentioned and therefore were **not in effect** at that time. Therefore, I am as confused (as the board) as to what executive order if any causes the board to remain closed to the public. If someone such as the OVMEB can not keep these orders straight should we punish an individual that may not be able to keep them straight? Or the fact that the one executive order stated that if OHA made a recommendation it becomes part of their order, and maybe we don’t check their website daily.

In our democracy the legislative branches are responsible for making laws, the judicial branch for interpreting laws, and our executive branch for enforcing laws. This suggests that executive orders may not be constitutional and at the most should only be used for a very short time until the legislative branches can act. Both the US and Oregon constitutions are set up this way to limit the power of an individual. I do not feel you should encourage that individual by threatening one’s license and livelihood as that would certainly be illegal if challenged in court. Therefore, I am writing to encourage you to throw out the proposed rule as it is

unnecessary and would lend itself to abuse by the wrong executive or board.

Sincerely,

Rod

Rodney W. Ferry
Lakeview Animal Hospital
OR Lic. 3971

From: docsepha@outbackvet.com
To: [OVMEB Inspector](#)
Subject: Comment to proposed rulemaking
Date: Friday, February 19, 2021 10:44:20 AM
Attachments: [Outlook-xydrk5q0.png](#)

Dr. Sepha Dunagan DVM
18644 Roberta Rd.
Lakeview, OR 97630

Dear Inspector Briggs,

After reviewing the proposed rulemaking of ORS Chapter 875, we would like to make the following comment.

- We feel the OVMEB is there to advocate for and protect its veterinarians, not scare them with the threat of taking their license to practice. Making the OVMEB an enforcing agency regarding the COVID-19 mandates would harm the positive relationship the OVMEB has with its veterinarians.

Sincerely,

Dr. Sepha Dunagan
Lakeview Animal Hospital
Lakeview, OR



From: [Thomas Timmons](#)
To: [OVMEB Inspector](#)
Subject: NOTICE OF PROPOSED RULEMAKING ORS CHAPTER 875 VETERINARY MEDICAL EXAMINING BOARD Compliance with Governor's Emergency Executive Orders and Guidance
Date: Monday, February 1, 2021 11:41:38 PM

Brenda Biggs -

Comment:

I am struck that a governor and State employees have the time to draft such a negative and punishing rule.

Have business not already suffered enough, under such strain and stress of this pandemic - to propose penalties and punishment by a State government that has already run many to ruin with forced closures, constant threats by BOLI, OHA and OSHA? Who wants to continue to operate in this climate?

This wayward, power grabbing rule adds pages to the governors book of Anti-business actions. To threaten the very people who act in the interest of the public health and welfare as an integral part of the One Health concept. The is nothing more than an attack on the very system that the governor should support - not threaten.

Really - do state employees have nothing better to do than to draft such anti-citizen, anti-business control tools?

Very sad state of condition for our State government to ponder such ill conceived attempts.

Dr. Timmons
Eagle Point, OR

From: [Tom Sager](#)
To: [OVMEB Inspector](#)
Subject: Response to new emergency rules
Date: Monday, February 1, 2021 6:45:53 PM

I have read the PDF you sent regarding the OVMEB acting as the arm of enforcement for the Governor. I disagree with the action being considered. I believe that the individual veterinarian can best evaluate what steps they can safely take to protect staff and the public. Absent this, I believe the Veterinary medical association can develop guidelines for practices to follow. There are far too many regulations already with which to comply and this gives too much power to the governor. Some practices can safely see patients and some may elect to restrict activities. We should not hand our right to practice to non-medical politicians.

Dr Tom Sager

Sent from my iPhone

Executive Director Report April 2021 Board Meeting

To: Oregon Veterinary Medical Examining Board
From: Cass McLeod-Skinner, Interim Executive Director

Board Meeting Details:	April 23-24, 2021 Via Zoom
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2019-21 Budget

As of the close of January, 2020, we have an estimated ending cash balance of \$1,185,536.26 which translates into 22.58 months of expenditure reserve.

2021-23 Budget

There has been no further movement on our appropriations bill, SB 5521, since Dr. DeBess and I testified before the Education Subcommittee of Joint Ways & Means on February 5, 2021. This is in line with all other small board budget bills and I anticipate a work session later in April.

2021 Board Meeting Dates

June 18

August 20-21

October 22-23

December 17-18

The following question has been presented to the Board for discussion regarding prescription medications.

Can sedatives be prescribed for aggressive/anxious/fearful animals coming into a shelter or being presented for low cost spay/neuter services, prior to the establishment of a VCPR?

Can drugs be prescribed to prevent reproductive cycling until an animal can be scheduled for spay/neuter without first establishing a VCPR?

OAR 875-015-0035 Minimum Standards for Veterinary Telemedicine

875-015-0035

Minimum Standards for Veterinary Telemedicine

- (1) Veterinary Telemedicine (VTM) occurs in Oregon when either the animal who is receiving the care is located in Oregon when receiving VTM or the person providing the care to the animal is located in Oregon when providing VTM, pursuant to the provisions of ORS 686.020. VTM may be provided only under a valid VCPR.
- (2) VTM may be used when a veterinarian has a VCPR only when it is possible to make a diagnosis and create a treatment plan without a new physical exam. .
- (3) VTM may be used with an existing client when there has not been a previous physical examination for the purpose of prescribing sedation for an aggressive or fractious patient prior to an initial visit.
- (4) Prescriptions may only be issued when VTM occurs if the veterinarian has evaluated the safety of doing so via VTM, and in compliance with all state and federal laws.
- (5) A veterinarian shall not substitute VTM for a physical exam when a physical exam is warranted or necessary for an accurate diagnosis of any medical condition or creation of an appropriate treatment plan.
- (6) When practicing VTM in Oregon, licensees must conform to all minimum standards of practice and applicable laws. Licensees are fully responsible and accountable for their conduct when using VTM under the Board's statutes and rules.
- (7) Whenever VTM is practiced in Oregon, a veterinarian must:
 - (a) Ensure that any technology used in the provision of VTM is sufficient and of appropriate quality to provide accuracy of remote assessment and diagnosis.
 - (b) Ensure that medical information obtained via VTM is recorded completely in the patient medical record and meets all applicable requirements of OAR 875-015-0030(1).
- (8) A veterinarian may only delegate the provision of VTM to a Certified Veterinary Technician who is acting under direct or indirect supervision and in accordance with OAR 875-030-0040. A valid VCPR established by a physical examination conducted by the veterinarian must exist for the CVT to provide VTM services.
- (9) Veterinarians and CVTs providing VTM shall at the time of service provide their contact information to the client or practice using the service. All VTM records shall be provided to the client or practice and are subject to the provisions of 875-011-0010 (12), (13).

Statutory/Other Authority: ORS 686.210m IRS 686.040, ORS 686.370

Statutes/Other Implemented: ORS 686.210m IRS 686.040, ORS 686.370

History:

[VMEB 1-2020, adopt filed 02/10/2020, effective 02/10/2020](#)

From: candiedvm@gmail.com <candiedvm@gmail.com>

Sent: Sunday, February 28, 2021 2:39 PM

To: 'Emilio.e.debess@state.or.us' <Emilio.e.debess@state.or.us>; 'Lori Makinen' <lori.makinen@state.or.us>

Subject: Question

Hi Dr. DeBess and Lori-

I have a question about what the OVMEB's stance would be if someone were to complain about complications related to a pregnant cat or dog being closed back up in lieu of proceeding with the spay, if the pregnancy was not found until the abdomen was already opened up.

I am a HQHVSN surgeon and shelter vet with a strong interest in community cats, TNR, and ending pet overpopulation. I am being asked to close up pregnant shelter owned dogs and cats if the pregnancy is not found until the abdomen has already been opened. I may also possibly be asked to close up client owned pregnant dogs in a low cost public S/N Clinic, if that is what the owner requests, if a dog is not found to be pregnant until the spay is underway.

I am concerned about my vet license and liability/malpractice issues if there were to be complications related to a pregnant cat or dog being closed back up instead of spayed. Is this an acceptable standard of care from the OVMEB's standpoint or would I get reprimanded by the veterinary board for doing something that is not considered an acceptable standard of care?

Thank you
Candie Corriher, DVM

686.040 Application of ORS 686.020 (1)(a); consultation with individual licensed in other state; rules. (1) ORS 686.020 (1)(a) does not apply to commissioned veterinary officers of the United States Army, or those in the employ of other United States Government agencies while engaged in their official capacity, unless they enter into a private practice.

(2) Nothing in ORS 686.020 (1)(a) shall be so construed as to prevent any person or the agent or employee of the person from practicing veterinary medicine and surgery or dentistry in a humane manner on any animal belonging to the person, agent or employee or for gratuitous services or from dehorning and vaccinating cattle for the person, agent or employee.

(3) Nothing in ORS 686.020 (1)(a) shall be so construed as to prevent the selling of veterinary remedies and instruments by a licensed pharmacist at the regular place of business of the licensed pharmacist.

(4) 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.

(5) ORS 686.020 (1)(a) does not apply to the lay testing of poultry by the whole blood agglutination test.

(6) A certified euthanasia technician holding an active, current certificate may inject sodium pentobarbital, sedative and analgesic medications and any other euthanasia substance approved by the Oregon State Veterinary Medical Examining Board without violating ORS 686.020 (1)(a).

(7) The board by rule may specify circumstances under which unlicensed persons may give vaccinations, administer an anesthetic or otherwise assist in the practice of veterinary medicine.

(8) Any individual licensed as a veterinarian in another state may be used in consultation in this state with a person licensed to practice veterinary medicine in this state provided the consultation does not exceed 30 days in any 365 consecutive days.

(9) ORS 686.020 (1)(a) does not apply to authorized representatives of the State Department of Agriculture in the discharge of any duty authorized by the department.

(10) ORS 686.020 (1)(a) does not apply to an unlicensed representative of a livestock association, cow-testing association, or poultry association who, for the benefit of the association, takes blood samples for laboratory tests for the diagnosis of livestock or poultry diseases, but only if this person has received authorization from the State Department of Agriculture following a written request to the department.

(11) ORS 686.020 (1)(a) does not apply to persons permitted by the State Department of Fish and Wildlife to rehabilitate orphaned, sick or injured wildlife, as defined in ORS 496.004, for the purpose of restoring the animals to the wild.

(12) ORS 686.020 (1)(a) does not apply to students, agents or employees of public or private educational or medical research institutions involved in educational or research activities under the auspices of those institutions.

(13) ORS 686.020 (1)(a) does not apply to:

(a) Veterinarians employed by Oregon State University;

(b) Instructors of veterinary courses; or

(c) Students of veterinary science who participate in the diagnosis and treatment of animals if the students:

(A) Are participating in the diagnosis and treatment of animals while engaged in an educational program approved by the board or a college of veterinary medicine accredited by the American Veterinary Medical Association; and

(B) Are under the direct supervision of an Oregon licensed veterinarian or a veterinarian approved by the board or Oregon State University to supervise students in the educational program. [Amended by 1975 c.619 §2; 1987 c.651 §3; 1993 c.491 §1; 1993 c.571 §29; 2005 c.196 §2; 2009 c.169 §1; 2019 c.126 §2]

From: [MCLEOD-SKINNER Cass * BCE](#)
To: [DEBESS Emilio E](#)
Cc: [BALAJADIA Bertina](#); [MCLEOD-SKINNER Cass * BCE](#)
Subject: RE: Veterinary record questions
Date: Wednesday, February 17, 2021 3:39:08 PM

Let's bring this topic to April's board meeting.

Bertina,

Can you please communicate with the original sender at let her know the Board will be addressing this issue in April?

Thanks,
Cass

From: DEBESS Emilio E <Emilio.E.DEBESS@dhsosha.state.or.us>
Sent: Thursday, January 21, 2021 11:07 AM
To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>
Subject: RE: Veterinary record questions

We have discussed this several times and it is not clear to us if recommended or required to write down the progress and make it part of the medical record.
Joanna?

Division 15

MINIMUM STANDARDS FOR VETERINARY MEDICAL FACILITIES AND VETERINARY PRACTICE

875-015-0030

Minimum Veterinary Practice Standards

2. (f) For each physical exam the following conditions shall be evaluated and findings documented when applicable by species, even if such condition is normal:

((T) Progress of the case while in the veterinary medical facility;

4) A veterinarian shall use appropriate and humane methods of anesthesia, analgesia and sedation to minimize pain and distress during any procedures or conditions and shall comply with the following standards:

(a) Animals shall have a documented physical exam conducted within 24 hours prior to the administration of a sedative or anesthetic, which is necessary for veterinary procedures, unless the temperament of the patient precludes an exam prior to the use of chemical restraint;

(b) An animal under general anesthesia for a medical or surgical procedure shall be under direct observation throughout the anesthetic period and during recovery from anesthesia until the patient is awake and in sternal recumbency;

(c) A method of cardiac monitoring shall be employed to assess heart rate and rhythm repeatedly during anesthesia and may include a stethoscope or electronic monitor;

(d) A method of monitoring the respiratory system shall be employed to assess respiratory rate and pattern repeatedly during anesthesia and may include a stethoscope or electronic monitor.

(e) Where general anesthesia is performed in a hospital or clinic for companion animal species (excluding farm animals), anesthetic equipment available shall include an oxygen source, equipment to maintain an open airway and a stethoscope;

(f) Anesthetic and sedation procedures and anesthetic and sedative medications used shall be documented, including agent used, dosage, route of administration, and strength, if available in more than one strength;

(g) Adequate means for resuscitation including intravenous catheter and fluids shall be available;

(h) Emergency drugs shall be immediately available at all times;

From: OVMEB Info <OVMEB.INFO@oregon.gov>

Sent: Friday, January 15, 2021 10:00 AM

To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>

Subject: FW: Veterinary record questions

From: Carrie Marcum <carriemarcum@hotmail.com>

Sent: Friday, January 15, 2021 9:50 AM

To: OVMEB Info <OVMEB.INFO@oregon.gov>

Subject: Veterinary record questions

Hello!

This may be a silly question, but we are trying to determine whether an anesthetic monitoring record is required to be added to the patient record?

Thank you in advance,

Carrie Marcum DVM

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875-015-0030**Minimum Veterinary Practice Standards**

Each veterinary medical facility shall comply with the following:

(1) Medical Records: A legible individual record shall be maintained for each animal. However, the medical record for a litter may be recorded either on the dam's record or on a litter record until the individual animals are permanently placed or reach the age of three months. Records for herd or flock animals may be maintained on a group or client basis. All records shall be readily retrievable and must be kept for a minimum of three (3) years following the last treatment or examination. Records shall include, but are not limited to, the following information:

(a) Name or initials of the veterinarian responsible for entries; any written entry to a medical record that is made subsequent to the date of treatment or service must include the date that the entry was added.

(b) Name, address and telephone number of the owner and/or client;

(c) Name, number or other identification of the animal and/or herd or flock;

(d) Species, breed, age, sex, and color or distinctive markings, where applicable, each individual animal;

(e) Vaccination history, if known, shall be part of the medical record;

(f) Beginning and ending dates of custody of the animal;

(g) Pertinent history and presenting complaint;

(2) Required examinations. Unless exempted under (1) of this section or the animal's temperament precludes examination, a physical examination is required:

(a) To establish or maintain a VCPR;

(b) Each time an animal is presented with a new health problem;

(c) Within 24 hours of scheduled anesthesia; and

(d) If an animal is presented for euthanasia. (May be limited to elements necessary for the humane application of the procedure, such as a weight estimate and visual assessment if necessary due to the patient's condition or temperament.)

(e) Examinations waived due to exemption or temperament must be noted in the record. The veterinarian may waive examinations not required by this section.

(f) For each physical exam the following conditions shall be evaluated and findings documented when applicable by species, even if such condition is normal:

(A) Temperature;

(B) Current weight or weight estimate for large animals;

(C) Body condition or score;

(D) Eyes, ears, nose and throat;

(E) Oral cavity;

(F) Cardiovascular and respiratory systems including heart rate and pulse, auscultation of the thorax, trachea, as species appropriate, and respiratory rate;

(G) Evaluation of the abdomen by palpation and/or auscultation if applicable by species;

(H) Lymph nodes;

(I) Musculoskeletal system;

(J) Neurological system;

(K) Genito/urinary system;

(L) Integumentary system

(M) All data obtained by instrumentation;

(N) Diagnostic assessment;

(O) If relevant, a prognosis of the animal's condition;

(P) Diagnosis or tentative diagnosis at the beginning of custody of animal;

(Q) Treatments and intended treatment plan, medications, immunizations administered, dosages, frequency and route of administration;

(R) All prescription or legend drugs dispensed, ordered or prescribed shall be recorded including: dosage, frequency, quantity and directions for use. Any changes made by telecommunications shall be recorded. Legend drugs in original unopened manufacturer's packaging dispensed or ordered for herd use are exempt from this rule. Legend and prescription drugs are as defined by the U.S. Food and Drug Administration in 'FDA and the Veterinarian'.

(S) Surgical procedures shall be described including name of the surgeon, suture material used, and diagnostic findings;

(T) Progress of the case while in the veterinary medical facility;

(U) Exposed radiographs shall have permanent facility and animal identification;

(V) If a client waives or declines any examinations, tests, or other recommended treatments, such waiver or denial shall be noted in the records.

(3) Surgery: Surgery shall be performed in a manner compatible with current veterinary practice with regard to anesthesia, asepsis or antisepsis, life support and monitoring procedures, and recovery care. The minimum standards for surgery shall be:

(a) Aseptic surgery shall be performed in a room or area designated for that purpose and isolated from other activities during the procedure. A separate, designated area is not necessarily required for herd or flock animal surgery or antiseptic surgery;

(b) The surgery room or area shall be clean, orderly, well-lighted and maintained in a sanitary condition;

(c) All appropriate equipment shall be sterilized:

(A) Chemical disinfection ("cold sterilization") shall be used only for field conditions or antiseptic surgical procedures;

(B) Provisions for sterilization shall include a steam pressure sterilizer (autoclave) or gas sterilizer (e.g., ethylene oxide) or equivalent.

(d) For each aseptic surgical procedure, a separate sterile surgical pack shall be used for each animal. Surgeons and surgical assistants shall use aseptic technique throughout the entire surgical procedure;

(e) Minor surgical procedures shall be performed at least under antiseptic surgical techniques;

(f) All animals shall be prepared for surgery as follows:

(A) Clip and surgically prepare the surgical area for aseptic surgical procedures;

(B) Loose hair must be removed from the surgical area;

(C) Scrub the surgical area with appropriate surgical soap;

(D) Disinfect the surgical area;

(E) Drape the surgical area appropriately.

(4) A veterinarian shall use appropriate and humane methods of anesthesia, analgesia and sedation to minimize pain and distress during any procedures or conditions and shall comply with the following standards:

(a) Animals shall have a documented physical exam conducted within 24 hours prior to the administration of a sedative or anesthetic, which is necessary for veterinary procedures, unless the temperament of the patient precludes an exam prior to the use of chemical restraint;

(b) An animal under general anesthesia for a medical or surgical procedure shall be under direct observation throughout the anesthetic period and during recovery from anesthesia until the patient is awake and in sternal recumbency;

(c) A method of cardiac monitoring shall be employed to assess heart rate and rhythm repeatedly during anesthesia and may include a stethoscope or electronic monitor;

(d) A method of monitoring the respiratory system shall be employed to assess respiratory rate and pattern repeatedly during anesthesia and may include a stethoscope or electronic monitor.

(e) Where general anesthesia is performed in a hospital or clinic for companion animal species (excluding farm animals), anesthetic equipment available shall include an oxygen source, equipment to maintain an open airway and a stethoscope;

(f) Anesthetic and sedation procedures and anesthetic and sedative medications used shall be documented, including agent used, dosage, route of administration, and strength, if available in more than one strength;

(g) Adequate means for resuscitation including intravenous catheter and fluids shall be available;

(h) Emergency drugs shall be immediately available at all times;

(i) While under sedation or general anesthesia, materials shall be provided to help prevent loss of body heat;

(j) Analgesic medications, techniques and/or husbandry methods shall be used to prevent and minimize pain in animals experiencing or expected to experience pain, including but not limited to all surgical procedures;

(k) Chemical restraint may be used in conjunction with, but not in lieu of, analgesic therapy;

(l) Appropriate analgesic therapy shall be guided by information specific to each case, including but not limited to species, breed, patient health and behavioral characteristics, the procedure performed, and the expected degree and duration of pain.

(5) Library: A library of appropriate and current veterinary journals and textbooks or access to veterinary internet resources shall be available for ready reference.

(6) Laboratory: Veterinarians shall have the capability for use of either in-house or outside laboratory service for appropriate diagnostic testing of animal samples.

(7) Biologicals and drugs: The minimum standards for drug procedures shall be:

(a) All biological substances shall be stored, maintained, administered, dispensed and prescribed in compliance with federal and state laws and manufacturers' recommendations;

(b) Controlled substances and legend drugs shall be dispensed, ordered or prescribed based on a VCPR and shall be labeled with the following:

(A) Name of client and identification of animal(s);

(B) Date dispensed;

(C) Complete directions for use;

(D) Name, strength, dosage and the amount of the drug dispensed;

(E) Manufacturer's expiration date;

(F) Name of prescribing veterinarian and veterinary medical facility.

(c) No biological or drug shall be administered or dispensed after the expiration date, for a fee.

(d) Rabies vaccine shall be administered only by an Oregon-licensed veterinarian, a Certified Veterinary Technician under direct supervision of an Oregon-licensed veterinarian, or a person authorized by the Oregon Public Health Veterinarian pursuant to OAR 333-019-0017.

(e) If requested, a prescription shall be provided to a client for medications prescribed by the veterinarian under a valid VCPR.

(8) A veterinarian shall not use, or participate in the use of, any form of advertising or solicitation which contains a false, deceptive or misleading statement or claim.

(a) Specialty Services: Veterinarians shall not make a statement or claim as a specialist or specialty practice unless the veterinarian is a diplomate of a recognized specialty organization of the American Veterinary Medical Association;

(b) The public shall be informed if an animal will be left unattended in the veterinary facility.

(9) The veterinarian shall be readily available or has arranged for emergency coverage or follow-up evaluation in the event of adverse reaction or the failure of the treatment regimen.

(10) Euthanasia: Documented consent shall be obtained and a physical exam conducted prior to performing euthanasia. The exam may be limited to the elements necessary for the humane application of the procedure, such as a weight estimate and visual assessment if necessary due to the patient's condition or temperament. When ownership and identification of an animal cannot be reasonably established, the medical record for euthanasia shall contain a physical description of the animal.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.040 & 686.370

History:

[VMEB 13-2017, minor correction filed 11/09/2017, effective 11/09/2017](#)

[VMEB 11-2017, amend filed 11/07/2017, effective 11/08/2017](#)

VMEB 7-2017, f. & cert. ef. 5-16-17

VMEB 3-2016(Temp), f. & cert. ef. 12-12-16 thru 6-9-17

VMEB 2-2014, f. & cert. ef. 1-17-14

VMEB 4-2011, f. & cert. ef. 8-5-11

VMEB 2-2010, f. & cert. ef. 5-6-10

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

VME 5-1992, f. & cert. ef. 12-10-92

From: [MCLEOD-SKINNER Cass * BCE](#)
To: [MCLEOD-SKINNER Cass * BCE](#)
Cc: [BALAJADIA Bertina](#); [OVMEB Inspector](#); [OVMEB Investigator](#); [TuckerDavis Joanna L](#)
Subject: 2/19/21 Board meeting topic, 4.g.a.
Date: Friday, February 19, 2021 1:24:07 PM
Attachments: [image001.png](#)
Importance: High

All,

Here's the email that I forgot to include in your materials, under public session, section 4.g.a. regarding allowing certain continuing education credits for preparing and presenting lectures and whether the board wants to allow it. If so, how many hours?

Cass

From: DEBESS Emilio E <Emilio.E.DEBESS@dhsosha.state.or.us>
Sent: Tuesday, January 5, 2021 11:28 AM
To: BALAJADIA Bertina <Bertina.BALAJADIA@oregon.gov>; MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>
Subject: RE: Oregon Vet Board- 2021 Renewal

For CE the person can read articles – but It is only limited to few hours per every 2 years

[875-010-0090 Continuing Education Requirements \(CE\)](#)

(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.

From: BALAJADIA Bertina <Bertina.BALAJADIA@oregon.gov>
Sent: Tuesday, January 5, 2021 10:56 AM
To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>
Cc: DEBESS Emilio E <Emilio.E.DEBESS@dhsosha.state.or.us>
Subject: FW: Oregon Vet Board- 2021 Renewal

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,

I received an e-mail with a CE request. Is this something she can do?

One request: I am a habitual speaker at conferences and webinars, but there doesn't seem to be a way to account for that on the OVMEB website. It takes a lot of preparation to do a 1 hr talk, including journal reading, as well as likely doing research, and then presenting. Would it be possible to set up an option in the "scientific/non-scientific" section stating "conference presenter" and account for presentation and preparation. It is typically considered at universities as part of the accounting time on duties: 3 hours preparation for each 1 hour of class/conference = 4 hours total.

Thank you,
Bertina Balajadia
Oregon Veterinary Medical Examining Board
800 NE Oregon St. Suite 407
Portland, Oregon 97232
Phone: 971-673-0224
Fax: 971-673-0226

From: Aurora Villarroel <aurora@athyrvet.com>
Sent: Monday, January 4, 2021 10:37 PM
To: BALAJADIA Bertina <Bertina.BALAJADIA@oregon.gov>
Subject: RE: Oregon Vet Board- 2021 Renewal

Thanks for the email.

Done. Just FYI, I didn't see anything asking for it when I renewed my license.

One request: I am a habitual speaker at conferences and webinars, but there doesn't seem to be a way to account for that on the OVMEB website. It takes a lot of preparation to do a 1 hr talk, including journal reading, as well as likely doing research, and then presenting. Would it be possible to set up an option in the "scientific/non-scientific" section stating "conference presenter" and account for presentation and preparation. It is typically considered at universities as part of the accounting time on duties: 3 hours preparation for each 1 hour of class/conference = 4 hours total.

I have presented at 3 conferences in the past 2 years and I cannot report that anywhere. I know I have plenty of CE hours this time, but with the pandemic, this may change in the next couple of year at least. With my knowledge as an epidemiologist, I am not exposing myself to air travel for a while...

Thank you for the consideration. I know it doesn't apply to most people, but those of us who do this don't seem to have a way to get credit for it.

Sincerely,

Aurora

Aurora Villarreal, DVM, MPVM, PhD, DACVPM

Certified in Traditional Chinese Veterinary Medicine, CVA, CVTP, CVFT



Chapter 875

Division 10 PERMITS AND LICENSES

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

(1) All active licensees, including veterinarians and certified veterinary technicians, must comply with the CE 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

CERTIFIED EUTHANASIA TECHNICIAN RULES OAR 875-005-0005 Definitions (4) "Certified Euthanasia Technician or 3w "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.

OAR 875-015-0030 Minimum Veterinary Practice Standards Each veterinary medical facility shall comply with the following: (2) Required examinations. Unless exempted under (1) of this section or the animal's temperament precludes examination, a physical examination is required: (d) If an animal is presented for euthanasia. (May be limited to elements necessary for the humane application of the procedure, such as a weight estimate and visual assessment if necessary due to the patient's condition or temperament.) *** (10) Euthanasia: Documented consent shall be obtained and a physical exam conducted prior to performing euthanasia. The exam may be limited to the elements necessary for the humane application of the procedure, such as a weight estimate and visual assessment if necessary due to the patient's condition or temperament. When ownership and identification of an animal cannot be reasonably established, the medical record for euthanasia shall contain a physical description of the animal.

Division 40 CERTIFIED EUTHANASIA TECHNICIANS 875-040-0000 Certified Euthanasia Technicians (CETs) **No person not licensed as a veterinarian shall perform euthanasia or administer sodium pentobarbital unless the person is certified by the Board.** CETs shall administer euthanasia in conformance with the 2010 Association of Shelter Veterinarians (ASV) Guidelines for Standards of Care in Animal Euthanasia for small animals and the 2011 American Veterinary Medical Association (AVMA) Guidelines on Euthanasia for large animals. Under ORS 609.405, lethal injection of sodium pentobarbital is the only approved method for the euthanasia of dogs and cats by an animal control agency, humane society or subcontractor thereof. Statutory/Other Authority: ORS 686.210 Statutes/Other Implemented: ORS 475; 686.110, 120, 130, 132, 150 & 160 History: VMEB 9-2018, minor correction filed 08/01/2018, effective 08/01/2018 VMEB 1- 2012, f. & cert. ef. 6-25-12

875-040-0010 Certification of Technicians

(1) In order for a person to become a Certified Euthanasia Technician (CET), the person must: (a) Be an employee or a volunteer at a humane society, animal control agency **or animal holding facility (agency)**; (b) Complete Board-approved training; (c) Pay an annual certification fee of \$25.00.

(2) Upon separation from an agency, a CET may not euthanize animals until the person is employed by or a volunteer at another agency, and the agency has notified the Board. Certificates are valid only for the agency at which the person is currently working.

(3) If a CET is reemployed or volunteers again within 18 months of last certification, the **agency** may apply to the Board for reactivation of the person's certification. After an 18-month lapse in certification, the person must become recertified as described in (1).

(4) All certifications expire on October 31st of each year.

(5) The Board may suspend, revoke or discipline a CET holder for failure to comply with any part of OAR chapter 875 or Board of Pharmacy Rules (OAR chapter 855). Statutory/Other

Authority: ORS 686.210 Statutes/Other Implemented: ORS 475 & 686 History: VMEB 2-2012, f. & cert. ef. 6-25-12 v1.8.9

ORS 686.030 Acts constituting practice of veterinary medicine.

A person practices veterinary medicine, surgery or dentistry when the person does any of the following in this state: (2) Prescribes or administers a drug, medicine or treatment for the prevention, cure, amelioration, correction or modification of an animal problem or for euthanasia. 686.040 Application of ORS 686.020 (1)(a); consultation with individual licensed in other state; rules. (6) A certified euthanasia technician holding an active, current certificate may inject sodium pentobarbital, and any other euthanasia substance approved by the Oregon State Veterinary Medical Examining Board without violating ORS 686.020 (1)(a). 686.255 Fees; how determined. (1) The Oregon State Veterinary Medical Examining Board may impose fees for the following: (g) Application and certification fee for certified euthanasia technicians and employers. 686.440 Immunity from civil liability for emergency treatment. (1) A veterinarian or veterinary technician is not civilly liable for the acts or omissions described in subsection (2) of this section if: (a) The animal has been brought to the veterinarian or veterinary technician by a person other than the owner of the animal; and (b) The veterinarian or veterinary technician does not know who owns the animal or is unable to contact an owner of the animal before a decision must be made with respect to emergency treatment or euthanasia. (2) The immunity granted by this section applies to: (a) Any injury to an animal or death of an animal that results from acts or omissions of the veterinarian or veterinary technician in providing treatment to the animal; and (b) The euthanasia of a seriously injured or seriously ill animal. (3) Except as provided in subsection (4) of this section, this section does not apply to any act or omission of a veterinarian or veterinary technician that constitutes gross negligence in providing treatment to an animal. (4) A veterinarian is completely immune from any civil liability for the decision to euthanize an animal under the circumstances described in subsection (1) of this section. [1997 c.243 §2]

EUTHANASIA TASK FORCE 686.510 Euthanasia Task Force; fees; use of fees. The Oregon State Veterinary Medical Examining Board may establish a certified Euthanasia Task Force and may assess application and certification fees against certified euthanasia technicians and their employers. The fees so assessed are continuously appropriated to the board to support activities of the task force. [1987 c.651 §10]

Veterinary Medical Examining Board

Chapter 875

Division 40
CERTIFIED EUTHANASIA TECHNICIANS

875-040-0000

Certified Euthanasia Technicians (CETs)

~~Individuals not~~~~No person not~~ licensed as ~~a~~ veterinarian ~~s~~ shall not perform euthanasia, ~~or~~ administer sedation and sodium pentobarbital~~sedation and sodium pentobarbital~~, unless the person is certified-licensed by the Board as a CET. CETs shall administer sedation and euthanasia in conformance with the most current guidelines developed by the~~the 2010~~ Association of Shelter Veterinarians (ASV) Guidelines for Standards of Care in Animal Shelters, Euthanasia of Shelter Animals~~Euthanasia for small animals and~~, the 2011 American Veterinary Medical Association (AVMA) Guidelines on Euthanasia for large animals of Animals and Depopulation of Animals, and the Humane Society of the United States Euthanasia Reference Manual. These references shall be used in conjunction with development of sedations protocols by a veterinarian licensed with the board. Under ORS 609.405, sodium pentobarbital and only those substances specifically approved by the board for sedation prior to euthanasia can be used. ~~lethal injection of sodium pentobarbital is the only approved method for the euthanasia of by CETs when euthanizing dogs and cats small animals by~~ an animal control agency, humane society or subcontractor thereof.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 475; 686.110, 120, 130, 132, 150 & 160

History:

VMEB 9-2018, minor correction filed 08/01/2018, effective 08/01/2018

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

875-040-0010

Certification of Technicians

~~(1) (4)~~ In order for a person to become a Certified Euthanasia Technician (CET), the person must:

~~(a)~~ Pass a background check through the board.

~~(ab)~~ Be an employee or a volunteer at a humane society, animal control agency or animal holding facility (agency);

~~(bc)~~ Complete Board-approved training: Board approved training may include any of the following

(1) 15 hours of documented observation within the last 12 months and hands on training done with a licensed DVM or CET within the agency the individual is employed or volunteers with and exhibits proficiency when assessed within their organization performing euthanasia on both cats and dogs when observed by a licensed veterinarian

(2) Completion of an approved euthanasia course and exhibits proficiency when assessed within their organization performing euthanasia on both cats and dogs when observed by a licensed veterinarian

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;

(ed) Pay an ~~annual-initial~~ certification fee of \$25.~~00~~.

(2) Upon separation from an agency, a CET ~~may not~~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 agency has notified the Board. Certificates are valid only for the agency at which the person is currently working.

(a) The organization will notify the board within 10 days of an employee's separation from their organization

(3) If a CET is reemployed or volunteers within the same organization again within ~~18-12~~ months of holding a CET license-last certification, the agency may apply to the Board for reactivation of the person's certification. After an ~~18-12~~ month lapse in certificationlicensing, the person must become recertified as described in (1).

(a) Employees or volunteers with a new organization and who have completed 1(b) within the last 12-month timeframe are subject to reinstatement with a new organization after proficiency has been assessed within their organization performing euthanasia on both cats and dogs when observed by a licensed veterinarian, and verification is provided from that organization.

(4) CET licensees will need recertified every 5 years in the form of a proficiency assessment done by a licensed veterinarian submitted to the board with their renewal

(5) All ~~certifications-CET licenses~~ expire on October 31st of each year and are in effect for one calendar year.

(a) Renewals of CET license must be completed prior to October 31st each year, and renewal of licenses cost: ?

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

(c) Failure to renew or provide verification of organization as outlined in 5 (a) and 5 (b) will result in a license lapse and euthanasia duties may not be conducted until the license is reinstated

(56) The Board may suspend, revoke or discipline a CET holder for failure to comply with any part of OAR chapter 875 or Board of Pharmacy Rules (OAR chapter ~~855~~).

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 475 & 686

History:

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

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Commented [AL1]: I'm not sure if this is correct? Is there an initial fee and a renewal fee?

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Commented [AL2]: Maybe this would be a good location to include renewal fee? I'm not even sure if renewal is a different fee than initial license?

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Veterinary Medical Examining Board

Chapter 875

Division 1 PROCEDURAL RULES

875-001-0000

Notice

Prior to the adoption, amendment, or repeal of any permanent rule, the Veterinary Medical Examining Board shall give notice of the proposed adoption, amendment, or repeal:

- (1) In the Secretary of State's Bulletin referred to in ORS 183.360, at least 15 days prior to the effective date.
- (2) By providing a copy of the notice to persons on the Veterinary Medical Examining Board's mailing list established pursuant to ORS 183.335(7).
- (3) By providing a copy of the notice to the following persons, organizations, or publications:
 - (a) Media services;
 - (b) Oregon Veterinary Medical Association;
 - (c) Oregon Humane Society;
 - (d) Oregon State University Extension Service;
 - (e) Animal control agencies.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 183.310 - 183.360

History:

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

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

VE 4, f. & ef. 5-3-76

875-001-0005

Model Rules of Procedure

The Veterinary Medical Examining Board adopts in its entirety the Attorney General's Model Rules of Procedure under the Administrative Procedures Act.

[ED. NOTE: The full text of the Attorney General's Model Rules of Procedure is available from the office of the Attorney General or Veterinary Medical Examining Board.]

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 183

History:

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

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

VME 4-1992, f. & cert. ef. 12-10-92

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

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

VME 1-1982, f. & ef. 8-30-82

VME 2-1980, f. & ef. 5-20-80

VE 1-1979, f. & ef. 8-28-79

VE 2-1978, f. & ef. 2-21-78

VE 3, f. 9-25-74, ef. 10-25-74, Renumbered from 875-010-0005

VE 2, f. 6-23-72, ef. 7-15-72

VE 1, f. 7-29-60

875-001-0015

Hearing Requests, Answers, and Consequences of Failure to Answer

(1) A hearing request shall be made in writing to the Board by the party or his/her representative and shall include an answer, which includes the following:

- (a) An admission or denial of each factual matter alleged in the notice;
 - (b) A short and plain statement of each relevant affirmative defense the party may have.
- (2) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;
- (3) Failure to raise a particular defense in the answer will be considered a waiver of such defense; and
- (4) Affirmative defenses alleged in the answer shall be presumed to be denied by the Board.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.020, 686.045 & 686.065

History:

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

875-001-0040

Public Records and Materials

(1) All requests for copies of public records pertaining to the Veterinary Medical Examining Board available at the Board office shall be submitted in writing. Public records are also available for viewing in the Board office during regular office hours.

(2) Charges for copies, documents and services shall be as follows:

(a) For machine copies requested by other state agencies and the general public, the charge will be the accepted government agency rate per copy;

(b) For documents developed by the Board, the Charge will be an amount fixed by the Board or its Executive Officer not exceeding the actual preparation cost per copy;

(c) For both machine copies and documents, a charge for any additional amount set at the discretion of the Board or its Executive Officer for staff time required for search, handling, and copying.

(3) Charges for the general public shall be payable in cash. Charges to state agencies shall be payable in cash unless billing to such agencies is authorized by the Board or its Executive Officer.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 279.051

History:

VME 1-1994, f. & cert. ef. 4-13-94

[Division 5](#) [GENERAL](#)

Division 5 GENERAL

[875-005-0000](#) **Board Meetings**

The Board shall hold regular meetings at least once each year, at such time and place as the Board may designate. The Chair of the Board may call special meetings for the Board at any time through the year as such meetings are necessary.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.210

History:

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

[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.

(3) "Board of Pharmacy": The Oregon State Board of Pharmacy.

(4) "Certified Euthanasia Technician or "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) "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.

(10) "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.

(11) "Mobile Clinic": A vehicle, including but not limited to a camper, motor home, trailer, or mobile home, used as a veterinary medical facility. A mobile clinic is not required for house calls or farm calls.

(12) 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.

(13) "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.

(14) "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.

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

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

(17) "Facility Registration": A registration issued by the Board to operate a veterinary medical facility when the premises meet minimum standards established by the Board.

(a) "Premises": Any veterinary facility where a licensed veterinarian practices or where the practice of veterinary medicine occurs. Premises include buildings, land, equipment, supplies, pharmaceuticals and the policies and practices that relate to minimum facility standards.

(b) "Facility Owner": Any person, corporation or other similar organization, private, or not-for-profit, holding title to a facility where a licensed veterinarian practices or where the practice of veterinary medicine occurs.

(c) "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).

(18) 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.

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 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

875-005-0010

Licensee's Duty to Cooperate

Every licensee of the Board shall:

(1) Cooperate with the Board and respond fully and truthfully to inquiries from and comply with any request from the Board, subject only to the exercise of any applicable right or privilege.

(2) Undergo practice competency or other evaluations requested by the Board.

(3) Provide a home address and telephone number in addition to business location and contact information.

(4) Notify the Board within 30 days of a home or business address and telephone number change.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.020, 686.045 & 686.065

History:

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

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

Division 10

PERMITS AND LICENSES

875-010-0000

Qualifications for Veterinary Licenses and Permits

Applicants for Oregon veterinary licenses shall meet the following requirements:

(1) Graduate from a veterinary college or veterinary department of a university or college of good standing and repute as defined in OAR 875-005-0005(9)(a)(b) or, if a graduate of an unaccredited veterinary school, completion of all requirements of the Education Commission for Foreign Veterinary Graduates (ECFVG) program or the Program for the Assessment of Veterinary Education (PAVE); and

(2)(a) Pass the North American Veterinary Licensing Exam (NAVLE) or the National Board Exam (NBE) and Clinical Competency Test (CCT), and Oregon Jurisprudence Exam/Regional Disease Test as required by OAR 875-010-0015(3).

(b) An applicant may request a waiver of the Clinical Competency Test requirement if all the following conditions are met:

(A) The applicant has graduated from an accredited veterinary school or earned the ECFVG or PAVE certificate or completed another equivalency program approved by the Board, as described in OAR 875-010-0000, prior to and including 1990;

(B) Has been engaged in active veterinary clinical practice for at least five contiguous years immediately preceding the date of application;

(C) Has held license(s) in good standing in other state(s) or U.S. territories since graduation; and

(D) Has met Continuing Education requirements at least equivalent to 10 hours per year during the five years immediately preceding the date of application.

(E) The Board may request other documentation of competent clinical practice.

(3) Temporary and active licenses may be issued to applicants who have at least one year experience, as set out in ORS 686.045(3) and 686.065(1)(b).

(4) The Board may conduct background checks on intern, initial and renewing license applicants. Applicants and licensees shall be required to provide any police and court records for any arrests and convictions.

(5) The Board may refuse to issue a license or permit to an applicant for any of the following:

- (a) Violations of veterinary practice laws and rules in other states, provinces or countries;
- (b) Evidence of previous veterinary incompetence or negligence;
- (c) Violations of other laws substantially related to the qualifications, functions or duties of veterinary medicine;
- (d) The sale or use of illegal drugs or substance abuse; or
- (e) Making a misrepresentation or omission on application or otherwise to the Board.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.045 & 686.065

History:

[VMEB 3-2019, amend filed 10/28/2019, effective 10/28/2019](#)

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

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

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

875-010-0006

Procedures for Obtaining License or Permit

(1) Graduate from a veterinary college or veterinary department of a university or college as defined in OAR 875-005-0000(8).

(2) To apply for a veterinary license, the applicant must complete an application form available from the Board office. A completed application includes:

- (a) An application form completed and signed by the applicant and notarized;
- (b) A copy of a college diploma or a letter from the graduate's school verifying satisfactory graduation, or, if a graduate of an unaccredited foreign veterinary school certification of satisfactory completion of requirements of the Educational Commission for Foreign Veterinary Graduates (ECFVG), or verification of completion of other foreign graduate equivalency programs approved by the Board;
- (c) A completed Oregon Jurisprudence Exam/Regional Disease Test;
- (d) Verification of veterinary experience and certification of status of license(s) in other states if applicable;
- (e) The license application and Oregon Jurisprudence Exam/Regional Disease Test fee of \$75.00.

(3) To register for the NAVLE, the candidate shall apply to the National Board of Veterinary Medical Examiners (NBVME), www.nbvme.org.

(4) The applicant may take the NAVLE in another state. For licensing in Oregon, NAVLE scores must be directly transferred to the Board through the Veterinary Information Verifying Agency (VIVA).

(5) An applicant may request a waiver of the Clinical Competency Test requirement if all the following conditions are met:

(a) The applicant has graduated from an accredited veterinary school or earned the ECFVG certificate or completed another equivalency program approved by the Board, as described in OAR 875-010-0000, prior to and including 1990;

(b) Has been engaged in active veterinary clinical practice for at least five contiguous years immediately preceding the date of application;

(c) Has held license(s) in good standing in other state(s) or U.S. territories since graduation; and

(d) Has met continuing education requirements at least equivalent to 10 hours per year during the five years immediately preceding the date of application.

(e) The Board may request other documentation of competent clinical practice.

(7) Neither NAVLE nor the National Board Exam (NBE) requirement shall be waived.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.075 & 686.255

History:

VMEB 1-2011, f. & cert. ef. 3-2-11

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

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

875-010-0016

Veterinary License Examinations

"North American Veterinary Licensing Examination (NAVLE)": The National Board of Veterinary Medical Examiners (NBVME) provides this examination to test a candidate's qualification for entry-level clinical practice and comprehensive veterinary knowledge. Effective November 2000, the NAVLE replaces the National Board Examination (NBE) and Clinical Competency Test (CCT).

(1) NBVME is the sole provider of the NAVLE. The NBVME will report the scores of NAVLE to the Board.

(2) The passing score for NAVLE shall be 425. If the National Board Examination (NBE) and/or Clinical Competency (CCT) were taken December 1992, or later, the candidate must receive a passing score according to the criterion-referenced scoring method implemented by the Professional Exam Service in December 1992.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.075

History:

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

VMEB 1-2011, f. & cert. ef. 3-2-11

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

875-010-0021

Recalculation, Review and Appeal of Examination Results

(1) The Jurisprudence Exam/Regional Disease Test may be taken more than once, however, applicants who fail the JPE/RDT three times may be required to make further attempts to pass in the presence of a Board staff or member..

(2) An applicant may request a review of the NAVLE examination results according to the review procedures of the NBVME.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.075

History:

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

VMEB 1-2011, f. & cert. ef. 3-2-11

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

875-010-0026

Intern, Active and Inactive Licenses

Upon approval of all required application materials, the applicant may then apply for an intern or active license to practice veterinary medicine in Oregon. License activation forms are available from the Board office or on its website.

(1) The intern or active license fee shall be \$150 annually.

(2) If the applicant has satisfactorily completed one year's experience in the United States or its territories or provinces, or in Canada, an active veterinary license will be issued and will expire on the next following December 31st. Licensee shall renew the license according to OAR 875-010-0065.

(3) If applicant has less than one year's experience, an Intern Permit (intern license) will be issued. The intern license will expire following the total number of days necessary to complete one year's practice experience, under supervision of an Oregon licensed veterinarian, pursuant to ORS 686.085 and OAR 875-010-0050:

(a) Upon completion of the internship, the intern may apply for an active license, pursuant to OAR 875-010-0065. Late fees up to \$150 will apply for each month the application is late if the intern has continued to practice veterinary medicine in Oregon after expiration of the intern license;

(b) The supervising veterinarian shall complete an experience verification form attesting that the intern has satisfactorily completed the internship and the intern shall submit this form with the application for an active license.

(4) An inactive license may be issued to any applicant who does not meet Continuing Education requirements. Inactive licensees shall not practice veterinary medicine in Oregon. The inactive license fee shall be \$100 annually.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.095 & 686.255

History:

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

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

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

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

875-010-0031

Registration of Veterinary Facilities; Managing Veterinarian; Registration Denial, Suspension, Revocation; Inspection

(1) Each veterinary medical facility in Oregon as defined in 875-005-0005 must register with the Board and designate a Managing Veterinarian with the following exceptions:

- (a) Any facilities owned and operated by a local, regional, state or federal government agency
- (b) Facilities where privately owned animals are housed and where mobile veterinarians or mobile veterinary clinics may routinely come to provide veterinary services, e.g., private barn, home, boarding stable or animal event location
- (c) Locations where animals are undergoing a medical crisis and conditions preclude transport to a veterinary facility (accident site)
- (d) Temporary facilities established under a declared emergency
- (e) Teaching facilities as established by AVMA-accredited schools of veterinary science or veterinary technology.

(2) Requirements for registered Veterinary Facilities

- (a) Each facility registration expires on December 31st or upon a change in facility ownership.
- (b) Each facility identified by a separate physical address will be considered a separate facility requiring registration.
- (c) Mobile facilities, unless operated as a satellite of a registered fixed facility, will require individual registration.
- (d) Temporary facilities, providing only spay/neuter, vaccinations, micro-chipping and examinations may operate up to 15 days per year at any one location under the registration of an Oregon fixed-location facility and under the oversight of the fixed-location's Managing Veterinarian, unless otherwise approved by the Board.

(3) Requirements for the Managing Veterinarian.

- (a) Provide the Board with documented authority from the facility owner to maintain the facility within the standards set forth by this chapter.
 - (b) Ensure facilities maintain and post a valid facility registration issued by the Board.
 - (c) Ensure timely provision of medical record copies from the facility when requested.
 - (d) A veterinary intern (OAR 875-010-0026) may not be designated as Managing Veterinarian.
 - (e) A licensee with a relevant disciplinary history or who has been or currently is under a disciplinary order of the Board may be denied designation as Managing Veterinarian.
- (4) Procedures for any change in the Managing Veterinarian. The Managing Veterinarian on record with the Board as responsible for a facility remains responsible for that facility until one of the following occurs:
- (a) The Board is notified in writing of a new Managing Veterinarian that has accepted responsibility.

(b) The Board is notified in writing that the Managing Veterinarian wishes to be relieved of the position and associated responsibilities.

(c) The Managing Veterinarian is incapacitated to the extent that they cannot provide oversight of any facility.

(5) Applicants for facility registration must complete an application form available from the Board.

(6) A completed application will include payment of \$150 registration fee, inspector's or self-certification of compliance with minimum standards of OAR 875-015-0020 and 875-015-0030, and designation of a Managing Veterinarian as defined in 875-015-0065.

(7) Denial of Facility Registration Application. The Board may deny an application for facility registration or renewal if:

(a) The application is incomplete or the registration fee is not submitted.

(b) The facility fails to meet minimum standards or fails to correct deficiencies within an appropriate time frame following inspection.

(c) The designated Managing Veterinarian fails meet the minimum facility standards listed in OAR 875-015-0020 and 875-015-0030.

(d) No Managing Veterinarian, meeting all requirements of this chapter, has been designated.

(8) Suspension or Revocation of a Facility Registration. The Board may withhold, suspend or revoke a facility registration if:

(a) No Managing Veterinarian is designated for the facility for more than 15 consecutive days. An interim Managing Veterinarian may be designated for a period not to exceed 30 days total.

(b) When it has been determined by the Board that the managing Veterinarian has failed to meet all the minimum facility standards as provided for in the rules of this act.

(c) Investigation or inspection has revealed unresolved public health and safety risks or other conditions noncompliant with OAR 875-015-0020 and 875-015-0030.

(9) All Facility Registrations terminate upon a change in the facility owner.

(10) Inspection of Facilities: The purpose of inspection is to ensure that public health and safety is maintained by meeting the minimum facility standards listed in OAR 875-015-0020 and 875-015-0030. The Board may designate or employ qualified persons to do the inspections and may delegate inspections to other state or federal agency regulators. Prior to January 2017 the Board may accept self-certification of compliance by the Managing Veterinarian in-lieu-of inspection. This self-certification shall be submitted using a form provided by the Board.

(a) The Board may inspect each veterinary facility:

(A) Before a new facility receives an initial facility registration

(B) Periodically, at least once every three years

(b) The board may inspect any veterinary facility:

(A) At any time upon receipt of a complaint or if it has cause to believe the facility is noncompliant with OAR 875-015-0020 or 875-015-0030.

(B) Upon a change in ownership or a change in the Managing Veterinarian

(C) As follow-up at any time after an inspection has found non-compliant conditions.

(c) Initial and periodic facility inspections may be waived for facilities holding a current American Animal Hospital Association (AHAA) certification.

(d) Inspections may be documented in writing and by audio, video and still picture recording.

(e) Upon an inspection finding of non-compliance with OAR 875-015-0020 or 875-015-0030, the Board or its representative may do any or all of the following:

(A) Establish a reasonable time line for bringing the facility into compliance

(B) Issue a civil penalty or citation

(C) Restrict facility operations when the failure to meet minimum facility standards poses an unresolved risk to public health and safety or other conditions noncompliant with OAR 875-015-0020 or 875-015-0030.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.130

History:

VMEB 5-2017, f. & cert. ef. 5-16-17

Suspended by VMEB 5-2016(Temp), f. & cert. ef. 12-12-16 thru 6-9-17

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

875-010-0045

Student Interns

(1) Any person wishing to work in Oregon as a student intern may do so if he or she is engaged in a student intern program administered by a veterinary college or university, or a veterinary technology program, approved by the Board or the American Veterinary Medical Association.

(2) Supervision of veterinary school student interns. All acts which a student intern may perform must be under the direct supervision of a licensed veterinarian. "Direct supervision" means that each act shall be performed by the student intern only after receiving specific directions from and in the presence of an Oregon licensed veterinarian. Certified Veterinary Technician student interns may work under direct supervision of a licensed veterinarian or Certified Veterinary Technician.

(3) Student interns may perform the following acts:

(a) Obtaining and Recording Information. Student interns may obtain and record the following information:

(A) Complete admission records, including recording the statements made by the client concerning the patient's problems and history. Student interns may also record their own observations of the patient. However, student interns cannot state or record their opinion concerning diagnosis of the patient;

(B) Maintain daily progress records, surgery logs, X-ray logs, Drug Enforcement Agency logs, and all other routine records as directed by the supervising veterinarian.

(b) Veterinary school student interns may perform surgery, if relevant coursework has been successfully completed, and if determined by the supervising veterinarian to be competent in basic surgical techniques;

(c) Preparation of patients, instruments, equipment, and medications for surgery. Student interns may:

(A) Prepare and sterilize surgical packs;

(B) Clip, surgically scrub, and disinfect the surgical site in preparation for surgery;

(C) Administer preanesthetic drugs as prescribed by the supervising veterinarian;

(D) Position the patient for anesthesia;

(E) Administer anesthesia as prescribed by the supervising veterinarian;

(F) Operate anesthetic machines, oxygen equipment, and monitoring equipment.

(d) Collection of specimens and performance of laboratory procedures. Student Interns may:

(A) Collect urine, feces, sputum, and all other excretions for laboratory analysis;

(B) Collect blood samples for laboratory;

(C) Collect skin scrapings;

(D) Perform routine laboratory procedures including urinalysis, fecal analyses, hematological, and serological examinations.

(e) Assisting the veterinarian in diagnostic medical and surgical procedures. Student interns may assist supervising veterinarians in the following diagnostic, medical, and surgical proceedings:

(A) Take the patient's temperature, pulse and respiration;

(B) Medically bathe the patient;

(C) Administer topical, oral, hypodermic, and intravenous medication as directed by the supervising veterinarian;

(D) Operate diagnostic imaging equipment;

(E) Perform dental prophylaxis, including operating ultrasonic dental instruments.

(f) Veterinary School student interns may perform other acts not specifically enumerated herein under the supervision of a veterinarian licensed to practice veterinary medicine in the State of Oregon, however, a student intern may not administer rabies vaccine.

(4) Certified Veterinary Technician student interns may perform all the acts enumerated in OAR 875-030-0040(2) and may not perform the acts prohibited in 875-030-0040(3). Certified Veterinary Technician student interns may not administer rabies vaccine.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.040(13)

History:

VMEB 6-2017, f. & cert. ef. 5-16-17

VMEB 3-2017, f. & cert. ef. 1-12-17

VMEB 10-2016(Temp), f. & cert. ef. 12-14-16 thru 6-11-17

VMEB 8-2016, f. & cert. ef. 12-13-16

VMEB 4-2016(Temp), f. & cert. ef. 12-12-16 thru 6-9-17

VMEB 1-2016(Temp), f. & cert. ef. 8-4-16 thru 1-4-17

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

VMEB 1-2010, f. & cert. ef. 5-6-10

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

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

VE 7-1978, f. & ef. 7-10-78

875-010-0050

Supervision of Interns

An intern license is issued for the purpose of providing supervised training and mentorship to veterinarians who have less than one (1) year experience following graduation from a veterinary school or college as defined in OAR 875-005-0005(8).

(1) "Supervision," as used in ORS 686.085, requires an Oregon licensed veterinarian to provide supervision of the Intern as follows:

(a) Direct supervision of the Intern for each and every procedure until such time as the supervising veterinarian reasonably concludes that the Intern has sufficient training and experience to competently conduct a particular procedure, or class of procedures, independently;

(b) The supervising veterinarian shall document and make available to the Board, if requested, the documentation used in making the decision to allow the Intern to work independently.

(c) The supervising veterinarian need not continue to directly supervise that procedure or class of procedures, upon the supervisor's determination that competency has been achieved by the Intern; however, the supervising veterinarian shall continue to reasonably monitor the results thereof;

(d) The supervising veterinarian shall continue to directly supervise all procedures for which the supervisor has not yet made a competency determination.

(2) The supervising veterinarian may not:

(a) Be absent from the veterinary clinic for more than 14 consecutive days, or more than 21 total days, in a six month period, exclusive of weekends; or

(b) Conduct the supervision from a separate clinic, unless and until such time as the supervising veterinarian reasonably concludes that the Intern has sufficient training and experience to competently conduct a particular procedure or class of procedures independently.

(3) The supervising veterinarian shall notify the Board within 10 calendar days if an Intern is no longer under that veterinarian's supervision. Notification may be via electronic mail.

(4) An Intern shall notify the Board within 10 calendar days of any change in supervision. Notification may be via electronic mail.

(5) An Intern may have more than one supervisor during the internship.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.085

History:

[VMEB 8-2018, amend filed 07/31/2018, effective 07/31/2018](#)

[VMEB 12-2017, amend filed 11/07/2017, effective 11/08/2017](#)

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

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

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

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

VE 6-1978, f. & ef. 7-10-78

[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 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

875-010-0090

Continuing Education Requirements (CE)

(1) All active licensees, including veterinarians and certified veterinary technicians, must comply with the CE 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

[875-010-0095](#)

Fee Waivers for Licenses or Permits

The Board may waive a category of fees if, in its judgment, such waiver is necessary to ensure that the fees charged do not exceed the cost of administering the Board's regulatory program pursuant to ORS 656.255(c).

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.020, 686.045 & 686.065

History:

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

Division 11

DISCIPLINE AND CITATIONS

[875-011-0005](#)

Gross Ignorance, Incompetence, or Inefficiency in the Profession

Under ORS 686.130(14), any veterinarian may have his or her license revoked or suspended by the Board for gross ignorance, incompetence, or inefficiency in the profession, among other causes. "Gross ignorance, incompetence, or inefficiency" in the profession within the meaning of this provision shall be defined to include:

(1) Failure to comply with current standards on isolation of patients with serious infectious, contagious diseases.

(2) Keeping animals with known serious infectious, contagious diseases in the same area with animals who do not have serious infectious, contagious diseases when current standards require isolation.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.130

History:

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

875-011-0010

Unprofessional or Dishonorable Conduct

The Board interprets "unprofessional or dishonorable conduct" to include, but is not limited to the following:

(1) Gross negligence in the practice of veterinary medicine.

(2) A pattern, practice or continuous course of negligence, ignorance, incompetence or inefficiency in the practice of veterinary medicine. The incidents may be dissimilar.

(3) Performing surgery, taking a radiograph or attempting a treatment without first obtaining the client's permission, except in emergency circumstances. Permission may be reasonably implied under some circumstances.

(4) Failure without good cause to perform a specific surgery or treatment in a timely manner after agreeing to perform the surgery or treatment.

(5) Failure to properly prepare an animal for surgery or treatment.

(6) Failure to use sterile instruments and equipment when performing surgery, when the circumstances require the use of sterile instruments and equipment.

(7) Failure to use generally accepted diagnostic procedures and treatments without good cause.

(8) Failure to obtain the client's written permission before using unorthodox or non-standard methods of diagnosis or treatment. Acupuncture, chiropractic or herbal medicine is not considered unorthodox or non-standard.

(9) Failure to advise a client of home care or follow-up treatment required after a particular diagnosis or treatment.

(10) Handling animals in an inhumane manner or with unnecessary force.

(11) Charging for services not rendered.

(12) Altering or falsifying medical records.

(13) Failure to maintain records which show, at a minimum, the name of the client, identification of the patient, its condition upon presentation, the tentative diagnosis, treatment performed, drug administered,

amount of drug, any prescription, and the date of treatment. For companion animals, identification of the patient should include species, breed, name, age, sex, color, and distinctive markings, where practical.

(14) Failure to provide to a client, or another veterinarian retained by the client, upon request by either, a copy of the patient's medical record (including copies of imaging) within 72 hours or immediately for emergencies. A reasonable copying fee, e.g., comparable to local commercial copying rates, may be charged; however, copy requests may not be denied for nonpayment of fees or outstanding bills.

(15) Failure to mark or label a container of prescription or legend drugs with the date, name of drug, dosage frequency, identification of animal (if appropriate), and withdrawal time (if appropriate). Excludes legend drugs dispensed or ordered in original, unopened manufacturer's packaging for herd use.

(16) Failure to comply with federal law concerning packaging and labeling of prescription or legend drugs.

(17) Violation of any state or federal law relating to controlled substances, as defined in ORS 475.005(6), which the veterinarian obtained under the authority of the veterinary license.

(18) Non-veterinary prescribing, use, theft or diversion of legend or controlled drugs.

(19) Failure to respond or appear as requested, without good cause, within the time required by the Board.

(20) Failure to comply with any rule or Order of the Board or as required by OAR 875-005-0010.

(21) Providing false, misleading or deceptive information to the Board.

(22) Making a misrepresentation or omission on a license renewal application.

(23) Violations of veterinary laws in other states that would constitute violations of Oregon law.

(24) Violations of other laws that relate to the practice of veterinary medicine, including violations of the Oregon Racing Commission statutes and administrative rules.

(25) Failure to meet minimum facility standards as defined in OAR 875-015-0020 or 875-015-0030 following inspection and findings of noncompliance.

(26) Failure to post valid facility registration in a place conspicuous to the public.

(27) Failure without good cause to notify the Board within 10 days of any change in facility ownership.

(28) Failure without good cause to notify the Board within 15 days of any change in Managing Veterinarian. An interim Managing Veterinarian may be designated.

(29) Practicing veterinary medicine in a facility without a valid registration.

(30) Failure to report uncorrected noncompliant facility conditions if registered as a Managing Veterinarian.

(31) Providing false, misleading or deceptive information to the Board or its designated inspector as part of a facility inspection or investigation.

(32) A Managing Veterinarian shall not be held liable for noncompliant facility conditions demonstrably beyond the control of the Managing Veterinarian.

(33) Failure to report unprofessional or prohibited conduct as described in ORS 676.150.

(a) "Prohibited conduct" means conduct by a licensee that:

(A) Constitutes a criminal act against a patient or client; or

(B) Constitutes a criminal act that creates a risk of harm to a patient or client.

(b) "Unprofessional conduct" means conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or client.

(34) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a licensee who has reasonable cause to believe that another licensee has engaged in prohibited or unprofessional conduct shall report the conduct to the Board. The reporting licensee shall report the conduct without undue delay, but in no event later than 10 working days after the reporting licensee learns of the conduct.

(35) A licensee who is convicted of a misdemeanor or felony or who is arrested for a felony crime shall report the conviction or arrest to the Board within 10 days after the conviction or arrest.

(36) The Board shall investigate in accordance with the Board's rules. If the Board has reasonable cause to believe that the licensee has engaged in prohibited conduct, the Board shall present the facts to an appropriate law enforcement agency without undue delay, but in no event later than 10 working days after the Board finds reasonable cause to believe that the licensee engaged in prohibited conduct.

(37) A licensee who fails to report prohibited or unprofessional conduct as required by subsection (2) of this section or the licensee's conviction or arrest as required by subsection (3) of this section is subject to discipline by the Board.

(38) A licensee who fails to report prohibited conduct as required by subsection (2) of this section commits a Class A violation.

(39) Notwithstanding any other provision of law, a report under subsection (2) or (3) of this section is confidential under ORS 676.175. A board may disclose a report as provided in ORS 676.177.

(40) Except as part of an application for a license or for renewal of a license and except as provided in subsection (3) of this section, the Board may not require a licensee to report the licensee's criminal conduct.

(41) The obligations imposed by this section are in addition to and not in lieu of other obligations to report unprofessional conduct as provided by statute.

(42) A licensee who reports to the Board in good faith as required by subsection (2) of this section is immune from civil liability for making the report.

(43) The Board and the members, employees and contractors of the Board are immune from civil liability for actions taken in good faith as a result of a report received under subsection (2) or (3) of this section.

Statutory/Other Authority: ORS 686.210
Statutes/Other Implemented: ORS 686.130

History:

[VMEB 5-2019, amend filed 10/28/2019, effective 10/28/2019](#)
[VMEB 2-2019, minor correction filed 08/13/2019, effective 08/13/2019](#)
[VMEB 5-2018, amend filed 05/01/2018, effective 05/01/2018](#)
[VMEB 15-2017, minor correction filed 12/11/2017, effective 12/11/2017](#)
[VMEB 9-2017, amend filed 11/07/2017, effective 11/08/2017](#)

VMEB 1-2015, f. & cert. ef. 11-13-15
VMEB 2-2009, f. & cert. ef. 10-15-09
VMEB 8-2008, f. & cert. ef. 7-22-08
VMEB 3-2008, f. & cert. ef. 3-19-08
VMEB 1-2006, f. & cert. ef. 2-8-06

875-011-0012

Citation and Fine

If an investigation or inspection reveals noncompliance with any requirements of the Veterinary Practice Act (ORS ch. 676, OAR ch. 875) that do not relate to risk of harm to animals or the public, the Board may propose a non-disciplinary citation and fine not to exceed \$100 for each noncompliant instance.

Statutory/Other Authority: ORS 686.210
Statutes/Other Implemented: ORS 686.130

History:

[VMEB 1-2018, minor correction filed 01/24/2018, effective 01/24/2018](#)
VMEB 1-2015, f. & cert. ef. 11-13-15

875-011-0013

Compliance with Governor's Executive Orders and Guidance

(1) During a declared emergency, unprofessional or dishonorable conduct includes failing to comply with any applicable provision of a Governor's Executive Orders or any provision of this rule.

(2) Failing to comply as described in subsection (1) includes, but is not limited to:

(a) Operating a business required by an Executive Order to be closed under Executive Order 20-25;

(b) Providing services at a business required by an Executive Order to be closed under Executive Order 20-25;

(c) Failing to comply with Oregon Health Authority (OHA) guidance implementing an Executive Order, including but not limited to:

(A) Failing to satisfy required criteria in OHA guidance prior to resuming elective and non-emergent procedures;

(B) Failing to implement a measured approach when resuming elective and non-emergent procedures in accordance with OHA guidance;

(d) Failing to comply with any Board guidance implementing an Executive Order.

(3) No disciplinary action or penalty action shall be taken under this rule if the Executive Order alleged to have been violated is not in effect at the time of the alleged violation.

(4) Penalties for violating this rule are those authorized under ORS 686.150. Any such penalties shall be imposed in accordance with ORS Ch. 183.

Statutory/Other Authority: ORS 686.210, ORS 686.130

History:

[VMEB 6-2020, temporary adopt filed 08/18/2020, effective 08/18/2020 through 02/12/2021](#)

Division 15

MINIMUM STANDARDS FOR VETERINARY MEDICAL FACILITIES AND VETERINARY PRACTICE

Division 15

MINIMUM STANDARDS FOR VETERINARY MEDICAL FACILITIES AND VETERINARY PRACTICE

875-015-0005

Responsibilities for Veterinary Medical Practices

(1) Each veterinarian who holds any interest in a veterinary medical practice, unless exempted by ORS 686.040, shall be jointly and severally professionally responsible for all aspects of all activities conducted at and conditions of each veterinary medical facility at which the veterinarian's practice is conducted, including all acts and omissions of all the vet's partners, joint venturers, fellow shareholders, employees, representatives, agents and contractors, unless the veterinarian can establish:

(a) In the case of a non-complying condition, that the condition was under the sole control of one or more other licensed partners, joint venturers, Managing Veterinarians or shareholders, and was not utilized by the first veterinarian directly, or indirectly by someone under the first veterinarians's supervision or direction; and

(b) In the case of a non-complying activity, that the act or omission was committed by one or more other licensed employees, contractors, partners, joint venturers, Managing Veterinarians or shareholders, and the first veterinarian exercised no supervision or direction over the act or omission of the other licensed employee, contractor, partner, joint venturer or shareholder, and the first veterinarian had no duty to supervise.

(2) A licensed veterinarian shall not be relieved of responsibility for his or her own acts and omissions because another person also has some responsibility.

(3) Each facility owner who has any interest in a veterinary medical practice shall provide to the Board, upon request, the following information:

(a) The name and address (or vehicle license number) of each veterinary medical facility in which they have any ownership interest or responsibility;

(b) The name and address of each person having any legal or equitable interest in each of the veterinary medical facilities, and the form and amount of each interest;

(c) The name and address of each person having any interest in the ownership, operation, management or control of the veterinary medical practice conducted in each veterinary medical facility and the form and amount of each interest;

(d) A description of the services provided at or from each veterinary medical facility;

(e) The names and titles of each licensed professional employed or retained as a contractor at each veterinary medical facility;

(f) The names of each shareholder and officer of each professional corporation having any interest in the veterinary medical practice; and

(g) Any other relevant information which the Board representative requests.

(6) The Board considers that:

(a) Any person who violates section (1) or (2) of this rule thereby violates ORS 686.020(1), unlicensed practice of veterinary medicine; and

(b) Any licensee who participates in the same veterinary medical practice thereby commits unprofessional or dishonorable conduct in violation of ORS 686.130(6), having a professional connection with an illegal practitioner.

Statutory/Other Authority: ORS 686.210, ORS 686.040, 686.020 & 686.130

Statutes/Other Implemented: ORS 686.040, 686.020 & 686.130

History:

[VMEB 10-2017, amend filed 11/07/2017, effective 11/08/2017](#)

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

VMEB 1-1998, f. & cert. ef. 7-1-98

VME 2-1996, f. & cert. ef. 11-6-96

VME 5-1992, f. & cert. ef. 12-10-92

875-015-0020

Minimum Requirements for Veterinary Medical Facilities and Veterinary Licensees

Each veterinary medical facility and veterinary licensee shall comply with the following:

(1) Air Quality: Adequate heating and cooling must be provided for the comfort and well-being of the animals, and the facility must have sufficient ventilation in all areas to prevent mildew and condensation, and to exhaust toxic and/or nauseous fumes and/or odors.

(2) Lighting: Sufficient lighting must be provided in all areas sufficient for the safety of personnel and the intended use of this area.

(3) Water: Potable water must be provided.

(4) Waste Disposal: Waste disposal equipment shall be so operated as to minimize insect or other vermin infestation, and to prevent odor and disease hazards or other nuisance conditions. The veterinary medical facility shall have sanitary and aesthetic disposal of dead animals and other wastes which complies with all applicable federal, state, county and municipal laws, rules, ordinances and regulations.

(5) Storage: All supplies, including food and bedding, shall be stored in a manner that adequately protects such supplies against infestation, contamination or deterioration. Adequate refrigeration shall be provided for all supplies that are of a perishable nature, including foods, drugs and biologicals.

(6) Examination Area: Examination and surgery tables shall have impervious surfaces.

(7) Laboratory: May be either in the veterinary medical facility or through consultative services, adequate to render diagnostic information. An in-house laboratory shall meet the following minimum standards:

(a) The laboratory shall be clean and orderly with provision for ample storage;

(b) Adequate refrigeration shall be provided;

(c) Any tests performed shall be properly conducted by currently recognized methods to assure reasonable accuracy and reliability of results.

(d) Laboratory equipment must provide results of diagnostic quality. Protocols must be in place and followed regularly to assure the quality and reproducibility of the diagnostic information produced.

(8) Radiology: Equipment for diagnostic radiography must be available either on or off the veterinary medical facility. Such equipment must be on the premises if orthopedic or open thoracic procedures are performed. The equipment must meet federal and state protective requirements and be capable of producing, reading and labeling good quality diagnostic radiographs, including imaging diagnosis and findings. Equipment for providing diagnostic oral radiography must be available to the veterinary medical facility whenever surgical dental services are offered.

(9) Animal Housing Areas: Each veterinary medical facility confining animals must have individual cages, pens, exercise areas or stalls to confine said animals in a comfortable, sanitary and safe manner. Animals that are hospitalized for treatment of contagious diseases must be isolated physically and procedurally so as to prevent the spread of disease.

(10) Licenses: Licenses of every veterinarian or veterinary technician practicing in the veterinary medical facility shall be displayed in a place conspicuous to the public. Relief or temporary licensees may post legible photocopies of licenses. Mobile practice licensees shall have their license or a legible copy available for verification upon client request.

(11) Prescriptions: If requested, a written prescription shall be provided to a client for medications prescribed by the veterinarian under a valid VCPR. The facility shall post in a place conspicuous to the public a notice indicating availability of written prescriptions. The facility shall use, or replicate the specifications of, a notice template provided by the Board.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.130

History:

[VMEB 4-2018, amend filed 04/19/2018, effective 04/19/2018](#)

[VMEB 2-2018, amend filed 01/24/2018, effective 01/24/2018](#)

VMEB 2-2014, f. & cert. ef. 1-17-14

VMEB 9-2008, f. & cert. ef. 7-22-08

875-015-0030

Minimum Veterinary Practice Standards

Each veterinary medical facility shall comply with the following:

(1) Medical Records: A legible individual record shall be maintained for each animal. However, the medical record for a litter may be recorded either on the dam's record or on a litter record until the individual animals are permanently placed or reach the age of three months. Records for herd or flock animals may be maintained on a group or client basis. All records shall be readily retrievable and must be kept for a minimum of three (3) years following the last treatment or examination. Records shall include, but are not limited to, the following information:

(a) Name or initials of the veterinarian responsible for entries; any written entry to a medical record that is made subsequent to the date of treatment or service must include the date that the entry was added.

(b) Name, address and telephone number of the owner and/or client;

(c) Name, number or other identification of the animal and/or herd or flock;

(d) Species, breed, age, sex, and color or distinctive markings, where applicable, each individual animal;

(e) Vaccination history, if known, shall be part of the medical record;

(f) Beginning and ending dates of custody of the animal;

(g) Pertinent history and presenting complaint;

(2) Required examinations. Unless exempted under (1) of this section or the animal's temperament precludes examination, a physical examination is required:

(a) To establish or maintain a VCPR;

(b) Each time an animal is presented with a new health problem;

(c) Within 24 hours of scheduled anesthesia; and

(d) If an animal is presented for euthanasia. (May be limited to elements necessary for the humane application of the procedure, such as a weight estimate and visual assessment if necessary due to the patient's condition or temperament.)

(e) Examinations waived due to exemption or temperament must be noted in the record. The veterinarian may waive examinations not required by this section.

(f) For each physical exam the following conditions shall be evaluated and findings documented when applicable by species, even if such condition is normal:

(A) Temperature;

(B) Current weight or weight estimate for large animals;

- (C) Body condition or score;
 - (D) Eyes, ears, nose and throat;
 - (E) Oral cavity;
 - (F) Cardiovascular and respiratory systems including heart rate and pulse, auscultation of the thorax, trachea, as species appropriate, and respiratory rate;
 - (G) Evaluation of the abdomen by palpation and/or auscultation if applicable by species;
 - (H) Lymph nodes;
 - (I) Musculoskeletal system;
 - (J) Neurological system;
 - (K) Genito/urinary system;
 - (L) Integumentary system
 - (M) All data obtained by instrumentation;
 - (N) Diagnostic assessment;
 - (O) If relevant, a prognosis of the animal's condition;
 - (P) Diagnosis or tentative diagnosis at the beginning of custody of animal;
 - (Q) Treatments and intended treatment plan, medications, immunizations administered, dosages, frequency and route of administration;
 - (R) All prescription or legend drugs dispensed, ordered or prescribed shall be recorded including: dosage, frequency, quantity and directions for use. Any changes made by telecommunications shall be recorded. Legend drugs in original unopened manufacturer's packaging dispensed or ordered for herd use are exempt from this rule. Legend and prescription drugs are as defined by the U.S. Food and Drug Administration in 'FDA and the Veterinarian'.
 - (S) Surgical procedures shall be described including name of the surgeon, suture material used, and diagnostic findings;
 - (T) Progress of the case while in the veterinary medical facility;
 - (U) Exposed radiographs shall have permanent facility and animal identification;
 - (V) If a client waives or declines any examinations, tests, or other recommended treatments, such waiver or denial shall be noted in the records.
- (3) Surgery: Surgery shall be performed in a manner compatible with current veterinary practice with regard to anesthesia, asepsis or antisepsis, life support and monitoring procedures, and recovery care. The minimum standards for surgery shall be:

(a) Aseptic surgery shall be performed in a room or area designated for that purpose and isolated from other activities during the procedure. A separate, designated area is not necessarily required for herd or flock animal surgery or antiseptic surgery;

(b) The surgery room or area shall be clean, orderly, well-lighted and maintained in a sanitary condition;

(c) All appropriate equipment shall be sterilized:

(A) Chemical disinfection ("cold sterilization") shall be used only for field conditions or antiseptic surgical procedures;

(B) Provisions for sterilization shall include a steam pressure sterilizer (autoclave) or gas sterilizer (e.g., ethylene oxide) or equivalent.

(d) For each aseptic surgical procedure, a separate sterile surgical pack shall be used for each animal. Surgeons and surgical assistants shall use aseptic technique throughout the entire surgical procedure;

(e) Minor surgical procedures shall be performed at least under antiseptic surgical techniques;

(f) All animals shall be prepared for surgery as follows:

(A) Clip and surgically prepare the surgical area for aseptic surgical procedures;

(B) Loose hair must be removed from the surgical area;

(C) Scrub the surgical area with appropriate surgical soap;

(D) Disinfect the surgical area;

(E) Drape the surgical area appropriately.

(4) A veterinarian shall use appropriate and humane methods of anesthesia, analgesia and sedation to minimize pain and distress during any procedures or conditions and shall comply with the following standards:

(a) Animals shall have a documented physical exam conducted within 24 hours prior to the administration of a sedative or anesthetic, which is necessary for veterinary procedures, unless the temperament of the patient precludes an exam prior to the use of chemical restraint;

(b) An animal under general anesthesia for a medical or surgical procedure shall be under direct observation throughout the anesthetic period and during recovery from anesthesia until the patient is awake and in sternal recumbency;

(c) A method of cardiac monitoring shall be employed to assess heart rate and rhythm repeatedly during anesthesia and may include a stethoscope or electronic monitor;

(d) A method of monitoring the respiratory system shall be employed to assess respiratory rate and pattern repeatedly during anesthesia and may include a stethoscope or electronic monitor.

(e) Where general anesthesia is performed in a hospital or clinic for companion animal species (excluding farm animals), anesthetic equipment available shall include an oxygen source, equipment to maintain an open airway and a stethoscope;

(f) Anesthetic and sedation procedures and anesthetic and sedative medications used shall be documented, including agent used, dosage, route of administration, and strength, if available in more than one strength;

(g) Adequate means for resuscitation including intravenous catheter and fluids shall be available;

(h) Emergency drugs shall be immediately available at all times;

(i) While under sedation or general anesthesia, materials shall be provided to help prevent loss of body heat;

(j) Analgesic medications, techniques and/or husbandry methods shall be used to prevent and minimize pain in animals experiencing or expected to experience pain, including but not limited to all surgical procedures;

(k) Chemical restraint may be used in conjunction with, but not in lieu of, analgesic therapy;

(l) Appropriate analgesic therapy shall be guided by information specific to each case, including but not limited to species, breed, patient health and behavioral characteristics, the procedure performed, and the expected degree and duration of pain.

(5) Library: A library of appropriate and current veterinary journals and textbooks or access to veterinary internet resources shall be available for ready reference.

(6) Laboratory: Veterinarians shall have the capability for use of either in-house or outside laboratory service for appropriate diagnostic testing of animal samples.

(7) Biologicals and drugs: The minimum standards for drug procedures shall be:

(a) All biological substances shall be stored, maintained, administered, dispensed and prescribed in compliance with federal and state laws and manufacturers' recommendations;

(b) Controlled substances and legend drugs shall be dispensed, ordered or prescribed based on a VCPR and shall be labeled with the following:

(A) Name of client and identification of animal(s);

(B) Date dispensed;

(C) Complete directions for use;

(D) Name, strength, dosage and the amount of the drug dispensed;

(E) Manufacturer's expiration date;

(F) Name of prescribing veterinarian and veterinary medical facility.

(c) No biological or drug shall be administered or dispensed after the expiration date, for a fee.

(d) Rabies vaccine shall be administered only by an Oregon-licensed veterinarian, a Certified Veterinary Technician under direct supervision of an Oregon-licensed veterinarian, or a person authorized by the Oregon Public Health Veterinarian pursuant to OAR 333-019-0017.

(e) If requested, a prescription shall be provided to a client for medications prescribed by the veterinarian under a valid VCPR.

(8) A veterinarian shall not use, or participate in the use of, any form of advertising or solicitation which contains a false, deceptive or misleading statement or claim.

(a) Specialty Services: Veterinarians shall not make a statement or claim as a specialist or specialty practice unless the veterinarian is a diplomate of a recognized specialty organization of the American Veterinary Medical Association;

(b) The public shall be informed if an animal will be left unattended in the veterinary facility.

(9) The veterinarian shall be readily available or has arranged for emergency coverage or follow-up evaluation in the event of adverse reaction or the failure of the treatment regimen.

(10) Euthanasia: Documented consent shall be obtained and a physical exam conducted prior to performing euthanasia. The exam may be limited to the elements necessary for the humane application of the procedure, such as a weight estimate and visual assessment if necessary due to the patient's condition or temperament. When ownership and identification of an animal cannot be reasonably established, the medical record for euthanasia shall contain a physical description of the animal.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.040 & 686.370

History:

[VMEB 13-2017, minor correction filed 11/09/2017, effective 11/09/2017](#)

[VMEB 11-2017, amend filed 11/07/2017, effective 11/08/2017](#)

VMEB 7-2017, f. & cert. ef. 5-16-17

VMEB 3-2016(Temp), f. & cert. ef. 12-12-16 thru 6-9-17

VMEB 2-2014, f. & cert. ef. 1-17-14

VMEB 4-2011, f. & cert. ef. 8-5-11

VMEB 2-2010, f. & cert. ef. 5-6-10

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

VME 5-1992, f. & cert. ef. 12-10-92

875-015-0035

Minimum Standards for Veterinary Telemedicine

(1) Veterinary Telemedicine (VTM) occurs in Oregon when either the animal who is receiving the care is located in Oregon when receiving VTM or the person providing the care to the animal is located in Oregon when providing VTM, pursuant to the provisions of ORS 686.020. VTM may be provided only under a valid VCPR.

(2) VTM may be used when a veterinarian has a VCPR only when it is possible to make a diagnosis and create a treatment plan without a new physical exam. .

(3) VTM may be used with an existing client when there has not been a previous physical examination for the purpose of prescribing sedation for an aggressive or fractious patient prior to an initial visit.

(4) Prescriptions may only be issued when VTM occurs if the veterinarian has evaluated the safety of doing so via VTM, and in compliance with all state and federal laws.

(5) A veterinarian shall not substitute VTM for a physical exam when a physical exam is warranted or necessary for an accurate diagnosis of any medical condition or creation of an appropriate treatment plan.

(6) When practicing VTM in Oregon, licensees must conform to all minimum standards of practice and applicable laws. Licensees are fully responsible and accountable for their conduct when using VTM under the Board's statutes and rules.

(7) Whenever VTM is practiced in Oregon, a veterinarian must:

(a) Ensure that any technology used in the provision of VTM is sufficient and of appropriate quality to provide accuracy of remote assessment and diagnosis.

(b) Ensure that medical information obtained via VTM is recorded completely in the patient medical record and meets all applicable requirements of OAR 875-015-0030(1).

(8) A veterinarian may only delegate the provision of VTM to a Certified Veterinary Technician who is acting under direct or indirect supervision and in accordance with OAR 875-030-0040. A valid VCPR established by a physical examination conducted by the veterinarian must exist for the CVT to provide VTM services.

(9) Veterinarians and CVTs providing VTM shall at the time of service provide their contact information to the client or practice using the service. All VTM records shall be provided to the client or practice and are subject to the provisions of 875-011-0010 (12), (13).

Statutory/Other Authority: ORS 686.210m IRS 686.040, ORS 686.370

Statutes/Other Implemented: ORS 686.210m IRS 686.040, ORS 686.370

History:

[VMEB 1-2020, adopt filed 02/10/2020, effective 02/10/2020](#)

875-015-0040

Minimum Standards for Veterinary Drugs

(1) Definitions:

(a) 'Administer' means the direct application of a drug or device whether by injection, inhalation, ingestion or any other means, to the body of an animal patient by:

(A) A veterinarian, Certified Veterinary Technician or employee under the veterinarian's supervision; or

(B) A client or their authorized agent at the direction of the veterinarian.

(b) 'Dispense' or 'Dispensing' means, under a lawful prescription of a veterinarian, the preparation and delivery of a prescription drug, in a suitable container appropriately labeled for subsequent veterinary patient administration, to a client or other individual entitled to receive the prescription drug. Controlled substances and legend drugs shall be dispensed, ordered or prescribed based on a VCPR.

(2) Policies and Procedures. The veterinary facility must:

(a) Maintain written policies and procedures for drug procurement and management, including storage, security, integrity, access, dispensing, disposal, record-keeping and accountability; and

(b) Comply with all federal and state laws regarding veterinary drugs.

(3) Drug Security and Storage:

(a) All drugs must be kept in a locked drug cabinet or designated drug storage area that is sufficiently secure to deny access to unauthorized persons. Controlled drugs must be kept in a locked cabinet with access limited to persons authorized by the Managing Veterinarian.

(b) In accordance with 21 CFR §1301.75, controlled substances listed in Schedule I, II, III, IV and V shall be stored in a securely locked, substantially constructed cabinet.

(4) All drugs, including drug samples, must be stored according to manufacturer's published guidelines and in appropriate conditions of temperature, light, humidity, sanitation, ventilation and space.

(5) Prescription Labeling. A prescription must be labeled with the following information:

(a) Name of patient;

(b) Name of prescriber;

(c) Name, address, and phone number of the facility;

(d) Date of dispensing;

(e) Name and strength of the drug;

(f) Quantity dispensed;

(g) Directions for use;

(h) Manufacturer's expiration date, or an earlier date if preferable, after which the drug should not be administered to the patient; and

(i) Cautionary information as required for patient safety and required precautionary information regarding controlled substances: In accordance with 21 CFR §290.5, the label of any drug listed as a 'controlled substance' in Schedule II, III or IV of the Federal Controlled Substances Act must, when dispensed to or for a patient, contain the following warning: "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed." This statement is not required to appear on the label of a controlled substance dispensed for use in clinical investigations which are 'blind.'

(6) Dispensing and Drug Delivery:

(a) The veterinarian or their representative must orally counsel the client concerning all new drugs prescribed, unless circumstances would render oral counseling ineffective.

(b) If requested, a prescription shall be provided to a client for drugs and medications prescribed by the veterinarian under a valid VCPR.

(c) Rabies vaccine shall be administered only by an Oregon-licensed veterinarian, a Certified Veterinary Technician under direct supervision of an Oregon-licensed veterinarian, or a person authorized by the Oregon Public Health Veterinarian pursuant to OAR 333-019-0017.

(d) Drugs must be dispensed in a new container that complies with the current provisions of the Federal Consumer Packaging Act (16 CFR 500) and rules or regulations and with the current United States Pharmacopoeia/National Formulary monographs for preservation, packaging, storage and labeling.

(7) Disposal of Drugs: Drugs that are outdated, damaged, deteriorated, misbranded, or adulterated must be quarantined and physically separated from other drugs until they are destroyed or returned to the supplier. At the discretion of the veterinarian, outdated drugs may be dispensed as long as the client is informed and there is no fee charged for the drugs.

(8) Record Keeping

(a) For all drugs, a dispensing record must be maintained separately from the patient chart and retained for a minimum of three years. The record must show, at a minimum, the following:

(A) Name of patient;

(B) Dose, dosage form, quantity dispensed;

(C) Directions for use;

(D) Date of dispensing; and

(E) Name of person dispensing the prescription.

(b) All records of receipt and disposal of drugs must be retained for a minimum of three years.

(c) All records required by these rules or by other state or federal law must be readily retrievable and available for inspection by the Board's inspector or inspectors from other agencies having jurisdiction.

(9) Drug Acquisition: The veterinary facility must verify that prescription drugs are acquired from a source registered with the Board of Pharmacy.

(10) Inspection: Veterinary facilities will be periodically inspected to ensure compliance with these rules. The Managing Veterinarian of a veterinary facility must annually complete and maintain the self-inspection form prior to inspection, and must make all drug records and storage available for inspection. The self-inspection form will be available from the Board on its website or upon request.

Statutory/Other Authority: ORS 686.210, 686.040, 686.370, 686.130

Statutes/Other Implemented: ORS 686.210, 686.040, 686.370, 686.130

History:

[VMEB 5-2020, minor correction filed 07/14/2020, effective 07/14/2020](#)

[VMEB 4-2020, minor correction filed 06/22/2020, effective 06/22/2020](#)

[VMEB 3-2020, adopt filed 05/18/2020, effective 05/18/2020](#)

875-015-0050

Veterinary Dentistry

(1) A veterinary dental operation or procedure is the application or use of any instrument or device to any portion of an animal's tooth, gum, or related tissue for the prevention, cure, or relief of any wound, fracture, injury, disease, or other condition of an animal's tooth, gum, or related tissue. Dental operations or procedures shall be performed only by licensed veterinarians, except for those veterinary dental procedures set out in section (3) of this rule.

(2) Minimum Standards:

(a) Where preventive dental cleanings are offered, appropriate polishing equipment shall be available;

(b) Dental diagnostic radiograph capability shall be available when surgical dental services are offered;

(c) Records of dental work performed shall be kept and become part of the animal's permanent record.

(3) Preventive veterinary dental procedures including, but not limited to, the removal of calculus, soft deposits, plaque, and stains, or the smoothing, filing, or polishing of tooth surfaces shall be performed only by licensed veterinarians, certified veterinary technicians or veterinary assistants under the direct supervision of a licensed veterinarian.

(4) This rule does not prohibit any person from utilizing cotton swabs, gauze, dental floss, dentifrice, toothbrushes, or similar items to maintain an animal's oral hygiene.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.040 & 686.370

History:

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

VME 5-1992, f. & cert. ef. 12-10-92, Renumbered from 875-015-0010

VME 1-1990, f. & cert. ef. 1-26-90

875-030-0000

Introduction

Prior to the adoption of these rules, OAR 875-030-0000 through 875-030-0050, the Board referred to the license issued to animal health technicians, pursuant to ORS 686.350 through 686.370 and OAR 875-010-0025, as certificate and to the holders as certified animal health technicians. The Board shall continue to refer to such licenses as certificates, but, from not on, shall refer to the holders as certified veterinary technicians. All individuals who were certified animal health technicians immediately prior to the adoption of these rules shall be considered to be certified veterinary technicians hereafter.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.350 - 686.370

History:

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

875-030-0010

Criteria for Becoming a Certified Veterinary Technician (CVT)

In order to be licensed as a CVT, an individual must:

- (1) Pass the examinations referred to in OAR 875-030-0020; and
- (2) Hold a certificate in veterinary technology (or a comparable certificate) from a college accredited by the American Veterinary Medical Association, or other program approved by the Board; or
- (3) Have been actively licensed or registered in good standing as a veterinary technician in another state or states for a minimum of four years within the last eight years of application, and:
 - (a) Worked as a licensed veterinary technician or instructor of veterinary technology performing duties substantially equivalent to those in OAR 875-030-0040 for a minimum of four years within the last eight years of application; and
 - (b) Pass the examinations referred to in OAR 87-030-0020; and
 - (c) Provide notarized letters confirming clinical competency as a veterinary technician or instructor from at least a veterinarian or college official who supervised the applicant pursuant to (a) of this section; and
 - (d) Provide W2 federal tax forms or other Board-approved proof of employment or experience as a licensed veterinary technician or instructor; and
 - (e) Provide proof of CE as required in OAR 875-010-0090 that is current at the time of application.
- (4) A graduate of a veterinary school that is not AVMA-accredited may be eligible for licensure as a CVT if the individual:
 - (a) Provides notarized documentation of graduation with the doctor of veterinary medicine degree or its equivalent in the country where the degree was conferred; and
 - (b) Passes the examinations referred to in OAR 875-030-0020.
- (5) The Board may conduct background checks on initial and renewing CVT license applicants. Applicants and licensees shall be required to provide any police and court records for any arrests and convictions.
- (6) The Board may refuse to issue a license or permit to an applicant for any of the following:
 - (a) Violations of veterinary practice laws and rules in Oregon and other states, provinces or countries;
 - (b) Violations of other laws substantially related to the qualifications, functions or duties of veterinary medicine;
 - (c) Evidence of previous incompetence or negligence in the care of animals[;
 - (d) Performing duties limited to CVTs prior to licensure;
 - (e) Impairment as defined in ORS 676.303;
 - (f) Conviction of a crime, subject to ORS 670.280; or
 - (g) Making a misrepresentation or material omission on application or otherwise to the Board.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.350 - 686.370

History:

[VMEB 4-2019, amend filed 10/28/2019, effective 10/28/2019](#)

[VMEB 1-2019, amend filed 05/22/2019, effective 05/23/2019](#)

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

VMEB 9-2016, f. & cert. ef. 12-13-16

VMEB 6-2014, f. & cert. ef. 10-20-14

VMEB 4-2014, f. & cert. ef. 1-17-14

VMEB 2-2011, f. & cert. ef. 3-2-11

VMEB 3-2010, f. & cert. ef. 5-6-10

VMEB 3-2009, f. & cert. ef. 10-15-09

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

VMEB 10-2008, f. & cert. ef. 7-22-08

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

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

VMEB 2-2000, f. & cert. ef. 6-21-00

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

875-030-0020

Examinations for Certified Veterinary Technicians

(1) Applicants for licensure as CVTs shall pass the Veterinary Technician National Examination (VTNE) with a criterion score of 425 or greater. The Board will accept VTNE scores transferred to Oregon through the Veterinary Information Verifying Agency (VIVA) if the examination was taken in another state.

(2) In addition to the VTNE, applicants must successfully complete an open book examination on the Oregon Veterinary Practice Act (ORS 686) with a passing score of at least 95 percent, and the Regional Disease Test, with a passing score of 100 percent.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.350 - 686.370

History:

VMEB 4-2014, f. & cert. ef. 1-17-14

VMEB 2-2011, f. & cert. ef. 3-2-11

VMEB 3-2009, f. & cert. ef. 10-15-09

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

VME 2-1996, f. & cert. ef. 11-6-96

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

875-030-0025

Application for Certified Veterinary Technicians

(1) Applications for certification shall include:

- (a) An application form available from the Board office completed by the applicant;
- (b) The application fee of \$35 payable to the Board;
- (c) An official transcript or verification of standing and impending graduation from school.
- (d) Completion of the Oregon Jurisprudence Exam and Regional Disease Test;
- (e) The VTNE score report if the examination was taken in another state; and
- (f) Letters of good standing from any other state the applicant is or has been licensed in as a veterinary or animal health technician.

(2) All applications for the VTNE must be made directly to the American Association of Veterinary State Boards (AAVSB, www.aavsb.org). The application fee for certification if the VTNE was taken in another state is \$35 payable to the Board.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.225 & 686.350 - 686.370

History:

VMEB 5-2014, f. & cert. ef. 4-22-14
VMEB 2-2013, f. & cert. ef. 10-29-13
VMEB 1-2013, f. & cert. ef. 10-4-13
VMEB 2-2011, f. & cert. ef. 3-2-11
VMEB 3-2009, f. & cert. ef. 10-15-09
VMEB 2-2006, f. & cert. ef. 5-11-06
VMEB 1-2006, f. & cert. ef. 2-8-06
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

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 to the last known 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 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 \$10.

(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

875-030-0040

Supervision of Certified Veterinary Technicians

(1) All duties of CVTs must be performed under the supervision of a licensed veterinarian.

(2) CVTs may perform the following acts:

(a) Obtain and record information:

(A) Complete admission records, including recording the statements made by the client concerning the patient's problems and history. The CVT may also record the technician's own observations of the patient. However, the CVT cannot state or record his or her opinion concerning diagnosis of the patient;

(B) Maintain daily progress records, surgery logs, X-ray logs, Drug Enforcement Administration (DEA) logs, and all other routine records as directed by the supervising veterinarian.

(b) Prepare patients, instruments, equipment and medicant for surgery:

(A) Prepare and sterilize surgical packs;

(B) Clip, surgically scrub, and disinfect the surgical site in preparation for surgery;

(C) Administer preanesthetic drugs as prescribed by the supervising veterinarian;

(D) Position the patient for anesthesia;

(E) Induce anesthesia as prescribed by the supervising veterinarian;

(F) Operate anesthetic machines, oxygen equipment, and monitoring equipment.

(G) Place an endotracheal tube for the purpose of delivering oxygen and anesthetic gas to the patient requiring inhalant anesthesia.

(c) Collect specimens and perform laboratory procedures:

(A) Collect urine, feces, sputum, and all other excretions and secretions for laboratory analysis;

(B) Collect blood samples for laboratory analysis;

(C) Collect skin scrapings;

(D) Perform routine laboratory procedures including urinalysis, fecal analyses, hematological and serological examinations.

(d) Apply and remove wound and surgical dressings, casts, and splints;

(e) Assist the veterinarian in diagnostic, medical, and surgical proceedings:

(A) Monitor and record the patient's vital signs;

(B) Medically bathe the patient;

(C) Administer topical, oral hypodermic, and intravenous medication as directed by the supervising veterinarian;

(D) Operate X-ray equipment and other diagnostic imaging equipment;

(E) Take electrocardiograms, electroencephalograms, and tracings;

(F) Perform dental prophylaxis, including operating ultrasonic dental instruments pursuant to OAR 875-015-0050.

(G) Perform extractions under the immediate supervision of a licensed veterinarian.

(H) Administer rabies vaccine under the direct supervision of a licensed veterinarian.

(I) Under direct supervision of a veterinarian, inject or implant a permanent identification device.

(J) Under indirect supervision, carry out an Oregon-licensed veterinarians' home care instructions for duties permitted under OAR 875-030-0040. A valid VCPR must exist in order for a CVT to perform duties under indirect supervision.

(3) CVTs may perform other acts not specifically enumerated herein under the supervision of a veterinarian licensed to practice veterinary medicine in the State of Oregon. However, nothing in this section shall be construed to permit a CVT to do the following:

(a) Make any diagnosis;

(b) Prescribe any treatments;

(c) Perform surgery, except as an assistant to the veterinarian;

(d) Sign a rabies vaccination or any other animal health certificate.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.350 - 686.370

History:

VMEB 4-2014, f. & cert. ef. 1-17-14

VMEB 11-2008, f. & cert. ef. 7-22-08

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

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

VMEB 1-2002(Temp), f. & cert. ef. 4-23-02 thru 10-20-02

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

875-030-0045

Unprofessional or Dishonorable Conduct

The Board interprets "unprofessional or dishonorable conduct" to include, but is not limited to the following:

- (1) Gross negligence in the performance of duties as a Certified Veterinary Technician (CVT).
- (2) A pattern, practice or continuous course of negligence, ignorance, incompetence or inefficiency in practice as a CVT. The incidents may be dissimilar.
- (3) Diagnosing, prescribing, or performing other activities that may be done only by a licensed veterinarian.
- (4) Handling animals in an inhumane manner or with unnecessary force.
- (5) Theft or diversion of legend or controlled drugs.
- (6) Failure to respond or appear as requested, without good cause, within the time required by the Board.
- (7) Failure to comply with any rule or order of the Board or as required by OAR 875-005-0010.
- (8) Altering or falsifying medical records.
- (9) Making a misrepresentation or omission on a license renewal application.
- (10) Violations of veterinary laws in other states that would constitute violations of Oregon law.
- (11) Violations of other laws that relate to the practice of veterinary medicine.
- (12) Failure without good cause to notify the Board within 15 days of a change in personal or business address and contact information.

(13) Providing false, misleading or deceptive information to the Board.

(14) Failure to report unprofessional or prohibited conduct as described in ORS 676.150.

(15) "Prohibited conduct" means conduct by a licensee that:

(a) Constitutes a criminal act against a patient or client; or

(b) Constitutes a criminal act that creates a risk of harm to a patient or client.

(16) "Unprofessional conduct" means conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or client.

(17) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a licensee who has reasonable cause to believe that another licensee has engaged in prohibited or unprofessional conduct shall report the conduct to the Board. The reporting licensee shall report the conduct without undue delay, but in no event later than 10 working days after the reporting licensee learns of the conduct.

(18) A licensee who is convicted of a misdemeanor or felony or who is arrested for a felony crime shall report the conviction or arrest to the Board within 10 days after the conviction or arrest.

(19) The Board shall investigate in accordance with the Board's rules. If the Board has reasonable cause to believe that the licensee has engaged in prohibited conduct, the Board shall present the facts to an appropriate law enforcement agency without undue delay, but in no event later than 10 working days after the Board finds reasonable cause to believe that the licensee engaged in prohibited conduct.

(20) A licensee who fails to report prohibited or unprofessional conduct as required by subsection (2) of this section or the licensee's conviction or arrest as required by subsection (3) of this section is subject to discipline by the Board.

(21) A licensee who fails to report prohibited conduct as required by subsection (2) of this section commits a Class A violation.

(22) Notwithstanding any other provision of law, a report under subsection (2) or (3) of this section is confidential under ORS 676.175. A board may disclose a report as provided in ORS 676.177.

(23) Except as part of an application for a license or for renewal of a license and except as provided in subsection (3) of this section, the Board may not require a licensee to report the licensee's criminal conduct.

(24) The obligations imposed by this section are in addition to and not in lieu of other obligations to report unprofessional conduct as provided by statute.

(25) A licensee who reports to the Board in good faith as required by subsection (2) of this section is immune from civil liability for making the report.

(26) The Board and the members, employees and contractors of the Board are immune from civil liability for actions taken in good faith as a result of a report received under subsection (2) or (3) of this section.

Statutory/Other Authority: ORS 686.210, ORS 686.350 - 686.370, OR 686-120 - 686.130 & ORS 686.260

History:

[VMEB 6-2019, adopt filed 10/28/2019, effective 10/28/2019](#)

875-030-0050

Practice Limitations for Individuals not Certified as Veterinary Technicians

- (1) Persons who are not licensed by this Board as CVTs may, under the supervision of a licensed veterinarian, perform all acts that a CVT may perform except:
- (2) Induce anesthesia, except to place an endotracheal tube to establish an airway in emergencies (OAR 875-030-0040(2)(b)(E);
- (3) Operate X-ray equipment unless the person has completed 20 hours training in radiograph safety (2)(b)(G) as required by the Oregon State Health Division (OAR 333);
- (4) Perform dental extractions (2)(e)(G);
- (5) Administer rabies vaccine (2)(e)(H); and
- (6) Perform any duties under indirect supervision as defined in OAR 875-005-0005(13)(c).

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.350 - 686.370

History:

[VMEB 7-2018, amend filed 07/31/2018, effective 07/31/2018](#)

VMEB 2-2017, f. & cert. ef. 1-12-17

VMEB 7-2016, f. & cert. ef. 12-13-16

VMEB 2-2016(Temp), f. & cert. ef. 8-4-16 thru 1-4-17

VMEB 4-2014, f. & cert. ef. 1-17-14

VMEB 16-2008, f. & cert. ef. 12-15-08

VMEB 12-2008, f. & cert. ef. 7-22-08

VMEB 5-2008, f. & cert. ef. 5-12-08

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

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

VMEB 1-2002(Temp), f. & cert. ef. 4-23-02 thru 10-20-02

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

Division 40

CERTIFIED EUTHANASIA TECHNICIANS

875-040-0000

Certified Euthanasia Technicians (CETs)

No person not licensed as a veterinarian shall perform euthanasia or administer sodium pentobarbital unless the person is certified by the Board. CETs shall administer euthanasia in conformance with the 2010 Association of Shelter Veterinarians (ASV) Guidelines for Standards of Care in Animal Euthanasia

for small animals and the 2011 American Veterinary Medical Association (AVMA) Guidelines on Euthanasia for large animals. Under ORS 609.405, lethal injection of sodium pentobarbital is the only approved method for the euthanasia of dogs and cats by an animal control agency, humane society or subcontractor thereof.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 475; 686.110, 120, 130, 132, 150 & 160

History:

[VMEB 9-2018, minor correction filed 08/01/2018, effective 08/01/2018](#)

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

875-040-0010

Certification of Technicians

(1) In order for a person to become a Certified Euthanasia Technician (CET), the person must:

(a) Be an employee or a volunteer at a humane society, animal control agency or animal holding facility (agency);

(b) Complete Board-approved training;

(c) Pay an annual certification fee of \$25.00.

(2) Upon separation from an agency, a CET may not euthanize animals until the person is employed by or a volunteer at another agency, and the agency has notified the Board. Certificates are valid only for the agency at which the person is currently working.

(3) If a CET is reemployed or volunteers again within 18 months of last certification, the agency may apply to the Board for reactivation of the person's certification. After an 18-month lapse in certification, the person must become recertified as described in (1).

(4) All certifications expire on October 31st of each year.

(5) The Board may suspend, revoke or discipline a CET holder for failure to comply with any part of OAR chapter 875 or Board of Pharmacy Rules (OAR chapter 855).

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 475 & 686

History:

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

Proposed revisions to OAR 875-010-0000, OAR 875-0030-0010 and OAR 875-005-0010 regarding background checks. (I moved the background check requirements to OAR 875-005-0010 Licensee's Duty to Cooperate. This eliminates having redundant language for each license type.) Amended to include conducting background checks on prospective principals.

I leaving in the rule that the Board "may" conduct background checks on renewing applicants which allows us to perform background checks as on existing licensees as well as applicants. Our current rules do require disclosure of all background issues to be included on all applications and renewals however we only request previously undisclosed background information on the applications. The current rule already allows OVMEB to request background information from Licensees at any time.

Plan for completing Background checks on all licensees:

I ran 475 or 10% of active licensee's background checks in 2020. We should follow up on those. If we cannot get the information from the original applications our current and proposed rules allow us to request this information at any time from the licensee. I can run 25% random backgrounds per year until all licensee's and certificate holders have had a background check completed at least once. I can also run a 10% (or higher) random background on renewing licensee's each year. This would be just to give us an idea of whether or not licensees are reporting new arrests and convictions. Once we reach 100% completion of background checks on all licensee's then we can up the percentage of renewals that we run each year.

We also need to review the initial and renewal applications to ensure that those applications include desired background questions and requirements.

Proposed revisions to OAR 875-010-0000 correcting numbering and removing background rules from this section.

875-010-0000

Qualifications for Veterinary Licenses and Permits

Applicants for Oregon veterinary licenses shall meet the following requirements:

(1) Graduate from a veterinary college or veterinary department of a university or college of good standing and repute as defined in OAR 875-005-0005(9)(a)(b) or, if a graduate of an unaccredited veterinary school, completion of all requirements of the Education Commission for Foreign Veterinary Graduates (ECFVG) program or the Program for the Assessment of Veterinary Education (PAVE); and

(2)(a) Pass the North American Veterinary Licensing Exam (NAVLE) or the National Board Exam (NBE) and Clinical Competency Test (CCT), and Oregon Jurisprudence Exam/Regional Disease Test as required by OAR 875-010-0015(3).

(b) An applicant may request a waiver of the Clinical Competency Test requirement if all the following conditions are met:

(A) The applicant has graduated from an accredited veterinary school or earned the ECFVG or PAVE certificate or completed another equivalency program approved by the Board, as described in OAR 875-010-0000, prior to and including 1990;

(B) Has been engaged in active veterinary clinical practice for at least five contiguous years immediately preceding the date of application;

(C) Has held license(s) in good standing in other state(s) or U.S. territories since graduation; and

(D) Has met Continuing Education requirements at least equivalent to 10 hours per year during the five years immediately preceding the date of application.

(E) The Board may request other documentation of competent clinical practice.

(3) Temporary and active licenses may be issued to applicants who have at least one year experience, as set out in ORS 686.045(3) and 686.065(1)(b).

~~(4) The Board may conduct background checks on intern, initial and renewing license applicants. Applicants and licensees shall be required to provide any police and court records for any arrests and convictions.~~

~~(5) The Board may refuse to issue a license or permit to an applicant for any of the following:~~

~~(a) Violations of veterinary practice laws and rules in other states, provinces or countries;~~

~~(b) Evidence of previous veterinary incompetence or negligence;~~

~~(c) Violations of other laws substantially related to the qualifications, functions or duties of veterinary medicine;~~

~~(d) The sale or use of illegal drugs or substance abuse; or~~

~~(e) Making a misrepresentation or omission on application or otherwise to the Board.~~

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.045 & 686.065

History:

[VMEB 3-2019, amend filed 10/28/2019, effective 10/28/2019](#)

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

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

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

Proposed revisions to OAR 875-005-0010 regarding background checks. (I moved the background check requirements to OAR 875-005-0010 Licensee's Duty to Cooperate. This eliminates having redundant language for each license type.) Amended to include conducting background checks on prospective principals.

875-005-0010

Licensee's Duty to Cooperate

All applicants for licensure and all renewal applicants~~Every licensee of the Board~~ shall:

(1) Cooperate with the Board and respond fully and truthfully to inquiries from and comply with any request from the Board, subject only to the exercise of any applicable right or privilege.

(2) Undergo practice competency or other evaluations requested by the Board.

(3) Provide a home address and telephone number in addition to business location and contact information.

(4) Notify the Board within 30 days of a home address, ~~or~~ business address or and telephone number, change.

(5) Maintain and ensure accuracy of information in the Licensee's Portal including but not limited to home address, telephone number, mailing address, personal and public email, employer name, address, and telephone number.

(6) All principals, partners, and applicants for licensure, internship and certification must submit to a background investigation. The Board may conduct background investigations on renewing license and certificate holders. The background investigation may include, but is not limited to, information solicited from the Law Enforcement Data Systems, Accurant, other government agencies or courts, personal references, former employers, and credit checks. Applicants and licensees shall be required to provide any police and court records for any arrests and convictions.

(7) The Board may refuse to issue or renew a license or certification to an applicant for any of the following:

(a) Violations of veterinary practice laws and rules or violations of other laws and rules substantially related to the qualifications, functions, or duties, of veterinary medicine in Oregon, other states, provinces, or countries;

(b) Evidence of previous incompetence or negligence in the care of animals;

(c) Evidence of illegal possession, or sale, of drugs;

(d) Making a misrepresentation or omission on an application or otherwise to the Board;

(e) Performing duties limited to licensed or certified persons prior to licensure or certification;

(f) Impairment as defined in ORS 676.303;

(g) Conviction of a crime, subject to ORS 670.280.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.020, 686.045 & 686.065

History:

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

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

Proposed revisions to OAR 875-0030-0010 regarding background checks. (I moved the background check requirements to OAR 875-005-0010 Licensee's Duty to Cooperate. This eliminates having redundant language for each license type.) Amended to include conducting background checks on prospective principals.

875-030-0010

Criteria for Becoming a Certified Veterinary Technician (CVT)

In order to be licensed as a CVT, an individual must:

(1) Pass the examinations referred to in OAR 875-030-0020; and

(2) Hold a certificate in veterinary technology (or a comparable certificate) from a college accredited by the American Veterinary Medical Association, or other program approved by the Board; or

(3) Have been actively licensed or registered in good standing as a veterinary technician in another state or states for a minimum of four years within the last eight years of application, and:

(a) Worked as a licensed veterinary technician or instructor of veterinary technology performing duties substantially equivalent to those in OAR 875-030-0040 for a minimum of four years within the last eight years of application; and

(b) Pass the examinations referred to in OAR 87-030-0020; and

(c) Provide notarized letters confirming clinical competency as a veterinary technician or instructor from at least a veterinarian or college official who supervised the applicant pursuant to (a) of this section; and

(d) Provide W2 federal tax forms or other Board-approved proof of employment or experience as a licensed veterinary technician or instructor; and

(e) Provide proof of CE as required in OAR 875-010-0090 that is current at the time of application.

(4) A graduate of a veterinary school that is not AVMA-accredited may be eligible for licensure as a CVT if the individual:

(a) Provides notarized documentation of graduation with the doctor of veterinary medicine degree or its equivalent in the country where the degree was conferred; and

(b) Passes the examinations referred to in OAR 875-030-0020.

~~(5) The Board may conduct background checks on initial and renewing CVT license applicants. Applicants and licensees shall be required to provide any police and court records for any arrests and convictions.~~

~~(6) The Board may refuse to issue a license or permit to an applicant for any of the following:~~

~~(a) Violations of veterinary practice laws and rules in Oregon and other states, provinces or countries;~~

~~(b) Violations of other laws substantially related to the qualifications, functions or duties of veterinary medicine;~~

~~(c) Evidence of previous incompetence or negligence in the care of animals[;]~~

~~(d) Performing duties limited to CVTs prior to licensure;~~

~~(e) Impairment as defined in ORS 676.303;~~

~~(f) Conviction of a crime, subject to ORS 670.280; or~~

~~(g) Making a misrepresentation or material omission on application or otherwise to the Board.~~

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.350 - 686.370

History:

[VMEB 4-2019, amend filed 10/28/2019, effective 10/28/2019](#)

[VMEB 1-2019, amend filed 05/22/2019, effective 05/23/2019](#)

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

VMEB 9-2016, f. & cert. ef. 12-13-16

VMEB 6-2014, f. & cert. ef. 10-20-14

VMEB 4-2014, f. & cert. ef. 1-17-14

VMEB 2-2011, f. & cert. ef. 3-2-11

VMEB 3-2010, f. & cert. ef. 5-6-10

VMEB 3-2009, f. & cert. ef. 10-15-09

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

VMEB 10-2008, f. & cert. ef. 7-22-08

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

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

VMEB 2-2000, f. & cert. ef. 6-21-00

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

Proposed revisions to OAR 875-005-00005 Definitions

Amended to include definition of Principal, Facility Owner, Licensee Portal, satellite unit, and Facility Registration; Put in alphabetical order; renumbered; Clarified definitions of Veterinary Medical Facility to include "Fixed Location Facility", "Mobile Facility" and "House Call Facility".

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.

(4) "Certified Euthanasia Technician or ~~or~~ "(CET)": A person who is employed by a 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 a 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) "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.

(10) "Facility Registration": A registration issued by the Board to operate a veterinary medical facility when the premises meet minimum standards established by the Board.

(a) "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.

~~(9)~~ (11) "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.

~~(10)~~ (12) “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.

(13) “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.

(14) “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).

(15) “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.

~~(11)~~ (16) “Mobile Clinic”: A vehicle, including but not limited to a camper, motor home, trailer, or mobile home, used as a veterinary medical facility. A mobile clinic is not required for house calls or farm calls. “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) A mobile satellite unit must maintain sufficient capacity to address medical emergencies.

~~(12)~~ (17) 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.

~~(13)~~ (18) “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.

~~(14)~~ (19) "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.

~~(15)~~ (20) "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 where veterinarian(s) practice veterinary medicine at a client's residence or other non-fixed location, and where the practice of veterinary medicine does not require a mobile or a fixed location facility.

~~(16)~~ (21) "Veterinary Technician": a person licensed by the Board as a Certified Veterinary Technician.

~~(17) "Facility Registration": A registration issued by the Board to operate a veterinary medical facility when the premises meet minimum standards established by the Board.~~

~~(a) "Premises": Any veterinary facility where a licensed veterinarian practices or where the practice of veterinary medicine occurs. Premises include buildings, land, equipment, supplies, pharmaceuticals and the policies and practices that relate to minimum facility standards.~~

~~(b) "Facility Owner": Any person, corporation or other similar organization, private, or not-for-profit, holding title to a facility where a licensed veterinarian practices or where the practice of veterinary medicine occurs.~~

~~(c) "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).~~

~~(18)~~ (22) 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.

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 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](#)

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

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

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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 – Allows operation of temporary facilities...

OAR 875-010-0031 Registration of Veterinary Facilities; Managing Veterinarian; Registration Denial, Suspension, Revocation; Inspection

(1) Each veterinary medical facility in Oregon as defined in 875-005-0005 must register with the Board and designate a Managing Veterinarian with the following exceptions:

- (a) Any facilities owned and operated by a local, regional, state or federal government agency
- (b) Facilities where privately owned animals are housed and where mobile veterinarians or mobile veterinary clinics may routinely come to provide veterinary services, e.g., private barn, home, boarding stable or animal event location
- (c) Locations where animals are undergoing a medical crisis and conditions preclude transport to a veterinary facility (accident site)
- (d) Temporary facilities established under a declared emergency
- (e) Teaching facilities as established by AVMA-accredited schools of veterinary science or veterinary technology.

(2) Requirements for registered Veterinary Facilities

- (a) Each facility registration expires on December 31st or upon a change in facility ownership.
- (b) Each facility identified by a separate physical address will be considered a separate facility requiring registration.
- (c) Mobile facilities, unless operated as a satellite of a registered fixed facility, will require individual registration.

(d) Temporary facilities, providing only spay/neuter, vaccinations, micro-chipping and examinations may operate up to 15 days per year at any one location under the registration of an Oregon fixed-location facility and under the oversight of the fixed-location's Managing Veterinarian, unless otherwise approved by the Board.

Proposed changes to OAR 875-010-0031 Registration of Veterinary Facilities; Managing Veterinarian; Registration Denial, Suspension, Revocation; Inspection
Re-ordering to put all registration items together and all managing veterinarian requirements together;
Adding compliance with OAR 875-015-0040; Updating to allow temporary clinics (i.e. Petco) to operate under the registration of an Oregon facility and changing time frame from 15 days per year to 7 days in any 2 month period; To include turning in completed DPDO inspection checklist with renewals.

875-010-0031

Registration of Veterinary Facilities; Managing Veterinarian; ~~Registration Denial, Suspension, Revocation;~~ Inspection

(1) Each veterinary medical facility in Oregon as defined in [OAR 875-005-0005](#) must register with the Board and designate a Managing Veterinarian with the following exceptions:

(a) Any facilities owned and operated by a local, regional, state or federal government agency;

(b) Facilities where privately owned animals are housed and where mobile veterinarians or mobile veterinary clinics may routinely come to provide veterinary services, e.g., private barn, home, boarding stable or animal event location;

(c) Locations where animals are undergoing a medical crisis and conditions preclude transport to a veterinary facility (accident site);

(d) Temporary facilities established under a declared emergency;. ~~Temporary facilities, providing only spay/neuter, vaccinations, micro-chipping and examinations may operate up to 15 days per year at any one location under the registration of an fixed-location facility and under the oversight of the fixed-location's Managing Veterinarian, unless otherwise approved by the Board.~~

(e) Teaching facilities as established by AVMA-accredited schools of veterinary science or veterinary technology;

~~(d)~~ Temporary facilities, providing only spay/neuter, vaccinations, micro-chipping and examinations may operate up to ~~15~~ **7** days **in any 2 month period** year at any one location under the registration of an **licensed Oregon veterinary medical** fixed-location facility and under the oversight of the **licensed facility's** ~~fixed-location's~~ Managing Veterinarian, unless otherwise approved by the Board.

(2) Requirements for registered Veterinary Facilities

(a) Each facility registration expires on December 31st or upon a change in facility ownership;

(b) Each facility identified by a separate physical address will be considered a separate facility requiring registration;

(c) Mobile **and house call** facilities, unless operated as a satellite of a registered fixed facility, will require individual registration.

~~(d) Temporary facilities, providing only spay/neuter, vaccinations, micro-chipping and examinations may operate up to 15 days per year at any one location under the registration of an Oregon fixed-location facility and under the oversight of the fixed-location's Managing Veterinarian, unless otherwise approved by the Board.~~

(3) Requirements for the Managing Veterinarian.

(a) Provide the Board with documented authority from the facility owner to maintain the facility within the standards set forth by this chapter~~;~~_i

(b) Ensure facilities maintain and post a valid facility registration issued by the Board~~;~~_i

(c) Ensure timely provision of medical record copies from the facility when requested~~;~~_i

(d) A veterinary intern (OAR 875-010-0026) may not be designated as Managing Veterinarian~~;~~_i

(e) A licensee with a relevant disciplinary history or who has been~~;~~_i or currently is~~;~~_i under a disciplinary order of the Board may be denied designation as Managing Veterinarian.

(4) Procedures for any change in the Managing Veterinarian. The Managing Veterinarian on record with the Board as responsible for a facility remains responsible for that facility until one of the following occurs:

(a) The Board is notified in writing of a new Managing Veterinarian that has accepted responsibility~~;~~_i

(b) The Board is notified in writing that the Managing Veterinarian wishes to be relieved of the position and associated responsibilities~~;~~_i

(c) The Managing Veterinarian is incapacitated to the extent that they cannot provide oversight of any facility~~;~~

(5) Investigation, Discipline, Suspension, or Revocation of a Facility Registration. The Board may discipline, deny, suspend or revoke a facility registration if:

(a) No Managing Veterinarian is designated for the facility for more than 15 consecutive days. An interim Managing Veterinarian may be designated for a period not to exceed 30 days total;

(b) When it has been determined by the Board that the facility has failed to meet all the minimum facility standards as provided for in the rules of this act;

(c) Investigation or inspection has revealed unresolved public health and safety risks or other conditions noncompliant with OAR 875-015-0020 or 875-015-0040.

(6) Inspection of Facilities: The purpose of inspection is to ensure that public health and safety is maintained by meeting the minimum facility standards listed in OAR 875-015-0020 and 875-015-0040. The Board may designate or employ qualified persons to do the inspections and may delegate inspections to other state or federal agency regulators. The Board may accept self-certification of compliance with OAR 875-015-0020 by the Managing Veterinarian in-lieu-of inspection. This self-certification shall be submitted using a form(s) provided by the Board.

(a) The Board may inspect each veterinary facility:

(A) Before a new facility receives an initial facility registration;

(B) Periodically for compliance with OAR 875-015-0020, at least once every 3 years;

(C) Periodically for compliance with OAR 875-015-0040 at least once every year.

(b) The board may inspect any veterinary facility:

(A) At any time upon receipt of a complaint or if it has cause to believe the facility is noncompliant with OAR 875-015-0020 or 875-015-0040;

(B) Upon a change in ownership or a change in the Managing Veterinarian;

(C) As follow-up at any time after an inspection has found non-compliant conditions.

(c) Initial and periodic facility inspections for compliance with OAR 875-015-0020 may be waived for facilities holding a current American Animal Hospital Association (AHAA) certification. This does not apply to the pharmacy self-inspection form required by OAR 875-015-0040(10).

(d) Inspections may be documented in writing and by audio, video and still picture recording.

(e) Upon an inspection finding of non-compliance with OAR 875-015-0020 or 875-015-0040, the Board or its representative may do any or all of the following:

(A) Establish a reasonable time line for bringing the facility into compliance;

(B) Issue a civil penalty or citation;

(C) Conduct a formal investigation;

(7) The Board may investigate, suspend or restrict facility operations when the failure to meet minimum facility standards poses an unresolved risk to public health and safety or other conditions noncompliant with OAR 875-015-0020 or 875-015-0040.

~~(5) Applicants for facility registration must complete an application form available from the Board.~~

~~(6) A completed application will include payment of \$150 registration fee, inspector's or self-certification of compliance with minimum standards of OAR 875-015-0020 and 875-015-0030, and designation of a Managing Veterinarian as defined in 875-015-0065.~~

~~(7) Denial of Facility Registration Application. The Board may deny an application for facility registration or renewal if:~~

~~(a) The application is incomplete or the registration fee is not submitted.~~

~~(b) The facility fails to meet minimum standards or fails to correct deficiencies within an appropriate time frame following inspection.~~

~~(c) The designated Managing Veterinarian fails meet the minimum facility standards listed in OAR 875-015-0020 and 875-015-0030.~~

~~(d) No Managing Veterinarian, meeting all requirements of this chapter, has been designated.~~

~~(8) Suspension or Revocation of a Facility Registration. The Board may withhold, suspend or revoke a facility registration if:~~

~~(a) No Managing Veterinarian is designated for the facility for more than 15 consecutive days. An interim Managing Veterinarian may be designated for a period not to exceed 30 days total.~~

~~(b) When it has been determined by the Board that the managing Veterinarian has failed to meet all the minimum facility standards as provided for in the rules of this act.~~

~~(c) Investigation or inspection has revealed unresolved public health and safety risks or other conditions noncompliant with OAR 875-015-0020 and 875-015-0030.~~

~~(9) All Facility Registrations terminate upon a change in the facility owner.~~

~~(10) Inspection of Facilities: The purpose of inspection is to ensure that public health and safety is maintained by meeting the minimum facility standards listed in OAR 875-015-0020 and 875-015-0030. The Board may designate or employ qualified persons to do the inspections and may delegate inspections to other state or federal agency regulators. Prior to January 2017 the Board may accept self-certification of compliance by the Managing Veterinarian in lieu of inspection. This self-certification shall be submitted using a form provided by the Board.~~

~~(a) The Board may inspect each veterinary facility:~~

~~(A) Before a new facility receives an initial facility registration~~

~~(B) Periodically, at least once every three years~~

~~(b) The board may inspect any veterinary facility:~~

~~(A) At any time upon receipt of a complaint or if it has cause to believe the facility is noncompliant with OAR 875-015-0020 or 875-015-0030.~~

~~(B) Upon a change in ownership or a change in the Managing Veterinarian~~

~~(C) As follow-up at any time after an inspection has found non-compliant conditions.~~

~~(c) Initial and periodic facility inspections may be waived for facilities holding a current American Animal Hospital Association (AAHA) certification.~~

~~(d) Inspections may be documented in writing and by audio, video and still picture recording.~~

~~(e) Upon an inspection finding of non-compliance with OAR 875-015-0020 or 875-015-0030, the Board or its representative may do any or all of the following:~~

~~(A) Establish a reasonable time line for bringing the facility into compliance~~

~~(B) Issue a civil penalty or citation~~

~~(C) Restrict facility operations when the failure to meet minimum facility standards poses an unresolved risk to public health and safety or other conditions noncompliant with OAR 875-015-0020 or 875-015-0030.~~

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.130

History:

VMEB 5-2017, f. & cert. ef. 5-16-17

Suspended by VMEB 5-2016(Temp), f. & cert. ef. 12-12-16 thru 6-9-17

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

Proposed revisions to OAR 875-015-0040 Minimum Standards for Veterinary Drugs
Amending to clarify “Pharmacy” self-inspection checklist; Amending to require pharmacy inspection checklist as part of registration; Amended to include all prescription labeling requirements here; Amended separating facility and managing veterinarian responsibilities from responsibilities of all licensees; Amended to include that it is the Managing Veterinarian responsibility to ensure that all agents, licensees, and employees of the facility are in compliance with this rule.

875-015-0040

Minimum Standards for Veterinary Drugs

(1) Definitions:

(a) ‘Administer’ means the direct application of a drug or device whether by injection, inhalation, ingestion or any other means, to the body of an animal patient by:

(A) A veterinarian, Certified Veterinary Technician or employee under the veterinarian’s supervision; or

(B) A client or their authorized agent at the direction of the veterinarian.

(b) ‘Dispense’ or ‘Dispensing’ means, under a lawful prescription of a veterinarian, the preparation and delivery of a prescription drug, in a suitable container appropriately labeled for subsequent veterinary patient administration, to a client or other individual entitled to receive the prescription drug. Controlled substances and legend drugs shall be dispensed, ordered or prescribed based on a VCPR.

(c) “Pharmacy Self-Inspection Form”: The Oregon Veterinary Medical Examining Board Dispensing Practitioner Drug Outlet Self-Inspection form. The pharmacy self-inspection form will be available from the Board on its website or upon request.

(2) Policies and Procedures, Acquisition and Inspection: The veterinary facility and managing veterinarian must:

(a) Maintain written policies and procedures for drug procurement and management, including storage, security, integrity, access, dispensing, disposal, record-keeping and accountability;

(b) All records of receipt and disposal of drugs must be retained for a minimum of three years;

(c) All records required by these rules or by other state or federal law must be readily retrievable and available for inspection by the Board’s inspector or inspectors from other agencies having jurisdiction;

(d) The veterinary facility and managing veterinarian must verify that prescription drugs are acquired from a source registered with the Board of Pharmacy;

(e) Inspection: Veterinary facilities will be periodically inspected to ensure compliance with these rules. The Managing Veterinarian of a veterinary facility must annually complete the pharmacy self-inspection form. The completed pharmacy self-inspection form shall be submitted with the application for a veterinary facility license and with the annual application to renew a veterinary facility license. All drug records and storage areas shall be made available for inspection.

(f) Managing veterinarians are responsible for ensuring that all licensees, agents and employees of the facility, and the facility as applicable, maintain compliance with the rules and regulations set forth in section (3) or this rule.

(3) Drug Dispensing, Security, Storage and Recordkeeping: All licensees, managing veterinarians and facilities must:

~~(b)~~a) Comply with all federal and state laws regarding veterinary drugs.

~~(3) Drug Security and Storage:~~

~~(a)~~b) All drugs must be kept in a locked drug cabinet or designated drug storage area that is sufficiently secure to deny access to unauthorized persons. Controlled drugs must be kept in a locked cabinet with access limited to persons authorized by the Managing Veterinarian;

~~(b)~~c) In accordance with 21 CFR §1301.75, controlled substances listed in Schedule I, II III, IV and IV shall be stored in a securely locked, substantially constructed cabinet.

~~(e)~~d) Drugs that are outdated, damaged, deteriorated, misbranded, or adulterated must be quarantined and physically separated from other drugs until they are destroyed or returned to the supplier;

~~(4)~~e) All drugs, including drug samples, must be stored according to manufacturer's published guidelines and in appropriate conditions of temperature, light, humidity, sanitation, ventilation and space.

~~(5)~~f) Prescription Labeling. A prescription must be labeled with the following information:

~~(a)~~A) Name of client;

~~(b)~~B) Name of prescriber;

~~(e)~~C) Name, address, and phone number of the facility;

(D) Identification of the animal, herd or flock, (if appropriate);

~~(d)~~E) Date of dispensing;

~~(e)~~F) Name and strength of the drug;

~~(f)~~G) Quantity dispensed;

(H) Dosage and frequency;

(I) Withdrawal time, (if appropriate);

~~(g)~~J) Any other dDirections for use;

~~(h)~~K) Manufacturer's expiration date, or an earlier date if preferable, after which the drug should not be administered to the patient; and

~~(I)~~L) Cautionary information as required for patient safety and required precautionary information regarding controlled substances: In accordance with 21 CFR §290.5, the label of any drug listed as a 'controlled

substance' in Schedule II, III or IV of the Federal Controlled Substances Act must, when dispensed to or for a patient, contain the following warning: "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed." This statement is not required to appear on the label of a controlled substance dispensed for use in clinical investigations which are 'blind.'

~~(6g)~~ Dispensing and Drug Delivery:

~~(aA)~~ The veterinarian or their representative must orally counsel the client concerning all new drugs prescribed, unless circumstances would render oral counseling ineffective.

~~(bB)~~ If requested, a prescription shall be provided to a client for drugs and medications prescribed by the veterinarian under a valid VCPR.

~~(cC)~~ Rabies vaccine shall be administered only by an Oregon-licensed veterinarian, a Certified Veterinary Technician under direct supervision of an Oregon-licensed veterinarian, or a person authorized by the Oregon Public Health Veterinarian pursuant to OAR 333-019-0017.

~~(dD)~~ Drugs must be dispensed in a new container that complies with the current provisions of the Federal Consumer Packaging Act (16 CFR 500) and rules or regulations and with the current United States Pharmacopoeia/National Formulary monographs for preservation, packaging, storage and labeling.

~~(7E)~~ Disposal of Drugs: Drugs that are outdated, damaged, deteriorated, misbranded, or adulterated must be quarantined and physically separated from other drugs until they are destroyed or returned to the supplier. At the discretion of the veterinarian, outdated drugs may be dispensed as long as the client is informed and there is no fee charged for the drugs.

~~(8h)~~ Record Keeping: ~~(a)~~ For all drugs, a dispensing record must be maintained separately from the patient chart and retained for a minimum of three years. The record must show, at a minimum, the following:

(A) Name of patient;

(B) Dose, dosage form, quantity dispensed;

(C) Directions for use;

(D) Date of dispensing; and

(E) Name of person dispensing the prescription.

~~(b)~~ All records of receipt and disposal of drugs must be retained for a minimum of three years.

~~(c)~~ All records required by these rules or by other state or federal law must be readily retrievable and available for inspection by the Board's inspector or inspectors from other agencies having jurisdiction.

~~(9)~~ Drug Acquisition: The veterinary facility must verify that prescription drugs are acquired from a source registered with the Board of Pharmacy.

~~(10)~~ Inspection: Veterinary facilities will be periodically inspected to ensure compliance with these rules. The Managing Veterinarian of a veterinary facility must annually complete and maintain the self-inspection form prior to inspection and must make all drug records and storage available for inspection. The self-inspection form will be available from the Board on its website or upon request.

Statutory/Other Authority: ORS 686.210, 686.040, 686.370, 686.130

Statutes/Other Implemented: ORS 686.210, 686.040, 686.370, 686.130

History:

[VMEB 5-2020, minor correction filed 07/14/2020, effective 07/14/2020](#)

[VMEB 4-2020, minor correction filed 06/22/2020, effective 06/22/2020](#)

[VMEB 3-2020, adopt filed 05/18/2020, effective 05/18/2020](#)