WASHOE COUNTY

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CM/ACM KS
Finance LC
DA JG
Risk Mgt N/A
HR N/A
Other MS

STAFF REPORT
BOARD MEETING DATE: January 12, 2016

DATE: December 23, 2015

TO: Board of County Commissioners

FROM: Robert Smith, Animal Services Manager
Phone: 353-8945; email: rasmith@washoecounty.us

THROUGH: Shyanne Schull, Director of Animal Services

SUBJECT: Introduction and first reading of an ordinance amending Washoe County Code Chapter 55 by creating provisions regulating commercial animal establishments (through an animal welfare permit); by adding related definitions; and by making changes to the definition of "County" and all other matters properly relating thereto; and, if supported, set the public hearing for second reading and possible adoption of the ordinance on January 26, 2016 (All Commission Districts).

SUMMARY

The Washoe County Commission will introduce and hold the first reading of an ordinance amending Washoe County Code Chapter 55 by creating provisions relating to commercial animal establishments (through an animal welfare permit).

Washoe County Code Chapter 55 was rewritten to create a unified animal control ordinance which was adopted on June 14, 2005 in accordance with the Interlocal Agreement entered into by the Cities of Reno and Sparks and the County of Washoe to effectuate the consolidation of animal services in the County. In accordance with that Interlocal Agreement and the consolidated ordinances, animal services have been provided on a regional basis now in excess of nine years. It is based on this experience, revision to State Statutes and public input during this time that these amendments to Chapter 55 are being proposed.

- NRS 244.189 provides that the board of county commissioners may exercise such powers and may enact such ordinances not in conflict with Nevada statutes for, inter alia, the control and protection of animals.
- NRS 244.359 provides that the board of county commissioners may enact and enforce ordinances fixing, imposing and collecting an annual license fee on dogs and providing for the capture and disposal of all dogs on which the license fee is not paid; regulating or

prohibiting the running at large and disposal of all kinds of animals; establishing a pound, appointing a pound keeper and prescribing his duties; prohibiting cruelty to animals; and designating an animal as inherently dangerous and requiring the owner of such an animal to obtain a policy of liability insurance for the animal in an amount determined by the board of county commissioners. Any such ordinances may apply throughout the entire county or govern only a limited area within the county.

- The Washoe County Board of Commissioners and the City Councils of the City of Reno and City of Sparks consolidated animal control functions in Washoe County to be on a regional basis. The consolidation of animal control services was accomplished by the adoption of ordinances of the three jurisdictions approving an interlocal agreement among the cities of Reno and Sparks and Washoe County which regionalized all field services, including, but not limited to, licensing, enforcement, rabies control, kennel permitting and related administrative functions relating thereto under the jurisdiction and control of Washoe County. The final step in the consolidation process occurred on June 14, 2005 when the Washoe County Board of Commissioners adopted the ordinance which amended Washoe County Code Chapter 55 in compliance with the interlocal agreement for the consolidation of animal services. Since that date, animal services within Washoe County has been operated and provided on a regional basis. We now have over nine years of regional operational experience.
- It is the intention of this Ordinance to enact and revise sections to Washoe County Code Chapter 55 based upon that experience and public input.

County priority/goals: Safe, secure and healthy communities; Public participation and open, transparent communication.

PREVIOUS ACTION

On April 22, 2014 the Washoe County Commission approved the establishment of Washoe County Regional Animal services as a stand-alone department.

On June 17, 2014 the Washoe County Commission authorized initiation of proceedings to amend Washoe County Code (Chapters 5 and 55) related to the creation of the Department of Regional Animal Services.

On July 22, 2014 the Washoe County Commission received an update on the public input process regarding Washoe County Code Chapter.

On December 8, 2015 the BCC voted to send the code back to staff for modification based on public comment and to bring it back for a first reading.

BACKGROUND

The proposed code was co-written by Regional Animal Services and the City of Reno Code Enforcement in response for the need to provide oversight and enforcement within commercial animal establishments in Washoe County, the City of Reno and the City of Sparks and to create an animal welfare permit process, therefore requiring Washoe County to amend WCC chapter 55.

The County Managers Office and Washoe County Regional Animal Services (WCRAS) initially met with OnStrategy to plan the public input process for the proposed code amendments. A first step in the public input process was to share proposed revisions with key stakeholder groups including the Cities of Reno and Sparks and major animal groups in our community to include but not limited to the SPCA, NHS and Pet Network. Through individual meetings with staff input was received from these groups regarding the proposed code amendments.

An online comment process "Open Washoe" was utilized from July 7, 2014 to August 18, 2014 to establish priorities for ordinance workshops, to raise awareness of the code issues and obtain a broad range of input on topics important to the public. The unique feature of this community engagement tool is to allow visitors to the site the ability to read all the comments posted by their fellow citizens, as well as the ability to agree or disagree.

During the public input process there were numerous media releases and targeted email notifications encouraging the public to give input on the amendments as well as several news stories, print articles and radio shows discussing the changes and encouraging public input, which resulted in additional input being received via phone calls and emails.

This process was implemented to raise awareness of the community issues and to ensure the widest range of public input. The unique feature of this community engagement tool is to allow visitors to the site the ability to read all the comments posted by their fellow citizens, as well as the ability to agree or disagree.

At key points during the public input process, new questions regarding the code revisions were posted and the proposed code amendments were edited based upon public input and these changes were then posted on "Open Washoe" for citizens to review.

Additionally, links to "Open Washoe" were added to the Animal Services web page and an email account animalcode@washoecounty.us was created for the public to communicate their comments and concerns specific to proposed Code changes.

As stated previously, a workshop was held at the Wilbur D May Museum on August 27, 2014 to discuss Commercial Animal Establishments (retail sales), promoting an opportunity for the public to ask questions and give input on the proposed amendments. During this workshop, staff had an opportunity to meet one-on-one with many citizens and address concerns as well as receive valuable input. 40 citizens spoke at the public workshop on Commercial Animal Establishments (retail sales), in addition to public comments through "Open Washoe. A summary of the public input received online and through the workshops is attached along with the specific detailed correspondence provided from all public input.

FISCAL IMPACT

None

RECOMMENDATION

It is recommended that the Board of County Commissioners introduce and conduct a first reading of an ordinance amending Washoe County Code Chapter 55 by creating provisions regulating commercial animal establishments (through an animal welfare permit); by adding related definitions; and by making changes to the definition of "County" and all other matters properly relating thereto; and, if supported, set the public hearing for second reading and possible adoption of the ordinance on January 26, 2016.

POSSIBLE MOTION

Should the Board approve, a possible motion would be: Move to "introduce on behalf of the Board of County Commissioners a first reading of an ordinance amending Washoe County Code Chapter 55 by creating provisions regulating commercial animal establishments (through an animal welfare permit); by adding related definitions; and by making changes to the definition of "County" and all other matters properly relating thereto; and, if supported, set the public hearing for second reading and possible adoption of the ordinance on January 26, 2016."

SUMMARY: An ordinance amending Washoe County Code Chapter 55 by creating provisions regulating commercial animal establishments (through an animal welfare permit) and revising definitions.

BILL NO. _____

ORDINANCE NO. _____

AN ORDINANCE AMENDING WASHOE COUNTY CODE CHAPTER 55 BY CREATING PROVISIONS REGULATING COMMERCIAL ANIMAL ESTABLISHMENTS (THROUGH AN ANIMAL WELFARE PERMIT); BY ADDING RELATED DEFINITIONS; AND BY MAKING CHANGES TO THE DEFINITION OF "COUNTY".

THE BOARD OF COUNTY COMMISSIONERS OF THE COUNTY OF WASHOE DO ORDAIN:

SECTION 1. Chapter 55 of the Washoe County Code is hereby amended by adding thereto the following new section which shall read as follows:

55.455 Commercial animal welfare permit.

1. Commercial animal establishments must obtain a welfare permit from regional animal services.

(a) No commercial animal welfare permit may be transferred or assigned between persons, between commercial animal establishments, or between a person and a commercial animal establishment.

(b) A commercial animal establishment must maintain a welfare permit for each individual location.

(c) Upon a commercial animal establishment's change of ownership or location, a new inspection and welfare permit is required.

(d) A commercial animal establishment shall house and care for its animals in accordance with the American Veterinary Medical Association's Animal Welfare Principles and related policies, and the provisions of this section.

(e) A commercial animal establishment shall comply with regional animal service's rules and records retention requirements, including, but not limited to, maintaining proof of insurance, health records, and other conditions necessary to preserve the health and safety of the animals and the public.

(f) The commercial animal welfare permit must be displayed in a conspicuous place within the commercial animal establishment.

(g) Veterinarians and/or veterinary hospitals are regulated by the Nevada State Board of Veterinary Medical Examiners and are exempt from this section.

2. All commercial animal establishments shall submit an application for a commercial animal welfare permit to regional animal services.

3. Regional animal services shall review the application and certify that the commercial animal establishment has been inspected and is in compliance with all animal welfare permit requirements. Regional animal services shall also notify the appropriate jurisdiction(s) of Washoe County, the City of Reno and/or the City of Sparks of the welfare permit status.

4. Regional animal services shall inspect each commercial animal establishment annually, and shall verify that the commercial animal establishment holds a valid business license.

(a) A certificate of occupancy for the appropriate jurisdiction or an approved business license may be accepted as evidence that the commercial animal establishment is in compliance with the local jurisdiction's licensing requirements.

5. All commercial animal establishments shall renew their welfare permit(s) annually.

6. In addition to the requirements set forth in NRS 574.360 through 574.510, inclusive, which outline the duties of operators, retailers and dealers, a commercial animal establishment shall:

(a) Maintain records for a minimum of two years after the date of sale, transfer or other disposition of the dog or cat identified by the record, which records shall be readily available for inspection by any animal control officer.

(b) Allow animal control officers to enter the premises for unscheduled inspections during normal business hours.

(c) Ensure that the walls and floors of enclosures are constructed of nonabsorbent, nonporous material impervious to moisture, and are adequate to support the animal without sagging and to prevent injury.

(d) Ensure that all dogs and cats are kept in an isolation room or isolation area for a minimum of 72 hours before being released to a purchaser.

(e) Observe each animal daily in order to identify general symptoms of injury, illness or disease.

(f) Ensure that any dog or cat that exhibits symptoms of injury, illness or disease is kept in an isolation room or isolation area and treated by a veterinarian. The veterinarian shall verify that the dog or cat is healthy before such dog or cat can be offered for sale.

(g) Ensure that each dog or cat over the age of 3 months is not sold without a valid rabies vaccination.

(h) Establish and maintain a written Program of Veterinary Care (PVC). The attending veterinarian must visit the facility on a regular basis, i.e., often enough to provide adequate

oversight of the facility's care and use of animals. The PVC must include method(s) of euthanasia, which should be consistent with the current American Veterinary Medical Association's Guidelines on Euthanasia.

(i) Provide a hand sanitizer and require members of the public to sanitize their hands prior to and after handling any animals in order to reduce the risks of transmission of disease.

(j) Dispose of animal carcasses in accordance with NRS 571.200 and NAC 571.200.

7. Revocation of commercial animal welfare permit. If a permitee violates this section or any other law of the State of Nevada or ordinance of Washoe County pertaining to animal welfare, regional animal services may revoke the commercial animal welfare permit in accordance with the procedures and penalties set forth in section 55.800.

(a) A commercial animal establishment located within the boundaries of the City of Reno shall maintain a City of Reno business license. If, at any time, the City suspends or revokes the business license, the City shall notify regional animal services and the commercial animal welfare permit shall be suspended or revoked.

(b) A commercial animal establishment located within the boundaries of the City of Sparks shall maintain a City of Sparks business license. If, at any time, the City suspends or revokes the business license, the City shall notify regional animal services and the commercial animal welfare permit shall be suspended or revoked.

(c) If the permittee fails to comply with any conditions imposed on the welfare permit, regional animal services may suspend or revoke the permit. If regional animal services suspends or revokes a welfare permit, the permittee shall be advised in writing of the reason(s) therefor and may appeal that decision to the administrative hearing office no later than 14 days after receiving the written notice. A failure to appeal the suspension or revocation within 14 days precludes further administrative or judicial review.

(d) Upon the filing of an appeal, the administrative hearing office shall hold a hearing on the appeal as soon as practicable.

(e) The administrative hearing officer may hear any testimony and admit any evidence he or she deems necessary. All proceedings shall be conducted in accordance with WCC 55.800(6) through 55.800(17), inclusive.

(f) The hearing officer's decision sustaining, reversing, or sustaining with conditions the suspension or revocation shall be transmitted in writing to the appellant within 14 working days.

(g) Any permittee aggrieved by the hearing officer's decision

may appeal that decision by filing a petition for judicial review in the district court within 30 days of the hearing officer's decision. The commercial animal welfare permit shall remain in place until a decision is rendered by the district court.

SECTION 2. Section 55.010 of the Washoe County Code is hereby amended by adding thereto the following new definitions:

"Ambient Temperature" means the temperature of the environment immediately surrounding the animal.

"Commercial animal establishment" means any pet store, kennel or boarding facility used for the business of buying, selling or boarding animals.

"Dealer" has the meaning as described in NRS 574.260, and as it may be amended from time to time.

"Isolation area" means a location where potentially infected animals can be separated from other animals for the period of time to control disease transmission, under such conditions as to prevent direct or indirect conveyance of the infectious agent from spreading to other animals.

"Isolation room" means a separate room in which conditions are established to control and contain the transmission of disease, such as, but not limited to, contamination from feces and bodily secretions, mites, and arthropod vectors, and which has a separate air supply with ventilation to the outside with no admixture in the general circulation.

"Operator" has the meaning as described in NRS 574.290, and as it may be amended from time to time.

"Retailer" has the meaning as described in NRS 574.320, and as it may be amended from time to time.

SECTION 3. Washoe County Code 55.010 is hereby amended by changing the definition of "County" as follows:

A County means all **the area** of Washoe County ~~including the areas comprising the incorporated City of Sparks and incorporated City of Reno~~ **as defined by NRS 243.0430, and as it may be amended from time to time.**

[Business Impact Note: The Board of County Commissioners hereby finds that this ordinance does not impose a direct and significant economic burden upon a business, nor does it directly restrict the formation, operation or expansion of a business.]

Proposed on the _____ day of _____, 2015.

Proposed by Commissioner _____.

Passed on the _____ day of _____, 2015.

Vote:

Ayes:

Nays:

Absent:

_____
Chairman
Washoe County Commission

ATTEST:

_____
County Clerk

This ordinance shall be in force and effect from and after _____, 2015.

SUMMARY: An ordinance amending Washoe County Code Chapter 55 by creating provisions regulating commercial animal establishments (through an animal welfare permit) and revising definitions.

BILL NO. _____

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(b) A commercial animal establishment must maintain a welfare permit for each individual location.

(c) Upon a commercial animal establishment's change of ownership or location, a new inspection and welfare permit is required.

(d) A commercial animal establishment shall house and care for its animals in accordance with the American Veterinary Medical Association's Animal Welfare Principles and related policies, and the provisions of this section.

(e) A commercial animal establishment shall comply with regional animal service's rules and records retention requirements, including, but not limited to, maintaining proof of insurance, health records, and other conditions necessary to preserve the health and safety of the animals and the public.

(f) The commercial animal welfare permit must be displayed in a conspicuous place within the commercial animal establishment.

(g) Veterinarians and/or veterinary hospitals are regulated by the Nevada State Board of Veterinary Medical Examiners and are exempt from this section.

2. All commercial animal establishments shall submit an application for a commercial animal welfare permit to regional animal services.

3. Regional animal services shall review the application and certify that the commercial animal establishment has been inspected and is in compliance with all animal welfare permit requirements. Regional animal services shall also notify the appropriate jurisdiction(s) of Washoe County, the City of Reno and/or the City of Sparks of the welfare permit status.

4. Regional animal services shall inspect each commercial animal establishment annually, and shall verify that the commercial animal establishment holds a valid business license.

(a) A certificate of occupancy for the appropriate jurisdiction or an approved business license may be accepted as evidence that the commercial animal establishment is in compliance with the local jurisdiction's licensing requirements.

5. All commercial animal establishments shall renew their welfare permit(s) annually.

6. In addition to the requirements set forth in NRS 574.360 through 574.510, inclusive, which outline the duties of operators, retailers and dealers, a commercial animal establishment shall:

(a) Maintain records for a minimum of two years after the date of sale, transfer or other disposition of the dog or cat identified by the record, which records shall be readily available for inspection by any animal control officer.

(b) Allow animal control officers to enter the premises for unscheduled inspections during normal business hours.

(c) Ensure that the walls and floors of enclosures are constructed of nonabsorbent, nonporous material impervious to moisture, and are adequate to support the animal without sagging and to prevent injury.

(d) Ensure that all dogs and cats are kept in an isolation room or isolation area for a minimum of 72 hours before being released to a purchaser.

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(f) Ensure that any dog or cat that exhibits symptoms of injury, illness or disease is kept in an isolation room or isolation area and treated by a veterinarian. The veterinarian shall verify that the dog or cat is healthy before such dog or cat can be offered for sale.

(g) Ensure that each dog or cat over the age of 3 months is not sold without a valid rabies vaccination.

(h) Establish and maintain a written Program of Veterinary Care (PVC). The attending veterinarian must visit the facility on a regular basis, i.e., often enough to provide adequate

oversight of the facility's care and use of animals. The PVC must include method(s) of euthanasia, which should be consistent with the current American Veterinary Medical Association's Guidelines on Euthanasia.

(i) Provide a hand sanitizer and require members of the public to sanitize their hands prior to and after handling any animals in order to reduce the risks of transmission of disease.

(j) Dispose of animal carcasses in accordance with NRS 571.200 and NAC 571.200.

7. Revocation of commercial animal welfare permit. If a permitee violates this section or any other law of the State of Nevada or ordinance of Washoe County pertaining to animal welfare, regional animal services may revoke the commercial animal welfare permit in accordance with the procedures and penalties set forth in section 55.800.

(a) A commercial animal establishment located within the boundaries of the City of Reno shall maintain a City of Reno business license. If, at any time, the City suspends or revokes the business license, the City shall notify regional animal services and the commercial animal welfare permit shall be suspended or revoked.

(b) A commercial animal establishment located within the boundaries of the City of Sparks shall maintain a City of Sparks business license. If, at any time, the City suspends or revokes the business license, the City shall notify regional animal services and the commercial animal welfare permit shall be suspended or revoked.

(c) If the permittee fails to comply with any conditions imposed on the welfare permit, regional animal services may suspend or revoke the permit. If regional animal services suspends or revokes a welfare permit, the permittee shall be advised in writing of the reason(s) therefor and may appeal that decision to the administrative hearing office no later than 14 days after receiving the written notice. A failure to appeal the suspension or revocation within 14 days precludes further administrative or judicial review.

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"Dealer" has the meaning as described in NRS 574.260, and as it may be amended from time to time.

"Isolation area" means a location where potentially infected animals can be separated from other animals for the period of time to control disease transmission, under such conditions as to prevent direct or indirect conveyance of the infectious agent from spreading to other animals.

"Isolation room" means a separate room in which conditions are established to control and contain the transmission of disease, such as, but not limited to, contamination from feces and bodily secretions, mites, and arthropod vectors, and which has a separate air supply with ventilation to the outside with no admixture in the general circulation.

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SECTION 3. Washoe County Code 55.010 is hereby amended by changing the definition of "County" as follows:

County means all the area of Washoe County as defined by NRS 243.0430, and as it may be amended from time to time.

[Business Impact Note: The Board of County Commissioners hereby

finds that this ordinance does not impose a direct and significant economic burden upon a business, nor does it directly restrict the formation, operation or expansion of a business.]

Proposed on the _____ day of _____, 2015.

Proposed by Commissioner _____.

Passed on the _____ day of _____, 2015.

Vote:

Ayes:

Nays:

Absent:

_____
Chairman
Washoe County Commission

ATTEST:

_____
County Clerk

This ordinance shall be in force and effect from and after _____, 2015.

The attached document was submitted to the **Washoe County Board of Commissioners** during the meeting held on January 12, 2016.

by Animal Services

for Agenda Item No. 13

and included here pursuant to NRS 241.020(7) as amended by AB65 of the 2013 Legislative Session.

AVMA™
Our Passion. Our Profession.

POLICIES

BCC 1-12-16 #13
Robert Smith - Animal Svc

AVMA Policies

Policies are the guiding principles of the Association. AVMA has three categories of policy. AVMA professional policies provide guidance on the practice of veterinary medicine. Endorsed policies are policies adopted by other groups and supported by the AVMA. Administrative policies are primarily internal and direct the operation of the Association.

The AVMA encourages its members to voluntarily adhere to policies impacting the practice of veterinary medicine, as these policies are developed by peers on behalf of the profession. AVMA policies are not, and do not supersede, law or regulation. The **AVMA Principles of Veterinary Medical Ethics** are unique in that violation of these may result in disciplinary action by the AVMA.

Contents

Animal Abuse and Animal Neglect

The AVMA recognizes that veterinarians may observe cases of animal abuse or neglect as defined by federal or state laws, or local ordinances. The AVMA considers it the responsibility of the veterinarian to report such cases to appropriate authorities, whether or not reporting is mandated by law. Prompt disclosure of abuse is necessary to protect the health and welfare of animals and people. Veterinarians should be aware that accurate, timely record keeping and documentation of these cases are essential. The AVMA considers it the responsibility of the veterinarian to educate clients regarding humane care and treatment of animals.

Additional Resources:

Animal Abuse Response--Resources for Veterinarians

Acclimation Certificates/Statements

Acclimation certificates/statements are used to allow airlines to ship dogs and cats when the airline cannot guarantee compliance with animal welfare regulations, specifically the minimum temperature allowed by the regulations. Veterinarians may advise clients not to ship animals with transporters or airlines that cannot guarantee compliance with animal welfare regulations. In accordance with the Code of Federal Regulations (**9 CFR section 3**), regardless of the temperature range suggested by the owner/authorized agent or veterinarian, ambient temperatures listed in the acclimation certificate/statement cannot be higher than 85° F for more than four consecutive hours while in animal holding areas of airport terminals or for more than 45 minutes while transferring the animal between the aircraft and the animal holding area.

Carriers or intermediate handlers whose facilities fail to meet the minimum temperature allowed by the standards may accept for transportation or transport, in commerce, any live animal if the consignor furnishes to the carrier or intermediate handler a certificate executed by an accredited veterinarian stating that such live animal is acclimated to air temperatures lower than those prescribed in the CFR (45° F).

Acclimation certificates/statements issued in accordance with **9 CFR section 3** no more than 10 days prior to delivery of the animal(s) for transportation should only be provided as a statement attached to a Certificate of Veterinary Inspection and shall include at least the following information:
(1) Name and address of consignor;
(2) The number and identification of animals in the shipment;
(3) An acclimation certificate/statement;
(4) The signature of the USDA accredited veterinarian, accreditation number, and date.

Veterinarians who sign acclimation certificates/statements for the transportation of pet animals that may be exposed to adverse temperatures, should word their certifying statement as follows:

"The animal(s) in this shipment appear healthy for transport but need(s) to be maintained at a range of ambient temperatures (in Fahrenheit) to which the animal(s) has/have been acclimated, as determined in consultation with the owner/authorized agent to be no lower than (W degrees) for (X) minutes and no higher than (Y degrees not to exceed 85° F) for no longer than (Z) minutes."

Accredited Veterinarian Program Resources

The AVMA encourages the USDA to devote adequate resources to administer the National Veterinary Accreditation Program and update the educational module content as needed.

Accredited Veterinarian Utilization

The AVMA supports the concept of utilizing USDA accredited veterinarians to assist in state and federal disease control or eradication programs and to assist in detection, prevention, and control of foreign animal diseases.

Relocation of Pets for Adoption

When dogs and cats are moved from areas where homeless animals outnumber available adoptive homes to communities where there is a demand for adoptable pets, careful planning is necessary to ensure the animals' good welfare, animal and human safety, and avoid the spread of disease. Prior to transport, animals should be inspected by a veterinarian and a Certificate of Veterinary Inspection issued. Trip planning must include provisions specific to the age and species of animals being moved and include attention to suitable enclosures, rest breaks, food, water, protection from environmental extremes, and the presence of an attendant with the ability to recognize and respond to animals' needs during transport. A contingency plan for emergencies must also be in place.

Adverse Event Reporting Policy

Being committed to the continuing availability of medicinal products that are pure, safe, potent and efficacious for animals, the AVMA encourages continued development and strengthening of adverse event reporting systems. This includes continued collaboration with constituent professional organizations, industry organizations, government entities and other stakeholders.

See also: **Reporting adverse events**

Background:

AVMA Brochure: Veterinary Biologics

Vaccinovigilance

The AVMA supports the monitoring of vaccine safety and efficacy via a publicly available central reporting system. The system should collect reports of all vaccine associated adverse events including any perceived failures in safety and/or efficacy. The reporting system should be user-friendly and readily available to facilitate adverse event reporting by veterinary practitioners. The reports should follow a standardized, systematic template. Any compilation or interpretation of these reports should be provided in a form that is useful to biological firms and clinically relevant for veterinarians. Implementation of the central reporting system needs to be a high priority for the USDA-APHIS Center for Veterinary Biologics and adequate funding must be provided. The need for vaccinovigilance is significant and urgent to ensure that animal health, public health and food safety are protected.

Background:

- **USDA Veterinary Biologics: Use and Regulation**
- AVMA Brochure: Veterinary Biologics

Related AVMA Policy:

Vaccination Principles

Aminoglycoside Use in Cattle and Small Ruminants

Due to food safety concerns from extended withdrawal times and associated drug residue risks, the AVMA does not support the use of aminoglycosides in cattle or small ruminants except those products specifically approved by FDA for use in cattle or small ruminants.

Formerly titled "Aminoglycosides"

Animal-Assisted Interventions: Definitions

The AVMA recognizes that the human animal bond is important to client and community health. The human animal bond has existed for thousands of years and this relationship is of significant importance for veterinary medicine and human health and wellbeing. As veterinary medicine serves society, it fulfills both human and animal needs.

Animal assisted interventions are included and endorsed by human healthcare providers as cost effective interventions for specific patient populations in various acute and rehabilitative care facilities. Veterinarians, as individuals and professionals, are uniquely qualified to provide community service via such programs and to aid in scientific evaluation and documentation of the health benefits of the human animal bond.

Animal assisted interventions should be governed by basic standards, be regularly monitored, and be staffed by appropriately trained personnel. Animal-assisted interventions should adhere to best practice and have goals (in the areas of health, wellbeing or education) with measurable outcomes. The health and welfare of the humans and animals involved must be ensured. Veterinarians' involvement in these programs from their inception is critical because they serve as advocates for the health and welfare of animals participating in these programs, and as experts in zoonotic disease transmission.

Definitions

Animal assisted interventions is a broad term that is now commonly used to describe the utilization of various species of animals in diverse manners beneficial to humans. Animal assisted therapy, education, and activities are examples of types of animal assisted intervention.

Animal-assisted therapy (AAT) is a goal directed intervention in which an animal meeting specific criteria is an integral part of the treatment process. Animal-assisted therapy is delivered and/or directed by health or human service providers working within the scope of their profession. Animal-assisted therapy is designed to promote improvement in human physical, social, emotional, or cognitive function. Animal-assisted therapy is provided in a variety of settings, and may be group or individual in nature. The process is documented and evaluated.

Animal-assisted education (AAE) is a planned and structured intervention directed and/or delivered by educational and related service professional with specific academic or educational goals.

Animal-assisted activities (AAA) provide opportunities for motivation, education, or recreation to enhance quality of life. Animal assisted activities are delivered in a variety of environments by specially trained professionals, paraprofessionals, or volunteers in association with animals that meet specific criteria.

AAI Resident animals (RA) live in a facility full time, are owned by the facility, and are cared for by staff, volunteers, and residents. Some RA may be formally included in facility activity and therapy schedules after proper screening and training. Others may participate in spontaneous or planned interactions with facility residents and staff.

The use of service animals, which are individually trained to do work or perform tasks for people with disabilities, is not considered to constitute an animal assisted intervention.

Animal-Assisted Interventions: Guidelines

Active or passive interactions with animals can be of great psychosocial and physical benefit for all people, but particularly for certain populations with special needs. Veterinarians must prepare themselves to play a vital role in ensuring the health and wellbeing of the people and the animals involved in human-animal interaction activities and programs. These guidelines address measures that should be taken to ensure the wellness of animals participating in animal assisted interventions.

Some of the most common concerns facing veterinarians involved in animal-assisted interventions (AAI) are behavioral problems and potential zoonotic disease risks. These guidelines are not intended to address these complex issues in detail but rather to provide veterinarians with a platform on which to build a knowledge base. This knowledge base will, in-turn, help ensure the welfare of animals involved in these programs and maximize the therapeutic applications of the human-animal bond. The concepts presented here are intended to provide a starting point for building expertise in this area.

For every animal-assisted intervention (AAI) as defined by the AVMA Animal Assisted Interventions: Definitions at least one person must be responsible for the health, behavior, and welfare of the animal(s) involved in these programs. This individual is critically important to the wellness and welfare of the animal. In some instances, the Responsible Person (RP) will be an owner or a handler. In the case of a resident animal, the RP may be one or more staff members to whom these responsibilities have been specifically assigned. To ensure the welfare of human and animal participants, a veterinarian should also be actively involved in all AAI programs.

The Wellness Program

A Wellness Program should be designed to provide reasonable assurance that animals across the spectrum AAI services are 1) healthy (in part to reduce the bi-directional risk of zoonotics transmission; 2) behaviorally appropriate for the program, and 3) protected from being harmed by participation in the program.

A Wellness Program must include regular veterinary care but goes beyond annual physical examinations and associated vaccinations and medications. The veterinarian should be fully aware of all AAI activities in which the animal is involved. The animals should be continuously monitored by the Responsible Person (RP) and periodically monitored by the veterinarian for the purpose of developing a continuum of care that will help ensure the continued health and welfare of the animal. Total wellness encompasses the physical and behavioral attributes of the animal, as well as the characteristics of interactions between people and animals participating in the program.

An effective animal Wellness Program will include:

- A close partnership and frequent communication between the veterinarian, RP, licensed therapist(s) responsible for the human participant (e.g., occupational and physical therapists) and, where necessary, a qualified animal behaviorist.
- That the veterinarian is informed about what the animal will be exposed to and the types of tasks that they will be expected to perform, and to understand the physical and behavioral characteristics of the species to be used in the AAI.
- A mechanism must be established that permits the veterinarian to periodically assess the physical and behavioral health and wellbeing of the animal. This will include regularly scheduled examinations and preventive care. In addition to these regular, routine wellness visits, the animal must be provided with access to veterinary care on an as needed basis.

- During routine visits the animal will be provided with vaccination; parasite prevention and control; selected screening for common diseases and conditions; behavioral evaluation; preventive medical, dental, nutritional, and behavioral care, including advice concerning environmental enrichment; and an assessment of genetic health as appropriate.
- The Wellness Program will be flexible and tailored to fit the needs of individual animals and modified to accommodate the changing needs of animals as they age and as a result of participation in AAI programs. All factors including species, age, breed, temperament, and any risk factors that could jeopardize an animal's health and welfare should be considered. Up-to-date records should be kept in relation to each participating animal.
- Animals should participate only at appropriate ages taking into account physical and zoonotic risks, behavioral appropriateness, and stressors that may adversely affect young or elderly animals in these programs. For example, dogs and cats participating in these programs shall be at least six months of age and have been appropriately socialized and trained for participation.
- The Wellness Program should be sufficient to detect any decline in animal wellness which may manifest itself as a physical or behavioral change.
- The RP must be willing to share the results of an animal's medical and behavioral evaluations (usually in summary format) with regulatory agencies that have legal oversight for the target populations of AAI programs.
- Information concerning an individual animal's health and well being and approved AAI roles must be readily accessible to all members of a household or facility so that everyone can be involved in maintaining the health and welfare of animal(s) involved in AAI. Sharing recommendations and encouraging others to promote an animal's well being does not eliminate the need for, or duties of, the RP as primary caregiver.

Preventive medicine and behavioral management of animals participating in AAI may differ in some ways from the care of other companion or working animals. For this reason veterinarians should be cognizant of the following.

Preventive Medical Strategies

- Wellness visits should include a thorough physical examination that includes assessment of nutritional and oral health, screening for selected infectious and parasitic diseases, evaluation of behavior and lifestyle factors related to the animal and others in the household or facility, a reproductive health assessment, and an evaluation for congenital diseases and/or conditions. Preexisting medical conditions or potential behavior problems that might be exacerbated by AAI activities should be documented and the RP informed about associated risks and medical or behavioral changes that might indicate worsening of the condition
- Animals should be vaccinated for rabies (if appropriate for that species) in accordance with local and state ordinances or regulations. Other vaccinations should be given at appropriate intervals, as determined by the veterinarian, to be in the best interest of the animal, its RP, and the individuals with whom the animal will be in contact.
- Internal and external parasite prevention and control programs should be implemented in accordance with local risks and the life stage of the animal. The practitioner should keep in mind that these animals may not be candidates for certain topical insecticides because of the degree of handling and petting associated with AAI programs or they may need to be temporarily withdrawn from these activities.
- Disabilities should not necessarily eliminate an animal from participation in AAI programs. For example animals who are amputees or deaf, if otherwise healthy, can have a positive impact on special populations. However the AAI activities should not be of a type that exacerbates the animal's disabilities, and that the ability that is lacking must not reduce the safety or effectiveness of the interaction with the target population.

Participation of animals having conditions that may affect their mobility should be evaluated in light of the physical facilities of the AAI program (e.g., a dog with hip dysplasia may have difficulty maneuvering stairs or long hallways). Animals who are disabled must be monitored closely by the RP to ensure compliance with these requirements.

- Screening tests should be selected on the basis of their ability to identify medical problems in these animals and to reduce bi-directional risks of transmission of potential pathogens between animals and humans. Results of screening tests should be evaluated with regard to realistic risks to humans and animals. Appropriate treatment and risk management should be instituted if needed. Interactions of animals with immunocompromised individuals may justify use of certain screening tests that would not be necessary if those animals were only interacting with immunocompetent populations.
- The RP should be provided with information on maintaining the animal's hair coat and nail quality, and should be taught to do a basic assessment of their animal's skin condition. Excessive grooming or bathing (including the use of harsh products) in preparation for or during AAI may be deleterious.
- Recommendations for health maintenance should include behavior management, daily exercise, play, diet, preventive dental care, and the potential advantages of spaying/neutering in selected species.
- Medications administered to participating animals should be reviewed for their appropriateness (e.g., animals treated with immunosuppressive medications may be at greater risk of contracting infectious agents).

Preventive Behavioral Strategies

- During wellness visits, the attending veterinarian should specifically address behavioral health of the animal. For example, questions about the appropriateness or inappropriateness of elimination can reveal information that may relate to other training and health issues, and reports of inappropriate elimination should be probed to determine their possible association with participation in AAI. Behavioral changes may occur more frequently as animals age or if medical conditions cause discomfort or pain.
- Behaviors that could be considered inappropriate must be assessed in the context of RP expectations and tolerances. For example, some RP expect dogs to chew and cats to scratch. Behaviors tolerated in the home may not be acceptable in hospital or long-term care facilities and the RP should be counseled to this effect.
- Behaviors should be evaluated in the context of the general physical and behavioral health of the animal, as well as with respect to the animal's age and any preexisting conditions. For example, aggression may be a consequence of irritability associated with a medical condition. Changes in elimination frequency or volume may be associated with an underlying medical cause or be an effect of aging.
- The RP must ensure that resident animals are provided regular opportunities for play, quiet time, and rest separate from activities associated with an AAI.
- The RP and facility residents should be educated about behavioral signs that might indicate that an animal is not enjoying an activity associated with AAI. The RP and residents must carefully observe the animal's body language to detect signs of stress, discomfort, anxiety, or fear. They must also be aware of changes in sleep and eating patterns that could reflect excess stress or lack of proper care associated with the AAI program. The appearance of such signs should be discussed with a veterinarian to determine appropriate interventions. Interventions could include more frequent breaks, a "vacation" for the animal, or discontinuing its participation depending on the factors associated with stress. Intervention options may need to be explored with a person knowledgeable

in animal behavior and the operation of AAA, AAT, and RA programs to determine what is reasonable.

Other Considerations

- Animals should be trained not to pick things up off the floor unless instructed by the RP. In some facilities, powerful human medications may accidentally fall to the floor or be intentionally offered to these animals.
- There should be a coding system to alert the RP to rooms that should not be entered because their occupants do not want to interact with animals or because of a greater risk of contracting or transmitting an infectious disease.
- The RP, veterinarian, and other involved parties must be aware that working animals may need to be retired because of their age, reduced enthusiasm for their job, or physical or behavioral concerns.

AVMA Guidelines for Veterinarians and Veterinary Associations Working with Animal Control and Animal Welfare Organizations

Statement of Position

Veterinarians, veterinary associations, animal control agencies, and animal welfare organizations have a common bond in the preservation of the life, health, and general well-being of animals of all species.

Veterinary medical associations, animal control agencies, and animal welfare organizations should promote responsible animal ownership and proper, humane care of animals through published literature and individual counseling by their members and staff. Familiarity with the principles of shelter medicine will assist veterinarians in working effectively with animal shelters. Veterinarians should assist sheltering facilities in determining their capacity for humane care given available resources. The welfare of animals in animal shelters and in the community may be improved through the establishment and use of proactive preventive medicine protocols, such as vaccination on intake, effective cleaning and disinfection, and responsible population management.

Recommendations to Veterinarians and Veterinary Associations

It is recommended that veterinarians and veterinary associations participate in the activities of animal control and animal welfare organizations. This can best be accomplished through membership and active participation in animal control and animal welfare organizations and by promulgating current principles of shelter medicine and humane population management techniques.[1,2] Veterinarians may offer advice, training, professional services, and veterinary skills to these organizations and/or their representatives.

Professional skills and services should be offered to animal control and animal welfare organizations, keeping in mind that the welfare of individual animals, animal populations within the shelter, and animal populations within the community must all be considered and balanced in light of available resources. When offering professional services to such organizations, a veterinarian's or veterinary association's recommendations, decisions, and actions must conform to accepted standards of veterinary practice and the *Principles of Veterinary Medical Ethics of the American Veterinary Medical Association*.

Veterinarians and veterinary associations are encouraged to assist animal control and animal welfare organizations to provide special plans and/or services, such as health examinations, surgery, immunizations, and/or advice on matters such as sanitation and disease and parasite control. The scope of professional services and detailed contractual arrangements to provide these services must be worked out in advance to the mutual satisfaction of the animal control or animal welfare organization and the veterinarian or veterinary association concerned. Such plans and professional services, when agreed upon, must give the veterinarian responsibility for making medical recommendations in accord with patient and population needs. In addition, contractual agreements should be consistently adhered to and reviewed on a regular basis.

When a veterinarian is presented with an animal for evaluation and care, the veterinarian must confer with the responsible agent of the animal control or animal welfare organization and explain the diagnosis, recommend optional methods of treatment, if any, offer a prognosis, and discuss anticipated costs of treatment. The two parties should consult periodically on the progress of each case to preclude misunderstandings as to the extent of care, or the fees to be incurred. Fees for services should be determined by the veterinarian and the animal control or animal welfare organization as negotiable items. Veterinarians must not render less than their usual high quality services, regardless of the fee charged. Costs of treating the individual animal may negatively impact resources available to provide preventive services for the population and therefore decisions to treat individual animals must be considered in the context of the welfare of the entire population and the resources available to the animal welfare or animal control agency.

1. Association of Shelter Veterinarians. *Guidelines for Standards of Care in Animal Shelters*. Available at **http://xa.yimg.com/kq/groups/20241575/778874386/name/Shelter%20Standards%20Oct2011%20wForward.pdf**. Accessed May 18, 2012.

2. Miller L, Zawistowski S (eds). *Shelter Medicine for Veterinarians and Staff*. Ames, Iowa: Blackwell Publishing, 2004.

Support of National Research Council's Recommendations in "Animal Health at the Crossroads"

AVMA continues to support the implementation of the recommendations for strengthening the animal health framework of the U.S. contained in the National Research Council's 2005 report "Animal Health at the Crossroads: Preventing, Detecting, and Diagnosing Animal Diseases."

National Research Council Recommendations for Strengthening the Animal Health Framework of the U.S.

COORDINATION OF FRAMEWORK COMPONENTS

Recommendation 1: The nation should establish a high-level, centralized, authoritative, and accountable coordinating mechanism or focal point for engaging and enhancing partnerships among local, state, and federal agencies and the private sector.

TECHNOLOGICAL TOOLS FOR PREVENTING, DETECTING, AND DIAGNOSING ANIMAL DISEASES

Recommendation 2: Agencies and institutions—including the U.S. Department of Agriculture (USDA) and the Department of Homeland Security (DHS)—responsible for protecting animal industries, wildlife, and associated economies should encourage and support rapid development, validation, and adoption of new technologies and scientific tools for the detection, diagnosis, and prevention of animal diseases and zoonoses.

SCIENTIFIC PREPAREDNESS FOR DIAGNOSING ANIMAL DISEASES: LABORATORY CAPACITY AND CAPABILITY

Recommendation 3: The animal health laboratory network should be expanded and strengthened to ensure sufficient capability and capacity for both routine and emergency diagnostic needs and to ensure a robust linkage of all components (federal, state, university, and commercial laboratories) involved in the diagnosis of animal and zoonotic diseases.

ANIMAL HEALTH RESEARCH

Recommendation 4: Federal agencies involved in biomedical research (both human and veterinary) should establish a method to jointly fund new, competitive, comprehensive, and integrated animal health research programs; ensure that veterinary and medical scientists can work as collaborators; and enhance research, both domestically and internationally, on the prevention, detection, and diagnosis of animal and zoonotic disease encompassing both animal and human hosts.

Recommendation 5: To strengthen the animal health and zoonotic disease research infrastructure, the committee recommends that competitive grants be made available to scientists to upgrade equipment for animal disease research and that the nation construct and maintain government and university biosafety level 3 (BSL-3 and BSL-3 Ag) facilities for livestock (including large animals), poultry, and wildlife.

INTERNATIONAL INTERDEPENDENCE AND COLLABOARATION

Recommendation 6: The United States should commit resources and develop new shared leadership roles with other countries and international organizations in creating global systems for preventing, detecting, and diagnosing known and emerging diseases, disease agents, and disease threats as they relate to animal and public health.

IMPORTATION, SALE, AND TRANSPORT OF ANIMALS

Recommendation 7: Integrated and standardized regulations should be developed and implemented nationally to address the import, sale, movement, and health of exotic, non-domesticated, and wild-caught animals.

ADDRESSING FUTURE ANIMAL DISEASE RISKS

Recommendation 8: The USDA, DHS, Department of Health and Human Services, and state animal and public health agencies and laboratories should improve, expand, and formalize the use of predictive, risk based tools and models to develop prevention, detection, diagnostic, and biosecurity systems and strategies for indigenous, exotic, and emerging animal diseases.

EDUCATION AND TRAINING

Recommendation 9: Industry, producers, the American Veterinary Medical Association (AVMA), government agencies, and colleges of veterinary medicine should build veterinary capacity through both recruitment and preparation of additional veterinary graduates into careers in public health, food systems, biomedical research, diagnostic laboratory investigation, pathology, epidemiology, ecosystem health, and food animal practice.

Recommendation 10: The USDA, state animal health agencies, the AVMA, and colleges and schools of veterinary medicine and departments of animal science should develop a national animal health education plan focusing on education and training of individuals from all sectors involved in disease prevention and early detection through day-to-day oversight of animals.

IMPROVING PUBLIC AWARENESS OF THE ECONOMIC, SOCIAL, AND HUMAN HEALTH EFFECTS OF ANIMAL DISEASES

Recommendation 11: The government, private sector, and professional and industry associations should collectively educate and raise the level of awareness of the general public about the importance of public and private investment to strengthen the animal health framework.

Relevant AVMA Policy:

- **Foreign Animal Disease Laboratory**
- **Funding for USDA Facilities**
- **Veterinary Diagnostic Laboratory Funding**

AVMA Animal Welfare Principles

The AVMA, as a medical authority for the health and welfare of animals, offers the following eight integrated principles for developing and evaluating animal welfare policies, resolutions, and actions.

- The responsible use of animals for human purposes, such as companionship, food, fiber, recreation, work, education, exhibition, and research conducted for the benefit of both humans and animals, is consistent with the Veterinarian's Oath.
- Decisions regarding animal care, use, and welfare shall be made by balancing scientific knowledge and professional judgment with consideration of ethical and societal values.
- Animals must be provided water, food, proper handling, health care, and an environment appropriate to their care and use, with thoughtful consideration for their species-typical biology and behavior.
- Animals should be cared for in ways that minimize fear, pain, stress, and suffering.
- Procedures related to animal housing, management, care, and use should be continuously evaluated, and when indicated, refined or replaced.
- Conservation and management of animal populations should be humane, socially responsible, and scientifically prudent.
- Animals shall be treated with respect and dignity throughout their lives and, when necessary, provided a humane death.
- The veterinary profession shall continually strive to improve animal health and welfare through scientific research, education, collaboration, advocacy, and the development of legislation and regulations.

Joint AVMA-CVMA-FedMVZ Statement on Horse Slaughter

Veterinarians believe horse owners have a responsibility to provide humane care for their horses throughout their horses' lives. Unfortunately, some horses may become unwanted because they are no longer serviceable, become infirm or dangerous, or their owners are no longer able to care for them. Retirement facilities and adoption groups offer options for some of these unwanted horses, which may be placed in new homes and/or retrained for new "careers." However, there will always be horses for which new homes or retraining are not available. Responsible options for these unwanted horses include euthanasia followed by appropriate disposal of the carcass to minimize risks to public and environmental health associated with drug residues, or humane slaughter.

Consumption of horsemeat by humans is a cultural and personal choice; the veterinarian's primary focus is on the health and welfare of the horse throughout its life. That said, our veterinary associations believe the humane slaughter of horses is preferable to a life in discomfort and pain, inadequate care, or abandonment.

Horses destined for slaughter should be handled and transported to the processing facility in a humane manner. Use of local slaughter facilities is preferred to avoid welfare risks (e.g., physical and mental stress, injury) associated with long-distance travel. Horses should be humanely slaughtered consistent with the requirements of the country in which the horses are being processed.

Joint AVMA-FVE-CVMA Statement on the Roles of Veterinarians in Ensuring Good Animal Welfare

The American Veterinary Medical Association (AVMA), the Federation of Veterinarians of Europe (FVE), and the Canadian Veterinary Medical Association (CVMA) recognize that sentient animals are capable of pain and suffering, deserving consideration and respect.

The AVMA, FVE, and CVMA recognize that veterinarians—as knowledgeable and accountable professionals—have an opportunity and an obligation to help animal owners, caretakers, handlers, and policy makers protect and improve animals' welfare.

Consistent with the internationally accepted five freedoms,[1] animals must be provided water, food, proper handling, health care, and environments appropriate to their species and use, and should be cared for in ways that prevent and minimize fear, pain, distress, and suffering.

Establishing and implementing good animal care is a balancing act involving animal needs, human needs, societal expectations, and environmental concerns. Actions taken to improve animal welfare should be informed by veterinary, ethological, ecological, and ethical considerations.

- In serving animals and society, veterinarians have unique attributes that make them valuable partners and effective advocates. Among these are:
  Strong science-based knowledge about animal health and husbandry, and proficiency in the technical and practical application of that information;
- Empathy, which encourages veterinarians to ensure uses of animals are necessary and appropriate;
- Direct practitioner access to animals, the environments in which they are housed, and the people who own and care for them;
- Regular interactions with other individuals indirectly responsible for the welfare of animals (e.g., other scientists, policy makers, advocates in the industry and humane communities, the public); and
- Long-standing credibility earned through public service and adherence to high ethical and professional standards.

All veterinarians have an opportunity to provide education and knowledge that can promote welfare-friendly animal care practices. Veterinarians must not only work to implement existing standards, but must also contribute to ensuring continual improvement of those standards.

- Veterinarians in different types of practices may have unique roles:
  Private clinical practitioners provide direct-to-owner/caretaker assistance in assessing regularly the welfare of animals and in ensuring good animal welfare.
- Consulting veterinarians may complete in-depth evaluations of facilities and recommend standard operating procedures and best practices.
- Veterinary educators school future generations of veterinarians and paraprofessionals in the scientific and ethical bases behind the development and adoption of appropriate animal care practices.

- Veterinary researchers promote good animal welfare within existing animal care systems and propose alternatives that may better accommodate animal needs. Veterinarians employed in governmental and nongovernmental organizations develop, certify, and enforce animal care standards.
- Veterinarians with species-specific animal welfare expertise can serve as highly qualified, independent evaluators for assurance schemes.

Veterinarians are, and must continually strive to be, the leading advocates for the good welfare of animals in a continually evolving society.

[1]Farm Animal Welfare Council. Five freedoms. Available at **www.fawc.org.uk/freedoms.htm**. Accessed June 16, 2011.

Additional Resources:

Animal Welfare Policy Statements

Related Policies:

Joint AVMA-FVE-CVMA Statement on Responsible and Judicious Use of Antimicrobials

Joint AVMA-FVE-CVMA Statement on Veterinary Education

Joint AVMA-FVE-CVMA Statement on The Essential Role of Veterinarians in Protecting Animal, Human, Public, and Environmental Health-A Global Public Good

Establishing Public Policy To Ensure Animal Well Being

Process

The American Veterinary Medical Association (AVMA) supports the legislative process and the use of appropriately constituted expert bodies to establish public policy on animal welfare. Government appointed standard-setting or advisory bodies should strive for continual improvement of animal care systems through comprehensive evaluations based on sound science, with appropriate consideration for the practical implementation of their recommendations and societal preferences regarding animal use. Standard-setting bodies, and related public policy, should preferably be established through legislative and regulatory processes, which include opportunities for appropriate stakeholder engagement.

The AVMA recognizes the value of ballot initiatives, which can provide an important opportunity for direct public engagement however AVMA does have reservations with using ballot initiatives to establish public policy on issues of animal welfare in that such issues often do not lend themselves to "yes" or "no" answers. Ballot initiatives have significant challenges in addressing complex issues (e.g., setting animal care standards) in that they can be narrow in their mechanism of effect, and , and offer limited opportunities for comprehensive expert input prior to determination by the voting public.

To achieve their desired objectives, legislative or regulatory actions related to animal care and welfare should arise from an open exchange of information and perspectives by all interested parties. This approach enhances the prospects of consensus and a greater understanding of animal needs and industry practices.

Composition of Standard-Setting Bodies

Representation on standard-setting bodies established via legislative and regulatory processes should be well-balanced, both in technical expertise and viewpoint. Balance is essential to ensure good outcomes for animal care and to achieve public acceptability and support.

Technical expertise on standard-setting bodies allows animal care decisions to be made that appropriately address the variety of factors impacting animal well being, including access to quality food and water in appropriate amounts; protection of animals from disease, injury, predators, and adverse environmental conditions; provision of sufficient space and opportunity to allow animals to perform necessary species-typical behaviors; proper handling and transportation; and, when needed, timely euthanasia. As animal care experts, veterinarians and animal welfare scientists bring to the table not only their technical understanding of animals' physical and mental needs, but also an appropriate focus on balancing those needs with animal use practicalities and public expectations. Veterinarians and animal welfare scientists, have been professionally trained to responsibly advance animal care, and should thereby be given substantial opportunity for representation.

Varying constituencies and viewpoints should have representation on standard-setting bodies, to facilitate a complete discourse of pertinent issues. In addition to veterinarians and animal welfare scientists membership should include practical expertise from the animal use industries, as well as individuals representing animal protection groups and the general public.

2011 Antimicrobial Use Guidelines for Treatment of Urinary Tract Disease in Dogs and Cats

The AVMA supports the use of the 2011 Antimicrobial Use Guidelines for Treatment of Urinary Tract Disease in Dogs and Cats developed by the Antimicrobial Guidelines Working Group of the International Society for Companion Animal Infectious Diseases as a resource to improve antimicrobial stewardship in companion animal practice. Guidelines such as these should not be construed as dictating an exclusive course of treatment or procedure. Variations in practice may be warranted based on factors unique to the patient, client, or veterinary practice, in accordance with the best clinical judgment. Members should recognize that there may be variability in the availability and recommended use of certain antimicrobial drugs among countries. Therefore, any such guidelines should be reviewed by the issuing body at least every 5 years and updated as necessary.

Relevant AVMA Policies:

- **Antimicrobial Use Guidelines for Companion Animal Practice**
- **2014 Guidelines for the Diagnosis and Antimicrobial Therapy of Canine Superficial Bacterial Folliculitis**

2014 Guidelines for the Diagnosis and Antimicrobial Therapy of Canine Superficial Bacterial Folliculitis

The AVMA supports the use of the 2014 Guidelines for the Diagnosis and Antimicrobial Therapy of Canine Superficial Bacterial Folliculitis developed by the Antimicrobial Guidelines Working Group of the International Society for Companion Animal Infectious Diseases as a resource to improve antimicrobial stewardship in companion animal practice. Guidelines such as these should not be construed as dictating an exclusive course of treatment or procedure. Variations in practice may be warranted based on factors unique to the patient, client, or veterinary practice, in accordance with the best clinical judgment. Members should recognize that there may be variability in the availability and recommended use of certain antimicrobial drugs among countries. Therefore, any such guidelines should be reviewed by the issuing body at least every 5 years and updated as necessary.

Relevant AVMA Policies:

- **Antimicrobial Use Guidelines for Companion Animal Practice**
- **2011 Antimicrobial Use Guidelines for Treatment of Urinary Tract Disease in Dogs and Cats**

Antimicrobial Use Guidelines for Companion Animal Practice

The AVMA supports the development and promulgation of antimicrobial use guidelines for companion animal practitioners as a resource to improve antimicrobial stewardship in companion animal practice. Guidelines such as these should not be construed as dictating an exclusive course of treatment or procedure. Variations in practice may be warranted based on factors unique to the patient, client, or veterinary practice, in accordance with best clinical judgment. Members should recognize that there may be variability in the availability and recommended use of certain antimicrobial drugs among countries. In addition, recommendations may change as further information becomes available over time. Therefore, any such guidelines should be reviewed by the issuing body at least every 5 years and updated as necessary.

Relevant AVMA Policies:

- **2011 Antimicrobial Use Guidelines for Treatment of Urinary Tract Disease in Dogs and Cats**
- **2014 Guidelines for the Diagnosis and Antimicrobial Therapy of Canine Superficial Bacterial Folliculitis**

The Role of the Veterinarian in Animal Antimicrobial Use

Veterinarians should be involved in the decision-making process for the use of antimicrobials in animals regardless of the distribution channels through which the antimicrobials were obtained.

Relevant AVMA Policy:

- **Antimicrobials for Treatment of Aquatic Animals by Veterinarians, Judicious Use of**
- **Antimicrobials for Use in Food-Producing Animals, Approval and Availability of**
- **Antimicrobials, Judicious Therapeutic Use of**
- **Antimicrobials in Poultry, AAAP Guidelines for Judicious Therapeutic Use of**
- **Antimicrobials in Cattle, AABP Prudent Usage Guidelines for**
- **Antimicrobials in Horses, AAEP Prudent Drug Usage Guidelines for**
- **Antimicrobials, AAFP/AAHA Basic Guidelines for Judicious Therapeutic Use of**
- **Antimicrobials in Swine, AASV Guidelines for Judicious Therapeutic Use in Pork Production**
- **AVMA Strategy Regarding Antimicrobial-Resistant Bacteria**
- **Extralabel Use of Veterinary Feed Directive Drugs for Minor Species**
- **National Antimicrobial Resistance Monitoring System (NARMS)**
- **Veterinary Foresight and Expertise in Antimicrobial Discussions**

AVMA Strategy Regarding Antimicrobial-Resistant Bacteria

The AVMA's comprehensive science-based strategy of legislative, regulatory, and public education activities regarding antimicrobial resistant bacteria in animals and drug availability is as follows:

1. Interaction of the Councils on Public Health and Regulatory Veterinary Medicine, Veterinary Service, Biologic and Therapeutic Agents, and Public Relations, Food Safety Advisory Committee and the Legislative Advisory Committee to define and pursue coordinated efforts towards additional research regarding the ecology of antimicrobial resistance.
2. Risk/benefit assessments of the effects of antimicrobial use on animal health and welfare and public health to support translation of knowledge into sound management practices.
3. A science-based education program to include:
    a. General consumer education about the value of antimicrobials in improving animal welfare and public health;
    b. Education of federal legislators and their staffs regarding the public and animal health aspects of antimicrobial drug availability; and
    c. Education of veterinarians, and through them their clients, practices to sustain drug efficacy, mechanisms of antimicrobial resistance, and the potential implications for trade.

Relevant AVMA Policy:

- **Antimicrobials for Use in Food-Producing Animals, Approval and Availability of**
- **Antimicrobials, Judicious Therapeutic Use of**
- **Antimicrobials in Poultry, AAAP Guidelines for Judicious Therapeutic Use of**
- **Antimicrobials in Cattle, AABP Prudent Usage Guidelines for**
- **Antimicrobials in Horses, AAEP Prudent Drug Usage Guidelines for**
- **Antimicrobials, AAFP/AAHA Basic Guidelines for Judicious Therapeutic Use of**
- **Antimicrobials in Swine, AASV Guidelines for Judicious Therapeutic Use in Pork Production**
- **AVMA Strategy Regarding Antimicrobial-Resistant Bacteria**
- **Extralabel Drug Use of Veterinary Feed Directive Drugs for Minor Species**
- **The Role of the Veterinarian in Animal Antimicrobial Use**
- **Veterinary Foresight and Expertise in Antimicrobial Discussions**

Judicious Use of Antimicrobials for Treatment of Aquatic Animals by Veterinarians

Aquatic veterinarians are expected to use all therapeutic agents, including antimicrobials, judiciously. Judicious use of antimicrobials for aquatic animals is necessary to restore aquatic animal health, protect the economic livelihood of commercial facilities, ensure the continued production of foods of animal origin, minimize development of antimicrobial resistance in animal pathogens, minimize development of antimicrobial resistance in human pathogens, and minimize the shedding of zoonotic pathogens into the environment and potentially into the food chain.

In addition to awareness of and adherence to AVMA's Judicious Therapeutic Use of Antimicrobials guidelines, aquatic veterinarians should follow these specific recommendations for antimicrobial use in aquatic animals.

• Accept responsibility for helping clients design health management programs, including for individual animals or populations or stock general populations, including immunization and nutrition programs, that will reduce the incidence of disease, and the need for antimicrobial treatment.
Appropriate disease prevention through effective vaccination is likely to reduce the incidence of disease and subsequent need for antimicrobial treatment. When there is an increased disease incidence, efforts to identify and correct immunosuppressive factors should be implemented. High-quality nutrition is of paramount importance and will provide general as well as immune-related health benefits for all life stages. Optimal nutrition can lead to a reduction in morbidity and mortality rates with a consequent decrease in the need for antimicrobial treatment. Water source quality should be evaluated, including an assessment of the potential disease transmission risk from feral populations and the related need for biosecurity measures to protect captive populations. This will help to prevent the introduction of additional pathogenic microorganisms that could cause diseases requiring antimicrobial treatment. Veterinarians should work closely with other aquatic animal health experts employed at the facility in the design and implementation of health management programs.

• Use antimicrobial drugs only within a veterinarian-client-patient relationship, including both the dispensing and issuing of prescriptions and veterinary feed directives.
The veterinarian must adhere to the following:

- Be either the person responsible for diagnosis of disease conditions in an aquatic animal facility or be working directly with an aquatic animal health professional at the facility.
- Be available for questions or concerns following treatment with antimicrobial drugs.
- Accept responsibility for health care of the aquatic animals on that facility.
- Have familiarity with the facility through previous visits to the premises.

Under these circumstances, the veterinarian will be able to make a recommendation on appropriate antimicrobial drug treatment to minimize the development of antimicrobial resistance. Veterinarians prescribing, dispensing, or administering antimicrobials to aquatic animals should use the services of unbiased and reputable sources (eg, Food Animal Residue Avoidance Databank) to provide scientifically sound withdrawal times for food animal producers.

• Properly select and use antimicrobials and participate in continuing education programs that include information on therapeutics and emergence and development of antimicrobial resistance.
Antimicrobial resistance and human safety concerns, including human pathogen antimicrobial resistance and food-borne transmission of antimicrobial-resistant microorganisms or resistance determinants, are discussed at numerous regional, state, and national meetings every year. At least some portion of the required continuing education hours should be received on the topic of antimicrobial susceptibility of animal and potential zoonotic pathogens. Material

accessible from reliable sources such as the FDA CVM, FARAD, and AVMA, and from the many available additional sources of professional information, should be incorporated into treatment considerations and recommendations. Many aspects of aquatic animal health management, including nutrition and immunology, are topics of active research. Veterinarians should stay current in their knowledge of this research, in the interest of developing effective disease control programs.

• Have strong clinical evidence of the identity of the disease etiology, based on history, clinical signs, necropsy, laboratory data, or past experience, before recommending antimicrobial treatment.
Records and observations on individual animals or within populations, such as ponds, tanks, pens, and raceways within a veterinarian's area of practice, may be very helpful in developing antimicrobial treatment recommendations. Historical diagnostic material obtained from postmortem and moribund aquatic animal examinations may also be helpful. Diagnostic data reports are a useful measure of changes in pathogen susceptibility patterns, although antimicrobial susceptibility profiles may be skewed (perhaps due to prior therapy). The status of the originating facility should be considered when establishing a diagnosis in disease outbreaks and when selecting a treatment protocol. Proven biosecurity measures should be implemented when aquatic animals are introduced to a facility to reduce the need for antimicrobial therapy.

• Treat aquatic animals with antimicrobial according to the product label (including indication, dosage, frequency, duration, method of administration, species, and environmental conditions).
The product label recommendations are established through sound scientific data. Veterinarians should follow the label instructions. Furthermore, the goal of therapy should be to reduce aquatic animal mortality rate and minimize disease recurrence. Veterinarians should strive for the lowest dosage and appropriate frequency and duration of treatment that achieves these goals. Veterinarians should rely on previous medical records and valid published information to support clinical judgments on the proper time to discontinue therapy. The antimicrobial drug label may require specific waste handling or may limit the concentration allowed in production facility effluent water. The veterinarian should assure that the antimicrobial-containing waste or effluent is handled according to the product label directions. Also, before authorizing antimicrobial administration, the veterinarian should assure that the production facility complies with appropriate federal, state, and local laws and regulations (eg, National Pollutant Discharge Elimination System permits) applicable to antimicrobial use and discharge. Withdrawal times in food animals should also be monitored for compliance.

• Choose an antimicrobial and treatment regimen based on available laboratory and label (including package insert) information, and additional data in the literature, with consideration of its pharmacokinetics and pharmacodynamics and spectrum of microorganism susceptibility and resistance.
When this information is combined with the clinical and laboratory information, prudent and judicious antimicrobial use decisions are possible. The label dose, route, frequency, and duration should be followed except where extralabel drug use is necessary and falls within applicable laws, regulations, and policies. Familiarity with extralabel drug use requirements is essential given the limited availability of approved antimicrobial drugs for aquatic animal use.

• Use antimicrobials with a specific clinical outcome in mind, including a specific target for population morbidity and mortality rate reduction.
Specific outcome criteria prevent unnecessarily long therapy and indicate when the current therapy is ineffective. A timeline for expected results should be included in the treatment protocol.

• Determine population pathogen susceptibility at the first indication of increasing morbidity or mortality rates and monitor the therapeutic response to detect changes in microbial susceptibility and to evaluate antimicrobial selections.
If the specific outcome criteria are not being met within the expected timeline, the diagnosis and treatment protocol should be reevaluated by the veterinarian.

• Routine necropsy of aquatic animal populations should be periodically performed, including antimicrobial susceptibility testing, to update historical information for developing treatment and control protocols.
This will provide information on changes in pathogens in the population and indications of antimicrobial resistance development by the pathogens.

• Use products that have the narrowest spectrum of activity and known in vivo effectiveness against the pathogen causing the disease problem.
In clinical situations, the boundary between a narrow and broad spectrum of activity may be difficult to determine. Spectrum of activity will vary depending upon the bacteria affected by the antimicrobial drug and the treatment regimen chosen. Despite the difficulty in confining antimicrobial use to a narrow spectrum of activity, resistance to antimicrobials should be minimized by selecting an antimicrobial with a narrow spectrum of activity whenever possible. Aquatic animal veterinarians presently have access to a limited armamentarium of antimicrobials. However, this situation may change as new products are developed and approved. Veterinarians need to be attuned to the potential for change.

• Choose antimicrobial of lesser importance in human medicine, and do not choose an antimicrobial for which emergence of resistance is expected to be in an advanced stage.
Antimicrobials that are of lesser importance in human medicine should be chosen when considering extralabel use of newer-generation antimicrobials. This is of particular concern if the drug is in the same class as a human antimicrobial that may be the primary or sole treatment for a human infection. New antimicrobials should be reserved for cases that can be predicted to be refractory to other therapies and should be used according to label directions or extralabel drug use regulations.

• Use, whenever possible, an antimicrobial labeled to treat the condition diagnosed.
The veterinarian should work with clients to ensure that appropriate diagnostic procedures are in place to evaluate disease causation and initiate the appropriate antimicrobial therapy when indicated.

• Ensure proper antimicrobial use at the facility and protect antimicrobial integrity through proper handling, storage, and observation of the expiration date.
Each drug held at a client's facility should be properly labeled, stored in a secure location at the proper temperature, used according to instructions before its expiration date, and appropriately disposed of if past the expiration date on the drug label.

• Prescribe, dispense, or write a veterinary feed directive for antimicrobials using the approved formulation and in quantities appropriate to the production-unit size and expected need.
The amount of a particular antimicrobial prescribed or written in a veterinary feed directive should be consistent with the diagnosed disease and treatment requirements. If the antimicrobial is not dispensed by the veterinarian, then good communication between the veterinarian, animal producer, feed mill, and pharmaceutical distributor is essential. This communication needs to be coupled with the appropriate prescription or veterinary feed directive and correct medicated feed labeling to ensure proper antimicrobial usage. The prescribing veterinarian should seek to review or receive copies of invoices of scripted antimicrobial purchases to ensure that appropriate quantities are being purchased for use.

• Work with facility aquatic animal health management personnel to ensure that facility personnel receive adequate training on the use of antimicrobials, including indications, diagnosis, dosages, withdrawal times, route of administration, storage, handling, and accurate record keeping.
The veterinarian should ensure that labels are adequate to instruct facility personnel on the correct use of antimicrobials. The veterinarian should provide training to facility personnel on proper antimicrobial administration.

• Work closely with all other health experts involved in aquatic animal population health management at the facility.

Veterinarians are encouraged to work with clients to develop written standard operating procedures for initiating disease diagnostic activities and implementing treatment. Those protocols should include specific procedures to follow when administering antimicrobials at aquatic animal facilities.

The aquatic veterinarian should also follow the principles of not using combination antimicrobial therapy unless there is information to show that this decreases or suppresses target organism resistance development, considering that there are no scientific data currently available to indicate that combination antibacterial therapy is beneficial with the few antimicrobials labeled for use in aquatic animals.

References

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2. National Research Council–Institute of Medicine Committee on Drug Use in Food Animals. The use of drugs in food animals: benefits and risks. National Academy Press, 1999;65.
3. AVMA Aquaculture and Seafood Advisory Committee. Extralabel use of medicated feeds for minor species. J Am Vet Med Assoc 2004;225:531–532.
4. Haskell SRR, Carberry-Goh K, Payne MA, et al. Current status of aquatic species biologics. J Am Vet Med Assoc 2004;225:1541–1544.
5. National Committee for Clinical Laboratory Standards. Methods for antimicrobial disk susceptibility testing of bacteria isolated from aquatic animals; a report. NCCLS document M42-R. Wayne, Pa: Clinical and Laboratory Standards Institute, 2003.

Reference Guide:

Antimicrobials for Aquatic Veterinarians, Judicious Use of (PDF)

Approval and Availability of Antimicrobials for Use in Food-Producing Animals

The AVMA recognizes that it is essential to maintain the safety of the US food supply. Central to this process is the Food and Drug Administration's use of scientific methods supported by substantial data to evaluate product safety and efficacy when approving antimicrobials for use in food-producing animals.

The AVMA supports a national, coordinated, and appropriate response to the issue of antimicrobial resistance. This includes a rigorous, transparent FDA approval process with assessment of impact on public health, animal health and animal welfare, and food safety. The AVMA supports the science-based processes of the FDA in the regulation of antimicrobials for their intended use in food animals in accordance with the Food, Drug, and Cosmetic Act and the Animal Medicinal Drug Use Clarification Act.

Relevant AVMA Policy:

- **Antimicrobials for Treatment of Aquatic Animals by Veterinarians, Judicious Use of**
- **Antimicrobials, Judicious Therapeutic Use of**
- **Antimicrobials in Poultry, AAAP Guidelines for Judicious Therapeutic Use of**
- **Antimicrobials in Cattle, AABP Prudent Usage Guidelines for**
- **Antimicrobials in Swine, AASV Guidelines for Judicious Therapeutic Use in Pork Production**
- **AVMA Strategy Regarding Antimicrobial-Resistant Bacteria**
- **Extralabel Use of Veterinary Feed Directive Drugs for Minor Species**
- **National Antimicrobial Resistance Monitoring System (NARMS)**
- **The Role of the Veterinarian in Animal Antimicrobial Use**
- **Veterinary Foresight and Expertise in Antimicrobial Discussions**

AABP/AVMA Judicious Therapeutic Use of Antimicrobials in Cattle

The production of safe and wholesome beef and dairy products for human consumption is a primary goal of the AABP. In reaching that goal, the AABP is committed to disease prevention through management practices including the use of vaccines, parasiticides, stress reduction, management of the animal's environment, and proper nutritional management. The AABP recognizes that proper and timely management practices can reduce the occurrence of disease and therefore reduce the need for antimicrobials; however, antimicrobials remain a necessary tool to prevent, control and treat infectious disease in beef and dairy herds. Prudent use of antimicrobials is encouraged in order to reduce animal pain and suffering, to protect the economic livelihood of beef and dairy producers, to ensure the continued production of safe and wholesome foods of animal origin, and to minimize the development of antibiotic resistance. Following are AABP's general guidelines for the prudent use of antimicrobials in beef and dairy cattle.

1. The veterinarian's primary responsibility is to help design management, immunization, housing and nutritional programs that will aid in reducing the incidence of disease and, thereby, the need for antimicrobials.
2. Antimicrobials should be used only within the confines of a valid veterinarian-client-patient relationship; this includes both dispensing and issuance of prescriptions.
3. Veterinarians should properly select and use antimicrobial drugs.
    a. The veterinarian should base actions and recommendations on strong clinical evidence of the identity of the pathogen causing the disease using clinical signs, history, necropsy examination, laboratory data and past experience.
    b. The antimicrobial selected should be appropriate for the target organism and should be administered at a dosage and route that are likely to achieve effective levels in the target organ.
    c. Product choices and regimens should be based on available laboratory and package insert information, additional data in the literature, and consideration of the pharmacokinetics and pharmacodynamics of the drug.
    d. Antimicrobials should be used to achieve case-specific clinical outcome(s) such as fever reduction, return of clinical signs to normal, or to reduce shedding, contagion and recurrence of disease.
    e. Periodically monitor herd response to mastitis therapy, especially for routine therapy such as dry cow intramammary antibiotics. This can include clinical response, records analysis, milk culture and, in some cases, monitoring herd antimicrobial susceptibility.
    f. Use products that have known efficacy in vivo against the pathogen causing the disease problem.
    g. Antimicrobials should be used at a dosage appropriate for the condition treated for as short a period of time as reasonable
    h. Antimicrobials labeled for use for treating the condition diagnosed should be used whenever possible. The label, dose, route, frequency and duration should be followed whenever possible.
    i. Antimicrobials should be used in an extra-label manner only within the provisions of AMDUCA regulations.
    j. Compounding of antimicrobials from bulk for use in cattle is not appropriate and is a risk for violative meat or milk residues and may result in a risk to animal health.
    k. When medically appropriate and effective, local or regional therapy may be preferred over systemic therapy, in order to reduce the exposure of non-target bacteria to antibiotic pressure.

l. Treatment of chronic cases or those with a poor chance of recovery should be avoided. Chronic cases should be removed or isolated from the remainder of the herd.

m. Combination antimicrobial therapy should be discouraged unless there is information to show an increase in efficacy or suppression of resistance development.

n. The use of antimicrobials for prevention or control of disease should be based on a group, source or production unit evaluation by the herd veterinarian rather than being utilized as standard practice.

o. Drug integrity should be protected through proper handling, storage and observation of the expiration date.

4. Veterinarians should aspire to ensure proper on farm drug use through oversight of all drugs used regardless of where the drug was purchased.

    a. Prescription or dispensed drug quantities should be appropriate to the production-unit size and expected need so that stockpiling of antimicrobials on the farm is avoided.

    b. The veterinarian should train farm personnel who use antimicrobials on indications, dosages, withdrawal times, route of administration, injection site precautions, storage, handling, record keeping and accurate diagnosis of common diseases. The veterinarian should ensure that labels are accurate to instruct farm personnel on the correct use of antimicrobials.

    c. Veterinarians are encourage to provide written or computerized treatment protocols to clients to describe conditions, meat and milk withdrawal times, and instructions for antimicrobial use of the farm or unit.

    d. The veterinarian should regularly monitor antimicrobial use on the farm by reviewing treatment records, inventory and drug purchase history.

    e. Veterinarians should participate in continuing education programs that address therapeutics and antimicrobial resistance.

Relevant AVMA Policy:

- **Antimicrobials for Treatment of Aquatic Animals by Veterinarians, Judicious Use of**
- **Antimicrobials for Use in Food-Producing Animals, Approval and Availability of**
- **Antimicrobials, Judicious Therapeutic Use of**
- **Antimicrobials in Poultry, AAAP Guidelines for Judicious Therapeutic Use of**
- **Antimicrobials in Horses, AAEP Prudent Drug Usage Guidelines for**
- **Antimicrobials, AAFP/AAHA Basic Guidelines for Judicious Therapeutic Use of**
- **Antimicrobials in Swine, AASV Guidelines for Judicious Therapeutic Use in Pork Production**
- **National Antimicrobial Resistance Monitoring System (NARMS)**
- **AVMA Strategy Regarding Antimicrobial-Resistant Bacteria**
- **The Role of the Veterinarian in Animal Antimicrobial Use**
- **Veterinary Foresight and Expertise in Antimicrobial Discussions**

American Association of Equine Practitioners Prudent Drug Usage Guidelines

The health and welfare of horses and their owners is the primary goal of members of the American Association of Equine Practitioners (AAEP). We believe that these guidelines merely reiterate the standard of practice and what is common in equine veterinary medicine. The AAEP provides continuing education for veterinarians that focuses on the appropriate use of antimicrobial drugs. Our members are committed to the practice of preventive immune system management through the use of vaccines, parasiticides, stress reduction, and proper nutritional management. The AAEP recognizes that proper and timely management practices can reduce the incidence of disease and therefore reduce the need for antimicrobials; however, antimicrobials remain a necessary tool to manage infectious disease in horses. In order to reduce animal pain and suffering, prudent use of antimicrobials is encouraged. The following are general guidelines for the prudent therapeutic use of antimicrobials in horses:

1. The veterinarian's primary responsibility is to aid in the design of management, immunization, housing, and nutrition programs that will reduce the incidence of disease and the need for antimicrobials.
2. Antimicrobials should be used only within the confines of a valid veterinarian-client-patient relationship; this includes both dispensing and issuance of prescriptions.
3. Veterinarians should:
    a. Participate in continuing education programs that include therapeutics and emerging and/or development of antimicrobial resistance.
    b. Avoid antimicrobial use in transient virus associated conditions.
    c. Have clinical evidence of the identification of the pathogen associated with the disease based upon history, clinical signs, laboratory data, and experience.
    d. Select antimicrobials that are appropriate for the target organism and should be administered at a dosage and route that are likely to achieve effective levels in the target organ.
    e. Make product choices and use regimens that are based on available laboratory and package insert information, additional data in the literature, and consideration of the pharmacokinetic and pharmacodynamic aspects of the drug.
    f. Use products that have the narrowest spectrum of activity and known efficacy in vivo and/or in vitro against the pathogen causing the disease problem.
    g. Utilize antimicrobials at a dosage appropriate for the condition treated for as short a period of time as reasonable, i.e., therapy should be discontinued when it is apparent that the immune system can manage the disease, reduce pathogen shedding, and minimize recurrence of clinical disease or development of the carrier state.
    h. Select antimicrobials of lesser importance in human medicine in preference to newer generation drugs that may be in the same class if this can be achieved while protecting the health and safety of the animals.
    i. Utilize antimicrobials labeled for treating the condition diagnosed, and whenever possible, at the labeled dose, route, frequency, and duration if the available scientific information still supports their efficacy.
    j. Utilize antimicrobials on an extra-label basis only within the provisions contained within Animal Medicinal Drug Use Clarification Act amendments to the Food, Drug, and Cosmetic Act and its regulations.

k. When appropriate, utilize local therapy over systemic therapy.

l. Be discouraged from using combination antimicrobial therapy unless there is information to show an increase in efficacy or suppression of resistance development for the target organism.

m. Protect integrity through proper handling, storage, and observation of the expiration date.

4. Veterinarians should endeavor to ensure proper on-farm drug use.

   Prescription or dispensed drug quantities should be appropriate so that stockpiling of antimicrobials on the farm is avoided.

Relevant AVMA Policy:

- **Antimicrobials for Treatment of Aquatic Animals by Veterinarians, Judicious Use of**
- **Antimicrobials, Judicious Therapeutic Use of**
- **Antimicrobials in Poultry, AAAP Guidelines for Judicious Therapeutic Use of**
- **Antimicrobials in Cattle, AABP Prudent Usage Guidelines for**
- **Antimicrobials, AAFP/AAHA Basic Guidelines for Judicious Therapeutic Use of**
- **Antimicrobials in Swine, AASV Guidelines for Judicious Therapeutic Use in Pork Production**
- **The Role of the Veterinarian in Animal Antimicrobial Use**
- **Veterinary Foresight and Expertise in Antimicrobial Discussions**

Antimicrobials in Livestock Feeds

The Food and Drug Administration (FDA) approves antimicrobials used in livestock feeds to prevent, control, or treat certain diseases (therapeutic uses); or to promote growth or increase feed efficiency. The availability and effectiveness of antimicrobials are important for maintaining the health and welfare of food producing animals and ensuring human food safety.

The AVMA supports a transparent FDA drug approval process that is rigorous and based on substantial scientific evidence supported by data and that includes an assessment of food safety. The AVMA believes FDA must continue to rely on robust antimicrobial resistance surveillance (e.g., National Antimicrobial Resistance Monitoring System) and on science to evaluate possible public health impacts. Because of the national interest in ensuring food safety and public health and because of the interstate movement of animals and products in modern food production, the AVMA believes that a nationally coordinated effort is the only way to effectively address the issue of antimicrobial resistance.

All regulatory or legislative actions should be transparent and based on scientific risk analysis. Risk analysis should continue to evaluate the risks and benefits to animal health and welfare in addition to the risks and benefits to human health attributed to uses in animals. Risk analysis includes risk assessment, risk communication, and risk management actions that are commensurate with the level of actual risk. Risk management options are not limited to withdrawal of approval for a drug product, but can also include continued approval of use; review by the Veterinary Medicine Advisory Committee; and limitations of use such as use in only certain species or changing to a Veterinary Feed Directive drug.

The AVMA recognizes that more data are needed to complete a risk analysis on the public health significance of many antimicrobial uses in livestock feeds. The AVMA supports access to the data and actions necessary to conduct an accurate scientific risk assessment to facilitate risk-based decisions concerning the appropriate and judicious use of antimicrobials. We urge the FDA and other public health agencies, as well as veterinarians, livestock producers, and pharmaceutical companies to cooperatively support scientific studies needed to close the data gaps. The AVMA seeks input and support for a concerted and coordinated effort to obtain the data necessary to conduct assessments to enable risk-based decisions concerning use.

The AVMA recognizes the importance of antimicrobials that are also used in human medicine. To further safeguard public health and to maintain the long-term effectiveness of antimicrobials, the AVMA supports a science based medical evaluation to determine the appropriate use of such antimicrobials in animals. If determined through a risk analysis, the use of such antimicrobials should be authorized by and under the control and direction of a veterinarian. Veterinarians are professionally educated, trained, and licensed, and should retain primary responsibility for the use of important antimicrobials. The AVMA emphasizes the importance of the role of the veterinarian, the existence of the veterinarian-client-patient relationship, and the appropriate and judicious use of antimicrobials in animals.

The AVMA urges veterinarians to continually assess and critically review the uses of antimicrobials in livestock feed. Veterinarians should also recommend preventive practices to minimize the need for antimicrobials.

The AVMA welcomes stakeholder input and cooperation.

Relevant AVMA Policy:

- **Extralabel Use of Veterinary Feed Directive Drugs for Minor Species**

- **Antimicrobials, AAFP/AAHA Basic Guidelines for Judicious Therapeutic Use of**
- **Antimicrobials, Judicious Therapeutic Use of**
- **Antimicrobials for Treatment of Aquatic Animals by Veterinarians, Judicious Use of**
- **Antimicrobials for Use in Food-Producing Animals, Approval and Availability**
- **Antimicrobials in Cattle, AABP Prudent Usage Guidelines for**
- **Antimicrobials in Horses, AAEP Prudent Drug Usage Guidelines for**
- **Antimicrobials in Poultry, AAAP Guidelines for Judicious Therapeutic Use of**
- **Antimicrobials in Swine, AASV Guidelines for Judicious Therapeutic Use in Pork**

AAAP-AVMA Guidelines for Judicious Therapeutic Use of Antimicrobials in Poultry

The Principles of Judicious Therapeutic Use of Antimicrobials of the AVMA are the framework for the Guidelines for Judicious Therapeutic Use of Antimicrobials in Poultry of the American Association of Avian Pathologists. The purpose of this document is to provide information for field veterinarians on intervention strategies for common bacterial diseases of chickens and turkeys. This working document will be updated as needed by the American Association of Avian Pathologists Committee on Drugs and Therapeutics and the Committee on Food Safety with input by the National Chicken Council and the National Turkey Federation.

The overarching goals of veterinary poultry practice are to address the health and wellness of poultry. When the decision is reached to use antimicrobials, veterinarians should strive to optimize therapeutic efficacy and minimize resistance to antimicrobials to protect public and animal health. Use of antimicrobials can be minimized through carefully planned and executed preventative practices, including vaccination programs, automated ventilation controls, and conventional poultry husbandry and management programs. These programs are the pillars of sound production practices, and antimicrobial therapy provides an important tool aiding veterinarians in maintaining animal health and welfare.

Disease Prevention and Diagnosis

To ensure proper use of antimicrobials in poultry, focus should be placed on disease prevention strategies. The poultry environment should be managed to reduce morbidity and mortality rates. The birds' environment should be optimized at all times, including thorough cleaning and disinfection of houses after a flock is removed. House environmental conditions should be altered frequently and as needed based on the appearance and activity of the birds. Noninfectious factors that predispose birds to disease include chilling, heat stress, inappropriate humidity, high ammonia concentrations, and unpalatable or unsanitary feed or water. Ventilation must be managed to minimize the negative impact from ammonia, dust, excessive humidity, or combustion gases on primary defense mechanisms in the birds. Likewise, ventilation should be optimized for litter moisture control to reduce bacterial exposure and control ammonia concentrations. To assess the progression of disease within a flock, removal of morbid birds may be required. Diagnostic testing and troubleshooting procedures should be initiated to identify the primary microbial challenge and any predisposing conditions. Strict biosecurity should be maintained to prevent spread to other houses on the same farm, and immunization should be used when warranted.

Therapeutic Antimicrobials Available for Use in Poultry

The classes of antimicrobials (animal drugs given for the treatment, control, or prevention of confirmed bacterial disease and administered through feed, water, or injection) that are currently approved by the **FDA** for use in poultry are summarized (**Tables 1 and 2**).

Judicious Antimicrobial Use

Antimicrobials may be administered in feed only in accordance with label instructions. For administration via water or injection, extralabel use may be additionally permitted if the federally codified valid veterinarian-client-patient relationship is established. Only after the valid veterinarian-client-patient relationship is established and flock and farm history and diagnostic procedures are performed is extralabel drug use permitted. The use of medically important antimicrobials (Table 3) in animals is intended for therapeutic purposes at therapeutic dosages and under the supervision of a veterinarian. Products should be administered according to the manufacturer's labeled recommendations or based on the clinical experience of the attending veterinarian. When multiple barns are present on the farm with disease, each flock within each barn should be evaluated individually for current disease status and

risk of disease exposure. Only barns with clinically affected birds or those judged to be at definite risk should be treated. Morbidity and mortality rates should be evaluated closely to determine the treatment protocols. The least number of diseased and at-risk birds should be treated on a farm. Additionally, management, biosecurity, and vaccination programs should be reevaluated and corrective actions taken as necessary.

The following are general guidelines to aid veterinarians in making informed decisions regarding antimicrobial use:

- Use according to labeled instructions should be considered first, if farm history, results of in vitro antimicrobial susceptibility testing, and clinical judgment warrant.
- Extralabel drug use of antimicrobials administered via drinking water or injection may be considered if labeled use of antimicrobials in the same class have failed, if farm history or in vitro antimicrobial susceptibility testing dictates, or based on clinical experience of the attending veterinarian. Extralabel drug use must be within the context of a valid veterinarian-client-patient relationship (see the Principles of Judicious Therapeutic Use of Antimicrobials of the AVMA before initiating extralabel use).
- When farm history, results of in vitro antimicrobial susceptibility testing, or clinical judgment warrants the use of highly important antimicrobials, their use should be in accordance with labeled instructions before extralabel use is considered. Antimicrobial choice should be dictated by potency and site-of-infection drug concentrations derived from pharmacokinetic and pharmacodynamic data if available, with extended withdrawal periods as appropriate.
- Use of critically important antimicrobials should be considered as a last resort based on all appropriate information after antimicrobials classified as important or highly important have been carefully considered and all other intervention strategies have failed.
- With any therapeutic regimen of important or highly important antimicrobials, use of narrow-spectrum antimicrobials is recommended to avoid overuse of broad-spectrum antimicrobials.
- Bacteriostatic drugs should be considered cautiously when treating chronic infection due to decreased primary defense mechanisms in the birds. Overall effectiveness of bacteriostatic drugs in chronic infections may be decreased. Likewise, when immunosuppressive agents such as infectious bursal disease and chicken anemia virus are involved, bacteriostatic antimicrobials may not be clinically effective.

Antimicrobial Therapeutics Administered Via Water

Antimicrobial therapy can be administered via drinking water. Addition of ammonia to raise the pH of water may increase the solubility of some antimicrobials, such as sulfonamides and penicillin. Addition of organic or inorganic acid to lower water pH may increase the solubility of some classes of antimicrobials (eg, tetracyclines and erythromycin) when used via water application. In all cases, federal and state laws must be followed. For more information on compounding, visit the **AVMA website**. Any combination of antimicrobials would be subject to extralabel drug use rules as described in 21 CFR 530.13 (extralabel use from compounding of approved new animal and approved human drugs).

Feed-Grade Antimicrobial Therapeutics

Poultry veterinarians have the option to administer in-feed medications. Combinations of FDA-approved in-feed medications that have obtained cross-clearance are limited. However, if in-feed antimicrobials are considered, the appropriate feed-grade antimicrobial must be used per the FDA-approved label indication. Extralabel drug use of in-feed antimicrobials is not permitted under any commercial conditions.

Veterinarians are limited in their use of therapeutic antimicrobials in-feed based on FDA regulations published in the Code of Federal Regulations (21 CFR) and veterinary feed directive drugs section of the Animal Drug Availability Act of 1996. On December 11, 2013, the FDA finalized Guidance for Industry #213, establishing procedures for phasing

out growth promotion indications for medically important antimicrobials in alignment with Guidance for Industry #209 and proposed changes to VFD drug regulations. The FDA CVM will assess progress made by drug sponsors after a 3-year period. All feed-grade antimicrobials may continue to be used as they are currently, at least until that time. The VFD regulation mandates the rules and responsibilities of licensed veterinarians in prescribing and administering medically important antimicrobials in feed. Guidance for Industry #209 establishes 2 principles: use of medically important antimicrobial drugs in food-producing animals should be limited to uses considered necessary for assuring animal health and use of medically important antimicrobial drugs in food-producing animals should include veterinary oversight or consultation. This would mean a change from over-the-counter to VFD regulation status for medicated feed products containing medically important antimicrobial drugs. Veterinarians should be involved in decisions regarding antimicrobial use in food animals for the health of the animal. No poultry in-feed medications currently require a VFD. Use of all medicated feed articles and combinations in poultry require following the FDA-approved label completely as extralabel drug use is not permitted. Veterinarians can refer to specific disease therapeutic strategies in this document to assess the potential benefit of approved feed-grade antimicrobials.

Injectable Antimicrobial Therapeutics

Injectable antimicrobials are used predominately at 1 day of age or in ovo to control omphalitis in chicks and poults. In ovo administration to prevent infection when the yolk is withdrawn into the body cavity can be an important intervention strategy to control early bacterial contamination. However, appropriate sanitation and temperature controls must be maintained from breeder farm through the hatchery to minimize of the need for antimicrobials at 1 day of age and in ovo. Injection strategies should be used to support ongoing hatchery sanitation and proper egg collection techniques and not in lieu of these procedures. Current antimicrobials cleared for use in 1-day-old chicks or poults are not approved for use in ovo, and therefore, extralabel drug use regulations must be followed. The use of cephalosporins at unapproved dosages, frequencies, durations or routes of administration) is prohibited; therefore, in ovo use in chickens and turkeys is no longer permitted.

Injectable antimicrobials are occasionally used in an extralabel manner, except for the cephalosporin class, for acute disease outbreaks in valuable and long-lived poultry. Fowl cholera and erysipelas can be treated in this manner. Antimicrobials used in this manner include long-acting oxytetracycline, florfenicol, and penicillin. With any such extralabel administration, extralabel drug use regulations must be followed.

Further Reading

For further details on treatment of specific disease in poultry, please refer to references below.

- Boulianne M, Brash ML, Charlton, BR, et al, eds. Avian disease manual. 7th ed. Jacksonville, Fla: American Association of Avian Pathologists, 2013.
- Swayne DE, Glisson JR, McDougald LR, et al, eds. Diseases of poultry. 13th ed. Hoboken, NJ: Wiley-Blackwell, 2013.

For a complete and current list of all the products affected by Guidance for Industry No. 213 and VFD drug regulations refer to the **CVM's website**. This is a public document. The **VFD regulations** and **Guidance for Industry No. 213** were published in the *Federal Register* on December 12, 2013. The original listing of medically important antimicrobials can be found in Appendix A of **Guidance for Industry No. 152** but is now superceded by Guidance for Industry No. 213.

Table 1 - Classes of antimicrobials approved for use in poultry

Class	Drug or Combination
Aminoglycosides	Streptomycin
	Gentamicin
	Neomycin
Aminocyclitols	Spectinomycin
Cephalosporins	Ceftiofur
Decapeptides	Bacitracin
Lincosamides	Lincomycin
Macrolides	Erythromycin tylosin
Penicillins	Potassium penicillin G
Sulfonamides	Sulfadimethoxine
	Sulfaquinoxaline
	Sulfamethazine
	Sulfamerazine, sulfamethazine,sulfaquinoxaline
Tetracyclines	Chlortetracycline
	Oxytetracycline
	Tetracycline hydrochloride
Combinations	Lincomycin-spectinomycin
	Sulfadimethoxine-ormetoprim

Table 2 - Classification of poultry antimicrobials approved for use in poultry, by human medical importance (FDA CVM Guidance for Industry No. 152)

Critically Important	Highly Important
Cephalosporins	Penicillin
Tylosin	Virginiamycin
Sulfadimethoxine-ormetoprim	Tetracycline
	Tetracycline
	Oxytetracycline
	Lincomycin
	Neomycin

Table 3 - Medically important antimicrobials based on FDA CVM Guidance for Industry No. 152 (now superceded by Guidance for Industry No. 213) and also delineated by the medical importance classification of antimicrobial products in regard to their human medical importance.

Critically Important	Highly Important	Important
Third-generation cephalosporins	Natural penicillins	First-generation cephalosporins
Flouroquinolones	Penase-resistant penicillins	Second-generation cephalosporins
Macrolides	Antipseudomonal penicillins	Cephamycins
Trimethoprim-sulfamethoxazole	Aminopenicillins	Monobactams
	Fourth-generation cephalosporins	Quinolones
	Carbapenems	
	Aminoglycosides	
	Clindamycin	
	Tetracyclines	
	Glycopeptides	
	Streptogramins	
	Oxazolidones	
	Pyrazinamide	
	Isoniazid	
	Rifamycins	
	Chloramphenicol	
	Metronidazile	
	Metronidazile	

The intent of the categorizations is to restrict the use of medically important antimicrobials in animals to particular indications—particularly use in animals intended for food—while ensuring that sufficient therapeutic alternatives remain available to treat sick animals.

Relevant AVMA Policy:

- **Antimicrobials for Treatment of Aquatic Animals by Veterinarians, Judicious Use of**
- **Antimicrobials for Use in Food-Producing Animals, Approval and Availability of**
- **Antimicrobials, Judicious Therapeutic Use of**
- **Antimicrobials in Cattle, AABP Prudent Usage Guidelines for**
- **Antimicrobials in Horses, AAEP Prudent Drug Usage Guidelines for**
- **Antimicrobials, AAFP/AAHA Basic Guidelines for Judicious Therapeutic Use of**
- **Antimicrobials in Swine, AASV Guidelines for Judicious Therapeutic Use in Pork Production**
- **AVMA Strategy Regarding Antimicrobial-Resistant Bacteria**
- **National Antimicrobial Resistance Monitoring System (NARMS)**

American Association of Swine Veterinarians Basic Guidelines of Judicious Therapeutic Use of Antimicrobials in Pork Production

Veterinarians agree to protect animal and public health when they pledge the Veterinarian's Oath. This oath is applicable today as it was when it was written many years ago. Swine practitioners are committed to "the use of scientific knowledge and skills for the benefit of society". This commitment remains the core of veterinarians' efforts to achieve "the protection of animal health, the relief of animal suffering, the conservation of livestock resources, the promotion of public health, and the advancement of medical knowledge."

Position Statement

When a condition exists that threatens or impairs animal health and well being, it is essential that appropriate diagnostic techniques be applied and an accurate clinical diagnosis be obtained. Appropriate diagnostic techniques and clinical experience should substantiate a presumptive diagnosis. Once the decision is reached to use antimicrobials for therapy, veterinarians strive to optimize therapeutic efficacy, minimize resistance to antimicrobials, and protect public and animal health.

The American Association of Swine Veterinarians supports and is committed to the following objectives as developed by the American Veterinary Medical Association's Steering Committee on Judicious Therapeutic Antimicrobial Use:

- Support development of a scientific knowledge base that provides the basis for judicious therapeutic antimicrobials use.
- Support educational efforts that promote judicious therapeutic antimicrobials use.
- Preserve therapeutic efficacy of antimicrobials.
- Ensure current and future availability of veterinary antimicrobials.

Judicious Therapeutic Use of Antimicrobials Principles for Swine Veterinarians

- **Preventive strategies, such as appropriate husbandry and hygiene, routine health monitoring, and immunization, should be emphasized.**
    - Establish the definitive diagnosis.
    - Recognize the roles played by the following factors in the course of the disease(s):
        - Genetics
        - Genetic sources
        - Genetic predisposition
    - Nutrition
        - Water availability and quality
        - Protein
        - Energy
        - Micronutrients
    - Housing

        - Air space per pig
        - Temperature extremes beyond the thermal comfort zone of swine
        - Meteorological conditions (eg., seasonal patterns)
        - Ventilation
    - Management
        - Stocking density
        - Appropriate biosecurity controls of animals and humans
        - Isolation and acclimatization of incoming breeding swine.
        - Appropriate and timely use of cleaning disinfection and drying of premises.
        - Depopulation/repopulation to eliminate a disease organism.
    - Health
        - Immune status of the animals
        - Herd dynamics and health status of the sow herd
        - Presence and importance of concurrent infections
        - Source of pigs (eg., single source or multiple sources)
- **Other therapeutic options should be considered prior to or in conjunction with antimicrobial therapy.**
    - Examples include acidification of feed or water, electrolyte therapy, supportive care (e.g., antipyretic therapy).
- **Judicious use of antimicrobials, when under the direction of a veterinarian, should meet all requirements of a veterinarian-client-patient relationship.**
    - Antimicrobials represent a powerful therapeutic option. Specific guidelines on the use of prescription antimicrobials and the extralabel use of any antimicrobial must involve a VCPR. We believe that judicious use requires the oversight of a veterinarian at some point in the decision making process.

(See **glossary** for definition VCPR as it appears in AMDUCA)

- **Prescription, Veterinary Feed Directive, and extralabel use of antimicrobials must meet all the requirements of a veterinarian-client-patient relationship.**
    - The law prohibits extra label use of antimicrobials in the feed.
- **Extralabel antimicrobial therapy must be prescribed only in accordance with the Animal Medicinal Drug Use Clarification Act amendments to the Food, Drug, and Cosmetic Act and its regulations.**
    - The following drugs are expressly prohibited for extralabel use in food animals: chloramphenicol, clenbuteral, diethylstilbestrol, dimetridazole, ipronidazole, other nitroimidazoles, furazolidone, nitrofurazone, sulfonamide drugs in lactating dairy cows (except approved use of sulfadimethoxine, sulfabromomethazine, and sulfaethoxypyridazine), fluoroquinolones, and glycopeptides (e.g., vancomycin), and phenylbutazone in female dairy cattle 20 months of age or older. (Current as of October 7, 2004. Check for updates on the FDA web site at **www.fda.gov/cvm**).
    - For more information on extralabel drug use, see the AMDUCA guidance brochure entitled *Extralabel Drug Use (ELDU)*, published by the AVMA.
- **Veterinarians should work with those responsible for the care of animals to use antimicrobials judiciously regardless of distribution system through which the antimicrobial was obtained.**
    - Judicious use requires the oversight of a veterinarian at some point in the decision making process.

- Veterinarians are the primary source of information on the use of swine antimicrobials.
- Veterinarians must accurately communicate written, adequate directions to the client for antimicrobial use.
- The Pork Quality Assurance (PQA) program of the National Pork Board provides a basis for the judicious use of antimicrobials.
- The AASV recognizes the legal availability of antimicrobials obtained through over-the-counter (OTC) distribution channels.
- The extra label uses of OTC antimicrobials fall within the regulatory constraints of the Animal Medicinal Drug Use Clarification Act and thus requires the oversight of a veterinarian.

- **Regimens for therapeutic antimicrobial use should be optimized using current pharmacological information and principles.**
  - Package inserts should be considered as sources of information for the practitioner.
  - Continuing education is an important component of maintaining and enhancing the veterinarian's pharmacological knowledge.
  - AASV supports the development of a veterinary antimicrobial decision system for swine to improve accuracy in the selection of therapeutics.
  - The compounding of antimicrobials should be avoided in those instances where there is a lack of supporting scientific pharmacological data.
  - Combinations that do not currently have FDA approval should not be used in the absence of supporting scientific pharmacological data.
  - Cost is not a factor when considering the use of compounded therapeutic antimicrobials.
  - For more information on compounding, see the FDA Compliance Policy Guide entitled *Compounding of Drugs for Use in Animals*.
- **Antimicrobials considered important in treating refractory infections in human or veterinary medicine should be used in animals only after careful review and reasonable justification. Consider using other antimicrobials for initial therapy.**[1]
- **Utilize culture and susceptibility results to aid in the selection of antimicrobials when clinically relevant.**
  - Clinical outcomes, history, and experience should also be used in the selection of antimicrobials.
  - Veterinarians should utilize appropriate references for proper procedures and accurate interpretation of susceptibility results, such as the NCCLS publication, *Performance Standards for Antimicrobial Disk and Dilution Susceptibility Tests for Bacteria Isolated from Animals; Approved Standard.*
- **Therapeutic antimicrobial use should be confined to appropriate clinical indications.**
  - An accurate diagnosis includes characterization of etiology.
  - Practitioners should strive to rule out parasitisms, mycotoxicoses, nutritional imbalances, and viral infections.
  - Secondary bacterial pathogens may require antimicrobial therapy.
- **Therapeutic exposure to antimicrobials should be minimized by treating only for as long as needed for the desired clinical response.**
  - Therapeutic exposure involves both dose and duration.
  - Continued use of antimicrobials in chronic, non-responsive clinical cases should be discouraged.

    - Withdrawal times must always be considered during the selection of antimicrobials.
- **Limit therapeutic antimicrobial treatment to ill or at risk animals, treating the fewest animals indicated.**
    - Consider group morbidity and mortality rates when deciding whether or not to initiate herd, group, or individual therapy.
    - Consider the herd health history for the therapeutic use of antimicrobials in the control and prevention of disease.
    - When these factors are appropriately considered, preventative therapy is a judicious use of antimicrobials.
- **Minimize environmental contamination with antimicrobials whenever possible.**
    - Water medicators and feeders need to be properly adjusted to deliver the desired dose and to avoid spillage and waste.
- **Accurate records of treatment and outcome should be used to evaluate therapeutic regimens.**
    - AASV recommends the use of treatment records such as those proposed by the Pork Quality Assurance (PQA) program of the National Pork Board.
    - Compliance to treatment regimens can be monitored by the review of pertinent records.
    - Accurate animal or group identification must be employed within a production system for effective residue avoidance.

[1]In this context, this principle takes into account development of resistance or cross-resistance to important antimicrobials.

Glossary

* These terms are to be defined and utilized in the context of Judicious Therapeutic Use, with the intent of focusing on antimicrobials that may be of significance to human health. They are to be applied to the principles of Judicious Use outlined within the context of this document.

Antibiotic – a chemical substance produced by a microorganism which has the capacity, in dilute solutions, to inhibit the growth of or to kill other microorganisms.

Antimicrobial – an agent that kills microorganisms or suppresses their multiplication or growth.

Broad Spectrum Antimicrobial – a type of antimicrobial effective against a large number of bacterial genera; generally describes antimicrobials effective against both Gram-positive and Gram-negative bacteria.

Narrow Spectrum Antimicrobial – a type of antimicrobial effective against a limited number of bacterial genera; often applied to an antimicrobial active against specific families of bacteria.

Antibiotic Resistance – a property of microorganisms that confers the ability to inactivate or elude antimicrobials or a mechanism that blocks the inhibitory or killing effects of antimicrobials.

Extralabel – extralabel use means actual or intended use of a drug under veterinary direction, in an animal in a manner that is not in accordance with the approved labeling. This includes, but is not limited to, use in species not listed in the labeling, use for indications (disease or other conditions) not listed in the labeling, use at dosage levels,

frequencies, or routes of administration other than those stated in the labeling, and deviation from the labeled withdrawal time based on these different uses.

Immunization – the process of rendering a subject immune or of becoming immune, either by conventional vaccination or exposure.

Monitoring – monitoring includes periodic health surveillance of the population or individual animal examination.

Therapeutic – treatment, control, or prevention of disease.

Veterinarian/Client/Patient Relationship (VCPR) – A VCPR exists when all of the following conditions have been met:

1. The veterinarian has assumed the responsibility for making clinical judgments regarding the health of the animal(s) and the need for medical treatment, and the client has agreed to follow the veterinarian's instructions.
2. The veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal(s) by virtue of an examination of the animal(s) or by medically appropriate and timely visits to the premises where the animal(s) are kept.
3. The veterinarian is readily available for follow-up evaluation, or has arranged for emergency coverage, in the event of adverse reactions or failure of the treatment regimen.

Veterinary Feed Directive (VFD) Drug – The VFD category of medicated feeds was created by the Animal Drug Availability Act of 1996 to provide an alternative to prescription status for certain therapeutic animal pharmaceuticals for use in feed. Any animal feed bearing or containing a VFD drug shall be fed to animals only by or upon a lawful VFD issued by a licensed veterinarian in the course of the veterinarian's professional practice.

Relevant AVMA Policy:

- **Antimicrobials for Treatment of Aquatic Animals by Veterinarians, Judicious Use of**
- **Antimicrobials for Use in Food-Producing Animals, Approval and Availability of**
- **Antimicrobials, Judicious Therapeutic Use of**
- **Antimicrobials in Poultry, AAAP Guidelines for Judicious Therapeutic Use of**
- **Antimicrobials in Cattle, AABP Prudent Usage Guidelines for**
- **Antimicrobials in Horses, AAEP Prudent Drug Usage Guidelines for**
- **Antimicrobials, AAFP/AAHA Basic Guidelines for Judicious Therapeutic Use of**
- **AVMA Strategy Regarding Antimicrobial-Resistant Bacteria**
- **National Antimicrobial Resistance Monitoring System (NARMS)**
- **The Role of the Veterinarian in Animal Antimicrobial Use**
- **Veterinary Foresight and Expertise in Antimicrobial Discussions**

American Association of Feline Practitioners/American Animal Hospital Association Basic Guidelines of Judicious Therapeutic Use of Antimicrobials

Introduction

The Basic Guidelines of Judicious Therapeutic Use of Antimicrobials in cats and dogs are designed to provide information to aid practicing veterinarians in choosing appropriate antimicrobial therapy to best serve their patients and to help minimize the development of antimicrobial resistance. Presented below are the Principles of Judicious Therapeutic Use of Antimicrobials adopted as a framework document for the recommended guidelines developed for cats and dogs.

Position Statement

Veterinarians agree to protect animal and public health when they pledge the Veterinarian's Oath. It is the responsibility of veterinarians to maintain patient health by routine examinations, preventative strategies, and client education. When a medical condition exists it is important to obtain an accurate clinical diagnosis whenever possible. Once the decision is reached to use antimicrobial therapy, veterinarians strive to optimize therapeutic efficacy, minimize resistance to antimicrobials, and protect public and animal health.

The American Animal Hospital Association and the American Association of Feline Practitioners are committed to the following objectives as developed by the American Veterinary Medical Association's Steering Committee on Judicious Therapeutic Antimicrobial Use:

Support research efforts for development of a scientific knowledge base that provides the basis for judicious therapeutic antimicrobial use.

Support research efforts for development of a scientific knowledge base that provides the basis for judicious therapeutic antimicrobial use.

Support educational efforts that promote judicious therapeutic antimicrobial use.

Preserve therapeutic efficacy of antimicrobials.

Continue to develop antimicrobial monitoring systems to determine resistance patterns. Ensure current and future availability of veterinary antimicrobials.

Judicious Therapeutic Use of Antimicrobials in Cats and Dogs

Preventive strategies, such as appropriate husbandry and hygiene, routine health monitoring, and vaccinations should be emphasized.
Routine preventative health care in cats and dogs includes the following:

- Adhere to the American Association of Feline Practitioner guidelines for feline vaccinations, and American Animal Hospital Association guidelines for canine vaccinations.

- Parasite control, nutritional counseling and dental health care.
- Client education and involvement to successfully adopt good preventative health care programs.
- Appropriate hygiene and husbandry is especially important in multiple pet households.

Therapeutic antimicrobial use should be confined to appropriate clinical indications.

- The definitive diagnosis should be established whenever possible, and empirical use avoided. Practitioners should strive to rule out those viral infections, parasitism, mycotoxicosis, nutritional imbalances, and other ailments that will not respond to antimicrobial therapies.
- Antimicrobial therapy is not indicated in most viral upper respiratory (feline herpesvirus or calicivirus and canine influenza) infections not suspected to be complicated by secondary bacterial infection.
- Most cases of pancreatitis in dogs and cats do not have bacterial involvement.
- Most cases of feline lower urinary tract disease do not involve bacterial infection and in such cases antimicrobials are not indicated.

Therapeutic alternatives should be considered prior to antimicrobial therapy.
This includes supportive care, such as correction of fluid and electrolyte abnormalities, maintaining acid-base balance, and ensuring adequate nutrition. Surgical intervention may be necessary in some cases. The use of antimicrobials to prevent infection can only be justified in cases where bacterial infection is likely to occur.

Culture and susceptibility results aid in the appropriate selection of antimicrobials.

- In suspected urinary tract infection (UTI), urine collected by cystocentesis can help distinguish infection from contamination.
- It is important to note that dilute urine is a risk factor for UTI, and infection may exist despite the lack of pyuria and bacteriuria on microscopic examination. Urine culture may be the only way to identify infection in such cases.
- Ideally, minimum inhibitory concentrations (MIC) sensitivities should be done to identify the best choice of antimicrobials.
- Gram stains can help determine appropriate antimicrobial choice while awaiting culture results.
- Since certain antimicrobials are more effective against gram positive or gram negative organisms, interim antimicrobial decisions can be based on gram stain and the site of infection.

Use narrow spectrum antimicrobials whenever appropriate.
It is best to choose an antimicrobial with a narrow spectrum that is effective against the organism.

Antimicrobials considered important in treating refractory infections in human or veterinary medicine should be used in animals only after careful review and reasonable justification.

- Consider using other antimicrobials for initial therapy.
- Drug side effects or interactions should be considered when choosing an appropriate antimicrobial.

Treat for the shortest effective period possible in order to minimize therapeutic exposure to antimicrobials.

- Culture and sensitivity at the conclusion of therapy will determine if additional therapy is necessary.
- Rechecking complete blood counts and urine analyses may also be indicated.
- For specific conditions, refer to appropriate resources.

Judicious use of antimicrobials in animals requires the oversight of a veterinarian.
Judicious use of antimicrobials and extra-label use of antimicrobials should meet all requirements of a valid veterinarian-client-patient relationship (VCPR - see glossary).

Extralabel antimicrobial therapy must be prescribed in accordance with all federal laws including the Animal Medicinal Drug Use Clarification Act amendments to the Food, Drug, and Cosmetic Act and its regulations.

Appropriate dose form is critical for reliable application of the drug as well as safety for the pet and owner.
Oral medication, when prescribed for aggressive or potentially injurious patients that require restraint, is not appropriate or at the very least will not be reliably administered. Alternative administration techniques, such as hiding medication in treats may allow safe administration.

Veterinarians should work with those responsible for the care of animals to ensure the judicious use of antimicrobials.

- Administration procedures of antimicrobials must be made clear and labeled correctly (e.g., doxycycline capsules or tablets must be followed by liquid to avoid esophageal stricture).
- Clients should be advised to complete the entire course of medication even if signs of illness have abated.
- Clients should be warned of potential adverse reactions, and what to do if any such reactions occur (for example, stop medication and call your veterinarian for further recommendations).

Regimens for therapeutic antimicrobial use should be optimized using current pharmacological information and principles.
The antimicrobial chosen should be effective against the organism and be able to penetrate the affected organ in a proper concentration to eliminate the offending organism.

When combination antimicrobial treatment is advantageous, avoid the use of drugs whose actions are antagonistic.
For example, a drug that inhibits the growth of microbes, e.g. tetracycline, should not be combined with a drug whose efficacy is dependent on rapid bacterial growth, e.g. penicillin.

The routine prophylactic use of antimicrobials should never be used as a substitute for good animal health management.
Sterile technique and proper tissue handling should eliminate the need for prophylactic antibiotics in ovariohysterectomies and most other sterile procedures.

Minimize environmental contamination with antimicrobials whenever possible.

Accurate records of treatment and outcome should be maintained to evaluate therapeutic regimes.

Recognize risk factors for infections in cats and dogs and prevent or correct them whenever possible. These include, but are not limited to:

- Urinary catheterization
- Dilute urine
- Intravenous catheters
- Fight wounds

- Environmental factors (stress, crowding, poor hygiene, transportation, temperature extremes, poor ventilation and high humidity)
- Feline leukemia virus, feline immunodeficiency virus infection, or other debilitating disease
- Immunosuppressive drugs (chemotherapeutic agents, glucocorticoid therapy) Endocrine Diseases (Diabetic cats are more prone to urinary tract, skin and mouth infections; dogs with hyperadrenocorticism are more prone to skin and urinary infections)

Glossary

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Antimicrobial – an agent that kills microorganisms or suppresses their multiplication or growth.

Broad Spectrum Antimicrobial – a type of antimicrobial effective against a large number of bacterial genera; generally describes antimicrobials effective against both Gram-positive and Gram-negative bacteria.

Narrow Spectrum Antimicrobial – a type of antimicrobial effective against a limited number of bacterial genera; often applied to an antimicrobial active against specific families of bacteria.

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Extralabel – extralabel use means actual or intended use of a drug under veterinary direction, in an animal in a manner that is not in accordance with the approved labeling. This includes, but is not limited to, use in species not listed in the labeling, use for indications (disease or other conditions) not listed in the labeling, use at dosage levels, frequencies, or routes of administration other than those stated in the labeling, and deviation from the labeled withdrawal time based on these different uses.

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is personally acquainted with the keeping and care of the animal(s) by virtue of an examination of the animal(s) or by medically appropriate and timely visits to the premises where the animal(s) are kept.

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Relevant AVMA Policy:

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- **Veterinary Foresight and Expertise in Antimicrobial Discussions**

Joint AVMA-FVE-CVMA Statement on Responsible and Judicious Use of Antimicrobials

Responsible and judicious use of antimicrobials is in the best interests of both animal health and human health. Approaches to preserve antimicrobial efficacy must be well coordinated and encompass everyone involved in the use of antimicrobials, including physicians, veterinarians, individual patients, animal caretakers, and producers.

There is a need to preserve both efficacy and availability of antimicrobials for therapeutic use by veterinarians. Therapeutic uses of antimicrobials are essential for treatment, control, and prevention of infectious diseases to maintain animal health and welfare as well as ensure human food safety. Veterinarians must be involved in efforts to preserve antimicrobial therapies in animals. First, the use of other efficacious scientifically proven therapeutic options should be considered prior to initiating antimicrobial therapy. This includes preventive strategies, such as appropriate husbandry and hygiene, routine health monitoring, and immunization.

Once a determination is made that use of antimicrobials is indicated, the veterinarian must optimize therapeutic efficacy and minimize resistance to antimicrobials to protect public and animal health by:

- utilizing diagnostic results including culture and sensitivity to aid in the selection of antimicrobials;
- ensuring appropriate duration of treatment to achieve the desired clinical response and prevent recurrence;
- restricting therapeutic antimicrobial treatment to ill or at risk animals, treating the fewest animals indicated.

Continued availability of all classes of safe, effective antimicrobials for veterinary medicine is a critical component for a safe food supply and optimal animal health and welfare. To that end:

- Regulatory proposals and actions should consider the overall microbial ecology and be specific, transparent, and based on scientific risk analysis.
- Antimicrobial resistance risk analyses should evaluate the risks and benefits to animal health and welfare in addition to the risks and benefits to human health.
- In the context of One Health, physicians and veterinarians must work collaboratively to ensure responsible and judicious use of antimicrobials.
- Every time a physician or veterinarian initiates antimicrobial therapy is an opportunity to educate the patient/client on proper administration and compliance with treatment regimes.
- Veterinarians must support research for the development of methods to prevent and treat microbial infections and reduce our dependence on antimicrobials.

Additional Resources:

Guidelines for Judicious Therapeutic Use of Antimicrobials

Related Policies:

Joint AVMA-FVE-CVMA Statement on The Roles of Veterinarians in Ensuring Good Animal Welfare

Joint AVMA-FVE-CVMA Statement on Veterinary Education

Joint AVMA-FVE-CVMA Statement on The Essential Role of Veterinarians

Judicious Therapeutic Use of Antimicrobials

Position Statement

When the decision is reached to use antimicrobials for treatment, control, or prevention of disease, veterinarians should strive to optimize therapeutic efficacy and minimize resistance to antimicrobials to protect public and animal health and well-being.

Objectives

- Support development of a scientific knowledge base that provides the basis for judicious therapeutic antimicrobial use.
- Support educational efforts that promote science-based judicious antimicrobial use.
- Maintain efficacy of antimicrobials by minimizing potential for development and transmission of resistance.
- Foster an atmosphere within industry research and development programs and government regulatory bodies that facilitate current and future availability of veterinary antimicrobials.

Strategies

- Facilitate development and distribution of guidelines on judicious use of antimicrobials.
- Improve utilization of scientifically based antimicrobial use practices through education of veterinarians and animal owners.

Recognized Needs for Collaboration

- Establishment of clinically-validated resistance breakpoints.
- Improved risk analysis (assessment, management, and communication) regarding determinants of resistance.
    - Improved data collection on antimicrobial use in veterinary and human medicine to better characterize potential selection pressure.
    - Continued improvement in monitoring systems for antimicrobial resistance patterns from bacterial isolates associated with food animals, foods of animal origin, and human patients.
    - Harmonization of data collection and transparency of interpretation.
- Research to improve or expand scientifically based therapeutic usage of antimicrobials.

Judicious Use Principles

- Disease prevention strategies, such as appropriate husbandry and hygiene, routine health monitoring, and vaccination, should be included as part of a comprehensive animal/herd health plan.
- Once disease has occurred, other management and intervention strategies may be considered prior to antimicrobial treatment.
- Judicious use of all antimicrobials should include appropriate veterinary oversight.
- Extralabel use of antimicrobials must meet all the requirements of the veterinarian-client-patient relationship as defined in the AMDUCA amendments to the Federal Food, Drug, and Cosmetic Act and its regulations.

    - Extralabel use in food animals necessitates an extralabel withdrawal interval to be assigned by the attending veterinarian, on the basis of information on the species, dose, route, and frequency of treatment, in conjunction with available scientific pharmacokinetic data.
- Antimicrobials requiring a prescription must be used only by, or under the order of, a licensed veterinarian. This should include a veterinarian-client-patient relationship.
- A Veterinary Feed Directive must be issued only by a licensed veterinarian in the course of the veterinarian's professional practice. This should include a veterinarian-client-patient relationship.
- Accurate records of treatment and outcome should be maintained.
- Antimicrobials should be used in animals only after careful review.
    - Use narrow-spectrum antimicrobials whenever appropriate.
    - Use microbial culture and antimicrobial susceptibility results to aid in the selection of antimicrobials when clinically relevant.
    - Regimens for antimicrobial treatment, control, or prevention of disease should be based upon current scientific and clinical principles, such as microbiological and pharmacological tenets.
    - Antimicrobial use should be confined to appropriate clinical indications. Inappropriate uses such as for uncomplicated viral infections should be avoided.
    - To minimize selective pressure, therapeutic exposure to antimicrobials should be minimized by treating only for as long as needed for the desired clinical response.
    - Limit therapeutic antimicrobial treatment to ill or at-risk animals, treating the fewest animals indicated.
- Minimize environmental contamination with antimicrobials whenever possible.

Glossary:

*These terms are defined and utilized in this text as applied to the principles of Judicious Use outlined within this document.

Antibiotic--a chemical substance produced by a microorganism which has the capacity, in dilute solutions, to inhibit the growth of or to kill other microorganisms.

Antimicrobial--an agent that kills microorganisms or suppresses their multiplication or growth.

Breakpoint-- a minimum inhibitory concentration (as determined by the Veterinary Antimicrobial Susceptibility Testing subcommittee of the Clinical and Laboratory Standards Institute) selected to predict clinical outcome for a specific veterinary pathogen, in a specific disease, in a specific species, given a specific regimen (dose, route, duration, and frequency) and used to define bacteria isolated from animals as susceptible, intermediate, or resistant.

Broad Spectrum Antimicrobial--a type of antimicrobial effective against a large number of bacterial genera; generally describes antimicrobials effective against both Gram-positive and Gram-negative bacteria.

Narrow Spectrum Antimicrobial--a type of antimicrobial effective against a limited number of bacterial genera; often applied to an antimicrobial active against specific families or categories of bacteria.

Antimicrobial Resistance--a property of microorganisms that confers the ability to inactivate or elude antimicrobials or a mechanism that blocks the inhibitory or killing effects of antimicrobials.

Extralabel Use--extralabel use describes the use of an approved drug in a manner that is not in accordance with the approved labeling, yet meets the conditions set forth by the AMDUCA FDA regulations. Deviations from FDA-approved labeling include use in another species, use for a different indication, use at a different dose or frequency, and use via a different route of administration.

Monitoring--monitoring includes periodic health surveillance of the population or individual animal examination.

Selection Pressure-- action or play of selection mechanisms (eg, differential mortality or reproduction rates) determining the relative reproductive performance of genotypes, where selection is the differential and nonrandom survival and reproduction of individuals of different genotypes, resulting in a change in the gene frequency in succeeding generations in a population of a given organism.

Therapeutic--treatment, control, and prevention of disease.

Veterinarian/Client/Patient Relationship (VCPR) --The VCPR is the basis for interaction among veterinarians, their clients, and their patients. A VCPR means that all of the following are required:

1. The veterinarian has assumed the responsibility for making clinical judgments regarding the health of the patient and the client has agreed to follow the veterinarians' instructions.
2. The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of a timely examination of the patient by the veterinarian, or medically appropriate and timely visits by the veterinarian to the operation where the patient is managed.
3. The veterinarian is readily available for follow-up evaluation or has arranged for the following: veterinary emergency coverage, and continuing care and treatment.
4. The veterinarian provides oversight of treatment, compliance, and outcome.
5. Patient records are maintained.

Veterinary Feed Directive (VFD) Drug--The VFD category of medicated feeds was created by the Animal Drug Availability Act of 1996 to provide an alternative to prescription status for certain therapeutic animal pharmaceuticals for use in feed. Any animal feed bearing or containing a VFD drug shall be fed to animals only by or upon a lawful VFD issued by a licensed veterinarian in the course of the veterinarian's professional practice.

Relevant AVMA Policy:

- **Antimicrobials for Treatment of Aquatic Animals by Veterinarians, Judicious Use of**
- **Antimicrobials for Use in Food-Producing Animals, Approval and Availability of**
- **Antimicrobials, Judicious Therapeutic Use of**
- **Antimicrobials in Poultry, AAAP Guidelines for Judicious Therapeutic Use of**
- **Antimicrobials in Cattle, AABP Prudent Usage Guidelines for**
- **Antimicrobials in Horses, AAEP Prudent Drug Usage Guidelines for**
- **Antimicrobials, AAFP/AAHA Basic Guidelines for Judicious Therapeutic Use of**
- **Antimicrobials in Swine, AASV Guidelines for Judicious Therapeutic Use in Pork Production**
- **AVMA Strategy Regarding Antimicrobial-Resistant Bacteria**

- **National Antimicrobial Resistance Monitoring System (NARMS)**
- **The Role of the Veterinarian in Animal Antimicrobial Use**
- **Veterinary Foresight and Expertise in Antimicrobial Discussions**

National Antimicrobial Resistance Monitoring System (NARMS)

The AVMA recognizes the importance of NARMS as a valuable resource for information on resistance monitoring of bacterial isolates from animals, animal products, and humans. Therefore, the AVMA recommends that the USDA, FDA, and CDC budget for adequate and equitable funding of the resistance monitoring system and for the timely reporting of results in order to be able to provide a current and relevant resource regarding new information for bacterial resistance patterns.

Relevant AVMA Policy:

- **Antimicrobials for Use in Food-Producing Animals, Approval and Availability of**
- **Antimicrobials, Judicious Therapeutic Use of**
- **Antimicrobials in Poultry, AAAP Guidelines for Judicious Therapeutic Use of**
- **Antimicrobials in Cattle, AABP Prudent Usage Guidelines for**
- **Antimicrobials in Horses, AAEP Prudent Drug Usage Guidelines for**
- **Antimicrobials, AAFP/AAHA Basic Guidelines for Judicious Therapeutic Use of**
- **Antimicrobials in Swine, AASV Guidelines for Judicious Therapeutic Use in Pork Production**
- **The Role of the Veterinarian in Animal Antimicrobial Use**
- **Veterinary Foresight and Expertise in Antimicrobial Discussions**

Veterinary Foresight and Expertise in Antimicrobial Discussions

The AVMA should be at the forefront of discussions that may impact drug availability, such as regulatory changes in veterinary oversight especially pertaining to antimicrobial use. The AVMA must:

- Proactively engage stakeholders and aggressively pursue opportunities to participate in and, where appropriate, lead those discussions.
- Make certain that decisions are informed by science.
- Ensure that risks and benefits to both humans and animals are given due consideration.
- Strive to minimize the potential for unintended negative consequences and maximize potential benefits.
- Incorporate members' expertise to effectively advocate for the veterinary profession, the animals in its care, and the public whose health veterinarians safeguard.

Relevant AVMA Policy:

- **Antimicrobials for Treatment of Aquatic Animals by Veterinarians, Judicious Use of**
- **Antimicrobials for Use in Food-Producing Animals, Approval and Availability of**
- **Antimicrobials, Judicious Therapeutic Use of**
- **Antimicrobials in Poultry, AAAP Guidelines for Judicious Therapeutic Use of**
- **Antimicrobials in Cattle, AABP Prudent Usage Guidelines for**
- **Antimicrobials in Horses, AAEP Prudent Drug Usage Guidelines for**
- **Antimicrobials, AAFP/AAHA Basic Guidelines for Judicious Therapeutic Use of**
- **Antimicrobials in Swine, AASV Guidelines for Judicious Therapeutic Use in Pork Production**
- **AVMA Strategy Regarding Antimicrobial-Resistant Bacteria**
- **Extralabel Use of Veterinary Feed Directive Drugs for Minor Species**
- **National Antimicrobial Resistance Monitoring System (NARMS)**
- **The Role of the Veterinarian in Animal Antimicrobial Use**

Antiparasitic Resistance

Scientific experts have identified changes in parasitic infections (relating to parasite genetics, biology, and robustness as well as management of these parasites) and in parasiticide susceptibility that are of immediate and emerging concerns in many species. The AVMA strongly recommends that veterinarians in concert with animal owners utilize the most up-to-date guidelines, treatments, and evidence-based medicine for parasite control. Animal owners should always consult their veterinarian about parasite control. Examples of parasites that have evidence of resistance to certain parasiticides include *Dirofilaria immitis* (heartworm) in dogs; *Haemonchus contortus* (barber pole worm), *Teladorsagia circumcincta* (stomach worm), and *Trichostrongylus colubriformis* (black scour worm) in small ruminants; *Cooperia spp.* (intestinal worm) in cattle; and *Cyathostomin spp.* (small strongyle) and *Parascaris equorum* (roundworm) in horses.

These changes are affecting the health and productivity of animals, requiring veterinarians and animal owners to reexamine strategies, programs, and drug choices for parasite evaluation and control. The geographical extent of parasite species with documented parasiticide resistance varies greatly and treatment strategies should be guided by local conditions and experience. Diagnosis of the presence of parasiticide resistance is still challenging. Primary and continuing educational efforts in the field of parasitology are needed to provide the most up-to-date knowledge to veterinarians, veterinary students, and animal owners; this knowledge should include parasite life cycles, diagnostic evaluations, and treatment and control measures. In developing a parasite control program, veterinarians can obtain specific information from multiple sources including, but not limited to, species and specialty groups, government agencies, and other experts.

Removal of Antlers (Velveting)

If amputation of living, growing antlers of cervids (e.g., deer, moose, elk, caribou) is performed, it must be conducted humanely, and within the bounds of a veterinarian-client-patient relationship. The procedure must minimize stress and pain to the animal with the use of humane handling and analgesia, while protecting the animal against excessive blood loss, infection, and fly strike. Analgesia must address perioperative pain, including the use of anesthesia and systemic analgesia, and must be administered within the guidelines of the Animal Medicinal Drug Use Clarification Act (AMDUCA).

Literature Reviews:

Welfare Implications of Deer Velvet (PDF)

Aquatic Animal Health and Disease Regulations*

Uniform and standardized approaches to formulating and implementing state, national and international regulations optimizing the health of aquatic animal and for the prevention, control and possible eradication of aquatic animal diseases are pivotal to the future of U.S. commercial aquaculture, wild fisheries and ornamental (pet), research and exhibit aquatic animal industries.

As such, the AVMA is dedicated to working with these industries, state and federal government agencies to ensure the following principles are incorporated in regulations that involve the prevention, control and eradication of aquatic animal diseases:

1. The development or modification of all regulations concerning aquatic animal diseases must be transparent, consider all industry and other stakeholder's needs and input, and should not be promulgated unless there is a demonstrated significant hazard and risk from any disease.
2. State, National and International agencies should utilize uniform, standardized, practical and justifiable approaches for aquatic disease regulations that apply to appropriate aquatic animal private and public sectors, irrespective of which government agency promulgates the regulations.
3. Regulations must be structured to be practical and effective for the intended purposes without excessive or unnecessary industry or veterinary actions, activities, requirements or burdens.
4. Regulations should be consistent with the following principles:
    a. At the Federal and State levels, when possible, regulations should be under the jurisdiction of the same agency that oversees terrestrial animal health and diseases; when impacting wild fisheries, regulations should be developed and implemented in close collaboration with the agency that oversees wildlife and natural resources.
    b. Clearly identifying specific diseases as hazards and risks to specific industries or sectors, and utilize risk analysis (including risk identification, management/mitigation and communications) before considering any disease as reportable and regulated.
    c. Utilize USDA Accredited Veterinarians and Certificates of Veterinary Inspection for verifying and documenting the presence or absence of regulated diseases, and for ensuring animals traded or moved are not infected.
    d. Incorporating paraveterinary professionals, particularly those involved in laboratory disease diagnostics, as part of the 'veterinary response team' within the constraints of State Veterinary Practice Acts and the U.S. National Veterinary Accreditation Program.
    e. Not include animal diseases or pathogens as "invasive," "injurious," or "nuisance" species.
    f. Consider other issues that enhance the health of aquatic animals, including their humane treatment, welfare and euthanasia, environmental issues, zoonotic diseases and seafood safety.

** Formerly Titled "Guidelines for Development and Application of Aquatic Animal Health Regulations and Control Programs"*

Harmonization of Aquatic Animal Health Programs

The AVMA considers it to the benefit of aquatic animals, public health, seafood safety, and the environment, to encourage and work with all entities, including producer groups, allied organizations, and state and federal agencies, to ensure:

1. That aquatic animal health programs are developed based on sound scientific principles and appropriate risk analysis;
2. That, as aquatic animal health programs develop, they are harmonized (made consistent, but not necessarily identical) at international, national, state and local levels, in approaches to all aquatic animal species, and with existing terrestrial animal programs and regulations; and,
3. That the AVMA and the veterinary profession are actively engaged with appropriate entities, as necessary, to promote these principles.

AVMA Statement on Veterinarians in Aquatic Animal Medicine

Veterinarians in the United States provide animal and public health care (i.e. diagnose disease, perform surgery, evaluate and recommend management procedures and prescribe treatment). The practice of veterinary medicine encompasses aquatic animals, including aquatic livestock and pets, and is controlled by state veterinary practice acts. Veterinarians are accredited by federal agencies to carry out programs for the control of disease, and are licensed by state agencies to diagnose disease, prescribe therapy, and implement programs for the prevention, control and treatment of disease in all vertebrate and invertebrate species.

Because of their education in comparative anatomy, pathophysiology, pharmacology, toxicology, epidemiology, surgery, therapeutics, as well as preventive and regulatory medicine, veterinarians are familiar with bio-security, disease prevention and control, the use of pharmaceuticals, biologics, pesticides and their potential for adverse affects. The principles acquired in this education also apply to aquatic species and their environments. Veterinarians are licensed as animal health care providers who prescribe and dispense drugs for treatment of all animal species to relieve animal suffering and assure target animal safety, efficacy of treatment, and public health protection. The concerns for maintaining a safe food supply and avoiding potential risks of drug residues and environmental contamination are parallel in terrestrial and aquatic environments. In the execution of these responsibilities, veterinarians are held to a high level of accountability and legal liability for their professional activities. This is appropriate for all health care professionals, particularly where public health and safety are concerned.

The management of aquatic animal health overlaps the legal and professional practice of veterinary medicine. The AVMA and the state veterinary boards should be consulted in the development of professional standards applicable to animal health, including qualifications, education, and examination.

The AVMA believes that conflicting regulatory, legal, and professional interests will be created if federal and state conservation agencies are given exclusive control over aquatic animal health issues, including those of the private

aquaculture industries. The needs of private and public aquaculture must be balanced with public health concerns while providing a safe and abundant food supply and preserving natural aquatic animal resources.

Most countries in the world community recognize and require a veterinarian's examination and signature on certificates for shipment and importation of aquatic species. The standards of the U.S. should be in harmony with other countries. Therefore, the AVMA supports the concept that USDA accredited veterinarians, state veterinarians, and the USDA Animal and Plant Health Inspection Service should be the final authorities in inspecting and certifying the health of aquatic animals. The AVMA supports and will promote additional education of existing accredited private, state, and federal veterinarians to deal with aquatic animal health inspection and certification of aquaculture stock.

Use of Aquatic Animal Therapeutic Agents

The AVMA recognizes the need for sufficient approved therapeutics to facilitate safe and effective prevention, diagnosis, treatment and control of aquatic animal disease and:

a. Supports the implementation of the Minor Use and Minor Species Animal Health Act of 2004;
b. Cooperates with and, when appropriate, participate in realistic and responsible initiatives by other organizations to obtain the approval of new therapeutics for aquatic animals;
c. Promotes the provision of educational information for veterinarians, producers and owners on relevant subjects related to aquatic animal therapeutics; and,
d. Works with government agencies to develop appropriate policies and guidelines regarding the safe and effective use of aquatic animal therapeutics.
e. Encourages a veterinarian-client-patient-relationship when drugs are used in all aquatic animals.

The following points should be considered with respect to the use of therapeutics in aquatic animal disease:

1. Prescription and Veterinary Feed Directive drugs

   Veterinarians are solely responsible for writing prescriptions and Veterinary Feed Directives for animal (including aquatic animal) drug treatment; however, there are very few approved drugs for aquatic animals. Therefore, in addition to the overall actions listed above, the AVMA will work to address this situation by:

   a. Supporting and encouraging the responsible use of therapeutic agents in aquatic animals; and,
   b. Supporting the promulgation of regulations that permit the extra-label use of drugs and medicated feeds for aquatic animals.

2. Non-prescription ("Over the Counter") drugs

   The AVMA encourages veterinarians and aquatic animal owners to work closely together in the selection and use of approved or indexed drugs, as identified by FDA CVM, to ensure that these are administered in a manner consistent with:

   a. The health needs of the aquatic animals;
   b. The product label and drug pharmacological properties;
   c. Judicious use of antimicrobial drugs;

d. The safety of the animal, the user, and the surrounding environment; and,

e. Applicable regulations.

3. Unapproved Drugs

   The AVMA encourages appropriate action be taken to remove drugs that are being illegally marketed.

4. Veterinary Biologics

   The AVMA recognizes that infectious disease prevention can be achieved through the appropriate use of important health management alternatives to drugs, including veterinary biologics. The AVMA supports the central role that veterinarians play in the development, selection, administration and monitoring of veterinary biologics for aquatic animal disease prevention, diagnosis and control. The AVMA endorses the development and use of biologics and disease diagnostic tests for aquatic animals in accordance with USDA regulations for these products in other species.

5. Pesticides

   The AVMA recognizes that pesticides used to control life stages of parasites off the animal but in the environment are licensed through the Environmental Protection Agency and must be used in accordance with the label directions; that these products are often used without veterinary supervision; and that persons purchasing these products do not require a veterinary prescription.

The AVMA encourages veterinarians and aquatic animal owners or production facility managers to work together to ensure the responsible use of approved pesticides as part of an integrated pest control program.

The AVMA also recommends that non-veterinarians considering a pesticide treatment for an aquatic animal holding facility contact a veterinarian with experience in the management of aquatic animal diseases as an important step in the preparation of an appropriate integrated pest management plan.

Aquatic Ecosystems

The AVMA recognizes the pressing need for effective actions, based on sound science and coordinated among all relevant stakeholders, to ensure the future health of aquatic animals and the ecosystems that support them. The AVMA believes that veterinarians, with their education and experience in the application of science in the field of integrated health management, can and should play a pivotal role in addressing this need. The recommended actions are grouped under the three general areas of sustainability, education and coordination.

1. Sustainable harvest and conservation of aquatic animal resources

The AVMA supports resource conservation and utilization that minimizes negative impacts on the health of aquatic animals and the ecosystems that support them.

Actions needed are:

- Promoting and increasing the veterinarian's involvement, role and responsibility in managing aquatic ecosystems and watersheds, in ensuring the biosecurity of aquaculture systems, and in maintaining the health of captive and free-living populations of aquatic animals;

- Recognizing and supporting sustainability as a measure of ecosystem health including support for development of sustainable domestic aquaculture and fisheries resource extraction
- Opposing specific aquatic animal management practices that have proven negative impact(s) on aquatic animal health, population levels or welfare.

2. Targeted education for veterinary professionals

The AVMA supports veterinary education and training and broader access to information on aquatic animal health and aquatic ecosystem health.

Actions needed are:

- Inclusion of aquatic animal and aquatic ecosystem health as components of the curricula of colleges of veterinary medicine and increased opportunities for veterinarians to undertake aquatic animal health research programs as a component of post-graduate education;
- Expanding opportunities for presentations on aquatic animal and/or aquatic ecosystem health as a component of scientific sessions during the annual AVMA convention;
- Increasing collaboration among scientific organizations and associations that are active in the research and promotion of aquatic animal health;
- Encouraging organizers of national, regional and local veterinary conferences and continuing education meetings to include more presentations addressing aquatic animal and aquatic ecosystem health.
- Including educational programs involving aquatic animal and aquatic ecosystem health in continuing education approved by State Veterinary Boards for maintenance of veterinary licensure;

3. Coordination of federal, state, regional and municipal legislation, regulations and policies, with the input of relevant stakeholders, to ensure maintenance of the health of aquatic animals and the aquatic environment

The veterinary profession has an obligation to be actively involved in contributing to positive change toward collaboration and cooperation on aquatic ecosystem health.

Actions needed are:

- Providing support for science-based legislation and regulations that protect clean water and endangered, threatened or sensitive aquatic species;
- Communicating with government and relevant stakeholders and the general public to promote cooperative efforts that benefit aquatic animal habitats and establish new protected habitats, in both freshwater and marine environments.

Uniform Jurisdiction for Aquatic Veterinary and Animal Health Programs

Multiple government agency jurisdiction and oversight for aquatic animal health and diseases duplicates efforts, creates confusion and ambiguity for veterinarians, producers, other stakeholders and regulatory agencies, and is seriously hampering the progress of developing a strong, progressive and sustainable U.S. aquaculture industry. Given the large number of endemic and foreign aquatic animal diseases that require prevention, control and eradication programs at both State and National levels, the American Veterinary Medical Association strongly supports legislation and regulations that is under the authority of a single agency, preferably that agency that regulates livestock diseases.

With the passage of the Animal Health Protection Act (that provided USDA-APHIS with authority for regulating all farmed animal diseases), the refinement of the National Veterinary Accreditation Program (that now addresses APHIS regulatory programs for aquatic animal health and disease), the need to meet the Performance of Veterinary Services (PVS) standards laid out by the World Organization for Animal Health (OIE), and to assist the full implementation of the National Aquatic Animal Health Plan, the AVMA therefore strongly encourages, and will work with, APHIS and appropriate State agencies to implement uniform regulations to support the growth of aquaculture, and to address optimal aquatic animal health and disease prevention, control and eradication regulations and programs.

National Aquatic Animal Health Plan Implementation

The AVMA encourages the United States Department of Agriculture, Animal and Plant Health Inspection Service, and other federal agencies such as the U.S. Fish and Wildlife Service and the National Marine Fisheries Service, to adequately fund the implementation of the National Aquatic Animal Health Plan.

U.S.-Banned Drugs Used by Exporting Countries

The AVMA urges the Food and Drug Administration and USDA to implement and enforce import regulations to prohibit the importation of animals and food products from animals that have been treated with drugs banned in the United States.

Relevant AVMA Policy:

Food Safety Policy

Beak Trimming of Poultry

Beak trimming of poultry should be practiced only when necessary to prevent feather pecking and cannibalism. Only trained and monitored personnel should perform beak trimming, using proper equipment and procedures that minimize pain, prevent excessive bleeding, promote rapid healing and prevent infection. The AVMA encourages the development of alternative practices, including genetic selection, or management of light or nutrition, which may reduce or eliminate the practice of beak trimming.

Literature Reviews:

Welfare Implication of Beak Trimming (PDF)

NIH Support of Biomedical Research Training for Veterinarians

Veterinarians play an important role in biomedical research that benefits animal, human, and environmental health. As identified by multiple studies, including a recent report by the Institute of Medicine, federal support for graduate education and scientific training of veterinarians is critical to support a broad approach to health, including spontaneous and designed models of human disease, transmission of disease from animal to human populations, and comparative studies that provide insight on biological processes fundamental to human disease mechanisms. Postgraduate research fellowships from the National Institutes of Health play an important and often limiting role in the support of postgraduate research education of veterinarians. While physician scientist training programs from the National Institutes of Health explicitly include veterinarians as potential trainees, individual Institutes may, and often do, exclude veterinarians from eligibility. The AVMA strongly supports the policy of inclusion of veterinarians in individual and institutional postgraduate training programs from the NIH and the selection of trainees and training programs based on competitive applications for funding.

Dog Bites

All veterinarians have a professional and moral obligation to address the serious dog bite problem in the United States, and to be up to date on the latest information and resources available about this issue. The AVMA encourages state and local veterinary associations and individual veterinarians to disseminate information about this problem to schools, other youth groups, civic clubs, governmental agencies and the public at large via many avenues, including printed materials, presentations and online educational materials. Individual veterinarians are also responsible for educating their clients about dog bite prevention, advising owners about the risks of owning a potentially dangerous pet, and for making recommendations to reduce those risks.

Literature Reviews:

Welfare Implications of the Role of Breed in Dog Bite Risk and Prevention (PDF)

Brochures:

Dog Bite Prevention

The Blue Dog

AVMA Guidelines on the Identification of Board-Certified Veterinarians

As the science of veterinary medicine has developed and expanded, there has been an ever-increasing tendency for veterinarians to concentrate their professional efforts on specific areas of veterinary medicine. Some have secured advanced education and training to become board certified by a veterinary specialty college or board that is recognized by the American Veterinary Medical Association (AVMA).

In order to maintain an organizational framework for board certification, the AVMA established the American Board of Veterinary Specialties (ABVS) to oversee the development of veterinary specialty colleges or boards and to monitor their performance in providing board certification. A veterinarian who meets the rigorous education and training standards of an AVMA-recognized specialty college or board is awarded a diploma and is referred to as a diplomate of that college or board.

To identify one's diplomate status accurately and responsibly, it is important that board-certified veterinarians use very specific wording. Each recognized specialty college or board is encouraged to provide specific guidance to its members regarding the correct wording for its organization.

The following style is recommended.

Board Certified by or Diplomate of, Name of Specialty College or Board

For example:

Board Certified by the American College of Veterinary Surgeons, or
Diplomate, American College of Veterinary Surgeons;

Diplomates of those specialty organizations with affiliate or subgroup categories should use the following format.

Board Certified in Equine Practice by The American Board of Veterinary Practitioners, or
Diplomate, American Board of Veterinary Practitioners, Board Certified in Equine Practice

Board Certified in Cardiology by The American College of Veterinary Internal Medicine, or
Diplomate, American College of Veterinary Internal Medicine, Board Certified in Cardiology

When a diplomate of an AVMA-recognized veterinary specialty organization publishes an article in a veterinary journal, it is appropriate to use an acronym to identify the specialty college or board as indicated below. Acronyms should not be used in publications directed to the general public because they are unlikely to be understood. For example:

Name, Diplomate, ACVO, or
Name, DACVO

Name, Diplomate, ACVIM (Cardiology)
Name, DABVP (Equine Practice)

The AVMA Principles of Veterinary Medical Ethics state: "It is unethical for veterinarians to identify themselves as members of an AVMA-recognized specialty organization if such certification has not been awarded." Only those who are board certified may claim that status. Only those veterinarians who have been certified by an AVMA-recognized specialty organization should refer to themselves as specialists.

Board certified status in an AVMA-recognized specialty organization is an achievement and an honor of which one should be proud. Responsible use of the title when representing oneself to the general public and to the veterinary profession is both appropriate and encouraged. A board certified specialist who also lists other services in an advertisement or notice should use care in wording the document so that it does not imply board certified specialty status regarding the other services. In the opinion of the AVMA and the ABVS the terms "board eligible" or "board qualified" are misleading and should not be used by any veterinarian. One is either board certified, having met all of the criteria of the specialty college or board, or one has no board credentials.

Source: Education & Research Division, American Board of Veterinary Specialties

Brucellosis Policy

The AVMA supports the sustained commitment of all responsible state and federal agencies to continue appropriate and timely actions to control and eradicate brucellosis in susceptible domestic and wild animal populations. Continued support for disease control efforts toward the ultimate eradication of brucellosis should remain a national priority.

High priorities for brucellosis control and eradication include the following:

- **Research**
    - The AVMA supports the research priorities of the US Animal Health Association Laramie Agenda and the Consortium for the Advancement of Brucellosis Science.
    - Development of vaccines and vaccine delivery systems appropriate for target populations. The AVMA supports, as a high priority the rapid development and use of a safe and effective vaccine against brucellosis to promote domestic animal health, public health, and wildlife health and to conserve wildlife populations and their genetic diversity.
    - Development of improved diagnostic tests, validated for the target species, with improved performance (sensitivity and specificity).
    - Studies to further clarify the epidemiology of brucellosis, including disease pathogenesis, host immune responses (in both wildlife and livestock), and transmission parameters. These factors, once determined, may be exploited for control and elimination of the disease in susceptible populations.
- **Population Disease Management:**
    - Greater Yellowstone Brucellosis: The AVMA urges state and federal agencies to continue working together to implement plans to control and eliminate brucellosis from bison and elk populations in the Greater Yellowstone Area.
    - Surveillance: The AVMA urges the USDA to maintain emphasis on comprehensive nationwide surveillance during the last phases of eradication and following eradication.
    - Feral Swine: The AVMA supports the Cooperative State-Federal Swine Brucellosis Eradication Program and related research. The AVMA encourages continued research on the elimination of brucellosis from feral swine populations to support the eradication of brucellosis from the United States.
- **Regulatory Changes**
    - For research priorities to be accomplished, the AVMA encourages the removal of *Brucella abortus* from the USDA Department of Health and Human Services CDC select agent lists.
- **Funding**
    - The AVMA urges adequate funding for brucellosis control and eradication efforts by the USDA.

Canine Brucellosis

Brucella canis infection is a common disease of canines and is a major cause of reproductive failure. Although B *canis* infections are relatively uncommon in humans, many documented cases have been reported in the literature and this disease is likely underreported in humans. Diagnosis of B *canis* infection in dogs can be somewhat difficult because of occasional lack of bacteremia in chronically infected dogs and the imperfect nature of serologic and molecular diagnostic tools in diagnosis.

The American Veterinary Medical Association supports the sustained commitment of all responsible state and federal agencies to continue appropriate and timely actions to eliminate brucellosis in all susceptible domestic and wild animal populations. Continued support for disease control efforts, including detection, control, and sustainable funding for surveillance activities toward the ultimate elimination of brucellosis should remain a national priority for the protection of human and animal health.

Brucellosis Research Priorities

- Development of laboratory standards and improved diagnostic tests, validated for the target species.
- Studies to further clarify the epizootiology of canine brucellosis, including disease pathogenesis and transmission parameters. These factors, once determined, may be exploited for control and elimination of the disease in susceptible populations.

Population Disease Management

- The AVMA urges state and federal agencies to work together to develop a disease management plan, including control of the inter- and intrastate spread of B *canis* and eliminate brucellosis from the canine population.
- The AVMA urges the USDA to establish and maintain a comprehensive nationwide surveillance program to support the eradication of all brucellosis from the United States.

Appropriate Animal Carcass Disposal

The AVMA advocates safe and environmentally responsible disposal of animal carcasses, whether on an individual animal basis or during mass mortality events. As such, the AVMA supports continued research on appropriate methods, guidelines, and best management practices for animal carcass disposal.

Relevant AVMA Policy:

- **Animal Agriculture Waste Management**
- **Animal Carcass Risk in Natural Disasters**
- **Environmental Responsibility**
- **Veterinary Medical Wastes**

Animal Carcass Risk in Natural Disasters

Consistent with current scientific literature and the conclusions of the Pan American Health Organization (PAHO), the AVMA recognizes that animals that die from injuries, including massive animal deaths in cases of natural disasters, generally do not represent a health hazard for humans. The presence of dead bodies that result from a disaster, without the presence of another risk factor, is not the cause for the spread of infectious diseases. ([1]PAHO Manual, Ch 3, Conclusions; p. 81)

[1] Management of Dead Bodies in Disaster Situations, Disaster Manuals and Guidelines Series, number 5. Pan American Health Organization, Area on Emergency Preparedness and Disaster Relief, and the World Health Organization, Department for Health Action in Crisis. Washington, DC, 2004.

Relevant AVMA Policy:

Appropriate Animal Carcass Disposal

Companion Animal Care Guidelines

Preface

The following are general guidelines for the proper care and humane treatment of animals in nonagricultural facilities, such as humane societies, municipal animal control agencies, pet stores, boarding kennels, dog training establishments, grooming facilities, dealers, and veterinary hospitals and clinics. A single set of guidelines cannot completely describe appropriate care for all species in all situations; therefore you should always consult a veterinarian for advice and specific recommendations.

Personnel

Staff should be screened and selected for suitability to tasks assigned and should be trained in performance of their duties. Training must address animal, personal, and public safety, and appropriate handling and animal restraint techniques. Performance should be monitored on a continual basis.

Animal Husbandry

Housing or Caging—Caging or housing systems should provide adequate space and accommodate appropriate population densities, allow animals sufficient freedom of movement, permit normal postural adjustments, and include a resting place appropriate for the species being housed.

Preventive medicine areas for isolation of sick animals and quarantine of newly arriving animals should be provided where appropriate.

Special housing accommodations are sometimes necessary for unusual species such as those with unique metabolic or genetic characteristics, or special behavioral and/or reproductive needs. Exercise areas, runs, or pens should be considered for animals that will be held for long periods. Other primary considerations include**:**

Safety—Providing a secure enclosure that addresses physical safety, fear, and stress;
Food and water—Providing easy access to food and water;
Biological needs—Maintaining appropriate body temperature, permitting urination and defecation, ensuring timely waste removal, and, as appropriate, facilitating or preventing reproduction;
Cleanliness—Keeping animals dry and clean, depending on species requirements;
Restraint—Avoiding unnecessary physical restraint; and
Behavior—Ensuring the animals' ability to engage in normal species behavior.

Animals housed outdoors should have access to shelter from the elements. Caging or housing systems should be constructed of sturdy, durable materials and be designed to maximize biosecurity. Surfaces should be smooth and impervious to moisture, and be designed for easy maintenance. The design should allow for easy inspection of cage occupants. Feeding and watering devices should be easily accessible for filling, changing, cleaning, and servicing.

Caging, runs and pens must be kept in good repair to prevent injury, maintain physical comfort, and facilitate sanitation and servicing. Sharp edges and broken wires must be eliminated, floors must be kept in good condition, and deteriorating equipment must be refurbished or replaced. Rough surfaces or uncoated wire flooring in primary enclosures should be avoided because they can lead to foot and skin trauma. Flooring material should not flex under weight, should accommodate footing and resting off of open metal floors, and may have perforations large enough to allow only moisture to pass through. Separation between food and water, urination and defecation, and resting areas should be maximized.

Feeding—Animals shall be fed palatable and nutritionally adequate food daily or according to their particular needs. Feeders must allow easy access to food, and soiling by urine and feces must be prevented. Food must be available in amounts sufficient to provide for normal growth, and maintenance of normal body weight, reproduction, and lactation. Areas where food is prepared or stored must be kept clean.

Bulk supplies of food should be stored in designated areas that are cool, dry, clean, and free of vermin, preferably off the floor on pallets, racks, or carts. Storage time should be minimized and the manufacturer's recommendations for proper storage followed to preserve nutritional quality and prevent contamination. Open bags of food should be stored in vermin-proof containers. Food containers must be sanitized frequently.

Watering—Animals must have access to fresh, potable, uncontaminated drinking water. Watering devices such as drinking tubes and automatic waterers should be examined routinely to ensure their proper operation. When water bottles are used, they should be appropriately sanitized.

Food and/or water may be temporarily withheld at the direction of an attending veterinarian.

Bedding—Bedding should be appropriate, free of toxic chemicals or other substances that could injure animals or personnel, and of a type not easily eaten by animals.

Animal Environment

Temperature and Humidity—Appropriate environmental conditions vary with the species of animal being housed. Generally, for dogs and cats, the ambient temperature should be kept above 50 degrees Fahrenheit (10 degrees Celsius), and below 80 degrees Fahrenheit (26.6 degrees Celsius), and the relative humidity should range from 30 to 70%. Animals should be protected from extreme temperatures so as to maintain their health and render their environment comfortable. When climatic conditions pose a threat to the animal’s health or well-being, taking into consideration its age, breed, overall health status, and acclimation, then appropriate measures must be taken to alleviate the impact of those conditions.

Ventilation—Ten to twenty room air changes per hour are generally considered adequate ventilation for animal facilities. Room air should not be recirculated unless it has been properly treated. Proper ventilation removes heat, dampness, odor, airborne microbes, and pollutant gases such as ammonia and carbon monoxide, while allowing for the introduction of fresh air. If recirculating systems or other energy-recovery devices are used, these systems must

be adequately maintained. Areas for quarantine, isolation, or soiled equipment should be appropriately exhausted to avoid contamination.

Lighting—Lighting may be both natural and/or artificial, and should be uniformly distributed throughout animal facilities, of sufficient intensity to permit good observation of animals, provide a photoperiod control appropriate to the species, and contribute to a safe working environment for personnel. Emergency lighting should be provided.

Noise—Activities that create noise with the potential to cause stress should be minimized and conducted away from animal housing. Excessive noise should be minimized by training staff and by use of appropriate equipment and facilities. Animals that produce levels of noise having the potential to cause stress should be housed separately. Appropriate noise protection for personnel should be provided where noise levels are high.

Social—Where group housing is appropriate, consideration should be given to behavioral and social interactions. Environmental enrichment provided should be appropriate to the species. Human interactions should be incorporated into daily routines where appropriate. Play opportunities and enrichment should be provided on a regular basis.

Sanitation

Cleaning—All equipment and areas must be cleaned with appropriate detergents and disinfectants as often as needed to keep them sanitary and free of debris and harmful contaminants. Bedding used in cages or pens should be changed as required to keep animals dry and clean. Animal waste should be removed at least once daily, via collection, hosing, or flushing. Animals should be kept dry during these procedures. Litter should be emptied from cages and pens in a manner that minimizes exposure of animals and personnel to aerosolized waste. Cages must be sanitized, using proper agents followed by thorough rinsing, before animals are placed in them. Animals and personnel must be protected from noxious agents. Waste cans or containers must be cleaned and sanitized frequently. The facility should be cleaned in order of animal susceptibility to disease and potential risk to the general population, starting with the most susceptible animals and ending with those who carry the highest risk of transmitting infectious disease.

Waste Disposal—Waste must be removed regularly and frequently, and in compliance with all federal, state, and local laws and regulations. Waste cans should be leak-proof and have tight-fitting lids. Waste storage areas should be separate from animal housing areas and be kept free of vermin. Biological wastes must be stored appropriately prior to disposal.

Vermin—A program to control, eliminate, and prevent infestation by vermin is required. Preventing entry is the most effective method, and may be accomplished by screening openings, sealing cracks, and eliminating breeding and refuge sites. When possible, relatively nontoxic compounds (e.g., boric acid) or drying substances (e.g., amorphous silica gel) should be used to control insects.

Identification and Records

An individual record should be prepared for each animal. Records should include a description of the animal, the date obtained, the source, the length of time held, and any treatment provided together with its final disposition. Individual animals should be identified in a consistent and recordable manner (e.g., tags, cage cards, microchips, tattoos). Identification should be physically attached to the animal for the duration of its stay unless this poses a safety hazard for the animal or staff.

Weekend and Holiday Care

Animals must be observed and cared for by qualified personnel every day. Procedures must be established for providing animal care during emergencies.

Disaster Plan

A disaster plan should be prepared and rehearsed. Appropriate training for personnel should be provided.

Veterinary Care and Euthanasia

A program of preventive and emergency medicine must be established by and supervised by a veterinarian. Sick or injured animals must receive veterinary care promptly. Medications and treatments must only be administered under the advice of or in accordance with written protocols provided by a veterinarian, and all drugs must be dispensed in accordance with federal and state regulations. An emergency medical plan must be in place to provide appropriate and timely veterinary medical care for any animal who is injured, in distress, or showing signs of illness. Animals should be euthanatized when necessary only by qualified personnel, in accordance with recommendations in the current AVMA Guidelines for the Euthanasia of Animals, and as permitted by law.

References

Standards for AAHA Hospitals, American Animal Hospital Association, PO Box 150899, Denver, Colorado 80215.

Animal Husbandry Manuals, Pet Industry Joint Advisory Council, Suite 400, 1220 19th Street NW, Washington, DC 20036.

Guide for the Care and Use of Laboratory Animals, US Department of Health and Human Services, Public Health Service, National Institutes of Health, NIH Publication No. 86-23.

Animal Welfare Act, as amended, including the accompanying regulations. US Department of Agriculture, Animal and Plant Health Inspection Service, Regulatory Enforcement and Animal Care, Riverdale, Maryland 20737.

Training Guide, National Animal Control Association, PO Box 480851, Kansas City, Missouri 64148.

AVMA Guidelines for the Euthanasia of Animals. **https://www.avma.org/KB/Policies/Documents/euthanasia.pdf**.

Guide for the Care and Use of Agricultural Animals in Agricultural Research and Teaching, 3rd edition, 2010.

Federation of Animal Science Societies, 1111 N Dunlap Avenue, Savoy, Illinois 61874.

ASV Guidelines for Standards of Care in Animal Shelters

http://sheltervet.org/wp-content/uploads/2012/08/Shelter-Standards-Oct2011-wForward.pdf

Castration and Dehorning of Cattle

The AVMA recognizes that castration and dehorning of cattle are important for human and animal safety when cattle are used for agricultural purposes. Because castration and dehorning cause pain and discomfort, the AVMA recommends the use of procedures and practices that reduce or eliminate these effects. These include genetic selection when appropriate and use of approved or AMDUCA-permissible clinically effective medications whenever possible. Studies indicate that preoperative use of non-steroidal anti-inflammatory agents and local anesthetics reduces pain and distress associated with castration and dehorning.

- Both dehorning and castration should be done at the earliest age practicable.
- Disbudding is the preferred method of dehorning calves. Local anesthetic and nonsteroidal anti-inflammatory drugs (NSAIDs) should be considered for other dehorning procedures..
- Elastrator rubber banding techniques have been associated with increased chronic pain and should be discouraged. High tension-banding systems may be used with appropriate veterinary supervision and/or training in those situations where surgical castration may predispose to postsurgical complications.
- There are a number of acceptable castration techniques utilized by the cattle industry. The castration method used should take into account the animal's age, weight, skill level of the operator/technician, environmental conditions, and facilities available, as well as human and animal safety.

Research leading to new or improved techniques that reduce or eliminate pain and distress associated with castration and dehorning, or development of viable alternates to castration and dehorning, is encouraged.

Literature Reviews:

Welfare Implications of Castration of Cattle (PDF)

Welfare Implications of Dehorning and Disbudding of Cattle (PDF)

Additional Resources:

Extralabel Drug Use and AMDUCA (FAQ)

Swine Castration

Castration of swine can help control aggressive behavior and improve the palatability of pork by eliminating most boar taint (an odor found in the meat of some adult male pigs). Current U.S. swine markets do not allow for mass marketing of uncastrated male pigs. Surgical castration is a painful surgical procedure and should be performed as early as possible. Surgical wounds should be healed prior to weaning. After 14 days of age, swine should be castrated using analgesia and/or anesthesia. The AVMA recommends the use of procedures and practices that reduce or eliminate pain, including the use of approved or AMDUCA-permissible clinically effective medications whenever possible. The AVMA encourages development and implementation of practical analgesic and anesthetic protocols for, and alternatives to, swine castration. Immunological castration is an available technology that, like surgical castration, prevents most boar taint and may be a viable alternative to surgical castration.

Literature Reviews:

Welfare Implications of Teeth Clipping, Tail Docking and Permanent Identification of Piglets (PDF)

Welfare Implications of Swine Castration (PDF)

Addressing the Role of Veterinary Medicine in Human Health Care Following Catastrophes Involving Mass Human Casualty

Veterinarians are increasingly serving an integral role in emergency and disaster response and management. The One Health/One Medicine Initiative demonstrates the importance and ties that medical professionals have in preserving the health and well-being of all species. Members of the veterinary profession possess unique medical skills and capabilities that could greatly contribute to reducing human loss of life or limb and human suffering in a catastrophic event that overwhelms the human health care infrastructure. During a catastrophic event, the veterinarian's training and capability in emergency management, wound care/treatment, pharmaceutical and medical supplies, and knowledge of population and public health can be used to augment the capacity of the human healthcare system.

The AVMA encourages state and national authorities to address licensing, liability, policy and other related issues to adequately recognize and validate the opportunity and benefits of utilizing veterinarians as a supplementary source of knowledge and skills for human health care during mass casualty and other events following catastrophic emergency response situations.

Related AVMA Policy:

One Health

Compendium of Measures to Control Chlamydophila psittaci Infections Among Humans (Psittacosis) and Pet Birds (Avian Chlamydiosis)

The AVMA endorses the 2010 Compendium of Measures to Control *Chlamydophila psittaci* Infections Among Humans (Psittacosis) and Pet Birds (Avian Chlamydiosis) promulgated by the National Association of State Public Health Veterinarians (NASPHV). The full text of the Compendium is available from the NASPHV or from the AVMA Scientific Activities Division.

Global Climate Change and Animal Health

The AVMA encourages research and education to enhance the understanding of the impacts of climate change on animal and ecosystem health. In the spirit of One Health, the AVMA supports coordination and collaboration among stakeholders to mitigate deleterious consequences to animal and ecosystem health.

Codex Alimentarius Commission

The AVMA will promote the inclusion of an AVMA representative to the U.S. delegation to the Codex Alimentarius Commission. The AVMA will also support the inclusion of AVMA representatives in the U.S. Delegation to appropriate Codex committees and task forces, such as the Codex Committee on Residues of Veterinary Drugs in Foods and Codex Committee on Food Hygiene.

Related Policy:

International Opportunities to Promote the AVMA Strategic Plan

Colleges/Schools of Veterinary Medicine Infrastructure Funding

The AVMA supports sufficient federal and state funding to build infrastructure and provide ongoing support for faculty and programs dedicated to increasing human resource capacity in veterinary public practice.

Comparative Medicine and Translational Research

Comparative medicine is a discipline in which the similarities and differences in biology among animal species are studied to enhance the understanding of mechanisms of human and animal disease. Comparative medicine facilitates the translation of basic science knowledge into clinical applications.

Animals with naturally occurring disease provide an underutilized comparative medicine resource. Advantages of using animals with spontaneously occurring disease, compared with using animals with experimentally induced disease, include:

1. Disease pathogenesis is often more similar to that in human beings;
2. Clinical trials may better predict human response and therapeutic safety;
3. Both human beings and animals benefit;

Therefore, the AVMA supports applying knowledge gained from animals with spontaneously occurring disease to enhance the development of new diagnostic tools, vaccines, and therapies for human beings and animals. This will require development of a national research infrastructure to support comparative animal research, including enhanced funding sources for domestic animal research, development of domestic animal disease databases, development of consortia to perform clinical trials, and implementation of strategies to increase the number of veterinarians with comparative medicine research focus

AVMA Support of Comparative Medicine Programs at the National Center for Research Resources of the National Institutes of Health

The AVMA strongly supports and affirms the recognition by the National Institutes Health (NIH) of the role of veterinarians as scientists, educators, trainers, and collaborating partners in scientific research that takes a comparative, one-medicine approach to improvements in human and public health, as stated in the recent National Center for Research Resources (NCRR) 2009-2013 strategic plan (available at **www.ncrr.nih.gov/strategic_plan/**). Further, because contributions by veterinary basic scientists and clinical researchers will be critical for energizing the discipline of clinical and translational research across the country, the AVMA recommends that NIH continue to support and expand opportunities for veterinarians and veterinary students to engage and participate in scientific education and training, research teams, and science policy and leadership roles, through the expansion of formalized training positions (eg, T and K awards), broadening of debt-forgiveness clauses, and appointment on NIH committees and councils.

Complementary, Alternative, and Integrative Veterinary Medicine

The AVMA believes that all aspects of veterinary medicine should be held to the same standards, including complementary, alternative and integrative veterinary medicine, non-traditional or other novel approaches.

- The foremost objectives in veterinary medicine are the health and welfare of the patient.
- Diagnosis and treatment should be based on sound, accepted principles of veterinary medicine and the medical judgement of the veterinarian.
- Veterinarians should have the requisite knowledge and skills for every treatment modality they consider using.
- A valid veterinarian-client-patient relationship must exist[1].
- Owner consent[1] should be obtained prior to initiating treatment.
- Medical records should include outcomes of treatment.
- Veterinarians should be aware of and abide by local, state, and federal statutes.

References

1. **Model Veterinary Practice Act**

Veterinary Compounding

Compounding, consistent with the Food and Drug Administration (FDA) Extra-Label Drug Use regulations, is the customized manipulation of an approved drug(s) by a veterinarian, or by a pharmacist upon the prescription of a veterinarian, to meet the needs of a particular patient. Common examples of appropriate compounding in veterinary practice are mixing two injectable drugs, preparing an oral paste or suspension from crushed tablets or adding flavoring to a drug. Compounded preparations are required to be prepared from FDA-approved animal or human drugs. The FDA and federal courts have held that federal drug laws prohibit compounding from bulk chemicals or raw pharmaceutical ingredients as such compounds are unapproved new animal drugs. For more information on compounding from bulk drugs, see AVMA policies on "Compounding from Unapproved (Bulk) Substances in Food Animals" and "Compounding from Unapproved (Bulk) Substances in Non-Food Animals."

Compounded preparations are not equivalent to generic drug products. Generic drug products are FDA-approved, which requires a demonstration of bioequivalence of safety and efficacy with the pioneer FDA-approved drug product. Generic animal drug products are identified by an Abbreviated New Animal Drug Application (ANADA) number on their label or in FDA drug references. In contrast to generic drugs, compounded preparations lack FDA approval.

Veterinarians need to be aware that compounding, including formulation in a novel drug delivery system (e.g. transdermal), may impact the pharmacokinetics of a drug. This may result in drug concentrations that are above or below the therapeutic range and lead to the development of an adverse drug event, including therapeutic failure. In order to minimize the risk of adverse events associated with compounded preparations, the following actions are recommended:

1. The decision to use a compounded preparation should be veterinarian (not pharmacist) driven, and occur within a veterinarian-client-patient relationship. The veterinarian should make that decision utilizing evidence-based medicine.

2. Compounding should be implemented in compliance with the Animal Medicinal Drug Use Clarification Act (AMDUCA) and the FDA Compliance Policy Guide 608.400 titled "Compounding of Drugs for Use in Animals." Use of compounded preparations in food animals may have food safety concerns that preclude their use unless information exists to assure avoidance of violative drug residues.

3. Use of a compounded preparation should be limited to:

a. Those individual patients for which no other method or route of drug delivery is practical; or

b. Those drugs for which safety, efficacy, and stability have been demonstrated in the specific compounded form in the target species; or

c. Disease conditions for which a quantifiable response to therapy or drug concentration can be monitored.

4. Use of a compounded preparation should be accompanied by the same precautions followed when using an approved drug, which include counseling of the client regarding potential adverse reactions, including therapeutic failure, and attention to the potential for unintended human or animal exposure to the drug. Further, clients should be informed that the compounded preparation has not been evaluated by the FDA for potency, purity, stability, efficacy or safety, and client consent should be obtained.

a. Veterinarians should report suspected adverse events including therapeutic failure and quality defects involving compounded preparations to the compounding pharmacist, the State Board of Pharmacy and the FDA Center for

Veterinary Medicine. Instructions for reporting adverse events to FDA can be found at the FDA website. Pharmacists should instruct pet owners to contact both the prescribing veterinarian and pharmacist immediately if a compounded preparation is associated with an adverse event, including therapeutic failure, and quality defects.

5. Veterinarians should comply with all aspects of the federal extralabel drug use regulations including record-keeping and labeling requirements and urge compounding pharmacies to do the same. The compounded preparation should be labeled that it is not FDA approved.

   It is not legal for compounded preparations to be developed in large quantities and sold to third parties (including veterinarians and companies) or wholesalers for resale to individual patients. However, the AVMA asserts veterinarians should be able to legally maintain sufficient quantities of compounded preparations in their office for urgent administration needs or emergency situations.

   Advertising and promotional material from the compounding pharmacy should not be interpreted as FDA assurance of proven efficacy, safety or quality.

   One element in evaluating the quality of a compounded preparation is whether the compounding procedure follows the guidelines of the United States Pharmacopeia (USP). These guidelines can be found in Chapter <795> Pharmaceutical Compounding – Nonsterile Preparations, USP Chapter <797> Pharmaceutical Compounding – Sterile Preparations, and specific USP drug monographs if available. The USP general chapters and drug monographs define good compounding practices and provide information about compounded preparations that have acceptable strength, quality, purity, and stability to minimize patient harm due to lack of sterility, excessive bacterial endotoxins, and content errors.

   Another element in evaluating the quality of a compounding pharmacy is whether the pharmacy is accredited by an independent accreditation body. For example, the Pharmacy Compounding Accreditation Board (PCAB) offers accreditation to compounding pharmacies that meet high quality and practice standards. Further information and a listing of PCAB-accredited pharmacies are available at www.pcab.org. Be aware that independent accreditation is different from association or professional training center memberships that may lack quality assurance programs and inspections.

   AVMA advocates for quality assurance oversight of all compounded preparations to ensure that these preparations are prepared and evaluated in a manner consistent with current potency, purity and stability standards.

Additional Resources:

Compounding 101
Compouding: Are you playing by the rules?

Related Policies:

Compounding from Unapproved (Bulk) Substances in Food Animals

Compounding from Unapproved (Bulk) Substances in Non- Food Animals

Compounding from Unapproved (Bulk) Substances in Food Animals

Compounding of drugs from unapproved (bulk) substances for use in animals is currently illegal under the Federal Food, Drug, and Cosmetic Act and the Animal Medicinal Drug Use Clarification Act. Unapproved bulk substances are the raw active pharmaceutical ingredients (APIs) that are used to make final drug products, and as such, they are not commercially available as FDA-approved finished drug products. Veterinarians cannot guarantee the potency, purity, or safety of these unapproved bulk substances in a compounded product. The AVMA recognizes specific circumstances wherein bulk compounds might be medically necessary in food animals, specifically poison antidotes and compounds for euthanasia or depopulation that are not approved or commercially available. These actions should take place only within the context of a veterinarian-client-patient relationship. The AVMA recommends that there be a publically available, current list of unapproved bulk substances that can be legally compounded within a veterinarian-client-patient relationship specific and limited to euthanasia, depopulation, and poison antidote compounds, for food animal species. If adequate scientific information is not available to determine a withdrawal time, the compound cannot be used in a food animal or the treated animal cannot enter the food supply.

Additional Resources:

Compounding 101

Compounding: Are you playing by the rules?
AVMA Brochure: Veterinary Compounding

Related Policies:

Compounding

Compounding from Unapproved (Bulk) Substances in Non-Food Animals

Compounding from Unapproved (Bulk) Substances in Non-Food Animals

Compounding of drugs from unapproved (bulk) substances for use in animals is currently illegal under the Federal Food, Drug, and Cosmetic Act and the Animal Medicinal Drug Use Clarification Act. Unapproved bulk substances are the raw active pharmaceutical ingredients (APIs) that are used to make final drug products, and as such, they are not commercially available as FDA-approved finished drug products. Veterinarians cannot guarantee the potency, purity, or safety of these unapproved bulk substances in a compounded product.

The AVMA believes there are three general sets of circumstances in which compounding from bulk pharmaceutical ingredients may be medically necessary: the approved product is not commercially available, the needed compounded preparation cannot be made from the approved product, or there is no approved product from which to compound the needed preparation. The AVMA recognizes that compounding of drugs from unapproved bulk substances for use in animals not intended for food (eg, major and minor non–food animal species) is medically necessary in certain situations and should be allowed in those circumstances as specifically indicated above. These actions should take place only within the context of a veterinarian-client-patient relationship.

Additional Resources:

Compounding 101

Compounding: Are you playing by the rules?

AVMA Brochure: Veterinary Compounding

Related Policies:

Compounding

Compounding from Unapproved (Bulk Substances) in Food Animals

Owner Consent in Veterinary Medicine

The public is best served when veterinarians provide sufficient information in a form and manner that enables owners or their authorized agents to make appropriate decisions when choosing the veterinary care provided.

To the best of their ability and in a manner that would be understood by a reasonable person, veterinarians should inform animal owners or their authorized agents of the diagnostic and treatment options available. They should also provide an assessment of the risks and benefits of such choices, a prognosis, and a documented estimate of the fees expected for the provision of services. The owners or authorized agents should indicate that their questions have been answered to their satisfaction, the information received by them has been understood, and that they are consenting to the recommended treatments or procedures.

The consent of owners or authorized agents should be provided in a verbal or written form and should be documented in the medical record by veterinarians or their staff members.

Recognizing the complexities of veterinary practices, procedure specific forms may be indicated.

Conservation of Wild Animals

The AVMA advocates for conservation of wildlife in its native habitats and prevention of extinction of animal species.

When conservation solely in native habitats is not possible, the AVMA supports captive management of endangered and threatened species within rigorously accredited programs that prioritize animal conservation and welfare, while considering public health and safety.

The AVMA supports the Endangered Species Act along with research and science-based evidence for ESA listing, management, and delisting of species. The AVMA also supports modifications of the ESA or policies regarding its enforcement that promote good stewardship practices, encourage landowners to protect sensitive species and habitats, and promote sustainable management of natural resources.

Relevant AVMA Policy:

- **Environmental Responsibility**
- **Ownership or Possession of Wild Animals or Their Hybrids**
- **Prevent Entry of Foreign Disease Vectors and Invasive Species**
- **Release of Wild Animal Species and Exotic Pet Species**
- **Wildlife Livestock Interactions**
- **AVMA Policies Related to Wild Animal Species and Their Hybrids**

Remote Consulting

The AVMA opposes remote consulting including, but not limited to, telephone or web-based media, offered directly to the public when the intent is to diagnose and/or treat a patient in the absence of a veterinarian-client-patient relationship (VCPR) as defined by the **AVMA Model Veterinary Practice Act**. Remote consulting directly with the patient owner can be beneficial and is acceptable when performed with an agreement and in collaboration with the attending veterinarian who has established and retains the VCPR.

Contingency Planning for Animal Emergencies

The American Veterinary Medical Association urges all appropriate agencies and stakeholders to develop, implement, and maintain contingency plans and resources to facilitate a rapid and effective coordinated response for all hazards and all species animal emergencies.

Relevant AVMA Policy:

- **Food Animal Health Emergency Planning**
- **Integrated Animal Emergency Preparedness and Response Program**

Controlled Substances Used for Euthanasia

The AVMA recommends that Drug Enforcement Administration controlled substances for euthanasia of animals be used only under the supervision of a licensed veterinarian in order to:

1. Ensure proper and humane euthanasia of animals
2. Ensure proper disposal of euthanized animals to avoid secondary toxicoses
3. Reduce the chance of drug abuse.

Cooperative Research Agreement

Cooperative Research Agreement Between
American Veterinary Medical Association
And *[Name of Research Partner Institution]*

This Cooperative Research Agreement ("Agreement") is entered into effective as of this _____ day of _____, (the "Effective Date"), by and between the American Veterinary Medical Association, an Illinois not-for-profit corporation with its principal offices located at 1931 N. Meacham Road, Schaumburg, Illinois 60173 ("AVMA"), and ***[Name of Research Partner Institution]***, having its principal place of business located at _____ ("University").

WHEREAS, AVMA desires to engage University to gather and analyze data with the primary objective of determining the role of risk reduction strategies for enhancing the demand for veterinary services and companion animal health care. The project is expected to provide an analysis of the factors that affect companion animal owners' perceptions of risk, their willingness to pay for risk reduction strategies and the effect of these strategies on the demand for veterinary services; and

WHEREAS, University agrees to gather the data, conduct and deliver the analysis results to AVMA, to cooperate with AVMA in preparing one or more articles for publication, and to make presentations regarding the data analysis at AVMA's request, in accordance with Exhibit A attached hereto and pursuant to the terms and conditions set forth in this Agreement.

NOW, THEREFORE, the parties hereby agree as follows:

1. Scope of Work. AVMA grants to University and University accepts support for research investigations under the direction of ***[Name of Principal Investigator]*** ("Principal Investigator") at the ***[Name of Institution]*** as more fully described in the attached Attachment A, attached hereto and incorporated into this Agreement ("Research"). University agrees to undertake the Research and to perform the services set forth in Attachment A, including providing all deliverables, in accordance with the terms and conditions of this Agreement and Attachment A.

2. Compensation. In consideration of University's exerting its good faith efforts to carry out the research described in Attachment A ("Research"), AVMA will pay University ***[Agreed upon value]*** to perform the Research and provide the other deliverables as described in Attachment A, provided that these funds shall be used solely for direct costs incurred by University, but no indirect costs, as AVMA will act as the service provider for administrative services. University may draw on these funds by submitting an invoice no more frequently than monthly until the project is completed but in no event later than ***[Termination Date]***. Invoices should include a description of the work completed, at least one paragraph in length. Checks should be made payable to ***[identification of payee]*** and should identify the AVMA and the Principal Investigator and be sent to: ***[address of payee]***. University shall not be obligated to expend funds in excess of those provided under this Agreement to conduct the Research.

3. Period of Performance. Research under this Agreement will be performed during the period beginning on the Effective Date and will terminate no later than ***[Termination Date].***

4. AVMA Representatives. AVMA's representatives shall be Dr. Michael Dicks and Dr. Ross Knippenberg, or such other representative(s) as AVMA may subsequently designate in writing. University's Principal Investigator shall be ***[Principal Investigator's name]***, who shall be responsible for the direction and conduct of the Research.

5. Consultation with AVMAs Representatives. During the term of this Agreement, AVMA will have reasonable access to consult informally with University's Principal Investigator regarding the Research. Access to work carried on by or on behalf of University in the course of the Research shall

be entirely under the control of University personnel, unless otherwise specifically agreed in writing by the parties.

6. Reports. The Principal Investigator shall provide monthly written reports throughout the term of this Agreement summarizing the work done each month and detailing all direct expenses to be paid by funds provided by AVMA. When appropriate, such reports shall include a discussion of intended articles reporting on the Research.

7. Publicity. Neither party shall use the name of the other in any form of advertising or promotion without the prior written approval of the other. The parties may, however, acknowledge AVMA's support for, and the nature of, the research being pursued under this Agreement. In any such statement, the relationship of the parties shall be accurately and appropriately described.

8. Publication and Use of Research Findings. University agrees to collaborate with AVMA and prepare, with an AVMA staff member as coauthor, one or more articles for publication in a recognized and respected peer-reviewed economics journal(s). Such articles shall summarize and discuss the findings from the Research. No articles shall be submitted for publication without AVMA's prior written approval in each instance. University further agrees that it will not use or publicly disclose any of the raw data, analyses, compilations or other findings from the Research for any purpose without AVMA's prior written approval in each instance.

9. Intellectual Property Ownership. AVMA shall be the sole owner of all data analyses, compilations, reports, articles, and findings from the results of the Research, including without limitation, all patents, trademarks, copyrights, and other intellectual property rights of any kind (collectively referred to as "Rights"). University hereby acknowledges that all original works of authorship that are made by or on behalf of University (solely or jointly with others) within the scope of this Agreement and which are protectable by copyright are "**works made for hire**" as that term is defined in the United States Copyright Act (17 USCA, Section 101). University further hereby assigns to the AVMA, any Rights it may have or acquire in all data analyses, compilations, reports, articles, and findings from the results of the Research which arise under this Agreement. University further agrees to assist the AVMA or any person designated by it to obtain and enforce such Rights.

10. Representations; Warranties. University agrees that its performance under this Agreement shall be in accordance with generally-accepted professional standards of workmanship and effort at a quality comparable to research performed at major public and private research universities within the United States. University represents that the results, findings, analysis, reports, articles, and other deliverables provided under this Agreement will be original work product and will not infringe the copyright or other intellectual property rights of any third party. In no event shall either party be liable to the other party for any claims by the other party for indirect, incidental, consequential, special, punitive, or exemplary damages, including lost profits, arising or alleged to arise from this Agreement, its breach, or the transactions contemplated herein, however caused, under any theory of liability.

11. Indemnification. To the fullest extent permitted by applicable law, each party (the "Indemnifying Party") will defend, indemnify, and hold harmless the other party, including its regents, trustees, directors, officers, employees, faculty, students and agents (collectively, the "Indemnified Parties"), from and against any and all losses, claims, liabilities, damages, and costs of whatever kind and nature, including attorney fees and legal costs, for loss or damage to any property, occurring or claimed to occur as a result of the negligence of the Indemnifying Party, a breach of this Agreement or any representation made in this Agreement by the Indemnifying Party, or the failure of the Indemnifying Party to perform its obligations under this Agreement; provided, however, the Indemnifying Party shall not be so obligated under this paragraph to the extent any such losses, claims, liabilities, damages, or costs are the result of the negligence of an Indemnified Party or the failure of an Indemnified Party to perform any obligation under this Agreement.

12. Independent Contractor. For the purposes of this Agreement and all services to be provided

hereunder, each party shall be, and shall be deemed to be, an independent contractor and not an agent or employee of the other party. Neither party shall have authority to make any statements, representations, or commitments of any kind, or to take any action, which shall be binding on the other party, except as may be explicitly provided for herein or authorized by the other party in writing.

13. Governing Law. The validity and interpretation of this Agreement and the legal relations of the parties to it shall be governed by the laws of the State of Illinois without reference to conflicts of laws principles.

14. Assignment. This Agreement shall not be assignable by either party without the prior written consent of the other party. Any and all assignments not made in accordance with this section shall be void.

15. Notices. Any notice or report required or permitted to be given under this Agreement shall be deemed to have been sufficiently given for all purposes if mailed by first class certified or registered mail to the following addresses of either party:

[Institution of Research Partner]
[Address of Research Partner]
Attention: ***[Name of Principal Investigator]***
And
American Veterinary Medical Association
1931 N. Meacham Road, Suite 100
Schaumburg, Illinois 60173
Attention: ***[Name of AVMA signatory]***
or to such other addresses as shall hereafter have been furnished by written notice to the other party.

16. No Oral Modification. No change, modification, extension, termination, or waiver of this Agreement, or any of the provisions herein contained, shall be valid unless made in writing and signed by duly authorized representatives of the parties hereto.

17. Survivorship. The provisions of Sections 8-11 and 20 shall survive any expiration or termination of this Agreement.

18. Term and Termination

This Agreement shall expire on ***[Termination Date]*** unless extended by mutual agreement of the parties or sooner terminated in accordance with the provisions of this section.

Either party may terminate this Agreement by giving the other party one (l) month's prior written notice of its election to terminate. In the event University's Principal Investigator is unavailable or unable to continue direction of the Research for a period in excess of twenty-one (21) days, University shall notify AVMA and may nominate a replacement; if University does not nominate a replacement or if that replacement is unsatisfactory to AVMA in its sole discretion, AVMA may terminate this Agreement upon five (5) business days written notice.

If either party fails to meet any of its respective obligations under this Agreement and shall fail to remedy these failures within ten (10) business days after receipt of written notice thereof, the non-breaching party shall have the option of terminating this Agreement upon written notice thereof. Termination or expiration of this Agreement for reasons other than an unremedied failure to meet the material obligations under this Agreement shall not affect the rights and obligations of the parties accrued prior to termination.

19. Entire Agreement. This instrument contains the entire Agreement between parties hereto. No verbal agreement, conversation or representation between any officers, agents, or employees of the parties hereto either before or after the execution of this Agreement, shall affect or modify any of the terms or obligations herein contained.

20. Option: AVMA's Rights to Additional University Research. University agrees to notify AVMA prior to commencing any research or development activities with respect to the demand for

veterinary medical care or companion animal health care and to give AVMA the first opportunity to make a proposal entering into a new sponsored research agreement with respect to such activities including a right in favor of the AVMA to obtain intellectual property rights under the terms and conditions set forth herein. If AVMA makes such a proposal, the parties shall use reasonably diligent efforts to negotiate in good faith terms upon which AVMA shall sponsor such research activities by University on behalf of AVMA. If by the end of one month of negotiation the parties have failed to reach agreement, neither party shall be under any further obligation to, or have any rights against, the other with respect to any additional sponsored research arrangement between University and AVMA.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed as of the Effective Date.

[Name of Research Partner]

By:

_____

Name: ***[name of signatory]***

Title: ***[title of signatory]***

American Veterinary Medical Association

By:

_____

Name: ***[Name of AVMA signatory]***

Title: **[*Title of AVMA signatory]***

ATTACHMENT A

<<<Attach Research Proposal>>>

Recovery of Monetary Damages in Litigation Involving Animals

The American Veterinary Medical Association recognizes and supports the long-standing legal classification of animals as the property of their owners. The AVMA recognizes that, in some lawsuits, economic compensation may exceed an animal's fair market value, which is the traditional measure of damages for property, in order for the owner to be made economically whole.

In determining the economic loss associated with an animal, courts should consider, when appropriate, the purchase price, age and health of the animal, breeding status, pedigree, special training, and any particular economic utility the animal has provided to the owner. It may also be appropriate to award reasonable and necessary veterinary expenses for the care of the animal's injury or sickness that was caused by the defendant during the incident in question.

Any extension of compensatory remedies beyond these economic damages would be inappropriate and ultimately harm animals by reducing the availability of affordable veterinary care services. Therefore, the AVMA opposes any recovery of non-economic damages.

The AVMA acknowledges the awarding of punitive damages when warranted in accordance with a state's punitive damage law.

Dangerous Animal Legislation

The AVMA supports dangerous animal legislation by state, county, or municipal governments provided that legislation does not refer to specific breeds or classes of animals. This legislation should be directed at fostering safety and protection of the general public from animals classified as dangerous.

Inappropriate Requests for Drug Enforcement Administration (DEA) Registration Numbers

The AVMA does not condone the use of the Drug Enforcement Administration (DEA) Registration number for any purpose other than to provide certification of DEA registration in transactions involving controlled substances (to include obtaining, dispensing, prescribing and administering) as intended by the DEA. The use of the DEA registration number for identification purposes is not appropriate.

Background:

- **US Department of Justice, DEA, Office of Diversion Control; Practitioners Manual (2006)**
- **Veterinary Practitioners' Guide to DEA Security Requirements**

Declawing Captive Exotic and Wild Indigenous Cats

The AVMA condemns declawing captive exotic and other wild indigenous cats for nonmedical reasons.

Declawing of Domestic Cats

The AVMA strongly encourages client education prior to consideration of onychectomy (declawing). It is the obligation of the veterinarian to provide cat owners with a complete education with regard to the normal scratching behavior of cats, the procedure itself, as well as potential risks to the patient. Onychectomy is an amputation and should be regarded as a major surgery. The decision to declaw a cat should be made by the owners in consultation with their veterinarian. Declawing of domestic cats should be considered only after attempts have been made to prevent the cat from using its claws destructively or when its clawing presents an above normal health risk for its owner(s).

The following points are the foundation for full understanding and disclosure regarding declawing:

- Surgical declawing is not a medically necessary procedure for the cat in most cases. While rare in occurrence, there are inherent risks and complications with any surgical procedure including, but not limited to, anesthetic complications, hemorrhage, infection and pain. If surgical onychectomy is performed, appropriate use of safe and effective anesthetics and perioperative analgesics for an appropriate length of time are imperative. Pain management is necessary (not elective) and required for this procedure. Multimodal pain management is recommended, and there should be a written aftercare plan. The surgical alternative of tendonectomy is not recommended.
- Scratching is a normal feline behavior, is a means for cats to mark their territory both visually and with scent, and is used for claw conditioning ("husk" removal) and stretching activity.
- Owners should provide suitable implements for normal scratching behavior. Examples are scratching posts, cardboard boxes, lumber or logs, and carpet or fabric remnants affixed to stationary objects. Implements should be tall or long enough to allow full stretching, and be firmly anchored to provide necessary resistance to scratching. Cats should be positively reinforced in the use of these implements.
- Appropriate claw care (consisting of trimming the claws every 1 to 2 weeks) should be provided to prevent injury or damage to household items.
- Temporary synthetic nail caps are available as an alternative to onychectomy to prevent human injury or damage to property. Plastic nail caps are usually applied every 4 to 6 weeks.
- Declawed cats should be housed indoors and allowed outside only under direct supervision.
- Scientific data do indicate that cats that have destructive scratching behavior are more likely to be euthanatized, or more readily relinquished, released, or abandoned, thereby contributing to the homeless cat population. Where scratching behavior is an issue as to whether or not a particular cat can remain as an acceptable household pet in a particular home, surgical onychectomy may be considered.
- There is no scientific evidence that declawing leads to behavioral abnormalities when the behavior of declawed cats is compared with that of cats in control groups.

Literature Reviews: Welfare Implications of Declawing of Domestic Cats (PDF)
Additional Resources: Video: Declawing of Cats (YouTube)

Castration and Dehorning of Cattle

The AVMA recognizes that castration and dehorning of cattle are important for human and animal safety when cattle are used for agricultural purposes. Because castration and dehorning cause pain and discomfort, the AVMA recommends the use of procedures and practices that reduce or eliminate these effects. These include genetic selection when appropriate and use of approved or AMDUCA-permissible clinically effective medications whenever possible. Studies indicate that preoperative use of non-steroidal anti-inflammatory agents and local anesthetics reduces pain and distress associated with castration and dehorning.

- Both dehorning and castration should be done at the earliest age practicable.
- Disbudding is the preferred method of dehorning calves. Local anesthetic and nonsteroidal anti-inflammatory drugs (NSAIDs) should be considered for other dehorning procedures..
- Elastrator rubber banding techniques have been associated with increased chronic pain and should be discouraged. High tension-banding systems may be used with appropriate veterinary supervision and/or training in those situations where surgical castration may predispose to postsurgical complications.
- There are a number of acceptable castration techniques utilized by the cattle industry. The castration method used should take into account the animal's age, weight, skill level of the operator/technician, environmental conditions, and facilities available, as well as human and animal safety.

Research leading to new or improved techniques that reduce or eliminate pain and distress associated with castration and dehorning, or development of viable alternates to castration and dehorning, is encouraged.

Literature Reviews:

Welfare Implications of Castration of Cattle (PDF)

Welfare Implications of Dehorning and Disbudding of Cattle (PDF)

Additional Resources:

Extralabel Drug Use and AMDUCA (FAQ)

Veterinary Dentistry

The performance of veterinary dentistry and oral medicine and surgery is part of the practice of veterinary medicine and is regarded as such under state veterinary practice acts. Veterinary dentistry includes the cleaning, adjustment, filing, extraction, or repair of animals' teeth and all other aspects of oral health care in animals. Veterinary dentistry is a function of veterinary practice because it requires diagnosis and treatment, and, to be fully effective, demands extensive knowledge of anatomy, anesthesiology, pharmacology, physiology, pathology, radiology, neurology, medicine, and surgery that is part of the graduate veterinarian's training. Veterinary health-care workers may be allowed to perform certain dental procedures under the direct supervision of a licensed veterinarian in accordance with state regulations.

Supporting Statements

- Veterinary dentistry is an invasive practice that can have a profound impact on animal health.
- Graduate veterinarians receive training in dentistry as part of the curriculum of colleges of veterinary medicine.
- Veterinarians are uniquely qualified to diagnose, by physical examination and use of diagnostics, to address unexpected conditions or complications discovered during oral and dental examinations and procedures and to prescribe follow-up care.
- The current **AAHA-AVMA Canine Preventive Healthcare Guidelines** and **AAHA-AVMA Feline Preventive Healthcare Guidelines** both include dental care as part of the assessment during annual veterinary examinations. The veterinarian should perform an oral examination on all animals at least yearly and discuss preventative measures to keep a patient's mouth healthy.
- When procedures such as periodontal probing, intraoral radiography, dental scaling, and dental extraction are justified by the oral examination, they should be performed under anesthesia.
- In regards to equine dentistry, oral medicine and surgery, "procedures which are invasive of the tissues to the oral cavity including, but not limited to, removal of sharp enamel points, treatment of malocclusions of premolars, molars, and incisors, reshaping of teeth, the extraction of first premolars and deciduous premolars and incisors; extraction of damaged or diseased teeth; treatment of diseased teeth via restorations and endodontic procedures; periodontal and orthodontic treatments; and dental radiography are veterinary dental procedures and should be performed by a licensed veterinarian."[1]
- Other species have oral and dental needs that are also included in the practice of veterinary medicine.
- The practice of veterinary dentistry and oral medicine and surgery is dependent on correct diagnosis of dental disease as well as the recognition of other serious diseases that can mimic dental problems in animals. These include, but are not limited to, zoonotic (e.g., rabies) and reportable (e.g., vesicular stomatitis) diseases.
- Sedatives, tranquilizers, anesthetics, or analgesics are commonly used during veterinary dental procedures to provide restraint and reduce animal pain and suffering. Visual or radiographic recognition of oral or dental pathology and accurate assessment of periodontal health by probing of pockets require sedation or anesthesia. An endotracheal tube is to be placed to protect the lungs from the water droplets generated during ultrasonic dental scaling or when a high-speed dental unit is used. Preoperative sedation, intra-operative local or regional analgesia and post-operative analgesics are used as indicated to reduce the dose of anesthetic agent required and ensure a smooth, pain-free recovery period. Federal law restricts such veterinary prescription drugs for use by, or on the order of, a licensed veterinarian to ensure their safe and effective use.

- The field of veterinary dentistry is advanced through the conduct of clinical and experimental oral and dental research; these studies permit use of an evidence-based approach to veterinary oral and dental clinical decision making.
- Veterinary state boards and state veterinary practice acts exist to establish veterinarian accountability and provide clients with an acceptable standard of care.

Concluding Statements

The practice of veterinary dentistry and oral medicine and surgery is, therefore, to be performed by veterinarians in accordance with their state veterinary practice acts. Veterinary health-care workers may be allowed to perform certain non-invasive, non-surgical oral and dental procedures under the direct supervision of a licensed veterinarian in accordance with state regulations.
As with other areas of veterinary practice, veterinary dentistry requires a veterinarian-client-patient relationship to protect the health, safety, and welfare of animals.

[1] Excerpt from AAEP Position on Equine Dentistry (2012) **www.aaep.org**, used with permission.

Canine Devocalization

Canine devocalization should only be performed by qualified, licensed veterinarians as a final alternative to euthanasia after behavioral modification to correct excessive vocalization has failed and after discussion of potential complications from the procedure with the owner. When dogs are housed in groups (e.g. laboratories, breeding facilities, kennels) devocalization should not be used as an alternative to appropriate animal management and facility design.

Backgrounders:

Welfare Implications of Canine Devocalization (PDF)

Veterinary Diagnostic Laboratory Funding

The AVMA encourages ongoing congressional funding and support to continue to enable maintenance of surge capacity as well as improvements, validation, and standardization of veterinary diagnostic laboratory methods that support the Integrated Consortium of Laboratory Networks (ICLN).

Shipment of Diagnostic Specimens

It is absolutely essential to the conduct of the professional work of veterinarians that animal tissues and other substances for diagnostic purposes be shipped by common carrier, including passenger-carrying vehicles, aircraft, buses, parcel post, etc.

Numerous instances have occurred, however, when such material was so inadequately packaged that materials arrived at destination in such a condition as to cause contamination of vehicles and their cargo and create potential public health hazards.

There is no health hazard or sanitation problem associated with laboratory specimens when they are properly packaged to prevent leakage or breaks in the containers. Proper packaging and labeling of such materials in a responsible manner will facilitate accurate diagnostics, assure continued service by common carriers, and eliminate any adverse public health or perception problems.

Veterinarians are urged to review their methods of preparing diagnostic specimens and ensure that they are in compliance with all applicable guidelines and federal and state laws.

Dietary Supplement Health and Education Act of 1994

The AVMA supports the Food and Drug Administration Center for Veterinary Medicine's position that the Dietary Supplement Health and Education Act of 1994, which defines dietary supplements to be used in humans, does not apply to products intended for oral administration to animals. Additionally, the AVMA believes that the Act should not be modified to include animals.

Disabled Livestock

Disabled livestock must be handled humanely in all situations:

Ambulatory Animals

If an otherwise healthy animal has been recently injured, and the animal is ambulatory, it should be treated, shipped directly to a state or federally inspected slaughter plant, humanely slaughtered on the farm (where state laws permit), or euthanized. Injured, ambulatory animals should not be commingled with other animals during transport.

Care should be taken during loading, unloading, and handling of these animals to prevent further injury or stress.

Nonambulatory Animals

Nonambulatory animals may be moved using a sled, mat, cart or mechanized equipment that supports the full length and weight of the animal. A nonambulatory animal should not be dragged or lifted by the limbs, tail, neck or ears. However, extreme situations in which time is of the essence to save the life of an animal or to prevent human injury, may require handling techniques that cause temporary discomfort to the animal. Slings or hip lifts maybe used to lift or position an animal onto a mat or sled, but should not be used to move the animal. We recommend that each animal operation works with their veterinarian to have a written protocol in place for the movement and care of injured and non-ambulatory animals. Employees must be trained in these protocols with retraining on an incremental basis.

If an animal is down on a farm

- If the animal is not in extreme distress and continues to eat and drink, the producer should contact their veterinarian for consultation and/or treatment and provide food, water, and appropriate shelter and nursing care to keep the animal comfortable and prevent further injury.
- If the animal is in extreme distress and the condition is obviously irreversible, the animal should be euthanized immediately or humanely slaughtered on the farm (where state laws permit).

If an animal is down at a nonterminal market (e.g., sale yard or auction)

- If the animal is not in extreme distress, but is disabled, treatment measures should be initiated.
- If the animal is in extreme distress or the condition is obviously irreversible, the animal should be euthanized immediately.

If an animal is down at a terminal market (e.g., slaughterhouse or packing plant)

Animals that are down should be euthanized immediately and not taken to slaughter. However, if swine are down, and are not in extreme distress or do not have an obviously irreversible condition, they may be allowed up to 2 hours to recover. Acceptable interventions to assist in this recovery include rest, cooling, or other treatments that do not create violative drug residue concerns.

Rules of Disciplinary Procedure of the Judicial Council

The procedures established in these Rules shall govern proceedings conducted by the Judicial Council pursuant to Article VIII, Section 2(a) of the Bylaws of the American Veterinary Medical Association concerning membership in the Association. The procedures set forth in these Rules are subordinate to the Bylaws of the AVMA. In the event of any conflict, the provisions of the Bylaws shall prevail.

Section 1 - Definitions

As used herein:

A. "Association" means the American Veterinary Medical Association (AVMA).

B. "Members" means the members of the AVMA.

C. "Secretary" means the Secretary of the Judicial Council, the AVMA staff member who is assigned to provide administrative support to the Judicial Council.

D. "Party" means the complainant or the respondent in a disciplinary proceeding referred to herein.

E. "Judicial Council" or "Council" means the duly elected Judicial Council of the AVMA.

Section 2 - Initiation of Proceedings

A. A complaint against any member may be filed with the Secretary by any person, whether a member or not, any Principal Veterinary Organization or Constituent Allied Veterinary Organization currently represented in the House of Delegates, or the Secretary on behalf of the Association. A Complaint brought on behalf of the Association may only be initiated by the Executive Board, Board of Governors, or the Executive Vice President.

B. In order to be considered, a Complaint must be filed with the Secretary, in writing, dated and signed by the complainant. It must allege facts which constitute a basis for disciplinary action under any of the criteria set forth in Article II, Section 5 of the Bylaws. Allegations must be set forth with specificity and include adequate evidence to substantiate the allegations, including copies of pertinent documents and notarized statements from witnesses.

C. A Complaint must be filed within one year after the facts became known to the complainant or could have been known in the exercise of reasonable diligence.

D. The Secretary shall promptly review every complaint to determine whether to:

    1. utilize the criteria established by the Council to refer the matter to the appropriate AVMA HOD Principal Veterinary Organization (e.g. state veterinary medical association) or state board of veterinary medicine, or respond with one of the standard responses previously approved by the Council;

2. place the matter on the agenda for the next Council meeting; or
3. consult the Council Chair to determine the appropriate course of action (e.g. request additional information).

E. Before conducting a hearing, the Council may:
    1. Informally investigate the matter in an attempt to resolve the situation, including contacting any party or witness.
    2. Direct the Secretary to send by certified mail, registered mail, postage pre-paid return receipt requested, or courier to the last recorded address a copy of the complaint and the evidence submitted with the complaint to the party complained against and advise that the respondent may file a written response with the Secretary within thirty days. If contested, the response must refute the allegations with specificity and include adequate evidence, including copies of pertinent documents and notarized statements of witnesses. If the respondent does not file a reply within 30 days, the charges may be addressed as uncontested. The Judicial Council may accept a late response at its discretion. The Secretary shall promptly deliver copies of all accepted responses to the complainant and the Council.
    3. After a complaint has been filed with the Secretary, it may be withdrawn by the complainant only with the consent of the Judicial Council.

F. At its next meeting, the Judicial Council will review the information provided along with any additional available information, including its own investigation.
    1. If the Council finds the complaint to be invalid or not to be supported by the evidence presented, the Council may dismiss the complaint or hold it pending further investigation.
    2. If the Council, at its discretion, finds that the evidence before it is sufficient, it may render a preliminary determination, which may include disciplinary action against the member. Where the Council makes a preliminary determination that includes disciplinary action, it will notify the member of its preliminary determination, which will be deemed accepted by the member and become final unless the member notifies the Secretary that the member requests a hearing before the deadline specified in the notice.
    3. The Council may schedule a hearing to acquire additional evidence and information to clarify the issues.
    4. The Secretary will notify all parties of the Council's action.

Section 3. Hearings.

A. The Judicial Council Chair shall designate the time and place of the hearing, and the Secretary shall notify the complainant and the respondent of the designated time and place. An appearance at a hearing, without objection by a party, will constitute a waiver of any defect in the notice of that hearing. If either party fails to appear at a duly noticed hearing without obtaining a continuance or adjournment thereof, the Judicial Council may proceed with the hearing.

B. At any hearing, every party has the right to present witnesses, to submit evidence pertinent to the case, and to cross-examine any witness. Witnesses who give oral testimony shall be sworn by the chair. Before permitting testimony relating to anyone's character or general reputation, the Judicial Council shall satisfy itself that the testimony has a direct bearing on the case.

    Each party may be represented in person and/or be represented by counsel. The Judicial Council may, at its discretion, have legal counsel present to advise.

Section 4 - Decisions of Judicial Council

A. Disciplinary decisions of the Judicial Council shall be by majority vote; by secret ballot if requested by a majority of the council; and presented in writing that clearly states the findings of fact and any disciplinary action. A failure of secrecy shall not invalidate the decision. The decision shall be filed with the Secretary, who shall transmit a copy of the decision to the complainant and the respondent within fifteen days after it is filed. For decisions other than acquittal, discipline may include, but not be limited to, censure, suspension, probation, and expulsion.

B. Within thirty days after the decision has been filed with the Secretary, either party may petition the Judicial Council for a rehearing, solely on the ground of newly discovered material evidence which the petitioner could not, with reasonable diligence, have discovered and produced at the original hearing. The petition must be filed in writing with the Secretary. No more than one Petition for Rehearing may be filed by any party in a case.

C. The Secretary will deliver copies of the Petition for Rehearing to each party with notice that a written reply may be filed with the Secretary within fifteen days. At the end of the fifteen-day response period, the Secretary will provide each member of the Judicial Council with a complete set of the documents related to the Petition for Rehearing. Within fifteen days after receipt of the documents, the Judicial Council will meet by telephone conference call to consider whether to grant or deny the Petition. Following that meeting, the Secretary shall inform the respondent and the complainant.

Section 5 - Preliminary Judicial Determination

If the Judicial Council believes that the disciplined member may resort to legal action because of suspension or expulsion, it may specify that the suspension or expulsion shall become effective upon entry of the judgment of a court of competent jurisdiction in a suit by the Association for declaratory relief.

Section 6 - General Provisions

A. Any party to a disciplinary proceeding may file with the Secretary a written request for disqualification of a member of the Judicial Council for cause and stating the grounds for disqualification. Any grounds for disqualification of which the party then has knowledge are deemed to be waived, unless the request is filed before the Judicial Council renders its decision. If a majority of the members of the Judicial Council finds any valid ground for disqualification, or finds any other facts that may prevent a member of the Judicial Council from rendering an impartial decision or may create the appearance that the member will not do so, that member will be disqualified.

B. The Judicial Council will not be bound by the technical rules of evidence employed in legal proceedings. The Judicial Council, in its sole discretion, may accept or reject any evidence it deems appropriate.

C. In any proceeding, a transcript may be made at the discretion of the Judicial Council.

D. Any notice required to be given or paper required to be served may be given or served by certified mail, registered mail, postage pre-paid return receipt requested, or courier to the last recorded address. If mailed, the notice shall be deemed to be served, filed, or given when mailed. Notice of any hearing shall include the names of the members of the Judicial Council and, except for an adjourned hearing, shall be given not less than ten days before the date of the hearing.

E. Communications shall be directed to the Secretary who shall receive, file, and distribute all documents or other papers as appropriate.

F. The complainant and the respondent will pay their own expenses and those of their witnesses to participate in hearings.

Section 7 - Summary Proceedings

In each instance in which the Judicial Council determines to discipline a member due to having been convicted of a felony by any court of competent jurisdiction, the member shall be notified that he or she shall be expelled from the Association and shall lose all related rights and privileges sixty days after such notification, unless the member demonstrates in writing to the Judicial Council that there is a genuine issue as to any material fact with respect to whether the member has been determined to be guilty. Absent such demonstration, the member shall have no automatic right to a hearing, notwithstanding any other provision in these rules.

Section 8 - Membership Reinstatement Following Expulsion

AVMA members who are expelled from membership for grounds listed in Article II, Section 5.a.2 or 3 of the AVMA Bylaws, are eligible to reapply for membership after completing all requirements of any criminal sentence, including without limitation any period of parole or probation, or reinstatement of the license to practice veterinary medicine by the appropriate licensing authority, or both as the case may be. In all cases where an expelled member is seeking membership reinstatement, including circumstances where the individual does not seek reinstatement of a license to practice veterinary medicine, the Judicial Council will review the application and may conduct any investigation deemed necessary to determine whether reinstatement of membership is appropriate.

Section 9 - Confidentiality

The Judicial Council will maintain as confidential all complaints, investigatory documents, hearing transcripts, notes, discussions, minutes, decisions, and all other disciplinary proceeding materials. Disciplinary decisions of the Council will be provided to the complainant and the respondent, but the Council will encourage both parties to keep the decision confidential.

EB April, 2012

Animal Disease Control Program Supervision

All animal disease control and eradication programs should be under the direction and supervision of veterinarians.

Disinfectants for Foreign and Emerging Animal Diseases

The AVMA strongly advocates for and supports the securing and maintaining of U.S. Environmental Protection Agency (EPA) Section 18 exemptions for the use of disinfectants against foreign and emerging animal diseases where science demonstrates that they are effective and safe for the applications. Furthermore, the AVMA encourages emergency planners, veterinarians, and producers to incorporate such products in accordance with their exemption labels into foreign animal disease response plans.

Related Policies:

- **Contingency Planning for Animal Emergencies**
- **Food Animal Health Emergency Planning**
- **Integrated Animal Emergency Planning, Preparedness, and Response Program**

Formerly titled "Citric Acid as a Disinfectant for FMDv"

AVMA Policy on Diversity

The AVMA is committed to diversity and inclusion in all aspects of the profession of veterinary medicine so that we can best serve the animals, the public and our members. Our goal is to mirror the growing diversity of the communities we serve and to promote an understanding of their varied needs. To this end, we are committed to actively promoting and maintaining diversity in our membership and organization and educating our members regarding the value of diversity. This commitment embraces the value of the many areas of the veterinary medical profession, and the value of our members' varied cultural backgrounds, ethnicities, genders, sexual orientations, ages, religions, physical and mental abilities, and racial representations.

Model Dog and Cat Control Ordinance

As a guide for legislators and other government officials involved in developing animal control ordinances, the AVMA has developed and recommends use of this Model Dog and Cat Control Ordinance. The ordinance provides guidance regarding licensing and rabies vaccination; permits; owner responsibilities; and impoundment, redemption and adoption of animals in animal control facilities.

View/Download the Model Dog and Cat Control Ordinance (PDF)

Withdrawal of FDA Approval for Animal Drug Products

Loss of an animal drug product can have adverse effects on animal health, animal welfare and food safety. Before withdrawing approval of an animal drug product or taking action that may result in a product being withdrawn from the market by the drug sponsor, the AVMA urges FDA-CVM to balance the magnitude of the adverse effects against the risk that may result from continued availability of the drug.

Unapproved New Animal Drugs Marketed as Devices

The AVMA encourages the FDA to take greater enforcement action in regulating the marketing of products represented as devices to the veterinary profession but that appear to be unapproved new animal drugs.

Ear Cropping and Tail Docking of Dogs

The AVMA opposes ear cropping and tail docking of dogs when done solely for cosmetic purposes. The AVMA encourages the elimination of ear cropping and tail docking from breed standards.

Literature Reviews:

Welfare Implications of Ear Cropping-Dogs (PDF)

Welfare Implications of Tail Docking-Dogs (PDF)

Additional Resources:

History of Policy on Ear Cropping and Tail Docking of Dogs (PDF)

Canine Tail Docking (FAQ)

Ear Cropping and Canine Otitis Externa (FAQ)

Joint AVMA-FVE-CVMA Statement on Veterinary Education

At the time of graduation, veterinarians must have the basic scientific knowledge, skills, and values to be a full member of the veterinary profession, and to perform—in an independent and responsible way—appropriate entry-level tasks and duties conferred upon and taken on by the veterinary profession, in the interest of animal health, animal welfare, public health, and societal needs.

Veterinary education must ensure new graduates have sufficient day-one competency in the following areas:

1. Adequate knowledge of the sciences on which the activities of the veterinarian are based.
2. Adequate knowledge of the causes, nature, course, effects, diagnosis and treatment of the diseases of animals, whether considered individually or in groups, including knowledge of the diseases which may be transmitted to humans.
3. Adequate clinical experience to diagnose, treat, and prevent mental or physical disease, injury, pain, or defect in an animal, or to determine the health and welfare status of an animal or group of animals, particularly its physiological status, including the prescription of veterinary medicines.
4. Adequate knowledge of the structure and functions of healthy animals, of their husbandry, reproduction and hygiene in general, as well as their feeding, including the technology involved in the manufacture and preservation of foods corresponding to their needs.
5. Adequate knowledge of the behavior and protection of animals.
6. Adequate knowledge of preventive medicine.
7. Adequate knowledge of food hygiene and technology involved in the production, manufacture, and distribution of animal products intended for human consumption.
8. Adequate knowledge of the laws, regulations and administrative provisions relating to the subjects listed above.
9. Ability to communicate with clients, colleagues, and staff effectively.
10. Ability to work within the diverse disciplines that comprise veterinary medicine in accordance with appropriate professional codes of ethics and conduct.
11. Adequate knowledge of veterinary business operations, resource management, personnel management, and finances.
12. Adequate knowledge of the role of research in furthering the practice of veterinary medicine and the need for life-long learning to ensure currency of knowledge and skills.

The accreditation of veterinary education is essential to ensure educational programs meet high standards and strive for continuous quality improvement. Accreditation is best accomplished through a process of peer review that is independent, objective, and impartial. The standards of accreditation must be dynamic and consistently applied to ensure they meet the changing needs of society.

Additional Resources:

AVMA Center for Veterinary Education Accreditation

Related Policies:

Joint AVMA-FVE-CVMA Statement on The Roles of Veterinarians in Ensuring Good Animal Welfare

Joint AVMA-FVE-CVMA Statement on Responsible and Judicious Use of Antimicrobials

Joint AVMA-FVE-CVMA Statement on The Essential Role of Veterinarians in Protecting Animal, Human, Public, and Environmental Health-A Global Public Good

Use of Electro Muscular Disruption Devices (EMDDs) on Animals

EMDDs (including stun guns and devices known by trade name TASER®) should not be used on any animal for routine capture or restraint.

EMDD's may be used as a defensive tool to provide an Animal Control or Law Enforcement Officer with non-lethal force in response to aggressive dogs or similar sized animals in accordance with agency training, policies and procedures. EMDD's can be lethal and should not be used on cats or other small animals.

Literature Reviews:

Welfare Implications of the Use of Electro-Muscular Disruptive Devices or "TASER(R) Devices" on Animals (PDF)

Electroimmobilization

The AVMA does not support the use of electroimmobilization for animal restraint.

Literature Reviews:

Welfare Implications of Electroimmobilization (PDF)

Elephant Guides and Tethers

The AVMA condemns the use of guides to puncture, lacerate, strike or inflict harm upon an elephant. Elephant guides are husbandry tools that consist of a shaft capped by one straight and one curved end. The ends are blunt and tapered, and are used to touch parts of the elephant's body as a cue to elicit specific actions or behaviors, with the handler exerting very little pressure. The ends should contact, but should not tear or penetrate the skin.

The AVMA recommend tethers only be used for the shortest time required for specific management purposes. Tethers provide a means to temporarily limit an elephant's movement for elephant or human safety and well-being. Tethers can be constructed of rope, chain, or nylon webbing, and their use and fit should not result in discomfort or skin injury. Forelimb tethers should be loose on the foot below the carpal joint, and hind limb tethers should fit snugly on the limb between the tarsus and knee joints. Tether length should be sufficient to allow the elephant to easily lie down and rise unless required for medical procedures for a limited period.. The AVMA also recognizes that shorter or otherwise modified tethers may need to be applied for limited period of time to perform medical procedures safely.

Guides and tethers are used for training elephants in some elephant management systems, and appropriate training is important for facilitating veterinary care. However, guides and tethers should only be used in a manner consistent with the promotion of optimum welfare of the elephant. Personnel using these devices should be trained adequately, as well as introduced to alternative management systems.

Embryo Transfer Procedures

The AVMA believes that the embryo transfer procedure is a function of veterinary practice, because it requires diagnosis and the use of legend pharmaceuticals and/or use of pharmaceuticals in an extra-label manner as described by the **Animal Medicinal Drug Use Clarification Act** and it may require surgery and use of controlled substances. To be effective, embryo transfer procedures demand the extensive knowledge in anatomy, physiology, pharmacology, biochemistry, endocrinology, and sterile surgical procedures that is part of the training of the graduate veterinarian. Any non-veterinarian embryo transfer technologist should work under the supervision of a licensed veterinarian.

Embryo transfer procedures are regulated by the various state practice acts. The AVMA encourages all veterinarians to conform to the laws of the states in which they practice.

The Role of the Veterinary Profession in National, State, and Local Emergencies

The AVMA strongly recommends that emergency management organizations include veterinarians in the planning process and response operations. The health of animals, humans, and the environment are inextricably linked (i.e. One Health) and food safety is crucial; thus, veterinary expertise and input are vital to the success of the overall emergency management process.

The AVMA encourages veterinary professionals in all facets of public, private, and government sectors to communicate and participate with their local and state emergency management organizations to ensure that veterinary medical resources are integrated in emergency management plans. Disaster planning should encompass the "all animals – all hazards" philosophy and include mitigation, preparedness, response, and recovery.

Relevant AVMA Policy:

- **Contingency Planning for Animal Emergencies**
- **Food Animal Health Emergency Planning**
- **Food Safety Policy**
- **Integrated Animal Emergency Preparedness and Response Program**
- **One Health**

CDEI Emergency Management Roadmap

Goal

The goal of the AVMA's Emergency Management Program is to encourage and foster veterinary leadership and guidance in local, state and federal efforts within the United States in preparation for: disasters and emergencies involving animals, animal and public health, and other veterinary issues.

Objectives

The objective of this program is to advocate for appropriate support for all veterinary aspects of disaster and emergency situations within the United States.

Responsibilities

The AVMA staff with oversight and input by the Committee on Disaster and Emergency Issues, is responsible for the coordination of information and people in order to advance all species/all hazards animal emergency preparedness and response. AVMA staff scope of work includes supporting policy development, education and outreach including compilation and distribution of educational materials, routine communication with membership and external customers and oversight of the Veterinary Medical Assistance Teams. . The Committee on Disaster and Emergency Issues is responsible for the creation of recommendations for consideration by the AVMA Board of Directors concerning strategic guidance and fiscal and policy oversight.

Program Components

PREVENTION

- Provide educational materials on mitigation to practitioners and their clients
- Educate emergency managers, state veterinary associations, and veterinary students on appropriate preparedness and mitigation measures
- In cooperation with animal stakeholders, deliver biosecurity education to practitioners and materials for their clients

DETECTION

- Provide education on Foreign Animal Disease (FAD) awareness and reporting protocols to membership and other relevant stakeholders
- Support efforts nationally to enhance the food safety, zoonotic disease and animal disease surveillance systems

PREPAREDNESS

GENERAL

- Support national coalitions of animal health emergency management stakeholders to provide a world-class animal emergency management system

- Coordinate with the United States Department of Agriculture (USDA), Department of Health and Human Services, and Department of Homeland Security (DHHS) to rapidly identify and communicate with practitioners willing to serve in animal emergency situations
- Assist Federal, state, tribal, and local agencies in streamlining animal health resource utilization through the Emergency Management Assistance Compact (EMAC) or other mutual aid agreements
- Assist Federal, state, tribal, and local agencies in ensuring that animal health, food safety, and zoonotic disease issues are included in the National Planning Frameworks and associated documents as well as state-level emergency operations plans
- Support infrastructure for response and recovery to incidents no matter the scope across all jurisdictions Foster cooperation with human medical counterparts for all phases of the program
- Represent the membership in applicable national animal emergency and disaster planning and response committees and meeting
- Continue to maintain and update the AVMA Disaster Preparedness Series
- Support legislative efforts for government preparedness for animal emergencies and for funding of animal research relating to disasters
- Support the development of standards for essential information needs for national foreign animal disease events
- Support the development and maintenance of euthanasia and mass depopulation guidelines
- Support the development and maintenance of carcass disposal guidelines

COMMUNICATION

- Communicate proactively with other animal welfare stakeholders to coordinate resource allocation, and create appropriate memoranda of understanding regarding emergency response efforts
- Disseminate information about;
    - VMAT
    - National Veterinary Response Team (NVRT)
    - USDA-APHIS National Animal Health Emergency Response Corps (NAHERC)
    - State, tribal, and local veterinary response organizations
    - Other opportunities for veterinarians in the emergency response system
- Anticipate public affairs and social media requirements during emergencies by preparing informational responses for likely scenarios, and coordinate their review by subject matter experts

VMAT SUPPORT

- Assist in the recruitment, training, development, and oversight of the VMAT program
- Work to develop, support, and maintain policy for VMATs that defines their mission, organization, training requirements, and utilization
- Sustain continued VMAT sponsorship through direct funding from AVMF/AVMA
- Explore other sustainable funding opportunities to support VMAT programs

All HAZARDS, ALL SPECIES RESPONSE AND RECOVERY

- Provide assessment assistance to the veterinary community and the local communities following a disaster

- Guide potential requesting organizations in VMAT request procedures and educate them about their capabilities
- Work with AVMF to appropriately target needs for AVMF grants
- Assist public and private sectors in communications with veterinarians during emergency response and recovery efforts
- Provide educational material to members and stakeholders during an incident
- Work with the incident public information officer to provide information through appropriate media to the public during a real or perceived incident
- Assist in providing information on the status of recovery to veterinarians in the affected area(s)
- Coordinate appropriate after action reviews, recommendations, and education on how to improve mitigation, prevention, protection, recovery, and response efforts

Federal Guidance on Integrating Animal Issues into Emergency Issues

The AVMA strongly recommends the appropriate Federal organizations (e.g. DHS and FEMA) and Congress periodically review and update as needed the Federal guidance [e.g. the National Response Framework, the Pet Evacuation and Transportation Standards (PETS) Act of 2006, and the Post-Katrina Emergency Management Reform Act (PKEMRA)], in order to improve planning and programmatic support for the animal owning public during the whole continuum of disaster preparedness planning, response and recovery. This is necessary to resolve significant gaps for effective implementation at all levels of government.

Integrated Animal Emergency Preparedness and Response Program

The AVMA endorses the concept and continued development of an Integrated Animal Emergency Preparedness and Response Program at the national, state, and local levels.

Relevant AVMA Policy:

Contingency Planning for Animal Emergencies

Licensure, Liability and Workers Compensation Coverage for Veterinarians and Veterinary Technicians Responding to Declared Emergencies Out of State

(a) AVMA encourages interstate recognition of licenses issued to veterinarians and credentials issued to veterinary technicians officially responding to state-declared emergencies; and

(b) Affected states are encouraged to provide liability and workers compensation insurance for veterinarians and veterinary technicians who provide veterinary services during disasters.

Emergency Support Function(s) for Agricultural Production, and Animal and Plant Health

The American Veterinary Medical Association considers animal health emergency management, agricultural production, and food security to be essential to the well-being of the nation and supports the incorporation of agriculture and animal health into all aspects of national emergency management frameworks, plans, and policies.

Animals Used In Entertainment, Shows, and for Exhibition

The AVMA supports the humane and ethical use of animals in spectator events, shows, exhibitions, motion pictures, and television in accord with existing federal, state, and local animal protection laws. Examples of such events include, but are not limited to, animal exhibitions, racing events, field trials, polo, rodeo, and the use of animals for any audiovisual media. The AVMA encourages all organizations involved in such events to develop and abide by guidelines or standards that ensure humane treatment, respect for the animal, appropriate veterinary care, and veterinary oversight of the animals before, during, and after use.

External third party review and assurance of animal welfare standards is recommended. Animal welfare guidelines and standards must prohibit the intentional injury or death, and seek to avoid the unintentional injury or death, of animals as a part of training or for any entertainment purposes. Similarly, activities that substantially compromise animal welfare should be prohibited. Such activities include handling and contact by the general public of animals that are ill, of unknown health status, or that are of a vulnerable age such as neonatal to juvenile nondomestic Carnivora and non-human primates.

Similarly, the AVMA condemns the fraudulent use of drugs and non-nutritive agents, as well as procedures intended to alter the performance, conformation, appearance, or other functions of animals in competition. The AVMA urges its members to promptly report such activities to the appropriate authorities.

Additional Resources:

Soring in Horses

CEI Roadmap for Environmental Leadership Priorities

Goal:

The goal of AVMA's Committee on Environmental Issues (CEI) is to provide leadership to the AVMA on environmental issues that may impact animal health, public health, and the veterinary profession.

Responsibilities:

The CEI strives to be the leader in environmental issues that impact the veterinary profession, animals, and the environment. The CEI is responsible for providing expertise and guidance to the AVMA on environmental issues as outlined in its charge and for supporting the core competencies identified by the AVMA. By utilizing the collective expertise of the Committee, the CEI supports environmentally related policy development, education, and outreach to the veterinary community.

Focus areas:

The phrase "environmental issues" encompasses a broad range of topics that have different connotations to different people. The following are the four environmental focus areas of key concern to the veterinary profession as a whole and thus the CEI in particular. The CEI will continue to weigh all environmental issues which may arise for the potential need of involvement by the AVMA; however, the Roadmap's directional clarity will facilitate and enhance the CEI's prioritization of the issues before it.

1. **Environmental Health Issues**
    - Provide guidance to the AVMA on environmental health issues.
    - Identify environmental health issues that are of importance to the veterinary profession. Such key areas include but are not limited to:
        - Domestic Animal-Wildlife Interactions
        - Emerging or Re-emerging Diseases
        - Environmental Contaminants
        - Invasive Species
        - Toxicoses
        - Wildlife Health
        - Zoonotic Diseases
    - Support and facilitate effective information sharing among the AVMA, allied organizations, agencies, and other stakeholders regarding environmental health
    - Foster cooperation and collaboration among the public health, animal health, and environmental health sectors.
2. **Green Practices In Veterinary Medicine**
    - Provide guidance to the AVMA on environmentally friendly and sustaining practices such as:
        - maximizing electronic communication
        - minimizing waste
        - recycling and utilizing recycled products

        - reducing resource and energy consumption
    - Serve as a knowledge resource and proponent of best green practices relative to the veterinary profession.
    - Foster membership awareness of and access to the best green practices: those which limit adverse effects on the environment while maintaining economic viability and without compromising established standards of care.

3. **Wastes Generated By Animals And The Veterinary Profession**
    - Provide guidance to the AVMA on issues pertaining to proper handling and disposal of wastes such as:
        - Animal Waste
        - Carcasses
        - Hazardous Waste
        - Non-hazardous Waste
        - Pharmaceutical Waste
        - Recyclables
        - Veterinary Medical Waste
    - Advocate for safe and environmentally responsible disposal of animal carcasses.
    - Support increased research and education towards the development of appropriate methods and guidelines for animal carcass disposal.
    - Foster the awareness of veterinarians to the value, potential hazards, and legal restrictions concerning animal waste.
    - Support science based research on animal waste management systems and procedures to allow animal waste materials to be utilized as nutrient sources for sustainable agriculture systems.
    - Support scientific studies of the impact of pathogens and chemicals from animal/human waste sources on the environment.
    - Encourage regulators to use sound science in listing and characterizing wastes as well as addressing their associated hazards, risks, handling, waste steam, mitigation and control methods.
    - Encourage relevant state and federal agencies dealing with waste to use reasonable approaches in the formulation of regulations so that they consider risk/benefit analyses, the environment, the impact on the veterinary profession, and the health and welfare of patients and caregivers.

4. **One Health**
    - Provide guidance to the AVMA on environmental aspects of the One Health concept.
    - Explore opportunities for spotlighting and incorporating the One Health concept.
    - Assist Federal and State agencies in ensuring a One Health approach is incorporated into the development and review of pertinent rules and regulations.
    - Support legislative efforts which appropriately apply the One Health concept.
    - Support and facilitate effective information sharing among the AVMA, allied organizations, agencies, and other stakeholders regarding One Health issues.

Relevant AVMA Policy:

- **AVMA Environmentally Related Policy Statements**

- **AVMA Policies Related to Wild Animal Species and Their Hybrids**

Environmental Responsibility

The AVMA supports environmental responsibility including:

1. Education of veterinarians and the public on the importance of maintenance and restoration of a healthy environment using cost analysis and science-based, peer-reviewed information, and the importance of sustainability, conservation, and long-term planning.
2. Understanding control and prevention of the environmental impacts of chemicals, medical and animal wastes, greenhouse gases, and other man-made products that may negatively affect the environment.
3. Promotion of scientifically-based, environmentally sensitive practices of veterinary medicine to ensure a viable ecosystem for future generations.

Relevant AVMA Policy:

- **Recycling and Resource Conservation**
- **Toxicoses**

Introduction to Ergonomics

The AVMA Government Relations Division alerted the Council on Veterinary Service (CoVS) in 2001, that regulations concerning Ergonomics may be developed by government agencies and applied to veterinary medicine. The Executive Board approved an Ergonomics Task Force at its April 2002 meeting, as requested by the CoVS to review Ergonomics in veterinary practice and develop guidelines.

With regards to Ergonomics, "guidelines" are suggestions recommended for use, whereas "standards" or "regulations" are requirements that are imposed. Often times, if "guidelines" are in place, "standards" are not imposed, or the "guidelines" are adopted directly.

Despite the fact that there is no central database of ergonomic injuries pertaining to veterinary medicine, and their effect on veterinary practice, there is a strong belief that injuries adversely affect veterinary medicine professionally and economically. There is scientific evidence across many industries that jobs and tasks with various physical risk factors expose workers to preventable hazards that can cause or aggravate work-related musculoskeletal disorders (WMSDs).

After searching the available literature and programs concerning Ergonomics in October 2002, only 2 states had adopted Ergonomic Standards. Only one of those (Washington) has set specific guidelines based on the current scientific information available to date. The rationale of the Task Force, after reviewing available information, was to adopt guidelines consistent with the consensus of scientific and regulatory communities. Current standards are built on the well-established occupational safety and health principle of preventing injuries by identifying and reducing worker exposure to hazards. Industry estimates utilized by Washington State indicate that these ergonomics guidelines could prevent 40 percent of WMSD injuries and 50 percent of WMSD costs once all the elements of the guidelines are fully effective. These are average figures, and actual reductions will vary by workplace and by industry. Further, the Ergonomics Task Force and the Council on Veterinary Service believe that these guidelines outline a model which assures, to the extent feasible and on the basis of the best available evidence, that ergonomic injuries will be minimized, even if an employee has regular exposure to the hazards dealt with by these guidelines.

The Council strongly believes that ergonomics is an issue that will eventually impact our profession. The impact should be positive if appropriate guidelines are formulated by veterinarians for use by the veterinary profession. The impact could be negative if factions outside our profession formulate the guidelines and thereby set standards and regulations for our profession.

The risk factors include awkward postures; high hand force; highly repetitive motions; repeated impact; heavy, frequent, or awkward lifting; and moderate to high hand-arm vibration. The existence of one or more of these risk factors in a task constitutes what the Task Force and Council label as a "Caution Zone Task". Employers need to identify the tasks and address the risk factors.

What to do if you identify a "Caution Zone Task"

- Initially:
    - Ask for employee involvement and suggestions.
    - Analyze caution zone tasks for hazards. Identify jobs or tasks that have produced prior ergonomics related injury. History may repeat itself.

    - Find solutions to these hazards. Consider implementing engineering controls to design the hazard out of the workplace. For example: a practice may purchase lift tables to reduce the exposure to injury when lifting larger or heavy pets/animals.
    - Evaluate the success of the solutions. Communicate the success to your staff and ask for their feedback to insure the changes are working.
- Provide job-specific training on proper use of solutions
- Keep in touch with ergonomics efforts through the veterinary profession and through continuing education for the entire staff

Six key points to remember:

1. Ergonomics can help you in your practice
2. Some states already require employers to implement ergonomics programs
3. Work-related Musculo-Skeletal Disorders (WMSDs) can happen in jobs with risk factors
4. Risk factors can be reduced and WMSDs prevented
5. Reporting symptoms early is important
6. You need to involve all staff members to successfully implement ergonomics changes

Ergonomics Guidelines for Veterinary Practice

Risk factors that could lead to Musculo-Skeletal Injury	**Examples* of Tasks relevant to veterinary medicine**
1) Awkward Postures	
a) Working with the hand(s) above the head, or the elbow(s) above the shoulder, for extended time periods that could cause muscle fatigue and injury.**	Floating teeth; rectal palpations; dystocias; prolapse repair; stocking shelves
b) Working with the neck, back or wrist(s) bent more than 30 degrees for extended time periods that could cause muscle fatigue and injury.**	Dystocias; colic surgeries; palpations; floating teeth; venipuncture; grooming; kennel and stall cleaning; data entry
c) Squatting or kneeling for extended time periods that could cause muscle fatigue and injury.**	Bleeding swine; surgeries performed while kneeling
d) Sustained position for extended time periods that could cause muscle fatigue and injury.**	Surgery; dentistry; driving a vehicle; tasks that require a static posture
2) High Hand Force	
a) Pinching an object and applying more than 2 pounds of force per hand for extended time periods that could cause muscle fatigue and injury.**	Large animal abdominal surgeries
b) Gripping an object and applying more than 10 pounds of force per hand for extended time periods that could cause muscle fatigue and injury.**	Ear tagging; restraint

3) Highly Repetitive Motion	
a) Repeating the same motion with the neck, shoulders, elbows, wrists, or hands with little or no variation every few seconds for extended time periods that could cause muscle fatigue and injury. **	Palpation; administration of injections; dental work; grooming/trimming; surgical procedures; venipuncture and blood collection
b) Performing intensive keying for extended time periods that could cause muscle fatigue and injury.**	Data entry
4) Forceful Exertions	
Sustained or static forceful muscle contractions restrict blood flow to an area which can have an adverse effect on the local nerve tissue	Patient lifting, restraining, and positioning; carrying equipment; large animal foot and leg work; carrying feed and other products; dystocias
a) Repeatedly lifting heavy objects until muscle fatigue occurs which could lead to musculo-skeletal injuries.**	Patient lifting, restraining, and positioning; carrying equipment; large animal foot and leg work; carrying feed and other products; dystocias
b) Infrequently lifting heavy objects until muscle fatigue occurs which could lead to musculo-skeletal injuries.**	Patient lifting, restraining, and positioning; carrying equipment; large animal foot and leg work; carrying feed and other products; dystocias
5) Moderate to High Vibration	
a) Using motorized equipment, percussive tools (scalers) or other hand tools that typically have moderate to high vibration for extended time periods which could cause muscle fatigue and injury.** b) Specifically with hand tools white finger or trigger finger injuries can be sustained from the force applied to the trigger and handle of the tool	Equine dentistry (using motorized equipment); power grinding hooves
6) Repeated Impact	
a) Impacting with the hand or knee repetitively for extended time periods that could cause muscle fatigue and injury.**	Unlikely to occur in a veterinary care environment, but acknowledged as a risk factor
**** Muscle fatigue is a variable that can occur at different levels depending on individual body physique and conditioning.**	

Principles of Veterinary Medical Ethics of the AVMA

Introduction

Veterinarians are members of a scholarly profession who have earned academic degrees from comprehensive universities or similar educational institutions. Veterinarians practice veterinary medicine in a variety of situations and circumstances. Exemplary professional conduct upholds the dignity of the veterinary profession. All veterinarians are expected to adhere to a progressive code of ethical conduct known as the Principles of Veterinary Medical Ethics (PVME). The PVME comprises the following Principles, the Supporting Annotations, and Useful Terms.

The AVMA Judicial Council is charged to advise on all questions relating to veterinary medical ethics and to review the Principles periodically to ensure that they remain current and appropriate.

The Principles

I. A veterinarian shall be dedicated to providing competent veterinary medical care, with compassion and respect for animal welfare and human health.

II. A veterinarian shall provide veterinary medical clinical care under the terms of a veterinarian-client-patient relationship (VCPR).

III. A veterinarian shall uphold the standards of professionalism, be honest in all professional interactions, and report veterinarians who are deficient in character or competence to the appropriate entities.

IV. A veterinarian shall respect the law and also recognize a responsibility to seek changes to laws and regulations which are contrary to the best interests of the patient and public health.

V. A veterinarian shall respect the rights of clients, colleagues, and other health professionals, and shall safeguard medical information within the confines of the law.

VI. A veterinarian shall continue to study, apply, and advance scientific knowledge, maintain a commitment to veterinary medical education, make relevant information available to clients, colleagues, the public, and obtain consultation or referral when indicated.

VII. A veterinarian shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide veterinary medical care.

VIII. A veterinarian shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.

The Principles with Supporting Annotations

I. A veterinarian shall be dedicated to providing competent veterinary medical care with compassion and respect for animal welfare and public health.

   a. Veterinarians should first consider the needs of the patient: to prevent and relieve disease, suffering, or disability while minimizing pain or fear.

   b. Regardless of practice ownership, the interests of the patient, client, and public require that all decisions that affect diagnosis and treatment of patients are made by veterinarians.

c. The choice of treatments or animal care shall not be influenced by considerations other than the welfare of the patient, the needs of the client, and the safety of the public.

d. The medical judgments of veterinarians should not be influenced by contracts or agreements made by their associations or societies.

e. Performance of surgical or other procedures in any species for the purpose of concealing genetic defects in animals to be shown, raced, bred, or sold as breeding animals is unethical. However, should the health or welfare of the individual patient require correction of such genetic defects, it is recommended that the patient be rendered incapable of reproduction.

f. Attending veterinarians are responsible for choosing the treatment regimens for their patients. It is the attending veterinarian's responsibility to inform the client of the expected results and costs, and the related risks of each treatment regimen.

g. Veterinarians may not promote, sell, prescribe, dispense, or use secret remedies or any other product for which they do not know the ingredients.

h. Humane euthanasia of animals is an ethical veterinary procedure.

II. A veterinarian shall provide veterinary medical care under the terms of a veterinarian-client-patient relationship (VCPR).

a. It is unethical to engage in the practice of veterinary medicine without a VCPR.

b. Veterinarians shall honor a client's request for a prescription in lieu of dispensing.

c. Veterinarians may terminate a VCPR under certain conditions, and they have an ethical obligation to use courtesy and tact in doing so.

i. If there is no ongoing medical or surgical condition, veterinarians may terminate a VCPR by notifying the client that they no longer wish to serve that patient and client.

ii. If there is an ongoing medical or surgical condition, the patient shall be referred to another veterinarian for diagnosis, care, and treatment. The former attending veterinarian shall continue to provide care, as needed, during the transition.

d. When an attending veterinarian assumes responsibility for primary care of a patient, a VCPR is established with the attending veterinarian.

e. Clients may terminate the VCPR at any time.

III. A veterinarian shall uphold the standards of professionalism, be honest in all professional interactions, and report veterinarians who are deficient in character or competence to the appropriate entities.

a. Complaints about behavior that may violate the Principles should be addressed in an appropriate and timely manner.

b. All veterinarians in local or state associations have a responsibility to monitor and guide the professional conduct of their members. Members of local and state committees are familiar with local customs and circumstances, and those committees are in the best position to confer with all parties involved. Local and state veterinary associations should consider adopting the Principles or a similar code as a guide for their activities and include discussions of ethical issues in their continuing education programs. The AVMA Judicial Council may address complaints prior to, concurrent with, or subsequent to review at the state or local level, as it deems appropriate.

c. Veterinary Medical educators should stress the teaching of ethical issues as part of the professional veterinary curriculum for all veterinary students. Concomitantly, veterinary medical examiners are encouraged to prepare and include questions regarding professional ethics on examinations.

d. Veterinarians must not defame or injure the professional standing or reputation of other veterinarians in a false or misleading manner. Veterinariansmust be honest and fair in their relations with others, and they shall not engage in fraud, misrepresentation, or deceit.

e. Veterinarians should use only the title of the professional degree that was awarded by the school of veterinary medicine where the degree was earned. All veterinarians may use the courtesy titles *Doctor* or *Veterinarian*.

f. It is unethical for veterinarians to identify themselves as members of an AVMA-recognized specialty organization if such certification has not been awarded and maintained. Only those veterinarians who have been certified by an AVMA-recognized veterinary specialty organization should refer to themselves as specialists.

g. A veterinarian having supervisory authority over another veterinarian should make reasonable efforts to ensure that the other veterinarian conforms to the Principles.

h. A veterinarian may be responsible for another veterinarian's violation of the Principles if the veterinarian orders or, with knowledge of the specific conduct, approves the conduct involved; or if the veterinarian has supervisory authority over another veterinarian and knows of the conduct at a time when its consequences can be avoided or mitigated, but fails to take reasonable remedial action.

i. Veterinarians who are impaired must not act in the capacity of a veterinarian and shall seek assistance from qualified organizations or individuals. Colleagues of impaired veterinarians should encourage those individuals to seek assistance and to overcome their impairment.

j. Veterinarians shall disclose to clients potential conflicts of interest.

k. Advertising by veterinarians is ethical when there are no false, deceptive, or misleading statements or claims. A false, deceptive, or misleading statement or claim is one which communicates false information or is intended, through a material omission, to leave a false impression.

l. Testimonials or endorsements are advertising, and they should comply with the guidelines for advertising. In addition, testimonials and endorsements of professional products or services by veterinarians are considered unethical unless they comply with the following:

    i. The endorser must be a bonafide user of the product or service.

    ii. There must be adequate substantiation that the results obtained by the endorser are representative of what veterinarians may expect in actual conditions of use.

    iii. Any financial, business, or other relationship between the endorser and the seller of a product or service must be fully disclosed.

    iv. When reprints of scientific articles are used with advertising, the reprints must remain unchanged, and be presented in their entirety.

m. The principles that apply to advertising, testimonials, and endorsements also apply to veterinarians' communications with their clients.

IV. A veterinarian shall respect the law and also recognize a responsibility to seek changes to laws and regulations which are contrary to the best interests of the patient and public health.

a. Veterinarians should obey all laws of the jurisdictions in which they reside and practice veterinary medicine.

b. Veterinarians should report illegal practices and activities to the proper authorities.

c. The AVMA Judicial Council may choose to report alleged infractions by members and nonmembers of the AVMA to the appropriate agencies.

d. It is unethical to place professional knowledge, credentials, or services at the disposal of any nonprofessional organization, group, or individual to promote or lend credibility to the illegal practice of veterinary medicine.

V. A veterinarian shall respect the privacy rights of clients, colleagues, and other health professionals and shall safeguard medical information within the confines of the law.

a. Veterinarians and their associates must protect the personal privacy of clients, and veterinarians must not reveal confidences unless required to by law or unless it becomes necessary to protect the health and welfare of other individuals or animals.

b. Veterinary medical records are an integral part of veterinary care. The records must comply with the standards established by state and federal law.

i. Medical records are the property of the practice and the practice owner. The original records must be retained by the practice for the period required by law.

ii. The information within veterinary medical records is confidential. It must not be released except as required or allowed by law, or by consent of the owner of the patient.

iii. Veterinarians are obligated to provide copies or summaries of medical records when requested by the client. Veterinarians should secure a written consent to document that provision.

iv. Without the express permission of the practice owner, it is unethical for a veterinarian to remove, copy, or use the medical records or any part of any record for personal or professional gain.

VI. A veterinarian shall continue to study, apply, and advance scientific knowledge; maintain a commitment to veterinary medical education; make relevant information available to clients, colleagues, and the public; and obtain consultation or referral when indicated.

a. Veterinarians should strive to enhance their image with respect to their colleagues, clients, other health professionals, and the general public. Veterinarians should present a professional appearance and follow acceptable professional procedures using current professional and scientific knowledge.

b. Veterinarians should strive to improve their veterinary knowledge and skills, and they are encouraged to collaborate with other professionals in the quest for knowledge and professional development.

c. When appropriate, attending veterinarians are encouraged to seek assistance in the form of consultations and/or referrals. A decision to consult or refer is made jointly by the attending veterinarian and the client. Attending veterinarians must honor a client's request for referral.

i. When a private clinical consultation occurs, the attending veterinarian continues to be primarily responsible for the case and maintaining the VCPR.

ii. Consultations usually involve the exchange of information or interpretation of test results. However, it may be appropriate or necessary for consultants to examine patients. When advanced or invasive techniques are required to gather information or substantiate diagnoses, attending veterinarians may refer the patients. A new VCPR is established with the veterinarian to whom a case is referred.

d. Referral is the transfer of responsibility of diagnosis and treatment from a referring veterinarian to a receiving veterinarian. The referring and receiving veterinarians should communicate.

i. The referring veterinarian should provide the receiving veterinarian with all the appropriate information pertinent to the case before or at the time of the receiving veterinarian's first contact with the patient or the client.

ii. When the referred patient has been examined, the receiving veterinarian should promptly inform the referring veterinarian. Information provided should include diagnosis, proposed treatment, and other recommendations.

iii. The receiving veterinarian should provide only those services or treatments necessary to address the condition for which the patient was referred and should consult the referring veterinarian if other services or treatments are indicated.

iv. Upon discharge of the patient, the receiving veterinarian should give the referring veterinarian a written report advising the referring veterinarian as to continuing care of the patient or termination of the case. A detailed and complete written report should follow as soon as possible.

v. The receiving veterinarian should advise the client to contact the referring veterinarian for the continuing care of the patient. If the client chooses continuing patient care of a veterinarian other than the referring veterinarian, the receiving veterinarian should release a copy of the medical records to the veterinarian of the client's choice.

e. When a client seeks professional services or opinions from a different veterinarian without a referral, a new VCPR is established with the new attending veterinarian.When contacted, the veterinarian who was formerly involved in the diagnosis, care, and treatment of the patient should communicate with the new attending veterinarian as if the patient and client had been referred.

i. With the client's consent, the new attending veterinarian should contact the former veterinarian to learn the original diagnosis, care, and treatment and clarify any issues before proceeding with a new treatment plan.

ii. If there is evidence that the actions of the former attending veterinarian have clearly and significantly endangered the health or safety of the patient, the new attending veterinarian has a responsibility to report the matter to the appropriate authorities of the local and state association or professional regulatory agency.

VII. A veterinarian shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide veterinary medical care.

a. Veterinarians may choose whom they will serve. Both the veterinarian and the client have the right to establish or decline a Veterinarian-Client-Patient Relationship and to decide on treatment. The decision to accept or decline treatment and related cost should be based on adequate discussion

of clinical findings, diagnostic techniques, treatment, likely outcome, estimated cost, and reasonable assurance of payment. Once the veterinarian and the client have agreed, and the veterinarian has begun patient care, they may not neglect their patient and must continue to provide professional services related to that injury or illness within the previously agreed limits. As subsequent needs and costs for patient care are identified, the veterinarian and client must confer and reach agreement on the continued care and responsibility for fees. If the informed client declines further care or declines to assume responsibility for the fees, the VCPR may be terminated by either party.

b. In emergencies, veterinarians have an ethical responsibility to provide essential services for animals when necessary to save life or relieve suffering, subsequent to client agreement (or until such agreement can be obtained when no client is present). Such emergency care may be limited to euthanasia to relieve suffering, or to stabilization of the patient for transport to another source of animal care.

c. When veterinarians cannot be available to provide services, they should provide readily accessible information to assist clients in obtaining emergency services, consistent with the needs of the locality.

d. Veterinarians who believe that they haven't the experience or equipment to manage and treat certain emergencies in the best manner, should advise the client that more qualified or specialized services are available elsewhere and offer to expedite referral to those services.

e. Veterinarians who provide emergency services should send patients and continuation of care information back to the original veterinarians and/or other veterinarians of the owners' choice, as soon as practical.

f. Veterinarians (to include those attending, consulting, receiving and referring) are entitled to charge fees for their professional services.

    i. Regardless of the fees that are charged or received, the quality of service must be maintained at the usual professional standard.

    ii. A veterinarian may charge a fee for the services the veterinarian provides in conjunction with the use of third-party providers such as laboratories, pharmacies, and consulting veterinarians.

    iii. Payment by or to a veterinarian solely for the referral of a patient is fee-splitting and is unethical.

    iv. A veterinarian may not accept payment of any kind, in any form, from any source, such as a pharmaceutical company or pharmacist, manufacturer of medical appliances and devices, for prescribing or referring a patient to said source.

    In each case, the payment violates the requirement to deal honestly with clients and colleagues. The client relies upon the advice of the veterinarian on matters of referral and prescribing. All referrals and prescriptions must be based on the skill and quality of the veterinarian to whom the patient has been referred or the quality and efficacy of the drug or product prescribed.

    v. It is unethical for a group or association of veterinarians to take any action which coerces, pressures, or achieves agreement among veterinarians to conform to a fee schedule or fixed fees.

VIII. A veterinarian shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.

a. The responsibilities of the veterinary profession extend beyond individual patients and clients to society in general. Veterinarians are encouraged to make their knowledge available to their communities and to provide their services for activities that protect public health.

Useful Terms

Advertising. Communication that is designed to inform the public about the availability, nature, or price of products or services or to influence clients to use certain products or services.

Attending veterinarian. A veterinarian (or a group of veterinarians) who assumes responsibility for primary care of a patient.

Consulting veterinarian. A veterinarian (or group of veterinarians) who agrees to advise an attending veterinarian, government or industry, on the care and management of a case or issue.

Dispensing. The direct distribution of products by veterinarians to clients for use on their animals.

Ethical product. A product for which the manufacturer has voluntarily limited the sale to veterinarians as a marketing decision. Such products are often given a different product name and are packaged differently than products that are sold directly to consumers. “Ethical products” are sold only to veterinarians as a condition of sale that is specified in a sales agreement or on the product label.

Fee-splitting. Payment by a receiving veterinarian of part of their fee to the referring veterinarian who has not rendered professional services. Under this definition, the use of consultants, laboratory services, and online pharmacies does not constitute fee-splitting.

Impaired veterinarian. A veterinarian who is unable to perform his or her duties in veterinarymedicine with reasonable skill and safety because of a physical or mental disability including deterioration of mental capacity, loss of motor skills, or abuse of drugs or alcohol.

Legend drug. A synonymous term for a veterinary prescription drug. The name refers to the statement (legend) that is required on the label (see *veterinary prescription drug*).

Marketing. Promoting and encouraging animal owners to improve animal health and welfare by using veterinary care, services, and products.

Merchandising. The buying and selling of products or services.

Over the counter (OTC) drug. Any drug that can be labeled with adequate direction to enable it to be used safely and properly by a consumer who is not a medical professional.

Practice of veterinary medicine. To diagnose, prognose, treat, correct, change, alleviate, or prevent animal disease, illness, pain, deformity, defect, injury, or other physical, dental, or mental conditions by any method or mode; including the:

- Performance of any medical or surgical procedure, or
- Prescription, dispensing, administration, or application of any drug, medicine, biologic, apparatus, anesthetic, or other therapeutic or diagnostic substance, or
- Use of complementary, alternative, and integrative therapies, or
- Use of any procedure for reproductive management, including but not limited to the diagnosis or treatment of pregnancy, fertility, sterility, or infertility, or
- Determination of the health, fitness, or soundness of an animal, or
- Rendering of advice or recommendation by any means including telephonic and other electronic communications with regard to any of the above.
- Representation of, directly or indirectly, publicly and privately, an ability and willingness to do an act described above.
- Use of any title, words, abbreviation, or letters in a manner or under circumstances that induce the belief that the person using them is qualified to do any act described above.

Prescribing. The transmitting of an order authorizing a licensed pharmacist or equivalent to prepare and dispense specified pharmaceuticals to be used in or on animals in the dosage and in the manner directed by a veterinarian.

Prescription drug. A drug that cannot be labeled with adequate direction to enable its safe and proper use by non-professionals.

Receiving veterinarian. A veterinarian (or group of veterinarians) to whom a patient is referred and who agrees to provide requested veterinary services. A new VCPR is established with the receiving veterinarian.

Referring veterinarian. A veterinarian (or group of veterinarians) who is the attending veterinarian at the time of referral.

Testimonials (or endorsements). Statements intended to influence attitudes regarding the purchase or use of products or services.

Veterinarian-Client-Patient relationship (VCPR). A VCPR means that all of the following are required:

a. The veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient and the client has agreed to follow the veterinarian's instructions.
b. The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of:
    i. a timely examination of the patient by the veterinarian, or
    ii. medically appropriate and timely visits by the veterinarian to the operation where the patient is managed.
c. The veterinarian is readily available for follow-up evaluation or has arranged for the following:
    i. veterinary emergency coverage, and
    ii. continuing care and treatment.

d. The veterinarian provides oversight of treatment, compliance and outcome.

e. Patient records are maintained.

Veterinary prescription drug. A drug that is restricted by federal law to use by or on the order of a licensed veterinarian, according to section 503(f) of the federal Food, Drug, and Cosmetic Act. The law requires that such drugs be labeled with the statement: “Caution, federal law restricts this drug to use by or on the order of a licensed veterinarian.”

HOD – January 2015

Euthanasia of Animals That Are Unwanted or Unfit for Adoption

The AVMA is not opposed to the euthanasia of unwanted animals or those unfit for adoption, when conducted by qualified personnel, using appropriate humane methods as described in the AVMA Guidelines on Euthanasia.

Additional Resources:

AVMA Guidelines for the Euthanasia of Animals (PDF)

AVMA Guidelines for the Euthanasia of Animals

The AVMA Guidelines for the Euthanasia of Animals are intended for use by members of the veterinary profession who carry out or oversee the euthanasia of animals. The overriding commitment of these Guidelines is to provide veterinarians guidance in relieving pain and suffering of animals that are to be euthanized.

The recommendations in the Guidelines are intended to guide veterinarians, who must then use professional judgment in applying them to the various settings where animals are to be euthanized.

The AVMA Panel on Euthanasia develops the content of the Guidelines, with support from its Working Groups. The Panel is required to do a comprehensive review and update of the report at least every ten years, although more frequent major revisions are possible based on substantive information gleaned from new research and experience with practical implementation. To ensure the Guidelines remain as up-to-date as possible, interim revisions (reflecting substantive updates, but of a less extensive nature than a major revision) are also accommodated, and minor editorial corrections are made as such items are identified (e.g., typographical errors, updating of website addresses).

To help users ensure they are consulting the current version of the Guidelines, we have included a version number on each document. That version number provides information about the types and number of revisions that have been made to the document. Major, interim and editorial revisions are indicated in the version number as follows: major.interim.editorial. To illustrate, for the 2013 major update, with no interim revision and to which one set of editorial corrections has been made, the version number would be reported as Version 2013.0.1. See link below for a detailed description of revisions made to the Guidelines.

The AVMA Guidelines for the Euthanasia of Animals: 2013 Ediition are also available as a **free download from Smashwords** in a number of formats compatible with e-readers.

View AVMA Guidelines for the Euthanasia of Animals: 2013 Edition (PDF)

Download a higher-resolution PDF (recommended when printing the Guidelines) (PDF)

Read the Executive Summary (PDF)

View the list of revisions since the release of the 2013 Edition (PDF)

Support for Veterinary Extension Services

The AVMA recognizes the vital role of veterinary extension services in protecting the health and well-being of food animals and in contributing to public health and enhanced international competiveness and supports optimal funding for veterinary extension services.

Extractive Industries

AVMA supports objective scientific research on extractive industries' impacts on animal health, foods of animal origin, and the environment.

Background:

- **Extractive Industries**

Related Policy:

- **Environmental Responsibility**
- **One Health**
- **Toxicoses**

Limited Prohibition on Extralabel Drug Use

Any regulatory prohibition of extralabel drug use in animals should be science-based and should be as limited in scope as possible, consistent with protection of the food supply, public health, and animal welfare.

The AVMA encourages a science-based risk analysis before instituting extralabel drug use prohibitions. The analysis should include determination of the consequences of the prohibition such as increased residue risks from alternate products, and detrimental effects on animal health and welfare resulting from loss of access to the drug. The AVMA encourages a plan to monitor the effect of the prohibition on animal and public health after it takes effect, to be sure the prohibition is needed and beneficial.

Unless rigorous risk analysis shows a need for a broad ban, any regulatory prohibition of extralabel drug use should be as limited in scope as possible, for example, limiting the prohibition to a certain species, production stage, age, dosage, duration of therapy, or route of administration.

Extralabel Use of Veterinary Feed Directive Drugs for Minor Species

The AVMA believes that veterinarians, their clients and patients would be well served should the FDA CVM either amend the Compliance Policy Guide 615.115 (Extralabel Use of Medicated Feeds for Minor Species) or the Veterinary Feed Directive regulations (21 CFR Part 558) to accommodate extralabel use of all medicated feeds for minor species.

Guidelines For Classifying Veterinary Facilities

Whereas the public assumes that there is a fundamental consistency within the medical professions in the levels of care provided by facilities having certain descriptive terms in their names, the veterinary profession should strive to comply with generally accepted perceptions as to the level of care provided by facilities when using these descriptive terms. The name of a veterinary facility should represent the type of practice conducted. To avoid confusion on the part of the general public and to provide guidelines for consistency in the future designation of veterinary facilities by the veterinary profession, the following suggestions are offered. These guidelines are superseded in states where the practice act regulates the naming of a facility.

Veterinary Teaching Hospital—A veterinary teaching hospital is a facility in which consultative, clinical, and hospital services are rendered and in which a large staff of basic and applied veterinary scientists perform significant research, teaching of professional veterinary students (Doctor of Veterinary Medicine or equivalent degree) and house officers.

Hospital—A veterinary or animal hospital is a facility in which the practice conducted typically includes in-patient as well as out-patient diagnostics and treatment.

Clinic—A veterinary or animal clinic is a facility in which the practice conducted may include in-patient as well as out-patient diagnosis and treatment.

Outpatient Clinic—A veterinary or animal outpatient clinic is a facility in which the practice conducted may include short-term admission of patients but where all patients are discharged at the end of the workday.

Office—A veterinary office is a veterinary practice where a limited or consultative practice is conducted and which typically provides no facilities for housing or in-patient diagnostics or treatment.

Mobile Practice—A mobile practice is a veterinary practice conducted from a vehicle with special medical or surgical facilities, or from a vehicle suitable for making house or farm calls. Regardless of mode of transportation, such practice shall have a permanent base of operations with a published address and telecommunication capabilities for making appointments or responding to emergency situations.

Emergency facility—A veterinary emergency facility is one with the primary function of receiving, treating, and monitoring of emergency patients during its specified hours of operation. A veterinarian is in attendance at all hours of operation and sufficient staff is available to provide timely and appropriate care. Veterinarians, support staff, instrumentation, medications, and supplies must be sufficient to provide an appropriate level of emergency care. A veterinary emergency service may be an independent, after-hours service; an independent 24-hour service; or part of a full-service hospital.

On-call emergency service—An on-call emergency service is a veterinary medical service where veterinarians and staff are not necessarily on the premises during all hours of operation; or one where, after providing initial triage and treatment, veterinarians leave orders for continued patient care by staff and remain available on-call.

Specialty facilities—A specialty facility is a veterinary/animal facility that provides services by board-certified veterinarian(s) specialists.

Referral facilities—A referral facility provides services by those veterinarians with a special interest in certain species or a particular area of veterinary medicine.

Center—The word "Center" in the name of a veterinary/animal facility strongly implies a unique depth or scope of practice (e.g. Animal Medical Center, Veterinary Imaging Center, Canine Sports Medicine Center).

Support for FARAD Program

The AVMA supports funding for the Food Animal Residue Avoidance Databank (FARAD) at its currently authorized funding level of $2,500,000 annually.

Feral Swine

The AVMA fully supports scientifically based regulation and/or legislation at the federal, state, and local level which:

1. Facilitates the removal of all feral swine from private and public lands to safeguard and protect animal, human, and ecosystem health; and
2. Funds research into scientific methods for control and eradication of the feral swine population.

Animal Fighting

The AVMA condemns fighting events involving animals in which injury or death is intended. The AVMA supports the enforcement of laws against the use and transport of animals and equipment for fighting ventures. Further, the AVMA recommends that animal fighting be considered a felony offense. The AVMA encourages veterinarians to educate the public about the harm caused by animal fighting and to collaborate with law enforcement with respect to recognition and enforcement of applicable laws.

Fluoroquinolones

The veterinary profession is dedicated to the promotion of animal welfare and prevention of disease, as well as the protection of the public health. As such, the AVMA believes that it is vitally important to maintain and encourage the development of new technologies to fulfill this commitment. Accordingly, the veterinary profession should be allowed access to use fluoroquinolones in a judicious manner and conscious of the importance of public health. The AVMA believes that the new animal drug application (NADA) process provides a well-established scientific basis for animal drug approvals. The AVMA supports continued adherence by the FDA to the established NADA approval procedures to maintain the scientific integrity of the process.

Food Animal Health Emergency Planning

The veterinary profession has a responsibility to ensure the health of food animals and the safety of foods of animal origin to protect the health of American consumers. The potential for bio agro-terrorism combined with the threat of natural disasters increases the complexity of that responsibility and requires comprehensive national planning to protect against all potential hazards. Therefore, the AVMA must maintain a leading role in formulating national plans to protect the food and agriculture sector and continue to engage stakeholders in building a cohesive infrastructure.

Relevant AVMA Policy:

- **Food Safety Policy**
- **Contingency Planning for Animal Emergencies**

AVMA Food Safety Policy

Veterinarians traditionally have a vital role in the advancement and maintenance of food safety for the benefit of society. Increasing stresses on our environment and rapid technological changes can affect the safety of large amounts of food in a short time. Food production and processing technologies are becoming increasingly complex and increasingly remote from consumers. The veterinary profession is the only health profession that is actively involved in all aspects of the food chain from farm production of food animals to the consumption of the food products derived from those animals.

It is the policy of the AVMA to help assure that the supply of foods of animal origin, including meat, poultry, fish and shellfish, dairy, and eggs shall be safe and wholesome. The AVMA shall encourage its members to promote responsible animal production and husbandry to assist in all matters related to increasing the safety and quality of meat, milk, fish and shell fish, poultry, and related food products. The AVMA shall actively pursue appropriate educational, legislative, and regulatory measures to meet those goals.

1. The AVMA advocates the assurance of food quality and safety from farm to fork, including
    a. The production of safe and wholesome food from healthy animals that are raised in a healthful environment with close professional monitoring to minimize traumatic, infectious, and parasitic diseases and chemical residues.
    b. Mandatory animal identification to enable tracking of animals through marketing channels to point of harvest and trace back to origins.
    c. Quality assurance programs as cooperative efforts between food animal producers and their veterinarians to meet or exceed standards established by government regulators and expected by consumers.
    d. Preharvest certification to comply with production and health standards for food animals should be accomplished by accredited private veterinarians in addition to regulatory veterinarians.
    e. Humane treatment of animals throughout production, marketing, and processing.
    f. Sanitary harvesting of food animals and sanitary processing of foods in scientifically managed facilities where management and labor cooperate and are responsible for producing safe wholesome food products.
    g. Hygienic, safe handling and storage of foods by trained food handlers in all processing, transportation, wholesale, retail, and food service activities.
    h. Continual education and training of professional food handlers and food service managers.
    i. Consumer education to create awareness of the potential risks of improperly handled foods, and to promote personal and food hygiene practices, including proper sanitation, handling, storage, and preparation of meat, milk, dairy products, poultry, eggs, fish and shellfish, and related products to maintain quality and to prevent recontamination and spoilage.
    j. The ongoing assessment and mitigation of the vulnerability of the food production continuum to natural and intentional hazards.
2. The AVMA advocates a science-based food safety system as a comprehensive process of ante- and post-mortem evaluation, which includes detection of physical defects, infectious agents, pharmaceuticals, and chemical residues in food. The system should include:
    a. Research on technological and personnel approaches to improve food safety.
    b. Science-based risk analysis.

c. Careful organoleptic examination of all carcasses to detect tumors and other neoplasms, inflammation, bruises, fractures, parasites, and injection sites, and to exclude unsafe or unwholesome products.

d. Monitoring of facilities and products at slaughter, processing, distribution, and sales.

e. Process management and plant sanitation controls to preclude recontamination.

f. Use of veterinarians' scientific and public health knowledge and skills in the development, promotion, and management of animal health, the prevention minimization of microbiological and chemical contaminants, assessment of the safety of animal products, and protection of public health.

g. Development and strengthening of advanced educational programs in food safety for veterinary medical and graduate students, and of continuing education in public health and food hygiene for veterinarians and food inspectors.

3. The AVMA advocates cooperative federal and state regulatory and educational action toward food safety assurance, including:

    a. A coordinated, integrated, unified food safety regulatory program that is effectively enforced and that cooperates closely with state and municipal programs.

    b. The overseeing agency or agencies should have the expertise and resources to manage the full scope of the food quality assurance program as a continuous process through production, processing, distribution, sales, and consumption, including consumer education through the cooperative extension service and other forms of outreach.

    c. Leadership positions in food safety management should be held by veterinarians. Veterinarians are educated in comparative medicine, pathology, physiology, toxicology, microbiology, pharmacology, immunology, epidemiology, parasitology, and public health.

    d. The safety assurance of animal-derived food products throughout processing and marketing channels should be publicly funded, and it should be managed and performed by government regulatory officials.

    e. Requirements that imported foods meet the same production and quality standards as domestic products.

    f. Public education on purchasing, handling, storing, preparing, and serving foods for food service establishments and consumers to ensure their safety.

Relevant AVMA Policy:

Food Animal Health Emergency Planning

Organic Foods

Truthful and Non-Misleading Human Food Labeling

Training in Foreign and Emerging Animal Diseases

To protect public health, animal health, and food production, it is essential that all veterinarians are adequately prepared to recognize foreign animal diseases, emerging or reemerging diseases, or animal disease resulting from an act of bioterrorism. Veterinarians need to know when to notify authorities of disease outbreaks, whom to notify, and what personal protective actions and biosecurity steps to take. The AVMA recognizes the importance of and encourages all veterinarians' participation in training programs and continuing education courses that will enable the veterinary profession to be adequately prepared to meet these challenges.

Foreign Animal Disease Laboratory

The AVMA actively seeks continued adequate Congressional funding for the upgrading, maintenance, operation, or rebuilding of the United States' foreign animal disease research and diagnostic laboratory facility.

Relevant AVMA Policy:

- **National Animal Health Laboratory Network (NAHLN) Funding**
- **Veterinary Diagnostic Laboratory Funding**
- **Support of National Research Council's Recommendation in Animal Health at the Crossroads**

Prevent Entry of Foreign Disease Vectors and Invasive Species

To protect animal, human, and environmental health, the AVMA supports the use of appropriate surveillance and control measures on international commerce and travel to prevent the entry of foreign disease vectors and invasive species into the United States.

Relevant AVMA Policy:

- **Conservation of Wild Animals**
- **Ownership or Possession of Wild Animals or Their Hybrids**
- **Release of Wild Animal Species and Exotic Pet Species**
- **Exotic and Native Wildlife**, Importation and Interstate Movement of
- **Importation of Animals and Animal Products**
- **Agriculture Inspections at Points of Entry**
- **AVMA Policies Related to Wild Animal Species and Their Hybrids**

**Previously titled "Control of Foreign Disease Vectors and Invasive Species"*

Free-roaming Abandoned and Feral Cats

The AVMA encourages and supports actions to eliminate the problem of free-roaming abandoned and feral cats. As a result of irresponsible societal attitudes, millions of these cats exist in the United States. Unfortunately, most of these cats will suffer premature mortality from disease, starvation, or trauma. Their suffering is of sufficient magnitude that it constitutes a national tragedy of epidemic proportions. These free-roaming abandoned and feral cats also represent a significant factor in the mortality of hundreds of millions of birds, small mammals, reptiles, amphibians, and fish. This population of cats also poses a zoonotic disease risk for the public.

- *Encouragement of State and Local Ordinances*
  The AVMA strongly supports reducing the number of unowned free-roaming abandoned and feral cats through humane capture (with placement in homes where appropriate) by local health departments, humane societies, and animal control agencies. All free-roaming abandoned and feral cats that are not in managed colonies should be removed from their environment and treated in the same manner as other abandoned and stray animals in accord with local and state ordinances. State and local agencies should adopt and enforce ordinances that:
    - Prohibit the sale or adoption of intact cats by humane organizations and animal control agencies.
    - Require licensing, rabies vaccination, and permanent animal identification through microchipping of all cats.
    - Encourage that owned cats be kept indoors, in an outdoor enclosure, or on a leash. Cats in rural areas must be confined to the property.
    - Prohibit public feeding of intact free-roaming abandoned and feral cats.
    - Prevent establishment of managed cat colonies in wildlife-sensitive ecosystems.
- *Managed Cat Colonies*
  The AVMA neither endorses nor opposes appropriately managed cat colony programs.
    - An insignificant percentage of the total number of unowned free-roaming and feral cats are being managed by humane organizations. Consequently, the reduction in the total number of free-roaming cats these programs will effect is insignificant.
    - Managed colonies should be considered an interim solution to the problem of feral, free-roaming cats—the first step toward reducing the size of the colony through attrition.
    - The AVMA opposes placement of managed cat colonies on public lands or in any area that could threaten at-risk wildlife or in areas that may pose a zoonotic risk to the public.
    - Should managed cat colonies be established, natural or artificial restrictive barriers should be employed to protect both cats and native wildlife.
    - If sanctuaries for feral cats exist or are to be built, the AVMA encourages properly designed and maintained facilities. High quality care is imperative and overcrowding must be avoided.
- *Research*
    - The AVMA encourages research into the production of an environmentally safe and effective oral or parental contraceptive vaccine.
    - The AVMA encourages research that better defines the impact of free-roaming cats on native wildlife populations.
    - The AVMA encourages research into the causes of animal abandonment by the public.

- *Education*
  The AVMA encourages public education that reduces abandonment of domestic cats and eliminates public feeding of unowned and free-roaming feral cats.

Free-Roaming, Owned Cats

The AVMA encourages veterinarians to educate clients and the public about the dangers associated with allowing cats free-roam access to the outdoors.

Free-roaming cats may be exposed to injury, suffering, and death from vehicles; attacks from other animals; human cruelty; poisons; and traps. Additionally, these cats are more likely to be exposed to feline-specific and zoonotic diseases, and will prey on and can negatively impact native wildlife populations.

Creation and Use of Genetically Modified Animals

It is the position of the American Veterinary Medical Association that the creation of new genetic-based knowledge through basic genetic research and the practical application of that knowledge should not be needlessly restricted so long as it does not impact the integrity of the environment and the general health and well being of the genetically modified animal remains preferential to human values and needs.

Since the time when animals were first domesticated, humans have been actively involved in the selection of preferred traits that enhance the functional value and aesthetic appeal of specific animal breeds, while at the same time working to preserve and improve animal health and well being. The ability to select for a specific genetic trait through controlled breeding has resulted in a remarkable variety of animal breeds that are both physically and functionally unique.

Advancements made in sequencing the genomes of animals and improved technologies in functional genomics and biotechnology now present the opportunity to accelerate ongoing genetic improvements in animals at a pace and with a precision that is not possible by traditional selective breeding programs.

In this regard, having the DNA sequences for animals presents both a remarkable opportunity as well as a profound responsibility to utilize this knowledge and technology in a fashion that will preserve, if not improve, the health and well being of animals, while at the same time enhancing their appeal and value to humans.

Glucosamine

The AVMA encourages enforcement discretion by state and federal officials with respect to the marketing of glucosamine products to non-food producing animals because of their common and long history of use in the management of osteoarthritis and the absence of significant safety concerns.

Ownership vs Guardianship

The American Veterinary Medical Association promotes the optimal health and welfare of animals. Further, the AVMA recognizes the role of responsible owners in providing for their animals' care. Any change in terminology describing the relationship between animals and owners, including "guardian," does not strengthen this relationship and may, in fact, harm it. Such changes in terminology may adversely affect the ability of society to obtain and deliver animal services and, ultimately, result in animal suffering.

See also: **State Legislative Resources issue: "Ownership versus Guardianship"**

Harassment and Discrimination-Free Veterinary Workplace

Preface

The following policy is intended as a starting point for member veterinarians, not as a definitive statement of the law concerning harassment and discrimination. Anti-discrimination and anti-harassment laws may differ greatly from state-to-state and from city-to-city. (Federal, state and local laws prohibit harassment and discrimination based on an individual's protected class such as race, color, gender, sexual orientation, religion, national origin, ancestry, age, marital or parental status, or disability). Other categories such as unfavorable discharge from military service may be protected under state and/or local law, depending upon the location of a practice. Moreover, depending on the size of a practice and/or the affiliation of a practice with public entities, these laws may or may not apply to that practice. Each practice, therefore, should consult an attorney who is knowledgeable in employment law in its jurisdiction, to determine which federal, state, and local laws apply before adopting this policy, or any employment policy.

Establishing a policy assures individuals in the workplace that the organization is committed to preventing harassment and discrimination in the workplace. Management has a responsibility to address complaints of harassment or discrimination in the workplace, as well as complaints of harassment or discrimination between staff members and other outside parties doing business with a practice (e.g. contractors, vendors, or clients). This policy on harassment and discrimination is intended as a guide for management in the veterinary workplace or setting to provide an internal mechanism for potential resolution of a complaint and to assist in avoiding litigation. In addition, having an established harassment and discrimination policy that is well written and well communicated to staff will aid in the defense of any external legal claims. This is why it is so important to consult an attorney who is knowledgeable about the employment laws in the practice's area for specific guidance and legal advice.

Purpose

The policy should help employees understand and recognize harassment and discrimination, and how to deal with it appropriately. The policy should address what employees need to know about harassment, discrimination, and retaliation. The organization's policy should be clearly communicated so that employees know how to comply.

Policy Elements

A policy regarding harassment and discrimination should set forth the organization's strong commitment to maintaining a work environment where employees are treated with dignity and respect, and where harassment and discrimination are not tolerated. The policy should clearly describe all individuals that are covered by the policy and the range of consequences for violating the policy, such as disciplinary action up to and including termination of employment. To the extent possible, the policy should set forth each of the categories protected by the discrimination laws applicable in the practice's state and locality.

Sexual Harassment

Sexual harassment is a common form of harassment and discrimination. Therefore, the policy should clearly describe the type of conduct that is in violation of the policy, which may include a broader range of conduct than is actually unlawful in order to make the workplace more comfortable. Employees should also be informed that the policy extends beyond the workplace to other work-related settings, such as business trips, meetings, and business-related

social events. Employees should also be informed that harassment based on other protected categories, such as age or race, is equally prohibited by the policy.

Procedure for Filing a Complaint of Harassment or Discrimination

The organization's policy should clearly outline the procedure for employees to file a complaint of harassment or discrimination. Employees should be informed about the process that will ensue after a complaint is filed so that they know what to expect, including setting the expectation of privacy and confidentiality.

Retaliation

The policy should inform employees that retaliation will not be tolerated. Retaliation can come from the organization or from individuals, and can be directed at the person that made the complaint or individuals who participated in the investigation.

Policy Implementation

- In addition to having a member of management as the designated staff member to whom complaints of harassment and/or discrimination are to be made, it is important that staff members have an alternate designated staff member(s) to report complaints to in the event the primary contact is identified as the source of harassment.
- Staff members should sign an acknowledgement and receipt form when they receive a copy of the written policy.
- In addition to the written policy, staff should also receive meaningful training on the policy, and their rights and responsibilities under the policy. This will also assist in the defense of any outside legal claims.
- All members of the management staff should be advised that they are accountable for the effective administration of this policy and that they may have personal liability for failure to adhere to the policy.
- Once a complaint is received, a fair and impartial investigation of the complaint should begin immediately. These investigations should be conducted as confidentially as possible, on a need-to-know basis. The employee filing the complaint should be interviewed in confidence, as well as the individual(s) against whom the complaint has been filed. Any witnesses to the alleged harassment should also be interviewed in confidence if necessary. The investigation and the results should be fully documented in writing.
- Once the investigation has been completed, if the charge is found to have merit, appropriate disciplinary action should be taken against the employee who violated the policy, up to and including immediate termination of employment based on the severity of the infraction. It is important that disciplinary actions be applied in a consistent manner, and that they are sufficient to stop the harassment and to prevent its recurrence.

Guidelines for Hazards in the Workplace

It is incumbent on the veterinarian who is an employer to inform all employees or volunteers regarding the job hazards that may affect the health of employees or volunteers in the veterinary practice in which they are employed. Those hazards are listed as physical, chemical, and biological.

Federal law requires that each veterinary practice with at least one employee design and implement a written plan that describes how each workplace complies with the **OSHA Hazard Communication Standard** and other OSHA regulations, as applicable. (See: **www.osha.gov**) Veterinary employers should also become familiar with the occupational hazard laws of their own state, understand the **Pregnancy Discrimination Act, Title VII**, and state statutes which specifically regulate family leave policies.

See also: **Veterinary Facility Occupational Risks for Pregnant Workers**

Issuing Certificates of Inspection for Aquatic Animals

The AVMA recognizes the importance and encourages the development of uniform criteria for certificates of inspection attesting to the health of aquatic animals that can be used for certifying their disease status for intrastate, interstate and international movement.

Issuance of certificates of inspection attesting to the health of aquatic animals requires a veterinarian's clinical evaluation of the animals, interpretation of diagnostic assays, and the veterinarian signing declarations that require knowledge of all factors used to determine the disease status of the animals. Therefore, the AVMA's position is that certificates of inspection attesting to the health of aquatic animals should only be issued by federal or state-employed veterinarians, or USDA accredited veterinarians.

The AVMA recognizes that the involvement of non-veterinarians in producing information such as diagnostic assay results is necessary for issuing these certificates and encourages systems that integrate veterinary and non-veterinary participation in these important roles. The AVMA will therefore actively work with local, state and federal agencies, aquaculture industry representatives, and others to ensure the optimal roles of all personnel in the development and issuance of such certificates.

Certificates of Veterinary Inspection

A certificate of veterinary inspection is a legal regulatory document in which the attending veterinarian attests to the veracity of the information contained therein. The signing of a certificate of veterinary inspection without the following criteria being met may result in prosecution and/or the loss of licensure or accreditation:

- The veterinarian signing the certificate has personally evaluated the animal(s).
- To the best of the issuing veterinarian's knowledge the information and statements contained therein are accurate.
- The certificate is substantially complete.

The act of pre-signing a certificate of veterinary inspection does not meet these criteria.

Furthermore, to have knowledge of falsification of such documents and not reporting such to the appropriate jurisdictional authority shall be considered an act of complicity.

Nothing in this policy shall be construed to preclude the laws and regulations of the jurisdiction(s) which have statutory authority.

The AVMA supports the implementation of a uniform interstate livestock and companion animal Official Certificate of Veterinary Inspection.

For a certificate of veterinary inspection for livestock, contact your **state veterinarian**.

The following is an **AVMA Model Certificate of Veterinary Inspection for the Domestic Travel of Companion Animals** (PDF)

Healthy People 2020

The Healthy People initiative is a decade-based national strategy to identify the most important opportunities for improving our population's health. The latest iteration, Healthy People 2020, represents the collective efforts of representatives, including veterinarians from a broad range of disciplines. The Healthy People 2020 Consortium includes more than 350 national organizations including the AVMA.

The AVMA has developed policies or guidelines (e.g. food safety, antimicrobial resistance, infectious diseases, environmental health, and public health infrastructure) that relate directly to many topic areas of Healthy People 2020. The opportunities outlined in these topic areas as well as the new topic areas of older adults, preparedness, global health, and social determinants of health should be a priority for the entire veterinary profession. State and local veterinary associations, schools of veterinary medicine, and individual veterinarians should acquaint themselves with the objectives of Healthy People 2020 and apply them in their one health endeavors.

Healthy People 2030 will eventually replace Healthy People 2020. Public and animal health professionals must integrate their work in the common arena shared between them. The AVMA and the veterinary profession must continue to increase awareness of veterinary contributions to human health and those of other medical professions.

AVMA Guidelines for Horse Show Veterinarians

The AVMA 1) encourages its members who serve as horse show veterinarians to become familiar with United States Equestrian Federation, Inc. (USEF) rules that govern conduct of horse show participants (**USEF General Rule 1204**) and with applicable state or federal laws relating to Horse Shows, 2) encourages the scheduling of pertinent educational subjects at veterinary meetings and conventions, 3) encourages the publication and dissemination of educational material to veterinarians who are interested in horse show medicine, 4) encourages its members who are interested in horse show veterinary practice to become members of the USEF and to practice within the rules of the sanctioning body of the horse show or event.

The USEF Rules are available from the USEF at: United States Equestrian Federation, 4047 Iron Works Parkway, Lexington, KY 40511; Tel: 859-258-2472; or at the USEF Website at **www.usef.org**.

With the consent of the American Association of Equine Practitioners (AAEP), the AAEP policy on Horse Show Official Veterinarian is quoted below for the benefit of all members. This policy was reviewed by AAEP in 2010 and can be found in the AAEP publication "**Ethical and Professional Guidelines**." The policy defines areas of veterinary responsibility and provides guidelines on the conduct of horse show veterinarians.

A. AAEP Policy on Horse Show Official Veterinarian (1971)

The responsibilities of the official veterinarian for horse shows and other equestrian events are as follows:

"He or she shall serve as a professional consultant on veterinary matters to the show management, the stewards and the judges."
"He or she shall advise the management and cooperating persons and agencies about the health care of the horses present at the event and shall administer to them if the need arises."
"He or she shall do everything within his or her power and training to aid the sport in general and the event in particular."
"He or she shall not assume or be expected to assume the role, responsibilities or privileges of the management, judges, stewards or other officials or agencies at the event."
"He or she shall not assume or be expected to assume a dual role in conjunction with that of Official Veterinarian."

B. Areas of Veterinary Responsibility

There are always two and may be as many as five areas of veterinary responsibility at a horse show: (1) The Official Horse Show Veterinarian's responsibility to Show Management; (2) the Attending Veterinarian's responsibility for providing professional services for exhibitors; (3) enforcement of U.S. Department of Agriculture (APHIS) requirements generated by the **Horse Protection Act** of 1970; (4) collection of samples for drug and medication testing by various sanctioning organizations; and (5) enforcement of regulatory requirements of the state where the show is held.

Use of Horses in Urban Environments

The AVMA endorses the American Association of Equine Practitioners' policy on the use of horses in urban environments, which reads as follows:

"The AAEP recognizes the unique issues of horses working in an urban environment, i.e. mounted patrols, tourist carriages and taxi/limousine services. Horses engaged in these activities require special work and living conditions and precautions for their safety and well-being. Urban environments present health and welfare hazards that may preclude their use, such as pollution, concussion, climactic extremes, and load factors.

Provisions should be prepared for each jurisdiction concerning work hours, workloads and living conditions, standards of driver training, and passenger safety. Annual examination by competent equine veterinarians for condition, freedom from lameness or disease, and appropriateness of living conditions and transport should be performed and recorded. Appropriate licensing standards should be established and adhered to by local authorities.

The veterinarian is the most qualified individual to manage the health care needs of the horse. The owners and caregivers of horses working in urban settings should have a relationship with a veterinarian who can respond appropriately to all emergencies, including those in which humane euthanasia is required. In the absence of a veterinarian in such a situation, the AAEP acknowledges that it may be necessary for licensed, qualified animal control or trained law enforcement personnel to perform euthanasia."

Horse Tripping

The AVMA opposes tripping, injuring or causing the death of horses, mules and donkeys for any entertainment purpose or during the training of such equids for any entertainment purpose.

Additional Resources:

- **AAEP Position Statement on Equids Used in Entertainment, Shows and for Exhibition** (2014)

Guidelines for Veterinary Hospice Care

The American Veterinary Medical Association (AVMA) recognizes that clients facing terminal illness in companion animals may desire veterinary hospice care for their animals. As offered within the context of veterinary practice, and as consistent with veterinary practice acts, veterinary hospice gives clients time to make decisions regarding a companion animal with a terminal illness or condition and to prepare for the pending death of the animal. The AVMA views veterinary hospice as care that will allow a terminally ill animal to live comfortably at home or in a facility, and does not believe that such care precludes euthanasia. The comfort of the animal must always be considered when veterinary hospice care is provided. As is the case in human hospice programs, patients must have a terminal illness with a short life expectancy. The veterinary hospice team consists of the veterinarian and trained staff who provide expertise in palliative care and pain control for such terminally ill animals. Maximizing the benefits of veterinary hospice requires that family/household members participate in the care of the patient.

Although veterinarians and their staff also benefit from veterinary hospice by assisting in the respectful closure of each unique human-animal bond hospice services provided by veterinarians are time consuming and require a considerable commitment to the medical needs of the patient and to the emotional needs of the client. Not all veterinarians are in a position to offer these services. Veterinarians or veterinary hospitals that are unable to offer hospice care should be prepared to refer clients to another veterinarian who can offer these services. Referring this activity does not infer that excellent care is not being delivered by the referring veterinarian, but provides more options for the client desiring to access veterinary hospice.

A number of issues should be addressed when veterinary hospice care is provided:

- Family/household dynamics are a consideration when deciding whether veterinary hospice care is appropriate. Veterinarians should counsel clients regarding the severity of their animal's illness or condition and the expected outcome. Clients also should be informed of their responsibilities as well as the services to be provided by the veterinarian.
- As with any service, fees should be discussed and agreed upon before hospice service is provided.
- Patients should be kept as free from pain as possible and in a sanitary state. Appropriate analgesics may be needed, and, subject to applicable practice acts, the veterinary hospice team should be prepared to train clients in the administration of drugs and other necessary routine care. Clients and caregivers may need to be instructed in the assessment of patients' pain levels and stages of organ system failure. Veterinarians should have contact with clients and patients on a regular and frequent basis. Veterinarians should recognize that this is an emotional and stressful time for clients of terminally ill companion animals and, despite training by the veterinary hospice team, clients may not be able to perform necessary medical treatments in the home setting. Regular visits will allow veterinarians and their staff to assess how clients are coping with treatment protocols.
- The veterinary practice must have an appropriate Drug Enforcement Administration and state license, and keep records of all drugs and supplies dispensed.
- Veterinary staff should be part of the veterinary hospice team. Insurance coverage for staff must be considered, and should include liability and travel coverage. The latter is important if staff members will be traveling to and from the client's residence.
- Clients should be advised, preferably before the animal dies, of their options concerning care of the animal's remains.

- In the case of home deaths, clients may need confirmation of death through absence of vital signs or pronouncement of death by the attending veterinarian.
- Euthanasia service should be available if the client and veterinarian at any time believe this service is appropriate. If clients are to be present, they should be informed of the events involved in euthanasia prior to their occurrence. Clients may need time alone with the deceased companion animal.
- Optimally, veterinary care should be available at all times. This may include after-hours referral for emergency care, advice, or euthanasia. The situations or times of day/week that would require that a client be referred should be explained to the client at the onset of a hospice care plan, and at any point during the care if they should change.
- Records must be kept of all interactions with patients and clients, including visits, patient observations, treatments, telephone conversations, and instructions.
- When clients seeking hospice care for their animal are referred to another veterinarian, the referring veterinarian should identify hospice care providers in advance, and feel comfortable that the issues identified above will be addressed.
- A team approach, encompassing professionals in veterinary medicine and psychosocial care is the ideal. The veterinary hospice team should be prepared to recommend that clients contact licensed mental health professionals who are trained and experienced in grief and bereavement.

Truthful and Non-misleading Human Food Labeling

The American Veterinary Medical Association (AVMA) supports truthful and non-misleading labeling of animal-derived human food products that meets the following criteria:

1. Claims on labels regarding production practices should be clear, unambiguous, scientifically valid, and verifiable.
2. Animal health, animal welfare, and food safety should not be compromised in pursuit of marketing programs and associated label claims.
3. Marketing entities should have safeguards and policies in place to ensure that specified production practices (such as restrictions on the use of approved animal drugs, including antibiotics) do not encourage managers to withhold needed treatment of sick animals or to refrain from seeking veterinary assistance when it otherwise would be indicated.
4. Labels that state or imply claims of advantages for reduced food safety risks or improved animal welfare conditions should be based on verifiable scientific evidence supporting those enhanced claims.

Relevant Policies:

Food Safety Policy

Organic Foods

The Human-Animal Interaction and Human-Animal Bond

Human-animal interaction encompasses any situation where there is interchange between human(s) and animal(s) at an individual or cultural level. These interactions are diverse and idiosyncratic, and may be fleeting or profound.

The human-animal bond is a mutually beneficial and dynamic relationship between people and animals that is influenced by behaviors considered essential to the health and well-being of both. The bond includes, but is not limited emotional, psychological, and physical interactions of people, animals, and the environment. The veterinarian's role in the human-animal bond is to maximize the potential of this relationship between people and animals and specifically to promote the health and well-being of both.

The AVMA officially recognizes: (1) the existence of the human-animal bond and its importance to client and community health, (2) that the human-animal bond has existed for thousands of years, and (3) that the human-animal bond has major significance for veterinary medicine, because, as veterinary medicine serves society, it fulfills both human and animal needs.

Use of Human-Animal Interactions Terminology

AVMA publications and Council and Committee reports should use the terms "human-animal interactions," "human-animal bond," "animal-assisted activity," "animal-assisted therapy," and "resident animal programs" when referring to related activities.

Sale of Human-Label Drug Products to Veterinarians

1. Because there are a limited number of drugs labeled for use in animals, veterinarians need to have access to human-labeled prescription drugs to effectively treat patients. As licensed health professionals, veterinarians must use them according to their best medical judgment in compliance with relevant laws and regulations.
2. The Food and Drug Administration has confirmed that veterinarians may legally obtain human-label prescription drugs; however, suppliers may not promote the sale of these products to veterinarians.
3. Veterinarians have the legal obligation to comply with AMDUCA regulations (21CFR530) when using any human or animal-labeled product for treatment of animals.

Formerly titled "Human-Label Drug Products, Sale to Veterinarians."

Relevant AVMA Policy:

Veterinary Prescription Drugs, Guidelines for

Position on Canine Hybrids

The AVMA recognizes that: a) wild canines crossbred with domestic animals (canine hybrids) are often maintained in captivity as companion animals, for breeding purposes, for research activities, and for exhibition; b) depending on the management and disposition of canine hybrids, they may constitute a significant hazard to human health, other animal species, the environment, or themselves; and c) there is incomplete evidence with regard to the amount of genetic diversity between some wild and domestic canines and the suitability of canine hybrids as companion animals.

The AVMA strongly opposes keeping as pets any hybrids of wild canines crossbred with domestic animals. The AVMA believes that all commercial traffic in these animals for such purposes should be prohibited.

Persons who own or are contemplating owning canine hybrids should be aware of the following:

1. Laws in their state or community that may prohibit canine hybrids or require a permit for their presence.
2. The existence of strong evidence from experts in animal behavior, animal control, animal welfare, and public health that canine hybrids can exhibit unpredictable behavior and pose a significant threat of severe attacks on humans.
3. Public health officials may require euthanasia of canine hybrids after they bite a person or are exposed to a rabid or potentially rabid animal, regardless of their rabies vaccine status, because presently there is no USDA approved rabies vaccine licensed for canine hybrids and incomplete data exists on the pathogenesis of rabies in these animals.
4. The need for special housing, including secure fencing to prevent escape and to prevent direct contact with humans and other animals.
5. Owners or keepers of canine hybrids may be at increased risk for liability.
6. The importance of establishing a good relationship with a veterinarian who has some knowledge of canine hybrids and is willing to provide appropriate health care through treatment and preventive medicine.

Veterinarians should be aware of all of the above so that they can appropriately counsel their clients. In addition, each veterinarian should clarify the position of his or her liability insurance carrier to determine if protection will be available if the veterinarian accepts canine hybrids as patients.

Recognizing that some states allow canine hybrids to be owned, the AVMA encourages the development and licensure of drugs and biologicals that can be used on such animals.

The IAHAIO Geneva Declaration

The AVMA endorses the International Association of Human-Animal Interaction Organizations' Geneva Declaration, which reads as follows:

"Preamble

Recent research is demonstrating various benefits of companion animals to people's well-being, personal growth, and quality of life.

In order to enable their presence and ensure the harmonious companionship of animals in our lives, owners and governments both have duties and responsibilities.

IAHAIO members have adopted five fundamental resolutions at their General Assembly, held in Geneva on 5 September 1995. IAHAIO urges all international bodies concerned and all national governments to consider and activate the following resolutions:

Resolutions

1. To acknowledge the universal nondiscriminatory right to pet ownership in all places and reasonable circumstances, if the pet is properly cared for and does not contravene the rights of non-pet owners.
2. To take appropriate steps to ensure that the human environment is planned and designed to take the special needs and characteristics of pets and their owners into account.
3. To encourage the regulated presence of companion animals in schools and school curricula, and to work to convince teachers and educators of the benefits of this presence through appropriate training programs.
4. To ensure regulated companion animal access into hospitals, retirement and nursing homes, and other centers for the care of people of all ages who are in need of such contact.
5. To officially recognize as valid therapeutic interventions those animals that are specifically trained to help people overcome the limitations of disabilities; to foster the development of programs to produce such animals; and to ensure that education about the range of capabilities of these animals is included in the basic training of the health and social service professions."

Related Policies

- **IAHAIO Prague Declaration**
- **IAHAIO Rio Declaration on Pets in Schools**
- **IAHAIO Tokyo Declaration**

The IAHAIO Prague Declaration

The AVMA endorses the International Association of Human-Animal Interaction Organizations' Prague Declaration, which reads as follows:

"Preamble

There is much research now available to prove that companion animals can add to the quality of life of the humans to whom they may provide practical assistance or therapy.

IAHAIO members believe that those who train animals and deliver the service to others must ensure the quality of life of the animals involved. Programs offering animal-assisted activities or animal-assisted therapy for the benefit of others should be governed by basic standards, be regularly monitored, and be staffed by appropriately trained personnel.

IAHAIO members have therefore adopted four fundamental guidelines at their General Assembly held in Prague in September 1998. IAHAIO urges all persons and organizations involved in animal-assisted activities and/or animal-assisted therapy, and all bodies governing the presence of such programs in their facilities to consider and abide by the following points.

Guidelines

1. Only domestic animals which have been trained using techniques of positive reinforcement, and which have been, and will continue to be, properly housed and cared for, are involved.
2. Safeguards are in place to prevent adverse effects on the animals involved.
3. The involvement of assistance and/or therapy animals is potentially beneficial in each case.
4. Basic standards are in place to ensure safety, risk management, physical and emotional security, health, basic trust and freedom of choice, personal space, appropriate allocation of program resources, appropriate workload, clearly defined roles, confidentiality, communication systems and training provisions for all personnel involved."

Related Policies

- **IAHAIO Geneva Declaration**
- **IAHAIO Rio Declaration on Pets in Schools**
- **IAHAIO Tokyo Declaration**

IAHAIO Rio Declaration on Pets in Schools

The AVMA endorses the International Association of Human-Animal Interaction Organizations' Declaration on Pets in Schools, which reads as follows:

"Given the strong evidence that has accumulated in recent years demonstrating the value, to children and juveniles. of social relationships with companion animals it is important that children be taught proper and safe behaviour towards those animals and the correct care, handling and treatment of the various companion animal species.

Realising that companion animals in school curricula encourage the moral, spiritual and personal development of each child, bring social benefits to the school community and enhance opportunities for learning in many different areas of the school curriculum, IAHAIO members have adopted fundamental guidelines on pets in schools at their General Assembly, held in Rio de Janeiro in September 2001.

IAHAIO urges all school authorities and teachers, as well as all persons and organisations involved in pet programmes for schools, to consider and abide by the following guidelines:

1. Programmes about companion animals should, at some point, allow personal contact with such animals in the classroom setting. Depending on school regulations and facilities, these animals will :
    a. be kept, under suitable conditions, on the premises, or
    b. be brought to school by the teacher, or
    c. come to visit, in the context of a visiting programme, together with their owners, or
    d. accompany, as a service dog, a child with special needs.
2. Any programme involving personal contact between children and companion animals must ensure:
    a. that the animals involved are
        - safe (specially selected and/or trained),
        - healthy (as attested by a veterinarian),
        - prepared for the school environment (e.g. socialized to children, adjusted to travel in the case of visiting animals),
        - properly housed (either in the classroom or while at home), and
        - always under supervision of a knowledgeable adult (either the teacher or the owner);
    b. that safety, health and feelings of each child in the class are respected.
3. Prior to the acquisition of classroom animals or visitation of the class by programme personnel with companion animals that meet the above criteria, both school authorities and parents must be informed and convinced of the value of such encounters.
4. Precise learning objectives must be defined and should include:
    a. enhancement of knowledge and learning motivation in various areas of the school curriculum
    b. encouragement of respect and of a sense of responsibility for other life forms
    c. consideration of each child's expressive potential and involvement.
5. The safety and well-being of the animals involved must be guaranteed at all times."

Related Policies

- **IAHAIO Geneva Declaration**
- **IAHAIO Prague Declaration**
- **IAHAIO Tokyo Declaration**

The IAHAIO Tokyo Declaration

The AVMA endorses the International Association of Human-Animal Interaction Organizations' Tokyo Declaration, which reads as follows:

"Given the scientific and medical evidence proving the beneficial effects to human health and well being arising from interactions with companion animals, given the biological and psychological evidence for the innate affinity of humans to nature, including other living beings and natural settings, the members of the International Association of Human-Animal Interaction Organizations unanimously approved the following resolution and guidelines for action at the IAHAIO General Assembly held on October 5, 2007 in Tokyo, Japan.

It is a universal, natural and basic human right to benefit from the presence of animals.

Acknowledgement of this right has consequences requiring action in various spheres of legislation and regulation. IAHAIO urges all international bodies and national and local governments:

1. To enact housing regulations which allow the keeping of companion animals if they can be housed properly and cared for adequately, while respecting the interests of people not desiring direct contact with such animals;
2. To promote access of specially selected and trained, healthy, and clean animals to medical care facilities to participate in animal-assisted therapy and/or animal-assisted activities;
3. To recognize persons and animals adequately trained in and prepared for, animal-assisted therapy, animal-assisted activity and animal-assisted education;
4. To allow the presence of companion animals in care/residential centers for people of any age, who would benefit from that presence;
5. To promote the inclusion of companion animals in the school curricula according the "IAHAIO Rio Declaration on Pets in Schools"."

Related Policies

- **IAHAIO Geneva Declaration**
- **IAHAIO Prague Declaration**
- **IAHAIO Rio Declaration on Pets in Schools**

Importation of Animals and Animal Products

1. Imported animals and animal products must present no more than a negligible risk to human and animal health in the United States.
2. The AVMA supports scientific, risk-based decisions on the importation of animals and animal products.

Priority Vaccination for Influenza

Due to extensive contact with animals and the public, veterinary personnel should receive vaccination with the current seasonal influenza vaccine. The AVMA supports prioritized vaccination against novel influenza strains for veterinary personnel exposed to susceptible animal populations.

Animal Health Information Standards (Informatics)

The AVMA supports standardized health information systems that contribute to interoperability, One Health information exchange, research, commerce, and clinical care transition through the use of stakeholder consensus based standards. Examples include Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) and its properly authorized derivatives such as the AAHA Diagnostic Terms, Health Level 7 (HL7), and Logical Observation Identifier Names and Codes (LOINC) and Digital Imaging and Communications in Medicine (DICOM). These informatics standards and others should be integrated for the optimal collection, transmission, analysis and dissemination of information, data, and knowledge for problem solving and decision making in veterinary medicine while maintaining confidentiality.

In addition, the AVMA supports the use of Electronic Health Records and the concept of a standardized "Continuity of Care" (CCD) document format to ensure optimal medical record transfer amongst veterinary professionals.

Use of Innovative Technologies in Development of Drugs, Vaccines and Diagnostic Modalities

The AVMA supports and encourages the ethical use of innovative technologies in veterinary medicine to develop new or improved biologics, therapeutic agents and diagnostic modalities. Such use may include but is not limited to:

- Internationally harmonized research, development, production, licensure/approval, sale, distribution, and use of safe and effective vaccines, pharmaceuticals, delivery systems and other therapeutic products used in animal health.
- Science-based regulatory policies and procedures supporting pre and post-approval product evaluations.
- Development of innovative, useful (sensitive, specific, and robust) diagnostic and surveillance tools.

Related AVMA Policy:

- Development of Emerging Disease Agent Biologics
- Guidelines for Use of Autogenous Biologics

Background:

- USDA Veterinary Biologics: Use and Regulation

Agriculture Inspections at Points of Entry

The AVMA urges the Department of Homeland Security to dramatically increase agricultural inspections at points of entry, in order to protect the United States' critical infrastructure of food and agriculture from terrorist attack or unintentional introduction of exotic or emerging diseases or pests.

Relevant AVMA Policy:

- Importation of Animals and Animal Products
- Importation and Interstate Movement of Exotic and Native Wildlife
- Prevent Entry of Foreign Disease Vectors and Invasive Species
- Support of National Research Council's Recommendation in Animal Health at the Crossroads

Concept for the Institute for Companion Animal and Equine Research (ICAER)

Paucity of funding for companion animal and equine research

Funding for health-related research dedicated to companion animals (dogs and cats) and horses, is virtually nonexistent in comparison to research funding for human and livestock animal health. The national annual $16 million investment in companion animal and equine health research is estimated to be less than 0.12% of the annual $13 billion biopharma and companion animal food industries gross sales in 2005 ($16 million figure from the 2005 Association of American Veterinary Medical Colleges survey of companion animal health research conducted at US and Canadian AVMA-accredited veterinary colleges; $13 billion figure from The Pet Food Institute and companion animal product sales; see **www.petfoodinstitute.org/** and **www.pjbpubs.com/animalpharm_reports/Companion_Animal_Health_Products.htm#exec**). Part of the reason for this is that the United States has no national organization committed solely to supporting research on health and well-being of companion animals and horses. Such state of affairs is unworthy of a wealthy nation such as ours that cares and loves animals so much and depends on them for quality of life.

Critical need for companion animal and equine research

Continued improvement in companion animal and equine health care requires research with specifically targeted deliverables for dogs, cats, and horses. At the currently low level of investment, most advances in animal health care applications are derived as by-products of human clinical research. While adoption and adaptation of these deliverables intended for human health can be beneficial, they often do not effectively ensure effective or sufficient advances in companion animal and equine health care. On the other hand, companion animal and equine health research often can lead to beneficial application for human health, a fact that is often overlooked.

Human resources to establish and sustain the institute for companion animal and equine research

The concept for the Institute for Companion Animal and Equine Research (ICAER) will be based on the highest quality of translational scientific research dedicated specifically to the improvement of companion animal and equine health. Through this concept and under the auspices of the American Veterinary Medical Association (AVMA), the charter for the ICAER will be drafted by charter members, comprised of the 25 most-highly quoted U.S. companion animal and equine health research scientists in refereed national and international journals, to establish a non-profit research institute dedicated to dogs, cats, and horses, using the guiding principles and governance similar to those of the US Department of Health and Human Services, National Institutes of Health. As the concept moves forward to development, additional members of ICAER will be identified and appointed using the guidelines and principles of the National Academy of Science and the Institute of Medicine.

Fiscal resources to sustain the ICAER

In order to establish perpetual funding of merit-based, competitively-awarded research, development of a capital base of at least $100 million over a 10 year period will be required to provide the dividends to sustain adequate funding of quality research focused on national priorities in companion animal and equine health. A carefully crafted 10-year campaign will need to be developed and sustained to identify on average $10 million per year increments of growth in ICAER foundation funds under the oversight of the AVMA. The plan will likely include extension activities to educate veterinarians as members of the AVMA to encourage owners of companion animals and horses and the public to support the ICAER's companion animal and equine research activities. An initial approach will encourage the extant and numerous companion animal and equine health foundations that currently fund research to coordinate their

research investment activities through the ICAER critical proposal reviews. U.S. biopharma and companion animal and equine food industries will be encouraged to become sustaining members of the ICAER.

Call to action for companion animal and equine health research

Companion animals and horses play an essential role in our society and thus deserve the highest quality of health care that can be derived from expanding our scientific knowledge and technical base. Obviously, science-based veterinary medicine is dependent upon the highest quality research focused on companion animal and equine health issues. Unfortunately, a national program with adequate resources for companion animal and equine health research does not exist. So, now is the optimal time to establish the Institute for Companion Animal and Equine Health Research with a $100 million endowment and the human resources to enable translational research that ensures the future wellness of dogs, cats, and horses. The US and the AVMA should take this opportunity very seriously to establish the Institute for Companion Animal and Equine Research.

Pet Health Insurance

The AVMA endorses the concept of pet health insurance that provides coverage to help defray the cost of veterinary medical care. The AVMA recognizes that viable pet health insurance programs will be important to the future of the veterinary profession's ability to continue to provide high quality and up-to-date veterinary service.

These programs should comply with the following guidelines:

1. Requires a veterinarian/client/patient relationship
2. Allows pet owners to choose their own veterinarian, including specialists and emergency/critical care facilities the pet may need
3. Never interferes with the veterinarian's fee structures
4. Is offered only where the policies are approved by the state insurance regulatory agency
5. Is consistent with the Principles of Veterinary Medical Ethics and the pet health insurance industry ethical standards
6. Uses a licensed veterinarian to assist in claims adjudication
7. Is clear about their policy limits, pricing structure, and optional coverage (for example, wellness coverage for annual visits) that might be available to the policy holder
8. Is transparent about how the terms and conditions of their plans will impact coverage and cost, including the financial obligations of the policy holder such as co-pays, deductibles, and exclusions
9. Communicates about the fee reimbursement process clearly (how reimbursement is determined and how quickly reimbursements are provided to the policy holder)

Leadership Role for AVMA

The AVMA will accept a leadership role in international veterinary medicine.

Related Policy:

International Opportunities to Promote the AVMA Strategic Plan

Utilization of U.S. Veterinarians in International Programs

The American Veterinary Medical Association (AVMA) actively encourages programs to expand opportunities for, and improve the education and training of, United States veterinarians to be of greater service and utilization in the developing countries of the world.

To this end, the AVMA will use its influence to stimulate the development by federal governmental agencies, such as the Department of Agriculture, Department of Defense, Department of Health and Human Services, and Agency for International Development, of programs that encourage the utilization of United States veterinarians in international programs, such as those sponsored by the Food and Agriculture Organization, World Health Organization, Pan American Health Organization, World Bank, and World Organization for Animal Health (OIE).

Related Policy:

International Opportunities to Promote the AVMA Strategic Plan

International Veterinary Service - AVMA Organizational Objective

The AVMA should be actively engaged in promoting the concerns of its members in the forums and policy development processes of international veterinary organizations and regulatory bodies, and should engage in the building of consensus within the international community by the promotion of trust and goodwill.

Related Policy:

International Opportunities to Promote the AVMA Strategic Plan

Internships and Residency Programs

Definitions

Internship–An internship shall be a 1 year clinical training program that emphasizes mentorship, direct supervision, and didactic experiences including rounds, seminars, and formal presentations. It provides practical experience in applying knowledge gained during the professional curriculum and an opportunity to obtain additional training in the clinical sciences.

An internship should prepare a veterinarian for high-quality service in practice or for advanced specialty training. It is primarily an educational program for the intern rather than a service benefit to the hospital.

Residency–A residency shall be advanced training in a specialty in veterinary medicine that is intended to lead to specialty certification in an AVMA-recognized veterinary specialty organization.

Veterinary specialty organizations establish guidelines for those residencies that will be approved as appropriate training for candidates for specialty certification. An approved residency program is conducted under the supervision of a board-certified specialist. A residency is usually narrowly confined to a specific discipline. A residency may in some instances be related to an advanced degree program.

Residency Requirements

Specialty organizations requiring residency training for certification eligibility are requested to develop residency program criteria in sufficient detail and according to a standard format to enable a candidate, with the assistance of the training institution, to meet the requirements for diplomate certification in that specialty.

A candidate should follow the guidelines of the particular specialty organization with which he or she is concerned to develop a program that will fulfill the requirements for certification in that specialty. The residency program should be approved in advance by the specialty organization before the candidate embarks on it.

Program Criteria

The program criteria format for internship and residency programs will be as follows:

1. Brief description of the program.
2. Detailed educational objectives of the program.
3. Anticipated total time requirements.
4. Facilities and equipment. The minimum facility, equipment, and diagnostic laboratory required.
5. Patient Care. A synopsis of the patients will be required and the emphasis and anticipated (or required) depth of study for each patient.
6. Supervision. A synopsis of the level and frequency of interaction between the candidate and board-certified member(s) and others deemed necessary for the program.
7. Description of Assessment Methods.

Johne's Disease

Johne's is a disease of significant economic importance to cattle and small ruminants. The AVMA will disseminate information and encourage veterinary practitioners to become familiar with ongoing efforts to control Johne's disease. In addition, the AVMA supports research in the development of improved diagnostic tests, management practices, vaccines, and their roles in control efforts in herds and flocks. To that end the AVMA supports active pursuit of maximum and sustained funding to effectively support the USDA Johne's National Control Program.

Layer Hen Housing Systems

Laying hen housing systems must provide feed, water, light, air quality, space and sanitation that promote good health and welfare for the hens. Housing systems should provide for expression of important natural behaviors, protect the hens from disease, injury and predation, and promote food safety. Participation in a nationally recognized, third-party audited welfare program is strongly advised.

Literature Reviews

Welfare Implications of Laying Hen Housing (PDF)

Additional Resources

A Comparison of Conventional Cage, Furnished Cage, and Non-cage (Barn and Outdoor/Free-range) Systems for Housing Laying Hens

AVMA Position on Leadership in Coordination of U. S. Animal Health Partnerships

The United States Department of Agriculture (USDA) Animal and Plant Health Inspection Service (APHIS) is the lead agency for farmed animal health as authorized by the Animal Health Protection Act of 2003. The AVMA urges the Department of Homeland Security, the Department of Interior, and other appropriate agencies to acknowledge the lead role of the USDA APHIS in matters of farmed animal health and coordinate more effectively with the USDA APHIS, in a timely manner, to establish, develop and refine a high-level, centralized, authoritative and accountable coordinating mechanism or focal point for engaging and enhancing partnerships and resources among local, state, and federal agencies and the private sector.

Livestock Handling Tools

The AVMA believes that mechanical aids to direct livestock movement should be used properly. Use of aids should be secondary to good facility design and an understanding of the specific needs of the species involved. Every effort should be made to ensure adequate and ongoing training in animal handling and behavior by all parties involved and be regularly monitored. Electrical devices (e.g., stock prods) should be used judiciously and only in extreme circumstances when all other techniques have failed. Electrical devices should never be applied to sensitive parts of the animal such as the face, genitalia, or mucous membranes.

Disabled livestock should be managed in accordance with the AVMA policy on Disabled Livestock.

Related Policies:

Disabled Livestock (PDF)

Livestock Identification and Animal Traceability

The AVMA believes that permanent, unique identification of animals and premises is essential for tracing origin and destination of all livestock, and in particular food producing animals, in order to protect the nation's livestock industry and public health, and to enable the trace back and trace forward of animals for the purpose of animal disease control and eradication. The AVMA recommends that a high priority be placed on the development of alternatives to hot-iron branding such as the use of electronic individual animal identification and the development of an electronic system to facilitate rapid trace back of livestock in the event of a highly contagious disease outbreak.

Brochure:

Welfare Implications of Hot-Iron Branding and Its Alternatives (PDF)

Relevant AVMA Policy:

- **AVMA Food Safety Policy**
- **Food Animal Health Emergency Planning**

Marine Mammal Health and Welfare, Veterinary Involvement in*

The AVMA encourages the use of appropriately experienced and qualified veterinarians to optimize the health and welfare of marine mammals, including but not limited to population, ecosystem, and public health, medical management and oversight of stranding and rehabilitation programs; disease diagnosis; pathogen surveillance; use of therapeutic and biologic agents; human interaction; clinical and forensic necropsies.

** Formerly Titled "Marine Mammal Protection Act"*

Therapeutic Medications in Non-Racing Performance Horses

The AVMA endorses the American Association of Equine Practitioners' position on therapeutic medications in non-racing performance horses, which reads as follows:

"The AAEP policy on medication in non-racing performance horses is driven by our mission to improve the health and welfare of the horse. It is aimed at providing the best health care possible for horses competing under the current rules in various disciplines while ensuring the integrity of the sport. The AAEP expects its members to abide by the rules of all jurisdictions where they practice. The AAEP condemns the administration of non-therapeutic or unprescribed medications to performance horses by anyone. The AAEP believes that all therapeutic medication should be administered to performance horses by or under the direction of a licensed veterinarian. Health care decisions on individual horses involve the veterinarian, the trainer and the owner with the best interests of the horse as the primary objective.

The AAEP strongly encourages continued research in determining the therapeutic levels and appropriate withdrawal times that represent responsible use of medication in the competing horse. The AAEP is aware of the dynamics of the development of new products, as well as the continuing evaluation of current medications, and will continue to evaluate its policy based upon available scientific research and the best interests of the horse.

In order to provide the best health care possible for the performance horse, veterinarians should utilize the most appropriate diagnostic and therapeutic modalities in accordance with medication guidelines of the sport. To this end, the following are the essential elements of the AAEP policy concerning veterinary care of the performance horse:

- It is recognized that various performance horse disciplines have differing regulations concerning medication guidelines. The AAEP urges members to abide by these regulations and to work with the governing bodies to develop and enforce such regulations. The establishment of guidelines backed by testing procedures with strict quality controls should be the goal to protect the well being of the horse and the integrity of the sport
- The AAEP encourages proactive and constructive communication between regulatory bodies, practicing veterinarians and other industry stakeholders. The AAEP offers its expertise to all performance horse organizations for assistance in establishing medication guidelines for their respective disciplines.
- The use of medications for the purpose of stimulating, depressing or numbing a horse at the time of competition should be forbidden. It is recognized that some governing bodies allow for the emergency use of local anesthetics for strictly medical purposes within the normal withdrawal time for such agents. Such procedures must be very closely controlled.
- Products present in a horse at the time of performance that have been proven to interfere with accurate and effective post-performance testing should be strictly forbidden.
- The AAEP endorses the use of quality-controlled testing procedures by all performance horse organizations. Detection of pharmacologically insignificant levels of therapeutic medications should not constitute a violation of medication rules.
- Governing organizations have developed guidelines for the use of nonsteroidal anti-inflammatory agents in their sports. It is the opinion of the AAEP that the use of multiple NSAID agents is not in the best interest of the health and welfare of the horse. Performance horse governing bodies are encouraged to regularly reevaluate their regulations in light of this recommendation.

- The AAEP believes that all veterinarians should follow a judicious, prudent and ethical decision-making process.
- The AAEP endorses increased surveillance and enforcement of the above-mentioned regulations.

Therapeutic Medications in Racehorses

The AVMA endorses the American Association of Equine Practitioners' policy on therapeutic medications in racehorses, which reads as follows:

"The AAEP policy on medication in pari-mutuel racing is driven by our mission to improve the health and welfare of the horse. The AAEP policy is aimed at providing the best health care possible for the racehorses competing while ensuring the integrity of the sport. The AAEP expects its members to abide by the rules of all jurisdictions where they practice. The AAEP condemns the administration of non-therapeutic or unprescribed medications to racehorses by anyone. The AAEP believes that all therapeutic medication should be administered to racehorses by or under the direction of a licensed veterinarian. Health care decisions on individual horses should involve the veterinarian, the trainer and owner with the best interests of the horse as the primary objective. The AAEP strongly encourages continued research in determining the therapeutic levels and appropriate withdrawal times that represent responsible use of medication in the racehorse. The AAEP is aware of the dynamics of the development of new products, as well as the continuing evaluation of current medications, and will continue to evaluate its policy based upon available scientific research and the best interests of the horse.

In order to provide the best health care possible for the racehorse, veterinarians should utilize the most modern diagnostic and therapeutic modalities available in accordance with medication guidelines designed to ensure the integrity of the sport. To this end, the following are the essential elements of AAEP policy concerning veterinary care of the racehorse:

- All racing jurisdictions should adopt the uniform medication guidelines set forth by the Racing and Medication Testing Consortium Inc. (RMTC). Including the RMTC testing procedures with strict quality controls and penalty schedules, these guidelines and procedures strive to protect the integrity of racing as well as the health and well-being of the horse.
- Race day medication must be in accordance with current RMTC guidelines. In the absence of a more effective treatment/preventative for exercise-induced pulmonary hemorrhage (EIPH), the AAEP supports the use of furosemide as a day-of-the-race medication to control EIPH. The AAEP advocates the research and development of new treatments to help prevent and/or control EIPH.
- The AAEP encourages proactive and constructive communication between regulatory bodies and practicing veterinarians and other industry stakeholders.
- The AAEP believes that all veterinarians should use judicious, prudent and ethical decisions in all treatments to ensure the health and welfare of the horse.
- The AAEP strongly endorses increased surveillance and enforcement of the above-mentioned regulations."

*For more information regarding RMTC guidelines, please visit **www.rmtcnet.com**.*

Processes for Microbial Reduction in Food

The AVMA supports microbial reduction processes, such as pasteurization, irradiation, hyperbaric treatment, to improve food safety, food quality, or both. These processes must be applied at approved levels and following proper safeguards. The AVMA supports classification of irradiation as a process, rather than an additive.

The AVMA supports requiring special labeling of foods treated with microbial reduction processes only when they cause a material change in the food (eg, a change in the organoleptic, nutritional, or functional properties) that the consumer could not identify at the point of purchase in the absence of appropriate labeling.

Microbial reduction processes are used to augment good production practices under state and federal inspection. Animal products and foods treated with microbial reduction processes must be protected from recontamination until consumed.

Relevant AVMA Policy:

Food Safety Policy

Microchips: The Objectives and Key Elements Needed for Effective Electronic Identification of Companion Dogs, Cats, Other Small Mammals, Birds, Fish, Reptiles, Amphibians and Equids

The AVMA endorses the use of electronic identification in animals and supports standardization in materials, procedures, equipment, and registries. Veterinarians are thereby encouraged to recommend the use of electronic identification of animals to their clients.

The objectives of an effective system of electronic identification of animals are to:

1. Accurately identify animals to aid in reuniting animals with their owners
2. Accurately identify animals for regulatory purposes
    a. Travel (international and domestic)
    b. Certificates of Inspection
    c. Identification of specific animals such as breeding animals, competition animals, animals where legislation mandates permanent identification (e.g., an animal adjudicated to be a "dangerous individual")
3. Accurately identify animals prior to providing medical or surgical treatment

Scanning animals for microchips is necessary for the identification system to be effective. Therefore, every companion dog, cat, other small mammal, bird, fish, reptile, amphibian, and equid presented to a veterinarian should be scanned, whenever possible, for the presence of a microchip. The veterinarian, or designated staff, should scan the animal and note in the patient's medical record if a microchip is present, and if so, record the microchip number in the patient's medical record. This routine scanning for a microchip not only aids in the positive identification of an animal, but also provides the opportunity to assess if the microchip is still functioning properly and located appropriately, as well as reminding owners to keep their microchip database contact information current.

If a microchip implant is detected of which the client is not aware, the veterinarian, or designated staff, should inform the client of this fact, provide the client with contact information for the microchip database company, and encourage the client to contact that company. The veterinarian should document in the patient's medical record that he or she spoke to the client about these matters and should consider contacting the microchip database company with the client’s permission. The veterinarian is not expected to investigate nor resolve ownership disputes over an animal, nor should a veterinarian be held liable for relying on a client's claim of ownership following scanning.

A veterinarian is expected to exercise his or her professional judgment on ownership before establishing a Veterinarian-Client-Patient Relationship (VCPR). In those circumstances that raise suspicion that the presenting person may not actually be the lawful owner of the animal, a veterinarian should ask for documentation of ownership, such as governmental registration, bill of sale, adoption documents, or microchip documentation. Documentation of ownership should be required when a client requests that a veterinarian remove a microchip. Where the veterinarian has cause to believe that ownership of the animal is unclear, the veterinarian should postpone treatment until evidence of ownership is presented unless, in the judgment of the veterinarian, the treatment is necessary to maintain

the health of the animal, to preserve its life, or protect public health. The detection of a microchip implant of which the client is unaware may raise suspicion but should not be considered, in and of itself, sufficient evidence that the client is not the lawful owner. In such a case, a veterinarian may proceed with treatment. In the situation where an animal that has a microchip is found and brought to a veterinarian with no claim of ownership, the veterinarian should contact the microchip database company to locate the owner of record. If unsuccessful, the proper animal control authority should then be contacted for assistance, consistent with any local ordinance.

The following key elements are necessary to achieve the objectives of an effective system of electronic identification of animals:

1. The RFID (Radio Frequency Identification) Device (transponder) – a microchip implant for companion dogs, cats, other small mammals, birds, fish, reptiles, amphibians and equids
    a. ISO (International Organization for Standardization) compliant RFID technology that adheres to and is based on ISO 11784/11785
    b. Open technology as defined by the ISO 11784/11785
    c. Unique numbers must be used to reduce the chances of misrepresentation of the animal. A country code should be used only if there is a centrally run, national database that assumes responsibility for ensuring identification number uniqueness to prevent duplication of numbers. If there is no centrally run, national database, then manufacturer codes must be used to ensure that every animal identification number will remain unique.
    d. Transponders shall be visible on radiographs (x-ray) and ultrasound.
2. The scanner/reader network –
    a. All scanners used must be backward and forward compatible ("Global Scanners" capable of reading multiple frequencies), where all scanners can read the data contained in all chips
    b. An appropriate period of time for implementation of approved technologies must be incorporated (2 years suggested by AVMA) to allow for a smooth transition and implementation of the appropriate infrastructure, once the national system has been adopted
    c. Technical/medical services should be provided by manufacturers/distributors
        I. Provide for means of receiving reports of adverse reactions and provide recommendations of medical mitigation of the situations
        II. Respond to technical questions concerning implantation or device operation
3. Database operation and management, including process of registration of implanted animals
    a. Cost of operating the database and the initial animal registration should be included in the purchase price of the microchip from the manufacturer or distributor
    b. Database must be accessible 24/7/365
    c. Microchip numbers should be able to be traced from the appropriate manufacturer/distributor to the implanted animal
    d. Owner education is crucial
        I. Still need external identification, such as collar/tags
        II. Must update registration information as needed on a timely basis
            1. Without appropriate registration, a lost, microchipped animal that is scanned would probably not be able to be reunited with its owner(s).
    e. Security of information must be ensured

I. The unique 15-digit, animal identification number contained on the microchip in accordance with ISO 11784/11785 cannot be changed

II. Only the owner can change registration information

f. The AVMA supports the AAHA Universal Pet Microchip Lookup Database for companion animal microchip database information recovery. **www.petmicrochiplookup.org/**

g. The AVMA endorses the use of companion animal microchip registration databases for reuniting animals and owners.

4. Defined operating procedures

a. Education of veterinary, shelter and animal control individuals on the appropriate method to scan for microchips. The "global"/multiple frequency scanner may take a few seconds longer to accurately scan for all possible implanted microchips than a scanner which reads only one frequency. The advantage of using a multiple frequency scanner is that each animal will only have to be scanned with one scanner/reader.

b. The implantation of a transponder (an electronic identification device such as a microchip) in an animal requires precise placement of the microchip with respect to sensitive anatomical structures in the immediate area of accepted implantation sites (some sites are described in section 4c of this policy). Improper placement of the microchip can result in detrimental consequences to the animal which can severely compromise its health and well-being. Improper placement of the microchip can also impede the detection of the microchip. Therefore, implantation of microchips is a veterinary procedure that should be performed by a licensed veterinarian or under supervision of a licensed veterinarian.

c. Sites in animals where microchips are to be implanted must be standardized. For domestic dogs and cats, the recommended site for subcutaneous injection of a transponder is on the dorsal midline, just cranial to the shoulder blade or scapula. For companion birds, the recommended site for intramuscular injection of a transponder is in the pectoral muscle. For fish, the recommended site for a transponder is in the posterior coelomic (i.e. abdominal) cavity or the dorsal musculature on either side of the dorsal fin. Because of the broad range of shapes and sizes of small mammals, reptiles and amphibians, the site for transponder implantation varies and should be established by consultation with individuals familiar with appropriate transponder placement in that species. For horses, the transponders are injected on the left side at approximately the level of the 3rd or 4th cervical vertebrae and into the nuchal ligament.

5. RFID technology will eventually include the market availability of advanced transponders having enhanced data storage and read-write capabilities. Data security issues exist and are being addressed by the ISO, such as through the development of ISO 14233. The AVMA would support the use of advanced transponders when an open-standard solution for advanced transponders exists.

Military Veterinary Treatment Facilities (VTF) Policy

Army veterinarians provide health care for government-owned animals and for animals of individuals authorized military privileges, with an emphasis on wellness, preventive medicine, and outpatient services. Veterinary services will be provided across the full spectrum of veterinary medicine. These services are an important benefit for service members and their families. These clinical platforms also provide a critical training and proficiency base for Army veterinarians. Authorized veterinary services, for both active duty and retired personnel, are the same for personnel living on or off post. The military veterinary treatment facility is operated by the veterinary officer or designated civilian veterinarian in charge, and all assistants are under their direct supervision. A valid Veterinarian-Client-Patient relationship (VCPR) will be established prior to initiating treatment. Veterinary services will not be provided in support of any commercial operations raising animals (pet or livestock) for sale or profit

Cooperation and referral between civilian and military veterinary personnel is strongly encouraged. Participation of military veterinary service personnel in local and state veterinary activities such as associations, immunization campaigns, fairs, epizootic control programs, public relations functions, etc. in a professionally complementary manner is authorized and encouraged. The vital "One Medicine" human and animal health effort may require government and civilian veterinarians to partner in an overwhelming event such as natural or man-made disasters or disease outbreaks. Army veterinarians may be authorized to assist the local veterinary association or other appropriate civilian authority in these situations, upon request and, with the approval of their chain of command.

The AVMA recognizes and supports Department of Defense animal and public health programs. In the event clarification is needed on the activities of a particular military veterinary treatment facility, the president of the local veterinary association should first contact the veterinary officer in charge, and if further clarification is needed, the American Veterinary Medical Association.

Model Bill and Regulations to Assure Appropriate Care for Dogs Intended for Use as Pets

Model Bill

Section 1 – Title and Purpose

This Act shall be known as the [name of state and Act]

Section 2 – Definitions

When used in this Act, these words and phrases shall be defined as follows:

1. "Board/Agency" means [insert appropriate regulatory board, agency or department].
2. "Director" means the director of the Board/Agency or his or her designated employee(s).
3. "Dog" means any member of *Canis lupus familiars*[i]
4. "High-volume dog breeder" means any person who, during any calendar year whelps more than six (6) litters of dogs. A veterinarian who provides whelping services within a veterinarian-client-patient relationship, and has no ownership interest in the bitch, is not included in this definition.
5. "High-volume dog retailer" means any person who sells, resells or transfers ownership of more than fifty (50) dogs during any calendar year, including sale, resale and transfer of dogs to pet stores, breeders, kennels and dealers, and sale, resale, and transfer that occur via the Internet.
6. "Facility or operation" means any land, premises, shed, barn, building, trailer, vehicle or designated area used or intended for use as part of the high-volume dog breeder's or high-volume dog retailer's business; including but not limited to the breeding, housing, exercise, care, or sale of dogs.
7. "Inspector" means any person who is employed by and has been trained by the Board/Agency to perform inspections pursuant to this Act.
8. "Licensee" means a high-volume dog breeder or a high-volume dog retailer who has received a license from the Board/Agency pursuant to this Act.
9. "Person" means any individual, corporation, company, partnership, shelter, pound, rescue, firm, estate, trust or other legal entity.
10. "Regulations" means rules or regulations adopted by the Board/Agency to implement this Act.
11. "Veterinarian" means an individual licensed as a veterinarian under [insert appropriate state law.]

Section 3 – Exemptions

This Act does not apply to:

1. Any person licensed or subject to inspection by the United States Department of Agriculture pursuant to the federal Animal Welfare Act (Title 7 U.S.C. Sec. 2131 et seq.) and its regulations (Title 9, C.F.R.).
2. Any evacuation or management activity associated with any State or Federally declared emergency.

Section 4 – License

A. High-volume dog breeders and high-volume dog retailers shall obtain a license issued by the Board/Agency and display the license in a place clearly visible to the public. An applicant for a license shall submit an application on a form prescribed by the Board/Agency, together with an annual license fee in an amount to be determined by the Board/Agency, but no higher than $____ per year. Such fee is nonrefundable.

B. The Board/Agency shall conduct a qualifying inspection for an initial license requested by the applicant to determine whether the applicant qualifies to hold a license pursuant to this Act. The Board/Agency shall issue the license upon receipt of the application and annual license fee and upon satisfactory completion of a qualifying inspection.

C. A license will not be issued to any applicant who has pled no contest or has been found to have violated any Federal, State or local laws or regulations pertaining to animal cruelty within one (1) year of application, or more than one (1) year if the Board/Agency determines the circumstances render the applicant unfit to be licensed.

D. An applicant who does not receive a license shall be afforded the opportunity for a hearing before the Director of the Board/Agency to present evidence that the applicant is qualified to hold a license.

E. A license to operate as a high-volume dog breeder or high-volume dog retailer shall be renewed by filing with the Board/Agency annually a renewal application and a license fee. The Board/Agency shall consider income and volume related to dog breeding and retailing activities in setting the annual license fee.

F. A license is not transferrable to another person or location. When there is transfer of ownership, management or operation of an enterprise, the new owner, manager or operator, whether an individual, firm, partnership, corporation or other legal entity, shall have [insert time period] from such sale/transfer to secure a new license from the Board/Agency to operate.

G. A licensee may be put on probation requiring him or her to comply with the conditions set out in an order of probation issued by the Director, may be ordered to cease and desist due to a failure to comply, may be ordered to pay a civil penalty[ii] or may have his/her license suspended after:

1. The Director determines the licensee has not complied with the provisions in the Act or its regulations; and
2. The licensee is given written notice to comply and written notice of the right to a hearing to show cause why an order should not be issued or his/her license suspended; and
3. The Director finds that issuing an order or suspending the license is appropriate based on the hearing record or on the available information if the hearing is waived in writing by the licensee.

H. A license may be revoked after:

1. The Director determines the licensee has committed serious, repeated, or multiple violations of any of the provisions in the Act or its regulations;
2. The licensee is given written notice to comply and written notice of the right to a hearing to show cause why the license should not be revoked; and
3. The Director finds that issuing an order revoking the license is appropriate based on the hearing record or on the available information if the hearing is waived in writing by the licensee.

I. The facility or operation of any licensee that has been suspended shall close and remain closed until the license is reinstated. Any facility or operation for which the license has been revoked shall close and remain closed until a new license is issued. Any licensee whose license is revoked under the provisions of this Section shall not be eligible to apply for a new license until one (1) year has elapsed from the date of the order revoking the license or, if the revocation is appealed, one (1) year from the date of the order sustaining the revocation. Any person who has been an officer, agent or employee of a licensee whose license has been suspended or revoked, and who is responsible for or participated in the violation(s) upon which the suspension or revocation was based, shall not be licensed within the period during which the order of suspension or revocation is in effect.

J. The Director may terminate proceedings undertaken pursuant to this section at any time if the reasons for such proceedings no longer exist. A license which has been suspended may be reinstated, a person with a revoked license may be issued a new license, or a licensee may no longer be subject to an order of probation if the Director determines the conditions which prompted the suspension, revocation, or probation no longer exist.

K. A licensee shall have the right to appeal adverse decisions by the Director in accordance with the [insert state Administrative Procedure Act].

L. Any hearings or other proceedings conducted pursuant to this section shall be conducted in accordance with the [insert state Administrative Procedure Act].

Section 5- Inspections

A. The Board/Agency shall inspect all licensees at least once in a twelve (12)-month period to determine whether the licensee is in compliance with the Act, and may conduct additional inspections upon receipt of a complaint or its own motion to ensure compliance with the Act. When an inspection produces evidence of a violation of the Act or its regulations, a copy of a written report of the inspection, including alleged violations, prepared by the inspector, shall be provided to the applicant or licensee, together with written notice to comply within the time limit established by the Board/Agency.

B. If deemed necessary under the Act or its regulations, the Board/Agency may, for purposes of inspection, enter the premises of any applicant or licensee during normal business hours and in a reasonable manner, including all premises in or upon which dogs are housed, sold, exchanged, or leased; or are suspected of being housed, sold, exchanged, or leased. An applicant or licensee shall, upon request by the Board/Agency, provide assistance in making any inspection authorized under the Act and its regulations.

C. For purposes of this section, the private residence of any applicant or licensee shall be available for purposes of inspection only if dogs are housed in a primary enclosure as defined in 9 C.F.R. 1.1 within the residence, including a room in such residence, and only the portion of the residence that is used as a primary enclosure shall be open to an inspection pursuant to this section.

D. The Board/Agency shall have authority to investigate violations of this Act and regulations, including failure to obtain a license as a high-volume dog breeder or high-volume dog retailer, as required under this Act.

Section 6 - Standards

A. The Board/Agency shall adopt regulations to carry out this Act no later than [insert time frame] from the date of enactment of the Act.[iii]

B. Licensees shall ensure that appropriate preventive and therapeutic veterinary care is provided as part of a veterinarian-client-patient relationship. A dog shall not be bred if a veterinarian determines the dog is unfit for breeding purposes. Justification[iv] for a recommendation not to breed must be provided in the dog's medical record.

C. Each licensee/facility must have a written plan for disaster response and recovery, including but not limited to, structural damage, electrical outages and other critical system failures.

Section 7 – Records

A. Licensees shall maintain accurate records for at least five (5) years including:

1. The date on which a dog enters the facility or operation;
2. The person from whom each dog was purchased or obtained, including the name, address and phone number of such person, and license or registration number if applicable;
3. A description of each dog, including the color, breed, sex, date of birth (if not known, the approximate age) and weight;
4. Any tattoo, microchip, or other identification number carried by or appearing on the dog;
5. For breeding females:

a. Breeding dates;
b. Whelping dates;
c. Number of puppies per litter; and
d. Sire for each litter.

6. All preventive and therapeutic veterinary care provided for each dog; and
7. The disposition of each dog and the date.

B. A copy of a dog's record, as required in this section, shall be provided at the time of transfer of ownership. Registration of any tattoo, microchip, or other identification number shall also be transferred.

C. Licensees shall provide copies of records listed in this section to the Board/Agency as requested to enforce provisions of this Act and its regulations.

Section 8 – Enforcement and penalties

A. In enforcing this Act, the Director may:

1. Issue an order of probation pursuant to Section 4;
2. Issue a cease and desist order pursuant to Section 4;
3. Suspend or revoke a license pursuant to Section 4;
4. Seek other injunctive relief as may be necessary to enforce the Act and its regulations, including impounding and seizing dogs where the Director determines there is a significant threat to the health or safety of the dogs harbored or owned by an applicant or licensee, and upon a hearing conducted in accordance with the [insert state Administrative Procedure Act]. Costs incurred for the care of animals impounded or seized under this Section shall be recoverable from the owner of the animal if he or she is found to have violated provisions of this Act pursuant to the hearing.
5. Impose a civil penalty of not more than $_____ for a violation of the Act.

B. Each act committed against an individual animal in violation of the Act or its regulations, and each day during which a violation continues, shall constitute a separate offense for purposes of this section.

C. A failure to obtain a license pursuant to this Act shall constitute a _____ misdemeanor. The attorney general may bring an action to collect unpaid license fees and/or unpaid civil penalties.

D. It shall be a violation of the Act for any person to:

1. Deny access to any officer, agent, employee, or appointee of the Board/Agency or offer any resistance to, thwart, or hinder such persons by misrepresentation or concealment;
2. Interfere with, threaten, verbally or physically abuse, or harass any officer, agent, employee, or appointee of the Board/Agency in the course of carrying out his or her duties;
3. Fail to disclose all locations housing dogs owned or controlled by such person;
4. Violate an injunction order or order of compliance issued under this section; or
5. Fail to pay any administrative fine levied pursuant to this Act.

E. Proceedings undertaken under this section shall not preclude the Board/Agency from seeking other civil or criminal actions. This section does not prohibit the Board/Agency from assisting a law enforcement agency in a criminal investigation. Nothing in this act shall be construed to prohibit prosecution under [state's animal cruelty law].

Section 9 – Funding

A. The Dog Welfare Fund (hereafter Fund) is established for the purpose of funding:

1. Inspection of licensees and applicants by the Board/Agency under the Act; and
2. Enforcement by the Board/Agency of laws and regulations pertaining to high-volume dog breeders and high-volume dog retailers.

B. The Fund shall be administered by the Board/Agency. The Fund consists of license fees collected from high-volume dog breeders and high-volume dog retailers and civil penalties collected under the Act.[v]

C. Money in the Fund is continually appropriated to carry out the purposes of the fund. Money in the fund at the end of a state fiscal year does not revert to the state general fund.

Model Regulations

The following are regulations pertaining to the humane care and housing of dogs under the Act.

Any high-volume dog breeder or high-volume dog retailer, in order to qualify for, retain, or renew a license under the Act, shall adhere to the following minimum standards of care.

I. Definitions

a. Dog – means any member of *Canis lupus familiaris*.[i]
b. High volume dog breeder – means any person who, during any calendar year, whelps more than six (6) litters of dogs.

c. High volume dog retailer - means any person who, during any calendar year, sells, resells or transfers ownership of more than fifty (50) dogs, including sale, resale and transfer of dogs to pet stores, breeders, kennels and dealers, and sale, resale, and transfer that occur via the Internet.
d. Infectious Disease – means any disease that may be contagious between dogs and/or humans, including bacterial, viral, fungal, and parasitic contagions.
e. Licensed veterinarian – means an individual licensed as a veterinarian under [insert appropriate state law].
f. Positive Physical Contact –means petting, stroking, or other touching, which is beneficial to the well-being of the dog.
g. Person – means any individual, corporation, company, partnership, shelter, pound, rescue, firm, estate, trust, or other legal entity.
h. Primary Enclosure – any structure used to restrict a dog or dogs to a limited amount of space. This may include, but is not necessarily limited to, a room, pen, run, cage, compartment, or hutch. If a dog or dogs are housed on the premise of a house or building without restriction, than the premises shall also constitute a primary enclosure.
i. Staff – means a person appropriately trained to perform the duties required.
j. Whelping Box – means a primary enclosure provided to a bitch prior to parturition, designed so that a bitch may lie fully recumbent, stand, turn around, and have some freedom of posture and movement. The whelping box shall function to securely house the bitch and her litter, prevent dissipation of their body heat, and allow for daily positive physical contact with people.

II. Housing

a. Housing – Shall provide for sanitary and safe housing for dogs, and shall provide adequate space appropriate to the age, size, weight, and breed of the dog, and that allows the dog to engage in normal body movements, including the ability to sit, stand up, turn about freely, or lie fully recumbent in a natural position. The primary enclosure shall provide at least partial solid flooring. Nonsolid flooring must be safe for the breed, size, and age of the dog; be free from protruding sharp edges; and be designed to that the paw of the dog is unable to extend through or become caught in the flooring.
b. Each dog, if housed in a primary enclosure, whether housed alone or with other compatible dogs, shall be provided a minimum amount of space, calculated as:

i. Find the mathematical square of the sum of the length of the dog in inches as measured from the tip of the nose to the base of its tail, plus 6 inches. Divide this product by 144 to calculate the minimum required floor space, in square footage, that must be provided by a primary enclosure.[vi]
ii. For nonbreeding dogs housed together, the primary enclosure shall provide 100 percent of the required space for each dog, if maintained separately.
iii. Each bitch with nursing puppies must be provided with an additional amount of floor space, based on her breed and behavioral characteristics, and in accord with generally accepted husbandry practices as determined by the attending veterinarian. If the additional amount of floor space for each nursing puppy is less than five (5) percent of the minimum requirement for the bitch, such housing must be approved by the Board/Agency.
iv. The interior height of a primary enclosure must be at least 6 inches higher than the head of the tallest dog in the enclosure when it is in a normal standing position.
v. Innovative primary enclosures not precisely meeting the floor area requirements provided in paragraphs b(i), b(ii), b(iii), and b(iv) of this section, but that provide the dogs with a sufficient volume of space and the behavioral needs stated in section IV may be used at an operation when approved by the Board/Agency.

a. Shelter – Shall provide protection from harmful extremes of temperature, air movement, moisture, light and other climatic elements to ensure proper health and well-being of the dog.
b. Storage Facilities – Shall be designed and maintained as to provide adequate storage to protect food, medicines, supplies, and bedding from deterioration, contamination, and vermin infestation. Any potentially toxic substance should be stored in a manner to avoid contamination and potential for harm to the dogs.

c. Structure – Shall be structurally sound, in good repair, have no sharp edges or points that could injure the dog(s), and shall securely contain the dogs while precluding access by other animals. Structural surfaces should be sanitizable or replaceable.

d. Waste Disposal – All excreta, feces, debris, and food wastes must be removed from enclosures, at least once daily, and from under primary enclosures as often as necessary, to prevent an excessive accumulation of feces and food waste, to prevent soiling of dogs contained in the enclosure, and to reduce disease hazards, insects, pests and odors. Premises must be kept free of accumulations of trash, junk, waste products, and discarded matter. Waste must be handled and disposed of in a manner that poses minimal hazards to dogs and personnel, and reduces the likelihood of contamination of the soil or ground water with chemicals and/or microorganisms.

e. Cleaning and Sanitation – Hard surfaces with which the dogs come in contact must be spot-cleaned daily and sanitized at least once every 2 weeks and more often if necessary to prevent accumulation of dirt, debris, food waste, excreta, and other disease hazards. When steam or water is used to clean the primary enclosure, whether by hosing, flushing or other methods, dogs must be removed, unless the enclosure is large enough to ensure the dogs will not be harmed, wetted, or distressed in the process. Standing water must be removed from the primary enclosure and dogs in other primary enclosures must be protected from being contaminated with water and other wastes during cleaning.

f. Lighting – The facility shall have sufficient lighting by natural and/or artificial means as to allow observation of the physical condition of the dogs being housed, and to permit inspection and cleaning of the facility. A diurnal lighting cycle should be provided.

g. Environment – Dogs shall be protected from extreme temperatures so as to maintain their health and render their environment comfortable. When climatic conditions pose a threat to a dog's health or well-being, taking into consideration such factors as the dog's age, breed, overall health status and acclimation, appropriate measures must be taken to alleviate the impact of those conditions. Adequate ventilation shall be provided to minimize odors, drafts, ammonia levels, and to prevent the condensation of moisture.

h. Pest Control – An effective program for the control of insects, external parasites affecting dogs, and birds and mammals that are pests, must be established and maintained so as to promote the health and well-being of the dogs and reduce contamination by pests in dog areas.

i. Retreat Area – Dogs shall also be provided in their primary enclosure some form of a den, which shall comprise at least a solid floor and visual barrier, as to allow rest and retreat.

j. Whelping box – All bitches with litters shall be provided an appropriate whelping box, which should provide means to contain the puppies during whelping, and provide some form of substrate, insulation or heat source so as to prevent dissipation of heat so that all puppies are able to maintain appropriate body temperature. If a heat source is provided, care must be taken to protect the bitch and puppies from thermal injury.

III. Nutrition and Hydration

a. Adequate food – A dog shall be fed at least once daily, or as otherwise required on the advice of a veterinarian. The food should be free from contaminants and be of sufficient nutritive value and quantity to maintain the normal condition and weight of the dog as germane to its age, sex, breed, and reproductive status.

b. Potable water – Shall be provided at all times, unless otherwise directed by a veterinarian.

c. Food and water receptacles – Shall be readily accessible to all dogs and shall be located to minimize contamination and to protect them from precipitation. Any non-disposable receptacles shall be durable, cleaned daily, and sanitized at least once per week; disposable receptacles shall be replaced daily, and automatic feeders shall be cleaned and sanitized regularly to prevent the growth of mold and deterioration or caking of feed. Automatic watering devices shall be kept clean, be properly and regularly sanitized, and be tested daily to ensure they are functioning correctly.

IV. Behavioral Requirements

a. General

i. The following behavioral needs shall be met at least daily, except as stated otherwise. All persons should have a documented protocol regarding how to meet the following necessary behavioral needs, and sufficient facilities and/or staff to meet them.

ii. The goal shall be to allow dogs the opportunity to partake in species-specific behaviors. Dogs shall not be housed for extended periods of time in a manner devoid of any enrichment and/or activity and/or social contact.

a. Conspecific socialization – Dogs shall be provided with full-body physical contact with other compatible dogs daily, except as necessary for reasons such as veterinary treatment or quarantine, or prior to parturition for a bitch. Prior to weaning, a bitch and her litter shall fulfill all conspecific socialization needs among the group.

b. Human socialization – Dogs shall be provided with daily positive human contact and socialization. Contact during feeding time alone is not sufficient to meet this requirement.

c. Enrichment

i. Dogs shall be provided in their primary enclosure some form of effective inanimate enrichment. For example, an object that allows the dogs to chew or to play.

ii. Every effort should be made to provide dogs that are housed singly with visual enrichment, such as visual contact with conspecifics or humans, except as necessary for veterinary care, quarantine, or prior to parturition for a bitch.

a. Locomotion

i. Persons shall ensure that each dog that is weaned has access to “locomotory activity”; this activity should allow for an animal to move sufficiently to develop and/or maintain normal muscle tone and mass as pertinent for the age, breed, sex and reproductive status of the dog. Provisions for locomotory activity should also allow the dog an opportunity to achieve a running stride.

ii. The provided area for locomotion should be separate from the primary enclosure if the primary enclosure does not allow for fulfillment of adequate locomotion enrichment and social activities. The area must be kept clean, free of infestation by pests or vermin, and prevent escape of the dogs.

iii. Forced activity, other than for veterinary treatment, is neither sufficient nor appropriate for fulfilling these needs. Physical activity that is repetitive, restrictive of other activities, solitary, and not goal-oriented is neither sufficient nor appropriate for fulfilling all activity needs.

V. <u>Grouping</u>

a. Dogs having locomotory activity in groups and/or social interaction must be compatible and free of infectious disease.

b. Females in heat shall not be housed in the same primary enclosure with males, except for breeding purposes.

c. Any dog exhibiting a vicious or aggressive behavior shall be housed separately, as needed to prevent injury to other dogs. As with quarantine, separation of dogs due to aggression should be accompanied by a program to resolve the underlying causes of this disorder.

d. Puppies four months of age or younger shall not be housed together in the same primary enclosure with adult dogs other than their dam or foster dam.

e. Isolation of any dog with an infectious disease or condition – If a dog is infected with a contagious disease or condition as determined by a licensed veterinarian, one must house the dog separately from healthy animals, and shall handle the dog in a manner that will minimize the likelihood of contagion. Handlers must wash their hands before and after handling each infected or contagious dog.

VI. <u>Staff</u>

a. An adequate number of trained staff must be provided to ensure appropriate upkeep of the facility and that all minimum care requirements for the dogs can be met.

b. The licensee shall not hire individuals who have pled no contest or have been found to have violated any Federal, State or local laws or regulations pertaining to animal cruelty within one (1) year of application for employment, or more than one (1) year if the Board/Agency determines the circumstances render the applicant unfit for employment.

c. The licensee shall report to the Board/Agency any no contest pleas or convictions pertaining to animal cruelty involving any of his/her employees that occur during the time they are employed by licensee.

VII. Handling

Handling of all dogs should be done as carefully as possible in a manner that does not cause trauma, overheating, excessive cooling, behavioral stress, physical harm or unnecessary discomfort.

VIII. Health and Veterinary Care

All persons shall

a. Ensure that necessary routine and preventive veterinary care is provided under the direction of a licensed veterinarian, and maintain a written health care management protocol addressing routine veterinary care. At a minimum, regular preventive care should include examination at least once yearly by a licensed veterinarian for breeding dogs.
b. Assess each dog's health and welfare daily; this should include observation of body condition (e.g., appropriate weight, skin/coat/nail condition), behavior, and whether the dog is eating, drinking, urinating, and defecating normally.
c. Provide prompt treatment of illness or injury under the direction of a licensed veterinarian.
d. Maintain records of any veterinary care, including records of regular preventive veterinary care.
e. Ensure that humane euthanasia is performed when necessary and only by a licensed veterinarian, or other certified personnel pursuant to state regulations, using methods cited in the *American Veterinary Medical Association's Guidelines on Euthanasia*[vii] and in accordance with applicable federal and state laws.
f. Upon written approval by a licensed veterinarian or the Board/Agency, any dog may be exempted from any of the standards of care mentioned in sections II - V. A reasonable expiration date must be provided for such exemptions at which time the exemption shall be re-evaluated to determine whether it is still appropriate.
g. All veterinary care provided pursuant to the requirements in this Act shall be provided within a veterinarian-client-patient relationship, and in accord with the state veterinary practice act, with provisions for both routine and emergency care.

[i] The American Veterinary Medical Association does not support the keeping of canine (wolf) hybrids as pets (see policy at **http://www.avma.org/issues/policy/canine_hybrids.asp**) and, therefore, has not included them within this model. Those using the model may wish to consider whether the incorporation of canine (wolf) hybrids is appropriate for their application.

[ii] Egregious offenses may also be prosecutable under anti-cruelty statutes, which may provide for civil and/or criminal penalties.

[iii] The Board/Agency may adopt the standards set out in the model regulations accompanying this model bill, or use as a guideline for the humane handling, care, treatment, and transportation of dogs the standards of Animal and Plant Health Inspection Service of the United States Department of Agriculture as set out in 9 CFR 3.1 et seq.

[iv] Valid justifications for a recommendation not to breed may include concerns about physical and/or behavioral health, the perpetuation of genetic defects, and frequency.

[v] To avoid setting licensing fees prohibitively high, monies in addition to those generated from licensing fees and civil penalties may need to be appropriated for effective implementation of the Act.

[vi] Animal Welfare Act. 7 USC 2131. 1985. 9 CFR 3.1 et seq,

[vii] Available at **http://www.avma.org/issues/animal_welfare/euthanasia.pdf**.

Additional Resources:

Background and Context for the Model Bill and Regulations to Assure Appropriate Care for Dogs Intended for Use as Pets

Induced Molting of Layer Chickens

Induced molting of commercial layer chickens must be a carefully monitored and controlled procedure, with special attention paid to flock health, mortality, and bird weight. Neither water nor food should be withdrawn to induce molting. Acceptable practices include reduction of photoperiod (day length) and specific nutrient restrictions that result in cessation of egg production. Induced molting extends the productive life of commercial chicken flocks and results in a substantial reduction in the number of chickens needed to produce the nation's egg supply.

Literature Reviews:

Welfare Implications of Induced Molting of Layer Chickens (PDF)

National Aeronautics and Space Administration

The AVMA supports the sustained funding of the National Aeronautics and Space Administration's International Space Station and associated space life sciences research programs.

National Animal Health Laboratory Network (NAHLN) Funding

In order to strengthen national preparedness against agroterrorism as detailed in the National Research Council's report "Animal Health at the Crossroads: Preventing, Detecting, and Diagnosing Animal Diseases", the AVMA requests the Department of Homeland Security (DHS) and the United States Department of Agriculture (USDA) to fund and develop the infrastructure for a comprehensive NAHLN so that this nation will be capable of responding to any animal health emergency. Additionally, AVMA suggests that the USDA and DHS seek line item funding for the maintenance of the NAHLN.

Relevant AVMA Policy:

- **Foreign Animal Disease Laboratory**
- **Funding for USDA Facilities**
- **Support of National Research Council's Recommendation in Animal Health at the Crossroads**
- **Veterinary Diagnostic Laboratory Funding**

Position on National Bio and Agro-Defense Facility (NBAF)

AVMA supports the concept that consideration of potential locations for the proposed National Bio and Agro-Defense Facility (NBAF) should not be restricted to Plum Island, New York.

National Incident Management System

The AVMA encourages comprehensive, nationwide use of the National Incident Management System (NIMS), for all-hazards incident management, as outlined in Homeland Security Presidential Directive - 5.

National Poultry Improvement Plan

The AVMA supports the National Poultry Improvement Plan.

Funding of the New Animal Drug Application (NADA) Approval Process*

To help ensure adequate availability of veterinary drugs, the AVMA supports increased Congressional funding of the FDA Center for Veterinary Medicine for the NADA approval process indexed to keep pace with cost increases.

The AVMA supports user fees for new animal drug applications only if such fees are directed toward expediting the review and approval process for animal drug products.

** policy supersedes the policies "New Animal Drug Application (NADA) Approval Process" and "User Fees for Sponsors of New Animal Drug Applications"*

Background:

Animal Drug User Fee Act Reauthorization

Nonhuman Primates as Assistance Animals

The AVMA does not support the use of nonhuman primates as assistance animals because of animal welfare concerns, the potential for serious injury, and zoonotic risks.

Delivery of Veterinary Services by Not-for-Profit/Tax-Exempt Organizations

Veterinary not-for-profit and tax-exempt clinics and hospitals provide access to important medical and surgical services for animals owned by the indigent and otherwise underserved populations. Without such charitable services, these animal owners would find it extremely difficult, if not impossible, to care for their animals appropriately. Improved access to care not only helps ensure that the welfare of animals is protected, but also helps address public health concerns that may be associated with preventable zoonotic diseases, such as rabies. In addition, many not-for-profit organizations, including community animal shelters and animal control agencies, provide a benefit to society through rescuing, sheltering, rehabilitating and finding good homes for animals. While supporting these worthwhile efforts, the AVMA believes that not-for-profit and tax-exempt organizations should comply with:

- federal, state and local regulations, including the Internal Revenue Code, and rulings applicable to tax exempt organizations providing fee-for-service veterinary care
- state laws addressing:
    - not-for-profit organizations' missions and funding
    - ownership of veterinary practices by non-veterinarians
    - veterinary facility licensure and quality standards

Where applicable, means testing to determine eligibility should be conducted in compliance with each organization's internal documents for clients accessing veterinary services.

Occupational Safety and Health

AVMA will continue to maintain an active dialog with OSHA regarding veterinary compliance with OSHA practices, maintain a good understanding of OSHA requirements, and inform OSHA on standards that would be compatible and consistent with veterinary medicine to fulfill the goals of OSHA of a hazard free and safe workplace.

One Health

The AVMA supports advancements and awareness of One Health, which is the integrative effort of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals, and the environment.

Background:

One Health - It's All Connected

Relevant AVMA Policy:

- **CEI Roadmap for Environmental Leadership Priorities**
- **Zoonotic Disease Education**
- **Research Priorities of the American Veterinary Medical Association**
- **Veterinary Profession in National, State, and Local Emergencies**, Role of

Joint AVMA-FVE-CVMA Statement on The Essential Role of Veterinarians in Protecting Animal, Human, Public, and Environmental Health-A Global Public Good

Note: This statement has been adopted jointly by the AVMA, Federation of Veterinarians of Europe and Canadian Veterinary Medical Association.

The public has a strong appreciation for the important role of veterinarians in the United States and Europe who are engaged in clinical practice caring for the health and well-being of companion and farm/ranch animals. The myriad other roles veterinarians play in protecting and advancing human, public, and environmental health are less recognized by the public, yet are essential to the continued well-being of people and animals at the local, national, regional, and international levels.

The American Veterinary Medical Association (AVMA; **www.avma.org**) represents more than 85,000 individual veterinarians across the U.S.A; the Federation of Veterinarians of Europe (FVE; **www.fve.org**) represents 46 national veterinary organizations across 38 European countries; and the Canadian Veterinary Medical Association (CVMA; **www.canadianveterinarians.net/**) represents over 13,000 individual veterinarians across Canada. The AVMA, FVE, and CVMA collaborate on issues of importance to its members, working cooperatively to promote animal and human health, support veterinarians in delivering their professional responsibilities at the highest level, and advance the veterinary medical profession.

The AVMA, FVE, and CVMA recognize that the clinical veterinary practitioner is often at the forefront of protecting human health through the diagnosis and treatment of animal disease. This is not only true for veterinarians working in communities in which the economic well-being of the human population is dependent on animals for transportation, labor, or food, but also in communities in which the emotional well-being of the human population is strongly impacted by the human-animal bond.

The AVMA, FVE, and CVMA are committed to promoting both the more commonly recognized role veterinarians play as clinical practitioners in ensuring animal health and welfare and the less-recognized but equally essential roles veterinarians play in protecting and advancing public and environmental health. Examples of these roles include, but are not limited to:

- Investigating animal and human disease outbreaks and developing and implementing programs to enhance epidemiologic understanding, diagnosis, treatment, prevention, and eradication of such diseases.
- Building global surveillance systems to enhance early detection of, and response to, disease threats.
- Ensuring the safety and nutritious value of all food of animal origin—from the farm to the fork.
- Teaching the next generation of veterinarians, other medical professionals, and other scientists.
- Conducting research to advance animal, human, public, and environmental health and welfare.
- Evaluating the safety and efficacy of medicines, medical products, animal foods, and food additives.
- Building and rebuilding health infrastructures and helping communities around the world recover from manmade and natural disasters such as war, political unrest, hurricanes, and tsunamis.

- Protecting the environment through programs that manage animal agricultural waste, dispose of pharmaceuticals in a safe manner, and promote sustainable development.
- Working with captive and free-ranging wildlife to protect biodiversity and advance species conservation efforts.

Given the breadth and depth of veterinary medicine, the AVMA, FVE, and CVMA believe the profession is an essential component of **One Health**. Veterinarians are integral to missions at the human-animal-environment interface. Further, the veterinary profession is a global public good as defined by the **World Organization for Animal Health** (OIE). Because of these beliefs, the AVMA, FVE, and CVMA will actively promote all roles that veterinarians play through public outreach campaigns and advocacy at the national and international levels. In so doing, these three organizations are committed to working together to ensure that necessary resources are available to advance the veterinary profession on a global level.

Additional Resources

One Health - It's all connected

Related Policies:

- **Joint AVMA-FVE-CVMA Statement on The Roles of Veterinarians in Ensuring Good Animal Welfare**
- **Joint AVMA-FVE-CVMA Statement on Veterinary Education**
- **Joint AVMA-FVE-CVMA Statement on the Global Control of Canine Rabies**
- **Joint AVMA-FVE-CVMA Statement on Responsible and Judicious Use of Antimicrobials**

Organic Foods

The AVMA recognizes that there is interest in organically produced food. However, an organic label should not be interpreted as an assurance of increased food safety.

The AVMA promotes the well-being of all food-producing animals. Producers should be encouraged to provide medically necessary treatments under the direction of a veterinarian, regardless of the impact on an animal's organic status.

AVMA is receptive to communications with and is available as a resource for the National Organic Standards Board in discussions related to public health and animal health and welfare.

Relevant AVMA Policy:

Food Safety Policy

Truthful and Non-Misleading Human Food Labeling

Ovariectomy in Cattle

Ovariectomy or "spaying" in cattle is a surgical procedure performed to avoid disease transmission and unwanted pregnancy of animals in areas where females cannot be segregated from males and where extensive grazing conditions prohibit control of estrus through feed additives. When ovariectomy is deemed necessary, the procedure should be performed using appropriate restraint and aseptic technique. Just as for other veterinary medical and surgical procedures, veterinarians should use their medical judgment in deciding the best surgical approach. Research leading to new or improved techniques that reduce or eliminate pain and discomfort associated with ovariectomy and development of viable alternatives to ovariectomy are encouraged. This includes the use of approved or AMDUCA-permissible clinically effective anesthesia and analgesic medications whenever possible.

Literature Reviews:

Welfare Implications of Ovariectomy in Cattle (PDF)

Pain in Animals

Animal pain is a clinically important condition that adversely affects an animal's quality of life. Drugs, techniques, or husbandry methods should be used to prevent, minimize, and relieve pain in animals experiencing or expected to experience pain. Protocols must be tailored to individual animals and should be based, in part, on the species, sex, breed, age, procedure performed, degree of tissue trauma, individual behavioral characteristics, assessment of the degree of pain, and health status of the animal.

Assessment of New Therapies for Alleviation of Pain in Animals

The assessment of analgesic efficacy for agents for used in veterinary clinical practice depends upon well-designed and appropriately controlled experimental clinical trials. The intent of this policy is to support development of analgesic products and strategies in a manner that protects clinical trial subjects.

Appropriate pain thresholds for analgesic rescue therapy, a validated pain scoring system, application of clinical judgment, and appropriate training of study personnel are essential components of a well-designed prospective trial to assess alleviation of pain. In studies involving pain, the AVMA strongly advocates that trial design and personnel training ensure that any animal be rescued from pain at a predetermined pain threshold with an appropriate analgesic.

Pandemic Influenza Preparedness

The AVMA encourages its members to have pandemic influenza preparedness plans in place for themselves, their families and their businesses.

Pasteurized Milk Ordinance Somatic Cell Count Standard

The AVMA supports revision of the Pasteurized Milk Ordinance somatic cell count standard regarding Grade "A" raw milk for pasteurization, ultra-pasteurization or aseptic processing to a level not to exceed 400,000 cells/ml for bulk tank milk.

Relevant AVMA Policy:

Raw Milk

Integrated Pest Management

The AVMA supports appropriate integrated pest management (IPM) programs and practices. IPM includes the coordinated use of pest and environmental information with available pest control methods (chemical, structural, etc.) to prevent unacceptable levels of pest damage by the most economical means and with the least possible hazard to non-target species, people, property, and the environment.

Pesticide Application

Veterinarians and regular employees under direct veterinarian supervision should retain current exemptions from certification in order to apply all pesticides, including restricted-use pesticides, in the course of practice.

Safe Handling of Commercially Prepared Pet Food and Pet Treats

In several instances, commercially prepared pet food and treats have been recalled by manufacturers because of contamination with organisms such as Salmonella. Salmonella and other microorganisms may cause serious illness to the pets that eat them as well as to the people that handle the food and treats. Animals that become infected after

ingesting contaminated food may also pose a risk to the people they come in contact with. The people that are most at risk from these infections are the young, elderly, pregnant, and immune-compromised. Pet owners can take several precautions to minimize the risk of illness from contaminated pet food and treats in their pets and themselves.

Purchasing

- Purchase only products that are in good condition at the time of sale. Avoid packages that are damaged, such as dented cans or ripped and torn bags.

Preparation

- Wash hands for 20 seconds with hot water and soap after handling pet food and treats.
- Wash pet food bowls, dishes, and scooping utensils with hot, soapy water after each use.
- Use a dedicated spoon or scoop to place pet food in the bowl—do not use the bowl itself.
- Dispose of spoiled or old pet food properly by placing it in a securely tied plastic bag and place it in a covered trash receptacle.

Storage

- Promptly refrigerate or discard of any unused or leftover wet or moist pet food in a refrigerator set at 40°F or below.
- Dry pet food and treats should be stored in a cool, dry place at less than 80°F.
- If possible, store dry pet food in its original bag inside a clean, dedicated container with a lid—if the original bag is not used, save the part of the bag with the date of manufacture, lot number, and expiration date or best-by date.

Therapeutic Pet Food Health Claims

The AVMA recognizes that the Food and Drug Administration (FDA) uses enforcement discretion in the oversight of certain pet food claims. Even though many of these foods could legally be considered drugs, certain claims are not FDA approved; consequently, efficacy for these products cannot be assured. Therefore:

- The AVMA encourages the pet food industry to act responsibly by only making health or therapeutic claims that are supported by defensible scientific evidence.
- Veterinarians should assess relevant product information through principles of evidence-based medicine prior to using or recommending wellness or therapeutic pet foods.
- In the interest of pet safety, AVMA recommends the FDA require all pet food products with implied or explicit health or drug claims include a prominent statement on the label indicating that these claims have not been evaluated by the FDA as well as appropriate warning and cautionary statements when appropriate.
- In the interest of pet safety, AVMA recommends the FDA require the product to be made available to the public only through licensed veterinarians with the confines of a veterinarian-client-patient relationship.

AVMA Guidelines for Pet Loss Support Services

Research has shown that the human grieving process following a pet's death is similar to that experienced by people who have lost a family member or close friend. Telephone helplines and support groups have been used for some time to address grief associated with the end of human-human interrelationships, but have only recently emerged as a means of assisting pet owners in dealing with the death of their companion animals. The American Veterinary Medical Association (AVMA) recognizes the benefits of pet loss support helplines and groups for pet owners, veterinarians, veterinary technicians, students and faculty at colleges of veterinary medicine and veterinary technology, and lay employees of veterinary practices, and encourages their responsible establishment.

The Internet has also attracted considerable attention as a new medium for delivery of pet loss support. Although it may serve as a source of information for grieving pet owners, it has unique characteristics that make it a more limited and risky medium for delivery of counseling services.

Pet Loss Support Helplines

Purpose

The primary purpose of pet loss support helplines is to provide emotional support, via telephone, for pet owners who have experienced, or are anticipating, the death of their companion animal. This service is usually provided by volunteers who have been trained by a licensed mental health professional. These volunteers are often veterinarians, veterinary technicians, students and faculty at colleges of veterinary medicine and veterinary technology, or lay employees of veterinary practices. Helpline volunteers actively listen to callers and attempt to answer their questions, concerns, and needs by providing information verbally, in print, or through referral to private counselors and crisis centers.

Pet loss support helplines also provide education for volunteers in the social service aspects of veterinary medical practice associated with companion animal loss, grief, and bereavement. Colleges of veterinary medicine and veterinary technology will find that helplines benefit students by providing them with real-life examples of the depth and implications of the human-animal bond. Veterinary organizations, practices, and hospitals hosting or contributing to pet loss support helplines benefit from skills learned by their members or employees and from positive public response engendered by these helplines.

Minimum Requirements for Establishing a Responsible and Successful Pet Loss Support Helpline

- A mission statement that encompasses the philosophy of the helpline.
- Documented approval of the sponsoring agency and legal counsel.
- A coordinator or coordinating committee. Their responsibility is to oversee the management of the helpline, including site acquisition, financial support, training, scheduling of staff, and documentation.
- A procedure and training manual. During its development, the expertise and experience of volunteers should be considered. The manual should contain a description of how calls are received and returned; notes from training sessions; referral information for private counselors, crisis intervention centers, parallel interest groups, and other helplines and support groups; copies of relevant reference materials; and information on pet cemeteries and cremation facilities.

- A formal training program that is attended by all volunteers prior to their answering phone calls on the helpline. Training must include a discussion of attachment theory pertaining to the human-animal bond (including information pertaining to special attachments, needs, and concerns, such as those experienced by owners of service animals, children, the immunocompromised, the elderly, and police officers) and the normal and pathological manifestations of loss, grief, and bereavement. Volunteers must be taught supportive listening skills, how to set appropriate boundaries (i.e., keeping callers focused on appropriate topics and recognizing when referrals are needed), crisis management and intervention skills (including lethality assessment and police intervention), how to deal with typical as well as angry and abusive callers, and how to resolve ethical dilemmas. Volunteers' personal stress generated by working the helpline must be carefully monitored and techniques for management discussed and implemented.
- A steady source of trainable volunteers. Deciding who will answer helpline calls is important. Veterinarians, veterinary technicians, students at colleges of veterinary medicine and veterinary technology, and lay employees of veterinary practices provide a logical pool of volunteers who are easily trained because they are familiar with companion animal loss and its consequences and usually have a realistic view of the situations helpline volunteers encounter.
- Professional supervision that includes direct involvement of a licensed, clinically trained mental health professional. Timely access to a clinically trained mental health professional for consultation regarding calls; maintenance of quality control via discussion rounds, follow-up letters, and questionnaires; and monitoring and management of stress in volunteers are essential.
- A site of operation in a quiet, undisturbed location, free from distractions that could interfere with delivery of comforting emotional support over a telephone line. Establishing an office location at which volunteers actually answer the phone is ideal, because resources such as computers, references, other volunteers, and crisis intervention personnel are often readily available. Voice mail systems can also be used, providing information is sent to a central location and collated to ensure quality control.
- Record compilation, including a log of all calls. Analysis of statistical information can assist helpline volunteers in identifying areas of greatest need, targeting information, and providing improved support. Information that might be gathered includes age and species of pet, whether the pet was dead at the time of the call or grief was anticipatory, how the pet died, how long ago the loss occurred, whether there are children or other individuals with special needs involved, and the length of the call. Care must be taken to ensure that attempts to gather information do not reduce the effectiveness of the support provided.
- Liability insurance that covers the activities of the helpline.
- A marketing program. Helplines are not successful unless they are used. The public can be made aware of these programs through appropriate marketing by veterinarians, veterinary organizations, veterinary colleges, allied professionals, and community resource listings. Brochures, pamphlets, and bookmarks publicize the helpline and can provide basic information concerning companion animal loss, grief, and bereavement. Plans for responding to media contacts should also be developed.
- Financial support. Financial support must be sought to cover expenses associated with telephone use, production of training manuals and marketing materials, training sessions, and data collection.
- Assessment. A method of evaluation is needed to assess the effectiveness of training volunteers and the value of the helpline to callers and volunteers.

Pet Loss Support Groups

People often attend support groups as they attempt to address grief associated with personal crises or the end of human-human relationships, but only recently have people sought out this resource as a way to cope with the death

of their pet. The AVMA believes that support groups may be of substantial benefit to animal owners in addressing the emotional aspects of attachment and loss if these groups are conducted responsibly.

Purpose

As for helplines, the primary purpose of pet loss support groups is to provide emotional support for animal owners who have experienced, or are anticipating, the death of their companion animal. Support groups provide a structured environment in which members can release strong emotions, while being educated in psychological models that can help them understand the grieving process. Group members benefit from the realization that their painful experience is shared by others.

Establishing pet loss support groups also benefits the veterinary profession by communicating its concern for grieving clients and by increasing the effectiveness of veterinary hospitals and clinics in dealing with emotionally distraught clients.

Considerations in Establishing a Pet Loss Support Group

- Select a facilitator. The skills and experience of the facilitator determine the effectiveness of the support group. Pet loss support groups are considerably different than pet loss support helplines because they include multiple individuals in varying stages of grief, have the potential to elicit intense interactions between these individuals, and incorporate instruction in psychological models of grieving. Although pet loss support helplines are often staffed by appropriately trained veterinarians, veterinary technicians, lay staff of veterinary clinics/hospitals, or students of veterinary medicine and veterinary technology, the AVMA believes the only qualified facilitator for a pet loss support group is a licensed, clinically trained, mental health professional with experience in group dynamics and counseling owners regarding grief and bereavement associated with the loss of companion animals. Addressing grief associated with the loss of a companion animal can be more difficult than addressing grief associated with the end of human-human relationships because there are presently no universally accepted social mechanisms or rituals to facilitate resolution of an owner's grief. In addition, an owner's expression of grief may be met with social disapproval. An effective facilitator must understand and be prepared to address these differences.
- A coordinator. A coordinator is needed to perform administrative duties such as site acquisition, soliciting financial support, and scheduling. The coordinator should obtain documented approval of the sponsoring agency and legal counsel.
- Location and time. The site of operation should be centrally located in the area that is expected to be served by the support group. A quiet location, which is free from distractions, is essential to ensure comfort and delivery of quality emotional support. A time should be selected that is convenient to all expected to participate in the group. Evenings, for example, may be best as they will facilitate participation by individuals who work during the day. Location, frequency of meetings, and starting time should be consistent.
- Protocol and ground rules. The facilitator should determine the best way to operate the group, after consideration of the participating individuals' needs. Ground rules that foster participation by all attending and respect for the feelings of others should be established as a group effort. Group members should be encouraged to share their experiences and feelings, but should not be coerced into participating. Universal acceptance of confidentiality is imperative.
- Financial support. Financial support must be sought to cover professional services and facility expenses. Funding should be obtained from a stable source, such as a private company, school, or association. Although private donations are helpful, they can be sporadic.

- Promotion and public education. The success of support groups can depend on the number of individuals participating. The public can be made aware of these programs through referrals by veterinarians, veterinary organizations, veterinary colleges, allied professionals, and community resource listings. Brochures, pamphlets, and bookmarks help publicize support groups and can provide basic information concerning companion animal loss, grief, and bereavement. Plans for responding to media inquiries should also be developed.
- Liability concerns. Liability insurance that covers the activities of the support group should be obtained. Appropriate licensure of the mental health professional must be verified.
- Assessment. A method of evaluation is needed to assess the value of the pet loss support group to its participants and the referring and sponsoring agency (ies). Number-coded (to protect confidentiality) survey forms are an inexpensive assessment tool.
- Learn from the experience of others. Because setting up a pet loss support group requires a great deal of effort and commitment, it is advisable to speak with those conducting existing groups to ensure the success of new ones.

Internet Counseling

Skilled interpretation of nonverbal (e.g., gestures, facial expression, tone of voice, and inflection) and verbal cues is necessary for effective grief counseling, and face-to-face contact is the best medium for this service. This is particularly true when a specific diagnosis and ongoing treatment are required. Although standard telephone contact does not provide visual cues, it does permit transmission of auditory nonverbal cues, and can be used effectively for brief crisis contact, referral, and provision of educative information. Because standard Internet communication eliminates even auditory nonverbal cues, the AVMA recommends that Internet assistance be limited to provision of educative information, such as display of articles written by qualified veterinarians and counselors, or referral to appropriate books and articles. Internet sites can also provide lists of licensed counselors and veterinarians who are qualified to establish a relationship in person. Receiving counseling through the Internet, beyond provision of information, may place pet owners at risk of being harmed by inadequately trained individuals.

Guidelines for Responsible Pet Ownership

Owning a pet is a privilege and should result in a mutually beneficial relationship. However, the benefits of pet ownership come with obligations. Responsible pet ownership includes:

- Committing to the relationship for the life of the pet(s).
- Avoiding impulsive decisions about obtaining pet(s), and carefully selecting pet(s) suited to your home and lifestyle.
- Recognizing that ownership of pet(s) requires an investment of time and money.
- Keeping only the type and number of pets for which an appropriate and safe environment can be provided, including appropriate food, water, shelter, health care and companionship.
- Ensuring pets are properly identified (i.e., tags, microchips, or tattoos) and that registration information in associated databases is kept up-to-date
- Adherence to local ordinances, including licensing and leash requirements.
- Controlling pet(s)' reproduction through managed breeding, containment, or spay/neuter thereby helping to address animal control and overpopulation problems.
- Establishing and maintaining a veterinarian-client-patient relationship.
- Providing preventive (e.g., vaccinations, parasite control) and therapeutic health care for the life of pet(s) in consultation with, and as recommended by, its veterinarian.
- Socialization and appropriate training for pet(s), which facilitates their well-being and the well-being of other animals and people.
- Preventing pet(s) from negatively impacting other people, animals and the environment, including proper waste disposal, noise control, and not allowing pet(s) to stray or become feral.
- Providing exercise and mental stimulation appropriate to the pet(s)' age, breed, and health status.
- Advance preparation to ensure the pet(s)' well-being in the case of an emergency or disaster, including assembling an evacuation kit.
- Making alternative arrangements if caring for the pet is no longer possible.
- Recognizing declines in the pet(s)' quality of life and making decisions in consultation with a veterinarian regarding appropriate end-of-life care (e.g., palliative care, hospice, euthanasia).

Additional Resources:

Pet Care

Pet Ownership brochure

- **In English** (pdf)
- **In Spanish** (pdf)

Responsible Pet Ownership flyers (pdf)

- In English
  - **Black and white**
  - **Color**

- In Spanish
    - **Black and white**
    - **Color**

Responsible Pet Ownership poster

- **In English**
- **In Spanish**

Pets in Senior, Disabled, and Multifamily Public Housing

The AVMA supports amendments to the United States Housing Act of 1937 that provide for ownership of pets in:

1. Public and assisted housing for the elderly and disabled families (The Housing and Rural Recovery Act of 1983 [Public Law 98-181]) with regulations codified under Pet Ownership for the Elderly or Persons with Disabilities [24 CFR 5, Subpart C], and
2. Multifamily public housing other than that for the elderly and disabled families (The Quality Housing and Work Responsibility Act of 1998 [Public Law 105-276]) with regulations codified under Pet Ownership in Public Housing [24 CFR 960, Subpart G].

Best Management Practices for Pharmaceutical Disposal

The AVMA recognizes pharmaceutical disposal as an important and complex issues and urges its members to:

- Follow all applicable Tribal, federal, state, and local regulations and guidelines for disposal of all pharmaceutical waste and be aware that specific regulations apply to pharmaceutical waste such as that regulated as controlled substances or as hazardous, chemotherapeutic, trace chemotherapeutic, mixed, or radiologic waste.
- Minimize pharmaceutical waste by maintaining close inventory control.
- Never pour or flush pharmaceuticals down drains or toilets nor burn pharmaceutical waste unless permitted by authorities of oversight.
- Segregate waste and utilize appropriate waste brokers, including reverse distributors whenever possible.
- Train employees on proper disposal of pharmaceutical waste.
- Provide client education on proper pharmaceutical disposal.

Brochure:

- **Prescription for Safety: How to Dispose of Unwanted Medicine**

Relevant AVMA Policy:

- **Client Disposal of Controlled Substances**
- **Environmental Responsibility**
- **Toxicoses**
- **Veterinary Medical Wastes**

Additional Resources:

- **AVMA's Tips on How to Dispose of Pharmaceutical Waste** (AVMA video)
- **Disposal of Unwanted Medications**
- **Pharmaceutical Disposal** section (members-only) of the disposal resource, **www.avma.org/wastedisposal**

Physical Restraint of Animals

Humane and safe physical restraint is the use of manual or mechanical means to limit some or all of an animal's normal voluntary movement for the purposes of examination, collection of samples, drug administration, therapy, or manipulation. The method used should provide the least restraint required to allow the specific procedure(s) to be performed properly, should minimize fear, pain, stress and suffering for the animal, and should protect both the animal and personnel from harm. Every effort should be made to ensure adequate and ongoing training in animal handling and behavior by all parties involved, so that distress and physical restraint are minimized. In some situations, chemical restraint may be the preferred method. Whenever possible, restraint should be planned, formulated, and communicated prior to its application.

Regulation of Equine Plasma Products

The AVMA urges FDA and USDA to identify a means to regulate all equine plasma products intended for use in horses with or without claims according to the USDA standards for animal blood product quality.

Dog and Cat Population Control

The population of dogs and cats in the United States currently exceeds the capacity of our society to care and provide homes for them as companion animals. As a result, millions do not have homes and are euthanized annually by animal control agencies, humane organizations, and veterinarians in private practice. Dogs and cats that are not adopted can become victims of trauma, starvation, or disease. The AVMA concludes that dog and cat population control is a primary welfare concern of our society.

A. Public Policy

The AVMA does not support regulations or legislation mandating spay/neuter of privately owned, non-shelter dogs and cats. Although spaying and neutering helps control dog and cat populations, mandatory approaches may contribute to pet owners avoiding licensing, rabies vaccination and veterinary care for their pets, and may have other unintended consequences.

The AVMA believes that state and local governments must evaluate their needs and resources to develop appropriate and effective dog and cat population control programs. This would include:

1. Providing sufficient funding to animal control agencies to facilitate:
    a. Strict enforcement of existing animal control laws, and
    b. Licensing of all dogs and cats.
2. Prohibiting the sale or adoption of intact dogs and cats by humane organizations and animal control agencies.
3. Promoting surgical and nonsurgical sterilization of intact dogs and cats. Just as for other veterinary medical and surgical procedures, veterinarians should use their best judgment in recommending at what age sterilization should be performed for individual animals.
4. Requiring licensing, rabies vaccination and permanent identification through microchipping.

B. Research

1. The AVMA encourages research into the development and use of nonsurgical methods of sterilization.
2. The AVMA encourages research to better define and quantify the dog and cat overpopulation problem.

C. Education

1. The AVMA supports public education campaigns that help pet owners be more responsible and concerned.
2. Comprehensive public education campaigns to prevent relinquishment require the commitment and cooperation of state and local governmental agencies, humane organizations, and veterinary associations.
3. Education to prevent relinquishment should include tenets of responsible pet ownership, including appropriate selection, the importance of spaying and neutering, keeping pets indoors or in restricted environments, preventing or solving behavioral problems, and consulting with veterinarians for information on these issues.
4. The AVMA encourages all independent sources of pets (e.g., breeders, pet shops, shelters, animal control facilities, private individuals) to educate new owners about the importance of surgical or nonsurgical sterilization and regular veterinary care.
5. Schools of veterinary medicine and veterinary technology should emphasize the prevention and/or solution of behavioral problems and other factors leading to dog and cat relinquishment.

Model Veterinary Practice Act- January 2013

Introduction to the AVMA Model Veterinary Practice Act

The American Veterinary Medical Association (AVMA) Model Veterinary Practice Act (MVPA) is intended to serve as a model set of guiding principles for those who are now or will be in the future preparing or revising a practice act under the codes and laws of an individual state. Commentary following each section of the MVPA also serves a similar purpose.

The first AVMA Model Veterinary Practice Act was developed by the Judicial Council of the AVMA, in cooperation with Professor N. William Hines of the University of Iowa College of Law, in the early 1960s. The AVMA House of Delegates approved this first MVPA in 1964, and since then, the MVPA has been revised several times to reflect professional, technological, and societal changes. A major revision occurred in 2003. In 2010, recognizing the need for another complete review of the MVPA, the AVMA Executive Board established the Task Force on AVMA Model Veterinary Practice Act, which consisted of representatives from the AVMA Executive Board, AVMA House of Delegates, AVMA Council on Veterinary Service (the oversight entity for the MVPA), AVMA Judicial Council (the entity responsible for drafting the original MVPA), AVMA State Advocacy Committee, AVMA Committee on Veterinary Technician Education and Activities, American Veterinary Medical Law Association, and American Society of Veterinary Medical Association Executives. The task force also included a member of a state veterinary licensing board, a small animal practitioner, a large animal practitioner, and a non-veterinarian public member.

The latest revision process began in January 2011 with a 30-day public comment period. Approximately 1,000 comments were submitted by AVMA members and non-members concerning various provisions of the MVPA. The task force reviewed these comments and issued a first draft of revisions in June 2011, which was followed by additional input from AVMA councils, committees and other entities. After further consideration, the task force submitted a final draft to the AVMA Executive Board in November 2011. The AVMA House of Delegates approved the revisions to the MVPA in January 2012.

Because the MVPA is intended to evolve as technology, the veterinary profession, and societal needs change, comments are welcome and should be directed to the Council on Veterinary Service at the AVMA, 1931 N Meacham Rd, Suite 100, Schaumburg, Illinois 60173-4360.

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Preamble

This statute is enacted as an exercise of the powers of the State to protect the health, safety, and welfare of the public and animals by ensuring the delivery of competent veterinary medical care. It is hereby declared that the practice of veterinary medicine is a privilege conferred by legislative grant to persons possessed of the personal and professional qualifications specified in this Act.

COMMENTARY TO THE PREAMBLE—The preamble defines the purpose of the veterinary practice act. It emphasizes that the right to practice veterinary medicine is a privilege granted by state law and is thus subject to regulation in order to protect health, safety, and welfare of the public and animals.

Section 1 – Title

This Act shall be known as the [name of State] Veterinary Practice Act. Except where otherwise indicated by context, in this Act the present tense includes the past and future tenses, the future tense includes the present tense, the singular includes the plural, and the plural includes the singular.

COMMENTARY TO SECTION 1—Sections such as this are commonly included in lengthy statutes for purposes of simplification and clarification of tense and number rules. "State" may include a territory of the United States, the District of Columbia, Puerto Rico, or other jurisdiction.

Section 2 – Definitions

1. "Accredited college of veterinary medicine" means any veterinary college, school, or division of a university or college that offers the degree of Doctor of Veterinary Medicine or its equivalent and that is accredited by the Council on Education of the American Veterinary Medical Association (AVMA).

2. "Accredited program in veterinary technology" means any postsecondary educational program that is accredited by the Committee on Veterinary Technician Education and Activities of the AVMA.
3. "Animal" means any living organism, except humans, having sensation and the power of voluntary movement and requiring for its existence oxygen and organic nutrients.
4. "Board" means the [State Board of Veterinary Medicine].
5. "Client" means the patient's owner, owner's agent, or other person responsible for the patient.
6. "Complementary, alternative, and integrative therapies" means a heterogeneous group of preventive, diagnostic, and therapeutic philosophies and practices that are not considered part of conventional (Western) medicine as practiced by most veterinarians and veterinary technicians. These therapies include, but are not limited to, veterinary acupuncture, acutherapy, and acupressure; veterinary homeopathy; veterinary manual or manipulative therapy (ie, therapies based on techniques practiced in osteopathy, chiropractic medicine, or physical medicine and therapy); veterinary nutraceutical therapy; and veterinary phytotherapy.
7. "Consultation" means when a licensed veterinarian receives advice in person, telephonically, electronically, or by any other method of communication from a veterinarian licensed in this or any other state or other person whose expertise, in the opinion of the licensed veterinarian, would benefit a patient. The licensed veterinarian receiving consultation maintains the veterinarian-client-patient relationship.
8. "Credentialed veterinary technician or technologist" means a veterinary technician or veterinary technologist who is currently registered, certified, or licensed by the Board.
9. "ECFVG® certificate" means the certificate issued by the Educational Commission for Foreign Veterinary Graduates® of the AVMA indicating that the holder has demonstrated knowledge and skill equivalent to that possessed by a graduate of an accredited college of veterinary medicine.
10. "Extralabel use" means actual use or intended use of a drug in an animal in a manner that is not in accordance with the approved labeling. This includes, but is not limited to, use in species not listed in the labeling, use for indications (disease or other conditions) not listed in the labeling, use at dosage levels, frequencies, or routes of administration other than those stated in the labeling, and deviation from the labeled withdrawal time based on these different uses.
11. "Impaired" means a licensed veterinarian or credentialed veterinary technician who is unable to perform his or her duties in veterinary medicine with reasonable skill and safety because of a physical or mental disability as evidenced by a written determination from a competent authority or written consent based on clinical evidence, including deterioration of mental capacity, loss of motor skills, or abuse of drugs or alcohol of sufficient degree to diminish the person's ability to deliver competent patient care.
12. "Owner consent" means the veterinarian has informed the client, in a manner that would be understood by a reasonable person, of the diagnostic and treatment options, risk assessment, and prognosis and has provided the client with an estimate of the fees expected for the provision of veterinary services and the client has consented to the recommended treatment.
13. "Licensed veterinarian" means a person who is currently licensed to practice veterinary medicine in the State.
14. "Patient" means an animal or group of animals examined or treated by a veterinarian.
15. "Person" means any individual, firm, partnership (general, limited, or limited liability), association, joint venture, cooperative, corporation, limited liability company, or any other group or combination acting in concert; and whether or not acting as a principal, partner, member, trustee, fiduciary, receiver, or as any other kind of legal or personal representative, or as the successor in interest, assignee, agent, factor, servant, employee, director, officer, or any other representative of such person.

16. "Practice of veterinary medicine" means:
    a. To diagnose, prognose, treat, correct, change, alleviate, or prevent animal disease, illness, pain, deformity, defect, injury, or other physical, dental, or mental conditions by any method or mode; including the:
        i. performance of any medical or surgical procedure, or
        ii. prescription, dispensing, administration, or application of any drug, medicine, biologic, apparatus, anesthetic, or other therapeutic or diagnostic substance, or
        iii. use of complementary, alternative, and integrative therapies, or
        iv. use of any procedure for reproductive management, including but not limited to the diagnosis or treatment of pregnancy, fertility, sterility, or infertility, or
        v. determination of the health, fitness, or soundness of an animal, or
        vi. rendering of advice or recommendation by any means including telephonic and other electronic communications with regard to any of the above.
    b. To represent, directly or indirectly, publicly or privately, an ability and willingness to do an act described in subsection 16(a).
    c. To use any title, words, abbreviation, or letters in a manner or under circumstances that induce the belief that the person using them is qualified to do any act described in subsection 16(a).
17. "Practice of veterinary technology" means:
    a. To perform patient care or other services that require a technical understanding of veterinary medicine on the basis of written or oral instruction of a veterinarian, excluding diagnosing, prognosing, performing surgery, or prescribing.
    b. To represent, directly or indirectly, publicly or privately, an ability and willingness to do an act described in subsection 17(a).
    c. To use any title, words, abbreviation, or letters in a manner or under circumstances that induce the belief that the person using them is qualified to do any act described in subsection 17(a).
18. "Supervision":
    a. "Direct supervision" means a licensed veterinarian is readily available on the premises where the patient is being treated and has assumed responsibility for the veterinary care given to the patient by a person working under his or her direction.
    b. "Indirect supervision" means a licensed veterinarian need not be on the premises; has given either written or oral instructions for treatment of the patient; is readily available by telephone or other forms of immediate communication; and has assumed responsibility for the veterinary care given to the patient by a person working under his or her direction.
19. "Veterinarian" means a person who has received a professional veterinary medical degree from a college of veterinary medicine.
20. “Veterinarian-client-patient relationship” means that all of the following are required:
    a. The veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient and the client has agreed to follow the veterinarian’s instructions.
    b. The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of:
        i. a timely examination of the patient by the veterinarian, or

ii. medically appropriate and timely visits by the veterinarian to the operation where the patient is managed.

c. The veterinarian is readily available for follow-up evaluation or has arranged for the following:

i. veterinary emergency coverage, and

ii. continuing care and treatment.

d. The veterinarian provides oversight of treatment, compliance and outcome.

e. Patient records are maintained.

21. "Veterinary prescription drug" means a drug that may not be dispensed without the prescription of a veterinarian and that bears the label statement: "CAUTION: Federal law restricts this drug to use by or on the order of a licensed veterinarian."

22. "Veterinary specialist" means a veterinarian that has been awarded and maintains certification from an AVMA-recognized veterinary specialty organization.

23. "Veterinary technician" means a graduate of a two- or three-year accredited program in veterinary technology.

24. "Veterinary technologist" means a graduate of a four-year accredited program in veterinary technology.

COMMENTARY TO SECTION 2—The terms defined within the definition section of any practice act lay the groundwork for all other sections of that act. An attempt should be made to define each term in a manner so that the intended meaning is clear. The AVMA recognizes that names and acronyms of entities administering current programs may change or new programs may be developed to replace or parallel existing programs. State regulatory boards should keep abreast of simple name changes and correct those through annual legislative housekeeping policies. Addition of new programs to the practice act should be made only after careful review to ensure that the high standards of existing programs are met or exceeded.

The definition of "abandoned" was removed in 2012 as unnecessary and duplicative of the requirements contained in Section 22.

To protect and promote public health, safety, and welfare, the AVMA believes that it is important for state practice acts or the rules and regulations promulgated under those acts to include language that will preserve the present-day high standard of veterinary medical education throughout the United States (see subsection 1). The accreditation process administered by the Council on Education of the AVMA, which is the sole entity recognized by the United States Department of Education to accredit United States veterinary colleges, assures that this standard is maintained. All accreditation decisions made by the Council are independent of the AVMA. In a like manner, the accreditation process for veterinary technology programs administered by the Committee on Veterinary Technician Education and Activities of the AVMA maintains the standard for veterinary technician education throughout the United States (see subsection 2).

The 2012 revision also includes a more descriptive definition of "animal" in subsection 3. The new definition is intended to include invertebrates and cold-blooded or warm-blooded vertebrates, other than humans.

The definition of the practice of veterinary medicine in the 2012 revision continues to include the use of complementary, alternative, and integrative therapies, which is defined in Section 2, subsection 6. The definition used for the MVPA is based largely on that in the *AVMA Guidelines for Complementary and Alternative Veterinary Medicine*, which was approved by the AVMA Executive Board in 2001. In 2012, the definition was modified because of the increasing scientific information available about these modalities as well as increasing inclusion of these

modalities in the curriculum at accredited veterinary schools. The definition reflects the current use of these modalities in regard to the standard care provided by most veterinarians. The inclusion of complementary, alternative, and integrative therapies in the MVPA should be viewed as a public protection issue, because if these definitions are excluded, the State has no authority to discipline an individual, whether a licensed veterinarian or not, who causes harm to an animal as a result of practicing such therapies. The AVMA recognizes that clients may seek any of a number of treatment modalities for their animals. However, when applied to animals, these treatment modalities represent the practice of veterinary medicine, and as such, are subject to regulation as outlined in the practice act. If one considers conventional animal drugs as a treatment modality, "animal drugs" could be defined as articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in an animal, or articles intended to affect the structure or any function of the body of an animal. This would include, but not be limited to, medicated feed or water, growth-promoting implants, and drugs labeled for human use administered in accordance with extralabel use guidelines. Veterinarians should ensure that they have the requisite skills and knowledge for any treatment modality they may consider using. The foremost objective in veterinary medicine is patient welfare. Owner consent should be obtained prior to initiating any treatment, including complementary, alternative, and integrative therapies.

In subsection 7, "consultation" is defined in part from the recognition that veterinary medicine is becoming an increasingly specialized profession, and a licensed veterinarian may believe it is in the best interest of the patient to request advice from another individual with given expertise. In addition, the definition used in this MVPA better delineates, for the public interest, who will maintain responsibility for maintaining the veterinarian-client-patient relationship.

Subsection 8 defines "credentialed veterinary technician or technologist". States are encouraged to standardize the terms used to describe technician credentialing.

In subsection 9, reference is made to the ECFVG® program. The Educational Commission for Foreign Veterinary Graduates® (ECFVG®) program is the only program that the AVMA believes adequately evaluates the educational equivalency of graduates of nonaccredited colleges of veterinary medicine at an acceptable educational standard. In the future, other educational equivalency assessment programs may be developed to parallel or succeed the ECFVG® program. States may find it prudent to prepare for that possibility by establishing by rule the necessary educational standards that need to be met by such alternate programs. These standards should include:

1. Proof of graduation from a nonaccredited foreign college of veterinary medicine recognized by the World Health Organization or the government of that country, and whose graduates are eligible to practice veterinary medicine in that country.

2. Demonstration and proof of English language proficiency.

3. Demonstration of adequate knowledge of basic and clinical veterinary medical sciences.

4. Demonstration of clinical skills proficiency through consistent and validated testing or evaluation after graduation.

In subsection 10, "extralabel use" is defined as written in federal regulation 21CFR530.3(a), which implements the Animal Medicinal Drug Use Clarification Act (AMDUCA).

Subsection 11 was revised in 2012 to address impaired veterinary technicians in addition to impaired veterinarians.

In subsection 12, "owner consent" is defined to better protect the public by ensuring that veterinarians provide

sufficient information in a manner so that clients may reach informed decisions regarding the care of their animals. Consent should be documented in the medical record, and the signature of the client should be obtained whenever possible. A more specific description of owner consent is found in the AVMA policy titled "**Owner Consent in Veterinary Medicine.**"

In subsection 16, the definition of the practice of veterinary medicine is provided. In 2012, subsection 16(a)(i) was added to emphasize that both medical treatment and surgical procedures constitute the practice of veterinary medicine. Subsection 16(a)(iv) also was expanded to clarify that procedures for reproductive management of all types of conditions constitutes the practice of veterinary medicine. Subsection 16(a)(v) also was added to indicate that examination to verify the health of an animal, such as for prepurchase examinations or issuing of health certificates, constitutes the practice of veterinary medicine.

Rather than addressing the ever-changing telephonic/electronic industry by adding a specific definition of telemedicine or telepractice, the definition of the practice of veterinary medicine in subsection 16 reflects the continued increase in the use of telemedicine in veterinary practice. The definition indicates that the practice of veterinary medicine means "to diagnose, prognose, treat, correct, change, alleviate, or prevent animal disease...***by any method or mode.***" In addition, this definition stresses that the practice of veterinary medicine includes the use of ***telephonic and other electronic communications*** for the rendering of advice or recommendation for the diagnosis, treatment, correction, alteration, relief, or prevention of animal disease. The intention of this section is not to prevent non-veterinarians from discussing animal care; it is intended to regulate the practice of telemedicine. Several exemptions are included within Section 6 to clarify this intent.

Subsection 18 includes definitions of direct and indirect supervision. Revisions approved in 2012 clarify that in both cases, the licensed veterinarian assumes responsibility for the veterinary care provided to the patient by another person working under his or her direction.

The definition of “veterinarian-client-patient relationship” (VCPR) in subsection 20 was changed in 2012, and is now different from that embodied in federal regulation 21 CFR 530.3(i) relating to extralabel drug use.

In 2012, subsection 14 was revised to define “patient” as “an animal or group of animals.” Therefore, the definition of VCPR can be applied to individual animals as well as a group or groups of animals within an operation (production system).

The AVMA recognizes that individual states may wish to more clearly define specific terms within the definition of VCPR. For example, a state regulatory board may wish to include a specific time period (eg, no less frequent than 6 or 12 months) to better delineate the term “timely” relating to examinations and visits. The term “timely” should be considered in light of the nature and circumstances of the patient (eg, species, condition or disease, or operation).

In 2012, subsections 20-b and 20-c were revised for purposes of clarification. Subsection 20-e was added to state that patient records must be maintained to establish a VCPR.

States may also wish to further specify that when establishing a VCPR in the case of large operations, “sufficient knowledge” can be supplemented by means of:
1. examination of health, laboratory, or production records; or
2. consultation with owners, caretakers or supervisory staff regarding a health management program for the patient; or

3. information regarding the local epidemiology of diseases for the appropriate species.

The definition of "veterinary specialist" (subsection 24) was added to the MVPA in 2003 to clearly define for the public and the profession what is meant by "veterinary specialist." The *Principles of Veterinary Medical Ethics of the AVMA* also states that "It is unethical for veterinarians to identify themselves as members of an AVMA-recognized specialty organization if such certification has not been awarded." In *Policies and Procedures of the AVMA American Board of Veterinary Specialties*, it is also stated that: "Veterinarians should not in any way imply they are specialists unless they are certified by an AVMA-recognized veterinary specialty organization," and "The use of the terms 'board eligible' or 'board qualified' as an indication of special qualification is potentially misleading to the public and should not be used in any public communication or other solicitation." This definition was revised in 2012 to clarify that the veterinarian was actually awarded certification, not that he or she has merely completed the requirements to become a diplomate. The AVMA believes that it is important to include language in the practice act that clearly defines the term "specialist". The AVMA also recommends that rules and regulations promulgated under the practice act include language that will ensure the ethical and legal use of these terms by licensees, in order to protect the public's interests and to avoid confusion regarding the qualifications of board-certified veterinary specialists.

The definitions of "veterinary technician" and "veterinary technologist" (subsections 25 and 26) are included to emphasize the belief that the educational pathway of choice for a veterinary technician or technologist throughout the United States should be graduation from an AVMA-accredited or CVMA (Canadian Veterinary Medical Association)-accredited program, as defined in this MVPA. With the increasing number of accredited veterinary technology programs in the United States, both in traditional settings and as distance-learning modalities, it can no longer be stated that an individual wishing to become a veterinary technician or technologist does not have access to an accredited educational program. In the future, states may wish to consider defining veterinary technician specialists. For a definition, we suggest that the term "veterinary technician specialist" refers to a veterinary technician or technologist who has been awarded certification from a NAVTA-recognized veterinary specialty organization.

Section 3 – Board of Veterinary Medicine

1. A Board of Veterinary Medicine shall be appointed by the governor and shall consist of five licensed veterinarians, one credentialed veterinary technician or technologist, and one member of the public who is not a veterinarian or veterinary technician or technologist. All persons appointed to the Board shall have been residents of the State for at least the five years immediately preceding appointment. Each member shall be appointed for a term of five years or until a successor is appointed, except that the terms of the first appointees may be for shorter periods to permit a staggering of terms. Members of the Board appointed under the chapter that this Act replaces may continue as members of the Board until the expiration of the term for which they were appointed. Vacancies due to death, resignation, or removal shall be filled for the remainder of the unexpired term in the same manner as regular appointments. No person shall serve more than two consecutive full terms.

    a. A licensed veterinarian shall be qualified to serve as a member of the Board if he or she has been licensed to practice veterinary medicine in the State for the five years immediately preceding the time of his or her appointment. A credentialed veterinary technician or technologist shall be qualified to serve as a member of the Board if he or she has been credentialed in the State for the five years immediately preceding his or her appointment.

b. Each member of the Board shall be paid for each day or substantial portion thereof if he or she is engaged in the work of the Board, in addition to such reimbursement for travel and other expenses as is normally allowed to state employees.

c. Any member of the Board may be removed in accordance with the Administrative Procedures Act of the State or other applicable laws.

2. The Board shall meet at least once each year at the time and place fixed by rule of the Board. Other necessary meetings may be called by the Board by giving notice as may be required by rule. Except as may otherwise be provided, a majority of the Board constitutes a quorum. Meetings shall be open and public, except that the Board may meet in closed session to prepare, approve, administer, or grade examinations or to deliberate the qualification of an applicant for license or the disposition of a proceeding to discipline a licensed veterinarian or credentialed veterinary technician or technologist.

3. The Board shall annually elect officers from its membership as may be prescribed by rule. Officers of the Board serve for terms of 1 year and until a successor is elected, without limitation on the number of terms an officer may serve. The duties of officers shall be prescribed by rule.

4. The Board shall have the power to:

a. Adopt, amend, or repeal all rules necessary for its government and all regulations necessary to carry into effect the provisions of this Act, including the establishment and publication of standards of practice and professional conduct for the practice of veterinary medicine or veterinary technology.

b. Adopt, promulgate, and enforce rules and regulations relating to specific duties and responsibilities; certification, registration, or licensure; and other matters pertaining to veterinary technicians, veterinary technologists, or nonlicensed persons consistent with the provisions of this Act.

c. Initiate disciplinary procedures, hold hearings, reprimand, suspend, revoke, or refuse to issue or renew credentials, and perform any other acts that may be necessary to regulate veterinary technicians and technologists in a manner consistent with the provisions of this Act applicable to veterinarians.

d. Examine by established protocol the qualifications and fitness of applicants for a license to practice veterinary medicine or veterinary technology in the State.

e. Issue, renew, or deny the licenses and temporary permits to practice veterinary medicine or veterinary technology in the State.

f. Limit, suspend, or revoke the licenses of disciplined veterinarians or veterinary technicians, or otherwise discipline licensed veterinarians or credentialed veterinary technicians, consistent with the provisions of the Act and the rules and regulations adopted thereunder.

g. Establish and publish annually a schedule of fees for licensing, certification, and registration.

h. Conduct investigations of suspected violations of this Act to determine whether there are sufficient grounds to initiate disciplinary proceedings. All investigations shall be conducted in accordance with the Administrative Procedures Act of the State or other applicable laws.

i. Inspect veterinary premises and equipment, including practice vehicles, at any time in accordance with protocols established by rule.

j. Hold hearings on all matters properly brought before the Board and in connection thereto to administer oaths, receive evidence, make necessary determinations, and enter orders consistent with the findings. The Board may commission depositions and require by subpoena the attendance and testimony of witnesses and the production of papers, records, or other documentary evidence. The Board may designate one or more of its members to serve as its hearing officer or may employ a hearing officer defined by state law. All hearings shall be conducted in accordance with the Administrative Procedures Act of the State or other applicable laws.

k. Employ full or part-time personnel necessary to effectuate the provisions of this Act and purchase or rent necessary office space, equipment, and supplies.

l. Appoint from its own membership one or more members to act as representatives of the Board at any meeting within or outside the State where such representation is deemed desirable.

m. Bring proceedings in the courts against any person for the enforcement of this Act or any regulations made pursuant thereto.

5. The powers enumerated above are granted for the purpose of enabling the Board to effectively supervise the practice of veterinary medicine and veterinary technology and are to be construed liberally to accomplish this objective.

COMMENTARY TO SECTION 3—This section provides guidelines for the establishment, composition, and duties of the Board. As stated in the MVPA, the Board is the supervisory body created to administer the practice act in any given state. The intent of this section is not to be prescriptive, but to provide broad guidelines that each state may use to establish an appropriate and well-functioning Board. For example, in subsection 1, it is stated that each member shall be appointed for a term of five years. Currently, terms on state boards typically range from four to six years, which the AVMA believes is sufficient time to provide continuity to Board activities and deliberations but not too extensive to prevent infusion of new ideas. Moreover, the number of Board members listed in subsection 1 is a suggestion based on current practice. Individual states may wish to vary this number, but all Boards should include a number of licensed veterinarians, at least one credentialed veterinary technician or technologist, and at least one public member.

Although not explicitly stated, the AVMA believes that it is important that the Board interact with the state veterinary medical association to forward names of potential well-qualified nominees to the Governor for appointment so that all areas of veterinary practice prevalent within the state are represented on the Board.

In subsection 4(b), language was added to empower the Board to adopt, promulgate, and enforce rules and regulations relating to specific duties and responsibilities; certification, registration, or licensure; and other matters pertaining to nonlicensed persons consistent with the provisions of this act. The intent is to provide Boards with the

power to regulate non-veterinarians who may be performing specific duties related to veterinary medicine (eg, equine dentists).

Subsection 4(c) was inserted to provide the Board with the authority to regulate veterinary technicians and technologists. This subsection provides substantial latitude to the individual state boards to adopt and implement rules pertaining to the duties of veterinary technicians and technologists. The Board should adopt regulations establishing health-care tasks and an appropriate degree of supervision required for those tasks that may be performed only by a veterinary technician or technologist. There needs to be a degree of flexibility that will allow the Board to make necessary adjustments from time to time to meet the ongoing needs of consumers and the ever changing profession of veterinary medicine.

Section 4 – License Requirement

No person may practice veterinary medicine or veterinary technology in the State who is not a licensed veterinarian or the holder of a valid temporary permit issued by the Board or a credentialed veterinary technician unless otherwise exempt pursuant to Section 6 of this Act.

COMMENTARY TO SECTION 4—The intent of this section is to declare unlawful the practice of veterinary medicine by any person not licensed or holding a temporary permit to practice in the state or the practice of veterinary technology without credentials if the state requires credentialing.

Section 5 – Veterinarian-Client-Patient Relationship Requirement

1. No person may practice veterinary medicine in the State except within the context of a veterinarian-client-patient relationship.

2. A veterinarian-client-patient relationship cannot be established solely by telephonic or other electronic means.

COMMENTARY TO SECTION 5—This section, which was added in 2003, emphasizes not only that veterinary medicine must be practiced within the context of a veterinarian-client-patient relationship (VCPR), but also emphasizes that because a VCPR requires the veterinarian to examine the patient, it cannot be adequately established by telephonic or other electronic means (ie, via telemedicine) alone. However, once established, a VCPR may be able to be maintained between medically necessary examinations via telephone or other types of consultations.

Section 6 – Exemptions

This Act shall not be construed to prohibit:

1. Any employee of the federal, state, or local government performing his or her official duties.

2. Any student who is enrolled:
    a. in an accredited college of veterinary medicine performing duties or actions assigned by instructors or working under the direct supervision of a licensed veterinarian, or
    b. in an accredited program of veterinary technology performing duties or actions other than diagnosis, prognosis, prescription, or surgery, as assigned by instructors or working under the direct supervision of a licensed veterinarian

3. Any person advising with respect to or performing acts that the Board has designated by rule as accepted livestock management practices.

4. Any person providing consultation to a licensed veterinarian in the State on the care and management of a patient.

5. Any licensed individual of a licensed or regulated profession within the State who is providing assistance requested by a veterinarian licensed in the State, acting with owner consent from the client, and acting under the supervision of the licensed veterinarian. The licensed veterinarian shall maintain responsibility for the veterinarian-client-patient relationship.

6. Any veterinarian employed by an accredited college of veterinary medicine providing assistance requested by a veterinarian licensed in the State, acting with owner consent from the client, and acting under the direct or indirect supervision of the licensed veterinarian. The licensed veterinarian shall maintain responsibility for the veterinarian-client-patient relationship.

7. Any pharmacist, merchant, or manufacturer selling at his or her regular place of business medicines, feed, appliances, or other products used in the prevention or treatment of animal diseases as permitted by law.

8. Any person lawfully engaged in the art or profession of farriery.

9. Subject to the State's [animal cruelty law(s)], an owner of an animal and any of the owner's regular employees caring for and treating the animal belonging to such owner, except where the ownership of the animal was transferred for purposes of circumventing this Act. Individuals must comply with all laws, rules and regulations relative to the use of medicines and biologics.

10. Any person who provides training for animals that does not include diagnosing or the prescribing or dispensing of any therapeutic agent.

11. Any instructor at an accredited college of veterinary medicine or accredited program in veterinary technology performing his or her regular functions or any person lecturing or giving instructions or demonstrations at an accredited college of veterinary medicine or accredited program in veterinary technology or in connection with a veterinary or veterinary technology continuing education course or seminar.

12. Any person selling or applying pesticides, insecticides, or herbicides as permitted by law.

13. Any person engaging in scientific research involving animals conducted in accordance with federal, state, and local laws and regulations.

14. Any credentialed veterinary technician, veterinary technologist, or other employee of a licensed veterinarian performing lawful duties under the direction and supervision of such veterinarian who shall be responsible for the performance of the employee.

15. A veterinarian licensed or a veterinary technician credentialed in another state may practice in the State during an emergency or natural disaster within the scope and location of assigned veterinary medical duties of the response efforts without written examination or other qualification if:
    1. an official declaration of the disaster or emergency has been made by the Governor or the delegated State official; and
    2. an official invitation has been extended to the veterinarian or veterinary technician for a specified time by the authority that has jurisdiction for coordinating the animal/agricultural issues in the State during emergencies either within or outside the Emergency Management Assistance Compact (EMAC).

16. Any person who, without expectation of compensation, provides immediate veterinary care in the event of an emergency or accident situation.

17. Any person acting under the direct or indirect supervision of a licensed veterinarian to provide care to animals that are the property of an animal shelter when at least the following three conditions are met:
    0. the person is an employee of an animal shelter or its agencies; and
    1. the person is performing these tasks in compliance with a written protocol developed in consultation with a licensed veterinarian; and
    2. the person has received proper training.

    Such persons shall not diagnose, prescribe or perform surgery.

18. Any person who lawfully provides care and rehabilitation of wildlife species under the supervision of a licensed veterinarian.

COMMENTARY TO SECTION 6—This section provides a list of carefully considered exemptions to the general rule outlined in Section 4 that it is unlawful to practice veterinary medicine without a valid license.
Subsection 1 exempts any federal, state, or local government employee performing his or her official duties. This exemption is intended to include full-time, temporary, or contract employees, particularly in the case of emergency outbreak events or disaster situations.

"Livestock management practices," in the context of subsection 3, refers to those cosmetic or surgical procedures currently considered essential and routine individual animal husbandry techniques necessary for management of groups of animals raised at various levels of confinement. As used in this MVPA, the term "livestock" includes cattle, horses, sheep, goats, swine, farm-raised cervidae and camilidae, and other species used in the production of fiber, meat, and milk products. State legislatures, as a part of the veterinary practice act, should identify, list, or describe those factors the Board must or should consider in determining whether a particular procedure, technique, or

endeavor is an accepted livestock management practice. Among the acts that a state may consider exempting by rule are nonsurgical methods of artificial insemination, dehorning, castration or emasculation of male animals, and tail docking, which are procedures that typically should be performed by persons working under the order of a veterinarian within a valid VCPR. State humane laws apply to farm and ranch personnel during the performance of and subsequent aftercare associated with these exempted procedures. It behooves the attending veterinarian to advocate on the animal's behalf to ensure that procedures are performed at the proper age to minimize pain and discomfort and that appropriate techniques are applied.

A licensed veterinarian may, in the best interest of the patient, and with the owner's consent, request assistance from either non-veterinarians licensed in a licensed or regulated profession in the state with specific expertise or veterinarians who are exempt from licensure by employment at an accredited college of veterinary medicine. Subsections 5 and 6 indicate that such licensed non-veterinarians and veterinarians employed at an accredited college of veterinary medicine may provide assistance only if the individual is acting under the supervision of a licensed veterinarian and the licensed veterinarian maintains responsibility for the VCPR. Acting outside these parameters constitutes the practice of veterinary medicine, and as such, may result in penalties specified within the act. Subsection 5 does not preclude a state from adopting oversight requirements applicable to non-veterinarian licensed professionals, such as referral by a veterinarian, obtaining a veterinarian's medical clearance prior to treatment, certification by an approved entity, continuing education relating to working on animals, and liability coverage.

It has been a common practice for states to allow an owner of an animal or any of that owner's regular employees to treat animals belonging to that owner. In subsection 9, the term "regular employee" is used to avoid circumvention of the intent of this exemption by individuals employed primarily to treat the owner's animals. Furthermore, this exemption should not apply to situations in which ownership of the animal is transferred to qualify for the exemption. Finally, language in subsection 9 indicates that regardless of the situation, no prescription drug or nonprescription drug intended for extralabel use can be administered, dispensed, or prescribed during the treatment of the animal unless a VCPR exists. This latter requirement reflects language embodied in federal regulation 21CFR530 (which implements the Animal Medicinal Drug Use Clarification Act [AMDUCA]). Classification of animal drugs and biologics as to prescription or over-the-counter is not the purview of the state practice act, but rather the purview of the United States Food and Drug Administration, the United States Department of Agriculture, and, in some cases, state law. Subsection 9 does not exempt the owner or his or her regular employee from compliance with the state's animal cruelty laws.

Subsection 14 is not intended to allow for diagnosing, prognosing, prescribing, or performing surgery by veterinary technicians, veterinary technologists or other employees of a licensed veterinarian.

Subsection 15 was added to exempt those who respond to disasters under a strict set of circumstances. This is written to exempt self-responders who have not been invited into the state through the proper channels. Adherence to an authoritative chain of command is necessary to protect out-of-state responders' credentials and to ensure a successful response to an incident. States may wish to provide details about what person(s) or agency(ies) can request assistance in animal or agricultural emergencies either within or outside the Emergency Management Compact (EMAC). Proper credentialing as established by the Incident Command System (ICS) through the National Incident Management System (NIMS) for the duties the out-of-state individuals are responding could be added.

Subsection 17 was expanded in 2012 to clearly outline the care of animals for which a shelter has taken possession. This exemption allows a shelter employee to perform tasks, such as vaccinations, prophylactic treatment of parasites, testing for infectious diseases and euthanasia, under supervision of a licensed veterinarian, when certain specific conditions are met. In reference to veterinary care, including euthanasia, performed at animal shelters (subsection

17), the AVMA urges that each Board check with the United States Drug Enforcement Administration (DEA) to determine the current requirements governing use of DEA-regulated drugs in veterinary medicine. To be in compliance with DEA requirements, a Board may need to require that euthanasia be performed under the ***direct*** supervision of a licensed veterinarian or by a euthanasia technician licensed by the Board.

Subsection 18 was added to exempt those who lawfully provide care and rehabilitation to wildlife under the supervision of a veterinarian.

Section 7 — Veterinary Technicians and Technologists

1. No person may practice veterinary technology in the State who is not a veterinary technician or technologist credentialed by the Board.

2. A veterinary technician or technologist who performs veterinary technology contrary to this Act shall be subject to disciplinary actions in a manner consistent with the provisions of this Act applicable to veterinarians.

3. Credentialed veterinary technicians and technologists shall be required to complete continuing education as prescribed by rule to renew their credentials.

COMMENTARY TO SECTION 7—Section 7 was inserted because the AVMA believes it is important for Boards to have the authority to regulate the practice of veterinary technology and to discipline those persons representing themselves as credentialed veterinary technicians or technologists but who have not fulfilled the requirements set forth in the definition of a veterinary technician or technologist.

Section 7, together with subsection 4(b) of Section 3, allows Boards to develop rules and regulations governing the practice of veterinary technology in a separate but related document to the veterinary practice act. A state may instead choose to add statutory language pertaining to the practice of veterinary technology within its veterinary practice act or may choose to develop a separate veterinary technology practice act.

It should also be noted that although subsection 4(b) of Section 3 provides Boards with the power to adopt, promulgate, and enforce rules and regulations relating to specific duties and responsibilities; certification, registration, or licensure; and other matters pertaining to veterinary technicians, veterinary technologists, or nonlicensed persons, it should not be construed that this MVPA intends for states to adopt alternate educational routes for veterinary technicians and technologists. Indeed, it is clearly stated in Section 2, subsections 25 and 26, that a "veterinary technician or technologist" means a graduate of a two- or three-year accredited program in veterinary technology or a four-year accredited program in veterinary technology, respectively.

If credentialing of unlicensed assistants and certified non-veterinarian practitioners continues to increase and evolve in the future, the AVMA may need to study how the MVPA should treat the use and activities of these non-licensed individuals.

Section 8 – Status of Persons Previously Licensed

Any person who holds a valid license to practice veterinary medicine or is credentialed as a veterinary technician in the State on the date this Act becomes effective shall be recognized as a licensed veterinarian or a credentialed veterinary technician and shall be entitled to retain this status so long as he or she complies with the provisions of this Act, including periodic renewal of the license.

COMMENTARY TO SECTION 8—The sole purpose of this section is to clarify the status of veterinarians licensed or veterinary technicians credentialed under a former regulatory procedure. Such practitioners or technicians are authorized to practice under the new act without a special reregistration or examination. It is also clear under this section that persons licensed or credentialed under a former act are nevertheless subject to all of the provisions of the new act.

Section 9 – Application for License: Qualifications

1. Any person desiring a license to practice veterinary medicine in the State shall make written application to the Board. The application shall show that the applicant is a graduate of an accredited college of veterinary medicine or the holder of an ECFVG® certificate and has passed a recognized national licensing examination. The application shall also show that the applicant is a person of good moral character and provide such other information and proof as the Board may require by rule. The application shall be accompanied by a fee in the amount established and published by the Board.

2. Any person desiring to become a credentialed veterinary technician in the State shall make written application to the Board. The application shall show that the applicant is a graduate of an accredited program of veterinary technology and has passed a recognized national licensing examination for credentialed technicians. The application shall also show that the applicant is a person of good moral character and provide such other information and proof as the Board may require by rule. The application shall be accompanied by a fee in the amount established and published by the Board.

3. If the Board determines that the applicant possesses the proper qualifications, it shall admit the applicant to the next State examination, or if the applicant is eligible for license by endorsement under Section 11 of this Act, the Board may forthwith grant him or her a license. If an applicant is found not qualified to take the State examination or for a license by endorsement under Section 11 of this Act, the Board shall notify the applicant in writing in compliance with State law of such finding and the grounds therefore. An applicant found unqualified may request a hearing on the questions of his or her qualifications under the procedure set forth in Section 16.

COMMENTARY TO SECTION 9–Section 9 marks the beginning of sections addressing the licensing procedure. This section specifically covers both the qualifications a candidate must possess to be eligible for licensure or credentialing and the general process such a candidate must pursue to make application for licensure or credentialing.

The qualifications stated in this section derive in part from the preamble to the MVPA, which clearly states its scope and purpose. To facilitate the charge stated in the preamble, the Board should only license qualified persons of "good moral character." The Board can utilize various means (eg, the Veterinary Information Verifying Agency [VIVA®], state police background checks) in assessing the qualities of applicants for licensure. The AVMA encourages Boards

to conduct extensive checks, while at all times ensuring that the applicant's civil rights are respected.

Section 9 also indicates that the Board must notify candidates of adverse decisions It is essential that adverse decisions be forwarded in a timely manner and include the grounds by which the Board reached its decision.

As is the case with all sections relating to licensure, references to named licensing or testing entities should be interpreted to include any recognized successor or parallel entities.

Section 10 – Examinations

1. The Board shall provide for at least one examination for licensing, certification, or registration during each calendar year and may provide for such additional examinations as are necessary. The Board shall give public notice of the time and place for each examination in compliance with state law. A person desiring to take the State examination shall make application before the date of the examination in compliance with state law.

2. The passing score for the examination shall be established by the testing entity.

3. After examination, each examinee shall be notified of the result of the examination, and the Board shall issue a certificate of registration to the successful candidates. Any person who fails the State examination may be admitted to any subsequent examination on payment of the application fee.

COMMENTARY TO SECTION 10—General examination procedures are set out in this section. Procedures listed are purposefully broad to leave as many of the details concerning the examination to the discretion of each Board.

Although not explicitly stated in the MVPA, to maintain the integrity and security of national and state licensing examinations, a Board may elect to limit the number of times a candidate may take and fail each examination in a given time period. The restriction on the number of attempts should be in the practice act, rather than in the regulations, to provide statutory authority to any subsequent challenge. A state may also elect to require that a candidate who fails several examinations engage in remedial strategies prior to reapplying for examination.

Section 11 – License By Endorsement

1. Veterinarian: The Board, in its sole discretion, may issue a license by endorsement to a qualified applicant who
    a. has submitted a complete application,
    b. holds a license issued by another state and is in good standing,
    c. has successfully passed an examination covering the laws and rules pertaining to the practice of veterinary medicine in the State, and
    d. has actively practiced clinical veterinary medicine for 3,000 hours during the 5 years preceding application

2. Veterinary Technician: The Board, in its sole discretion, may issue certification, registration, or license by endorsement to a qualified applicant who:
    a. furnishes satisfactory proof that he or she is a graduate of an accredited program of veterinary technology,
    b. shows that he or she is a person of good moral character,
    c. is currently credentialed as a veterinary technician in at least one state of the United States, and
    d. has practiced veterinary technology in one or more of those states without disciplinary action by any state or federal agency for at least the three years immediately prior to filing the application.

3. At its sole discretion, the Board may examine any person qualifying for licensing under this Section.

COMMENTARY TO SECTION 11—This section addresses situations in which the Board may issue a license or other credential by endorsement. In 2012, the requirements for veterinarians to qualify for a license by endorsement were revised. The section also was revised to include provisions for veterinary technicians. Certain Boards, perhaps most likely those in northern border states, may wish to add inclusive language (eg, "or province of Canada") in subsection 1(b) and subsection 2(c), respectively, to allow veterinarians licensed or veterinary technicians credentialed in Canada to seek license by endorsement.

In certain states, agencies other than the Board may have jurisdictions that exercise control over certain aspects of veterinary licensure. For example, it is a common requirement that applicants for license by endorsement pass an examination on a state's laws and rules related to veterinary medicine. The impetus for such requirements can also be driven by state pesticide regulations that require certification and permits for pesticide applicators and distributors. In other states, licensure or relicensure of those veterinarians with a state tax delinquency may be under the jurisdiction of a state agency other than the Board.

Section 12 – Temporary Permit

The Board, in its sole discretion, may issue a temporary permit to practice veterinary medicine in the State:

1. To a qualified applicant for license, pending examination, provided that such temporary permit shall expire the day after the notice of results of the first examination given after the permit is issued and provided that the grantee is under indirect supervision of a licensed veterinarian. No temporary permit may be issued to any applicant who has previously failed the examination in the State or in any other state, territory, or district of the United States or a foreign country.

2. To a nonresident veterinarian who is a graduate of an accredited college of veterinary medicine or an ECFVG® certificate holder validly licensed in another state, territory, or district of the United States or a foreign country who pays the fee established and published by the Board, provided that such temporary permit shall be issued for a period of no more than 60 consecutive days and that no more than one permit shall be issued to a person during a calendar year.

A temporary permit may be summarily revoked or limited by the Board without a hearing.

COMMENTARY TO SECTION 12—This section authorizes the Board to grant temporary permits for the practice of veterinary medicine to two categories of individuals: qualified applicants pending examination and nonresident veterinarians who are graduates of an accredited college or ECFVG® certificate holders and who are validly licensed in the United States or another country. The AVMA supports the policy of states offering temporary permits to practice to qualified but unlicensed applicants waiting to take the licensing examination(s), with the added stipulation that such applicants must work under the indirect supervision of a veterinarian licensed in that state. Furthermore, a nonresident veterinarian meeting all other application requirements (ie, graduation from an accredited college of veterinary medicine or completion of the ECFVG®® program) and holding a license to practice in another state or country may be granted a temporary permit to practice and may do so with or without indirect supervision of a veterinarian licensed to practice in that state.

Each state veterinary medical licensing board may wish to add language to the last line of this section to indicate whether the decision of the board to summarily revoke or limit temporary permits is to be made on the basis of a simple majority of voting membership, a simple majority of a quorum present, or a 2/3 majority of either the voting membership or quorum present.

Section 13 – License Renewal

1. All licenses shall expire periodically but may be renewed by registration with the Board and payment of the registration renewal fee established and published by the Board. The Board shall provide written or electronic notification to each licensed veterinarian that his or her license will expire within a specific number of days, as specified by Board rules, and provide him or her with a form for reregistration. The Board shall issue a new certificate of registration to all persons registering under this Act.

2. The Board shall establish the continuing education requirements that must be met for license renewal. The Board shall also define the types of continuing education that will meet its requirements.

3. Any person who shall practice veterinary medicine after the expiration of his or her license and willfully or by neglect fail to renew such license shall be practicing in violation of this Act. Licenses may be reinstated after the date of expiration provided conditions are met as defined by Board rules, such as payment of a late fee in addition to the renewal fee. A person who submits an application for renewal more than a specific number of days after the license renewal date, as specified in Board rules, is subject to all requirements governing new applicants. As defined by Board rules, the Board may, after giving due consideration to the protection of the public, waive examination if that renewal application is received, together with all fees as may apply, within 3 years from the date of the expiration, and providing the applicant has complied with the continuing education requirements.

4. The Board may by rule waive the payment of the registration renewal fee of a licensed veterinarian during the period when he or she is on active duty with any branch of the armed services of the United States.

COMMENTARY TO SECTION 13—This section contains information regarding expiration of veterinary licenses and renewal fees. It provides details of notification procedures and issuing of new certificates. This section also specifies that any person practicing after expiration of his or her license and who willfully or by neglect fails to renew shall be in violation of the Act. This section allows reinstatement provided all conditions set forth by the Board are met. It provides that a person has up to 3 years after expiration of his or her license to renew the license by application and

payment of fees and penalties in addition to complying with current continuing education (CE) requirements. After 3 years have elapsed, the individual must reapply for licensure. This section also allows each Board to establish its own CE requirements and establishes that by rule, renewal fees can be modified for individuals on duty in the military. It is important to note that the intent of this last clause is to allow only waiver of fees. An individual on active duty in the military will still be required to renew his or her license.

Section 14 – Discipline of Licensees

Upon written complaint sworn by any person, the Board, in its sole discretion, may, after a hearing, revoke, suspend, or limit for a certain time the license of, or otherwise discipline, any licensee (for the purpose this Section, "licensee" means a licensed veterinarian or credentialed veterinary technician) for any of the following reasons:

1. Violations of any order of the Board.
2. Unprofessional conduct as defined in regulations adopted by the Board.
3. Violations of this Act or of the rules promulgated under this Act.
4. The use of advertising or solicitation that is false or misleading.
5. Failure to keep accurate and comprehensive patient records as set by rules promulgated by the Board.
6. Failure to keep veterinary premises and equipment, including practice vehicles, in a clean and sanitary condition as set by rules promulgated by the Board.
7. Failure to permit the Board or its agents to enter and inspect veterinary premises and equipment, including practice vehicles, as set by rules promulgated by the Board.
8. Fraud, misrepresentation, or deception in obtaining a license.
9. Aiding the unlawful practice of veterinary medicine or veterinary technology.
10. The inability to practice with reasonable skill and safety because of a physical or mental disability, including deterioration of mental capacity, loss of motor skills, or abuse of drugs or alcohol of sufficient degree to diminish the person's ability to deliver competent patient care.
11. Incompetence, gross negligence, or other malpractice in the practice of veterinary medicine or veterinary technology.
12. Revocation, suspension, or limitation of a license to practice by another state, on grounds other than nonpayment of registration fees.
13. Loss or suspension of accreditation by any federal or state agency on grounds other than nonpayment of registration fees or voluntary relinquishment of accreditation.
14. Fraud or dishonesty in the application or reporting of any test for disease in animals.
15. Failing to report or making an intentional false or misleading report of reportable diseases; reportable diseases are those stipulated by federal or state laws or requirements of the Board.
16. Dishonesty or gross negligence in the performance of food safety inspections or the issuance of any Certificates of Veterinary Inspection.
17. The dispensing, distribution, prescription, or administration of any veterinary prescription drug, or the extralabel use of any drug, in the absence of a veterinarian-client-patient relationship.
18. Violations of state or federal drug laws.

19. Conviction or entering of a diversion agreement relative to the following in any federal court or in the courts of the State or any other jurisdiction, regardless of whether the sentence is deferred:
    a. Any felony.
    b. Any crime involving cruelty, abuse, or neglect of animals, including bestiality.
20. Any crime of moral turpitude including, but not limited to, any crime involving unlawful sexual contact; child abuse; the use or threatened use of a weapon; the infliction of injury; indecent exposure; perjury, false reporting, criminal impersonation, forgery, and any other crime involving a lack of truthfulness, veracity, or honesty; intimidation of a victim or witness; larceny; or alcohol or drugs.
21. For the purposes of subsection 19, a plea of guilty or a plea of nolo contendere accepted by the court shall be considered as a conviction.

COMMENTARY TO SECTION 14—This section, together with Sections 16, 17, and 23, provides the procedures for initiating and enforcing disciplinary action against individuals violating any section of this act. Language in Section 14 specifically delineates the reasons for which the Board may initiate hearing procedures and disciplinary actions against licensed veterinarians or credentialed veterinary technicians.

The AVMA recommends that each Board require that complaints be made in writing and provide positive identification of the complainant by means deemed sufficient by the Board.

In 2012, section 14 was revised to include credentialed veterinary technicians.

Section 15 – Impaired Licensed Veterinarian and Credentialed Veterinary Technician

1. The Board shall establish by rule a program of care, counseling, or treatment for impaired licensed veterinarians and credentialed veterinary technicians.
2. The program of care, counseling, or treatment shall include a written schedule of organized treatment, care, counseling, activities, or education satisfactory to the Board, designed for the purposes of restoring an impaired person to a condition whereby the impaired person can practice veterinary medicine or veterinary technology with reasonable skill and safety of a sufficient degree to deliver competent patient care.
3. All persons authorized to practice by the Board shall report in good faith any licensed veterinarian or credentialed veterinary technician they reasonably believe to be impaired as defined in Section 2, subsection 11.

COMMENTARY TO SECTION 15—This section addresses the licensed veterinarian or credentialed veterinary technician who is in violation of the practice act according to section 14, subsection 10, which provides for the revocation, suspension, or restriction of the veterinary license of any veterinarian or credential of any veterinary technician whose mental or physical ability to practice with reasonable skill and safety is impaired. "Impaired" is clearly defined in Section 2, subsection 11.

In 2012, section 15 was revised to include credentialed veterinary technicians.

Section 16 – Hearing Procedure

All hearings shall be in accordance with the Administrative Procedures Act of the State or other applicable State law.

COMMENTARY TO SECTION 16—This section establishes the hearing procedure for any person who is the subject of a complaint under section 14 of the act; found to be an unqualified applicant for licensure under section 9 of the act; or as required in accordance with section 23 of the act. The principle underlying this section is that no person shall be denied the right to practice or be otherwise disciplined unless he or she has been granted a fair hearing on the charges brought against him or her.

The language in this section was left broad in recognition that in most states, hearings are conducted under the provisions defined in the state's administrative procedures act or other applicable laws. There may be certain provisions that may be exempted and that would be noted. In addition, any unique provisions specific to the veterinary practice act should be specified.

Section 17 – Appeal

All appeals shall be in accordance with the Administrative Procedures Act of the State or other applicable State law.

COMMENTARY TO SECTION 17—This section expressly provides a right of appeal to any person dissatisfied with the decision of the Board. As with the language in Section 16, this language was left broad in recognition that in most states, the appeal process is conducted under the provisions defined in the state's administrative procedures act or other applicable laws. There may be certain provisions that may be exempted and that would be noted. In addition, any unique provisions specific to the veterinary practice act should be specified.

Section 18 – Reinstatement

Any person whose license or credential is suspended, revoked, or limited may be reinstated at any time, with or without an examination, by approval of the Board after written application is made to the Board showing cause justifying relicensing or reinstatement.

COMMENTARY TO SECTION 18–This section permits the Board to reinstate a suspended, revoked, or limited license or credential at any time with or without examination. Each Board may wish to add language to this section to indicate whether approval of the Board means an affirmative vote of a simple majority of either the voting membership or quorum present, or whether approval of the Board will require a 2/3 majority of either the voting membership or quorum present.

Section 19 – Veterinarian-Client Confidentiality

1. No licensed veterinarian shall disclose any information concerning the licensed veterinarian's care of a patient, except on written or electronic authorization or waiver by the licensed veterinarian's client or an appropriate court order or subpoena, or as otherwise provided in this Section.

2. Copies of or information from veterinary records shall be provided without the owner's consent to the Board or public health, animal health, animal welfare, wildlife, or agriculture authorities employed by federal, state, or local governmental agencies who have a legal or regulatory interest in the contents of said records for the protection of animal or public health.

3. Any licensed veterinarian releasing information under written or electronic authorization or other waiver by the client or under an appropriate court order or subpoena, or as otherwise provided by this Section, shall not be liable to the client or any other person.

4. The privilege provided by this Section shall be waived to the extent that the licensed veterinarian's client or the owner of the patient places the licensed veterinarian's care and treatment of the patient or the nature and extent of injuries to the animal at issue in any administrative, civil, or criminal proceeding.

5. This Section shall not prevent a licensed veterinarian from disclosing identifiable client and patient information to a third party so that the third party can use the information to provide services for or perform functions on behalf of the licensed veterinarian, provided that a written agreement is in place requiring the third party to maintain the confidentiality of such information.

6. This Section shall not prevent a licensed veterinarian from disclosing any information for purposes of the veterinarian's own treatment, payment, or veterinary care operations.

7. This Section shall not prevent a licensed veterinarian from disclosing medical information for research purposes, so long as patients and clients are not individually identifiable or, if patients or clients are individually identifiable, appropriate written or electronic authorizations have been obtained.

8. For purposes of this Section, "appropriate court order or subpoena" means for information or veterinary records specifically exempted or deemed waived as provided in this Section.

9. For purposes of this Section, "client" means the client at the time services were rendered by the licensed veterinarian.

COMMENTARY TO SECTION 19—This section reflects the ethical obligation of veterinarians and their employees to consider information from clients and veterinary medical records privileged and confidential. This section recognizes that an important objective of the veterinarian-client-patient relationship is to encourage clients to provide the fullest extent of information possible to the veterinarian so that a reasonable determination might be made about an animal's condition. Section 19 in the MVPA is modeled after statutes in Georgia, Kansas, Illinois, Missouri, Oklahoma, and Texas.

As stated in this Section 19, information and records related to patient care should remain confidential except under certain well-defined exceptions. The AVMA also encourages each state board to be familiar with other open-records laws (eg, laws relating to the Freedom of Information Act) at the federal and state level that must be taken into consideration. It should also be noted that subsection 1 refers to "waiver by the licensed veterinarian's client." Such waiver includes written documentation of a client's verbal consent.

States with veterinary colleges are encouraged to specify that the confidentiality protections and exceptions apply to veterinarian faculty members even if they are not licensed in the state.

Exceptions were added in 2012 for disclosure to third parties providing services; information within the veterinarian's practice for purposes of treatment, payment or veterinary care operations; and research purposes under certain circumstances. Language was added to clarify that "appropriate court order or subpoena" means for information or veterinary records specifically exempted or deemed waived as provided in this section. Subsection 9 was added to clarify that "client" means client at the time services were rendered by the licensed veterinarian.

Section 20 – Immunity from Liability

Any member of the Board, any witness testifying in a proceeding or hearing authorized under this Act, any person who lodges a complaint pursuant to this Act, and any person reporting an impaired licensed veterinarian or credentialed veterinary technician shall be immune from liability in any civil or criminal action brought against him or her for any action occurring while acting in his or her capacity as a Board member, witness, complainant, or reporting party, if such person was acting in good faith within the scope of his or her respective capacity.

COMMENTARY TO SECTION 20—This section was included to encourage members of the public (including veterinarians) to report, in good faith, any licensed veterinarian or credentialed veterinary technician whose conduct or status may have violated the provisions of the practice act. It is also intended to promote and facilitate full, fair, and truthful disclosure to the Board and allow the Board to make good faith decisions thereon. Any member of the Board, any witness or complainant, and any reporting party who acts in bad faith would not be protected under the provisions of this section.

Section 21 – Cruelty to Animals – Immunity for Reporting

Any veterinarian or veterinary technician licensed or credentialed in the State who reports, in good faith and in the normal course of business, a suspected incident of animal cruelty, as described by law, to the proper authorities shall be immune from liability in any civil or criminal action brought against such veterinarian or veterinary technician for reporting such incident.

COMMENTARY TO SECTION 21—This section was inserted to encourage veterinarians to report animal abuse to the appropriate authorities by providing immunity to the reporting veterinarian. The AVMA recognizes that veterinarians may observe cases of animal abuse or neglect as defined by federal or state laws or local ordinances. The AVMA considers it the responsibility of the veterinarian to report such cases to appropriate authorities. Disclosure may be necessary to protect the health and welfare of animals and people. Veterinarians should be aware that accurate record keeping and documentation of these cases are invaluable. Any veterinarian who acts in bad faith would not be protected under the provisions of this section.

In 2012, this section was revised to provide credentialed veterinary technicians reporting under this section similar protection from liability.

Section 22 – Abandoned Animal

1. Any animal placed in the custody of a licensed veterinarian for treatment, boarding or other care, which is not retrieved by the client within ten calendar days after written notice is sent by certified mail, registered mail, postage pre-paid return receipt requested, or courier with confirmation of receipt to the client at the client's last known address shall be deemed to be abandoned. Such abandoned animal may be turned over to a humane society or animal shelter, adopted, otherwise disposed of, or destroyed by the licensed veterinarian in a humane manner.

2. If notice is sent pursuant to subsection 1 of this Section, the licensed veterinarian responsible for such abandoned animal is relieved of any further liability for disposal. If a licensed veterinarian follows the procedures of this Section, the veterinarian shall not be subject to disciplinary action under Section 14 of this Act, unless such licensed veterinarian fails to provide the proper notification to the client.

3. The disposal of an abandoned animal shall not relieve the client of any financial obligation incurred for treatment, boarding, or other care provided by the licensed veterinarian.

COMMENTARY TO SECTION 22— This section was inserted to encourage responsible animal ownership and to provide a standardized procedure for veterinarians to address animals that may have been abandoned by a client. Section 22 is modeled after a Missouri statute, and many states have adopted the same or similar abandoned animal statutes.

Section 23 – Enforcement

1. Any person who practices veterinary medicine or veterinary technology without a valid license, temporary permit, or credential issued by the Board shall be guilty of a criminal offense and upon conviction for each violation shall be fined [an appropriate amount of money according to the Board or the laws of the State] or imprisoned [an appropriate amount of time according to the Board or the laws of the State], provided that each act of such unlawful practice shall constitute a distinct and separate offense.
2. Any person not licensed or credentialed under this Act is considered to have violated this Act and may be subject to all the penalties provided for such violations if that person:
    a. Performs any of the functions described as the practice of veterinary medicine or veterinary technology as defined in this Act, or
    b. Represents, directly or indirectly, publicly or privately, an ability and willingness to perform any of the functions described as the practice of veterinary medicine or veterinary technology as defined in this Act, or
    c. Uses any title, words, abbreviation, or letters in a manner or under circumstances that induces the belief that the person using them is qualified to perform any of the functions described as the practice of veterinary medicine or veterinary technology as defined in this Act.
3. The Board may bring an action to enjoin any person from practicing veterinary medicine or veterinary technology without a currently valid license, temporary permit, or credential issued by the Board. If the court finds that the person is violating or is threatening to violate this Act, it shall enter an injunction restraining him or her from such unlawful acts.
4. Notwithstanding other provisions of this Act, the Board may take immediate action if there is an imminent threat to the health, safety, or welfare of the public. The Board shall find that this action is necessary for the

protection of the public and necessary to effectively enforce this Act. If the Board takes immediate action pursuant to this subsection 4, efforts shall be made as soon as possible to proceed in accordance with a hearing pursuant to Section 16 of this Act.

5. In addition to any other penalty or remedy provided by law, the Board shall have the authority to implement a system of Cite and Fine procedures for licensed and non-licensed persons who violate the State Veterinary Practice Act. The Board may also impose a civil penalty, upon conviction, for each separate violation. This civil penalty shall be in an amount not to exceed [dollar amount] for each violation and shall be assessed by the Board in accordance with the provisions set forth in Section 16 of this Act.
6. The success or failure of an action based on any one of the remedies set forth in this Section shall in no way prejudice the prosecution of an action based on any other of the remedies.

COMMENTARY TO SECTION 23—Under this section, any licensed or nonlicensed person, veterinarian or non-veterinarian, who engages in the unlawful practice of veterinary medicine may have criminal action brought against him or her. The person may be fined or imprisoned. Each act of unlawful practice constitutes a separate crime.

Subsection 5 indicates that the Board is authorized to implement a system of Cite and Fine procedures and to impose civil penalties for licensed and nonlicensed persons who violate the state veterinary practice act. The Board, in accordance with laws of each state, would establish these procedures, including the amount of the fines or the time of imprisonment.

Subsection 6 indicates that all of the remedies set forth in this section are available in any case and that enforcement of this act through one remedy does not prevent the use of other remedies.

In 2012, several subsections were revised to emphasize that the enforcement provisions are applicable to veterinary technology as well as veterinary medicine.

Section 24 – Severability

If any part of this Act is held invalid by a court of competent jurisdiction, all valid parts that are severable from the invalid part remain in effect.

COMMENTARY TO SECTION 24—This section simply provides that if any part of the act should be found invalid, this finding of invalidity shall not affect any portion of the act found valid.

Section 25 – Effective Date

This Act shall become effective on 1, 20_. This Act does not affect rights and duties that matured, penalties that were incurred, and proceedings that were begun before its effective date.

COMMENTARY TO SECTION 25—This section sets out the effective date of the act and provides for the handling of matters during the transition to the new procedure. The Board should also recognize that obsolete laws or laws superseded by changes to the act must first be repealed.

Management of Mares Used in the Pregnant Mare Urine (PMU) Collection Industry

The AVMA endorses the American Association of Equine Practitioners' (AAEP) position statement on "Management of Mares Used in the Pregnant Mare Urine (PMU) Collection Industry," which reads as follows:

"Through on-site investigations and peer review of ongoing research, the American Association of Equine Practitioners believes the collection of urine from pregnant mares and care of their offspring as prescribed by the recommended Code of Practice* represents responsible management of horses to produce a commodity for the benefit of mankind that should not result in abuse, neglect, or inhumane treatment of horses."

*The AVMA reviewed the 2007 edition of the *Recommended Code of Practice for the Care and Handling of Horses in PMU Operations* as developed by the PMU Study Committee and published by Manitoba Agriculture and Ayerst Organics (available at: **http://www.naeric.org/about.asp?strNav=5&strBtn=5**)

Pregnant Sow Housing

Pregnant sows are kept in a variety of housing systems. Sow housing and management systems should:

- Provide every animal access to appropriate food and water;
- Promote good air quality and allow proper sanitation;
- Protect sows from environmental extremes;
- Reduce exposure to hazards or conditions that result in injuries, pain, distress, fear, or disease;
- Facilitate the observation of individual sows to assess their welfare;
- Provide sows with adequate quality and quantity of space that allows sows to assume normal postures and express normal patterns of behavior.

There are advantages and disadvantages to any sow housing system and the benefits and harms to the animals of each should be considered by weighing scientific evidence and veterinary professional judgment. For example, while gestation stall systems minimize aggression and injury, reduce competition, and allow individual feeding and nutritional management, they restrict normal behavioral expression. Group housing systems are less restrictive, but could lead to increased lameness and undesirable social behaviors, such as aggression and competition for resources (e.g., feed, water, space to lie down).

The AVMA encourages ongoing research to better understand and meet the welfare needs of gestating sows. Appropriate and ongoing training for people handling and working with pregnant sows is critical to ensure that they are able to provide and promote good welfare within the management system being used.

Literature Reviews:

Welfare Implications of Gestation Sow Housing (PDF)

Additional Resources:

A Comprehensive Review of Housing for Pregnant Sows (PDF)

Veterinary Facility Occupational Risks for Pregnant Workers

Although scientific data concerning the reproductive health effects of many occupational exposures is limited, the goal of creating a safe work environment for all employees, including those who may be pregnant, can be facilitated by awareness of inherent risks and then adopting procedures to minimize risk exposure.

This information, along with all safety guidelines and procedures, should be communicated to all workers, regardless of their gender or reproductive status. The key to a safe working environment is communication, planning ahead, and educating your workers on how to use protective equipment properly, and avoiding unnecessary risks.

Please refer to the following websites for relevant information on regulatory issues:

1. **The Pregnancy Discrimination Act**
2. **The Family and Medical Leave Act (FMLA)**
3. **The Health Insurance Portability and Accountability Act (HIPAA)**
4. **The Americans with Disabilities Act (ADA)**
5. **Compendium of Veterinary Standard Precautions: Zoonotic Disease Prevention in Veterinary Personnel**

See also **Guidelines for Hazards in the Workplace**

Guidelines for Veterinary Prescription Drugs

Key Points

- Veterinary prescription drugs are labeled for use only by or on the order of a licensed veterinarian. Incidents involving the sale and use of prescription drugs without a prescription should be reported to the proper state authority and the U.S. Food and Drug Administration.
- Veterinary prescription drugs are to be used or prescribed only within the context of a veterinarian-client-patient relationship (VCPR).
- Veterinary prescription drugs must be properly labeled before being dispensed.
- Appropriate dispensing and treatment records must be maintained.
- Veterinary prescription drugs should be dispensed only in quantities required for the treatment of the animal(s) for which the drugs are dispensed. Avoid unlimited refills of prescriptions or any other activity that might result in misuse of drugs.
- Any drug used in a manner not in accordance with its labeling should be subjected to the same supervisory precautions that apply to veterinary prescription drugs.

The AVMA has prepared the following guidelines as a resource regarding the use and distribution of veterinary prescription drugs. Veterinarians making treatment decisions must use sound clinical judgment and current medical information and must be in compliance with federal, state, and local laws and regulations.

Veterinary Prescription Drugs

Veterinary prescription drugs are those drugs restricted by federal law to use by or on the order of a licensed veterinarian [Section 503(f) Food, Drug, and Cosmetic Act]. The law requires that the drug sponsor label such drugs with the statement: "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian."

Veterinarian/Client/Patient Relationship

A VCPR means that all of the following are required:

1. The veterinarian has assumed the responsibility for making clinical judgments regarding the health of the patient and the client has agreed to follow the veterinarians' instructions.
2. The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of a timely examination of the patient by the veterinarian, or medically appropriate and timely visits by the veterinarian to the operation where the patient is managed.
3. The veterinarian is readily available for follow-up evaluation or has arranged for the following: veterinary emergency coverage, and continuing care and treatment.
4. The veterinarian provides oversight of treatment, compliance, and outcome.
5. Patient records are mantained.

Veterinary Prescription Orders

Orders issued by licensed veterinarians authorize drug distributors to deliver veterinary prescription drugs to a specific client, or authorize pharmacists to dispense such drugs to a specific client.

Veterinarians should assure compliance with relevant regulations (e.g. VCPR) of their State Board of Pharmacy and State Board of Veterinary Medicine, and applicable federal regulations.

Labeling and Record Keeping

Adequate treatment records must be maintained by the veterinarian for at least two years (or as otherwise mandated by law), for all animals treated, to show that the drugs were supplied to clients with whom a VCPR has existed. Such records must include the information set forth under Basic Information for Records, Prescriptions, and Labels.

Food animal owners must also keep treatment records. Owner treatment records have been developed by several producer organizations and are available in conjunction with quality assurance programs.

All veterinary prescription drugs must be properly labeled when dispensed. A complete label should include all the information set forth under the section on Basic Information for Records, Prescriptions, and Labels.

Basic Information for Records (R) Prescriptions (P), and Labels (L)

- Name, address, and telephone number of veterinarians (RPL)

- Name (L), address, and telephone number of clients (RP)
- Identification of animal(s) treated, species and numbers of animals treated, when possible (RPL)
- Date of treatment, prescribing, or dispensing of drug (RPL)
- Name, active ingredient, and quantity of the drug (or drug preparation) to be prescribed or dispensed (RPL)
- Drug strength (if more than one strength available) (RPL)
- Dosage and duration
- Route of administration (RPL)
- Number of refills (RPL)
- Cautionary statements, as needed (RPL)
- Expiration date if applicable
- Slaughter withdrawal and/or milk withholding times, if applicable (RPL)
- Signature or equivalent (P)

The actual container must bear the veterinarian's name, address, name of the drug (active ingredient), identification of the animal(s) to be treated, adequate directions for proper use, and cautions/precautions including milk and meat withdrawal times. This information may be on the label applied by the manufacturer, or on a label attached to the product by the veterinarian.

If there is inadequate space on the label for any of the other required information, the veterinarian must provide the additional information on a separate sheet that accompanies the drug dispensed or prescribed.

State law and other regulations such as the Pasteurized Milk Ordinance may require more information than is stated in these guidelines. Specific label and record keeping information is required when drugs are prescribed for extralabel use (see the next section on AMDUCA).

When veterinary prescription drugs are dispensed to companion animal owners, the AVMA recommends that such drugs be placed in child-resistant containers. Such containers are mandated by law in certain states.

Handling, Storage and Disposal

The veterinarian should inform clients to whom prescription drugs are delivered or dispensed about appropriate drug handling, storage, and disposal.

In the clinic, veterinary prescription drugs should be stored separately from over-the-counter drugs, and be easily distinguishable by the professional and paraprofessional staff. Drugs should be stored under conditions recommended by the manufacturer. All drugs should be examined periodically to ensure cleanliness and current dating.

Food animal clients should be advised that veterinary prescription drugs should be securely stored, with access limited to key personnel.

Animal Medicinal Drug Use Clarification Act (AMDUCA)Compliance in Veterinary Medical Practice

With passage of the AMDUCA by Congress in 1994, the extralabel use of approved animal or human drugs in animals became a codified, FDA-regulated activity. Veterinarians may utilize drugs in an extralabel manner in their regular course of practice when the health of an animal is threatened or death may result from failure to treat. Under

AMDUCA regulations, extralabel use means the actual or intended use of a drug, by or on the order of a veterinarian, in a manner that is not in accordance with approved labeling. Any deviation from the label, by veterinarians or lay persons is an illegal use, unless the use meets the requirements of AMDUCA. Deviations from the label include, but are not limited to:

- Use in a species not listed in the labeling.
- Use for indications not listed in the labeling.
- Use at dosage levels, frequencies or routes of administration other than those stated in the labeling.
- Deviation from the labeled withdrawal time based on these different uses.

Extralabel use is legal only when ordered by a veterinarian and within the context of a VCPR.

Guidelines for all Animals:

This document is intended to provide a summary of the AMDUCA requirements and does not list all the regulations that may apply. Veterinarians are strongly encouraged to familiarize themselves with the complete regulations. Information is available at www.fda.gov/cvm.

AMDUCA regulations include but are not limited to the following:

1) Extralabel use is only allowed when the health of an animal is threatened, or suffering or death may result from failure to treat.

2) Record requirements-

- Identify the animals, either as individuals or a group.
- Animal species treated
- Number of animals treated
- Condition being treated
- The established name of the drug and active ingredient(s)
- Dosage prescribed or used
- Duration of treatment

  If applicable, specified withdrawal, withholding, or discard time(s) for meat, milk, eggs or animal-derived food.

- Keep records for a minimum of 2 years
- When requested, these records must be made available to FDA

3) Label requirements-

- Name and address of the prescribing veterinarian
- Established name of the drug(s)
- The class/species or identification of the animal or herd, flock, pen, lot or other group of animals being treated
- The dosage, frequency, route of administration and duration of therapy
- Any cautionary statements

- If applicable, veterinarian specified withdrawal, withholding or discard time for meat, milk, eggs or any other food

Guidelines for extralabel use in food producing animals:

In addition to the requirements for extralabel use in all animals there are regulations specific for food-producing animals.

Extralabel drug use is only allowed if there is no approved animal drug that is labeled for such use, or that contains the same active ingredient in the required dosage form and concentration. Alternatively, an approved animal drug exists, but a veterinarian finds, within the context of a veterinarian/client/ patient relationship, that the approved drug is clinically ineffective for its intended use.

It is important to note that AMDUCA does not permit extralabel use of drugs in animal feed. AMDUCA also does not permit extralabel drug use for production purposes.

Prior to prescribing or dispensing a food-animal drug for extralabel use the veterinarian must:

- Make a careful diagnosis and evaluation of the conditions for which the drug is to be used.
- Assure that the identity of the treated animal(s) is carefully maintained.
- Use appropriate scientific information to establish a substantially extended withdrawal period prior to marketing milk, meat, eggs or other edible products from the treated animals.
- Take appropriate measures to ensure that the recommended withdrawal times are met and no illegal drug residues occur.
- If there is insufficient scientific information available to determine a withdrawal interval, the veterinarian must not use the drug or the treated animal must not enter the food supply.

Use of a human drug, or an animal drug that is only approved for use in nonfood-producing animals, has further restrictions. These drugs are not permitted if a drug that is labeled for use in a food-producing animal can be used in a labeled or extralabel manner.

The extralabel use of certain drugs is prohibited in food animals. This list may be amended by the Food and Drug Administration. Thus, the following list is accurate as of the publication date of this document.

- Prohibited therapy in food animals: chloramphenicol, clenbuterol, diethylstilbestrol, dimetridazole, ipronidazole, other nitromidazoles, furazolidone, nitrofurazone, glycopeptides, fluoroquinolones.
- Prohibited therapy in lactating dairy cows: any sulfonamide except for approved uses of sulfadimethoxine, sulfabromethazine and sulfaethoxypyridazine.
- Prohibited therapy in female dairy cattle 20 months of age or older: phenylbutazone.
- Prohibited therapy in chickens, turkeys, and ducks: adamantane and neuraminidase inhibitor classes of drugs that are approved for treating or preventing influenza A.
- Prohibited cephalosporin (excluding cephapirin) use in cattle, swine, chickens and turkeys:
    - Using cephalasporin drugs at unapproved dose levels, frequencies, durations or routes of administration is prohibited.
    - Using cephalosporin drugs in cattle, swine, chickens or turkeys that are not approved for use in that species (e.g., cephaloporin drugs intended for humans or companion animals):

- Using cephalosporin drugs for disease prevention.

Guidelines for extralabel use in nonfood-producing animals:

AMDUCA also applies to medical decisions in nonfood producing animals. There is greater latitude for extralabel use in nonfood producing animals. However, the requirements stated above for "all animals" must still be followed. In addition, veterinarians should consider the following when treating nonfood-producing animals:

- Veterinarians may use approved animal and human drugs for therapeutic purposes in an extralabel manner so long as there is no threat to public health.
- An approved human drug may be used for treatment in an extralabel manner even when an identical, approved animal drug exists.
- Extralabel use of a drug labeled for another animal species can be used only if there is no approved, appropriate drug that is labeled for use in the patient's species or if an approved drug exists for the patient's species but is found by the veterinarian to be clinically ineffective.
- Extralabel use without a VCPR is illegal in all animals.

Guidelines for compounding of approved new animal and approved human drugs in all animals:

Compounding from FDA-approved drugs is considered extralabel drug use under FDA rules.

Compounding is the customized manipulation of an approved drug(s) by either a veterinarian, or by a pharmacist upon the prescription of a veterinarian, to meet the needs of a particular patient. For example, mixing two injectable drugs is compounding. Preparing a paste or suspension from crushed tablets is another example of compounding. Likewise, adding flavoring to a drug is compounding.

Compounding is not allowed unless there is no approved new animal or approved new human drug that, when used per label or in an extra label fashion, can appropriately treat the condition diagnosed.

- Compounding must done by or under the order of a veterinarian.
- Compounded drugs must not be used for production or performance purposes.
- A compounded human drug cannot be used in a food-producing animal if a legally compounded animal drug can instead be used.
- Compounded drugs must be prepared from FDA-approved drugs
- The volume of compounded drug must be commensurate with the anticipated need for use in individual patients.
- State laws on compounding must also be followed.
- A veterinarian must be cognizant of the need to maintain a safe food supply. Specifically, veterinarians must not allow entry of a treated animal into the food chain, if there is insufficient scientific evidence indicating a proper withdrawal interval after treatment.

Background:

- **AVMA Brochure: Extralabel Drug Use**
- **Use the Interactive Extralabel Drug Use Algorithm**

Client Requests for Prescriptions

The following recommendations are offered as a guide to prescribing and client purchases:

1. Drug therapy, when medically indicated, should be initiated by the attending veterinarian in the context of veterinarian-client-patient relationship. Clients that wish to purchase their prescription drugs from a pharmacy rather than the veterinarian should be advised to first obtain a prescription from their veterinarian before contacting a pharmacy. The veterinarian may choose to either issue the prescription in writing for the client, or contact the pharmacy electronically or by phone.
2. Veterinarians shall honor client requests to prescribe rather than dispense a drug (AVMA Principles of Veterinary Medical Ethics). The client has the option of filling a prescription at any pharmacy.
3. One factor in evaluating the quality of an Internet pharmacy is accreditation by a recognized organization such as the National Association of Boards of Pharmacy (NABP). The NABP has developed the Vet-VIPPS program designed to ensure that Internet pharmacies that sell veterinary drugs are properly licensed and meet other program requirements. Further information is available at **www.nabp.net**.
4. Veterinarians asked by pharmacies to approve prescriptions they have not initiated should do so only if the prescription is appropriate and a veterinarian-client-patient relationship exists.
5. It is within the veterinarian's (not the pharmacy's) purview to determine the medical criteria whereby a drug is indicated.
6. As with any prescription, a written record should be maintained.
7. Prescribing veterinarians should ensure that information regarding the proper use and dosage of the prescribed drug and the risks associated with its use are communicated to the client, regardless of the drug source.
8. If a client asks about obtaining drugs from a foreign country through an Internet source they should be aware that the importation and use of drugs not approved by the FDA is illegal.

Background:

- **Prescriptions and Pharmacies: For Veterinarians (FAQ)**
- **Prescriptions and Pharmacies: For Pet Owners (FAQ)**
- **HOD Resolution #4 - 2012: Revised Principles of Veterinary Medical Ethics**

AAHA-AVMA Canine Preventive Healthcare Guidelines

Note: These guidelines have been adopted jointly by the AVMA and the American Animal Hospital Association.

View PDF version

Frequency of Visits

All dogs should have a veterinary examination at least annually. For many dogs, more frequent visits may be appropriate. Decisions regarding specific frequency of visits should be based on individual needs of the dog.

Health Evaluation

Subjective

History, including evaluation of life style and life stage, behavior, and diet

Objective

Comprehensive physical examination, including dental assessment, pain assessment, and body and muscle condition scoring

Assessment

On the basis of history and physical examination findings, assessments are made for:

- Medical conditions
- Infectious and zoonotic diseases
- Parasite prevention and control
- Dental care
- Genetic, breed, and age considerations
- Behavior
- Nutrition

Plan

Client communication and education plan to include:

- Diagnostic plan:
    - Every dog should have:
        - Annual heartworm testing
        - At least annual internal parasite testing
    - Customized plan based on assessment:
        - Other diagnostic tests (including dental radiography)
        - Early disease screening tests

        - Genetic screening tests
- Therapeutic plan:
    - Every dog should receive:
        - Year-round broad-spectrum parasite control with efficacy against heartworms, intestinal parasites, and fleas
    - Customized plan based on assessment:
        - Tick control as indicated by risk assessment
        - Therapeutic recommendations
        - Dental recommendations
        - Behavioral recommendations
        - Dietary recommendations
- Prevention plan:
    - Every dog should have or receive:
        - Immunizations with core vaccines in accordance with existing guidelines
            - Rabies virus
            - Canine distemper virus
            - Canine parvovirus
            - Canine adenovirus-2
        - Appropriate identification including microchipping
        - Reproductive and genetic counseling and spaying or neutering unless specifically intended for breeding purposes
    - Customized plan based on assessment:
        - Immunization with non-core vaccines in accordance with existing guidelines
        - Other preventive recommendations and counseling regarding zoonotic diseases
- Follow-up plan:
    - Establish a plan for follow-up based on assessment and future care recommendations
    - Set expectations for next visit
- Documentation:
    - Thorough documentation of the patient visit

These guidelines were developed jointly by the American Animal Hospital Association and the American Veterinary Medical Association to provide information for practitioners regarding the care and treatment of their canine and feline patients. The information contained in these guidelines should not be construed as dictating an exclusive protocol, course of treatment, or procedure. These guidelines are not intended to be an AAHA or AVMA standard of care. Development of these guidelines was supported through an educational grant from the Partnership for Preventive Pet Healthcare.

Related Policies

- **AAHA-AVMA Feline Preventive Healthcare Guidelines**

AAHA-AVMA Feline Preventive Healthcare Guidelines

Note: These guidelines have been adopted jointly by the AVMA and the American Animal Hospital Association.

View PDF version

Frequency of Visits

All cats should have a veterinary examination at least annually. For many cats, more frequent visits may be appropriate. Decisions regarding specific frequency of visits should be based on individual needs of the cat.

Health Evaluation

Subjective
History, including evaluation of life style and life stage, behavior, and diet

Objective
Comprehensive physical examination, including dental assessment, pain assessment, and body and muscle condition scoring

Assessment
On the basis of history and physical examination findings, assessments are made for:

- Medical conditions
- Infectious and zoonotic diseases
- Parasite prevention and control
- Dental care
- Genetic, breed, and age considerations
- Behavior
- Nutrition

Plan

Client communication and education plan to include:

- Diagnostic plan:
    - Every cat should have:
        - Heartworm testing in accordance with existing guidelines
        - Retrovirus testing in accordance with existing guidelines

        - At least annual internal parasite testing
    - Customized plan based on assessment:
        - Other diagnostic tests (including dental radiography)
        - Early disease screening tests
        - Genetic screening tests
- Therapeutic plan:
    - Every cat should receive:
        - Year-round broad-spectrum parasite control with efficacy against heartworms, intestinal parasites, and fleas
    - Customized plan based on assessment:
        - Tick control as indicated by risk assessment
        - Therapeutic recommendations
        - Dental recommendations
        - Behavioral recommendations
        - Environmental enrichment recommendations
        - Dietary and feeding recommendations
- Prevention plan:
    - Every cat should have or receive:
        - Immunizations with core vaccines in accordance with existing guidelines
            - Rabies virus
            - Feline panleukopenia virus
            - Feline herpesvirus-1
            - Calicivirus
            - For kittens, feline leukemia virus*
        - Appropriate identification including microchipping
        - Reproductive and genetic counseling and spaying or neutering unless specifically intended for breeding purposes
    - Customized plan based on assessment:
        - Immunization with non-core vaccines in accordance with existing guidelines
        - Other preventive recommendations and counseling regarding zoonotic diseases
- Follow-up plan:
    - Establish a plan for follow-up based on assessment and future care recommendations
    - Set expectations for next visit
- Documentation:
    - Thorough documentation of the patient visit

These guidelines were developed jointly by the American Animal Hospital Association and the American Veterinary Medical Association to provide information for practitioners regarding the care and treatment of their canine and feline patients. The information contained in these guidelines should not be construed as dictating an exclusive protocol, course of treatment, or procedure. These guidelines are not intended to be an AAHA or AVMA standard of care.

Development of these guidelines was supported through an educational grant from the Partnership for Preventive Pet Healthcare.

*Feline leukemia virus vaccine is considered a non-core vaccine but is highly recommended for kittens according to American Association of Feline Practitioners Feline Vaccine guidelines.

Related Policies

- **AAHA-AVMA Canine Preventive Healthcare Guidelines**

Public Health and Regulatory Veterinary Medicine Continuing Education

Veterinary medicine is the only profession that routinely operates at the interface of human and animal health. Therefore, state and local associations, colleges, and departments of veterinary science should include in CE programs a representative offering of subjects on public health, policy, and regulatory veterinary medicine. These topics could include foreign and emerging or reemerging diseases, zoonoses, food safety and protection (security, training, and defense), environmental and ecosystem health, veterinary accreditation, and federal, state, and licensing board regulatory requirements. The AVMA encourage employers, public health and regulatory agencies, and other relevant entities to provide resources and incentives to veterinarians to pursue board certification and advanced training and education related to public practice.

Veterinary Opportunities in CDC Public Health Training Programs

The AVMA supports the continued participation of veterinarians in CDC's public health training programs such as the Preventive Medicine Fellowship/Residency and the Epidemic Intelligence Service. The AVMA also encourages the inclusion of veterinary students in the CDC Experience: Applied Epidemiology Fellowship at CDC which is currently limited to only medical students.

Rabies Policy

AVMA endorses the 2011 Compendium of Animal Rabies Prevention and Control developed by the National Association of State and Public Health Veterinarians. The full text of the compendium is available from the NASPHV or from the AVMA Scientific Activities Division.

As a guide for legislators and other government officials, the AVMA recommends use of the Model Rabies Ordinance which is available on the AVMA Website.

Model Rabies Control Ordinance (PDF)
Annual Rabies Vaccination Waiver

Joint AVMA-FVE-CVMA Statement on the Global Control of Canine Rabies

The AVMA, CVMA, and FVE recognize that canine rabies presents a serious public health risk worldwide. Although multiple rabies virus variants are maintained in wild mammalian reservoir populations and can cause infection and death in humans, the canine variant serves as the source of infection in the vast majority of human rabies infections and deaths worldwide. According to the **World Health Organization**, more than 55,000 people die of rabies every year, and 40% of people bitten by suspect rabid animals are children younger than 15 years of age. Given the role of dogs in transmission of the rabies virus to humans, vaccination of dogs against rabies is an effective means to protect children and adults from contracting this deadly disease.

The veterinary profession is uniquely poised to play a leading role in controlling and eradicating canine rabies. Indeed, in some countries canine rabies has been eliminated due, in large part, to the collaborative work of veterinarians, other public health practitioners, and legislators. This work has included administering mandatory canine vaccination/revaccination and centralized identification programs connected with post-rabies exposure treatment for humans and quarantine and/or euthanasia, as appropriate, for dogs.

To be effective, the AVMA, CVMA, and FVE believe that programs designed to eradicate canine rabies in a humane manner must include the following components:

- Public education regarding the serious nature of the disease, vaccination as a means to prevent transmission of the virus within dog populations, dog bite prevention, and acceptable approaches to management of canine populations that may serve as viral reservoirs.
- Mandatory vaccination and revaccination of both owned and non-owned dogs tied to centralized (at the local, state, regional, and/or national level) identification of vaccinated animals.
- Policies and protocols to regulate the movement of dogs within and across regions and for the quarantine and euthanasia of potentially infected and infected dogs, respectively.
- Sufficient resources to ensure effective and consistent enforcement of regulations designed to control and eventually eliminate canine rabies from a given region.
- Humane and effective control of free-roaming dog populations.

The AVMA, CVMA, and FVE also acknowledge and support existing resources from national, regional, and international organizations that are available to assist countries in controlling canine rabies and encourage those organizations to work collaboratively to more effectively establish canine rabies control and eradication programs. Available resources include, but are not limited to the following:

- **A Blueprint for Control of Rabies in Dog Populations**, from the Partners for Rabies Prevention.
- ***Developing a Stepwise Approach for Rabies Prevention and Control*** (2012), from the **Food and Agriculture Organization of the United Nations (FAO)** and **Global Alliance for Rabies Control**
- **World Organization for Animal Health (OIE) Rabies Portal** and Chapters 5.11, 7.7, and 8.11 of the **Terrestrial Animal Health Code** (2013).
- **AVMA Model Rabies Control Ordinance**
- **Compendium of Animal Rabies Prevention and Control**, from the National Association of State Public Health Veterinarians, Inc. (2011).

The AVMA, CVMA, and FVE fully support the findings and recommendations outlined in the **World Organisation for Animal Health (OIE)-World Small Animal Veterinary Association (WSAVA) Joint Statement on Control of Canine Rabies (2013)** and the **Food and Agriculture Organization of the United Nations (FAO), OIE and WHO Joint Statement** outlining the strong intersectoral commitment needed to eliminate human rabies and control the disease in animals.

The AVMA, CVMA and FVE firmly believe that canine rabies can be controlled and eliminated through collaboration among animal and public health workers, legislators, and governing bodies of existing and new control programs, with support from governmental and non-governmental organizations alike.

Use of Random-Source Dogs and Cats for Research, Testing, and Education

The carefully controlled use of random-source dogs and cats can contribute to improving the health and welfare of both animals and human beings, and is consistent with the principles embodied in the 3Rs tenet of Russell and Burch.[a] The Institute for Laboratory Animal Research (ILAR) of the National Academy of Sciences (NAS) issued a **report** on the Scientific and Humane Issues in the Use of Random Source Dogs and Cats in Research (2009) that makes recommendations on the use of random-source dogs and cats, as well as class B dealers. The AVMA believes there is justification for prudent and humane use of random-source dogs and cats in research, testing, and education, provided that:

•The institution conducting such research, testing, or education has met all legal requirements and guidelines pertaining to the acquisition, care, and use of dogs and cats for these purposes;

•The need for such dogs and cats, which species and type are most appropriate, and the number required to meet the needs of the protocol have been carefully determined;

•Adequate safeguards are used to ensure that only appropriately screened dogs and cats are obtained legally; and preventive measures are taken to optimize the health and welfare of dogs and cats used in research, testing, and education.

•Class B[b] dealers are used to obtain random-source dogs and cats only when alternatives do not exist; and

•Alternative sources[c] are explored and supported that will ultimately eliminate the need for Class B dealers as a source for random-source dogs and cats used in research, testing, and education.

[a] Reduction, refinement, replacement

[b] Class B dealers acquire dogs from random sources, such as individual owners, small hobby breeders, and animal pounds and shelters. Often these are mature, large, socialized dogs of mixed breeds.

[c] Legal alternatives for dogs and cats from Class B dealers include Class A dealers, privately owned colonies (often established by donations from breeders or owners because of genetic defects), client-owned animals (e.g., animals participating in carefully controlled and monitored veterinary clinical trials), donor programs, and non-animal models. Donor programs encourage the voluntary provision of tissue samples obtained during the course of an animal's diagnosis and treatment in veterinary hospitals or the bodies of animals euthanized for other reasons (including veterinary client and shelter/animal control donations).

Raw Milk

Because apparently healthy cows and goats can shed in their milk organisms which are pathogenic to human beings and may cause diseases such as brucellosis, campylobacteriosis, salmonellosis, and tuberculosis; and, inasmuch as milk handlers may introduce pathogenic agents during the handling of unpasteurized milk, only pasteurized milk and milk products should be sold. Furthermore, the AVMA supports laws requiring pasteurization of all milk to be sold within a state and consumed as fluid milk or to be used in the manufacture of dairy products. The AVMA discourages the sale of unpasteurized milk or other dairy products; however, in those states where the sale of such is allowed, those products should be labeled "Not Pasteurized and May Contain Organisms that cause Human Disease."

(Formerly titled "Pasteurization")

Relevant AVMA Policy:

Food Safety Policy

Raw or Undercooked Animal-Source Protein in Cat and Dog Diets

The AVMA discourages the feeding to cats and dogs of any animal-source protein that has not first been subjected to a process to eliminate pathogens because of the risk of illness to cats and dogs as well as humans. Cooking or pasteurization through the application of heat until the protein reaches an internal temperature adequate to destroy pathogenic organisms has been the traditional method used to eliminate pathogens in animal-source protein, although the AVMA recognizes that newer technologies and other methods such as irradiation are constantly being developed and implemented.

Animal-source proteins of concern include beef, pork, poultry, fish, and other meat from domesticated or wild animals as well as milk* and eggs. Several studies[1–6] reported in peer-reviewed scientific journals have demonstrated that raw or undercooked animal-source protein may be contaminated with a variety of pathogenic organisms, including Salmonella spp, Campylobacter spp, Clostridium spp, Escherichia coli, Listeria monocytogenes, and enterotoxigenic Staphylococcus aureus. Cats and dogs may develop foodborne illness after being fed animal-source protein contaminated with these organisms if adequate steps are not taken to eliminate pathogens; secondary transmission of these pathogens to humans (eg, pet owners) has also been reported.[1,4] Cats and dogs can develop subclinical infections with these organisms but still pose a risk to livestock, other nonhuman animals, and humans, especially children, older persons, and immunocompromised individuals.

To mitigate public health risks associated with feeding inadequately treated animal- source protein to cats and dogs, the AVMA recommends the following:

- Avoid feeding inadequately treated animal-source protein to cats and dogs
- Restrict cats' and dogs' access to carrion and animal carcasses (eg, while hunting)
- Provide fresh, clean, nutritionally balanced and complete commercially prepared or home-cooked food to cats and dogs, and dispose of uneaten food at least daily
- Practice personal hygiene (eg, handwashing) before and after feeding cats and dogs, providing treats, cleaning pet dishes, and disposing of uneaten food

* The recommendation not to feed unpasteurized milk to animals does not preclude the feeding of unpasteurized same-species milk to unweaned juvenile animals.

1. Joffe DJ, Schlesinger DP. Preliminary assessment of the risk of Salmonella infection in dogs fed raw chicken diets. Can Vet J 2002;43:441–442.

2. Finley R, Reid-Smith R, Weese JS, et al. Human health implications of Salmonella-contaminated natural pet treats and raw pet food. Clin Infect Dis. 2006;42:686-691.

3. Stiver SL, Frazier KS, Mauel MJ, et al. Septicemic salmonellosis in two cats fed a raw-meat diet. J Am Anim Hosp Assoc 2003;39:538–542.

4. LeJune JT, Hancock DD. Public health concerns associated with feeding raw meat diets to dogs. J Am Vet Med Assoc 2001;219:1222–1225.

5. Freeman LM, Michel KE. Evaluation of raw food diets for dogs. J Am Vet Med Assoc. 2001;218:705-709.

6. Weese SJ, Rousseau J, Arroyo L. Bacteriological evaluation of commercial canine and feline raw diets. Can Vet J 2005;46:513–516.

Additional Resources:

References Used to Develop this Policy

Recycling and Resource Conservation

The AVMA supports conservation of natural resources by encouraging practices including, but not limited to, minimizing waste, reducing energy consumption, maximizing electronic communication, recycling, and utilizing recycled products by its offices, employees, councils, committees, members and others.

Relevant AVMA Policy:

Environmental Responsibility

Reportable Disease List

The AVMA supports the development and implementation of a national list of reportable animal diseases.

Establishment and Use of Veterinary Clinical Studies Committees

Research may be conducted using observations, data, and samples obtained from client-owned animals that are receiving veterinary medical care that is clinically appropriate for their medical condition. The AVMA believes that all clinical veterinary research should be conducted with oversight that ensures the safe and ethical treatment of veterinary patients, while providing appropriate disclosure to, and eliciting informed consent from, clients.

Animals undergoing standard-of-care treatment within a veterinarian-client-patient relationship that is not influenced by their involvement in a clinical study may be overseen by Veterinary Clinical Studies Committees (VCSC). The VCSC serves to ensure informed consent, and to protect animals from conflict of interest issues.

When the VCSC determines that the protocol of a clinical research study will influence the management of the animal patient the VCSC shall refer the proposed work for IACUC review.

VCSC should be composed of veterinarians primarily involved in clinical practice, should work closely with the IACUC, and have at least one member who is a member of the IACUC to serve as a conduit between the two entities.

Research Priorities of the American Veterinary Medical Association

The American Veterinary Medical Association (AVMA) represents the veterinary medical profession and, as of 2012, includes more than 82,600 member veterinarians, or approximately 82 percent of the veterinary medical professionals in the United States. Included in this membership is a formidable resource for tackling existing and emerging scientific problems related to both animal and human health, including more than 10,600 veterinarians with advanced training in fields such as nutrition, toxicology, epidemiology, microbiology, parasitology, pathology, laboratory animal medicine, and a multitude of veterinary clinical specialties. Further, more than 15% of the AVMA membership has a graduate degree in addition to their DVM degree, including ~ 4200 DVM/PhD members. The mission of the AVMA includes the improvement of animal and human health. To fulfill this, the AVMA is committed to advancing the science and art of veterinary medicine, including its relationship to public health, biologic science, and agriculture. The AVMA has a long history of commitment to advocating for improved food safety and security, advanced veterinary medical education, enhanced animal and human health and welfare, strengthened biomedical research, and fostering environmental quality. Moving towards the future, the AVMA has identified the following research-related issues as high priority:

Research and / or programs that address or support:

- Clinical research for the benefit of animal health
- Infectious and zoonotic diseases of animals and humans
- Environmental issues relating to animal and human well being
- Food security and food safety
- Enhanced animal welfare and the human-animal bond
- Basic and translational research on human and animal disease
- Training veterinarians for the research workforcel

Background and rationale:

Clinical research for the benefit of animal health. Research that enhances animal health through prevention and improved treatments of animal disease is essential to the mission of the AVMA. Translated medical discoveries improve the practice of veterinary medicine, enhance the value of veterinary care to patients and clients, and are fundamental to the continued advancement of our profession. Veterinary colleges, research institutes, animal health companies, and often veterinary practices play a vital role in the continued development of medical procedures, advanced devices, and new pharmaceuticals. Funding for translational research that improves animal health is extremely limited and expansion of funding sources through communication to the public is a major goal of the AVMA.

Infectious and zoonotic diseases of animals. Veterinary researchers are an essential component of the research infrastructure that protects the health of animals and humans. Over the past few decades, there has been resurgence in the occurrence of infectious diseases and the ability of microbial and viral agents to establish new niches or undergo genetic mutations has led to the appearance of new diseases. In addition, there is increasing evidence that antibiotic drug resistance of disease causing bacterial agents has reduced the effectiveness of treatments of animal and human diseases. Concern is being raised about the source of the resistance factors, and whether antibiotic use in animals may increase the appearance of antibiotic resistance in human pathogens.

Infectious and zoonotic diseases such as Lyme disease, Hantavirus infections, cryptosporidiosis, and immunodeficiency virus of animals and man have occurred in spite of the impression that infectious diseases were largely controlled. Some previously controlled diseases have re-emerged as important health problems, partly because of the large number of immunosuppressed individuals throughout the world. The pace at which new infectious diseases emerge in animals and man will increase due to climate change, growth of human and food animal populations, the rise in international travel and globalization of trade. It is increasingly important to monitor, identify, and control diseases as they emerge. Established regulatory programs for zoonotic diseases like brucellosis, tuberculosis, salmonellosis, and rabies can serve as a model for this. To meet the increasing challenge of new and emerging diseases, resources in the form of trained people, operational funds, and laboratory infrastructure must be provided. The emerging diseases initiative will address this challenge. Companion animals play an increasingly important role in the lives of humans by providing many social and psychological benefits but the increased interactions with animals can pose a risk for zoonotic diseases. It has been estimated that over 75% of pathogens in humans have their origin in animals.

Emerging infectious agents must be characterized and their interactions with the host and the environment defined. The mechanisms by which these agents alter their disease-causing capacity must be determined. In addition, research is needed to better define the mechanisms by which microbes change, mutate, or adapt to host species, or become resistant to existing antibiotics. Research efforts should also be directed towards new diagnostic tests to identify infected animals, and new vaccines to protect both animals and humans against clinical disease and prevent transmission of the disease to humans. The rapid identification and eventual control of new and reemerging diseases requires surveillance and monitoring of disease patterns in people and animals. Furthermore, future research should emphasize development of new antimicrobial agents, as well as the development of alternative strategies for treating and prevention of infectious diseases. Lastly, communication of information to people who are potentially affected can only be done by strengthening and expanding partnerships of veterinary medical personnel in public and private sectors with federal and state veterinary and human health professionals.

Environmental issues related to human and animal well-being. Animals and people share the same environment; therefore, what affects the safety of air and water for people, also affects the safety of air and water of our pets, livestock, and diverse wildlife species. Consequently, animals can be key indicators of environmental health hazards. In addition, animals form a major portion of the food supply for people, and their waste products can pose pollution hazards for air, water, and soil. This interdependence of all animal life, human and non-human alike, creates many common interests in environmental health and environmental medicine between veterinary medicine and human medicine.

Veterinarians are uniquely qualified to be key players in the field of environmental quality and public health. Veterinary medicine's broadly based training programs, which include toxicology and epidemiology, prepare veterinarians to contribute significantly to a wide variety of environment related health fields. In the area of environmental toxicology and epidemiology, veterinarians are on the forefront of environmental research, assessing the health hazards of environmental pollutants, identifying environmental carcinogens, discovering mechanisms of action of hazardous pollutants, and establishing cause and effect relationships. In the area of ecosystem health, veterinarians are engaged in interdisciplinary research on behalf of human and animal health in the natural and altered ecosystems of our cities, farms, and wild areas. This breadth of involvement enables them to be a valuable resource in control, prevention, diagnosis, and treatment of environmentally associated diseases in people and animals, including those associated with contaminants.

Our society generates chemicals from industrial, agricultural, pharmaceutical, energy-related, household, and other sources, some of which accumulate in the environment. Many are overtly toxic to animals, plants, and people. Others

produce subtle health effects including reduced fertility, growth, productivity, and resistance to infectious diseases. Equally important is the multitude of naturally occurring fungal and plant toxins that may be present in animal feeds. The potential for various chemical and microbial hazards in recycled wastes that affect domestic animals and people remains a constant concern. Veterinary medicine is often the first to be called upon when environmental disasters involving free-ranging wildlife, marine, or aquatic species occur. Veterinary diagnostic laboratories are called upon to identify the cause of deaths and evaluate the potential threat to animals as well as people.

Environmental toxicology and epidemiology investigations are needed to assess the health hazards of environmental pollutants and establish cause and effect relationships. Many diseases of domestic animals also threaten wildlife, such as canine distemper in endangered black-footed ferrets, brucellosis, and bovine tuberculosis. Infectious agents in free ranging wildlife such as Lyme disease (*Borrelia burgdorfei*) and *Ehrlichia* species, for which deer may serve as the reservoir, are associated with diseases in domestic animals and humans. There is little or no data available to define the impact of many of these infectious agents or toxic products in free-ranging wildlife. Veterinary medical research is needed to address these and other issues of free-ranging livestock/wildlife, marine and aquatic species.

The agricultural industry faces enormous challenges going forward the next couple of decades, not the least of which will be providing food to a world with an exponentially increasing population and rapid development and industrialization of lower income countries. The world demand for, and consumption of, protein is expected to nearly double from 218 million tons annually in 1999 to 376 million tons annually in 2030 (**http://www.who.int/nutrition/topics/3_foodconsumption/en/index4.html**). Meanwhile, the agricultural community is being increasingly subjected to scrutiny in terms of sustainability (social, economic, and environmental), the impact of animal housing and management practices on animals' welfare, antimicrobial usage, and economies of scale.

It is important that changes of policy and practice are considered carefully before implementation and are based upon strong scientific evidence. The AVMA advocates for research to explore ways that promote increased production at decreased cost while protecting and/or enhancing animal welfare and minimizing environmental impacts. This may include, but is not limited to, research on the effect of subclinical illnesses on both feed and growth efficiency and food-borne illnesses; research to improve diagnostic capabilities to detect subclinical disease and improve disease containment; research on gene expression designed to improve efficient animal production and health; research to determine the impact of production practices on animal health, animal welfare and the environment; and quantitative risk assessments of the role of low-dose antimicrobial use in food-producing animals and human health.

Food security and food safety. Foods derived from animals are essential to the health and well-being of American citizens. While the U.S. produces the most abundant and safest food supply in the world, and food borne diseases are associated with only a very small fraction of the total food consumed, the Centers for Disease Control and Prevention estimate that 48 million Americans acquire foodborne illness annually that are caused by 31 foodborne pathogens. The annual economic burden from foodborne illnesses has been estimated to be as high as $77.7 billion (**J Food Prot.** 2012 Jan; 75(1):123-31). Without effective intervention, these statistics will escalate in the future as the overall U.S. population increases concomitant with more people who are aged, are immunosuppressed, or have reduced resistance to disease for other reasons.

Food production systems have become more complex as our society has become more urbanized, with modifications in processing, distribution, retailing, preparation, and final handling by the consumer. Contamination of the food can occur at any step of this continuum, and research is needed to develop intervention strategies at each step. While veterinary medicine has historically been an important component of the post-harvest phase of food safety through the USDA's Food Safety Inspection Service and Public Health responsibilities, it is also particularly well positioned to work with Producers to address the pre-harvest or production phase of food safety on farms. On-farm food safety

programs need to be developed that will lead to production of high quality foods that enter the food chain free of microbial or chemical contaminants. Unfortunately, little is known about the conditions that foster the survival and distribution of many microbial contaminants. This knowledge will be essential for the reduction and possible elimination of these contaminants from our food animals and thereby from the U.S. food supply. Research must be done to develop effective and comprehensive monitoring and surveillance systems for the effective control of food borne diseases.

Of primary importance is the need for continued, and increased, health research for livestock, poultry, and aquaculture. Control of endemic diseases and the threat of transboundary animal diseases should be a top research priority, and include many of the aforementioned strategies including the development of new diagnostic assays for earlier recognition of pathogens, as well as the development of new vaccine strategies to control the transmission of pathogens from animal to other animals and/or people. Similarly, efficient food production, as well as the welfare of individual animals, is optimized by good animal health. Management practices to promote animal health should be investigated, with a special emphasis on the effect of nutrition on prevention of disease, correction of physiological imbalances, and efficient energy utilization. Research into other management practices, including sanitation and hygiene conditions, may lead to a reduction in exposure of humans to animal pathogens.

Enhanced animal welfare and the human-animal bond. The health and welfare of animals under human care is an important and increasing societal concern. Veterinarians play an essential role in determining standards of care and protecting the well-being of animals used as companions, for production of food and fiber, in biomedical research, for work (including security, military, and assistance animals), in exhibition and entertainment, and kept in shelters and sanctuaries. The support of research that advances the development of objective and evidence-based criteria for the assessment of animal welfare for all species is an important objective of the AVMA.

Food and fiber animals would benefit greatly from research on new or improved housing techniques and humane slaughter, and the development of objective metrics for evaluating animal welfare. The vast majority of livestock and poultry producers have acted responsibly in attempting to ensure the well-being of their animals. A coordinated effort involving veterinarians, food animal producers and their industries, the scientific community, governmental agencies, and consumers of animal products is needed to successfully resolve public concerns related to the welfare and humane care and use of farm animal species. Establishing guidelines for the care of animals in production environments is especially challenging because economic feasibility is essential to survival of the production unit. Our scientific knowledge about the welfare of food animals and the impacts of various production practices on it must be strengthened. Veterinary researchers, in association with animal scientists, are well positioned to contribute to studies designed to provide the quantitative data needed to comprehensively assess recommendations for changes in production management systems.

Companion animals are in 65% of U.S. households and comprise an animal population of more than 78 million dogs and 86 million cats. Additionally, pet birds and ornamental fish are rapidly growing in numbers. Improved understanding of the human-animal bond indicates that companion animals contribute significantly to the quality of human life. As our society evolves, ethical and social issues relating to maintaining or improving the quality of human and animal life are brought to the forefront. Continued research is needed to gain further insight into human-animal relationships, including not only positive interactions but also negative ones, such as the motivations behind animal cruelty and animal hoarding. Research is also needed to develop better methods of reducing or eliminating pain associated with medical and surgical procedures; to develop non-surgical methods of sterilization to assist in animal population management; and to identify improved strategies for assessing and managing freely roaming and neglected animals, with a goal of reducing their numbers, improving their welfare, and reducing negative impacts on native wildlife populations and the potential spread of zoonotic diseases.

Lastly, as regards the use of animals in biomedical research, the AVMA supports the 3Rs (reduction, replacement, refinement) as proposed by Russell and Burch in 1959. Investigators should continue to strive to develop non-animal alternatives, and to improve the housing and management of animals used as research models.

Basic and translational research on human and animal disease. Veterinarians participate fully in biomedical research as principal investigators, collaborators with unique insights into comparative medicine, experts in the assessment of clinical outcomes in animals, and as animal welfare experts and advocates for their humane care. Moreover, spontaneously occurring and experimentally induced animal models of human and animal disease are essential to the advancement of medical knowledge. Veterinarians bring unique insights in comparative medicine to such research efforts, and such comparative training is an essential component of veterinary education. Veterinarians, as comparative medical scientists, are important leaders and members of interdisciplinary medical research teams using animal models to study human diseases because of their training as integrative biologists with a broad understanding of basic physiology and pathology as well as whole animal biology.

Biomedical research relies heavily on animal models of disease. The vast majority of animal based research is conducted using mice, rats, and aquatic species although other species are also used when they provide a better model of the disease being studied. Animal models can occur spontaneously or can be produced by a variety of experimental techniques including dietary manipulation, genetic modification, and surgical modification. Animals with naturally occurring disease provide a unique opportunity to advance the understanding and care of similarly affected animals as well as humans with similar diseases.

The AVMA supports and encourages biomedical comparative research and applying knowledge gained from comparative biomedical research to better understand the mechanisms of disease and to enhance the development of new diagnostic tools, therapies and preventive strategies for diseases in humans and animals.

Training veterinarians for the research workforce. Education of veterinary students remains a top priority for the Association of American Veterinary Medical Colleges (AAVMC) and is equally shared by the AVMA. The future success and competitiveness of our food and agricultural, animal, and human health sciences will be further developed and achieved by providing highly qualified people. To provide national and global leadership, veterinary medicine must recruit and develop bright young minds to the highest level appropriate. These students must then be challenged by accomplished faculty members at institutions with modern facilities and equipment. The recruitment of biomedical scientists continues to be one of the most challenging issues facing society and the research community. Recruitment and training of additional veterinary medical scientists are critical to meet present and predicted needs. By virtue of their training, veterinarians are uniquely qualified to engage in in vivo studies. By receiving research training, the veterinary profession will be better equipped to form partnerships with other health professions to solve environmental, food safety, trade, and re-emerging/new emerging disease issues that may arise and affect our society.

Veterinarian Notification of Violative Residues in Foods of Animal Origin

The AVMA supports a safe, abundant, and wholesome food supply raised in an environment that enhances public health and animal well-being. The AVMA recognizes that the use of FDA approved pharmaceuticals in food animals is necessary to treat, prevent and control disease, to improve animal well-being and to present healthy and safe animals for market. The AVMA supports the tolerances for residues for all FDA-CVM approved food animal pharmaceuticals.

Preventing violative drug residues is a basic tenet of responsible animal care and of safe food production. Veterinarians have an essential role in preventing such violations and ensuring the appropriate and judicious use of pharmaceuticals on food animal operations. Therefore, the AVMA advocates for:

1. Judicious use of all pharmaceuticals in food animals occurring under guidance within a valid VCPR.
2. Veterinary oversight of drug use on farms to ensure compliance, judicious use, and residue prevention programs are followed. This veterinary oversight should occur for all drugs used on the farm regardless of the distribution channel or prescription status of the drug.
3. As new animal drugs are established, the AVMA encourages FDA to establish tolerances for such drugs and encourages USDA-FSIS to institute testing programs for the detection of violative drug residues of these new compounds to protect public health.
4. A process whereby the veterinarian of record or prescribing veterinarian for a farm is notified when a violative drug residue in meat, milk , egg or other food product of animal origin is detected. Steps below should be triggered by a first violative residue for a producer and any subsequent violations:
    a. Require producer of the violative product to provide the name(s) of the veterinarian(s) to appropriate regulatory agencies, so that FDA will notify that veterinarian(s) is notified at the same time the producer is notified.
    b. Require producers who have violative residues to complete a workable written residue prevention plan with the veterinarian identified. The producer is recognized as the principal party satisfying the plan as a condition of compliance.
    c. Public notification of all violators should occur by publication of the Rolling List of Violators after 90 days of notice to the farm where the violation occurred.

Safety Testing

The AVMA supports research to discover and develop safe and efficacious drugs, vaccines, chemicals, and medical devices that benefit humans and animals. Such research may employ animal-based safety testing, using scientifically valid principles and procedures.

The AVMA strongly endorses continuing efforts to develop and validate alternative safety testing methods that do not use animals.

Selenium

The AVMA supports the level of selenium supplementation in complete feeds at up to 0.3ppm

Service Animals

Service animals are animals trained to assist people with disabilities in the activities of normal living. The Americans with Disabilities Act (ADA) defines service animals as *"...any...dog (or miniature horse) individually trained to do work or perform tasks for the benefit of an individual with a disability**...** Examples of work or tasks include, but are not limited to, assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, providing non-violent protection or rescue work, pulling a wheelchair, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medicine or the telephone, providing physical support and assistance with balance and stability to individuals with mobility disabilities, and helping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition."*

This definition acknowledges that:

- An individual must have a disability as defined by the ADA, and
- The accompanying animal must be trained to do specific tasks directly related to the individual's disability."

If an animal meets this definition, it is considered a service animal regardless of whether it has been licensed or certified by a state or local government or an animal training program.

Practice of Soring

The AVMA endorses the American Association of Equine Practitioners' position on the practice of soring, which reads as follows:

"The AAEP condemns the practice of 'soring,' as legally defined in the Horse Protection Act of 1970 (HPA), to accentuate a horse's gait for training or show purposes. The AAEP supports the efforts of APHIS in the application and enforcement of the HPA as outlined in the APHIS Horse Protection Operating Plan and strongly recommends imposing sufficient sanctions to prevent these practices. As legally defined in the HPA, 'soring' refers to:

- An irritating or blistering agent has been applied, internally or externally, by a person to any limb of a horse;
- Any burn, cut, or laceration has been inflicted by a person on any limb of a horse;
- Any tack, nail, screw, or chemical agent has been injected by a person or used by a person on any limb of a horse; or
- Any other substance or device has been used by a person on any limb of a horse or a person has engaged in a practice involving a horse, and, as a result of such application, infliction, injection, use, or practice, such a horse suffers, or can reasonably be expected to suffer, physical pain or distress, inflammation, or lameness when walking, trotting, or otherwise moving, except that such term does not include such an application, infliction, injection, use, or practice in connection with the therapeutic treatment of a horse by or under the supervision of a person licensed to practice veterinary medicine in the State in which such a treatment was given."

Literature Reviews:

Soring in Horses (PDF)

Additional Resources:

Soring: Unethical and Illegal (Factsheet)

Other Soring Resources

Use of Action Devices and Performance Packages for Tennessee Walking Horses

The American Veterinary Medical Association and the American Association of Equine Practitioners support a ban on the use of action devices and performance packages in the training and showing of Tennessee Walking Horses.

Action devices used in the training and showing of Tennessee Walking Horses include chains, ankle rings, collars, rollers, and bracelets of wood or aluminum beads. When used in conjunction with chemical irritants on the pastern of the horse's foot, the motion of the action device creates a painful response, resulting in a more exaggerated gait. Foreign substances are being detected on the pastern area during pre-show inspections at an alarmingly high rate, according to U.S. Department of Agriculture statistics. While there is little scientific evidence to indicate that the use of action devices below a certain weight are detrimental to the health and welfare of the horse, banning action devices from use in the training and showing of Tennessee Walking Horses reduces the motivation to apply a chemical irritant to the pastern.

The United States Equestrian Federation (USEF), the national governing body for equestrian sport in the United States, disallows action devices in the show ring for all recognized national breed affiliates. The AVMA and the AAEP commend the USEF for this rule and urge the USDA-APHIS to adopt similar restrictions for Tennessee Walking Horses.

Performance packages (also called stacks or pads), made of plastic, leather, wood, rubber and combinations of these materials, are attached below the sole of the horse's natural hoof and have a metal band that runs around the hoof wall to maintain them in place. Performance packages add weight to the horse's foot, causing it to strike with more force and at an abnormal angle to the ground. They also facilitate the concealment of items that apply pressure to the sole of the horse's hoof. Pressure from these hidden items produces pain in the hoof so that the horse lifts its feet faster and higher in an exaggerated gait.

Because the inhumane practice of soring Tennessee Walking Horses has continued 40 years after passage of the Horse Protection Act, and because the industry has been unable to make substantial progress in eliminating this abusive practice, the AVMA and the AAEP believe a ban on action devices and performance packages is necessary to protect the health and welfare of the horse.

Veterinary Participation in Spay-Neuter Clinics

Veterinarians who participate in spay-neuter clinics should abide by the spirit and the letter of the **Principles of Veterinary Medical Ethics** of the American Veterinary Medical Association.

Every animal, regardless of its ownership, deserves quality veterinary medical and surgical care that conforms to current standards of practice, including appropriate pain management and post-operative care.

Pediatric Spay/Neuter Of Dogs And Cats

The AVMA supports the concept of pediatric spay/neuter in dogs and cats in an effort to reduce the number of unwanted animals of these species. Just as for other veterinary medical and surgical procedures, veterinarians should use their best professional judgment based on the current scientific literature in deciding at what age spay/neuter should be performed on individual animals. The decision should be made by the animal's owner in consultation with a veterinarian after discussing associated risks and benefits.

Distinction Between the Process of Board-Certification and Earning a Certificate

The American Veterinary Medical Association only recognizes as specialists, veterinarians who have been certified by a board or college recognized by the AVMA American Board of Veterinary Specialties. All other certificates or like documents are evidence of continuing education, course-work completion or similar initiatives and do not rise to the level of specialization.

Relationship of AVMA-Recognized Veterinary Specialty Organizations with Veterinary Specialty Organizations in Other Parts of the World

The AVMA American Board of Veterinary Specialties (ABVS) encourages collaboration between its recognized veterinary specialty organizations (AVMA-RVSO) and veterinary specialty organizations (VSO) such as organizations certifying veterinary discipline specialist status in Europe, Australasia and elsewhere. The ABVS recognizes that regional and continental veterinary specialist certification will continue to develop, as advanced veterinary medical services become established in other parts of the world. Contact and collaboration with specialist colleagues and organizations outside North America will lead to improvements in animal health worldwide.

Historically, AVMA-approved discipline-specialist colleges have often been the model and source of precedent and experience for individuals establishing VSOs outside North America. Procedures established by non-North American VSOs often are 'borrowed' from AVMA-RVSO documents. The ABVS encourages its RVSOs to provide this kind of support when requested and practical. In order to avoid an implication of reciprocity, ABVS recommends that the AVMA-RVSO inform the receiving VSO that the documents are provided subject to the understanding that, if used by the receiving VSO, they are to be identified as documents of the receiving VSO.

Full Reciprocity

Due to differences in requirements and standards, and differences in the way in which the discipline specialty is practiced in different areas of the world, full reciprocity between an AVMA-RSVO is discouraged unless there has been an extensive history of collaboration in policies and standards in training, credentials review, and examination

procedures between the two specialty organizations. The ABVS will require detailed justification from an AVMA-RVSO before it accepts full reciprocity between an AVMA-RVSO and another VSO.

Reciprocity of Parts of a Training Program

The ABVS recommends that AVMA-RVSOs consider the following issues prior to accepting items in a training program supervised by a sister VSO as meeting the standards of the AVMA-RVSO:

- the form and extent of the training required by the other VSO.
- the standards used by the other VSO in assessing the training activity.
- the qualifications of individuals supervising the training approved by the other VSO.

This limited reciprocity is to be reviewed and approved by the AVMA-RVSO on a case-by-case basis.

Supervision of Training in an AVMA-RVSO-approved Program

Training designed to meet the requirements and standards of an AVMA-RVSO may be supervised by a non-AVMA-RVSO diplomate, provided that the training activity and supervisor are approved by the AVMA-RVSO.

Stem Cells

Stem cells hold great potential for the development of new and exciting therapeutic strategies in the fight against diseases and injuries of animals and humans. Veterinarians have made fundamental contributions to the understanding of the biological potential and clinical use of stem cells, including early studies on mouse embryonic stem cells, derivation of the first human stem cell line, and foundation studies that led to the development of induced pluripotent stem cells. Research into the biology of animal and human stem cells continues to proceed at a breathtaking pace, although the full clinical potential of stem cell therapies remains years away. The AVMA recognizes the promising impact that research on stem cells will have on a diverse array of clinical applications in veterinary and human medical care.

Translation of laboratory studies into effective and useful clinical treatment is critical to the development and acceptance of a novel therapy. A key tool in defining the real value of novel therapy is the randomized clinical trial. Such trials are characterized by randomization of treatment, allocation concealment, blinding of investigators during collection of outcome data, and sufficient patient numbers to allow precise analysis of treatment effects.

Therefore, the AVMA takes the following position on the study and use of stem cells:

- The AVMA fully supports and encourages the ethical study of animal stem cells, including embryonic, induced pluripotent, and adult stem cells, as well as the development of regenerative therapies achieved through directed transdifferentiation of somatic cells to defined precursors. Such studies, performed under the rigorous guidelines of the Animal Welfare Act, have enormous promise for the development of safe and effective stem cell-based therapies for the benefit of animal and human health.
- The AVMA endorses the use of scientifically-validated stem cells in pre-clinical models of animal and human diseases. Such studies may minimize religious or political constraints associated with the use of human embryonic stem cells and facilitate critical advances in the use of stem cells in the treatment of disease or injury common to humans and animals such as spinal injury or diabetes.

- The AVMA endorses studies on stem cells that are in full accordance with the Guidelines for Human Embryonic Stem Cell Research as published in 2005 and modified in 2009 by the National Research Council and Institute of Medicine, National Academy of Sciences.
- The AVMA recognizes that the protection of animal welfare, as set forth in the Animal Welfare Act and by regulatory (eg, Public Health Service) and other recognized entities (eg, Association for Assessment and Accreditation of Laboratory Animal Care International [AAALAC]), must always apply during the course of research involving animals.
- The AVMA recognizes the need for rigorous critical testing of the clinical effectiveness of scientifically-validated stem cell therapies for the treatment of animal disease. Implementation of stem cell therapies in veterinary medicine should only be based on evidence of efficacy and safety.
- The AVMA supports the use of stem cell therapies that have been demonstrated to be safe and effective to treat animal disease based on evidence derived from scientifically-valid and randomized clinical trials.

Veterinary Student Loans and Scholarships

The AVMA recognizes the increasing burden of educational debt on new graduates, and supports innovative methods to achieve student debt resolution, including, but not limited to:

- Funding and implementation of the federal Veterinary Medicine Loan Repayment Program.
- Funding and implementation of state and private loan repayment, loan forgiveness, grant and scholarship programs
- Expand and/or establish programs and incentives using the U.S. Tax Code to support higher education (exemptions, credits, etc.)
- Support favorable terms and conditions on federal, state and private loans for professional students(for example, low interest student loans)
- Support for increased debt management counseling by financial aid officers and veterinary medical colleges

Veterinary Student Training Programs in Food Safety, Security, and Defense

The AVMA recommends that the state and federal entities develop and expand training programs for veterinary students in the area of food safety, security, and defense and recommends cooperation with veterinary colleges and schools to provide academic credit for these programs.

Relevant AVMA Policy:

Food Safety Policy

Surgical Correction of an Injury

The AVMA recommends that surgery for the correction of an injury not be grounds for disqualification of an animal from shows and obedience trials, providing that such surgery does not result in improvement in function or cosmetic appearance over pre-injury status of the animal.

Surgical Procedures by Nonveterinary Students

It is the opinion of the American Veterinary Medical Association that surgery performed for non-research purposes on any animal is the practice of veterinary medicine that requires extensive knowledge of anatomy, physiology, pathology, and medicine. Therefore, instruction of NONVETERINARY students in surgical procedures is not advocated. If such instruction is provided, surgery should be performed only:

- within the context of a structured course of study administered by a post-secondary institution,
- under direct veterinary supervision (i.e. with the veterinarian physically present) and
- with prior approval of the appropriate **Institutional Animal Care and Use Committee** (IACUC).

Tail Alteration in Horses

The AVMA endorses the American Association of Equine Practitioners' (AAEP) policy on "Tail Alteration in Horses," which reads as follows:

"The American Association of Equine Practitioners condemns to the alteration of the tail of the horse for cosmetic or competitive purposes. This includes, but is not limited to, docking, nicking (i.e., cutting) and blocking. When performed for cosmetic purposes, these procedures do not contribute to the health or welfare of the horse and are primarily used for gain in the show ring (nicking/cutting, blocking and docking) or because of historical custom (docking). If a horse's tail becomes injured or diseased and requires medical or surgical intervention, such care should be provided by a licensed veterinarian.

The AAEP urges all breed associations and disciplines to establish and enforce guidelines to eliminate these practices and to educate their membership on the horse health risks they may create. Members of AAEP should educate their clients about the potential health risks, welfare concerns, and legal and/or regulatory ramifications regarding these procedures based on the relevant jurisdiction and/or association rules."

Literature Reviews:

Welfare Implications of Horse Tail Modifications (PDF)

Tail Docking of Cattle

The AVMA opposes routine tail docking of cattle. Current scientific literature indicates that routine tail docking provides no benefit to the animal, and that tail docking can lead to distress during fly seasons. When medically necessary, amputation of tails must be performed by a licensed veterinarian.

Backgrounders:

Welfare Implications of Tail Docking of Cattle (PDF) .

Ear Cropping and Tail Docking of Dogs

The AVMA opposes ear cropping and tail docking of dogs when done solely for cosmetic purposes. The AVMA encourages the elimination of ear cropping and tail docking from breed standards.

Literature Reviews:

Welfare Implications of Ear Cropping-Dogs (PDF)

Welfare Implications of Tail Docking-Dogs (PDF)

Additional Resources:

History of Policy on Ear Cropping and Tail Docking of Dogs (PDF)

Canine Tail Docking (FAQ)

Ear Cropping and Canine Otitis Externa (FAQ)

Docking of Lambs' Tails

Lambs' tails may be docked for cleanliness and to minimize fly strike, but cosmetic, excessively short tail docking can lead to an increased incidence of rectal prolapse and is unacceptable for the welfare of the lamb. We recommend that lambs' tails be docked at the level of the distal end of the caudal tail fold and at the earliest age practicable. Because tail docking causes pain and discomfort, the AVMA recommends the use of procedures and practices that reduce or eliminate these effects, including the use of approved or AMDUCA-permissible clinically effective medications whenever possible.

Literature Reviews:

Welfare Implications of Tail Docking of Lambs (PDF)

Additional Resources:

Docking of Lambs' Tails Video

Tail Docking and Teeth Clipping of Swine

The AVMA recommends the use of procedures and practices that reduce or eliminate pain associated with tail docking and teeth clipping. This may include the use of approved or AMDUCA-permissible clinically effective medications.

Tail docking is performed to reduce tail biting and cannibalism among pigs. Tail docking should be performed early and sufficiently prior to weaning such that no open wounds remain at the time of weaning. Clean, sharp equipment must be used to minimize pain and risk of infection.

Teeth clipping is a management tool performed only when necessary to prevent trauma to littermates' faces and the sow's underline by piglets' canine teeth when competing for a teat. Alternative management practices, including those that reduce the need for piglet movement between litters, should be used when possible to reduce the need for teeth clipping. When necessary, teeth clipping should be performed early and prior to weaning. Clean, sharp equipment must be used to minimize pain and risk of infection.

Additional Resources:

Extralabel Drug Use and AMDUCA (FAQ)

Government Fees and Taxes on Veterinary Products and Services

Economic factors are a major reason animals are not given optimal medical care. Government fees and taxes on veterinary products and services result in additional costs to treat animals and can lead to decreased; 1) availability of important veterinary medical products; 2) crucial purchases and/or use of these products by owners; and 3) essential animal health care needs/services. Animal health and human health have been shown to be strongly associated. Any cost initiatives that negatively impact animal health care can also have an adverse effect on human health and potentially increase the risk of zoonotic disease outbreaks.

The AVMA believes government entities should strongly consider the possible negative effects on human health, animal health and animal welfare that may result from any proposed fees or taxes on veterinary products or services.

Use of Technology, Including Biotechnology, in Veterinary Medicine and Animal Agriculture

The AVMA supports the opportunity to use technology for a variety of applications, including the following:

- Benefitting and protecting public health, animal health, and welfare.
- Enhancing host resistance to infectious diseases and eliminating genetic-based diseases.
- Increasing the efficiency of food and fiber production.
- Improving the utility, nutritional value, and safety of human food and animal feeds.
- Producing improved animal medicinal products and diagnostic tools.
- Promoting environmentally sustainable agricultural practices.
- Ensuring the production of a safe, abundant, and affordable food supply.

The AVMA affirms the responsible use of technology to improve animal and human health.

The creation of new technologies through research and the practical application of that knowledge is a valuable adjunct to veterinary medicine. Therefore, the development of these technologies should not be impeded so long as they do not negatively impact health, safety, or welfare of humans, animals, or the environment.

The AVMA supports a science-based regulatory policy for the approval of technologies developed through research and innovation. Current regulations include the evaluation of technologies by the USDA, FDA, EPA, US Fish and Wildlife Services, National Oceanic and Atmospheric Administration, or other appropriate authorities before they can be marketed for the intended uses; future evaluations should continue to be scientifically based with meaningful risk assessments.

Relevant AVMA Policy:

Use of Biotechnology in Development of Drugs and Vaccines

Tail Docking and Teeth Clipping of Swine

The AVMA recommends the use of procedures and practices that reduce or eliminate pain associated with tail docking and teeth clipping. This may include the use of approved or AMDUCA-permissible clinically effective medications.

Tail docking is performed to reduce tail biting and cannibalism among pigs. Tail docking should be performed early and sufficiently prior to weaning such that no open wounds remain at the time of weaning. Clean, sharp equipment must be used to minimize pain and risk of infection.

Teeth clipping is a management tool performed only when necessary to prevent trauma to littermates' faces and the sow's underline by piglets' canine teeth when competing for a teat. Alternative management practices, including those that reduce the need for piglet movement between litters, should be used when possible to reduce the need for teeth clipping. When necessary, teeth clipping should be performed early and prior to weaning. Clean, sharp equipment must be used to minimize pain and risk of infection.

Additional Resources:

Extralabel Drug Use and AMDUCA (FAQ)

Removal or Reduction of Teeth in Nonhuman Primates and Carnivores

The AVMA is opposed to removal or reduction of healthy teeth in nonhuman primates and carnivores, except when required for medical treatment or approved scientific research. Animals may still cause severe injury with any remaining teeth and this approach does not address the cause of the behavior. Removal or reduction of teeth for nonmedical reasons may also create oral pathologic conditions. To minimize injury, recommended alternatives to dental surgery include behavioral assessment and modification, environmental enrichment, changes in group composition and improved animal housing and handling techniques.

Toxicoses

The AVMA supports education, legislation, regulations, research, and other actions that prevent toxicoses in wildlife, domestic animal, and human populations.

Brochures:

Household Hazards (**English** and **Spanish**)

Relevant AVMA Policy:

- **Environmental Responsibility**

Transmissible Spongiform Encephalopathies

Transmissible spongiform encephalopathies (TSEs) are important diseases of animals and humans worldwide. The AVMA encourages dissemination of scientific knowledge of the etiology, epidemiology, prevention, and control of TSEs as well as educational materials. The AVMA supports and encourages national and state surveillance, monitoring, and control programs. The AVMA encourages the USDA and US Department of Health and Human Services to support research for the development of new rapid diagnostic tests, control measures, cleaning and disinfecting procedures, and investigation of the zoonotic potential of TSEs.

Transport of Dogs in Motor Vehicles

Transport of dogs, loose or tethered, in open cargo areas of motor vehicles is not safe. Properly secured, size-appropriate kennels that are appropriately ventilated and allow climatic conditions suitable for a dog's breed and conditioning to be maintained are the preferred means of transport of dogs when in open cargo areas of motor vehicles.

Backgrounders:

Welfare Implications Dogs Traveling in Truck Beds (PDF)

Humane Transport of Equines

Studies published in peer-reviewed journals and the professional experience of veterinarians indicate that more equines are injured during transport in double-deck trailers than in single-deck trailers. The AVMA supports the use of best practices when transporting animals and therefore opposes the use of double-decked trailers to transport equines. In addition, the AVMA encourages state and federal agencies that govern the transport of equines to adopt rules, regulations, and enforcement provisions that ensure equines are transported humanely.

In general, the AVMA believes conveyances used to transport equines must:

- Be designed, constructed and maintained to protect the health and welfare of the equines being transported at all times;
- Accommodate segregation of stallions and aggressive equines so that no stallion or aggressive equine can come into contact with other equines on the conveyance;
- Have sufficient interior height to allow each equine on the conveyance to stand with its head extended to its fullest normal postural height;
- Not comprise animal cargo space that is divided into two or more stacked levels (conveyances with collapsible floors may be configured to transport equines on one level only, so long as the collapsed configuration meets the height requirements previously specified);
- Provide adequate ventilation;
- Contain no sharp protrusions that can injure horses;
- Be equipped with doors and ramps of sufficient size and location to allow safe loading and unloading;
- Be loaded so that each equine is provided with sufficient space to shift its weight as needed, and is not crowded in a way that is likely to cause injury or discomfort; and
- Afford secure footing for equines during loading, offloading, and transport.

Transport, Sale Yard Practices, and Humane Slaughter of Hoofstock and Poultry

- Care must be observed when loading and unloading hoofstock and poultry to minimize injury and stress.
- Physical abuse of animals must not be tolerated under any circumstances.
- Pre-transport evaluation and biosecurity measures are recommended to limit the transmission of diseases.
- Sick and injured animals identified at the time of loading or unloading should be separated and managed appropriately, including provision of necessary veterinary care (this may include euthanasia or humane slaughter under veterinary supervision).
- Vehicles used for transport should be safe for the animals being hauled and the people who are loading and unloading them.
- Animals must be protected from environmental extremes, such as excessive heat and cold.
- Suitable water and feed should be available as appropriate and needed for the species, age and condition of the animals, as well as the duration of transport and climatic conditions.
- Animals should be allowed to rest at appropriate intervals during transport. The type of transport, the age and species of the animals being transported, and climatic conditions should determine the frequency of rest stops and whether the animals should be unloaded.
- Unloading, sorting, grouping and lairage should be performed so that hoofstock experience minimal stress. Unnecessary mixing of animals from different lots should be avoided.
- Facilities should be constructed to permit safe and proper handling, facilitate movement and reduce stress.
- The AVMA supports science-based guidelines pertaining to the transport and humane slaughter of hoofstock and poultry that have been developed in collaboration with experienced veterinarians, animal behaviorists, and production/livestock transport experts. The AVMA also supports research on improved practices for humane transport and slaughter.

Transportation and Processing of Horses

The AVMA endorses the American Association of Equine Practitioners' policy on transportation and processing of horses, which reads as follows:

"The AAEP advocates the humane treatment of all horses and believes the equine industry and horse owners have a responsibility to provide humane care throughout the life of the horse. However, a small percentage of horses are ultimately unwanted because they are no longer serviceable, are infirm, dangerous, or their owners are no longer able to care for them.

The AAEP recognizes that the processing of unwanted horses is currently a necessary aspect of the equine industry, and provides a humane alternative to allowing the horse to continue a life of discomfort and pain, and possibly inadequate care or abandonment. The AAEP encourages, fosters and provides education regarding responsible ownership and management that will reduce the number of unwanted horses. In addition, the AAEP supports and commends the efforts of equine retirement facilities and adoption groups.

Regarding the care of horses destined for processing, the AAEP's position is that these horses should be:

- Treated humanely and with dignity;
- Transported to the production facility according to the guidelines approved by the United States Department of Agriculture in 2002;
- Euthanized in a humane manner in accordance with the guidelines established by the American Veterinary Medical Association.[1]

In addition, the AAEP recognizes that human consumption of horsemeat is a cultural and personal issue and does not fall within the purview of the association, whose mission is the care of the health and welfare of the horse throughout its life."

[1]American Veterinary Medical Association. **AVMA Guidelines on Euthanasia** (PDF)

Additional Resources:

Unwanted Horses and Horse Slaughter (FAQ)

Transportation of Research Animals for the Purpose of Biomedical Research, Testing, and Education

Transportation of research animals refers to any movement of all animals intended for use in biomedical research, testing, and/or education from one facility (dedicated breeding or research) to another. This includes purpose-bred animals, legally obtained random-source animals, hoof stock, and genetically altered (e.g., transgenic and knock-out) animals. The AVMA supports the transportation of animals for research, testing and education when that transportation is conducted in accord with guidelines that assure animals are handled properly and transport is conducted humanely. Those handling research animals during transport must be well trained and competent in performing related tasks and making related decisions.

Trapping and Steel-jawed Leghold Traps

The AVMA opposes the use of conventional, unmodified steel jawed leghold traps. Legitimate science and management practices that necessitate the capture of wildlife should employ the most humane traps and techniques. Such traps and techniques should reduce injury and stress, minimize pain and suffering to wildlife, and prevent capture of nontarget animals.

Backgrounders:

Welfare Implications of Leghold Trap Use in Conservation and Research (PDF)

Tuberculosis Eradication in Cattle and Cervids

The AVMA encourages the USDA to continue to partner with state animal health officials, wildlife agencies, industry, academia, and other affiliated entities to control and eliminate tuberculosis (TB) in US cattle and cervids through appropriate surveillance, development and use of improved diagnostic testing methods, implementation of additional testing requirements for higher-risk classes of livestock, use of zoning for managing TB affected areas, and improved disease traceability to prevent and mitigate outbreaks. The AVMA also recommends appropriate funding, especially for indemnification.

Representation to the United States Pharmacopeial Convention (USP)*

The United States Pharmacopeial Convention (USP) is a scientific nonprofit organization that sets standards for quality, purity, identity, and strength of drugs, biologicals, food ingredients, and human dietary supplements. USP's drug standards are enforceable in the U.S. by the Food and Drug Administration (FDA), and these standards are used and relied upon in more than 130 countries. USP drug standards (for naming/identity, strength, quality, and purity, as well as packaging and storage), are enforced by the FDA under the Federal Food, Drug, and Cosmetic Act. USP is dedicated to promoting public health worldwide. Its written documentary standards, physical reference standards, verification programs, professional education courses, and other initiatives work to provide good pharmaceutical care for animals and people and protect the public from unsafe or substandard medicines, human dietary supplements, and food ingredients. USP has laboratories in Rockville, MD (headquarters), India, China, Brazil, and Switzerland (office only) and has more than 500 employees worldwide.

The USP is composed of approximately 500 organizational voting members representing: academic institutions and associations; health professional and scientific associations (medicine, pharmacy, nursing, veterinary medicine); manufacturing and trade associations; patient and consumer organizations; non-governmental standards and conformity assessment bodies; and governmental agencies. These USP Members appoint delegates who have the responsibility to fully understand USP's mission, vision, strategic plan and activities in order to fully execute their governance authority.

The USP operates in 5 year cycles and at the end of each cycle, a USP Membership meeting is held in Washington, DC and is open to delegates (voting members), non-delegates and observers (non-voting members). The Council of Convention (CoC), one of four committees of the USP, has the broadest authority and is responsible for recommending new members, inviting observers, proposing resolutions and advising USP staff on member engagement. Veterinarians are presently serving on the CoC as well as on volunteer Expert Committees.

The AVMA encourages expansion of veterinary membership to the USP. Current animal health-oriented organizational members include:

- American Veterinary Medical Association; Delegate CoC
- Association of American Veterinary Medical Colleges
- American Academy of Veterinary Pharmacology and Therapeutics
- Animal Health Institute
- FDA Center for Veterinary Medicine

The AVMA encourages non-delegates from each veterinary school to attend USP Membership meetings. A strong contingent from veterinary educational establishments in the US would be an important benefit in helping to ensure input into USP functions affecting veterinary medicine.

The AVMA encourages the USP to incorporate veterinarians on additional committees as appropriate.

**supersedes the policy titled "US Pharmacopeia Representation"*

USDA/APHIS Animal Welfare Program

The AVMA supports enforcement of the Animal Welfare Act for the protection of animals (as designated by the Secretary of Agriculture) used for nonagricultural research, testing, teaching, or exhibition. The AVMA encourages adequate funding for the U.S. Department of Agriculture (USDA) Animal and Plant Health Inspection Service (APHIS) to conduct activities necessary to ensure compliance with the Act.

Funding for USDA Facilities

The United States Department of Agriculture (USDA), through facilities such as the National Centers for Animal Health, provides research and regulatory functions that are critical to animal health, public health, and food security. The AVMA believes that it is important that these facilities, and the entities that utilize them, receive the level of funding needed to adequately fulfill those functions.

Formerly titled "Sufficient Operational Funding for National Centers for Animal Health (NCAH)

Use of Animals in Precollege Education

The AVMA encourages the use of alternatives to live animals for precollege classroom instruction. While the AVMA recognizes that exposure to animals may engender interest and excitement in children for science, this must be balanced with optimizing the well-being of animals that may be used. Many of the same goals can be accomplished through use of other instructional devices, including video, web-based tutorials and study sets, mock physiology datasets, plastinated and preserved specimens, and observational field studies or trips to zoologic or aquatic facilities.

When alternatives to live animal use are not available, pertinent standards must be followed that protect the welfare of animals being used. Noninvasive and observational uses of animals are encouraged and uses that cause more than momentary distress should be prohibited. Schools or school boards should develop a committee to review the use of animals in instruction or science projects and include a review of the following items: justification for live animal use, including discussion of alternatives considered and rejected, detailed description of the types and numbers of animals to be used, a discussion of pedagogical merit for live animal use, and a detailed description of what will be done with the animals, including transportation. A specific and knowledgeable instructor should take primary responsibility for animal use and ensure that animals are well cared for on a daily basis during their time in the educational program. Veterinary care must be provided to animals as needed.

References:

National Academy of Sciences (NAS)

International Science and Engineering Fair (ISEF) Rules on Animal Use 2011 - **http://www.societyforscience.org/document.doc?id=9**

Use of Animals in Research, Testing, and Education

The AVMA recognizes that animals have an important role in research, testing, and education for continued improvement of human and animal health and welfare. The AVMA also recognizes that humane care of animals used in research, testing, and education is an integral part of those activities. In keeping with these concerns, the AVMA endorses the principles embodied in the "3 Rs" tenet of Russell and Burch (1959). These principles are: *replacement* of animals with non-animal methods wherever feasible; *reduction* of the number of animals consistent with sound experimental design; and *refinement* of experimental methods to eliminate or reduce animal pain and distress.

The use of animals in research, testing, and education is a privilege carrying with it unique professional, scientific, and moral obligations, and ethical responsibilities. The AVMA encourages proper stewardship of all animals, and supports the judicious use of animals in meaningful research, testing, and education programs. Third party review of welfare of all animals is essential for all facilities.

The AVMA condemns all acts of violence, vandalism, or intimidation directed toward individuals, facilities, or tertiary organizations affiliated with the use of animals in research, testing, or education.

Vaccination of "Wolf-Hybrids" – Position of the AVMA-PLIT

The vaccinating of wolf hybrids has become a topic of concern for veterinarians as a result of their increasing popularity as companion animals. The Trust office is frequently asked whether the AVMA liability insurance policy will provide coverage if a veterinarian vaccinates a wolf-hybrid. The...

Vaccination Principles

Vaccines protect patients by providing a level of resistance to a disease beyond their innate immune status. Each aspect of vaccine efficacy and duration of immunity is multi-factorial and often difficult to predict in all cases. Further, no vaccine is completely safe and effective in all situations for all animal patients. The American Veterinary Medical Association (AVMA) believes that a medically based approach to vaccination protocols is an appropriate method to address the preventive health needs in multiple species, breeds and individual patients.

The use of vaccination is essential to the health of veterinary patients as well as the general public. Medical decisions related to vaccines, vaccine administration and development of vaccine protocols are among the most complicated decisions in medical practice. Appropriate decisions concerning individual vaccine selection and vaccination program choices are best made under veterinarian-client-patient relationships, wherein the practitioner and client must determine the best patient care programs for implementation. Veterinarians should create a core vaccine program, intended for use in the majority of animals in their practice area as well as a non-core vaccine program, intended for special circumstances/situations for animals in this same practice area and consider the potential for endemic disease exposure, susceptibility to disease and risk/benefit ratios. Veterinarians with an established veterinarian-client-patient relationship are in the best position to make educated recommendations as to the appropriate core and non-core vaccine programs. Vaccine programs should consider all emigration and immigration of animals within a geographical area and the risk of disease in the clinically relevant environment. Vaccine programs should follow all governmental regulations.

It is recommended to follow label indications/recommendations; however, veterinarians may legally exercise discretionary judgment in some instances if medically justified and when in compliance with all governmental restrictions that may apply. All manufacturers' information, concerning vaccine handling guidelines, (e.g. for temperature, light, transport, expiration date, withdrawal, and disposal) should be followed to help ensure vaccine efficacy, safety, and shelf life. Specific directions as to the method of diluent and antigen mixing should be strictly adhered to so as to avoid antigen destruction as well as adverse chemical or physical interaction(s). Failure to administer a vaccine in the method deemed appropriate by the manufacturer (e.g. allowable concurrent treatments, method of administration) may result in suboptimal protection and/or adversely alter the established safety profile of the product. All manufacturer cautionary warnings on vaccines should be followed. Veterinarians should recognize that failure to use vaccines according to manufacturer-labeled directions may result in potential liability to the veterinarian in the case of an adverse event.

Protective immunity, in the majority of animals, occurs within 21 days following the initial vaccination. Booster vaccination(s) may be required to ensure immunity for the period designated by the manufacturer. Immunity is dependent on multiple factors, including but not limited to, medical history, vaccine type, method of administration, age, and species being vaccinated. The client is encouraged to rely on their veterinarian's professional acumen to determine the most reliable interval between vaccination and onset of protection against disease.

Programs targeting prompt immunization of susceptible animals are critical in ensuring patient longevity, optimal health and production management. Veterinarians should recall that animals must be physiologically healthy and immunologically competent to respond to the vaccine. When serological titers are used to help determine the vaccination/protection status of an animal, veterinarians should make sure these data have been clinically correlated to host-animal protection studies for the specific diseases and species being tested. For most common vaccine antigens, the correlation between serological response to vaccination, long-term serostatus, and protection in the host animal has not been adequately established. The lack of these data often precludes practitioner's ability to make well-informed vaccination decisions based on serostatus alone.

Vaccination and revaccination programs, for preventive health care, should be designed to maintain the health of the animals and public health while minimizing adverse effects. Veterinarians should evaluate the risk/benefit ratio to vaccination before implementation on any individual patient or group of animals. Vaccine protocols must be developed in consideration of patient husbandry, endemic disease, geographical location, patient disease susceptibility and immune status. Other factors in the establishment of vaccine management protocols are the general health of the patient, the vaccine antigen/adjuvant combination, methods of administration and concurrent drug or chemical use.

Though vaccine products are continually improving, scientific understanding of vaccine pharmacology and immunology remains incomplete with respect to the prediction and prevention of any/all potential adverse events. Current adverse event reporting systems need significant improvement in the capture, analysis and reporting of adverse events. All adverse events (including protection failures) should be reported to the manufacturer and the United States Department of Agriculture (USDA) to help ensure the continued safety and efficacy of veterinary vaccines.

In developing a vaccine program there are multiple sources of information available from, but not necessarily limited to species and specialty groups, manufacturers, government agencies and other experts. Additional information may be available through the manufacturers' package inserts and government agencies, in particular the USDA's Center for Veterinary Biologics. The AVMA continues to advocate for the increased availability of animal vaccines that are safe, efficacious, scientifically based, and clinically practical, to provide practitioners with a basis for developing vaccination programs that maximize the benefits and minimize the associated risks for the patients under their care.

Background:

USDA Veterinary Biologics: Use and Regulation

Related Policies:

Revaccination Interval

Guidelines for Use of Autogenous Biologics

The use of autogenous biological products may provide the licensed veterinarian with a unique opportunity for the control of certain infectious diseases. Understanding regulations for autogenous biologics is important to avoid violating the Virus Serum Toxin Act (VSTA) enforced by the United States Department of Agriculture (USDA).

The following guidelines are recommended for making decisions on the use of autogenous biologics in a veterinary practice:

1. Autogenous biologics (vaccines, bacterins, toxoids) are prepared at a USDA licensed establishment.
2. Autogenous biologics are prepared with cultures of microorganisms taken from the affected herd of origin.
3. Microorganisms must be identified. The first serial must be identified by genus. Subsequent serials must be identified by genus and species.
4. Autogenous products may contain more than one microorganism isolated from the same herd.
5. Autogenous products are inactivated and nontoxic.
6. Autogenous products are tested for sterility and safety.
7. Serials of autogenous products made within 24 months of isolation do not have potency or efficacy established. To have serials made after 24 months from isolation, additional testing is required to show antigenicity or immunogenicity.
8. Autogenous biologics are licensed products prepared for use only by or under the direction of a veterinarian that has established and maintains a Veterinarian-Client-Patient relationship (VCPR).
9. The Administrator may authorize use of an Autogenous biologic in adjacent and non-adjacent herds.
10. Autogenous product serials carry an expiration date of 18 months from date of harvesting the serial.
11. States may place further limitations on the distribution and/or use of biologics which must be observed.

The use of autogenous biologics requires the application of sound scientific principles and good veterinary practice in those situations where USDA-licensed, non-autogenous products are not available or there is evidence that licensed products are not effective. A thorough diagnostic work-up must be completed to provide the microorganism(s) for manufacture of the autogenous product. Autogenous biologics, as with all biologics, should not be mixed with any other product. The simultaneous administration of other products should be approached with caution. Veterinary practices utilizing autogenous products are advised to maintain product distribution information as part of the veterinary client/patient record to support restrictions for use in herd of origin.

The 9 CFR 107, 112, and 113 and Veterinary Services Memo 800.69 which contain the regulations of veterinary biologics used in the United States, makes distinction between autogenous biologics and veterinary exempt biological products and should be consulted.

Related AVMA Policy:

- **Use of Innovative Technologies in Development of Drugs, Vaccines and Diagnostic Modalities**
- **Development of Emerging Disease Agent Biologics**

Background:

- **USDA Veterinary Biologics: Use and Regulation**

Development of Emerging Disease Agent Biologics

Although the AVMA recognizes the need to protect intellectual property, the failure of researchers to share isolates of emerging agents with other investigators has the potential of adversely impacting animal health and well being by delaying disease research and the development of diagnostic modalities and preventive measures such as vaccines. The AVMA encourages cooperation between researchers, biotechnology and animal health industries, and regulatory agencies for the promotion of animal health.

Related AVMA Policy:

- **Use of Innovative Technologies in Development of Drugs, Vaccines and Diagnostic Modalities**
- **Guidelines for Use of Autogenous Biologics**

Background:

- **USDA Veterinary Biologics: Use and Regulation**

Restriction of Veterinary Biologics to Veterinarians' Use

The AVMA supports USDA efforts to restrict all veterinary biologics used in disease control programs, those with high incidence of reactions, and those with public health significance, to use by or under the direction of a licensed veterinarian.

Related AVMA Policy:

- **Revaccination Interval**
- **Vaccination Principles**

Revaccination Interval

The AVMA encourages the USDA APHIS Center for Veterinary Biologics to ensure the scientific basis of vaccine label revaccination interval recommendations.

Background:

- **USDA Veterinary Biologics; Use and Regulation**

Related AVMA Policy: **Vaccination Principles**

Veal Calf Management

Individual housing during the neonatal period facilitates sanitation, disease control and individual attention for observation and treatment of calves. Individual housing must allow the calf to turn around comfortably and to assume normal postures. AVMA supports current industry initiatives to move to group housing of veal calves. Calves should be housed in groups at the earliest age practicable to facilitate normal behaviors, including social interaction. Like individual housing, group housing must allow all calves to turn around comfortably and to assume normal postures. Housing must be ventilated to provide fresh air and to prevent buildup of ammonia or pathogens. Floors and bedding must be clean, dry and maintained to prevent injuries, and allow calves to maintain normal body temperature in cold weather.

Feeding practices that enhance health and well-being should be encouraged. All calves must be fed colostrum after birth. Calves must be fed diets that provide adequate energy, protein and minerals to maintain good health and positive growth. Diets must be balanced to prevent nutritional deficiencies and their consequences, including but not limited to iron deficiency with subsequent anemia. Water must be provided from birth. Dry feed should be considered to optimize gastrointestinal development and health.

Literature Reviews:

Welfare Implications of the Veal Calf Husbandry (PDF)

The Veterinarian-Client-Patient Relationship (VCPR)

The veterinarian-client-patient relationship (VCPR) is the basis for interaction among veterinarians, their clients, and their patients. A VCPR means that all of the following are required:

1. The veterinarian has assumed responsibility for making clinical judgments regarding the health of the patient and the client has agreed to follow the veterinarians' instructions.
2. The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of a timely examination of the patient by the veterinarian, animal(s), or medically appropriate and timely visits by the veterinarian to the operation where the patient is managed.
3. The veterinarian is readily available for follow-up evaluation or has arranged for the following: veterinary emergency coverage, and continuing care and treatment.
4. The veterinarian provides oversight of treatment, compliance, and outcome.
5. Patient records are maintained.

Relevant AVMA Policy:

- **Antimicrobials, AAFP/AAHA Basic Guidelines for Judicious Therapeutic Use**
- **Antimicrobials in Swine, AASV Guidelines for Judicious Therapeutic Use in Pork Production**
- **Prescription Drug Guidelines**
- **Antimicrobials, Judicious Therapeutic Use**
- **Microchipping: Electronic Identification of Companion Animals, Birds, and Equids, Objectives and Key Elements**
- **Military Veterinary Treatment Facilities (VTF)**
- **Ethics: Veterinary Medical Ethics of the AVMA, Principles**
- **Consulting, Remote**
- **Residues in Foods of Animal Origin, Veterinarian Notification of Violative**

Additional Resources:

- **VCPR: The Veterinarian-Client-Patient Relationship**
- **Veterinarian-Client-Patient Relationship (VCPR) FAQ**

Veterinarian's Oath

Being admitted to the profession of veterinary medicine, I solemnly swear to use my scientific knowledge and skills for the benefit of society through the protection of animal health and welfare, the prevention and relief of animal suffering, the conservation of animal resources, the promotion of public health, and the advancement of medical knowledge.

I will practice my profession conscientiously, with dignity, and in keeping with the principles of veterinary medical ethics.

I accept as a lifelong obligation the continual improvement of my professional knowledge and competence.

AVMA Policy to Promote Veterinary Medical Research and Discovery

The AVMA promotes veterinary research as the foundation that is critical for its members to ensure animal health and welfare, safe and affordable food of animal origin, protection and improvement of the environment, and advancement of human health. Discovery of new knowledge and training of veterinarian-scientists are essential to meet future societal needs.

Therefore, the AVMA recognizes that veterinary medical research is fundamental to the continued advancement of evidence-based veterinary practice. As such, the Association will advocate for programs that emphasize research and science and encourage strong veterinary medical research programs.

Guidelines for Veterinary Practice Facilities

The AVMA considered establishing standards for veterinary practice facilities, and came to realize that specific requirements are difficult to define. The diverse types of practices, economic conditions, and facility requirements throughout the country preclude development of a single set of specific standards applicable to all practices.

As a result, the Association has listed 16 general guidelines that should be considered in development and operation of a veterinary practice facility. They are:

1. Overall cleanliness and neatness of personnel and facilities.
2. Adequate protection against dissemination of disease.
3. Proper disposal of all waste material.
4. Access to adequate equipment for generation of quality diagnostic images. Provide proper procedures and equipment to protect staff members from radiation exposure.
5. Adequate ventilation and freedom from noxious odors.
6. Freedom from noise pollution.
7. Adequate restraint facilities that are humane in providing proper care to patients during all aspects of their visit.
8. Availability of proper refrigeration and sterilization equipment.
9. Facilities and equipment provided and properly maintained that are suitable for currently acceptable veterinary practice.
10. Adequate and complete patient, personnel and financial records.
11. Adequate personnel to provide proper veterinary care.
12. Appropriate facilities and records for the proper storage and dispensing of drugs and supplies in compliance with federal and state laws.
13. Proper equipment for anesthesia management and monitoring of patients under anesthesia.
14. Provide laboratory services to assist with accurate diagnosis.
15. Provide surgery in an aseptic environment with appropriate pre- and post- operative considerations.
16. Provide a safe and healthy environment for clients, patients and staff that are in compliance with governmental jurisdictional entities such as but not limited to FDA, USDA, OSHA and EPA.

AVMA Policy on Veterinary Technology

Preamble

The AVMA recognizes the value of veterinary technicians as an integral component of veterinary medicine and urges full utilization of veterinary technicians. The veterinary profession is enhanced through efficient utilization of each member of the veterinary health care team by appropriate delegation of tasks and responsibilities to support staff.

Nomenclature

Veterinary technology is the science and art of providing professional support to veterinarians. AVMA accredits programs in veterinary technology that graduate veterinary technicians and/or veterinary technologists.

A veterinary technician is a graduate of a two- or three-year AVMA-accredited program in veterinary technology. In most cases the graduate is granted an associate degree or certificate.

A veterinary technologist is a graduate of a four-year baccalaureate AVMA-accredited program in veterinary technology.

Veterinary assistant: The adjectives animal, veterinary, ward, or hospital combined with the nouns attendant, caretaker, or assistant are titles sometimes used for individuals where training, knowledge, and skills are less than that required for identification as a veterinary technician or veterinary technologist.

AVMA will encourage schools, organizations, and regulatory authorities to use the standard terminology described above, but will not attempt to interfere, except through educational efforts, with the actual terminology used.

The Role of Veterinary Technicians

The veterinary technician's role is to provide professional health care in conjunction with the veterinarian.

The duties of veterinary technicians shall be performed under the direction, supervision, and responsibility of veterinarians. These duties shall be accomplished in compliance with federal, state, and local laws. These duties shall not include diagnosing, prescribing, or performing surgery except where explicitly permitted by regulation.

The veterinary technician must be knowledgeable in the care and handling of animals, their normal and abnormal life processes, medical and surgical nursing, anesthesiology, diagnostic imaging, and clinical laboratory procedures.

Role of the AVMA

The AVMA offers consultation on education of veterinary technicians, their utilization, their regulation, and other related matters.

The AVMA encourages colleges/schools of veterinary medicine to demonstrate proper veterinary technician utilization for the veterinary students, the economic value of such utilization, and the advantages of effective utilization of veterinary technicians in the delivery of quality veterinary care. Cooperation and affiliation between veterinary technology programs and veterinary colleges/schools is encouraged.

The AVMA makes an ongoing effort to determine and address present and future manpower needs in the field of veterinary technology. Placement services for veterinary technicians are available from the AVMA Career Development Center.

The AVMA recognizes the National Association for Veterinary Technicians in America (NAVTA) as the national organization representing veterinary technicians and the Association of Veterinary Technician Educators (AVTE) as the national organization representing veterinary technician educators.

The AVMA welcomes and encourages the participation and support of veterinary technicians in public relations efforts to promote the use of veterinary services including the appropriate utilization of veterinary technicians.

Education

Individuals contemplating a career in veterinary technology should attend an AVMA-accredited program at an institution of higher learning where instruction is conducted in laboratory or clinical settings with the humane use of live animals.

The AVMA Committee on Veterinary Technician Education and Activities (CVTEA) is charged with the responsibility of providing and monitoring AVMA accreditation of programs in veterinary technology. All accredited programs must meet the Standards of Accreditation of the CVTEA to ensure the quality of the educational experience and the assessment of student knowledge and skills.

Continuing Education

CVTEA encourages the development of additional educational and career advancement opportunities for veterinary technicians. Programs are encouraged to partner with national, state, and local groups to provide these opportunities.

Accreditation

Accreditation of post-secondary educational programs in veterinary technology is based on the provisions outlined in the document "Standards of an Acceptable Program for Educating Veterinary Technicians" as authorized by the House of Delegates in July 1983. The education, development, and accreditation procedures are to be determined and administered by the CVTEA. The ***Accreditation Policies and Procedures of the AVMA CVTEA*** are also available on the AVMA website.

Accreditation of veterinary medical education programs is conducted within the Education and Research Division of the AVMA. Accreditation activities take place in the Center for Veterinary Education Accreditation. The Council on Education (COE) accredits DVM or equivalent educational programs and the Committee on Veterinary Technician Education and Activities (CVTEA) accredits veterinary technology programs.

An institution with a distance learning program associated with a traditional program may request that the distance learning program be accredited separately.

Regulation of Veterinary Technicians

Examination and regulation of veterinary technicians are the responsibilities of state boards of veterinary medicine, veterinary medical examiners, or other authorized state regulatory agencies.

State veterinary practice acts provide for limitations on veterinary activities performed by non-veterinarians. The AVMA Model Practice Act includes provisions to permit veterinary technicians to perform all activities in which they are educated, but does not allow them to diagnose, prescribe, or perform surgery.

Canadian Recognition

At its June 2006 meeting, the AVMA Executive Board approved a recommendation that the AVMA recommends that veterinary technician credentialing (i.e., licensing, registration, or certification) entities in the US recognize graduates of Canadian Veterinary Medical Association (CVMA)-accredited veterinary technology programs as eligible for credentialing. In turn, the CVMA recommends that Canadian provincial licensing bodies recognize graduates of AVMA-accredited veterinary technology programs as being eligible for licensure. As always, eligibility for licensure/registration/certification of veterinary technicians is the purview of each state and provincial credentialing agency.

Veterinary Assistant Programs

The AVMA does not accredit veterinary assistant programs. Accredited veterinary technology programs that also offer veterinary assistant programs have an obligation to explain program differences to potential students and the community. Any information publicizing the institution's programs should indicate which programs are accredited by the AVMA.

Because establishment of a veterinary assistant program may dilute the instructional resources available for the accredited veterinary technology program, the CVTEA reserves the right to request information about such a program and its relationship with the accredited program.

For more information , please contact: Education and Research Division, Committee on Veterinary Technician Education and Activities

Additional Resources:

Veterinary Technology Programs accredited by the AVMA CVTEA **Veterinary Technology Programs**

Guidelines for Use of Trainees and Volunteers in Veterinary Practice

The opportunity for students and others to experience the veterinary profession as a volunteer, or trainee is beneficial to the individual and the profession, however, labor laws require veterinary establishments closely follow the law when these positions are offered without pay.

The **Federal Fair Labor Standards Act** (FLSA) establishes the federal minimum wage, overtime pay, recordkeeping, and child labor standards affecting full-time and part-time workers in the private and public sectors. It defines employees and provides certain exemptions for trainees and volunteers. This law applies to a company or organization with annual dollar volume of sales or receipts in the amount of $500,000 or more. If the company/organization does not meet this threshold, the employees may still be covered by the FLSA if their own duties meet certain interstate commerce requirements.

Each veterinary establishment that uses volunteers/trainees should be aware of the labor laws within the state where the establishment is located. Each veterinary establishment should consult with its insurance carrier to assess liability coverage regarding professional liability, workman's compensation, auto, and public liability relative to the action of a volunteer. Insurance carriers should also be consulted regarding coverage should volunteers or trainees be injured during the course of their affiliation with the practice. An indemnification agreement between the establishment and the volunteer or trainee should be considered.

Veterinary establishments should be aware that utilizing trainees or volunteers beyond the criteria as stipulated above could subject the establishment to wage-hour litigation and other liability.

1. Trainees

Whether trainees or students are employees of an employer under the FLSA will depend upon all of the circumstances surrounding their activities on the premises of the employer. If all of the following criteria apply, the trainees or students are not employees within the meaning of the Act:

1. The training, even though it includes actual operation of the employer's facilities and equipment, is similar to that which would be given in a vocational school;
2. The training is for the benefit of the trainees or students;
3. The trainees or students do not displace regular employees, but work under their close supervision;
4. The employer who provides the training derives no immediate advantage from the activities of the trainees or students and on occasion, the operations may actually be impeded;
5. The trainees or students are not necessarily entitled to a job at the conclusion of the training period; and
6. The employer and the trainees or students understand that the trainees or students are not entitled to wages from the time spent in training.

2. Volunteers

A volunteer is an individual performing service for civic, charitable, or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered. Under the FLSA, individuals may not volunteer services to **for-profit** private sector employers. However, they may volunteer for public sector organizations or those organized as not-for-profits.

Annual Rabies Vaccination Waiver

The American Veterinary Medical Association (AVMA) strongly supports the National Association of State Public Health Veterinarians' (NASPHV) recommendation that all dogs, cats, and ferrets should be vaccinated to protect against rabies infection. Rabies is an almost invariably fatal disease for animals and humans; vaccination of animals is a critical step in preventing infection and protecting public health. However, AVMA recognizes some animals might require a waiver from rabies vaccination because the vaccination poses an unacceptably high risk to the health of the individual animal, or a waiver might be necessary for research purposes. If adequate steps can be taken to minimize the chance of exposure to rabies virus, the AVMA recommends that such animals be granted a waiver from mandatory rabies vaccination, upon recommendation of a licensed veterinarian and with the concurrence of the appropriate public health authorities. The attached "Model Annual Rabies Vaccination Waiver Form" may be used as a template for this purpose.

Because rabies continues to be a significant public health issue, waivers should not be issued arbitrarily upon client request and should be based upon clinical evidence that the animal would be at considerable risk of being harmed by the vaccine because of a diagnosed medical condition. Modern killed virus or recombinant rabies vaccines have no risk of inducing rabies in the vaccinated animal and are not contraindicated in most immunocompromised animals. Advanced age of the animal or a desire on the part of the client or veterinarian to minimize the use of vaccinations (in the absence of a specific contraindication to vaccination) should not be considered sufficient justification for issuing a rabies vaccination waiver.

To ensure that the risk to both the individual animal and to public health is considered, a waiver of rabies vaccination should only be issued when a licensed veterinarian with a valid veterinarian-client-patient relationship with the animal and the appropriate public health authorities concur that the waiver should be issued. The client must be informed that, even if a waiver is issued, the waiver only serves to allow the animal to be properly licensed in compliance with animal control regulations. In the event that the animal is involved in a potential rabies exposure incident, the animal should be considered unvaccinated against rabies for the purpose of appropriate public health regulations or when following the recommendations of the NASPHV Compendium of Animal Rabies Prevention and Control. All rabies vaccination waivers should be reconsidered at least yearly and, if appropriate, may be renewed on an annual basis following a reassessment of the animal's condition.

Although the AVMA supports the existence of a process for issuing waivers of rabies vaccination requirements in every jurisdiction, this policy should not be construed as justification for failing to vaccinate animals for rabies in jurisdictions where such vaccination is required by law and no waiver or delay process exists.

Annual Rabies Vaccination Waiver Form(PDF)

Relevant AVMA Policy:

- **Rabies Policy**

Animal Agriculture Waste Management

The AVMA supports the basic premises of current federal and state legislation and regulations enacted to prevent negative environmental impacts from wastes generated by terrestrial or aquatic animal productions. Veterinarians should be aware of the value, potential hazards, and legal restrictions concerning animal waste.

Therefore the AVMA supports the following:

- Education, outreach, and extension programs to assist producers in meeting or exceeding current federal and state requirements. This includes aid in establishing and implementing nutrient management plans as well as design and construction of effective waste management facilities to prevent contamination of the environment.
- Science based research on animal waste management systems and procedures to allow animal waste materials to be utilized as nutrient sources for sustainable agriculture systems.
- Scientific studies of the impact of pathogens and chemicals from animal/human waste sources on the environment.

Relevant AVMA Policy:

- **Appropriate Animal Carcass Disposal**
- **Animal Carcass Risk in Natural Disasters**
- **Environmental Responsibility**

Veterinary Medical Wastes

The AVMA encourages responsible entities to use reasonable approaches and sound science in the formulation of regulations pertaining to the impacts of veterinary medical waste on the environment, veterinary profession, and the health and welfare of patients.

Relevant AVMA Policy:

- **Animal Agriculture Waste Management**
- **Client Disposal of Controlled Substances**
- **Pharmaceutical Disposal, Best Management Practices for**

Poultry Depopulation

The AVMA supports the use of water-based foam as a method of mass depopulation for poultry in accord with the conditions and performance standards outlined by the US Department of Agriculture's Animal and Plant Health Inspection Service (USDA-APHIS). The following summarizes the conditions under which USDA-APHIS has approved the use of water-based foam for depopulation of poultry:

1. Use of water-based foam is considered an appropriate method of depopulation of floor-reared poultry (i.e., broiler chickens and turkeys) in accord with USDA-APHIS performance standards ("USDA-APHIS Performance Standards for the Use of Water-Based Foam as a Method of Mass Depopulation of Domestic Poultry" [***Attachment A***]); and
2. Animals are infected with a potentially zoonotic disease; or
3. Animals are experiencing an outbreak of a rapidly spreading infectious disease that, in the opinion of state or federal regulatory officials, cannot be contained by conventional or currently accepted means of depopulation; or
4. Animals are housed in structurally unsound buildings that would be hazardous for human entry, such as those that may result from a natural disaster.

Mass depopulation refers to methods by which large numbers of animals must be destroyed quickly and efficiently with as much consideration given to the welfare of the animals as practicable, but where the circumstances and tasks facing those doing the depopulation are understood to be extenuating. Euthanasia involves transitioning an animal to death in a manner that is as painless and stress-free as possible. The AVMA currently considers that destruction of poultry using water-based foam is a method of mass depopulation and not a form of euthanasia. The AVMA supports additional research to evaluate whether water-based foam can be accepted as a form of euthanasia.

ATTACHMENT A

USDA APHIS Performance Standards for the Use of Water-based Foam as a Method of Mass Depopulation of Domestic Poultry

(These dynamic Performance Standards are currently based on objective and subjective measurement. They are intended to be guidelines used to evaluate any type of water-based foam and foam delivery system used for depopulation of poultry until such time that sufficient biometric, engineering, and welfare data can be gathered to establish thorough performance standards.)

1. In order to comply with current animal welfare considerations and optimal operating procedures, USDA APHIS has developed these minimum standards which all water-based foam systems used for mass depopulation of poultry must meet or exceed by performance measurement until further notice. The field application of water-based foam used for depopulation as stipulated by these standards is currently approved for use with floor-reared poultry and as conditionally stipulated in Standard 11. Floor-reared poultry is defined as poultry not housed in cages (e.g. broiler chickens and turkeys), but may not necessarily include all types of poultry (e.g. waterfowl, see Standard 11). Approved experimental protocols to adapt this method for use in caged poultry (e.g. laying hens) and broaden its application to other poultry types are not

restricted by the official position of USDA APHIS on the use of water-based foam for depopulation of poultry nor these standards. Note that these standards will be revised as further information becomes available.

2. Water-based foams used for depopulation must be:
    a. readily available;
    b. environmentally safe;
    c. biodegradable;
    d. compatible with carcass disposal methods;
    e. as non-irritating as possible to poultry mucosa; and
    f. of no significant risk to human health
3. Foam delivery systems must produce foam that is of the appropriate consistency and density to completely occlude the upper airway of domestic poultry; so that when immersed in the foam, airway occlusion occurs in a rapid and overwhelming manner such that birds do not unduly struggle. At this time, the desired bubble size from water-based foam used for poultry depopulation should not exceed 0.625 inches (1.58 cm) and preferably should be smaller. Note: Bubble diameters exceeding 0.33 inches (0.84 cm) may not be appropriate for the depopulation of all types of poultry or may not provide 100% depopulation of the target birds. It is intended that systems developed pursuant to this Standard will provide broad species depopulation capability, but may be limited by the developer to specific species or applications. If the foam used to depopulate does not meet the requirements as stipulated in Standard 9, then its use must be limited to those types of poultry where it has been shown to meet the criteria in Standard 9.
4. The water-based foam must be fluid enough:
    a. to engulf or negotiate any building supports or structures,
    b. to surround the birds without cavitations that may be generated by bird movement, and
    c. be of a consistency (fluidity) that is readily inspired by the birds.

    Fluidity in foam is equated to the expansion ratio and the moisture content; to be suitable for depopulation of poultry, the expansion ratio required ranges from 25:1 to 140:1. Note that foams exhibiting expansion ratios exceeding 120:1 may not be appropriate for depopulating all types of floor-reared poultry. Importantly, foam exhibiting expansion ratios below approximately 35:1 may not accumulate to sufficient depth to cover the target species. If the foam used to depopulate does not meet the requirements as stipulated in Standard 9, then its use must be limited to those types of poultry where it has been shown to meet the criteria stipulated in Standard 9.

5. The water-based foam must have sufficient body to be able to accumulate to at least 6 inches (15 cm) over the mean height of the types of poultry being depopulated. In cases such as full grown turkeys depths up to at least 54 inches (137 cm) may be required.
6. The application of the water-based foam must be performed in a manner that disturbs the birds as little as possible and avoids panic, "piling" or overcrowding.
7. Water-based foam of the proper consistency as outlined in sections 2-4 must be capable of being generated using a wide variety of water qualities across a broad range of dissolved solids, salinities, pH, and hardness factors. It is important to note that at present, the primary limiting factor of the speed at which the depopulation event can be conducted, is the availability of an adequate water supply at the site of depopulation.
8. Water-based foam must demonstrate a residency time (persistence) of no less than 30 minutes (regardless of climatic conditions or solar exposure) to ensure that all birds have been properly dispatched.

9. In terms of the time to death and total percentage of the population killed when water-based foam is used on any type or age of poultry, the foam system employed must result in the death of 95% of the birds within 7 minutes or less after the birds have been completely submerged in the foam. If 100% of the birds have not been depopulated after 15 minutes post-submergence, then contingencies must exist to dispatch the birds as humanely and quickly as possible in accordance to currently accepted euthanasia methods.
10. Water-based foam delivery systems must perform reliably and reproducibly in accordance with the criteria detailed in performance Standards 2-9 under a wide range of climatic and operating conditions. Climatic conditions may include ambient indoor temperatures ranging from 0° C (32° F) to 44° C (110° F) and relative humidity ranging from 10% to 100%. Poultry housing situations vary widely including large surface areas and multistory housing. Strategies must be developed to address these variances before attempting to depopulate with foam.
11. There are many species of fowl, including waterfowl (e.g. ducks and geese) and other gallinaceous birds (e.g. guineas and quail) used for food, eggs, or other purposes where current data on the use of water-based foam for depopulation are lacking. However, water-based foam may be conditionally used in depopulating these particular types of fowl if:
    a. the foam and delivery system meets the criteria detailed in Standards 2-10 and,
    b. the system demonstrates killing times, killing rates, behavioral responses, and physiological responses comparable to those which would normally be observed when water-based foam is used to depopulate common farm-reared poultry where foaming has been shown to be effective (i.e. broiler chickens and turkeys).

    However during the foaming of species where reaction to foam is unknown, if adverse reactions are observed that are more extreme than those seen with farm-reared poultry (i.e. broiler chickens or turkeys), or prolonged killing times or killing rates not consistent with Standard 9 are encountered, then foam should not be used to depopulate that particular species of fowl. If a question of suitability on the use of foam in a particular species arises, then the determination of whether foam may be applied to a particular species will be made by the USDA Incident Commander and the ranking USDA Animal Welfare officer detailed to the outbreak, or the State Veterinarian.

12. Components of water-based foam delivery systems must be able to withstand chemical disinfection, and all parts of the water-based foam delivery system that enter contaminated houses must be able to withstand stringent cleaning and decontamination measures. In some cases the water-based foam may also be used for decontamination purposes.
13. Water-based foam delivery systems should either be adaptable for multiple types of poultry housing or be marketed for use that is limited to specific types of poultry and/or housing.
14. Water-based foam delivery systems should be portable and constructed of components that are easily serviceable and/or replaceable. Portable by this standard is intended to mean easily transportable from one site to another by any conventional means.

Release of Wild Animal Species and Exotic Pet Species

The AVMA acknowledges that ownership and possession of wild animal species and exotic pet species are legally permitted and that there are laws and regulations at international, federal, state, and local levels addressing both. The AVMA also understands that circumstances may arise in which caregivers of such animals may no longer keep them (e.g. caregivers find themselves unable to provide the care required for the animals, realize that the animals are not suitable for captivity, or discover that possession of these animals is illegal). Caregivers who find themselves in such situations must not jeopardize the welfare of the animals involved nor increase the risks that their animals pose to people, other animals, or ecosystems.

Therefore:

- No wild animal species or exotic pet species, once in captivity, should be released into the environment (aquatic or terrestrial) unless specifically authorized by the regulatory authorities with oversight;
- Caregivers who find themselves no longer able or authorized to keep their wild animal species or exotic pet species must work with the appropriate authorities (e.g., State, Federal, or Tribal wildlife agencies) or legally authorized and qualified organizations (e.g., wildlife sanctuaries, zoos, or aquariums that are covered by the Animal Welfare Act or that are accredited) for proper disposition; and
- The AVMA supports the adoption and enforcement of reasonable regulations pertaining to owners and caregivers of wild animal species and exotic pet species.

Definitions:

- Accredited wildlife sanctuary: A facility that cares for wildlife species and that incorporates all of the following conditions:
    - Meets or exceeds regulatory oversight standards (e.g. 50 CFR §14.252, Animal Welfare Act, relevant state and local statutes),
    - Meets or exceeds relevant accrediting bodies' standards of care (e. g. nutrition, veterinary medical care, and environmental enrichment),
    - Is approved by the relevant regulatory agencies and accrediting bodies with jurisdiction, and
    - Is subject to external inspection.

- Exotic pet species: A wide range of pet species other than domestic dogs, cats, and equids which may be native or nonnative to the United States.
- Risk: Threats posed by these animals, which may serve as a reservoir and/or vector for transmission of infectious agents or which may otherwise cause direct or indirect harm to humans, other animals, the environment, or wild populations of the same or related species.
- Wild animal: Animal species that, whether or not raised in captivity, are normally found in a wild state; these species may be native or nonnative to the United States, may not yet have been subjected to domestication, or may be in the process of being domesticated.

Brochures:

- **Managing Wildlife Emergencies**
- **Pet Turtles**
- Selecting an Amphibian (**English** and **Spanish**)
- Selecting a Pet Bird (**English** and **Spanish**)
- Selecting a Pet Ferret (**English** and **Spanish**)
- Selecting a Fish (**English** and **Spanish**)
- Selecting a Pet Rabbit (**English** and **Spanish**)
- Selecting a Pet Rodent (**English** and **Spanish**)

Relevant AVMA Policy:

- **Canine Hybrids**, Position on
- **Declawing Captive Exotic and Wild Indigenous Cats**
- **Elephant Guides and Tethers**
- **Nonhuman Primates as Assistance Animals**
- **Ownership or Possession of Wild Animals or Their Hybrids**
- **Removal of Antlers (Velveting)**
- **Removal or Reduction of Teeth in Nonhuman Primates and Carnivores**
- **Vaccination of "Wolf-Hybrids", Position of the AVMA-PLIT**
- **AVMA Policies Related to Wild Animal Species and Their Hybrids**

Ownership or Possession of Wild Animals or Their Hybrids

The AVMA has concerns about animal welfare, husbandry, infectious diseases, public health and safety, and environmental impacts relative to ownership of wild animal species and their hybrids.

The AVMA believes that all who own or are considering the ownership of wild animal species or their hybrids should:

- Educate themselves about the animal husbandry, welfare, and safety requirements of the animals involved and about the risks that the animals may pose to humans, other animals, and ecosystems; and
- Implement means to reduce those risks.

If owners or caretakers cannot ensure these aspects, the AVMA recommends prohibiting ownership or possession of wild animal species or their hybrids.

Furthermore the AVMA:

- Supports reasonable regulations (e.g. licensing, registration, inspections) pertaining to ownership, possession, and disposition of wild animal species and their hybrids; and
- Expects international, federal, state, and local authorities and policymakers to provide adequate funding and other resources to ensure effective enforcement of regulations pertaining to ownership, possession, and disposition of wild animal species and their hybrids.

Definitions:

- Hybrid: F1 or subsequent generations of offspring generated from different subspecies, species, genera, etc. This includes animals such as ligers (lion and tiger hybrid), wolf hybrids, and inter-subspecific crossed or generic tigers.
- Risk: Threats posed by these animals, which may serve as a reservoir and/or vector for transmission of infectious agents or which may otherwise cause direct or indirect harm to humans, other animals, the environment, or wild populations of the same or related species.
- Wild animal: Animal species that, whether or not raised in captivity, are normally found in a wild state. These species may be native or nonnative to the United States, may not yet have been subjected to domestication, or may be in the process of being domesticated.

Brochures:

- **Managing Wildlife Emergencies**
- **Pet Turtles**
- Selecting an Amphibian (**English** and **Spanish**)
- Selecting a Bird (**English** and **Spanish**)
- Selecting a Ferret (**English** and **Spanish**)
- Selecting a Fish (**English** and **Spanish**)
- Selecting a Reptile (**English** and **Spanish**)

Relevant AVMA Policy:

- **Canine Hybrids**, Position on
- **Declawing of Captive Exotic and Wild Indigenous Cats**
- **Elephant Guides and Tethers**
- **Nonhuman Primates as Assistance Animals**
- **Release of Wild Animal Species and Exotic Pet Species**
- **Removal of Antlers (Velveting)**
- **Removal or Reduction of Teeth in Nonhuman Primates and Carnivores**
- **Vaccination of "Wolf-Hybrids", Position of the AVMA-PLIT**
- **AVMA Policies Related to Wild Animal Species and Their Hybrids**

Formerly titled "Private Ownership of Wild Animals"

Importation and Interstate Movement of Wildlife and Exotic Animals

The AVMA recommends that appropriate state and federal agencies develop, implement, and enforce regulations prohibiting the importation and interstate movement of wildlife and exotic or invasive animals when there is reasonable probability that such movement may spread diseases that threaten the health of humans, domestic animals, or wildlife (eg, chronic wasting disease, pseudorabies, rabies, tuberculosis, brucellosis, monkeypox, foot and mouth disease, Ebola hemorrhagic fever, avian influenza, and Newcastle disease). This position recognizes that planned release and relocation, when performed with adequate controls and planning by wildlife, agriculture, and public health authorities, are valid management tools, especially in species propagation and recovery plans. Consideration should be given to all potential impacts of movement of wildlife, such as genetics, parasites, and pathogens and should be science based.

Relevant AVMA Policy:

- **AVMA Policies Related to Wild Animal Species and Their Hybrids**

Wildlife-Livestock Interactions

Regarding wildlife-livestock interactions, which are scientifically and sociopolitically complex, the AVMA supports the followings:

- Use of science-based evidence and peer-reviewed research to direct wildlife-livestock health and resource management policies.
- Creation of funding specific to research diseases that are transmitted between wildlife and livestock.

Relevant AVMA Policy:

- **Ownership or Possession of Wild Animals or Their Hybrids**
- **Release of Wild Animal Species and Exotic Pet Species**
- **AVMA Policies Related to Wild Animal Species and Their Hybrids**

World Organization for Animal Health

The AVMA will provide advice to the U.S. Delegate to the World Organization for Animal Health (OIE), including participation in the U.S. delegation to the Annual General Session of the OIE.

Related Policy:

International Opportunities to Promote the AVMA Strategic Plan

Zoonotic Disease Education

The AVMA continues to support zoonotic disease education programs targeted to veterinarians, physicians and other health and animal care professionals in accordance with the One Health concept. Such programs should be coordinated with state and local animal health, public health, and emergency management staff.

Veterinarians, physicians, and animal owners/workers should be better educated about zoonotic diseases and the impact they can have on animals and humans. Some zoonotic pathogens, especially those that are potential bioweapons, rarely occur in the US, and most veterinarians and physicians may have had very little formal education about these agents.

Contents of programs should include most or all of the following topics, depending on the audience:

1. The impact of zoonotic diseases on human health, animal health, the national economy, and food production.
2. The importance of the role of the veterinary profession and animal workers in detecting and preventing the spread of zoonotic diseases, and the potential for animal diseases to be used as instruments of biological warfare.
3. The clinical and epidemiologic seminal characteristics of zoonotic diseases in animals and humans.
4. Information from recent zoonotic disease outbreaks.
5. The ways that zoonotic disease agents can be transmitted and introduced (fomites, vectors, affected animals and animal products, bioterrorism).
6. The immediate biosecurity measures to be taken to prevent the spread of a suspected zoonotic disease until County, State, and/or Federal authorities can fully respond.
7. The essential role of Federal, State, and County governments in responding to potential zoonotic disease outbreaks and how to contact the appropriate authorities when a zoonotic disease is suspected.
8. Where to obtain further information on zoonotic diseases.

The AVMA can review program materials and presentations.

Compendium of Veterinary Standard Precautions for Zoonotic Disease Prevention in Veterinary Personnel

The AVMA recognizes as a resource the Compendium of Veterinary Standard Precautions for Zoonotic Disease Prevention in Veterinary Personnel which includes the Model Infection Control Plan for Veterinary Practices as developed by the National Association of State Public Health Veterinarians (NASPHV) Veterinary Infection Control Committee (VICC). The full text is available **here on the NASPHV website.**

Compendium of Measures to Prevent Disease Associated with Animals in Public Settings

The AVMA endorses the 2011 Compendium of Measures to Prevent Disease Associated with Animals in Public Settings promulgated by the National Association of State Public Health Veterinarians (NASPHV). The full text of the Compendium is available from the NASPHV or from the AVMA Scientific Activities Division.

National Surveillance for Zoonotic Infectious Diseases

The AVMA supports the concept of national surveillance for zoonotic diseases in animals and humans. Emergent and resurgent zoonotic diseases are among the most important infectious disease threats facing public and animal health agencies at the beginning of the 21st century. The increased risk for the potential use of some of these pathogens for bioterrorist purposes underscores the importance of zoonotic agents of disease in both the public health and animal health communities. Effective surveillance will require collection and dissemination of large amounts of data as well as the collective efforts of multiple federal, state, and private organizations. Animal and human health have benefitted from veterinary expertise in zoonotic diseases, and much progress has been made in preventing, managing, and controlling serious emerging outbreaks such as West Nile virus infection, influenza, and severe acute respiratory syndrome.

The AVMA supports a systematic process for submitting surveillance data to animal and human health agencies and the subsequent timely compilation and reporting of summary information back to stakeholders, with a mechanism for protecting confidentiality. This surveillance should have a broad-based, national scope and include multiple species and routes of disease transmission between animals and people.

Relevant AVMA Policy:

Zoonotic Disease Education

Zoonotic Disease Prevention in Veterinary Personnel, Compendium of Veterinary Standard Precautions

Zoonotic Disease Prevention: Compendium of Measures to Prevent Disease Associated with Animals in Public Settings