

INFORMING THE VETERINARY CLIENT
OF DIAGNOSTIC AND TREATMENT OPTIONS

A PRESENTATION ON THE RULE FOR WISCONSIN
VETERINARIANS

EFFECTIVE NOVEMBER 1, 2008

VE 7.06 Unprofessional conduct. Unprofessional conduct by a veterinarian is prohibited. Unprofessional conduct includes:

(23) Failure to inform a client prior to treatment of the diagnostic and treatment options consistent with the veterinary profession's standard of care and the associated benefits and risks of those options.

VE 1.02 Definitions. As used in chs. VE 1 to 10:

(5) "Standard of care" means diagnostic procedures and modes of treatment considered by the veterinary profession to be within the scope of current, acceptable veterinary medical practice

CHAPTER 89

VETERINARY EXAMINING BOARD

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Cross-reference: See also [VE](#), Wis. adm. code.

89.02 Definitions. As used in this chapter, unless the context requires otherwise:

(1g) “Administer”, when used in reference to administering a drug to an animal, means directly applying the drug, whether by injection, ingestion or any other means, to the body of the animal.

(1m) “Animal” means any animal except a human being.

(3) “Client” means the person who owns or who has primary responsibility for the care of a patient.

(3d) “Department” means the department of agriculture, trade and consumer protection.

(3g) “Dispense” means the act of delivering a drug to a person who may lawfully possess the drug, including the compounding, packaging or labeling necessary to prepare the drug for delivery.

(3r) “Drug” has the meaning given in s. 450.01 (10).

(4) “Examining board” means the veterinary examining board.

(4e) “Extra-label use” means use of a drug in a manner that is not in accordance with the directions for use that are contained on the label affixed to the container in which the drug is dispensed.

(4m) “Food-producing animal” means an animal that is raised to produce food for human consumption.

(4s) “Patient” means an animal that is examined or treated by a veterinarian.

(5) “Pesticide” has the meaning specified in s. 94.67 (25).

(5m) “Pharmacist” means an individual who is licensed as a pharmacist under ch. 450.

(6) To “practice veterinary medicine” means to examine into the fact or cause of animal health, disease or physical condition, or to treat, operate, prescribe or advise for the same, or to undertake, offer, advertise, announce, or hold out in any manner to do any of said acts, for compensation, direct or indirect, or in the expectation thereof.

(6m) “Prescription” means a written, oral or electronic order from a veterinarian to a pharmacist or to another veterinarian that authorizes the pharmacist or other veterinarian to dispense a drug, or from a veterinarian to a client that authorizes the client to make extra-label use of a drug.

(7) “Veterinarian” means a practitioner of veterinary medicine who is duly licensed by the examining board.

(8) “Veterinarian–client–patient relationship” means a relationship between a veterinarian, a client and the patient in which all of the following apply:

(a) The veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient and the patient’s need for medical treatment, and the client has agreed

to accept those medical judgments and to follow the related instructions of the veterinarian.

(b) The veterinarian has sufficient knowledge of the patient to initiate a general or preliminary diagnosis of the medical condition of the patient because the veterinarian has recently examined the patient or has made medically appropriate and timely visits to the premises on which the patient is kept.

(c) The veterinarian is readily available for follow-up treatment of the patient if the patient has an adverse reaction to veterinary treatment.

(9) “Veterinary drug” means any of the following:

(a) A drug that is recognized as a drug for animal use in the official U.S. pharmacopoeia or the official national formulary or any supplement to either of them.

(b) A drug that is intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in an animal.

(c) A drug that is intended to affect the structure or function of the body of an animal, including medicated feed or a growth-promoting implant, but not including feed that does not contain a drug.

(d) A substance that is intended for use as a component of a drug described in par. (a), (b) or (c).

(e) A drug that is produced and intended for human use but that is prescribed by a veterinarian for animal use.

(10) “Veterinary over-the-counter drug” means a drug that is labeled for animal use, that may be dispensed without a prescription and that is not required to bear the label statement: “CAUTION: Federal law restricts this drug to use by or on the order of a licensed veterinarian.”

(11) “Veterinary prescription drug” means a drug that may not be dispensed without the prescription of a veterinarian.

(12) “Veterinary technician” means a person duly certified by the examining board to work under the direct supervision of a licensed veterinarian.

History: 1975 c. 309; 1983 a. 189; 1987 a. 39; 1989 a. 279; 1991 a. 306; 1993 a. 213; 1995 a. 321; 1997 a. 27; 2015 a. 55 s. 2597, 4491; Stats. 2015 s. 89.02.

The termination of the life of an animal by injection is not the practice of veterinary medicine. 65 Atty. Gen. 231.

89.03 Rules. (1) The examining board shall promulgate rules, within the limits of the definition under s. 89.02 (6), establishing the scope of practice permitted for veterinarians and veterinary technicians and shall review the rules at least once every 5 years to determine whether they are consistent with current practice. The examining board may promulgate rules relating to licensure qualifications, denial of a license, certification, or temporary permit, unprofessional conduct, and disciplinary proceedings.

(2) The examining board shall promulgate rules requiring training and continuing education sufficient to assure competency of veterinarians and veterinary technicians in the practice of veterinary medicine, except that the board may not require

training or continuing education concerning the use, handling, distribution, and disposal of pesticides other than for disciplinary purposes.

History: 1987 a. 39; 1989 a. 279; 1995 a. 321; 2003 a. 103; 2009 a. 139; 2015 a. 55 s. 4492; Stats. 2015 s. 89.03.

Cross-reference: See also VE, Wis. adm. code.

89.04 Violations. The chairperson of the examining board shall institute actions for violations of this chapter by any person and for violations of ch. 450 or 961 by veterinarians. The district attorney of the county in which the offense is committed shall promptly prosecute any such violation upon being informed thereof, from any source.

History: 1985 a. 146; 1993 a. 184; 1995 a. 448; 2015 a. 55 s. 4493; Stats. 2015 s. 89.04.

89.05 Practice; penalties. (1) Except as provided under sub. (2) and s. 257.03, no person may offer to practice, advertise to practice or practice veterinary medicine, or use, in connection with his or her name, any title or description which may convey the impression that he or she is a veterinarian, without a license or temporary permit from the examining board. For purposes of this subsection, a person who makes extra-label use of a drug on an animal without a prescription or in any manner not authorized by that prescription is considered to be practicing veterinary medicine.

(2) No veterinary license or temporary permit is required for the following activities or persons:

(a) Artificial insemination, or for continuing the practice of pregnancy examinations of animals when such practice was engaged in prior to February 11, 1968.

(b) Castrating male livestock, as defined in s. 95.68 (1) (d) or for dehorning or branding animals.

(c) Students at a veterinary college approved by the examining board.

(d) Certified veterinary technicians while working under the direct supervision of a veterinarian.

(e) Employees of the federal government while engaged in their official duties.

(f) Employees of an educational or research institution while engaged in teaching or research. This paragraph does not apply to employees of a school of veterinary medicine in this state who practice veterinary medicine on privately owned animals.

(g) Employees of a school of veterinary medicine in this state who practice veterinary medicine on privately owned animals only as a part of their employment and who are licensed under s. 89.06 (2m).

(h) Graduates of schools outside the United States and Canada who are enrolled in the educational commission for foreign veterinary graduates certification program of the American Veterinary Medical Association while completing the required year of clinical assessment under the supervision of a veterinarian.

(3) Any person violating this section may for the first offense be fined not more than \$1,000, and for any 2nd offense within 3 years be fined not more than \$3,000.

History: 1975 c. 309; 1977 c. 418; 1979 c. 337; 1981 c. 125; 1987 a. 39; 1991 a. 306; 1995 a. 321; 2005 a. 96, 237; 2009 a. 42; 2015 a. 55 s. 4494; Stats. 2015 s. 89.05.

A license under sub. (2) (a) is not required for person to engage in artificial insemination of animals but is required for persons engaged in pregnancy examinations who were not engaged in practice prior to February 11, 1968. 78 Atty. Gen. 236.

89.06 Licensure. (1) Except as provided under s. 89.072, veterinary licenses shall be issued only to persons who successfully pass an examination conducted by the examining board and pay the fee established under s. 89.063. An applicant for an initial license shall be a graduate of a veterinary college that has been approved by the examining board or have successfully completed either the educational commission for foreign veterinary graduates certification program of the American Veterinary Medical Association or the program for the assessment of veterinary education equivalence offered by the American Associa-

tion of Veterinary State Boards. Persons who qualify for examination may be granted temporary permits to engage in the practice of veterinary medicine in the employment and under the supervision of a veterinarian until the results of the next examination conducted by the examining board are available. In case of failure at any examination, the applicant shall have the privilege of taking subsequent examinations, upon the payment of another fee for each examination.

(2m) (a) Upon application, the examining board may issue a veterinary faculty license to an employee of a school of veterinary medicine in this state who has received the degree of doctor of veterinary medicine from a veterinary college approved by the examining board or if the examining board determines that the person possesses substantially equivalent qualifications. A person holding a veterinary faculty license may practice veterinary medicine on privately owned animals only within the scope of the person's employment at the school.

(b) Upon application, the examining board may grant a veterinary postgraduate training permit to a person undertaking intern or resident training at a school of veterinary medicine in this state. The only purpose of the veterinary postgraduate training permit is to provide opportunities in this state for the postgraduate education of persons who have received the degree of doctor of veterinary medicine or an equivalent degree but who have not yet met the requirements for licensure in this state. Issuance of a postgraduate training permit does not modify in any respect the requirements for licensure to practice veterinary medicine in this state, and a permit holder may practice veterinary medicine on privately owned animals only within the scope of the permit holder's internship or residency program. Violation of this restriction or of any applicable provision of this chapter constitutes cause for revocation of the permit.

(c) A license issued under this subsection expires upon termination of the licensee's employment at a school of veterinary medicine in this state. A postgraduate training permit expires upon termination of the permit holder's internship or residency program.

(3) A veterinary technician certification may be issued only to a person who is at least 18 years of age and has either:

(a) Successfully completed a 4-semester course of study in animal technology or its equivalent, at a technical school or college approved by the examining board, and has passed an examination, administered by the examining board, which establishes that the applicant's knowledge of animals and their treatment is sufficient to qualify the applicant as a veterinary technician; or

(b) Been an employee of a veterinarian for a total of 2 years and has passed an examination, administered by the examining board, which establishes that the applicant's knowledge of animals and their treatment is sufficient to qualify the applicant as a veterinary technician. The 2-year employment requirement of this paragraph shall include at least 50% of the applicant's time spent in practical field experience and the remainder of the applicant's time spent in laboratory work, office procedure, and technical veterinary training with a veterinarian.

History: 1971 c. 213 s. 5; 1975 c. 309; 1977 c. 29, 418; 1979 c. 34 s. 2102 (58) (b); 1981 c. 125; 1985 a. 182 s. 57; 1987 a. 39; 1991 a. 39; 1995 a. 321; 2001 a. 76; 2003 a. 103; 2009 a. 396; 2015 a. 55 s. 4495; Stats. 2015 s. 89.06.

Cross-reference: See also chs. VE 3, 4, 5, 6, 8, and 10, Wis. adm. code.

The examining board lacks authority to condition the renewal of licenses upon either reexamination or continuing education. 65 Atty. Gen. 35.

89.062 Renewal; continuing education. (1) RENEWAL. The renewal date for veterinary licenses and veterinary technician certifications is December 15 of each odd-numbered year, and the renewal fees for such licenses and certifications are determined by the department under s. 89.063.

(2) CONTINUING EDUCATION. (a) Except as provided in sub. (3), the examining board may not renew a veterinary license unless the applicant certifies that he or she has completed, during the preceding 2-year licensure period, at least 30 hours of con-

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tinuing education programs or courses approved by the examining board.

(b) Except as provided in sub. (3), the examining board may not renew a veterinary technician certification unless the applicant certifies that he or she has completed, during the preceding 2-year certification period, at least 15 hours of continuing education programs or courses approved by the examining board.

(c) If any complaint is made against a veterinarian or veterinary technician, the examining board may require the veterinarian or veterinary technician to submit proof of the continuing education programs or courses that he or she has completed during the preceding 2-year licensure or certification period.

(3) EXCEPTIONS. (a) Subsection (2) (a) and (b) does not apply to an applicant who applies to renew a license or certification that expires on the first expiration date after initial issuance of the license or certification.

(b) The examining board may waive the requirements of sub. (2) (a) or (b) if it finds that exceptional circumstances, such as prolonged illness, disability, or other similar circumstances, have prevented an applicant from meeting the requirements.

History: 2003 a. 103 ss. 2, 4; 2007 a. 20; 2015 a. 55 s. 4496; Stats. 2015 s. 89.062.

89.063 Fees. The department shall determine by rule the fees for each initial license, certification, and permit issued under ss. 89.06 and 89.072, and, if applicable, for renewal of the license, certification, or permit, including late fees, based on the department's administrative and enforcement costs under this chapter. The department shall notify the holder of each such license, certification, or permit of any fee adjustment under this subsection that affects that license, certification, or permit holder.

History: 2015 a. 55.

89.065 Examinations. (1) Examinations under this chapter shall be designed to determine whether an applicant is competent to engage in the practice of veterinary medicine and shall be administered at least once annually. Examinations shall be objective and reliable, reasonably related to the skills likely to be needed by an applicant and seek to determine the applicant's preparedness to exercise such skills.

(2) The examining board may require passage of a nationally recognized examination if the examination meets basic standards of objectivity. The examining board may administer a state written examination in elements of practice that are not covered in a national examination. The examining board may administer a practical or oral examination if such an examination tests knowledge and skills that cannot be measured or tested in a written examination.

(3) The passing score on examinations for licensure and certification shall be determined by the examining board to represent a standard of minimum competency in the profession, as established by the examining board by rule.

History: 1987 a. 39; 2015 a. 55 s. 4497; Stats. 2015 s. 89.065.

Cross-reference: See also ch. VE 2, Wis. adm. code.

89.068 Drugs for animal use. (1) PRESCRIBING; DISPENSING. (a) *Extra-label use on animal; prescription required.* No person may make extra-label use of a drug on an animal without a prescription or in any manner not authorized by that prescription.

(b) *Form of prescription.* A prescription shall include all of the following:

1. The name and address of the veterinarian and, if the prescription is a written order, the signature of the veterinarian.
2. The name and address of the client.
3. The species and identity of the patient for which the prescription is issued.
4. The name, strength and quantity of the drug prescribed.

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5. The date on which the prescription is issued.

6. The directions for administering the drug.

7. If the patient is a food-producing animal, the withdrawal time for the veterinary drug.

8. If the prescription authorizes extra-label use, the manner in which the client may use the drug.

9. Any cautionary statements required by law.

(c) *Prescribing, dispensing and administering requirements for veterinarian.* A veterinarian may not do any of the following:

1. Prescribe for or dispense to a client a veterinary prescription drug or a drug for extra-label use without personally examining the patient unless a veterinary-client-patient relationship exists between the veterinarian, client and patient and the veterinarian determines that the client has sufficient knowledge to administer the drug properly.

2. Prescribe or dispense a veterinary prescription drug to a client unless the veterinarian indicates in the appropriate records described under sub. (3), within 72 hours after the prescription is issued or the drug is dispensed, that the prescription has been issued or that the drug has been dispensed.

3. Prescribe a drug to a client for extra-label use on a patient unless all of the following apply:

a. A veterinary-client-patient relationship exists between the veterinarian, client and patient and the veterinarian has made a careful medical diagnosis of the condition of the patient within the context of that veterinarian-client-patient relationship.

b. The veterinarian determines that there is no drug that is marketed specifically to treat the patient's diagnosed condition, or determines that all of the drugs that are marketed for that purpose are clinically ineffective.

c. The veterinarian recommends procedures for the client to follow to ensure that the identity of the patient will be maintained.

d. If the patient is a food-producing animal, the veterinarian prescribes a sufficient time period for drug withdrawal before the food from the patient may be marketed.

4. Transmit a prescription electronically unless the client approves the transmission and the prescription is transmitted to a pharmacist or veterinarian designated by the client.

(2) LABELING. A veterinarian or pharmacist may not dispense a drug that has been prepared, mixed, formulated or packaged by the veterinarian or pharmacist unless the veterinarian or pharmacist affixes to the container in which the drug is dispensed a label containing all of the information specified in sub. (1) (b), except the address of the client. A veterinarian or pharmacist may not dispense a veterinary prescription drug that has been prepackaged by its manufacturer for dispensing unless the veterinarian or pharmacist affixes to the container in which the drug is dispensed a label containing all of the information specified in sub. (1) (b), except the address of the client. A veterinarian or pharmacist may dispense a veterinary over-the-counter drug without affixing any information to the container in which the drug is dispensed if a label that has been affixed to the container by its manufacturer provides adequate information for its use.

(3) PRESCRIPTION RECORDS. A veterinarian shall maintain complete records of each veterinary prescription drug that the veterinarian receives, prescribes, dispenses or administers, and of each prescription issued by the veterinarian that authorizes extra-label use. Records of each veterinary prescription drug shall include the name of each veterinary prescription drug that is received, the name and address of the person from whom the drug is received and the date and quantity received, the name and address of the person to whom the drug is dispensed and the date and quantity dispensed and, if the veterinarian prescribes or administers the drug, the information specified in sub. (1) (b). Records of each prescription authorizing extra-label use shall

include the information specified in sub. (1) (b). A veterinarian shall maintain records of each veterinary prescription drug under this subsection for not less than 3 years after the date on which the veterinarian prescribes, dispenses or administers the drug or extra-label use.

(4) ENFORCEMENT. (a) *Inspections.* Except as provided in par. (b), if the examining board has reason to believe that a person is violating or has violated this section, the examining board, the attorney general or the district attorney of the proper county may do any of the following:

1. Inspect the premises on which the person possesses, prescribes, dispenses, labels or administers veterinary drugs.
2. Inspect pertinent records, equipment, materials, containers or facilities that are relevant to determining whether the person is violating or has violated this section.
3. Collect relevant samples of veterinary drugs.

(b) *Records exempt from inspection.* The examining board, attorney general or district attorney may not inspect a person's financial, pricing, personnel or sales records under this subsection, other than the records described under sub. (3).

History: 1991 a. 306; 1997 a. 27; 2015 a. 55 s. 4498; Stats. 2015 s. 89.068.

89.07 Discipline. (1) In this section, “unprofessional conduct” includes, but is not limited to:

(a) Making any materially false statement or giving any materially false information in connection with an application for a license or for renewal or reinstatement of a license or in making a report to the examining board.

(b) Violating this chapter or any federal or state statute or rule that substantially relates to the practice of veterinary medicine.

(c) Practicing veterinary medicine while the person's ability to practice is impaired by alcohol or other drugs or physical or mental disability or disease.

(d) Engaging in false, misleading or deceptive advertising.

(e) Making a substantial misrepresentation in the course of practice which is relied upon by a client.

(f) Engaging in conduct in the practice of veterinary medicine which evidences a lack of knowledge or ability to apply professional principles or skills.

(fm) Handling, distributing, using or disposing of pesticides in violation of ss. 94.67 to 94.71 or the rules promulgated under ss. 94.67 to 94.71.

(g) Obtaining or attempting to obtain compensation by fraud or deceit.

(h) Violating any order of the examining board.

(2) Subject to subch. II of ch. 111, the examining board may, by order, reprimand any person holding a license, certificate, or permit under this chapter or deny, revoke, suspend, limit, or any combination thereof, the person's license, certification, or permit if the person has:

(a) Engaged in unprofessional conduct.

(b) Been adjudicated mentally incompetent by a court.

(c) Been found guilty of an offense the circumstances of which substantially relate to the practice of veterinary medicine.

(3) In addition to or in lieu of a reprimand or denial, limitation, suspension, or revocation of a license, certification, or permit under sub. (2), the examining board may assess against the applicant for or the holder of the license, certification, or permit a forfeiture of not more than \$5,000 for each violation of s. 89.068.

History: 1987 a. 39; 1989 a. 279; 1991 a. 306; 2015 a. 55 s. 4499; Stats. 2015 s. 89.07.

Cross-reference: See also ch. VE 7 and 9, Wis. adm. code.

89.072 Licensees of other jurisdictions. (1) Upon application and payment of the fee established under s. 89.063, the examining board may issue a license to practice veterinary medicine to any person licensed to practice veterinary medicine

in another state or territory of the United States or in another country if the applicant is not currently under investigation and has never been disciplined by the licensing authority in the other state, territory or country, has not been found guilty of a crime the circumstances of which are substantially related to the practice of veterinary medicine, is not currently a party in pending litigation in which it is alleged that the applicant is liable for damages for acts committed in the course of practice and has never been found liable for damages for acts committed in the course of practice which evidenced a lack of ability or fitness to practice.

(2) Upon application and payment of the fee established under s. 89.063, the examining board may issue a temporary consulting permit to practice veterinary medicine in this state for up to 60 days per year to any nonresident licensed to practice veterinary medicine in another state or territory of the United States or in another country.

History: 1987 a. 39; 2015 a. 55 s. 4500; Stats. 2015 s. 89.072.

89.075 Access to health care records. The owner of any animal patient of a veterinarian, or any other person who submits to the veterinarian a statement of written informed consent signed by the owner, may, upon request to the veterinarian:

(1) Receive a copy of the animal patient's health care records upon payment of reasonable costs.

(2) Have the animal patient's X-rays referred to another veterinarian of the owner's choice upon payment of reasonable costs.

History: 1987 a. 39; 2015 a. 55 s. 4501; Stats. 2015 s. 89.075.

89.078 Background investigations. (1) The examining board may conduct an investigation to determine whether an applicant for a license, certification, or permit issued under s. 89.06 or 89.072 satisfies any of the eligibility requirements specified for the license, certification, or permit, including, subject to ss. 111.321, 111.322, and 111.335, whether the applicant does not have an arrest or conviction record. In conducting an investigation under this subsection, the examining board may require an applicant to provide any information that is necessary for the investigation.

(2) A person holding a license, certification, or permit issued under s. 89.06 or 89.072 who is convicted of a felony or misdemeanor anywhere shall send a notice of the conviction by 1st class mail to the examining board within 48 hours after the entry of the judgment of conviction. The examining board shall by rule determine what information and documentation the person holding the credential shall include with the written notice.

(3) The examining board may investigate whether an applicant for or holder of a license, certification, or permit issued under s. 89.06 or 89.072 has been charged with or convicted of a crime.

History: 2015 a. 55.

89.079 Unauthorized practice. (1) The department may conduct investigations, hold hearings, and make findings as to whether a person has engaged in a practice or used a title without a credential required under this chapter.

(2) If, after holding a public hearing, the department determines that a person has engaged in a practice or used a title without a required credential, the department may issue a special order enjoining the person from continuing the practice or use of the title.

(3) In lieu of holding a public hearing, if the department has reason to believe that a person has engaged in a practice or used a title without a required credential, the department may petition the circuit court for a temporary restraining order or an injunction as provided in ch. 813.

(4) (a) Any person who violates a special order issued under sub. (2) may be required to forfeit not more than \$10,000 for each offense. Each day of continued violation constitutes a sep-

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arate offense. The attorney general or any district attorney may commence an action in the name of the state to recover a forfeiture under this paragraph.

(b) Any person who violates a temporary restraining order or an injunction issued by a court upon a petition under sub. (3) may be fined not less than \$25 nor more than \$5,000 or imprisoned for not more than one year in the county jail or both.

History: 2015 a. 55.

89.08 Injunctive relief. If it appears upon complaint to the

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examining board by any person, or if it is known to the examining board, that any person is practicing veterinary medicine without a license, the examining board, the attorney general or the district attorney of the proper county may investigate and may, in addition to any other remedies, bring an action in the name and on behalf of the state against the person to enjoin the person from such practice.

History: 1987 a. 39; 2015 a. 55 s. 4502; Stats. 2015 s. 89.08.

Chapter VE 1

AUTHORITY AND DEFINITIONS

VE 1.01 Authority.

VE 1.02 Definitions.

VE 1.01 Authority. Rules in chs. [VE 1](#) to [9](#) are adopted under authority of ss. [15.08 \(5\) \(b\)](#), [89.03](#), and [227.11 \(2\) \(a\)](#), Stats.

History: Cr. Register, September, 1989, No. 405, eff. 10-1-89; correction made under s. [13.92 \(4\) \(b\) 7.](#), Stats., Register October 2015 No. 718.

VE 1.02 Definitions. As used in chs. [VE 1](#) to [10](#):

(1) “Accredited college or university” means an educational institution that is accredited by a regional or national accrediting agency recognized by the U.S. Department of Education.

(1e) “Approved veterinary college” means a veterinary college which is AVMA accredited or approved and which is approved by the board at its annual review of veterinary colleges.

(1m) “AVMA” means the American veterinary medical association.

(2) “Board” means the veterinary examining board.

Note: The board office is located at 2811 Agriculture Drive, P.O. Box 8911, Madison, Wisconsin 53708-8911.

(3) “Client” means the person who owns or who has primary responsibility for the care of a patient.

(3m) “Complementary, alternative, and integrative therapies” includes a heterogeneous group of preventive, diagnostic, and therapeutic philosophies and practices. These therapies include:

(a) Veterinary acupuncture, acupressure, and acupressure.

(b) Veterinary homeopathy.

(c) Veterinary manual or manipulative therapy, i.e., therapies based on techniques practiced in osteopathy, chiropractic medicine, or physical medicine and therapy.

(d) Veterinary nutraceutical therapy.

(e) Veterinary phytotherapy.

(4) “Department” means the department of agriculture, trade and consumer protection.

(5) “Direct supervision” means immediate availability to continually coordinate, direct and inspect personally the practice of another.

(6) “License” means a document issued to a person by the board, after the person has met the requirements of ss. [89.06 \(1\)](#), [89.06 \(2m\) \(a\)](#), or [89.072](#), Stats., signifying that the person has met the statutory requirements to practice veterinary medicine in this state.

(7) “Patient” means an animal that is examined or treated by a veterinarian.

(9) “Surgery” means any procedure in which the skin or tissue of the patient is penetrated, pierced or severed for therapeutic purposes, except for activities identified in s. [89.05 \(2\)](#). Surgery does not include giving injections or simple dental extractions that require minor manipulation and minimal elevation.

(10) “Unlicensed assistant” means a person not holding a license, permit or certificate issued by the board.

(11) “Veterinarian–client–patient relationship” has the meaning set forth at s. [89.02 \(8\)](#), Stats.

(12) “Veterinary prescription drug” has the meaning set forth at s. [89.02 \(11\)](#), Stats.

(13) “Veterinary student” means a person enrolled in an approved veterinary college in a curriculum leading to a doctor of veterinary medicine degree.

History: Cr. Register, September, 1989, No. 405, eff. 10-1-89; am. (6), cr. (10m), Register, May, 1994, No. 461, eff. 6-1-94; cr. (1m) and (11m), am. (2), r. and recr. (11), Register, December, 1998, No. 516, eff. 1-1-99; CR 04-125: am. (intro.) Register August 2005 No. 596, eff. 9-1-05; CR 07-051: renum. (1) to be (1e), cr. (1) Register October 2008 No. 634, eff. 11-1-08; correction in (4) made under s. [13.92 \(4\) \(b\) 6.](#), Stats., Register February 2012 No. 674; CR 12-051: am. (7), r. (8) Register September 2013 No. 693, eff. 10-1-13; CR 13-031: am. (3), cr. (3m), r. (9), renum. (10) to (9) and am., renum. (10m), (11m), (12) to (10), (12), (13) Register April 2014 No. 700, eff. 5-1-14; correction in numbering in (3m) made under s. [13.92 \(4\) \(b\) 1.](#), Stats., Register April 2014 No. 700; correction in (4) made under s. [13.92 \(4\) \(b\) 6.](#), Stats., and correction in (6), (9), (11), (12) made under s. [13.92 \(4\) \(b\) 7.](#), Stats., Register October 2015 No. 718.

Chapter VE 7

STANDARDS OF PRACTICE AND UNPROFESSIONAL CONDUCT FOR VETERINARIANS

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Note: Chapter VE 7 as it existed on September 30, 1989, was repealed and a new chapter VE 7 was created effective October 1, 1989.

VE 7.01 Definitions. As used in this chapter:

(1) “Advertising” means to give notice by any means, including but not limited to any circular, card, notice, telephone book listing, magazine, newspaper or other printed material or any electronic medium.

(2) “Deception” means:

(a) Claiming to have performed an act or given a treatment which has not in fact been performed or given.

(b) Giving needless treatment.

(c) Using a different treatment than stated.

(3) “Fraud” means:

(a) The making of false claims regarding knowledge, ability, skills or facilities for use in treatment or diagnosis of a disease.

(b) The making of false claims regarding testing, inspecting, reporting or issuing of inter–state, intra–state or export health certificates.

(4) “Gross negligence” means a gross, serious or grave degree of negligence as compared to less serious or more ordinary acts of negligence.

(5) “Standard of care” means diagnostic procedures and modes of treatment considered by the veterinary profession to be within the scope of current, acceptable veterinary medical practice.

History: Cr. Register, September, 1989, No. 405, eff. 10–1–89; CR 07–051: cr. (5) Register October 2008 No. 634, eff. 11–1–08; CR 13–031: am. (1) Register April 2014 No. 700, eff. 5–1–14.

VE 7.02 Delegation of veterinary medical acts.

(1) The following acts are limited to those holding a license under s. 89.06 (1), 89.06 (2m) (a), or 89.072, Stats.; a permit under s. VE 3.05, 5.03 or 6.02; or active status as a student at a college of veterinary medicine approved by the board, and may not be delegated to or performed by veterinary technicians or other persons not holding such license or permit:

(a) Diagnosis and prognosis of animal diseases and conditions.

(b) Prescribing of drugs, medicines, treatments and appliances.

(c) Performing surgery.

(2) Except as provided under s. 95.21 (2), Stats., veterinarians may delegate to veterinary students the provision of veterinary medical services under the direct supervision of the veterinarian when the veterinarian is personally present on the premises where the services are provided.

(3) Except as provided under s. 95.21 (2), Stats., veterinarians may delegate to certified veterinary technicians the provision of the following veterinary medical services under the direct supervision of the veterinarian:

(a) Nonsurgical veterinary treatment of animal diseases and conditions, including administration of vaccines, including rabies vaccines.

(b) Observations and findings related to animal diseases and conditions to be utilized by a veterinarian in establishing a diagnosis or prognosis, including routine radiographs, nonsurgical speci-

men collection, drawing of blood for diagnostic purposes, and laboratory testing procedures.

(c) Administration of sedatives and presurgical medications.

(e) Nutritional evaluation and counseling.

(4) Veterinarians may delegate to certified veterinary technicians the provision of the following veterinary medical services under the direct supervision of the veterinarian when the veterinarian is personally present on the premises where the services are provided:

(a) Administration of local or general anesthesia, including induction and monitoring.

(b) Performing diagnostic radiographic contrast studies.

(c) Dental prophylaxis and simple extractions that require minor manipulation and minimal elevation.

(5) Veterinarians may delegate to unlicensed assistants the provision of the following veterinary medical services under the direct supervision of the veterinarian:

(a) Basic diagnostic studies, including routine radiographs, nonsurgical specimen collection, and laboratory testing procedures.

(b) Monitoring and reporting to the veterinarian changes in the condition of a hospitalized animal patient.

(c) Dispensing prescription drugs pursuant to the written order of the veterinarian.

(6) Except as provided under s. 95.21, Stats., veterinarians may delegate to unlicensed assistants the provision of the following veterinary medical services under the direct supervision of the veterinarian when the veterinarian is personally present on the premises where the services are provided:

(a) Nonsurgical veterinary treatment of animal diseases and conditions, including administration of vaccines, and administration of sedatives and presurgical medications.

(b) Observations and findings related to animal diseases and conditions to be utilized by a veterinarian in establishing a diagnosis or prognosis, including the drawing of blood for diagnostic purposes.

(c) Dental prophylaxis.

(d) Nutritional evaluation and counseling.

(7) Notwithstanding subs. (1) to (6), a veterinary student, certified veterinary technician or unlicensed assistant employed by a veterinarian may, under the direct supervision of the veterinarian and pursuant to mutually acceptable written protocols, perform evaluative and treatment procedures necessary to provide an appropriate response to life–threatening emergency situations for the purpose of stabilizing the patient pending further treatment.

(8) In delegating the provision of veterinary medical acts to veterinary students, certified veterinary technicians and others, the veterinarian shall do all of the following:

(a) Delegate only those tasks commensurate with the education, training, experience and demonstrated abilities of the person supervised.

(b) Provide the supervision required under subs. (2) to (7).

(c) Where the veterinarian is not required to be personally present on the premises where the delegated services are pro-

vided, be available at all times for consultation either in person or within 15 minutes of contact by telephone, by video conference or by electronic communication device.

(d) Observe and monitor the activities of those supervised on a daily basis.

(e) Evaluate the effectiveness of delegated acts performed under supervision on a daily basis.

(f) Establish and maintain a daily log of each delegated patient service which has been provided off the premises of the supervising veterinarian.

(g) Notify the client that some services may be provided by a veterinary student, certified veterinary technician or an unlicensed assistant.

History: Cr. Register, September, 1989, No. 405, eff. 10-1-89; r. and recr., Register, May, 1994, No. 461, eff. 6-1-94; am. (1) (intro.), (3) (intro.), (a) to (c), (4) (intro.), (a) and (b), (5) (a) and (b), (6) (a) to (c), (7) and (8), Register, December, 1998, No. 516, eff. 1-1-99; CR 13-031: am. (3) (a), r. (3) (d), am. (4) (c), (8) (c) Register April 2014 No. 700, eff. 5-1-14; correction in (1) made under s. 13.92 (4) (b) 7., Stats., Register October 2015 No. 718.

VE 7.03 Records. (1) A veterinarian shall maintain individual patient records on every patient administered to by the veterinarian other than food and fiber patients and equine patients for a period of not less than 3 years after the date of the last entry. The veterinarian shall keep individual client records for equine and food and fiber patients for 3 years after the date of the last entry. A computerized system may be used for maintaining a record, as required under this section, if the system is capable of producing a printout of records contained in such system within 48 hours of a request.

(2) The individual patient record shall contain clinical information pertaining to patients other than food and fiber patients and equine patients with sufficient information to justify the diagnosis and warrant treatment, including information regarding each of the following matters which apply:

- (a) Date.
- (b) Client name.
- (c) Patient identification.
- (d) History.
- (e) Physical examination findings.
- (f) Treatment — medical, surgical.

(g) Drugs prescribed, dispensed or administered, including strength or concentration, route of administration, dosing schedule, number dispensed and number of refills allowed.

- (h) Provisional diagnosis.
- (i) Final diagnosis.
- (j) Consultation, if any.
- (k) Clinical laboratory reports.
- (L) Radiographic reports.
- (m) Necropsy findings.
- (n) Identification of the veterinarian providing the care.
- (o) Complaint.
- (p) Present illness.
- (q) Vaccinations administered.

(3) The client record for food and fiber patients shall contain at least the following information which apply:

- (a) Date.
- (b) Client name.
- (c) Type of call.
- (d) Treatment and drugs used including amounts of drugs administered and method of administration.
- (e) Drugs dispensed including dosing schedule and number dispensed.
- (f) Meat or milk withholdings.
- (g) Individual or herd diagnosis.

(h) Clinical laboratory reports.

(i) Identification of the veterinarian providing the care.

(4) The client record for equine patients shall contain at least the following information which applies:

- (a) Date.
- (b) Client name.
- (c) Patient identification.
- (d) History.
- (e) Physical examination findings.
- (f) Treatment—medical, surgical.
- (g) Treatment and drugs used including amount of drugs administered and method of administration.
- (h) Drugs dispensed including dosing schedule and number dispensed.
- (i) Diagnosis.
- (j) Clinical laboratory reports.
- (k) Radiographic reports.
- (L) Necropsy findings.
- (m) Identification of the veterinarian providing the care.

History: Cr. Register, September, 1989, No. 405, eff. 10-1-89; am. (1), (2) (intro.), Register, September, 1994, No. 465, eff. 10-1-94; am. (2) (a) to (o) and (3) (a) to (i); Register, December, 1998, No. 516, eff. 1-1-99; CR 13-031: am. (1), r. and recr. (2) (a) to (p), cr. (2) (q), r. and recr. (3) (a) to (i), r. (3) (j), cr. (4) Register April 2014 No. 700, eff. 5-1-14.

VE 7.04 Change of name and address. Every veterinarian shall notify the board of a change of name or address within 30 days. Failure of notification may result in the loss of license and may result in a forfeiture under s. 440.11 (3), Stats.

History: Cr. Register, September, 1989, No. 405, eff. 10-1-89.

VE 7.05 Display of license. Each veterinarian shall display a current license in a manner conspicuous to the public view, and shall at all times have evidence of licensure available for inspection when practicing at a remote location.

History: Cr. Register, September, 1989, No. 405, eff. 10-1-89.

VE 7.055 Renewal of license. A license expires if not renewed by January 1 of even-numbered years. A licensee who allows the license to expire may apply to the board for renewal of the license as follows:

(1) If the licensee applies for renewal of the license less than 5 years after its expiration, the license shall be renewed upon payment of the renewal fee and fulfillment of the 30 hours of continuing education required under ch. VE 10.

(2) If the licensee applies for renewal of the license 5 or more years after its expiration, in addition to requiring the licensee to pay the renewal fees required under s. 440.08, Stats., and to fulfill the continuing education hours required under ch. VE 10, the board shall inquire as to whether the applicant is competent to practice as a veterinarian in this state and shall impose any reasonable conditions on reinstatement of the license, including reexamination, as the board deems appropriate. An applicant under this subsection is presumed to be competent to practice as a veterinarian in this state if at the time of application for renewal the applicant holds a full unexpired license issued by a similar licensing board of another state or territory of the United States or of a foreign country or province whose standards, in the opinion of the board, are equivalent to or higher than the requirements for licensure in this state. Notwithstanding any presumption of competency under this subsection, the board shall require each applicant under this subsection to pass the examination specified under s. VE 3.02 (4).

History: Cr. Register, January, 1994, No. 457, eff. 2-1-94; CR 04-125: am. Register August 2005 No. 596, eff. 9-1-05.

VE 7.06 Unprofessional conduct. Unprofessional conduct by a veterinarian is prohibited. Unprofessional conduct includes:

(1) Conduct in the practice of veterinary medicine which evidences a lack of knowledge or ability to apply professional principles or skills.

(2) Fraud, gross negligence or deception in the practice of veterinary medicine.

(3) Being convicted of a crime the circumstances of which substantially relate to the practice of veterinary medicine.

(4) Violating or aiding and abetting the violation of any law or administrative rule or regulation substantially related to the practice of veterinary medicine.

(5) Advertising in a manner which is false, fraudulent, misleading or deceptive, or knowingly maintaining a professional association with another veterinarian or veterinary firm that advertises in a manner which is false, fraudulent, misleading or deceptive.

(6) Having a veterinary license or federal veterinary accreditation limited, suspended or revoked, or having been subject to any other discipline or restriction.

(7) Practicing or attempting to practice, while the veterinarian has a physical or mental impairment, including impairment related to drugs or alcohol which is reasonably related to the applicant's ability to adequately undertake the practice of veterinary medicine in a manner consistent with the safety of a patient or the public.

(8) The personal use, misuse, or sale, other than for medical treatment of patients, of the drugs listed in the U.S. Controlled Substances Act of 1979, as amended, or ch. 961, Stats., except personal use of drugs prescribed by a physician for individual use by the veterinarian.

(9) Prescribing, ordering, dispensing, administering, supplying, selling or giving of any amphetamine, its salts, isomers and salts of its isomers or related sympathomimetic amine drug designated as a Schedule II drug in ch. 961, Stats., except for the treatment of narcolepsy or hyperkinesis in animals who do not respond to other methods of treatment, or for clinical research of these compounds as approved by the board. A written description of the intended research project proposed shall be filed with the board prior to conducting the research.

(10) Selling veterinary prescription drugs without establishing and maintaining a veterinary-patient-client relationship.

(11) Failure to include on the label of a prescription drug the generic or brand name of the drug dispensed, the name and address of the clinic or veterinarian dispensing the drug, the directions for use and caution statements required by law. In case of companion animals, the prescription shall bear the name or identification of the patient.

(12) Prescribing, ordering, dispensing, administering, supplying, selling or giving any controlled substance solely for training or racing purposes and not for a medically sound reason.

(13) Allowing a veterinary student to treat a patient without the veterinarian giving direct supervision.

(14) Failure of the veterinarian to advise the client that the person assisting is a veterinary student or unlicensed assistant.

(15) Failure to maintain records as required by s. VE 7.03.

(16) Refusal, upon request, to cooperate in a timely manner with the board's investigation of complaints lodged against the veterinarian. Persons taking longer than 30 days to provide

requested information shall have the burden of demonstrating that they have acted in a "timely manner."

(17) Failure to keep the veterinary facility and all equipment, including mobile units, in a clean and sanitary condition while practicing as a veterinarian.

(18) Failure of a veterinarian to permit the board or its agents to enter and inspect the veterinarian's practice facilities, vehicle, equipment and records during office hours and other reasonable hours.

(19) Engaging in unsolicited communications to members of the board regarding a matter under investigation by the board other than to the investigative member of the board.

(20) Practicing under an expired license.

(21) Exceeding the scope of veterinary practice, as defined in s. 89.02 (6), Stats., by providing medical treatment to humans or distributing, prescribing or dispensing for human use prescription drugs, as defined in s. 450.01 (20), Stats., or any drug labelled for veterinary or animal use only.

(22) Falsely certifying to the board under s. VE 10.02 (6) that the veterinarian:

(a) Has completed the 30 hours of continuing education required under s. VE 10.02 (1).

(b) Is exempt under s. VE 10.02 (3) from having to complete the 30 hours of continuing education required under s. VE 10.02 (1).

(23) Failure to inform a client prior to treatment of the diagnostic and treatment options consistent with the veterinary profession's standard of care and the associated benefits and risks of those options.

(24) Failure to release a patient's medical records as required by s. 89.075, Stats.

(25) Advertising a specialty or claiming to be a specialist when not a diplomate of a veterinary specialty organization recognized by the American Veterinary Medical Association American Board of Veterinary Specialties (AVMA ABVS) or by a foreign veterinary specialty organization which, in the opinion of the board, is equivalent to an AVMA ABVS recognized veterinary specialty organization.

(26) Failure to provide copies of or information from veterinary records, with or without the client's consent, to the board or to 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.

History: Cr. Register, September, 1989, No. 405, eff. 10-1-89; cr. (21), Register, September, 1990, No. 417, eff. 10-1-90; cr. (22), Register, February, 1992, No. 434, eff. 3-1-92; am. (6), Register, October, 1993, No. 454, eff. 11-1-93; am. (10), Register, December, 1998, No. 516, eff. 1-1-99; correction in (8) and (9) made under s. 13.93 (2m) (b) 7., Stats., Register, December, 1998, No. 516; CR 01-061: am. (14), Register November 2001 No. 551, eff. 12-1-01; CR 04-125: renum. (22) to be (22) (intro.) and am., cr. (22) (a) to (e) Register August 2005 No. 596, eff. 9-1-05; CR 07-051: cr. (23) Register October 2008 No. 634, eff. 11-1-08; CR 12-052: am. (22) (intro.), r. (22) (c) to (e) Register September 2013 No. 693, eff. 10-1-13; CR 13-031: cr. (24) to (26) Register April 2014 No. 700, eff. 5-1-14; correction in (21), (24) made under s. 13.92 (4) (b) 7., Stats., Register October 2015 No. 718.

VE 7.07 Board action. The board may reprimand the licensee or deny, suspend, limit or revoke the veterinary license of any person to practice veterinary medicine who engages in any of the acts prohibited by s. VE 7.06.

History: Cr. Register, September, 1989, No. 405, eff. 10-1-89.

Chapter VE 9

STANDARDS OF PRACTICE AND UNPROFESSIONAL CONDUCT FOR VETERINARY TECHNICIANS

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| VE 9.01 | Prohibited acts. |
| VE 9.02 | Standards of practice. |
| VE 9.03 | Change of name and address. |
| VE 9.035 | Renewal of certification. |

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| VE 9.04 | Display of certificate. |
| VE 9.05 | Unprofessional conduct. |
| VE 9.06 | Board action. |

VE 9.01 Prohibited acts. The following acts are limited to veterinarians and therefore prohibited for veterinary technicians:

- (1) Diagnosis and prognosis of animal diseases and conditions.
- (2) Prescribing of drugs, medicines, treatments and appliances.
- (3) Performing surgery.

History: Cr. Register, September, 1989, No. 405, eff. 10-1-89; am. (intro.), Register, December, 1998, No. 516, eff. 1-1-99.

VE 9.02 Standards of practice. (1) Veterinary technicians may perform delegated veterinary acts as set forth under s. VE 7.02 (3), (4) and (7).

(2) In the performance of delegated veterinary acts a veterinary technician shall:

- (a) Accept only those delegated veterinary acts for which there are mutually approved protocols, written standing orders or verbal directions.
- (b) Accept only those delegated veterinary acts for which the veterinary technician is competent to perform based on education, training or experience.
- (c) Consult with a veterinarian in cases where the veterinary technician knows or should know a delegated veterinary act may harm a patient.

History: Cr. Register, September, 1989, No. 405, eff. 10-1-89; r. and recr. (1), r. (2) (d), Register, May, 1994, No. 461, eff. 6-1-94; am. (1), Register, December, 1998, No. 516, eff. 1-1-99.

VE 9.03 Change of name and address. Every veterinary technician shall notify the board of a change of name or address within 30 days. Failure of notification may result in the loss of certificate and may result in a fine under s. 440.11 (3), Stats.

History: Cr. Register, September, 1989, No. 405, eff. 10-1-89; am. Register, December, 1998, No. 516, eff. 1-1-99.

VE 9.035 Renewal of certification. A certificate expires if not renewed by January 1 of even-numbered years. A certificate holder who allows the certificate to expire may apply to the board for renewal of the certificate as follows:

- (1) If the certificate holder applies for renewal of the certificate less than 5 years after its expiration, the certificate shall be renewed upon payment of the renewal fee and fulfillment of the 15 hours of continuing education required under ch. VE 10.
- (2) If the certificate holder applies for renewal of the certificate 5 or more years after its expiration, in addition to requiring the certificate holder to pay the renewal fees required under s. 440.08, Stats., and to fulfill the continuing education hours required under ch. VE 10, the board shall inquire as to whether the applicant is competent to practice as a veterinary technician in this state and shall impose any reasonable conditions on renewal of the certificate including reexamination, as the board deems appropriate. An applicant under this subsection is presumed to be competent to practice as a veterinary technician in this state if at the time of application for renewal the applicant

holds a full unexpired certificate issued by a similar licensing board of another state or territory of the United States or of a foreign country or province whose standards, in the opinion of the board, are equivalent to or higher than the requirements for certification in this state. Notwithstanding any presumptions of competency under this subsection, the board shall require each applicant under this subsection to pass the examination specified under s. VE 8.02 (2) and (3).

History: Cr. Register, January, 1994, No. 457, eff. 2-1-94; am. (2), Register, December, 1998, No. 516, eff. 1-1-99; CR 04-125: am. Register August 2005 No. 596, eff. 9-1-05.

VE 9.04 Display of certificate. Each veterinary technician shall display a current certificate in a manner conspicuous to the public view.

History: Cr. Register, September, 1989, No. 405, eff. 10-1-89; am., Register, December, 1998, No. 516, eff. 1-1-99.

VE 9.05 Unprofessional conduct. The following acts constitute unprofessional conduct by a veterinary technician and are prohibited:

- (1) Performing as a veterinary technician unless supervised as specified under s. VE 7.02 (3), (4) and (7).
- (2) Misrepresentation in obtaining a veterinary technician certificate or in performing as a veterinary technician.
- (3) Conduct in the practice of veterinary technology which evidences a lack of knowledge or ability to apply professional principles or skills.
- (4) Gross negligence while performing as a veterinary technician. Gross negligence shall have the meaning specified in s. VE 7.01 (4).
- (5) The personal use, misuse or sale other than for medical treatment of patients, of drugs listed in the U.S. controlled substances act of 1970, as amended, or ch. 961, Stats., other than drugs prescribed by a physician for use by the veterinary technician.
- (6) Practicing or attempting to practice while the veterinary technician has a physical or mental impairment, including impairment related to drugs or alcohol, which is reasonably related to the applicant's ability to adequately undertake the practice of veterinary technology in a manner consistent with the safety of a patient or the public.
- (7) Being convicted of a crime the circumstances of which substantially relate to the practice of veterinary technology.
- (8) Violating or aiding and abetting the violation of any law or administrative rule substantially related to the practice of veterinary technology.
- (9) Having a veterinary technician certificate limited, suspended or revoked or subject to any other disciplinary action in another state or U.S. jurisdiction.
- (10) Accepting fees for animal health care services from a client.
- (11) Practicing under an expired certificate.
- (12) Falsely certifying to the board under s. VE 10.02 (6) that the veterinary technician:

(a) Has completed the 15 hours of continuing education required under s. [VE 10.02 \(2\)](#).

(b) Is exempt under s. [VE 10.02 \(3\)](#) from having to complete the 15 hours of continuing education required under s. [VE 10.02 \(2\)](#).

(13) Advertising a specialty or claiming to be a specialist when not recognized as such by a veterinary technician specialty academy recognized by the National Association of Veterinary Technicians in America (NAVTA) or by a foreign veterinary technician specialty academy which, in the opinion of the board, is equivalent to a NAVTA recognized veterinary technician specialty academy.

History: Cr. [Register, September, 1989, No. 405](#), eff. 10-1-89; cr. (12), [Regis-](#)

[ter, February, 1992, No. 434](#), eff. 3-1-92; am. (1), [Register, May, 1994, No. 461](#), eff. 6-1-94; am. (intro), (1) to (9) and (12), [Register, December, 1998, No. 516](#), eff. 1-1-99; correction in (5) made under s. 13.93 (2m) (b) 7., Stats., [Register, May, 2001, No. 545](#); [CR 04-125](#): renum. (12) to be (12) (intro.) and am., cr. (12) (a) to (e) [Register August 2005 No. 596](#), eff. 9-1-05; [CR 12-052](#): am. (12) (intro.), r. (12) (c) to (e) [Register September 2013 No. 693](#), eff. 10-1-13; [CR 13-031](#): cr. (13) [Register April 2014 No. 700](#), eff. 5-1-14.

VE 9.06 Board action. The board may reprimand the certificate holder or deny, suspend, limit or revoke the certificate of any person to practice veterinary technology who engages in any of the acts prohibited by this chapter.

History: Cr. [Register, September, 1989, No. 405](#), eff. 10-1-89; am., [Register, December, 1998, No. 516](#), eff. 1-1-99.

Chapter VE 10

CONTINUING VETERINARY EDUCATION FOR VETERINARIANS
AND VETERINARY TECHNICIANS

VE 10.01 Authority and purpose.
VE 10.02 Continuing education.

VE 10.03 Continuing education programs and courses.

VE 10.01 Authority and purpose. The rules in this chapter are adopted by the veterinary examining board pursuant to the authority delegated by ss. 15.08 (5), 89.03 (1), 89.03 (2), 89.07 (1) (fm), and 227.11 (2), Stats., and shall govern the biennial continuing education, training and certification requirements for veterinarians and veterinary technicians.

History: Cr. Register, February, 1992, No. 434, eff. 3-1-92; am. Register, December, 1998, No. 516, eff. 1-1-99; CR 04-125; am. Register August 2005 No. 596, eff. 9-1-05; correction made under s. 13.92 (4) (b) 7., Stats., Register October 2015 No. 718.

VE 10.02 Continuing education. (1) (a) Except as provided in subs. (3) and (4), a veterinarian shall complete at least 30 hours of continuing education pertinent to veterinary medicine in each biennial renewal period. The 30 hours of continuing education shall include all of the following:

2. At least 25 hours of continuing education that relates to scientific topics pertinent to veterinary medicine.

(b) All 30 continuing education hours in this subsection shall be documented. A minimum of 25 hours of continuing education shall be documented by an approved continuing education provider.

(c) A continuing education hour shall consist of 50 minutes of contact time.

(2) (a) Except as provided in subs. (3) and (4), a veterinary technician shall complete at least 15 hours of continuing education pertinent to veterinary medicine or veterinary technology in each biennial renewal period. The 15 hours of continuing education shall include all of the following:

2. At least 10 hours of continuing education that relates to scientific topics pertinent to veterinary medicine.

(b) All 15 continuing education hours required in this subsection shall be documented. A minimum of 12 hours of continuing education shall be documented by an approved continuing education provider.

(c) A continuing education hour shall consist of 50 minutes of contact time.

Note: A list of approved program providers is contained in s. VE 10.03 (4).

(3) Subsections (1) and (2) do not apply to an applicant who applies to renew a license or certificate that expires on the first expiration date after initial issuance of the license or certificate.

(4) The board may waive the requirements under subs. (1) and (2) if it finds that exceptional circumstances, such as prolonged illness, disability, or other similar circumstances, have prevented an applicant from meeting the requirements.

(5) Continuing education hours shall be completed during the preceding 2-year licensure or certification period.

(6) To obtain credit for completion of continuing education hours, a licensee or certificate holder shall, at the time of each renewal, sign a statement certifying that he or she has completed, during the preceding 2-year licensure or certification period, the continuing education programs required under sub. (1) or (2), as appropriate.

(7) A veterinarian or veterinary technician who fails to complete the continuing education requirements by the renewal date

shall not practice as a veterinarian or veterinary technician, as appropriate, until his or her license or certificate is renewed.

(8) For auditing purposes, every veterinarian and veterinary technician shall maintain records of continuing education hours for at least 5 years from the date the certification statement required under sub. (6) is signed. The board may audit for compliance by requiring a veterinarian or veterinary technician to submit evidence of compliance to the board for the biennium immediately preceding the biennium in which the audit is performed. Documentation of completion of continuing education hours shall include one of the following:

(a) A certificate of attendance from an approved course provider.

(b) Complete references from journal articles read.

(c) A grade report or transcript from an accredited college or university.

(d) A copy of a published work authored or co-authored by the licensee or certificate holder.

(e) A copy of a meeting syllabus, announcement, abstract or proceeding for a presentation.

(f) A signed document from an internship or residency institution certifying enrollment in a program.

History: Cr. Register, February, 1992, No. 434, eff. 3-1-92.; am. Register, December, 1998, No. 516, eff. 1-1-99; CR 04-125; r. and recr. Register August 2005 No. 596, eff. 9-1-05; CR 12-052; r. (1) (a) 1., (2) (a) 1. Register September 2013 No. 693, eff. 10-1-13.

VE 10.03 Continuing education programs and courses. (1) CRITERIA FOR PROGRAM AND COURSE APPROVAL. To be approved, a continuing education program or course shall meet the following criteria:

(a) The subject matter of the program or course shall be pertinent to veterinary medicine or veterinary technology.

(b) The program or course sponsor agrees to record registration and furnish a certificate of attendance to each participant.

(2) UNRELATED SUBJECT MATTER. If a continuing education course includes subject matter that is not pertinent to veterinary medicine or veterinary technology, only those portions of the course that relate to veterinary medicine or veterinary technology will qualify as continuing education under this chapter.

(3) MODALITIES AND METHODS OF DELIVERY. Modalities and methods of delivery of continuing education programs acceptable to the board include one or more of the following:

(a) Attendance at a scientific workshop, seminar, or laboratory demonstration pertinent to veterinary medicine or veterinary technology.

(b) Self-study of veterinary medical or other pertinent scientific journals.

(c) Enrollment in graduate or other college level courses pertinent to veterinary medicine or veterinary technology. Credit for qualified courses will be approved on the basis of multiplying each college credit hour by 10.

(d) Enrollment in an internship, residency or certification program approved by a veterinary specialty organization recognized by the AVMA or in an AVMA accredited veterinary school.

(e) Authorship or co-authorship of a published work, such as review articles, abstracts, presentations, proceedings, book chapters, and web-based continuing education materials shall be approved for 5 hours each.

(f) A peer reviewed publication shall be approved for 5 hours.

(g) Development and presentation of research findings, scientific workshops, seminars or laboratory demonstrations pertinent to veterinary medicine or veterinary technology shall be approved for 5 contact hours each.

(h) Up to 15 hours per biennium for veterinarians and up to 8 hours per biennium for veterinary technicians shall be granted for a combination of continuing education hours completed under pars. (e) to (g), provided the continuing education is published or presented under the auspices of a provider approved under sub. (4).

(i) Preparation and successful completion of the examination required for certification to use, handle, distribute and dispose of pesticides shall be approved for one hour.

(j) On-line, video, audio, correspondence courses, or other interactive distance learning courses pertinent to veterinary medicine or veterinary technology, or to employment as a veterinarian or veterinary technician, as appropriate.

(4) APPROVED PROGRAM PROVIDERS. Subject to compliance with the requirements set forth in subs. (1) to (3), the board shall approve attendance at and completion of one or more continuing education programs approved by any one of the following approved program providers as fulfilling the continuing education hours required under this chapter:

(a) A national, regional, state, or local veterinary medical or veterinary technician association.

(b) A federal or state agency.

(c) An accredited college or university.

(d) An association listed in the AVMA or the National Association of Veterinary Technicians in America directory.

(e) An AVMA accredited veterinary school or veterinary technician program.

(f) A program approved by the American Association of Veterinary State Boards through its Registry of Approved Continuing Education approval program.

(g) A foreign veterinary medical or veterinary technician association, an accredited college or university, or a governmental agency that is, as determined by the board, comparable to a program provider listed under pars. (a) to (f).

History: Cr. Register, February, 1992, No. 434, eff. 3-1-92; am. Register, December, 1998, No. 516, eff. 1-1-99; CR 04-125: r. and recr. Register August 2005 No. 596, eff. 9-1-05; CR 07-051: cr. (4) (g) Register October 2008 No. 634, eff. 11-1-08.

QUESTIONS

1. A client presents with his dog at the clinic of Dr. A for a routine annual examination and vaccinations. The dog has no history of significance. Dr. A's clinical examination reveals a healthy animal with all systems within normal limits. Dr. A recommends vaccinations.

- a. What information, if any needs to be provided to the owner regarding the vaccinations?
- b. Dr. A isn't certain that the informed consent rule applies to vaccinations but to be safe, he asks his certified veterinary technician to provide information to the client which would include the type of vaccination and the risks and benefits of each. Can this information be provided by the veterinary technician?

2. A client presents with her cat at the clinic of Dr. A with specific complaints regarding the cat's condition. She is concerned that the cat is not using the litter box, is vocalizing frequently and is not eating much. Upon clinical examination, Dr. A determines there are several possible diagnoses for the cat's condition. Several of those differential diagnoses would require further diagnostics. Some of those diagnostics are not available at his clinic.

- a. What information is Dr. A required to provide to the owner regarding the possible diagnoses? Does he need to discuss possible treatments and the risks and benefits of each for the potential diagnoses at this point?
- b. What information is Dr. A required to provide to the owner regarding the diagnostics?
- c. Is he required to provide information regarding diagnostics that are not available in his clinic?

3. A client presents with her dog at the clinic of Dr. A with what appears to be a ruptured cranial cruciate ligament. There are several options for treatment, one of which being a tibial plateau leveling osteotomy which Dr. A does not perform and about which he has little knowledge.

- a. Is Dr. A required to provide the client with that treatment option?
- b. If so, how much information is he required to provide to the client

regarding the procedure and the risks and benefits?

- c. Is it sufficient to advise the client that there are other treatment options available and refer the client to another practitioner?
- d. Can the veterinarian make a recommendation as to what, in his opinion, is the most appropriate treatment?

4. Dr. B is a food and fiber animal practitioner. She has 40 dairy clients who she sees on a monthly basis. She provides regular mastitis treatment, calving assistance, and breeding programs for these farmers. She has a valid veterinarian-client-patient relationship with these farmers and is well familiar with their knowledge base and understanding of the treatments, including drugs, that she prescribes for these farmers.

- a. How much information is she required to provide to the farmers regarding the routine treatment and breeding programs that she provides to the farmers if the information is the same as previously provided?
- b. If she recommends a new or different treatment and/or drug?
- c. If the farmer identifies a new condition in an animal, but it is a condition which Dr. B has previously treated for that farmer?

5. Dr. B is asked to do a pre sale examination on a horse. She has never provided services to that owner before and there is no indication that she will be asked to provide any further services for this client. The examination reveals conditions which require treatment, and possible further diagnostics, in Dr. B's opinion.

- a. What information is Dr. B required to provide to the owner regarding the further diagnostics and potential treatments and the risks and benefits of each to the owner?
- b. What if the owner says they don't want to hear that information?

Examples of the Application of the Rule

- 1. Does each option for treatment need to be in written format or can it be discussed with the client, before deciding what treatment is best?**

The basic concept is that the veterinarian should talk to the client, so that there is full, clear communication about the diagnostic and therapeutic options for the client's animal. The intent is that the veterinarian have a discussion with the client in order that the client might ask questions. And, since each patient is different, the options and risks and benefits may be different. Written descriptions of the options may be helpful to the client for later review, but it is not possible to do a competent discussion of options for diagnosis and treatment for a particular circumstance, with the risks and benefits of the options, without talking to the client.

- 2. Who has permission to sign the informed consent? Is it only the documented owner of the animal or can other sign?**

The owner or an authorized agent or the owner may give consent to the veterinarian to diagnosis or treat the animal. Consent does not need to be in writing.

- 3. What is the correct way to record in the medical record that a client is declining the veterinarian's recommendation?**

If you choose to document this information, "Owner declined the recommendation" works fine.

- 4. What responsibility does the veterinarian have to the patient if the client declines the services?**

It depends. If the owner says "no anesthesia" for the spay, the veterinarian has a great deal of responsibility. If the owner says "No heartworm vaccine," the veterinarian probably has none. The issue is, what is the minimally acceptable standard of care in the profession, and what does basic humane treatment of animals require? An owner's decision to decline a service does not permit the veterinarian to proceed in a manner

that does not meet the minimally acceptable standard of care or competent practice, or is inhumane.

- 5. May a veterinarian offer substandard care if the client cannot afford or declines the standard of care? For example, what if we offered SQ fluids to a client with an animal in severe kidney failure, where we knew SQ fluids were unlikely to help?**

A veterinarian should not recommend options that do not meet the standard of care. The rule specifically says, and minimally competent practice of veterinary medicine requires, the veterinarian to discuss options for diagnosis and treatment that are consistent with the standard of care. A veterinarian who recommends pointless or inappropriate diagnostic or treatment procedures violates the requirement of minimally competent practice, if not basic honesty. Providing false hope is not an option that is consistent with minimally acceptable standards of veterinary care or practice.

- 6. How can technicians be utilized when returning phone calls to clients? Test results, next steps, etc...**

Assistant: The test result was positive.

Client: What does that mean?

Assistant: I'll have the doctor call you.

Client: What should I do next?

Assistant: I'll have the doctor call you to answer your questions. Do you have any specific concerns I should tell the doctor about?

Client: When should I worry?

Assistant: I'll let the doctor know your concern, and have the doctor call you.

Discussions regarding diagnoses and treatment recommendations are restricted to veterinarians by law and are not a delegatable act. (See Wis. Admin. Code sec. VE 7.02)

- 7. What about dairy farms? Many of the farms are large and often the owner isn't around, or may not even live in the state. There can be hundreds of**

animals, and talking with the owner about care for one animal just isn't realistic. How does informing the client work in these situations?

The veterinarian is required to have a veterinary client patient relationship (VCPR) with the client and the animals prior to providing diagnosis or treatment. The client is the individual who owns the animal, or the individual to whom the owner has assigned responsibility for care of the animal. The veterinarian needs to talk with the owner, or the owner's agent. The veterinarian who has a veterinary client patient relationship will know who the owner, or the owner's agent, is, and will have the discussion regarding the diagnostic or treatment options with that individual.

8. Many farms are operating by protocols – how do they fit into the veterinarian's obligation to provide information to the owner? *

Protocols for veterinary care of animals on farms are positive developments only if the protocols are consistent with sound veterinary practice. Protocols do not take the place of establishing a veterinary client patient relationship, nor do they take the place of the veterinarian's patient or problem specific discussion of diagnostic and treatment options with the owner or the owner's agent.

Once a treatment option has been selected for the animals by the client, a protocol outlining the method of treatment and contact information for questions is fine.

9. If I do document that I informed my client of the diagnostic and treatment options available for the specific situation, what should I include?

Since there is no rule requiring that you document any discussions, there is no specific information that needs to be included in your records. If you choose to document the discussion, you may wish to document that the conversation has occurred, you may wish to indicate what the client selected, and you may wish to have the client sign a document stating that you discussed the options and the risks and benefits of each and indicate the selected treatment.

10. What information do I need to share?

Under Wis. Admin. Code sec VE 7.06 (23) you are required to inform the client, prior to treatment, of the diagnostic and treatment options consistent with the veterinary profession's standard of care that exists at that time. You are also required to inform the client of the risks and benefits of each of those diagnostic and treatment options.

The standard of care is defined in Wis. Admin. Code sec VE 7.01 (5) as diagnostic procedures and modes of treatment considered by the veterinary profession to be within the scope of current, acceptable veterinary medical practice.

As a practicing veterinarian, you are presumed to be aware of the current, acceptable treatments for a given condition and, if necessary, the current, acceptable diagnostics that are available to further diagnose a condition. You would be held to the same standard of knowledge as any other practicing veterinarian in the State of Wisconsin.

If one of the treatment alternatives is a procedure you do not perform, you should advise the client of the option, inform them that you are not a specialist in this area (or do not perform this procedure) and offer to refer them. If you are aware of the risks and benefits of the procedure you can explain it to them, if not, you can advise them that they would need to discuss this with the veterinarian who will perform the procedure.

11. Can I make recommendations to the client?

Absolutely. You are sharing your knowledge with the client and part of that knowledge would include your recommendation as to what you feel would be the best alternative for that particular animal and medical condition. However, you should first share the alternatives with them as required under the rule.

12. May I leave out options if I don't think the client can afford them?

No. This is the client's animal and consent to treatment must be given by the client. It is the client's decision as to which option they wish to pursue. They may be able to arrange for payment when you did not believe that they could afford it.

13. If it is an emergency situation do I need to have the discussion before I treat the animal?

Yes, if the animal is stable enough to have the discussion prior to further treatment. If not, you should do what is necessary to stabilize the animal and then have the discussion prior to providing further diagnostics or treatment.

14. Do I need to include alternative medicine?

Not unless that alternative medicine is recognized in the veterinary community as within the scope of current, acceptable treatment for that condition. Experimental or alternative medical treatments are generally not included in this standard, so the information would not be required; you may provide the information if you are aware of such treatments and wish to provide the information.

15. If I have already had a conversation with the owner about the risks and benefits of using a particular drug, do I need to repeat the conversation the next time the drug is provided?

If the owner, animal, condition and drug are all the same and the conversation was within a reasonable period of time you do not have to repeat it. However, if any of the four parameters have changed then you must have the conversation about the drug and its risks and benefits.

16. If I don't provide a specific treatment at my clinic do I need to advise the client of that treatment option?

Yes. The veterinarian's obligation is to inform the client of the diagnostic and treatment options consistent with veterinary profession's standard of care. The veterinarian is obligated to inform the client of all options for the diagnosis and treatment of the particular patient at that particular time that are within the standard of practice of veterinary medicine, whether or not the particular veterinarian is able to provide each of those services. One option that is often available to meet that obligation is referral to another veterinarian or clinic.

17. I was prepared to discuss the options for treatment with the client, but when I started the client said they didn't want to hear all of the options and just wanted me to decide. Do I still need to give the options and risks and benefits to the client?

Yes. You can explain that you are required to do so by law. In the event that your client still insists they do not wish to hear all of the alternatives, you should document in the record that you attempted to have the discussion but the client refused. This may be the very client who later complains that you did not provide other options for treatment when they hear about other treatments from a friend, another veterinarian or through internet research.

18. Is it sufficient to hand out literature on the risks and benefits of a medical procedure and ask if the client has questions? What about ovariohysterectomies performed in a free spay clinic? What about vaccines?

No. The veterinarian is obligated to talk to the client, to make sure that the client understands the options for diagnosis and treatment consistent with the standard of care, which is minimally competent practice, and that the client has had an opportunity to ask questions.

19. Is it sufficient to post information regarding the risks and benefits of a procedure in the waiting room? Is it sufficient to prepare a video to show clients prior to the procedure?

No. The veterinarian is obligated to talk to the client. You may not presume that your client will read or understand the pamphlet, or watch the video. You may certainly make pamphlets and videos available to your clients, but you will still need to have the conversation with your client to make sure that communication is fully established.

20. Am I required to have the owner's consent before I proceed with a procedure?

Yes. Animals are property and you cannot perform actions involving another's property without consent. Wis. Admin. Code s. VE 7.06(23) does not require that you obtain the owner's consent, but principles of common law and property rights do require that you obtain the owner's consent to anything you do to the owner's property. The consent does not need to be in writing, but written consent may help avoid disputes.