Chapter 1: Florida Laws and Rules Governing Veterinary Practice

By: Staff Writer

Learning objectives

After completion of this course, the participant will be able to:

- Describe the two (2) beliefs or reasons why licensing laws are established.
- Identify the sections from Florida’s Statutes and Administrative Code that apply to Veterinarians.
- Discuss the violations and penalties for fraudulent and deceptive practices, according to Florida Statutes.
- List the acts that may constitute grounds for disciplinary action.
- Identify the various types of premise permits to practice veterinary medicine.
- Summarize the law regarding medical patient records in terms of: confidentiality, ownership and control, the consent and release of records.
- Summarize the minimum standards for ownership permits for practicing veterinary medicine.
- Expain the minimum standards for Limited-Service Veterinary Medical Practices.

Introduction

The American Veterinary Medical Association (AVMA) released their 2015 mid-year legislative report and estimated roughly 86,000 legislative bills were introduced in the U.S., with approximately 18,000 already passed into law. Animal health and veterinary medicine law issues continue to be a prime concern for state legislatures. Florida is faring well compared to the rest of the nation. effective July 1, 2015, Florida veterinarians can dispense compounded medications to their patient’s owners or caretakers. Florida Senate Bill (SB) 420 authorizes certain animal-control officers to take custody of animals that are neglected or abused, or to order an owner to provide care. These are only two of the recent developments in veterinary medicine in Florida.

Some of the other hot issues for Florida veterinarians besides animal welfare and prescription mandates are rules regarding minimum standards for practice, recordkeeping, permit requirements, premises obligations, and scope of practice for veterinary professionals. This course will review Florida’s rules on these matters, as well as the new acts recently enacted in the last few years. As a licensed veterinarian, it is imperative to be judicious in understanding the laws and rules governing the profession. This course will review the recently adopted rules, rule changes or amendments that, in particular, impact the profession and the practice of veterinary medicine.

PART ONE: FLORIDA LAW – VETERINARY MEDICAL PRACTICES (TITLE 32, CHAPTER 474)

The AVMA represents the interests of veterinarians on federal legislative and regulatory issues that influence animal health, public health, and the veterinary profession. While the AVMA is focused on advancing veterinary medicine at the national level, Florida legislators have been working to protect the safety and welfare of animals and the public from incompetent and unethical practitioners by writing and amending bills. Veterinary licensing and practice in Florida is regulated by the Florida Board of Veterinary Medicine (board). http://www.myfloridalicense.com/dbpr/pro/vetm/index.html

Definitions (s. 474.202)

- Animal - any mammal other than a human being or any bird, amphibian, fish or reptile, wild or domestic, living or dead.
- Board - the Board of Veterinary Medicine.
- Client - the owner or caretaker of an animal who arranges for its veterinary care.
- Department - the Department of Business and Professional Regulation.
- Immediate supervision or words of similar purport - a licensed doctor of veterinary medicine is on the premises whenever veterinary services are being provided.
● **Limited-service veterinary medical practice** - offering or providing veterinary services at any location that has a primary purpose other than that of providing veterinary medical service at a permanent or mobile establishment permitted by the board; provides veterinary medical services for privately owned animals that do not reside at that location; operates for a limited time; and provides limited types of veterinary medical services.

● **Mobile veterinary establishment and mobile clinic** - a mobile unit which contains the same treatment facilities as are required of a permanent veterinary establishment or which has entered into a written agreement with another veterinary establishment to provide any required facilities not available in the mobile unit. The terms do not refer to the use of a car, truck or other motor vehicle by a veterinarian making a house call.

● **Patient** - any animal for which the veterinarian practices veterinary medicine.

● **Practice of veterinary medicine** - diagnosing the medical condition of animals and prescribing, dispensing, or administering drugs, medicine, appliances, applications, or treatment of whatever nature for the prevention, cure, or relief of a wound, fracture, bodily injury, or disease thereof; performing any manual procedure for the diagnosis of or treatment for pregnancy or fertility or infertility of animals; or representing oneself by the use of titles or words, or undertaking, offering, or holding oneself out, as performing any of these functions. The term includes the determination of the health, fitness or soundness of an animal.

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### Prohibitions; penalties (s. 474.213)

To protect Floridians from fraudulent and deceptive practices, this chapter lists violations and penalties for prohibited acts which are of vital concern to the board.

No person shall:

- Lead the public to believe that such person is licensed as a veterinarian, or is engaged in the licensed practice of veterinary medicine, without such person holding a valid, active license.

- Use the name or title “veterinarian” when the person has not been licensed.

- Present as her or his own the license of another.

- Give false or forged evidence to the board or a member thereof for the purpose of obtaining a license.

- Use or attempt to use a veterinarian’s license which has been suspended or revoked.

- knowingly employ unlicensed persons in the practice of veterinary medicine.

- Obtain or attempt to obtain a license to practice veterinary medicine by fraudulent representation.

- Practice veterinary medicine in this state, unless the person holds a valid, active license to practice veterinary medicine.

- Sell or offer to sell a diploma conferring a degree from a veterinary school or college, or a license issued pursuant to this chapter, or procure such diploma or license with the intent that it shall be used as evidence of that which the document stands for by a person other than the one upon whom it was conferred or to whom it was granted.

- Knowingly operate a veterinary establishment or premises without having a premise permit.

- Person who violates any provision of this section commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

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### Disciplinary proceedings (s. 474.214)

Since 2000, the disciplinary statutes have not changed. In addition to the previous prohibited acts mentioned, there are a number of prohibited dealings that impose some type of disciplinary action. For the complete list of disciplinary proceedings, please review them on the board’s website, [http://www.myfloridalicense.com/dbpr/pro/vetm/statutes.html](http://www.myfloridalicense.com/dbpr/pro/vetm/statutes.html).

For our purposes, listed are several activities warranting disciplinary measures. A few of these are:

- Attempting to procure a license to practice veterinary medicine by bribery, by fraudulent representations, or through an error of the department or the board.

- Having a license or the authority to practice veterinary medicine revoked, suspended, or otherwise acted against, including the denial of licensure.

- Being convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction which directly relates to the practice of veterinary medicine or the ability to practice veterinary medicine. Any crime which demonstrates a lack of regard for animal life relates to the ability to practice veterinary medicine. In addition, crimes relating to the ability to practice veterinary medicine shall include, but not be limited to, crimes involving any violation of state or federal drug laws.

- Failing to maintain accurate records or reports as required.

- Making or filing a report or record which the licensee knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing, or inducing another person to impede or obstruct such filing.

- Advertising goods or services in a manner which is fraudulent, false, deceptive, or misleading in form or content.

- Paying or receiving kickbacks, rebates, bonuses, or other remuneration for receiving a patient or client or for referring a patient or client to another provider of veterinary services or goods.

- Performing or prescribing unnecessary or unauthorized treatment.

- Attempting to restrict competition in the field of veterinary medicine other than for the protection of the public.

- Conviction on a charge of cruelty to animals.

- Failing to provide adequate radiation safeguards.

- Refusing to permit the department to inspect the business premises of the licensee during regular business hours.
When the board finds any applicant or veterinarian guilty of any of the grounds mentioned, regardless of whether the violation occurred prior to licensure, it may enter an order imposing one or more of the following penalties:

a. Denial of certification for examination or licensure.
b. Revocation or suspension of a license.
c. Imposition of an administrative fine not to exceed $5,000 for each count or separate offense.
d. Issuance of a reprimand.
e. Placement of the veterinarian on probation for a period of time and subject to such conditions as the board may specify, including requiring the veterinarian to attend continuing education courses or to work under the supervision of another veterinarian.
f. Restricting the authorized scope of practice.

g. Imposition of costs of the investigation and prosecution.
h. Requiring the veterinarian to undergo remedial education.

In determining appropriate action, the board must first consider those sanctions necessary to protect the public. Only after those sanctions have been imposed, may the disciplining authority consider and include in its order, requirements designed to rehabilitate the veterinarian. All costs associated with compliance with any order issued are the obligation of the veterinarian.

If the veterinarian’s license was revoked or suspend, the department shall reissue the license of a disciplined veterinarian upon certification by the board that the disciplined veterinarian has complied with all of the terms and conditions set forth in the final order and is capable of competently and safely engaging in the practice of veterinary medicine.

**Subpoena of certain records (s.474.2145)**

Notwithstanding any provision of law to the contrary, the department may issue subpoenas duces tecum requiring the names and addresses of some or all the clients of a licensed veterinarian against whom a decision has been obtained and when the information has been deemed necessary and relevant to the investigation as determined by the secretary of the department.

**Premise permits (s. 474.215)**

Any establishment, permanent or mobile, where a licensed veterinarian practices must have a premises permit issued by the department. Upon application and payment of a fee not to exceed $250, the department must cause such establishment to be inspected. A premises permit shall be issued if the establishment meets minimum standards as to sanitary conditions, recordkeeping, equipment, radiation monitoring, services required, and physical plant.

In fact, in 2014 the board issued regulations that ensure that every veterinary premise is inspected no less than every two years, while permitting more frequent inspections if necessary. The board also revised minimum standards for the mobile veterinary practice for agricultural animals, including the use of AVMA-approved chemical methods of euthanasia.

The premises permit may be revoked, suspended, or denied when inspection reveals that the establishment does not meet the standards set by rule or when the license of the responsible veterinarian has been suspended or revoked. One exemption would be any practitioner who provides veterinary service on a house-call basis and who does not maintain a veterinary establishment for receipt of patients, shall not be required to obtain a premises permit, but must provide for minimum equipment and facilities as established by rule. Another exemption is any practitioner who provides veterinary services solely to agricultural animals shall not be required to obtain a premises permit.

Any person that offers or provides limited service veterinary medical practice shall obtain a biennial permit from the board the cost of which shall not exceed $250. The limited service perimittion shall register each location where a limited service clinic is held and shall pay a fee set by rule not to exceed $25 to register each such location.

Any person who is not a veterinarian licensed under this chapter but who desires to own and operate a veterinary medical establishment or limited service clinic shall apply to the board for a premises permit. If the board certifies that the applicant complies with the applicable laws and rules of the board, the department shall issue a premises permit. No permit shall be issued unless a licensed veterinarian is designated to undertake the professional supervision of the veterinary medical practice and the minimum standards set by rule of the board for premises where veterinary medicine is practiced. If the permit is revoked or suspended, the owner, manager, or proprietor shall cease to operate the premises, as a veterinary medical practice, as of the effective date of the suspension or revocation.

Each person to whom a license or premises permit is issued shall keep such document conspicuously displayed in her or his office, place of business, or place of employment, whether a permanent or mobile veterinary establishment or clinic, and shall, whenever required, exhibit said document to any member or authorized representative of the board.

**Ownership and control of veterinary medical patient records: report or copies of records to be furnished (s. 474.2165)**

Each person who provides veterinary medical services shall maintain medical records. Any records owner who makes an examination of, or administers treatment or dispenses legend drugs to, any patient shall, upon request of the client or the client’s legal representative, furnish, in a timely manner, without delays for legal review, copies of all reports and records relating to such examination or treatment, including X rays. The furnishing of such report or copies shall not be conditioned upon payment of a fee for services rendered.

Medical records may not be furnished to, and the medical condition of a patient may not be discussed with, any person other than the client or the client’s legal representative or other veterinarians involved in the care or treatment of the patient, except upon written authorization of the client. There are instances where such records may be furnished without written authorization under the following circumstances:

1. To any person, firm, or corporation that has procured or furnished such examination or treatment with the client’s consent.

2. In any civil or criminal action, unless otherwise prohibited by law, upon the issuance of a subpoena from a court of competent jurisdiction and proper notice to the client or the client’s legal representative by the party seeking such records.

3. For statistical and scientific research, provided the information is abstracted in such a way as to protect the identity of the patient and the client, or provided written permission is received from the client or the client’s legal representative.

Except in a medical negligence action or administrative proceeding, when a veterinarian is or reasonably expects to be named as a defendant, information disclosed to a veterinarian, by a client, in the course of the care and treatment of the patient is confidential and may be disclosed only to other veterinarians involved in the care or treatment of the patient, or if permitted by written authorization from the client or compelled by subpoena at deposition, evidentiary hearing, or trial for which proper notice has been given.
The department may obtain patient records pursuant to a subpoena without written authorization from the client if the department and the probable cause panel of the board find reasonable cause to believe that a veterinarian has excessively or inappropriately prescribed any controlled substance specified in chapter 893 in violation of this chapter or that a veterinarian has practiced his or her profession below that level of care, skill, and treatment required as defined by this chapter.

Records owners shall notify the board office and place an advertisement in the local newspaper or notify clients, in writing, when they are terminating practice, retiring, or relocating and are no longer available to patients and shall offer clients the opportunity to obtain a copy of their medical records. When notifying the board office, record owners must specify who the new record owner is and where the medical records can be found. Whenever a records owner has turned records over to a new records owner, the new records owner shall be responsible for providing a copy of the complete medical record, upon written request, of the client or the client’s legal representative.

A records owner furnishing copies of reports or records pursuant to this section shall charge no more than the actual cost of copying, including reasonable staff time or the amount specified in administrative rule by the board. Veterinarians in violation of the provisions of this section shall be disciplined by the board.

**Confidentiality of animal medical records (s. 474.2167)**

The following records held by any state college of veterinary medicine that is accredited by the American Veterinary Medical Association Council on Education are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution:

1. A medical record generated which relates to diagnosing the medical condition of an animal; prescribing, dispensing, or administering drugs, medicine, appliances, applications, or treatment of whatever nature for the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of an animal; or performing a manual procedure for the diagnosis of or treatment for pregnancy, fertility, or infertility of an animal.
2. A medical record described in paragraph (a) which is transferred by a previous record owner in connection with the transaction of official business by a state college of veterinary medicine that is accredited by the American Veterinary Medical Association Council on Education.

A record made confidential and exempt under this section may be disclosed to another governmental entity in the performance of its duties and responsibilities and may be disclosed pursuant to s. 474.2165. The exemption from public records requirements under this section applies to animal medical records held before, on, or after the effective date of this exemption.

This section was enacted in 2015 and is subject to the Open Government Sunset Review Act in accordance with fs. 119.15 and shall stand repealed on October 2, 2020, unless reviewed and saved from repeal through reenactment by the Legislature.

**Veterinarian’s consent; handwriting samples; mental or physical examinations (s.474.2185)**

A veterinarian who accepts a license to practice veterinary medicine in Florida shall, by so accepting the license or by making and filing a renewal of licensure to practice in this state, be deemed to have given her or his consent, during a lawful investigation of a complaint or of an application for licensure and when the information has been deemed necessary and relevant to the investigation as determined by the secretary of the department, to the following:

1. To render a handwriting sample to an agent of the department and, further, to have waived any objections to its use as evidence against her or him.
2. To waive the confidentiality and authorize the preparation and release of medical reports pertaining to the mental or physical condition of the licensee when the department has reason to believe that a violation of this chapter has occurred and when the department issues an order, based on the need for additional information, to produce such medical reports for the time period relevant to the complaint. As used in this section, “medical reports” means a compilation of medical treatment of the licensee which shall include symptoms, diagnosis, treatment prescribed, relevant history, and progress.
3. To waive any objection to the admissibility of the reports as constituting privileged communications. Such material maintained by the department is confidential and exempt from s. 119.07(1) until probable cause is found and an administrative complaint is issued.

**Impaired practitioner provisions; applicability (s.474.221)**

Notwithstanding the transfer of the Division of Medical Quality Assurance to the Department of Health or any other provision of law to the contrary, veterinarians licensed under this chapter shall be governed by the treatment of impaired practitioner provisions of s. 456.076 as if they were under the jurisdiction of the Division of Medical Quality Assurance, except that for veterinarians the Department of Business and Professional Regulation shall, at its option, exercise any of the powers granted to the Department of Health by that section, and “board” shall mean board as defined in this chapter.

**PART II: FLORIDA ADMINISTRATIVE CODE OF THE BOARD OF VETERINARY MEDICINE – CHAPTER 61G18**

While the Florida statutes refer to laws enacted by a legislative body of a government, state executive agencies carry out state laws through the development and enforcement of regulations in specific areas of law. Authorized by statutes, regulations (sometimes called rules or administrative laws) have the effect of law. Regulations are designed to increase flexibility and efficiency in the operation of laws. Many of the actual working provisions of statutes are embodied in regulations.
The board provides declaratory statements which is the sole means for obtaining a binding interpretation or opinion on the applicability of statutory rules or orders. A petition for a declaratory statement may only be used to resolve questions or doubts as to how the statutes, rules or orders may apply to the petitioner’s particular circumstances. A declaratory statement is not the appropriate means for determining the conduct of another person or for obtaining a policy statement of general applicability from the board. The declaratory statements can be found on the board’s website, at http://www.myfloridalicense.com/dbpr/pro/vetm/declaratory_statements.html.

Most regulations are developed and enacted through a rule-making process, which includes public input. Open public meetings are held allowing anyone to comment on the proposed rules or help create regulation. Participation is extremely important but some veterinarians overlook the possibilities of influencing and shaping the laws governing their profession. In 2014, the board enacted a new law regarding public comment.

**Public comment** (Chapter 61G18-10.024)

The Board of Veterinary Medicine invites and encourages all members of the public to provide comment on matters or propositions before the Board or a committee of the Board. The opportunity to provide comment shall be subject to the following:

1. Members of the public will be given an opportunity to provide comment on subject matters before the Board after an agenda item is introduced at a properly noticed Board meeting.
2. Members of the public shall be limited to five (5) minutes to provide comment. This time shall not include time spent by the presenter responding to questions posed by Board members, staff or Board counsel. The chair of the Board may extend the time to provide comment if time permits.
3. Members of the public shall notify Board staff in writing of their interest to be heard on a proposition or matter before the Board. The notification shall identify the person or entity, indicate support, opposition, or neutrality, and identify who will speak on behalf of a group or faction of persons consisting of two (2) or more persons.

**Mailing address and place of practice of licensee** (Chapter 61G18-10)

Each licensee and registrant shall provide by certified mail written notification to the department the licensee’s current mailing address and place of practice upon change thereof or license renewal.

**Probable cause panel** (Chapter 61G18-10.008)

Also in 2014, this rule was amended and allows for a probable cause panel when disciplinary action is taken in regards to a violation of the stated prohibited acts, in the statutes, we earlier reviewed. The determination as to whether probable cause exists to believe that a violation of the provisions of Chapter 455 or 474, F.S., or of the rules promulgated thereunder has occurred, shall be made by a majority vote of the probable cause panel. The probable cause panel shall be composed of no less than two (2), nor more than three (3) members of the Board of Veterinary Medicine. Not more than one (1) member of the panel may be a lay member.

The Chairman may appoint former members of the board to serve on the probable cause panel. Not more than two (2) members of the panel may be former Board members. However, the probable cause panel must have at least one current member of the Board of Veterinary Medicine in attendance as a voting member in order to conduct business. The probable cause panel members shall be assigned by the Chairman of the Board, and shall meet as necessary or at such times as called by the Chairman of the Board.

**Permit requirements** (Chapter 61G18-15.001)

All establishments where veterinary medicine is practiced shall be required to have a permit issued by the Department of Business and Professional Regulation. An application for a permit shall be filed with the department not less than fourteen (14) days prior to the opening date of the establishment. The establishment shall be inspected for compliance with the minimum standards for sanitary conditions and physical plant as set forth in rule Chapter 61G18-15, F.A.C., prior to issuance of the permit. The decision whether re-inspection prior to issuance of the permit is necessary because of the establishment’s failure to meet required standards on the initial inspection, shall be made by the department on an individual basis and shall be based on the number and severity of the deficiencies documented on the initial inspection report.

The applicant shall designate a responsible veterinarian in whose name the permit shall be jointly issued. Upon any change in the responsible veterinarian, the permittee shall have ten (10) days within which to notify the Board in writing, of the name of the new responsible veterinarian. Failure of the permittee to timely notify the Board in writing of the name of the new responsible veterinarian will require the filing of a new application.

It shall be the duty of the licensed veterinarian named on the permit to return the permit to the department when the named veterinarian ceases to be responsible for the management of the establishment, or notify the Board that the veterinarian is no longer the responsible veterinarian at that location.

**Minimum standards for premises where veterinary medicine is practiced** (Chapter 61G18-15.0002)

For the exterior of the establishment where veterinary medicine is practiced must have the following:

1. Legible sign to identify location.
2. Facility clean and in good repair.
3. Telephone number for emergency veterinary care must be visible and legible from the exterior.
4. If the premises has grounds, they must be kept clean and orderly.

For the interior of the premises, the following must exist:

1. Restroom (clean and orderly).
2. Office (clean and orderly) and license renewal and premise permit displayed.
3. Telephone must be answered 24 hours a day which one may call for emergency services.
4. Examination areas must be clean, orderly, have lined waste receptacles, disposable towels, and sink. Sinks located in a restroom may not satisfy this standard. The examination table must be constructed of smooth impervious material.
5. Pharmacy must be clean and orderly with blood storage available and existence of an accurate “controlled substance” log and individual patient records. If controlled substances are on premises, a locking, secure cabinet for storage must be available. The DEA certificate must be on the premises and a segregated area for the storage of expired drugs must exist. Disposable needles and syringes must be used, and all drugs stored in the pharmacy must be properly labeled with drug name, strength, and expiration date.

If drugs are dispensed to the public, the drugs are to be distributed in child-resistant containers unless a specific written request for non-child-resistant containers is made by the animal owner. All containers distributed must be labeled with the name of the drug contained within, the strength and quantity of the drug, the expiration date of the drug, instructions as to the use of the drug, the name and species of the animal for which the drug is intended to be administered, the last name of the animal’s owner, and the name, address and telephone number of the veterinarian prescribing the drug.

6. Medical records.

7. Laboratory with a microscope, centrifuge, urinalysis equipment or outside laboratory services available. Hematology facilities and blood chemistry facilities must exist or outside lab service available, along with microbiological capability.

8. Facilities and equipment to provide immediate resuscitative care must exist and be clean and orderly. Sterile instruments, drapes, caps and masks along with an operating table appropriate to the proposed use constructed of smooth impervious material. Oxygen and equipment for its administration must be available, along with anesthesia equipment.

9. Holding areas shall be capable of sanitation and shall be maintained by including proper ventilation, sufficient lighting and be of a size consistent with the welfare of the animal.

10. Garbage and trash disposal available with sanitary cans lined with disposable bags. Effective insect and rodent control must be accessible.

11. Carcass disposal – any adequate method used in area, provided the sanitary code is not violated.

12. Emergency lighting which must include at least a functioning rechargeable battery-operated light.

13. Fire extinguisher, with current annual inspection.

14. Refrigeration of stored drugs, biologicals, lab samples, reagents and other perishable items.

15. Handling and disposal of biohazardous waste - Comply with the requirements of Rule 64E-16, F.A.C., concerning the handling and disposal of biohazardous waste.

16. All premises must have facilities for radiology, surgery and long-term hospitalization, as described below or, in lieu thereof, written evidence that arrangements have been made with a local clinic or hospital must be available for inspection. For the purpose of this chapter local is defined as within 30 minutes or 30 miles whichever is greater to provide the service outside the premises.

17. Radiology- X-ray machine; 100 MA preferred minimum, developing tanks, and monitoring of exposure of personnel to radiation required.

18. Surgery area- must clean and orderly and have a method of sterilization of surgical equipment, either by autoclave or gas sterilization. Operating table appropriate to the proposed use constructed of a smooth impervious surface must be available. Should be well lighted, and oxygen and equipment.

19. Hospital wards – must be Clean and orderly. The holding areas must be capable of sanitation and must be maintained by including proper ventilation, sufficient lighting and be of a size consistent with the welfare of the animal. Must be well-lighted with proper ventilation.

20. Establishments where veterinary medicine is practiced are not required to have the following facilities. However, if they do have them, the facilities must meet the standards set forth:

a. Reception area – entrance shall be free from hazards.

b. Grooming area – Clean and orderly.

c. Kitchen or food area – Clean and orderly.

4. Exercise runs:

a. Clean and secure.

b. No hazards.

Veterinarians must furnish a permanent address at which they can be reached by clients in order that clients may obtain veterinary medical records.

Minimum standards for permanent locations where agricultural veterinary medicine is practiced (Chapter 61G18-15.0022)

The minimum standards for agricultural veterinary medicine are much the same as the “Premises Where Veterinary Medicine Is Practiced,” as previously described. This rule was amended in 2012. The only few differences are mentioned below:

Agricultural veterinary medicine is practiced upon livestock as defined by Section 828.23(3), F.S.

The examination areas for these types of premises must be clean and orderly with lined waste receptacles. Sink and disposable towels (Sinks located in restrooms may not be used to satisfy this standard), and the examination table, if present, must be of a material subject to disinfection. The pharmacy must hold individual patient or herd/flock records, and if controlled substances are on premises, a locking secure cabinet for storage and accurate “controlled substance” log must be utilized.

The only other difference is the surgery area/table’s surface must be made of smooth material subject to disinfection. The establishments where veterinary medicine is practiced are not required to have the following facilities. However, if they do have them, the facilities must meet the following standards:

1. Reception Area must be free from hazards.

2. Kitchen or food area must be clean and orderly.

3. Exercise areas must also be clean and secure with no hazards.

Veterinarians must furnish a permanent address at which they can be reached by clients in order that clients may obtain veterinary medical records.

Minimum standards for a mobile veterinary practice for agricultural animals (Chapter 61G18-15.002)

The rule was enacted in 1995 with amendments in 2010, 2012, 2014, and now 2015. The following minimum standards shall apply to mobile veterinary medical practices for agricultural animals:

Mobile units utilized by veterinarians:

a. Shall be clean and orderly.

b. Shall contain the following:

1. Sterile syringes and needles.

2. All pharmaceuticals and biologics shall be maintained at the temperature recommended by the manufacturer in a refrigeration device that is powered by a stable energy source and is capable
of maintaining a constant temperature. A thermometer shall be included where the biologics are being stored.

Antiseptic intravenous equipment must be present. And, if controlled substances are on the unit, a locking secure cabinet for storage and an accurate controlled substance log must be utilized. A segregated area or container for the storage of expired drugs must exist.

When surgery is to be performed, the following shall be maintained:

a. Surgical instruments;
b. Access to a means of sterilization;
c. Suture material; and
d. Intravenous equipment.


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When working with known infectious diseases within a herd, precautions shall be used to prevent transmission of infectious agents to another animal whether or not within the herd. Veterinarians must have a written agreement with a clinic or hospital for the provision of long term hospitalization, surgery, or radiology, if these services are not provided by the mobile clinic. Veterinarians must furnish a permanent address at which the veterinarian can be reached so that their clients can request veterinary medical records.

Minimum standards for mobile premises permits (Chapter 61G18-15.0035)
The minimum standards for equipment for mobile premises permits are the same as for other premises where veterinary medicine is practiced, except for the requirements in subsections 61G18-15.002(1) and (2)(a). Veterinarians must have a written agreement with a local clinic or hospital for the provisions of long-term hospitalization, surgery, or radiology, if these services are not available at the mobile

clinic itself. Veterinarians must also have a written agreement with a local clinic for the provision of emergency services and display a notice to that effect, within the mobile unit, to so inform clients. Veterinarians must furnish a permanent address at which they can be reached to their clients in order that their clients may obtain their veterinary medical records.

Periodic inspections (Chapter 61G18-15.005)
The Department shall make inspections of veterinary premises at least every two (2) years. Such inspection shall include but not be limited to verification of compliance with Rule 61G18-15.002, F.A.C., governing minimum standards for veterinary premises, as we have previously reviewed. Additionally, the Department will conduct unannounced routine inspections of one percent (1%) of the veterinary premises each year. The selection of premises to be inspected shall be made by the Department on a random basis.

Minimum standards for house-call practices (Chapter 61G18-15.006)
Veterinarians practicing on a house-call basis and who practice where the animal is kept must meet the requirements of the Minimum Standards for a Mobile Veterinary Practice for Agricultural Animals or Minimum Standards for Mobile Premises Permits except that no premises permit is required.

Minimum standards for limited-service veterinary medical practices (Chapter 61G18-15.007)
The term “limited-service veterinary medical practice” is defined as a privately or publicly supported vaccination clinic where a veterinarian performs for a limited time vaccinations and/or immunizations against disease on multiple animals, and where the veterinarian may also perform preventative procedures for parasitic control, and shall not mean a premise otherwise permitted by the Board.

The Limited-Service permitee shall register each clinic with the Board of Veterinary Medicine by name, address, date of clinic, time and duration, at least 28 days prior to offering a limited-service clinic. A copy of the limited-service permit shall be clearly visible at each limited service clinic held during its hours of operation and posted at the main office where the records are stored.

A veterinarian must remain on site throughout the duration of a limited-service clinic and must maintain autonomy for all medical decisions made. A physical examination and history must be taken for each patient receiving veterinary medical care at a limited-service clinic. Recommendations and preventive medicine protocols must be developed from current accepted veterinary medical practice. The veterinarian is responsible for proper immunization and parasitic procedures and the completeness of recommendations made to the public by the paraprofessional staff that the veterinarian supervises or employs. The veterinarian is responsible for consultation and referral of clients when disease is detected or suspected.

All locations where limited-service veterinary medicine is practiced must have or comply with the following:

a. Legible sign to identify permit holder and a legible sign to identify the veterinarian(s) on site by name and license number.
b. A clean safe location which allows for the safety of animals and their owners and which is conducive to the handling of animals and consultations with the public. The location shall utilize a method of visibly segregating the vaccination and examination area to deter public access.
c. Meet local sanitation requirements.
d. A copy of the Limited Service clinic premise permit displayed.
e. Shall provide a legible list of the name, address and hours of operation of all facilities that provide or advertise emergency services and when applicable the location of other clinics provided by the same entity on that day, that are located within a 30-minute or 30-mile radius.
f. Lined waste receptacle.
g. A sink with fresh, clean running water, disposable towels, and soap for cleaning and first aid must be provided within ten (10) feet of the examination area. Sinks located in restrooms may not be used to satisfy this requirement.
h. Safe, clean examination work area constructed of a smooth impervious material.
i. Storage of supplies and equipment to preclude public access.
j. Separate area for clerical work.
k. Proper handling of vaccinations, biologics, pharmaceuticals and supplies: Facilities must be provided for proper storage, safekeeping and preparation of pharmaceuticals in accordance with federal, state, and local laws. If controlled substances are on the premises, they must be kept in a locking, secure cabinet for storage and an accurate controlled substance log must be maintained. All pharmaceuticals and biologics shall be maintained at the...
temperature recommended by the manufacturer in a refrigeration device that is powered by a stable energy source and is capable of maintaining a constant temperature. A thermometer shall be included where the pharmaceuticals are being stored.

l. Equipment must be of the type and quality to provide for the delivery of immunization and parasiticides in the best interest of the patient and with safety to the public.

m. Each limited-service clinic must have the capacity to render emergency care for hypersensitivity reaction, anaphylaxis, and immediate emergency care of injury to the animals in attendance at the clinic.

n. Sanitation equipment and solutions.

o. Proper bio-medical waste handling equipment, registration and procedures.

**Limited service patient records** (Chapter 61G18-15.0071)

A legible individual record must be maintained for every patient of the clinic, and must include specific information needed for proper identification of the animal and its owner. The immunization or parasitic procedure must be indicated on the record. A statement of recommendations for future immunizations and procedures should be clearly legible on the record. Records shall be maintained for not less than three (3) years after the date of last entry.

The medical record must reflect any preventative or corrective parasiticide including any medication administered, and the date, type, dose, route and frequency of administration, or any medication prescribed.

Patient records must be available to a client or a client’s veterinarian. The client or the client’s veterinarian must be able to receive the

immmunization or parasiticide treatment record within twenty-four (24) hours after a request is received unless the request is received within seven (7) days of the clinic in which situation, the records shall be provided within forty-eight (48) hours.

The type of tests performed and the manner in which the results will be obtained and a complete listing of procedures provided at the clinic should be given to the client. A copy of the record must be kept under the control of the limited service premise permit holder. Providers of limited service clinics with hours of operation in excess of four (4) hours in one day must make all information required in this section available in electronic format within 24 hours of treatment.

**Limited service written statement** (Chapter 61G18-15.0072)

Each client, prior to the provision of veterinary medical services, must be informed as to the limits of the physical exam provided for the patient and shall receive a written statement that at a minimum contains:

- The following notice: YOUR PET HAS BEEN EXAMINED TO DETERMINE THE APPROPRIATENESS OF IMMUNIZATIONS SELECTED. THIS IS NOT A FULL AND COMPLETE PHYSICAL EXAMINATION.
- The telephone number where emergency veterinary care can be obtained.
- The name and address of where a client can secure a copy of the patient’s records.
- The limited service permittee shall provide a phone number for consultation or referral for follow up care and treatment in case of adverse reaction or failure of the regimen of therapy.

- The name and telephone number of the veterinarian(s) who provided the medical services at the clinic.
- The permit holder and the veterinarian are jointly responsible for providing this statement. Providers of limited service clinics with hours of operation in excess of four (4) hours in one day must have the following information conspicuously posted on, or adjacent to, the entrance of the building where the clinic was held for forty eight (48) hours after the conclusion of the clinic:
  - The telephone number where emergency veterinary care can be obtained;
  - The name and address of where a client can secure a copy of the patient’s records;
  - A phone number for consultation or referral for follow up care and treatment in case of adverse reaction or failure of the regimen of therapy.

**Active status license** (Chapter 61G18-22.001)

The department shall renew an inactive license to practice veterinary medicine upon timely receipt of the complete application for active status, the biennial renewal fee, and certification that the licensee has demonstrated participation in the continuing professional education requirements. “Complete application” for purposes of active status licensure shall be the Department renewal card and the continuing education affidavit.

**Inactive status** (Chapter 61G18-23.001)

Any licensee may elect at the time of license renewal to place the license into inactive status by filing with the board a complete application for inactive status and paying the inactive status fee. For the purpose of this section, a complete application shall be a renewal form provided by the department on which the licensee affirmatively elects inactive status. An inactive status licensee whose license has been in inactive status for less than two consecutive biennial licensure cycles may change to active status at any time provided the licensee meets the continuing education requirements, and pays the active status fees for each biennium during which the license was inactive, pays the reactivation fee and, if applicable, the processing fee.

An inactive status licensee whose license has been in inactive status for more than two consecutive biennial licensure cycles may change to active status at any time provided the licensee meets the continuing education requirements and pays the active status fees for each biennium during which the license was inactive, pays the reactivation fee and, if applicable, the processing fee.

An inactive status license is issued to any person who has completed the continuing education requirements and pays the inactive status fee for each biennium during which the license was inactive.

**Exemption of spouses of members of armed forces from licensure renewal provisions** (Chapter 61G18-23.002)

A licensee who is the spouse of a member of the Armed Forces of the United States and was caused to be absent from the State of Florida because of the spouse’s duties with the armed forces shall be exempt from all licensure renewal provisions during such absence.
Continuing education (Chapter 61G18-16)

Continuing education is vital to a professional’s continued development. Professional development is a lifelong process of learning new and updated treatments, medications, surgeries, and methodologies. During the license renewal period of each biennium, an application for renewal will be mailed to each licensee at the last address provided to the Board. Failure to receive any notification during this period does not relieve the licensee of the responsibility of meeting the requirement.

Florida’s continuing education requirements include completing 30 hours of continuing education in veterinary medicine every biennium. Beginning on June 1, 2012, no less than (1) one hour shall be in the area of dispensing legend drugs and no less than two (2) hours of shall be in the area of the laws and rules governing the practice of veterinary medicine. For the purposes of this rule, the laws and rules governing the practice of veterinary medicine are Chapters 455 and 474, F.S. and Rule Title 61G18, F.A.C. (all covered in this course). Hours are calculated as follows:

- One (1) hour equals a minimum of fifty (50) minutes and a maximum of sixty (60) minutes. Total hours of lecture time cannot be added up and divided into 50 minute intervals to obtain 1 hour credit for each 50 minute interval.
- Not more than fifteen (15) hours shall be non-interactive, correspondence courses. Computer on-line programs that involve on-line, real time, live or delayed participatory questioning or responses are not correspondence courses.
- Not more than fifteen (15) hours shall be non-interactive, correspondence courses. Computer on-line programs that involve on-line, real time, live or delayed participatory questioning or responses are not correspondence courses.

Continuing education standards (Chapter 61G18-16.003)

The continuing education requirements outlined in Rules 61G18-16.001 and 61G18-16.002, F.A.C., may be complied with by attendance at approved scientific veterinary medical meetings. A licensed veterinarian shall receive credit for no more than five (5) hours of continuing professional education in business, practice management courses or stress and impairment seminars during any biennium period. Approved courses are deemed scientific if continuing education courses are provided by:

- National, State and International veterinary association meetings and Board meetings.
- Board Certified Specialties recognized by the AVMA.
- University of Florida, College of Veterinary Medicine sponsored courses, including clinical grand rounds, veterinary resident’s seminars and Board specialty review sessions.
- The Registry of Approved Continuing Education Courses (RACE).

Euthanasia of dogs and cats; technician certification course (Chapter 61G18.16.005)

Euthanasia shall be performed only by a licensed veterinarian or an employee or agent of a public or private agency, animal shelter or other facility that is operated for the collection and care of stray, neglected, abandoned, or unwanted animals. Those veterinarians or employees, or agents who perform euthanasia shall successfully complete a 16-hour euthanasia technician certification course. Any employee or agent who before October 1, 1993, has performed euthanasia shall obtain certification by October 1, 1994. Any employee or agent who after October 1, 1993, begins performing
euthanasia must have successfully completed the euthanasia technician certification course before performing any euthanasia.

A certified veterinary technician who is an employee or agent of a public or private agency, animal shelter, or other facility which is operated for the collection of stray, neglected, abandoned, or unwanted animals may perform euthanasia without completion of the certification course. A licensed veterinarian who delegates the performance of euthanasia to a technician shall verify that said technician has either completed the certification course, or is a certified veterinary technician who has graduated from a veterinary technology training program that is accredited by the American Veterinary Medical Association Committee on Veterinary Technicians Education and Activities (CVTEA) and has successfully completed the examinations required by the Florida Veterinary Medical Association’s Technician Committee.

PART III: AMERICAN VETERINARY MEDICAL ASSOCIATION (AVMA) ADVOCACY AND PUBLIC POLICY UNIT, STATE RELATIONS

As mentioned earlier, On June 30th of 2015, the AVMA released their mid-year report. This report is a comprehensive review of the bills and regulations tracked. The report includes all states and their adopted measures (those that were signed into law) or received final regulatory approval, as well as some of the most significant bills and regulatory proposals that were introduced but have not yet been adopted into law. If listed as “adopted” it has been enacted by the Florida legislature or regulatory body. Items listed as “introduced” or “proposed” were those introduced or proposed in 2015. We have listed Florida’s regulatory bills for 2015 in the latter part of the course.

Introduced

Shelters/subsidized veterinary care
Florida HB 497 would direct animal shelters to take certain measures relating to the holding, treatment, and euthanasia of companion animals as well as provide for declaratory or injunctive relief actions. SB 1234 would direct animal shelters to take certain measures relating to the holding, care, treatment, and euthanasia of animals.

Animal Welfare/crudey
Florida SB 262 would prohibit the Division of Pari-mutuel Wagering from granting a license or permit to applicants with a prior conviction of animal cruelty. It would also require the division to immediately revoke a license or permit of a person found guilty of animal cruelty.

Florida SB 2/HB 129 would have required injuries to racing greyhounds to be reported in an official form.

Euthanasia
Florida SB 1234 would direct animal shelters to take certain measures relating to the holding, care, treatment, and euthanasia of animals. The state Department of Business and Professional Regulation has also proposed incorporating the AVMA guidelines for euthanasia (1G18-15.0025).

Adopted

Feral/stray animals
Florida SB 420 provides a procedure for adopting or humanely disposing of stray livestock (except cattle) as an alternative to sale or auction.

Euthanasia
The Florida Department of Business and Professional Regulation added AVMA-approved chemical methods of euthanasia as a standard for mobile veterinary medical practices for agricultural animals.

Compounding
Florida HB 1049 specifies that the Florida Pharmacy Act does not prohibit a veterinarian from administering a compounded drug to a patient or dispensing a compounded drug to the patient’s owner or caretaker. The legislation was a response to a Florida Board of Pharmacy rule change that inadvertently restricted veterinarians’ ability to fully utilize compounded drugs for administering and dispensing to their patients’ owners and caretakers. The rule required medical practitioners to sign an agreement with compounding pharmacies not to dispense compounded medications.

Taxes
The Florida Department of Revenue amended its regulations to clarify that animal foods that are required by federal or state law to be dispensed only by a prescription are exempt from sales tax, as are animal foods which are therapeutic veterinary diets, as defined in the regulation. Animal foods which are not required to be dispensed only by a prescription and those that are not therapeutic veterinary diets are subject to tax, even when sold by a veterinarian.

Recordkeeping
Florida SB 716/HB 1287 provides for an exemption to the state’s open public-records act for animal medical records held by any state college of veterinary medicine that is accredited by the AVMA Council on Education.

To view this report in its entirety, please go to: AVMA’s website at: https://www.avma.org/Advocacy/StateAndLocal/Pages/July2015.aspx.

To remain current on the scope of practice for veterinarians, it is essential that they be updated on new rules being passed or introduced. To keep current, veterinarians are encouraged to review the Florida’s Board of Veterinary Medicine’s “statutes and rules” tab on the website, available at http://www.myfloridalicense.com/dbpr/pro/vetm/statutes.html.

Conclusion
Each state board’s mission in the U.S. is to protect and safeguard the well-being of the citizens within their jurisdiction and they do this by implementing laws that identify the standards required to enter the profession and remain in practice, and by establishing procedures for identifying, and when necessary, sanctioning or removing incompetent or unethical practitioners. To remain current on the scope of practice for veterinarians, it is essential that they be updated on new rules being passed or introduced. To keep current, veterinarians are encouraged to review the Florida’s Board of Veterinary Medicine’s “statutes and rules” tab on the website, available at http://www.myfloridalicense.com/dbpr/pro/vetm/statutes.html.
References


Final Examination Questions
Select the best answer for each question and mark your answers on the Final Examination Answer Sheet found on page 76, or for faster service complete your test online at Veterinarians.EliteCME.com.

1. The rules and statutes for veterinarians consist of Chapter 474, Florida Statutes, and Chapter 61G16, Florida Administrative Code (FAC).
   - True
   - False

2. “Limited-service veterinary medical practice” is defined as offering or providing veterinary services at any location that has a primary purpose other than that of providing veterinary medical service at a permanent or mobile establishment, permitted by the board; provides veterinary medical services for privately owned animals that do not reside at that location; operates for a limited time; and provides limited types of veterinary medical services.
   - True
   - False

3. Under the section “prohibited acts and penalties,” s. 474.213, a person who violates any of the prohibited acts listed is committing a felony of the 2nd degree.
   - True
   - False

4. When the board finds any applicant or veterinarian guilty of a violation, regardless of whether the violation occurred prior to licensure, it may impose an administrative fine not to exceed $5,000 for each count or separate offense.
   - True
   - False

5. The department may obtain patient records pursuant to a subpoena without written authorization from the client, if the department and the probable cause panel of the board, find reasonable cause to believe that a veterinarian has excessively or inappropriately prescribed any controlled substance.
   - True
   - False

6. The Board of Veterinary Medicine invites and encourages all members of the public to provide comment on matters or propositions before the Board or a committee of the Board. The opportunity to provide comment shall be subject to limiting members to ten (10) minutes to provide comments.
   - True
   - False

7. Minimum standards for premises, where veterinary medicine is practiced, states that stored drugs, biologicals, lab samples, reagents and other perishable items must be refrigerated.
   - True
   - False

8. The Department shall make inspections of veterinary premises at least every two (2) years and will conduct unannounced routine inspections of two percent (2%) of the veterinary premises each year.
   - True
   - False

9. Regarding limited service patient records, providers with hours of operation in excess of four (4) hours in one day must make all information required in this section available in electronic format within 24 hours of treatment.
   - True
   - False

10. A certified veterinary technician who is an employee of a public or private agency, animal shelter, or other facility which is operated for the collection of stray, neglected, abandoned, or unwanted animals, may perform euthanasia without completion of the certification course.
    - True
    - False