RESOLUTION #4 -- 2012
Regular Annual Session

Submitted by
AVMA Executive Board

REVISED PRINCIPLES OF VETERINARY MEDICAL ETHICS

RESOLVED, that the American Veterinary Medical Association (AVMA) revise the Principles of Veterinary Medical Ethics as noted in the attachment (deletions are struckthrough; additions are underlined).

Statement about the Resolution

In April 2011, the Judicial Council submitted a number of recommendations on policies for which it has oversight. Several of these policies had an impact on the Principles of Veterinary Medical Ethics (PVME).

In anticipation of the Board’s approval of the various policies recommended for revision and rescission, the PVME was revised to reflect this action. The revised PVME was then submitted for Board approval as the last recommendation of the Council’s group. However, the Executive Board referred this recommendation to approve the revised PVME back to the Council with direction to obtain input from the Professional Liability Insurance Trust (PLIT).

The attached revised PVME reflects input from the PLIT, revisions suggested in April 2011, and additional suggested revisions arising from the HOD-approved Model Veterinary Practice Act (MVPA), and subsequent Council deliberation. The attached document was reviewed by the PLIT, which had no further suggested revisions.

Recommended revisions (deletions are struckthrough; additions are underlined) are noted below with a corresponding explanation.

Pg. 1—recommended addition from rescinded Policy on Promoting Professionalism and Ethical Behavior
Pg. 2—editorial change; no longer print directory; specialty-related revision reflects revised MVPA
Pg. 3, 4—recommended to help limit liability, and to promote communication; addition of new principle addressing supervisory obligations—recommended in response to member request for clarification and direction
Pg. 4—revised section on impairment reflects language from revised MVPA
Pg. 5, 6—recommended for clarity and taken from rescinded Guidelines for Referrals
Pg. 7—recommended in response to request for clarification and revision
Pg. 8—recommended for clarity and taken from rescinded Guidelines for Referrals

Financial Impact: None

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I. INTRODUCTION
   A. Veterinarians are members of a scholarly profession who have earned academic degrees from comprehensive universities or similar educational institutions. Veterinarians practice the profession of veterinary medicine in a variety of situations and circumstances.

   B. Exemplary professional conduct upholds the dignity of the veterinary profession. All veterinarians are expected to adhere to a progressive code of ethical conduct known as the Principles of Veterinary Medical Ethics (the Principles). The basis of the Principles is the Golden Rule. Veterinarians should accept this rule as a guide to their general conduct, and abide by the Principles. They should conduct their professional and personal affairs in an ethical manner. Professional veterinary associations should adopt the Principles or a similar code as a guide for their activities.

   C. Professional organizations may establish ethics, grievance, or peer review committees to address ethical issues. Where such committees exist, the AVMA Peer Review Procedure Manual (Grievance Resolution) may be useful. Local and state veterinary associations should also include discussions of ethical issues in their continuing education programs.

   1. Complaints about behavior that may violate the Principles should be addressed in an appropriate and timely manner. Such questions should be considered initially by ethics, grievance, or peer review committees of local or state veterinary associations, when they exist, and/or when appropriate, state veterinary medical boards. Members of local and state committees are familiar with local customs and circumstances, and those committees are in the best position to confer with all parties involved.

      The Judicial Council may address complaints, prior to, concurrent with, or subsequent to review at the state or local level, as it deems appropriate.

   2. All veterinarians in local or state associations and jurisdictions have a responsibility to regulate and guide the professional conduct of their members.

   3. Colleges of veterinary medicine should stress the teaching of ethical and value issues as part of the professional veterinary curriculum for all veterinary students.

   4. The National Board of Veterinary Medical Examiners is encouraged to prepare and include questions regarding professional ethics in the National Board Examination.

   D. The AVMA Judicial Council is charged to advise on all questions relating to interpretation of the Bylaws, all questions of veterinary medical ethics, and other rules of the Association. The Judicial Council should review the Principles periodically to ensure that they remain complete and up to date.
II. PROFESSIONAL BEHAVIOR

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

B. Veterinarians should obey all laws of the jurisdictions in which they reside and practice veterinary medicine. Veterinarians should be honest and fair in their relations with others, and they should not engage in fraud, misrepresentation, or deceit.

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

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

3. Veterinarians should use only the title of the professional degree that was awarded by the school of veterinary medicine where the degree was earned. All veterinarians may use the courtesy titles Doctor or Veterinarian. Veterinarians who were awarded a degree other than DVM or VMD should refer to the AVMA Directory for information on the appropriate titles and degrees.

C. It is unethical for veterinarians to identify themselves as members of an AVMA recognized specialty organization if such certification has not been awarded and maintained.

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

E. Veterinarians may choose whom they will serve. Both the veterinarians and the client have the right to establish or decline a Veterinarian-Client-Patient Relationship (See Section III) and to decide on treatment. The decision to accept or decline treatment and related cost should be based on adequate discussion of clinical findings, diagnostic techniques, treatment, likely outcome, estimated cost, and reasonable assurance of payment. Once the veterinarians and the client have agreed, and the veterinarians have begun patient care, they may not neglect their patient and must continue to provide professional services related to that injury or illness within the previously agreed limits. As subsequent needs and costs for patient care are identified, the veterinarians and client must confer and reach agreement on the continued care and responsibility for fees. If the informed client declines further care or declines to assume responsibility for the fees, the VCPR may be terminated by either party.

F. In emergencies, veterinarians have an ethical responsibility to provide essential services for animals when necessary to save life or relieve suffering, subsequent to client agreement. Such emergency care may be
limited to euthanasia to relieve suffering, or to stabilization of the patient for transport to another source of animal care.

1. When veterinarians cannot be available to provide services, they should arrange with their colleagues to assure that emergency services are available provide readily accessible information to assist clients in obtaining emergency services, consistent with the needs of the locality.

2. Veterinarians who believe that they haven’t the experience or equipment to manage and treat certain emergencies in the best manner, should advise the client that more qualified or specialized services are available elsewhere and offer to expedite referral to those services.

3. Veterinarians who provide emergency services should send patients and continuation of care information back to the original veterinarians and/or other veterinarians of the owners’ choice, as soon as practical.

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

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

I. Veterinarians should not slander, or injure the professional standing or reputation of other veterinarians in a false or misleading manner.

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

K. The responsibilities of the veterinary profession extend beyond individual patients and clients to society in general. Veterinarians are encouraged to make their knowledge available to their communities and to provide their services for activities that protect public health.

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

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

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

M.N. Veterinarians who are impaired should not act in the capacity as a veterinarian and by alcohol or other substances should seek assistance from qualified organizations or individuals.

1. "Impaired" means a veterinarian who is unable to perform his or her duties in veterinary medicine with reasonable skill and safety because of a physical or mental disability including deterioration of mental capacity, loss of motor skills, or abuse of drugs or alcohol.

2. Colleagues of impaired veterinarians should encourage those individuals to seek assistance and to overcome their disabilities.

III. THE VETERINARIAN-CLIENT-PATIENT RELATIONSHIP
A. The veterinarian-client-patient relationship (VCPR) is the basis for interaction among veterinarians, their clients, and their patients. A VCPR exists when all of the following conditions have been met:
   1. The veterinarian has assumed responsibility for making clinical judgments regarding the health of the animal(s) and the need for medical treatment, and the client has agreed to follow the veterinarians instructions.
   2. The veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal(s) by virtue of an examination of the animal(s), or by medically appropriate and timely visits to the premises where the animal(s) are kept.

   3. The veterinarian is readily available, or has arranged for emergency coverage, for follow-up evaluation in the event of adverse reactions or the failure of the treatment regimen.

B. When a VCPR exists, veterinarians must maintain medical records (See section VIII).

C. Dispensing or prescribing a prescription product requires a VCPR
   1. Veterinarians should honor a clients request for a prescription in lieu of dispensing.
   2. Without a VCPR, veterinarians merchandising or use of veterinary prescription drugs or their extra-label use of any pharmaceutical is unethical and is illegal under federal law.

D. Veterinarians may terminate a VCPR under certain conditions, and they have an ethical obligation to use courtesy and tact in doing so.
   1. If there is no ongoing medical condition,
veterinarians may terminate a VCPR by notifying the client that they no longer wish to serve that patient and client.

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

E. Clients may terminate the VCPR at any time.

IV. ATTENDING, CONSULTING AND REFERRING

A. An attending veterinarian is a veterinarian (or a group of veterinarians) who assumes responsibility for primary care of a patient. A VCPR is established with the attending veterinarian.  
   1. Attending veterinarians are entitled to charge a fee for their professional services.
   2. When appropriate, attending veterinarians are encouraged to seek assistance in the form of consultations and referrals. A decision to consult or refer is made jointly by the attending veterinarian and the client. 
      Attending veterinarians should honor clients' requests for referral.
   3. When a consultation occurs, the attending veterinarian continues to be primarily responsible for the case.

B. A consulting veterinarian is a veterinarian (or group of veterinarians) who agrees to advise an attending veterinarian on the care and management of a case. The VCPR remains the responsibility of the attending veterinarian.

1. Consulting veterinarians may or may not charge fees for service. When such fees are charged, they are usually collected from the client by the attending veterinarian.

2. Consulting veterinarians should communicate their findings and opinions directly to the attending veterinarians.

3. Consulting veterinarians should revisit the patients or communicate with the clients in collaboration with the attending veterinarians.

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

C. Referral is the transfer of responsibility of diagnosis and treatment from a referring veterinarian to a receiving veterinarian. A referring veterinarian is the veterinarian (or group of veterinarian) who is the attending veterinarian at the time of referral. The referral veterinarian or A receiving veterinarian is a veterinarian (or group of veterinarians) to
whom a patient is referred and who agrees to provide requested veterinary services. A new VCPR is established with the receiving veterinarian. The referring and referral receiving veterinarians must communicate.

1. Attending veterinarians should honor clients’ requests for referral.

2. Referral veterinarians may choose to accept or decline clients and patients from attending veterinarians.

3. Patients are usually referred because of specific medical problems or services. Referral veterinarians should provide services or treatments relative to the referred conditions, and they should communicate with the referring veterinarians and clients if other services or treatments are required.

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

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

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

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

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

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

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

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

V. INFLUENCES ON JUDGEMENT

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

B. Veterinarians should not allow their medical judgment to be influenced by agreements by which they stand to profit through referring clients to other providers of services or products.

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

D. When conferences, meetings, or lectures are sponsored by outside entities, the organization that presents the program, not the funding sponsor, shall have control of the contents and speakers.

E. Veterinarians should disclose to clients potential conflicts of interest.

VI. THERAPIES

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

B. It is unethical for veterinarians to prescribe or dispense prescription products in the absence of a VCPR.

C. It is unethical for veterinarians to promote, sell, prescribe, dispense, or use secret remedies or any other product for which they do not know the ingredients formula.

D. It is unethical for veterinarians to use or permit the use of their names, signatures, or professional status in connection with the resale of ethical products in a manner which violates those directions or conditions specified by the manufacturer to ensure the safe and efficacious use of the product.

VII. GENETIC DEFECTS

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

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

B. Medical Records are the property of the practice and the practice owner. The original records must be retained by the practice for the period required by statute.

C. Ethically, the information within veterinary medical records is considered privileged and confidential. It must not be released except as required or allowed by law, by court order or by consent of the owner of the patient.

D. Veterinarians are obligated to provide copies or summaries of medical records when requested by the client. Veterinarians should secure a written release to document that request.

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

IX. **FEES AND REMUNERATION**

A. Veterinarians are entitled to charge fees for their professional services.

B. It is unethical for veterinarians to engage in fee-splitting. Fee-splitting is defined as payment by a receiving referral veterinarian of part of their fee to the attending referring veterinarian who has not rendered professional services. Under this definition, the use of consultants, laboratory services, and online pharmacies does not constitute fee-splitting.

C. Regardless of the fees that are charged or received, the quality of service must be maintained at the usual professional standard.

D. It is unethical for a group or association of veterinarians to take any action which coerces, pressures, or achieves agreement among veterinarians to conform to a fee schedule or fixed fees.

X. **ADVERTISING**

A. Without written permission from the AVMA Executive Board, no member or employee of the American Veterinary Medical Association (AVMA) shall use the AVMA name or logo in connection with the promotion or advertising of any commercial product or service.

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

C. Testimonials or endorsements are advertising, and they should comply with the guidelines for advertising. In addition, testimonials and endorsements of professional products or services by veterinarians are considered unethical unless they comply with the following:
   1. The endorser must be a bonafide user of the product or service.
2. There must be adequate substantiation that the results obtained by the endorser are representative of what veterinarians may expect in actual conditions of use.

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

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

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

E. Veterinarians may permit the use of their names by commercial enterprises (e.g. pet shops, kennels, farms, feedlots) so that the enterprises can advertise under veterinary supervision, only if they provide such supervision.

XI. EUTHANASIA

Humane euthanasia of animals is an ethical veterinary procedure.

XII. GLOSSARY

1. PHARMACEUTICAL PRODUCTS

Several of the following terms are used to describe veterinary pharmaceutical products. Some have legal status, others do not. Although not all of the terms are used in the Principles, we have listed them here for clarification of meaning and to avoid confusion.

A. Ethical Product: A product for which the manufacturer has voluntarily limited the sale to veterinarians as a marketing decision. Such products are often given a different product name and are packaged differently than products that are sold directly to consumers. “Ethical products” are sold only to veterinarians as a condition of sale that is specified in a sales agreement or on the product label.

B. Legend Drug: A synonymous term for a veterinary prescription drug. The name refers to the statement (legend) that is required on the label (see veterinary prescription drug below).

C. Over the Counter (OTC) Drug: Any drug that can be labeled with adequate direction to enable it to be used safely and properly by a consumer who is not a medical professional.

D. Prescription Drug: A drug that cannot be labeled with adequate direction to enable its safe and proper use by non-professionals.

E. Veterinary Prescription Drug: A drug that is restricted by federal law to use by or on the order of a licensed veterinarian, according to section 503(f) of the federal Food, Drug, and Cosmetic Act. The law requires that such drugs be labeled with the statement: “Caution, federal law restricts this drug to use by or on the order of a licensed veterinarian.”
2. DISPENSING, PRESCRIBING, MARKETING AND MERCHANDISING
   A. Dispensing is the direct distribution of products by veterinarians to clients for use on their animals.

   B. Prescribing is the transmitting of an order authorizing a licensed pharmacist or equivalent to prepare and dispense specified pharmaceuticals to be used in or on animals in the dosage and in the manner directed by a veterinarian.

   C. Marketing is promoting and encouraging animal owners to improve animal health and welfare by using veterinary care, services, and products.

   D. Merchandising is the buying and selling of products or services.

3. ADVERTISING AND TESTIMONIALS
   A. Advertising is defined as communication that is designed to inform the public about the availability, nature, or price of products or services or to influence clients to use certain products or services.

   B. Testimonials or endorsements are statements that are intended to influence attitudes regarding the purchase or use of products or services.
RESOLUTION #5 -- 2012
Regular Annual Session

Submitted by
AVMA Executive Board

POLICY ON RAW OR UNDERCOOKED ANIMAL-SOURCE PROTEIN IN CAT AND DOG DIETS

RESOLVED, that the American Veterinary Medical Association (AVMA) adopt the policy on Raw or Undercooked Animal-Source Protein in Cat and Dog Diets as indicated below.

Raw or Undercooked Animal-Source Protein in Cat and Dog Diets
The AVMA discourages the feeding to cats and dogs of any animal-source protein that has not first been subjected to a process to eliminate pathogens because of the risk of illness to cats and dogs as well as humans. Cooking or pasteurization through the application of heat until the protein reaches an internal temperature adequate to destroy pathogenic organisms has been the traditional method used to eliminate pathogens in animal-source protein, although the AVMA recognizes that newer technologies and other methods such as irradiation are constantly being developed and implemented.

Animal-source proteins of concern include beef, pork, poultry, fish, and other meat from domesticated or wild animals as well as milk* and eggs. Several studies1–6 reported in peer-reviewed scientific journals have demonstrated that raw or undercooked animal-source protein may be contaminated with a variety of pathogenic organisms, including Salmonella spp, Campylobacter spp, Clostridium spp, Escherichia coli, Listeria monocytogenes, and enterotoxigenic Staphylococcus aureus. Cats and dogs may develop foodborne illness after being fed animal-source protein contaminated with these organisms if adequate steps are not taken to eliminate pathogens; secondary transmission of these pathogens to humans (eg, pet owners) has also been reported.1,4 Cats and dogs can develop subclinical infections with these organisms but still pose a risk to livestock, other nonhuman animals, and humans, especially children, older persons, and immunocompromised individuals.

To mitigate public health risks associated with feeding inadequately treated animal-source protein to cats and dogs, the AVMA recommends the following:

- Never feed inadequately treated animal-source protein to cats and dogs
- Restrict cats’ and dogs’ access to carrion and animal carcasses (eg, while hunting)
- Provide fresh, clean, nutritionally balanced and complete commercially prepared or home-cooked food to cats and dogs, and dispose of uneaten food at least daily
- Practice personal hygiene (eg, handwashing) before and after feeding cats and dogs, providing treats, cleaning pet dishes, and disposing of uneaten food

* The recommendation not to feed unpasteurized milk to animals does not preclude the feeding of unpasteurized same-species milk to unweaned juvenile animals.

**Statement about the Resolution**

At its spring 2011 meeting, the Council on Public Health and Regulatory Veterinary Medicine (CPHRVM), drafted a new policy to address an issue brought to its attention by Animal Welfare Division staff and the Delta Society (a non-profit organization that works with companion animals for animal assisted therapy, service animals, and other volunteers). Having a policy specific to raw diets and associated public health concerns, the Delta Society inquired if AVMA had a related policy. Recognizing that AVMA had no policy on this issue, the CPHRVM reviewed the available scientific literature and determined that an AVMA policy was needed to address public health risks associated with raw protein diets in companion animals. Therefore, the CPHRVM recommended that Executive Board (EB) approve the newly drafted policy titled “Raw or Undercooked Animal-Source Protein in Cat and Dog Diets” to mitigate human health risks associated with these feeding practices.

**Financial Impact:** None

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REVISED VETERINARIAN-CLIENT-PATIENT RELATIONSHIP

RESOLVED, that the American Veterinary Medical Association (AVMA) revise the Veterinarian-Client-Patient Relationship as noted in the attachment (deletions are struckthrough; additions are underlined).

Statement about the Resolution

In January 2012, the AVMA House of Delegates approved several revisions to the AVMA Model Veterinary Practice Act (MVPA). However, Section 2-20 (newly renumbered) and Section 5, which address the veterinarian-client-patient-relationship (VCPR), were reserved for further consideration by a Working Group.

In addition to the Chair and a member of the Task Force on the MVPA, the Working Group consisted of the Chair and one member of the Task Force, and representatives from the following AVMA entities, all of which previously submitted comments regarding the VCPR:

- Steering Committee for FDA Policy on Veterinary Oversight
- Judicial Council
- Animal Agricultural Liaison Committee
- Aquatic Veterinary Medicine Committee
- Council on Biologic and Therapeutic Agents/CPAC
- Council on Veterinary Service (representing private practice-exclusively small animal)

The AVMA PLIT also appointed a representative to attend the meeting and provide feedback.

The working group met in person in December 2011 in Schaumburg and reached consensus on a draft revision, which was then endorsed by the Task Force on the MVPA. The draft revised VCPR was provided for comment to AVMA entities and members from January 12 to March 1. Thirty-two comments were submitted, including nine from veterinary organizations and AVMA entities, and 23 from individual AVMA members.

The comments received were wide ranging—some opposed any change to the language, while others supported the proposed revised VCPR as written. Some had particular suggestions or concerns with specific provisions or language.

On March 9 the Task Force met via conference call and finalized the revised VCPR.

Financial Impact: None

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20) “Veterinarian-client-patient relationship” means that all of the following are required:

   a) The veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient and the client has agreed to follow the veterinarian’s instructions.

   b) The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of:
      i. a timely examination of the patient by the veterinarian, or
      ii. medically appropriate and timely visits by the veterinarian to the operation where the patient is managed.

   c) The veterinarian is readily available for follow-up evaluation or has arranged for the following:
      i. veterinary emergency coverage, and
      ii. continuing care and treatment.

   d) Patient records are maintained.

COMMENTARY TO SECTION 2—

The definition of “veterinarian-client-patient relationship” (VCPR) in subsection 20 was changed in 2012, and is now different from that embodied in federal regulation 21 CFR 530.3(i) relating to extralabel drug use.

In 2012, subsection 14 was revised to define “patient” as “an animal or group of animals.” Therefore, the definition of VCPR can be applied to individual animals as well as a group or groups of animals within an operation (production system).

The AVMA recognizes that individual states may wish to more clearly define specific terms within the definition of VCPR. For example, a state regulatory board may wish to include a specific time period (e.g., no less frequent than 6 or 12 months) to better delineate the term “timely” relating to examinations and visits. The term “timely” should be considered in light of the nature and circumstances of the patient (e.g., species, condition or disease, or operation).

In 2012, subsections 20-b and 20-c were revised for purposes of clarification. Subsection 20-d was added to state that patient records must be maintained to establish a VCPR.

States may also wish to further specify that when establishing a VCPR in the case of large operations, “sufficient knowledge” can be supplemented by means of:

1. examination of health, laboratory, or production records; or
2. consultation with owners, caretakers or supervisory staff regarding a health management program for the patient; or
3. information regarding the local epidemiology of diseases for the appropriate species.
Section 5 – Veterinarian-Client-Patient Relationship Requirement

1) No person may practice veterinary medicine in the State except within the context of a veterinarian-client-patient relationship.

2) A veterinarian-client-patient relationship cannot be established solely by telephonic or other electronic means.

**Commentary to Section 5**—This section, which was added in 2003 and revised in 2012, emphasizes not only that veterinary medicine must be practiced within the context of a veterinarian-client-patient relationship (VCPR), but also emphasizes that because a VCPR requires the veterinarian to examine the patient, it cannot be adequately *established* by telephonic or other electronic means (i.e., via telemedicine) alone. However, once established, a VCPR may be able to be maintained between medically necessary examinations via telephone or other types of consultations.
RESOLUTION #7—2012
Regular Annual Session
PENDING WAIVER OF PRIOR NOTICE

Submitted by
Florida Veterinary Medical Association

AMERICAN ANIMAL HOSPITAL ASSOCIATION DIAGNOSTIC TERMS

RESOLVED, that the American Veterinary Medical Association (AVMA) endorse the use of the American Animal Hospital Association (AAHA) diagnostic terms in electronic companion animal health records and practice management software systems.

Statement about the Resolution

Implementation and usage of the AAHA diagnostic terms will standardize diagnostic nomenclature in companion animal medicine. It will allow accurate comparisons of disease incidence and outcomes in dogs and cats. Their integration into the veterinary management software systems will support enhanced measurement and improvement in client compliance with healthcare recommendations.

While some veterinary software companies are introducing the AAHA diagnostic terms, it is recommended that it become standard in the industry. The AAHA diagnostic terms are available free to all vendors.

The AAHA diagnostic terms are mapped to Systematized Nomenclature of Medicine (SNOMED) codes, consistent with existing AVMA policy:

Animal Health Information Standards
The AVMA supports standardized health information systems such as Systematized Nomenclature of Medicine (SNOMED), Health Level (HL7), and Logical Observation Identifier Names and Codes (LOINC) and Digital Imaging and Communications in Medicine (DICOM) as the informatics standards for the optimal collection, transmission, analysis and dissemination of information, data, and knowledge for problem solving and decision making in veterinary medicine.

Financial Impact: None

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RESOLUTION #8 -- 2012
Regular Annual Session
PENDING WAIVER OF PRIOR NOTICE PROVISION

Submitted by
AVMA EXECUTIVE BOARD

GUIDANCE TO PHARMACY STAKEHOLDERS

RESOLVED, that the American Veterinary Medical Association (AVMA) engage proactively with pharmacy stakeholders to ensure the health and welfare of animals receiving prescription drugs dispensed by licensed pharmacists.

Statement about the Resolution

The AVMA is supportive of clients’ right to have their prescriptions filled wherever they choose and encourages veterinarians to honor clients’ request for written prescriptions, per the Principles of Veterinary Medical Ethics. The AVMA also believes that the pharmacy and veterinary communities share the common goal of protecting pet health when dispensing medications.

For years, non-veterinary pharmacies have been dispensing medications for pets, and these pharmacies now fill veterinary drug prescriptions with increasing frequency. The AVMA is concerned about the negative consequences to a pet’s health when prescription medications are inappropriately or inaccurately dispensed by a licensed pharmacist who is not adequately trained in veterinary pharmacology. We want to ensure that licensed pharmacists understand their roles and responsibilities for counseling and educating clients when filling a veterinary prescription. These include verification with the prescribing veterinarian should the pharmacist have any question about the medication or dosage.

To that effect, AVMA should communicate with relevant pharmacy stakeholder organizations to promote best practices in dispensing to animal patients, such as licensed pharmacist training in veterinary pharmacology, and encouragement of individual pharmacist-veterinarian consultations to discuss any information the pharmacist might need regarding the prescription to be filled.

Financial Impact: None
RESOLUTION #9 -- 2012
Regular Annual Session
PENDING WAIVER OF PRIOR NOTICE PROVISION

Submitted by
AVMA EXECUTIVE BOARD

REVISED POLICY—AVMA GUIDELINES FOR VETERINARIANS AND VETERINARY ASSOCIATIONS WORKING WITH ANIMAL CONTROL AND ANIMAL WELFARE ORGANIZATIONS

RESOLVED, that the American Veterinary Medical Association (AVMA) revise the policy on AVMA Guidelines for Veterinarians and Veterinary Associations Working with Animal Control and Animal Welfare Organizations as noted in the attachment (deletions are struck through; additions are underlined).

Statement about the Resolution

The current policy was developed in 2007 as a replacement for two previous policies: Memorandum of Understanding for Humane Organizations and Veterinarians (created in cooperation with the American Humane Association and executed in 1982) and AVMA Guidelines for Veterinary Associations and Veterinarians Working With Humane Organizations (adopted by the House of Delegates in 1983). The 2007 policy was crafted with the intent of eliminating redundancies and being more inclusive of the respective roles of veterinarians and their associations, animal control agencies, and animal welfare organizations that shelter animals. Review of the 2007 policy was conducted in accord with the every-five-year directive. During its review, the AWC considered input from the AVMA membership (via the animal welfare policy member comment portal on the AVMA website) and the House of Delegates (via the policy review SharePoint site). Comments received from the general membership were addressed in the attached policy; no comments were submitted by the HOD.

‘Pet’ was removed to make the policy more broadly applicable to the diversity of animals handled by animal control agencies and animal shelters. Other revisions to the policy encourage veterinarians to contribute their expertise more broadly in activities undertaken by animal control and animal welfare organizations, including promoting current principles of shelter medicine and humane population control. The revised policy also acknowledges that the welfare of individual animals, animal populations within the shelter, and animal populations within the community must all be considered and balanced in light of available resources.

Financial Impact: None

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AVMA GUIDELINES FOR VETERINARIANS AND VETERINARY ASSOCIATIONS WORKING WITH ANIMAL CONTROL AND ANIMAL WELFARE ORGANIZATIONS

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

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

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

Professional skills and services should be offered to animal control and animal welfare organizations, at the local, state, and national levels to ensure a coordinated effort and maintain communication. Keeping in mind that the welfare of individual animals, animal populations within the shelter, and animal populations within the community must all be considered and balanced in light of available resources. When offering professional services to such organizations, a veterinarian’s or veterinary association’s recommendations, decisions, and actions must conform to accepted standards of veterinary practice and the Principles of Veterinary Medical Ethics of the American Veterinary Medical Association.

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

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


RESOLUTION #10 -- 2012
Regular Annual Session
PENDING WAIVER OF PRIOR NOTICE

Submitted by
AVMA EXECUTIVE BOARD

REVISED POLICY ON ANIMAL FIGHTING

RESOLVED, that the American Veterinary Medical Association (AVMA) revise the policy on Animal Fighting as noted below (additions are underlined, deletions are struck through).

Animal Fighting
The AVMA condemns fighting events involving animals in which injury or death is intended. The AVMA supports the enforcement of laws against the use and transport of animals and equipment for fighting ventures. Further, the AVMA recommends that animal fighting be considered a felony offense. The AVMA encourages veterinarians to educate the public about the harm caused by animal fighting and to collaborate with law enforcement with respect to recognition, and enforcement of applicable laws, and education.

Statement about the Resolution

The current policy on animal fighting dates to reaffirmation of House of Delegates (HOD) Resolution 4 in 1979. At that time the policy was titled Dog and Cock Fighting—Enforcement and Ethical Considerations, and read as follows: “That AVMA members actively support laws and statutes against the use of dogs for dog fights and poultry for cock fights.” In 1989 the policy was amended to read as follows: “That the AVMA actively support laws against the use of dogs for dog fights and poultry for cock fights. Further, the AVMA recommends that dog fighting be considered a felony offense.” The policy was amended again in 2000 to be more inclusive by modifying “use of dogs for dog fights and poultry for cock fights” to “use and/or transport of domestic or foreign animals for fighting ventures.” The current policy was approved by the Executive Board in 2007.

After discussion and consideration of AVMA member input gathered via the website comment portal, the AWC is recommending minor revisions to the current policy to more clearly encourage veterinarians to educate the public about the harm caused by animal fighting and to collaborate with law enforcement regarding enforcement of pertinent laws. No comments were submitted by the HOD via the House Area to Review Policy at the AVMA SharePoint site.

Financial Impact: None

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RESOLUTION #11 -- 2012
Regular Annual Session
PENDING WAIVER OF PRIOR NOTICE

Submitted by
AVMA EXECUTIVE BOARD

REVISED POLICY ON PHYSICAL RESTRAINT OF ANIMALS

RESOLVED, that the American Veterinary Medical Association (AVMA) revise the policy on Physical Restraint as noted below (additions are underlined, deletions are struckthrough).

Physical Restraint of Animals

Humane and safe physical restraint is the use of manual or mechanical means to limit some or all of an animal's normal voluntary movement for the purposes of examination, collection of samples, drug administration, therapy, or manipulation. The method used should provide the least restraint required to allow the specific procedure(s) to be performed properly, should minimize fear, pain, stress and suffering for the animal, and should protect both the animal and personnel from harm. Every effort should be made to ensure adequate and ongoing training in animal handling and behavior by all parties involved, so that distress and physical restraint are minimized. In some situations, chemical restraint may be the preferred method. Whenever possible, restraint should be planned, formulated, and communicated prior to its application.

Statement about the Resolution

This policy on restraint was adopted in 2001, revised in 2007 and considered by the Animal Welfare Committee (AWC) during its spring 2012 meeting in accord with the every-five-year review directive. AVMA member input on the policy and anticipated revisions was sought via the website comment portal and considered during AWC discussions. No comments were submitted via the House Area to Review Policy at the AVMA SharePoint site.

The use of safe and humane methods of animal restraint continues to be an important part of responsible animal management. Personnel vary in their experience, education and natural ability when it comes to employing both conventional and newly developed restraint techniques. For this reason the AWC believed it important to be specific about the need for all persons involved in animal restraint to be sufficiently trained so that they are proficient in all of the techniques they may need to apply, for the benefit of the animal and their own safety. Revisions to the policy are recommended accordingly.

Financial Impact: None

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