Chapter VE 7

STANDARDS OF PRACTICE AND UNPROFESSIONAL CONDUCT FOR VETERINARIANS

VE 7.01 Definitions. As used in this chapter:
(1) “Advertising” means to give notice by any means, including but not limited to any circular, card, notice, telephone book listing, magazine, newspaper or other printed material or any electronic medium.
(2) “Deception” means:
(a) Claiming to have performed an act or given a treatment which has not in fact been performed or given.
(b) Giving needless treatment.
(c) Using a different treatment than stated.
(3) “Fraud” means:
(a) The making of false claims regarding knowledge, ability, skills or facilities for use in treatment or diagnosis of a disease.
(b) The making of false claims regarding testing, inspecting, reporting or issuing of inter−state, intra−state or export health certificates.
(4) “Gross negligence” means a gross, serious or grave degree of negligence as compared to less serious or more ordinary acts of negligence.
(5) “Standard of care” means diagnostic procedures and modes of treatment considered by the veterinary profession to be within the scope of current, acceptable veterinary medical practice.

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

VE 7.02 Delegation of veterinary medical acts.
(1) The following acts are limited to those holding a license under s. 89.06 (1), 89.06 (2m) (a), or 89.072, Stats.; a permit under s. VE 3.05, 5.03 or 6.02; or active status as a student at a college of veterinary medicine approved by the board, and may not be delegated to or performed by veterinary technicians or other persons not holding such license or permit:
(a) Diagnosis and prognosis of animal diseases and conditions.
(b) Prescribing of drugs, medicines, treatments and appliances.
(c) Performing surgery.
(2) Except as provided under s. 95.21 (2), Stats., veterinarians may delegate to veterinary students the provision of veterinary medical services under the direct supervision of the veterinarian when the veterinarian is personally present on the premises where the services are provided:
(a)_basic diagnostic studies, including routine radiographs, nonsurgical specimen collection, and laboratory testing procedures.
(b) Monitoring and reporting to the veterinarian changes in the condition of a hospitalized animal patient.
(c) Dispensing prescription drugs pursuant to the written order of the veterinarian.
(3) Except as provided under s. 95.21 (2), Stats., veterinarians may delegate to certified veterinary technicians the provision of the following veterinary medical services under the direct supervision of the veterinarian:
(a) Nonsurgical veterinary treatment of animal diseases and conditions, including administration of vaccines, including rabies vaccines.
(b) Observations and findings related to animal diseases and conditions to be utilized by a veterinarian in establishing a diagnosis or prognosis, including routine radiographs, nonsurgical specimen collection, drawing of blood for diagnostic purposes, and laboratory testing procedures.
(c) Administration of sedatives and presurgical medications.
(d) Nutritional evaluation and counseling.
(4) Veterinarians may delegate to certified veterinary technicians the provision of the following veterinary medical services under the direct supervision of the veterinarian when the veterinarian is personally present on the premises where the services are provided:
(a) Administration of local or general anesthesia, including induction and monitoring.
(b) Performing diagnostic radiographic contrast studies.
(c) Dental prophylaxis and simple extractions that require minor manipulation and minimal elevation.
(d) Sample collection via a cystocentesis procedure.
(e) Placement of intravenous and arterial catheters.
(f) Suturing of tubes and catheters.
(g) Fine needle aspiration of a mass.
(h) Performing amniocentesis, embryo collection and transfer, follicular aspiration, and transvaginal oocyte collection and recovery on livestock.
(5) Veterinarians may delegate to unlicensed assistants the provision of the following veterinary medical services under the direct supervision of the veterinarian:
(a) Basic diagnostic studies, including routine radiographs, nonsurgical specimen collection, and laboratory testing procedures.
(b) Observations and findings related to animal diseases and conditions to be utilized by a veterinarian in establishing a diagnosis or prognosis, including the drawing of blood for diagnostic purposes.
(c) Dental prophylaxis.
(d) Nutritional evaluation and counseling.
(6) Except as provided under s. 95.21, Stats., veterinarians may delegate to unlicensed assistants the provision of the following veterinary medical services under the direct supervision of the veterinarian when the veterinarian is personally present on the premises where the services are provided:
(a) Nonsurgical veterinary treatment of animal diseases and conditions, including administration of vaccines, and administration of sedatives and presurgical medications.
(b) Observations and findings related to animal diseases and conditions to be utilized by a veterinarian in establishing a diagnosis or prognosis, including drawing of blood for diagnostic purposes.
(c) Dental prophylaxis.
(d) Nutritional evaluation and counseling.
(7) Notwithstanding subs. (1) to (6), a veterinary student, certified veterinary technician or unlicensed assistant employed by a veterinarian may, under the direct supervision of the veterinarian and pursuant to mutually acceptable written protocols, perform evaluative and treatment procedures necessary to provide an
appropriate response to life-threatening emergency situations for the purpose of stabilizing the patient pending further treatment.

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

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

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

(c) Where the veterinarian is not required to be personally present on the premises where the delegated services are provided, be available at all times for consultation either in person or within 15 minutes of contact by telephone, by video conference or by electronic communication device.

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

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

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

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

History: Cr. Register, September, 1989, No. 405, eff. 10−1−89; r. and recr., Register, May, 1994, No. 461, eff. 6−1−94; am. (1) (intro.), (3) (intro.), (a) to (c), (4) (intro.), (a) and (b), (5) (a) and (b), (6) (a) to (c), (7) and (8), Register, December, 1998, No. 516, eff. 1−1−99; CR 13−031: am. (3) (a) to (i), (3) (a) to (i), am. (4) (c), (8) (c) Register April 2014 No. 700, eff. 5−1−14; correction in (1) made under s. 33.92 (4) (b) 7, Stats., Register October 2015 No. 718; CR 16−008; cr. (4) (d) to (h), Register June 1999 No. 762, eff. 7−1−19.

VE 7.02

Records. (1) A veterinarian shall maintain individual patient records on every patient administered to by the veterinarian other than food and fiber patients and equine patients for a period of not less than 3 years after the date of the last entry. The veterinarian shall keep individual client records for equine and food and fiber patients for 3 years after the date of the last entry. A computerized system may be used for maintaining a record, as provided, be available at all times for consultation either in person or within 15 minutes of contact by telephone, by video conference or by electronic communication device.

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

(a) Date.

(b) Client name.

(c) Patient identification.

(d) History.

(e) Physical examination findings.

(f) Treatment — medical, surgical.

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

(h) Provisional diagnosis.

(i) Final diagnosis.

(j) Consultation, if any.

(k) Clinical laboratory reports.

(L) Radiographic reports.

(m) Necropsy findings.

(n) Identification of the veterinarian providing the care.

(o) Complaint.

(p) Present illness.

(q) Vaccinations administered.

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

(a) Date.

(b) Client name.

(c) Type of call.

(d) Treatment and drugs used including amounts of drugs administered and method of administration.

(e) Drugs dispensed including dosing schedule and number dispensed.

(f) Meat or milk withholdings.

(g) Individual or herd diagnosis.

(h) Clinical laboratory reports.

(i) Identification of the veterinarian providing the care.

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

(a) Date.

(b) Client name.

(c) Patient identification.

(d) History.

(e) Physical examination findings.

(f) Treatment—medical, surgical.

(g) Treatment and drugs used including amount of drugs administered and method of administration.

(h) Drugs dispensed including dosing schedule and number dispensed.

(i) Identification of the veterinarian providing the care.

(j) Clinical laboratory reports.

(k) Radiographic reports.

(L) Necropsy findings.

(m) Identification of the veterinarian providing the care.

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

VE 7.03

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

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

(a) Date.

(b) Client name.

(c) Patient identification.

(d) History.

(e) Physical examination findings.

(f) Treatment — medical, surgical.

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

(h) Provisional diagnosis.

(i) Final diagnosis.

(j) Consultation, if any.

(k) Clinical laboratory reports.

(L) Radiographic reports.

(m) Necropsy findings.

(n) Identification of the veterinarian providing the care.

(o) Complaint.

(p) Present illness.

(q) Vaccinations administered.

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

(a) Date.

(b) Client name.

(c) Type of call.

(d) Treatment and drugs used including amounts of drugs administered and method of administration.

(e) Drugs dispensed including dosing schedule and number dispensed.

(f) Meat or milk withholdings.

(g) Individual or herd diagnosis.

(h) Clinical laboratory reports.

(i) Identification of the veterinarian providing the care.

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

(a) Date.

(b) Client name.

(c) Patient identification.

(d) History.

(e) Physical examination findings.

(f) Treatment—medical, surgical.

(g) Treatment and drugs used including amount of drugs administered and method of administration.

(h) Drugs dispensed including dosing schedule and number dispensed.

(i) Identification of the veterinarian providing the care.

(j) Clinical laboratory reports.

(k) Radiographic reports.

(L) Necropsy findings.

(m) Identification of the veterinarian providing the care.

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

VE 7.04

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

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

VE 7.05

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

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

VE 7.055

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

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

(2) If the licensee applies for renewal of the license 5 or more years after its expiration, in addition to requiring the licensee to pay the renewal fees required under s. 440.08, Stats., and to fulfill the continuing education hours required under ch. 10, the board shall inquire as to whether the applicant is competent to practice as a veterinarian in this state and shall impose any reasonable conditions on reinstatement of the license, including reexamination, as the board deems appropriate. An applicant under this subsection is presumed to be competent to practice as a veterinarian in this state if at the time of application for renewal the applicant holds a full unexpired license issued by a similar licensing board of another state or territory of the United States or of a
VE 7.06 Unprofessional conduct. Unprofessional conduct by a veterinarian is prohibited. Unprofessional conduct includes:

1. Conduct in the practice of veterinary medicine which evidence a lack of knowledge or ability to apply professional principles or skills.
2. Fraud, gross negligence or deception in the practice of veterinary medicine.
3. Being convicted of a crime the circumstances of which substantially relate to the practice of veterinary medicine.
4. Violating or aiding and abetting the violation of any law or administrative rule or regulation substantially related to the practice of veterinary medicine.
5. Advertising in a manner which is false, fraudulent, misleading or deceptive, or knowingly maintaining a professional association with another veterinarian or veterinary firm that advertises in a manner which is false, fraudulent, misleading or deceptive.
6. Having a veterinary license or federal veterinary accreditation limited, suspended or revoked, or having been subject to any other discipline or restriction.
7. Practicing or attempting to practice, while the veterinarian has a physical or mental impairment, including impairment related to drugs or alcohol which is reasonably related to the applicant’s ability to adequately undertake the practice of veterinary medicine in a manner consistent with the safety of a patient or the public.
8. The personal use, misuse, or sale, other than for medical treatment of patients, of the drugs listed in the U.S. Controlled Substances Act of 1979, as amended, or ch. 961, Stats., except personal use of drugs prescribed by a physician for individual use by the veterinarian.
9. Prescribing, ordering, dispensing, administering, supplying, selling or giving of any amphetamine, its salts, isomers and salts of its isomers or related sympathomimetic amine drug designated as a Schedule II drug in ch. 961, Stats., except for the treatment of narcolepsy or hyperkinesis in animals who do not respond to other methods of treatment, or for clinical research of these compounds as approved by the board. A written description of the intended research project proposed shall be filed with the board prior to conducting the research.
11. Failure to include on the label of a prescription drug the generic or brand name of the drug dispensed, the name and address of the clinic or veterinarian dispensing the drug, the directions for use and caution statements required by law. In case of companion animals, the prescription shall bear the name or identification of the patient.
12. Prescribing, ordering, dispensing, administering, supplying, selling or giving any controlled substance solely for training or racing purposes and not for a medically sound reason.
13. Allowing a veterinary student to treat a patient without the veterinarian giving direct supervision.
14. Failure of the veterinarian to advise the client that the person assisting is a veterinary student or unlicensed assistant.
15. Failure to maintain records as required by s. VE 7.03.
16. Refusal, upon request, to cooperate in a timely manner with the board’s investigation of complaints lodged against the veterinarian. Persons taking longer than 30 days to provide requested information shall have the burden of demonstrating that they have acted in a “timely manner.”
17. Failure to keep the veterinary facility and all equipment, including mobile units, in a clean and sanitary condition while practicing as a veterinarian.
18. Failure of a veterinarian to permit the board or its agents to enter and inspect the veterinarian’s practice facilities, vehicle, equipment and records during office hours and other reasonable hours.
19. Engaging in unsolicited communications to members of the board regarding a matter under investigation by the board other than to the investigative member of the board.
20. Practicing under an expired license.
21. Exceeding the scope of veterinary practice, as defined in ch. 961.62, Stats., by providing medical treatment to humans or distributing, prescribing or dispensing for human use prescription drugs, as defined in s. 455.01 (20), Stats., or any drug labelled for veterinary or animal use only.
22. Falsely certifying to the board under s. VE 10.02 (6) that the veterinarian:
   a. Has completed the 30 hours of continuing education required under s. VE 10.02 (1).
   b. Is exempt under s. VE 10.02 (3) from having to complete the 30 hours of continuing education required under s. VE 10.02 (1).
23. Failure to inform a client prior to treatment of the diagnostic and treatment options consistent with the veterinary profession’s standard of care and the associated benefits and risks of those options.
24. Failure to release a patient’s medical records as required by s. 89.075, Stats.
25. Advertising a specialty or claiming to be a specialist when not a diplomate of a veterinary specialty organization recognized by the American Veterinary Medical Association American Board of Veterinary Specialties (AVMA ABVS) or by a foreign veterinary specialty organization which, in the opinion of the board, is equivalent to an AVMA ABVS recognized veterinary specialty organization.
26. Failure to provide copies of or information from veterinary records, with or without the client’s consent, to the board or to public health, animal health, animal welfare, wildlife or agricultural authorities, employed by federal, state, or local governmental agencies who have a legal or regulatory interest in the contents of said records for the protection of animal or public health.

History: Cr. Register, September, 1989, No. 405, eff. 10–1–89; cr. (21), Register, September, 1990, No. 417, eff. 10–1–90; cr. (22), Register, February, 1992, No. 434, eff. 3–1–92; am. (6), Register, October, 1993, No. 454, eff. 11–1–93; am. (10), Register, December, 1998, No. 516, eff. 1–1–99; correction in (8) and (9) made under s. 13.93 (2m) (b) 7., Stats., Register, December, 1998, No. 516; CR 01–061; am. (14), Register November 2001 No. 551, eff. 12–1–01; CR 04–125; renum. (22) to be (22) (intro. and am.), cr. (22) (a) to (e) Register August 2003 No. 596, eff. 9–1–05; CR 07–051; cr. (23) Register October 2008 No. 634, eff. 11–1–08; CR 12–052; am. (22) (intro.); cr. (22) (c) to (e) Register September 2013 No. 693, eff. 10–1–13; CR 13–011; cr. (24) to (26) Register April 2014 No. 700, eff. 5–1–14; correction in (21), (24) made under s. 13.92 (4) (b) 7., Stats., Register October 2015 No. 718.

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

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