



POLICIES

AVMA Policies

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

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

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Accredited Veterinarian Utilization

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

Relocation of Pets for Adoption

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

Adverse Event Reporting Policy

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

See also: [Reporting adverse events](#)

Background:

AVMA Brochure: Veterinary Biologics

Animal-Assisted Interventions: Definitions

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

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

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

Definitions

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

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

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

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

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

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

Animal-Assisted Interventions: Guidelines

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

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

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

The Wellness Program

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

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

An effective animal Wellness Program will include:

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

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

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

Preventive Medical Strategies

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

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

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

Preventive Behavioral Strategies

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

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

Other Considerations

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

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

Statement of Position

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

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

Recommendations to Veterinarians and Veterinary Associations

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

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

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

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

1. Association of Shelter Veterinarians. *Guidelines for Standards of Care in Animal Shelters*. Available at <http://xa.yimg.com/kq/groups/20241575/778874386/name/Shelter%20Standards%20Oct2011%20wForward.pdf>. Accessed May 18, 2012.
2. Miller L, Zawistowski S (eds). *Shelter Medicine for Veterinarians and Staff*. Ames, Iowa: Blackwell Publishing, 2004.

AVMA Animal Welfare Principles

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

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

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

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

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

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

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

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

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

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

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

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

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

Additional Resources:

[Animal Welfare Policy Statements](#)

Related Policies:

[Joint AVMA-FVE-CVMA Statement on Responsible and Judicious Use of Antimicrobials](#)

[Joint AVMA-FVE-CVMA Statement on Veterinary Education](#)

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

Antiparasitic Resistance

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

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

Aquatic Animal Health and Disease Regulations*

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

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

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

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

U.S.-Banned Drugs Used by Exporting Countries

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

Relevant AVMA Policy:

[Food Safety Policy](#)

Beak Trimming of Poultry

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

Literature Reviews:

[Welfare Implication of Beak Trimming](#) (PDF)

Dog Bites

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

Literature Reviews:

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

Brochures:

[Dog Bite Prevention](#)

[The Blue Dog](#)

Canine Brucellosis

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

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

Brucellosis Research Priorities

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

Population Disease Management

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

Appropriate Animal Carcass Disposal

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

Relevant AVMA Policy:

- [Animal Agriculture Waste Management](#)
- [Animal Carcass Risk in Natural Disasters](#)
- [Environmental Responsibility](#)
- [Veterinary Medical Wastes](#)

Companion Animal Care Guidelines

Preface

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

Personnel

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

Animal Husbandry

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

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

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

Safety—Providing a secure enclosure that addresses physical safety, fear, and stress;

Food and water—Providing easy access to food and water;

Biological needs—Maintaining appropriate body temperature, permitting urination and defecation, ensuring timely waste removal, and, as appropriate, facilitating or preventing reproduction;

Cleanliness—Keeping animals dry and clean, depending on species requirements;

Restraint—Avoiding unnecessary physical restraint; and

Behavior—Ensuring the animals' ability to engage in normal species behavior.

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

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

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

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

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

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

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

Animal Environment

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

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

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

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

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

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

Sanitation

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

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

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

Identification and Records

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

Weekend and Holiday Care

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

Disaster Plan

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

Veterinary Care and Euthanasia

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

References

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

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

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

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

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

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

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

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

ASV Guidelines for Standards of Care in Animal Shelters

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

Veterinary Compounding

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

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

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

1. The decision to use a compounded preparation should be veterinarian (not pharmacist) driven, and occur within a veterinarian-client-patient relationship. The veterinarian should make that decision utilizing evidence-based medicine.
2. Compounding should be implemented in compliance with the Animal Medicinal Drug Use Clarification Act (AMDUCA) and the FDA Compliance Policy Guide 608.400 titled “Compounding of Drugs for Use in Animals.” Use of compounded preparations in food animals may have food safety concerns that preclude their use unless information exists to assure avoidance of violative drug residues.
3. Use of a compounded preparation should be limited to:
 - a. Those individual patients for which no other method or route of drug delivery is practical; or
 - b. Those drugs for which safety, efficacy, and stability have been demonstrated in the specific compounded form in the target species; or
 - c. Disease conditions for which a quantifiable response to therapy or drug concentration can be monitored.
4. Use of a compounded preparation should be accompanied by the same precautions followed when using an approved drug, which include counseling of the client regarding potential adverse reactions, including therapeutic failure, and attention to the potential for unintended human or animal exposure to the drug. Further, clients should be informed that the compounded preparation has not been evaluated by the FDA for potency, purity, stability, efficacy or safety, and client consent should be obtained.
- a. Veterinarians should report suspected adverse events including therapeutic failure and quality defects involving compounded preparations to the compounding pharmacist, the State Board of Pharmacy and the FDA Center for

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

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

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

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

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

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

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

Additional Resources:

[Compounding 101](#)

[Compounding: Are you playing by the rules?](#)

Related Policies:

[Compounding from Unapproved \(Bulk\) Substances in Food Animals](#)

[Compounding from Unapproved \(Bulk\) Substances in Non- Food Animals](#)

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

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

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

Additional Resources:

[Compounding 101](#)

[Compounding: Are you playing by the rules?](#)

[AVMA Brochure: Veterinary Compounding](#)

Related Policies:

[Compounding](#)

[Compounding from Unapproved \(Bulk Substances\) in Food Animals](#)

Owner Consent in Veterinary Medicine

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

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

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

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

Remote Consulting

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

Contingency Planning for Animal Emergencies

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

Relevant AVMA Policy:

- [Food Animal Health Emergency Planning](#)
- [Integrated Animal Emergency Preparedness and Response Program](#)

Controlled Substances Used for Euthanasia

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

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

Recovery of Monetary Damages in Litigation Involving Animals

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

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

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

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

Dangerous Animal Legislation

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

Inappropriate Requests for Drug Enforcement Administration (DEA) Registration Numbers

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

Background:

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

Veterinary Dentistry

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

Supporting Statements

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

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

Concluding Statements

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

As with other areas of veterinary practice, veterinary dentistry requires a veterinarian-client-patient relationship to protect the health, safety, and welfare of animals.

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

Animal Disease Control Program Supervision

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

Disinfectants for Foreign and Emerging Animal Diseases

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

Related Policies:

- [Contingency Planning for Animal Emergencies](#)
- [Food Animal Health Emergency Planning](#)
- [Integrated Animal Emergency Planning, Preparedness, and Response Program](#)

Formerly titled "Citric Acid as a Disinfectant for FMDv"

AVMA Policy on Diversity

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

Animals Used In Entertainment, Shows, and for Exhibition

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

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

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

Additional Resources:

[Soring in Horses](#)

Euthanasia of Animals That Are Unwanted or Unfit for Adoption

The AVMA is not opposed to the euthanasia of unwanted animals or those unfit for adoption, when conducted by qualified personnel, using appropriate humane methods as described in the AVMA Guidelines on Euthanasia.

Additional Resources:

[AVMA Guidelines for the Euthanasia of Animals](#) (PDF)

AVMA Guidelines for the Euthanasia of Animals

The AVMA Guidelines for the Euthanasia of Animals are intended for use by members of the veterinary profession who carry out or oversee the euthanasia of animals. The overriding commitment of these Guidelines is to provide veterinarians guidance in relieving pain and suffering of animals that are to be euthanized.

The recommendations in the Guidelines are intended to guide veterinarians, who must then use professional judgment in applying them to the various settings where animals are to be euthanized.

The AVMA Panel on Euthanasia develops the content of the Guidelines, with support from its Working Groups. The Panel is required to do a comprehensive review and update of the report at least every ten years, although more frequent major revisions are possible based on substantive information gleaned from new research and experience with practical implementation. To ensure the Guidelines remain as up-to-date as possible, interim revisions (reflecting substantive updates, but of a less extensive nature than a major revision) are also accommodated, and minor editorial corrections are made as such items are identified (e.g., typographical errors, updating of website addresses).

To help users ensure they are consulting the current version of the Guidelines, we have included a version number on each document. That version number provides information about the types and number of revisions that have been made to the document. Major, interim and editorial revisions are indicated in the version number as follows: major.interim.editorial. To illustrate, for the 2013 major update, with no interim revision and to which one set of editorial corrections has been made, the version number would be reported as Version 2013.0.1. See link below for a detailed description of revisions made to the Guidelines.

The AVMA Guidelines for the Euthanasia of Animals: 2013 Edition are also available as a [free download from Smashwords](#) in a number of formats compatible with e-readers.

[View AVMA Guidelines for the Euthanasia of Animals: 2013 Edition](#) (PDF)

[Download a higher-resolution PDF \(recommended when printing the Guidelines\)](#) (PDF)

[Read the Executive Summary](#) (PDF)

[View the list of revisions since the release of the 2013 Edition](#) (PDF)

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Issuing Certificates of Inspection for Aquatic Animals

The AVMA recognizes the importance and encourages the development of uniform criteria for certificates of inspection attesting to the health of aquatic animals that can be used for certifying their disease status for intrastate, interstate and international movement.

Issuance of certificates of inspection attesting to the health of aquatic animals requires a veterinarian's clinical evaluation of the animals, interpretation of diagnostic assays, and the veterinarian signing declarations that require knowledge of all factors used to determine the disease status of the animals. Therefore, the AVMA's position is that certificates of inspection attesting to the health of aquatic animals should only be issued by federal or state-employed veterinarians, or USDA accredited veterinarians.

The AVMA recognizes that the involvement of non-veterinarians in producing information such as diagnostic assay results is necessary for issuing these certificates and encourages systems that integrate veterinary and non-veterinary participation in these important roles. The AVMA will therefore actively work with local, state and federal agencies, aquaculture industry representatives, and others to ensure the optimal roles of all personnel in the development and issuance of such certificates.

Certificates of Veterinary Inspection

A certificate of veterinary inspection is a legal regulatory document in which the attending veterinarian attests to the veracity of the information contained therein. The signing of a certificate of veterinary inspection without the following criteria being met may result in prosecution and/or the loss of licensure or accreditation:

- The veterinarian signing the certificate has personally evaluated the animal(s).
- To the best of the issuing veterinarian's knowledge the information and statements contained therein are accurate.
- The certificate is substantially complete.

The act of pre-signing a certificate of veterinary inspection does not meet these criteria.

Furthermore, to have knowledge of falsification of such documents and not reporting such to the appropriate jurisdictional authority shall be considered an act of complicity.

Nothing in this policy shall be construed to preclude the laws and regulations of the jurisdiction(s) which have statutory authority.

The AVMA supports the implementation of a uniform interstate livestock and companion animal Official Certificate of Veterinary Inspection.

For a certificate of veterinary inspection for livestock, contact your [state veterinarian](#).

The following is an [AVMA Model Certificate of Veterinary Inspection for the Domestic Travel of Companion Animals](#) (PDF)

Horse Tripping

The AVMA opposes tripping, injuring or causing the death of horses, mules and donkeys for any entertainment purpose or during the training of such equids for any entertainment purpose.

Additional Resources:

- [AAEP Position Statement on Equids Used in Entertainment, Shows and for Exhibition](#) (2014)

The Human-Animal Interaction and Human-Animal Bond

Human-animal interaction encompasses any situation where there is interchange between human(s) and animal(s) at an individual or cultural level. These interactions are diverse and idiosyncratic, and may be fleeting or profound.

The human-animal bond is a mutually beneficial and dynamic relationship between people and animals that is influenced by behaviors considered essential to the health and well-being of both. The bond includes, but is not limited to emotional, psychological, and physical interactions of people, animals, and the environment. The veterinarian's role in the human-animal bond is to maximize the potential of this relationship between people and animals and specifically to promote the health and well-being of both.

The AVMA officially recognizes: (1) the existence of the human-animal bond and its importance to client and community health, (2) that the human-animal bond has existed for thousands of years, and (3) that the human-animal bond has major significance for veterinary medicine, because, as veterinary medicine serves society, it fulfills both human and animal needs.

Use of Human-Animal Interactions Terminology

AVMA publications and Council and Committee reports should use the terms "human-animal interactions," "human-animal bond," "animal-assisted activity," "animal-assisted therapy," and "resident animal programs" when referring to related activities.

Position on Canine Hybrids

The AVMA recognizes that: a) wild canines crossbred with domestic animals (canine hybrids) are often maintained in captivity as companion animals, for breeding purposes, for research activities, and for exhibition; b) depending on the management and disposition of canine hybrids, they may constitute a significant hazard to human health, other animal species, the environment, or themselves; and c) there is incomplete evidence with regard to the amount of genetic diversity between some wild and domestic canines and the suitability of canine hybrids as companion animals.

The AVMA strongly opposes keeping as pets any hybrids of wild canines crossbred with domestic animals. The AVMA believes that all commercial traffic in these animals for such purposes should be prohibited.

Persons who own or are contemplating owning canine hybrids should be aware of the following:

1. Laws in their state or community that may prohibit canine hybrids or require a permit for their presence.
2. The existence of strong evidence from experts in animal behavior, animal control, animal welfare, and public health that canine hybrids can exhibit unpredictable behavior and pose a significant threat of severe attacks on humans.
3. Public health officials may require euthanasia of canine hybrids after they bite a person or are exposed to a rabid or potentially rabid animal, regardless of their rabies vaccine status, because presently there is no USDA approved rabies vaccine licensed for canine hybrids and incomplete data exists on the pathogenesis of rabies in these animals.
4. The need for special housing, including secure fencing to prevent escape and to prevent direct contact with humans and other animals.
5. Owners or keepers of canine hybrids may be at increased risk for liability.
6. The importance of establishing a good relationship with a veterinarian who has some knowledge of canine hybrids and is willing to provide appropriate health care through treatment and preventive medicine.

Veterinarians should be aware of all of the above so that they can appropriately counsel their clients. In addition, each veterinarian should clarify the position of his or her liability insurance carrier to determine if protection will be available if the veterinarian accepts canine hybrids as patients.

Recognizing that some states allow canine hybrids to be owned, the AVMA encourages the development and licensure of drugs and biologicals that can be used on such animals.

Importation of Animals and Animal Products

1. Imported animals and animal products must present no more than a negligible risk to human and animal health in the United States.
2. The AVMA supports scientific, risk-based decisions on the importation of animals and animal products.

Priority Vaccination for Influenza

Due to extensive contact with animals and the public, veterinary personnel should receive vaccination with the current seasonal influenza vaccine. The AVMA supports prioritized vaccination against novel influenza strains for veterinary personnel exposed to susceptible animal populations.

Microchips: The Objectives and Key Elements Needed for Effective Electronic Identification of Companion Dogs, Cats, Other Small Mammals, Birds, Fish, Reptiles, Amphibians and Equids

The AVMA endorses the use of electronic identification in animals and supports standardization in materials, procedures, equipment, and registries. Veterinarians are thereby encouraged to recommend the use of electronic identification of animals to their clients.

The objectives of an effective system of electronic identification of animals are to:

1. Accurately identify animals to aid in reuniting animals with their owners
2. Accurately identify animals for regulatory purposes
 - a. Travel (international and domestic)
 - b. Certificates of Inspection
 - c. Identification of specific animals such as breeding animals, competition animals, animals where legislation mandates permanent identification (e.g., an animal adjudicated to be a "dangerous individual")
3. Accurately identify animals prior to providing medical or surgical treatment

Scanning animals for microchips is necessary for the identification system to be effective. Therefore, every companion dog, cat, other small mammal, bird, fish, reptile, amphibian, and equid presented to a veterinarian should be scanned, whenever possible, for the presence of a microchip. The veterinarian, or designated staff, should scan the animal and note in the patient's medical record if a microchip is present, and if so, record the microchip number in the patient's medical record. This routine scanning for a microchip not only aids in the positive identification of an animal, but also provides the opportunity to assess if the microchip is still functioning properly and located appropriately, as well as reminding owners to keep their microchip database contact information current.

If a microchip implant is detected of which the client is not aware, the veterinarian, or designated staff, should inform the client of this fact, provide the client with contact information for the microchip database company, and encourage the client to contact that company. The veterinarian should document in the patient's medical record that he or she spoke to the client about these matters and should consider contacting the microchip database company with the client's permission. The veterinarian is not expected to investigate nor resolve ownership disputes over an animal, nor should a veterinarian be held liable for relying on a client's claim of ownership following scanning.

A veterinarian is expected to exercise his or her professional judgment on ownership before establishing a Veterinarian-Client-Patient Relationship (VCPR). In those circumstances that raise suspicion that the presenting person may not actually be the lawful owner of the animal, a veterinarian should ask for documentation of ownership, such as governmental registration, bill of sale, adoption documents, or microchip documentation. Documentation of ownership should be required when a client requests that a veterinarian remove a microchip. Where the veterinarian has cause to believe that ownership of the animal is unclear, the veterinarian should postpone treatment until evidence of ownership is presented unless, in the judgment of the veterinarian, the treatment is necessary to maintain

the health of the animal, to preserve its life, or protect public health. The detection of a microchip implant of which the client is unaware may raise suspicion but should not be considered, in and of itself, sufficient evidence that the client is not the lawful owner. In such a case, a veterinarian may proceed with treatment. In the situation where an animal that has a microchip is found and brought to a veterinarian with no claim of ownership, the veterinarian should contact the microchip database company to locate the owner of record. If unsuccessful, the proper animal control authority should then be contacted for assistance, consistent with any local ordinance.

The following key elements are necessary to achieve the objectives of an effective system of electronic identification of animals:

1. The RFID (Radio Frequency Identification) Device (transponder) – a microchip implant for companion dogs, cats, other small mammals, birds, fish, reptiles, amphibians and equids
 - a. ISO (International Organization for Standardization) compliant RFID technology that adheres to and is based on ISO 11784/11785
 - b. Open technology as defined by the ISO 11784/11785
 - c. Unique numbers must be used to reduce the chances of misrepresentation of the animal. A country code should be used only if there is a centrally run, national database that assumes responsibility for ensuring identification number uniqueness to prevent duplication of numbers. If there is no centrally run, national database, then manufacturer codes must be used to ensure that every animal identification number will remain unique.
 - d. Transponders shall be visible on radiographs (x-ray) and ultrasound.
2. The scanner/reader network –
 - a. All scanners used must be backward and forward compatible ("Global Scanners" capable of reading multiple frequencies), where all scanners can read the data contained in all chips
 - b. An appropriate period of time for implementation of approved technologies must be incorporated (2 years suggested by AVMA) to allow for a smooth transition and implementation of the appropriate infrastructure, once the national system has been adopted
 - c. Technical/medical services should be provided by manufacturers/distributors
 - I. Provide for means of receiving reports of adverse reactions and provide recommendations of medical mitigation of the situations
 - II. Respond to technical questions concerning implantation or device operation
3. Database operation and management, including process of registration of implanted animals
 - a. Cost of operating the database and the initial animal registration should be included in the purchase price of the microchip from the manufacturer or distributor
 - b. Database must be accessible 24/7/365
 - c. Microchip numbers should be able to be traced from the appropriate manufacturer/distributor to the implanted animal
 - d. Owner education is crucial
 - I. Still need external identification, such as collar/tags
 - II. Must update registration information as needed on a timely basis
 1. Without appropriate registration, a lost, microchipped animal that is scanned would probably not be able to be reunited with its owner(s).
 - e. Security of information must be ensured

- I. The unique 15-digit, animal identification number contained on the microchip in accordance with ISO 11784/11785 cannot be changed
 - II. Only the owner can change registration information
 - f. The AVMA supports the AAHA Universal Pet Microchip Lookup Database for companion animal microchip database information recovery. www.petmicrochiplookup.org/
 - g. The AVMA endorses the use of companion animal microchip registration databases for reuniting animals and owners.
4. Defined operating procedures
- a. Education of veterinary, shelter and animal control individuals on the appropriate method to scan for microchips. The "global"/multiple frequency scanner may take a few seconds longer to accurately scan for all possible implanted microchips than a scanner which reads only one frequency. The advantage of using a multiple frequency scanner is that each animal will only have to be scanned with one scanner/reader.
 - b. The implantation of a transponder (an electronic identification device such as a microchip) in an animal requires precise placement of the microchip with respect to sensitive anatomical structures in the immediate area of accepted implantation sites (some sites are described in section 4c of this policy). Improper placement of the microchip can result in detrimental consequences to the animal which can severely compromise its health and well-being. Improper placement of the microchip can also impede the detection of the microchip. Therefore, implantation of microchips is a veterinary procedure that should be performed by a licensed veterinarian or under supervision of a licensed veterinarian.
 - c. Sites in animals where microchips are to be implanted must be standardized. For domestic dogs and cats, the recommended site for subcutaneous injection of a transponder is on the dorsal midline, just cranial to the shoulder blade or scapula. For companion birds, the recommended site for intramuscular injection of a transponder is in the pectoral muscle. For fish, the recommended site for a transponder is in the posterior coelomic (i.e. abdominal) cavity or the dorsal musculature on either side of the dorsal fin. Because of the broad range of shapes and sizes of small mammals, reptiles and amphibians, the site for transponder implantation varies and should be established by consultation with individuals familiar with appropriate transponder placement in that species. For horses, the transponders are injected on the left side at approximately the level of the 3rd or 4th cervical vertebrae and into the nuchal ligament.
5. RFID technology will eventually include the market availability of advanced transponders having enhanced data storage and read-write capabilities. Data security issues exist and are being addressed by the ISO, such as through the development of ISO 14233. The AVMA would support the use of advanced transponders when an open-standard solution for advanced transponders exists.

Model Bill and Regulations to Assure Appropriate Care for Dogs Intended for Use as Pets

Model Bill

Section 1 – Title and Purpose

This Act shall be known as the [name of state and Act]

Section 2 – Definitions

When used in this Act, these words and phrases shall be defined as follows:

1. “Board/Agency” means [insert appropriate regulatory board, agency or department].
2. “Director” means the director of the Board/Agency or his or her designated employee(s).
3. “Dog” means any member of *Canis lupus familiaris*ⁱ
4. “High-volume dog breeder” means any person who, during any calendar year whelps more than six (6) litters of dogs. A veterinarian who provides whelping services within a veterinarian-client-patient relationship, and has no ownership interest in the bitch, is not included in this definition.
5. “High-volume dog retailer” means any person who sells, resells or transfers ownership of more than fifty (50) dogs during any calendar year, including sale, resale and transfer of dogs to pet stores, breeders, kennels and dealers, and sale, resale, and transfer that occur via the Internet.
6. “Facility or operation” means any land, premises, shed, barn, building, trailer, vehicle or designated area used or intended for use as part of the high-volume dog breeder’s or high-volume dog retailer’s business; including but not limited to the breeding, housing, exercise, care, or sale of dogs.
7. “Inspector” means any person who is employed by and has been trained by the Board/Agency to perform inspections pursuant to this Act.
8. “Licensee” means a high-volume dog breeder or a high-volume dog retailer who has received a license from the Board/Agency pursuant to this Act.
9. “Person” means any individual, corporation, company, partnership, shelter, pound, rescue, firm, estate, trust or other legal entity.
10. “Regulations” means rules or regulations adopted by the Board/Agency to implement this Act.
11. “Veterinarian” means an individual licensed as a veterinarian under [insert appropriate state law.]

Section 3 – Exemptions

This Act does not apply to:

1. Any person licensed or subject to inspection by the United States Department of Agriculture pursuant to the federal Animal Welfare Act (Title 7 U.S.C. Sec. 2131 et seq.) and its regulations (Title 9, C.F.R.).
2. Any evacuation or management activity associated with any State or Federally declared emergency.

Section 4 – License

- A. High-volume dog breeders and high-volume dog retailers shall obtain a license issued by the Board/Agency and display the license in a place clearly visible to the public. An applicant for a license shall submit an application on a form prescribed by the Board/Agency, together with an annual license fee in an amount to be determined by the Board/Agency, but no higher than \$_____ per year. Such fee is nonrefundable.

- B. The Board/Agency shall conduct a qualifying inspection for an initial license requested by the applicant to determine whether the applicant qualifies to hold a license pursuant to this Act. The Board/Agency shall issue the license upon receipt of the application and annual license fee and upon satisfactory completion of a qualifying inspection.
- C. A license will not be issued to any applicant who has pled no contest or has been found to have violated any Federal, State or local laws or regulations pertaining to animal cruelty within one (1) year of application, or more than one (1) year if the Board/Agency determines the circumstances render the applicant unfit to be licensed.
- D. An applicant who does not receive a license shall be afforded the opportunity for a hearing before the Director of the Board/Agency to present evidence that the applicant is qualified to hold a license.
- E. A license to operate as a high-volume dog breeder or high-volume dog retailer shall be renewed by filing with the Board/Agency annually a renewal application and a license fee. The Board/Agency shall consider income and volume related to dog breeding and retailing activities in setting the annual license fee.
- F. A license is not transferrable to another person or location. When there is transfer of ownership, management or operation of an enterprise, the new owner, manager or operator, whether an individual, firm, partnership, corporation or other legal entity, shall have [insert time period] from such sale/transfer to secure a new license from the Board/Agency to operate.
- G. A licensee may be put on probation requiring him or her to comply with the conditions set out in an order of probation issued by the Director, may be ordered to cease and desist due to a failure to comply, may be ordered to pay a civil penaltyⁱⁱ or may have his/her license suspended after:
 - 1. The Director determines the licensee has not complied with the provisions in the Act or its regulations; and
 - 2. The licensee is given written notice to comply and written notice of the right to a hearing to show cause why an order should not be issued or his/her license suspended; and
 - 3. The Director finds that issuing an order or suspending the license is appropriate based on the hearing record or on the available information if the hearing is waived in writing by the licensee.
- H. A license may be revoked after:
 - 1. The Director determines the licensee has committed serious, repeated, or multiple violations of any of the provisions in the Act or its regulations;
 - 2. The licensee is given written notice to comply and written notice of the right to a hearing to show cause why the license should not be revoked; and
 - 3. The Director finds that issuing an order revoking the license is appropriate based on the hearing record or on the available information if the hearing is waived in writing by the licensee.
- I. The facility or operation of any licensee that has been suspended shall close and remain closed until the license is reinstated. Any facility or operation for which the license has been revoked shall close and remain closed until a new license is issued. Any licensee whose license is revoked under the provisions of this Section shall not be eligible to apply for a new license until one (1) year has elapsed from the date of the order revoking the license or, if the revocation is appealed, one (1) year from the date of the order sustaining the revocation. Any person who has been an officer, agent or employee of a licensee whose license has been suspended or revoked, and who is responsible for or participated in the violation(s) upon which the suspension or revocation was based, shall not be licensed within the period during which the order of suspension or revocation is in effect.
- J. The Director may terminate proceedings undertaken pursuant to this section at any time if the reasons for such proceedings no longer exist. A license which has been suspended may be reinstated, a person with a revoked license may be issued a new license, or a licensee may no longer be subject to an order of probation if the Director determines the conditions which prompted the suspension, revocation, or probation no longer exist.
- K. A licensee shall have the right to appeal adverse decisions by the Director in accordance with the [insert state Administrative Procedure Act].
- L. Any hearings or other proceedings conducted pursuant to this section shall be conducted in accordance with the [insert state Administrative Procedure Act].

Section 5- Inspections

- A. The Board/Agency shall inspect all licensees at least once in a twelve (12)-month period to determine whether the licensee is in compliance with the Act, and may conduct additional inspections upon receipt of a complaint or its own motion to ensure compliance with the Act. When an inspection produces evidence of a violation of the Act or its regulations, a copy of a written report of the inspection, including alleged violations, prepared by the inspector, shall be provided to the applicant or licensee, together with written notice to comply within the time limit established by the Board/Agency.
- B. If deemed necessary under the Act or its regulations, the Board/Agency may, for purposes of inspection, enter the premises of any applicant or licensee during normal business hours and in a reasonable manner, including all premises in or upon which dogs are housed, sold, exchanged, or leased; or are suspected of being housed, sold, exchanged, or leased. An applicant or licensee shall, upon request by the Board/Agency, provide assistance in making any inspection authorized under the Act and its regulations.
- C. For purposes of this section, the private residence of any applicant or licensee shall be available for purposes of inspection only if dogs are housed in a primary enclosure as defined in 9 C.F.R. 1.1 within the residence, including a room in such residence, and only the portion of the residence that is used as a primary enclosure shall be open to an inspection pursuant to this section.
- D. The Board/Agency shall have authority to investigate violations of this Act and regulations, including failure to obtain a license as a high-volume dog breeder or high-volume dog retailer, as required under this Act.

Section 6 - Standards

- A. The Board/Agency shall adopt regulations to carry out this Act no later than [insert time frame] from the date of enactment of the Act.ⁱⁱⁱ
- B. Licensees shall ensure that appropriate preventive and therapeutic veterinary care is provided as part of a veterinarian-client-patient relationship. A dog shall not be bred if a veterinarian determines the dog is unfit for breeding purposes. Justification^{iv} for a recommendation not to breed must be provided in the dog's medical record.
- C. Each licensee/facility must have a written plan for disaster response and recovery, including but not limited to, structural damage, electrical outages and other critical system failures.

Section 7 – Records

- A. Licensees shall maintain accurate records for at least five (5) years including:
 - 1. The date on which a dog enters the facility or operation;
 - 2. The person from whom each dog was purchased or obtained, including the name, address and phone number of such person, and license or registration number if applicable;
 - 3. A description of each dog, including the color, breed, sex, date of birth (if not known, the approximate age) and weight;
 - 4. Any tattoo, microchip, or other identification number carried by or appearing on the dog;
 - 5. For breeding females:
 - a. Breeding dates;
 - b. Whelping dates;
 - c. Number of puppies per litter; and
 - d. Sire for each litter.
 - 6. All preventive and therapeutic veterinary care provided for each dog; and
 - 7. The disposition of each dog and the date.
- B. A copy of a dog's record, as required in this section, shall be provided at the time of transfer of ownership. Registration of any tattoo, microchip, or other identification number shall also be transferred.
- C. Licensees shall provide copies of records listed in this section to the Board/Agency as requested to enforce provisions of this Act and its regulations.

Section 8 – Enforcement and penalties

- A. In enforcing this Act, the Director may:
 - 1. Issue an order of probation pursuant to Section 4;
 - 2. Issue a cease and desist order pursuant to Section 4;
 - 3. Suspend or revoke a license pursuant to Section 4;
 - 4. Seek other injunctive relief as may be necessary to enforce the Act and its regulations, including impounding and seizing dogs where the Director determines there is a significant threat to the health or safety of the dogs harbored or owned by an applicant or licensee, and upon a hearing conducted in accordance with the [insert state Administrative Procedure Act]. Costs incurred for the care of animals impounded or seized under this Section shall be recoverable from the owner of the animal if he or she is found to have violated provisions of this Act pursuant to the hearing.
 - 5. Impose a civil penalty of not more than \$_____ for a violation of the Act.
- B. Each act committed against an individual animal in violation of the Act or its regulations, and each day during which a violation continues, shall constitute a separate offense for purposes of this section.
- C. A failure to obtain a license pursuant to this Act shall constitute a _____ misdemeanor. The attorney general may bring an action to collect unpaid license fees and/or unpaid civil penalties.
- D. It shall be a violation of the Act for any person to:
 - 1. Deny access to any officer, agent, employee, or appointee of the Board/Agency or offer any resistance to, thwart, or hinder such persons by misrepresentation or concealment;
 - 2. Interfere with, threaten, verbally or physically abuse, or harass any officer, agent, employee, or appointee of the Board/Agency in the course of carrying out his or her duties;
 - 3. Fail to disclose all locations housing dogs owned or controlled by such person;
 - 4. Violate an injunction order or order of compliance issued under this section; or
 - 5. Fail to pay any administrative fine levied pursuant to this Act.
- E. Proceedings undertaken under this section shall not preclude the Board/Agency from seeking other civil or criminal actions. This section does not prohibit the Board/Agency from assisting a law enforcement agency in a criminal investigation. Nothing in this act shall be construed to prohibit prosecution under [state's animal cruelty law].

Section 9 – Funding

- A. The Dog Welfare Fund (hereafter Fund) is established for the purpose of funding:
 - 1. Inspection of licensees and applicants by the Board/Agency under the Act; and
 - 2. Enforcement by the Board/Agency of laws and regulations pertaining to high-volume dog breeders and high-volume dog retailers.
- B. The Fund shall be administered by the Board/Agency. The Fund consists of license fees collected from high-volume dog breeders and high-volume dog retailers and civil penalties collected under the Act.^v
- C. Money in the Fund is continually appropriated to carry out the purposes of the fund. Money in the fund at the end of a state fiscal year does not revert to the state general fund.

Model Regulations

The following are regulations pertaining to the humane care and housing of dogs under the Act.

Any high-volume dog breeder or high-volume dog retailer, in order to qualify for, retain, or renew a license under the Act, shall adhere to the following minimum standards of care.

- I. Definitions
 - a. Dog – means any member of *Canis lupus familiaris*.ⁱ
 - b. High volume dog breeder – means any person who, during any calendar year, whelps more than six (6) litters of dogs.

- c. High volume dog retailer - means any person who, during any calendar year, sells, resells or transfers ownership of more than fifty (50) dogs, including sale, resale and transfer of dogs to pet stores, breeders, kennels and dealers, and sale, resale, and transfer that occur via the Internet.
- d. Infectious Disease – means any disease that may be contagious between dogs and/or humans, including bacterial, viral, fungal, and parasitic contagions.
- e. Licensed veterinarian – means an individual licensed as a veterinarian under [insert appropriate state law].
- f. Positive Physical Contact –means petting, stroking, or other touching, which is beneficial to the well-being of the dog.
- g. Person – means any individual, corporation, company, partnership, shelter, pound, rescue, firm, estate, trust, or other legal entity.
- h. Primary Enclosure – any structure used to restrict a dog or dogs to a limited amount of space. This may include, but is not necessarily limited to, a room, pen, run, cage, compartment, or hutch. If a dog or dogs are housed on the premise of a house or building without restriction, than the premises shall also constitute a primary enclosure.
- i. Staff – means a person appropriately trained to perform the duties required.
- j. Whelping Box – means a primary enclosure provided to a bitch prior to parturition, designed so that a bitch may lie fully recumbent, stand, turn around, and have some freedom of posture and movement. The whelping box shall function to securely house the bitch and her litter, prevent dissipation of their body heat, and allow for daily positive physical contact with people.

II. Housing

- a. Housing – Shall provide for sanitary and safe housing for dogs, and shall provide adequate space appropriate to the age, size, weight, and breed of the dog, and that allows the dog to engage in normal body movements, including the ability to sit, stand up, turn about freely, or lie fully recumbent in a natural position. The primary enclosure shall provide at least partial solid flooring. Nonsolid flooring must be safe for the breed, size, and age of the dog; be free from protruding sharp edges; and be designed to that the paw of the dog is unable to extend through or become caught in the flooring.
- b. Each dog, if housed in a primary enclosure, whether housed alone or with other compatible dogs, shall be provided a minimum amount of space, calculated as:
 - i. Find the mathematical square of the sum of the length of the dog in inches as measured from the tip of the nose to the base of its tail, plus 6 inches. Divide this product by 144 to calculate the minimum required floor space, in square footage, that must be provided by a primary enclosure.^{vi}
 - ii. For nonbreeding dogs housed together, the primary enclosure shall provide 100 percent of the required space for each dog, if maintained separately.
 - iii. Each bitch with nursing puppies must be provided with an additional amount of floor space, based on her breed and behavioral characteristics, and in accord with generally accepted husbandry practices as determined by the attending veterinarian. If the additional amount of floor space for each nursing puppy is less than five (5) percent of the minimum requirement for the bitch, such housing must be approved by the Board/Agency.
 - iv. The interior height of a primary enclosure must be at least 6 inches higher than the head of the tallest dog in the enclosure when it is in a normal standing position.
 - v. Innovative primary enclosures not precisely meeting the floor area requirements provided in paragraphs b(i), b(ii), b(iii), and b(iv) of this section, but that provide the dogs with a sufficient volume of space and the behavioral needs stated in section IV may be used at an operation when approved by the Board/Agency.
 - a. Shelter – Shall provide protection from harmful extremes of temperature, air movement, moisture, light and other climatic elements to ensure proper health and well-being of the dog.
 - b. Storage Facilities – Shall be designed and maintained as to provide adequate storage to protect food, medicines, supplies, and bedding from deterioration, contamination, and vermin infestation. Any potentially toxic substance should be stored in a manner to avoid contamination and potential for harm to the dogs.

- c. Structure – Shall be structurally sound, in good repair, have no sharp edges or points that could injure the dog(s), and shall securely contain the dogs while precluding access by other animals. Structural surfaces should be sanitizable or replaceable.
- d. Waste Disposal – All excreta, feces, debris, and food wastes must be removed from enclosures, at least once daily, and from under primary enclosures as often as necessary, to prevent an excessive accumulation of feces and food waste, to prevent soiling of dogs contained in the enclosure, and to reduce disease hazards, insects, pests and odors. Premises must be kept free of accumulations of trash, junk, waste products, and discarded matter. Waste must be handled and disposed of in a manner that poses minimal hazards to dogs and personnel, and reduces the likelihood of contamination of the soil or ground water with chemicals and/or microorganisms.
- e. Cleaning and Sanitation – Hard surfaces with which the dogs come in contact must be spot-cleaned daily and sanitized at least once every 2 weeks and more often if necessary to prevent accumulation of dirt, debris, food waste, excreta, and other disease hazards. When steam or water is used to clean the primary enclosure, whether by hosing, flushing or other methods, dogs must be removed, unless the enclosure is large enough to ensure the dogs will not be harmed, wetted, or distressed in the process. Standing water must be removed from the primary enclosure and dogs in other primary enclosures must be protected from being contaminated with water and other wastes during cleaning.
- f. Lighting – The facility shall have sufficient lighting by natural and/or artificial means as to allow observation of the physical condition of the dogs being housed, and to permit inspection and cleaning of the facility. A diurnal lighting cycle should be provided.
- g. Environment – Dogs shall be protected from extreme temperatures so as to maintain their health and render their environment comfortable. When climatic conditions pose a threat to a dog's health or well-being, taking into consideration such factors as the dog's age, breed, overall health status and acclimation, appropriate measures must be taken to alleviate the impact of those conditions. Adequate ventilation shall be provided to minimize odors, drafts, ammonia levels, and to prevent the condensation of moisture.
- h. Pest Control – An effective program for the control of insects, external parasites affecting dogs, and birds and mammals that are pests, must be established and maintained so as to promote the health and well-being of the dogs and reduce contamination by pests in dog areas.
- i. Retreat Area – Dogs shall also be provided in their primary enclosure some form of a den, which shall comprise at least a solid floor and visual barrier, as to allow rest and retreat.
- j. Whelping box – All bitches with litters shall be provided an appropriate whelping box, which should provide means to contain the puppies during whelping, and provide some form of substrate, insulation or heat source so as to prevent dissipation of heat so that all puppies are able to maintain appropriate body temperature. If a heat source is provided, care must be taken to protect the bitch and puppies from thermal injury.

III. Nutrition and Hydration

- a. Adequate food – A dog shall be fed at least once daily, or as otherwise required on the advice of a veterinarian. The food should be free from contaminants and be of sufficient nutritive value and quantity to maintain the normal condition and weight of the dog as germane to its age, sex, breed, and reproductive status.
- b. Potable water – Shall be provided at all times, unless otherwise directed by a veterinarian.
- c. Food and water receptacles – Shall be readily accessible to all dogs and shall be located to minimize contamination and to protect them from precipitation. Any non-disposable receptacles shall be durable, cleaned daily, and sanitized at least once per week; disposable receptacles shall be replaced daily, and automatic feeders shall be cleaned and sanitized regularly to prevent the growth of mold and deterioration or caking of feed. Automatic watering devices shall be kept clean, be properly and regularly sanitized, and be tested daily to ensure they are functioning correctly.

IV. Behavioral Requirements

- a. General
- i. The following behavioral needs shall be met at least daily, except as stated otherwise. All persons should have a documented protocol regarding how to meet the following necessary behavioral needs, and sufficient facilities and/or staff to meet them.
- ii. The goal shall be to allow dogs the opportunity to partake in species-specific behaviors. Dogs shall not be housed for extended periods of time in a manner devoid of any enrichment and/or activity and/or social contact.
 - a. Conspecific socialization – Dogs shall be provided with full-body physical contact with other compatible dogs daily, except as necessary for reasons such as veterinary treatment or quarantine, or prior to parturition for a bitch. Prior to weaning, a bitch and her litter shall fulfill all conspecific socialization needs among the group.
 - b. Human socialization – Dogs shall be provided with daily positive human contact and socialization. Contact during feeding time alone is not sufficient to meet this requirement.
 - c. Enrichment
- i. Dogs shall be provided in their primary enclosure some form of effective inanimate enrichment. For example, an object that allows the dogs to chew or to play.
- ii. Every effort should be made to provide dogs that are housed singly with visual enrichment, such as visual contact with conspecifics or humans, except as necessary for veterinary care, quarantine, or prior to parturition for a bitch.
 - a. Locomotion
- i. Persons shall ensure that each dog that is weaned has access to “locomotory activity”; this activity should allow for an animal to move sufficiently to develop and/or maintain normal muscle tone and mass as pertinent for the age, breed, sex and reproductive status of the dog. Provisions for locomotory activity should also allow the dog an opportunity to achieve a running stride.
- ii. The provided area for locomotion should be separate from the primary enclosure if the primary enclosure does not allow for fulfillment of adequate locomotion enrichment and social activities. The area must be kept clean, free of infestation by pests or vermin, and prevent escape of the dogs.
- iii. Forced activity, other than for veterinary treatment, is neither sufficient nor appropriate for fulfilling these needs. Physical activity that is repetitive, restrictive of other activities, solitary, and not goal-oriented is neither sufficient nor appropriate for fulfilling all activity needs.

V. Grouping

- a. Dogs having locomotory activity in groups and/or social interaction must be compatible and free of infectious disease.
- b. Females in heat shall not be housed in the same primary enclosure with males, except for breeding purposes.
- c. Any dog exhibiting a vicious or aggressive behavior shall be housed separately, as needed to prevent injury to other dogs. As with quarantine, separation of dogs due to aggression should be accompanied by a program to resolve the underlying causes of this disorder.
- d. Puppies four months of age or younger shall not be housed together in the same primary enclosure with adult dogs other than their dam or foster dam.
- e. Isolation of any dog with an infectious disease or condition – If a dog is infected with a contagious disease or condition as determined by a licensed veterinarian, one must house the dog separately from healthy animals, and shall handle the dog in a manner that will minimize the likelihood of contagion. Handlers must wash their hands before and after handling each infected or contagious dog.

VI. Staff

- a. An adequate number of trained staff must be provided to ensure appropriate upkeep of the facility and that all minimum care requirements for the dogs can be met.
- b. The licensee shall not hire individuals who have pled no contest or have been found to have violated any Federal, State or local laws or regulations pertaining to animal cruelty within one (1) year of application for employment, or more than one (1) year if the Board/Agency determines the circumstances render the applicant unfit for employment.

- c. The licensee shall report to the Board/Agency any no contest pleas or convictions pertaining to animal cruelty involving any of his/her employees that occur during the time they are employed by licensee.

VII. Handling

Handling of all dogs should be done as carefully as possible in a manner that does not cause trauma, overheating, excessive cooling, behavioral stress, physical harm or unnecessary discomfort.

VIII. Health and Veterinary Care

All persons shall

- a. Ensure that necessary routine and preventive veterinary care is provided under the direction of a licensed veterinarian, and maintain a written health care management protocol addressing routine veterinary care. At a minimum, regular preventive care should include examination at least once yearly by a licensed veterinarian for breeding dogs.
- b. Assess each dog's health and welfare daily; this should include observation of body condition (e.g., appropriate weight, skin/coat/nail condition), behavior, and whether the dog is eating, drinking, urinating, and defecating normally.
- c. Provide prompt treatment of illness or injury under the direction of a licensed veterinarian.
- d. Maintain records of any veterinary care, including records of regular preventive veterinary care.
- e. Ensure that humane euthanasia is performed when necessary and only by a licensed veterinarian, or other certified personnel pursuant to state regulations, using methods cited in the *American Veterinary Medical Association's Guidelines on Euthanasia*^{vii} and in accordance with applicable federal and state laws.
- f. Upon written approval by a licensed veterinarian or the Board/Agency, any dog may be exempted from any of the standards of care mentioned in sections II - V. A reasonable expiration date must be provided for such exemptions at which time the exemption shall be re-evaluated to determine whether it is still appropriate.
- g. All veterinary care provided pursuant to the requirements in this Act shall be provided within a veterinarian-client-patient relationship, and in accord with the state veterinary practice act, with provisions for both routine and emergency care.

ⁱ The American Veterinary Medical Association does not support the keeping of canine (wolf) hybrids as pets (see policy at http://www.avma.org/issues/policy/canine_hybrids.asp) and, therefore, has not included them within this model. Those using the model may wish to consider whether the incorporation of canine (wolf) hybrids is appropriate for their application.

ⁱⁱ Egregious offenses may also be prosecutable under anti-cruelty statutes, which may provide for civil and/or criminal penalties.

ⁱⁱⁱ The Board/Agency may adopt the standards set out in the model regulations accompanying this model bill, or use as a guideline for the humane handling, care, treatment, and transportation of dogs the standards of Animal and Plant Health Inspection Service of the United States Department of Agriculture as set out in 9 CFR 3.1 et seq.

^{iv} Valid justifications for a recommendation not to breed may include concerns about physical and/or behavioral health, the perpetuation of genetic defects, and frequency.

^v To avoid setting licensing fees prohibitively high, monies in addition to those generated from licensing fees and civil penalties may need to be appropriated for effective implementation of the Act.

^{vi} Animal Welfare Act. 7 USC 2131. 1985. 9 CFR 3.1 et seq,

^{vii} Available at http://www.avma.org/issues/animal_welfare/euthanasia.pdf.

Additional Resources:

[Background and Context for the Model Bill and Regulations to Assure Appropriate Care for Dogs Intended for Use as Pets](#)

Pain in Animals

Animal pain is a clinically important condition that adversely affects an animal's quality of life. Drugs, techniques, or husbandry methods should be used to prevent, minimize, and relieve pain in animals experiencing or expected to experience pain. Protocols must be tailored to individual animals and should be based, in part, on the species, sex, breed, age, procedure performed, degree of tissue trauma, individual behavioral characteristics, assessment of the degree of pain, and health status of the animal.

Integrated Pest Management

The AVMA supports appropriate integrated pest management (IPM) programs and practices. IPM includes the coordinated use of pest and environmental information with available pest control methods (chemical, structural, etc.) to prevent unacceptable levels of pest damage by the most economical means and with the least possible hazard to non-target species, people, property, and the environment.

Pesticide Application

Veterinarians and regular employees under direct veterinarian supervision should retain current exemptions from certification in order to apply all pesticides, including restricted-use pesticides, in the course of practice.

AVMA Guidelines for Pet Loss Support Services

Research has shown that the human grieving process following a pet's death is similar to that experienced by people who have lost a family member or close friend. Telephone helplines and support groups have been used for some time to address grief associated with the end of human-human interrelationships, but have only recently emerged as a means of assisting pet owners in dealing with the death of their companion animals. The American Veterinary Medical Association (AVMA) recognizes the benefits of pet loss support helplines and groups for pet owners, veterinarians, veterinary technicians, students and faculty at colleges of veterinary medicine and veterinary technology, and lay employees of veterinary practices, and encourages their responsible establishment.

The Internet has also attracted considerable attention as a new medium for delivery of pet loss support. Although it may serve as a source of information for grieving pet owners, it has unique characteristics that make it a more limited and risky medium for delivery of counseling services.

Pet Loss Support Helplines

Purpose

The primary purpose of pet loss support helplines is to provide emotional support, via telephone, for pet owners who have experienced, or are anticipating, the death of their companion animal. This service is usually provided by volunteers who have been trained by a licensed mental health professional. These volunteers are often veterinarians, veterinary technicians, students and faculty at colleges of veterinary medicine and veterinary technology, or lay employees of veterinary practices. Helpline volunteers actively listen to callers and attempt to answer their questions, concerns, and needs by providing information verbally, in print, or through referral to private counselors and crisis centers.

Pet loss support helplines also provide education for volunteers in the social service aspects of veterinary medical practice associated with companion animal loss, grief, and bereavement. Colleges of veterinary medicine and veterinary technology will find that helplines benefit students by providing them with real-life examples of the depth and implications of the human-animal bond. Veterinary organizations, practices, and hospitals hosting or contributing to pet loss support helplines benefit from skills learned by their members or employees and from positive public response engendered by these helplines.

Minimum Requirements for Establishing a Responsible and Successful Pet Loss Support Helpline

- A mission statement that encompasses the philosophy of the helpline.
- Documented approval of the sponsoring agency and legal counsel.
- A coordinator or coordinating committee. Their responsibility is to oversee the management of the helpline, including site acquisition, financial support, training, scheduling of staff, and documentation.
- A procedure and training manual. During its development, the expertise and experience of volunteers should be considered. The manual should contain a description of how calls are received and returned; notes from training sessions; referral information for private counselors, crisis intervention centers, parallel interest groups, and other helplines and support groups; copies of relevant reference materials; and information on pet cemeteries and cremation facilities.

- A formal training program that is attended by all volunteers prior to their answering phone calls on the helpline. Training must include a discussion of attachment theory pertaining to the human-animal bond (including information pertaining to special attachments, needs, and concerns, such as those experienced by owners of service animals, children, the immunocompromised, the elderly, and police officers) and the normal and pathological manifestations of loss, grief, and bereavement. Volunteers must be taught supportive listening skills, how to set appropriate boundaries (i.e., keeping callers focused on appropriate topics and recognizing when referrals are needed), crisis management and intervention skills (including lethality assessment and police intervention), how to deal with typical as well as angry and abusive callers, and how to resolve ethical dilemmas. Volunteers' personal stress generated by working the helpline must be carefully monitored and techniques for management discussed and implemented.
- A steady source of trainable volunteers. Deciding who will answer helpline calls is important. Veterinarians, veterinary technicians, students at colleges of veterinary medicine and veterinary technology, and lay employees of veterinary practices provide a logical pool of volunteers who are easily trained because they are familiar with companion animal loss and its consequences and usually have a realistic view of the situations helpline volunteers encounter.
- Professional supervision that includes direct involvement of a licensed, clinically trained mental health professional. Timely access to a clinically trained mental health professional for consultation regarding calls; maintenance of quality control via discussion rounds, follow-up letters, and questionnaires; and monitoring and management of stress in volunteers are essential.
- A site of operation in a quiet, undisturbed location, free from distractions that could interfere with delivery of comforting emotional support over a telephone line. Establishing an office location at which volunteers actually answer the phone is ideal, because resources such as computers, references, other volunteers, and crisis intervention personnel are often readily available. Voice mail systems can also be used, providing information is sent to a central location and collated to ensure quality control.
- Record compilation, including a log of all calls. Analysis of statistical information can assist helpline volunteers in identifying areas of greatest need, targeting information, and providing improved support. Information that might be gathered includes age and species of pet, whether the pet was dead at the time of the call or grief was anticipatory, how the pet died, how long ago the loss occurred, whether there are children or other individuals with special needs involved, and the length of the call. Care must be taken to ensure that attempts to gather information do not reduce the effectiveness of the support provided.
- Liability insurance that covers the activities of the helpline.
- A marketing program. Helplines are not successful unless they are used. The public can be made aware of these programs through appropriate marketing by veterinarians, veterinary organizations, veterinary colleges, allied professionals, and community resource listings. Brochures, pamphlets, and bookmarks publicize the helpline and can provide basic information concerning companion animal loss, grief, and bereavement. Plans for responding to media contacts should also be developed.
- Financial support. Financial support must be sought to cover expenses associated with telephone use, production of training manuals and marketing materials, training sessions, and data collection.
- Assessment. A method of evaluation is needed to assess the effectiveness of training volunteers and the value of the helpline to callers and volunteers.

Pet Loss Support Groups

People often attend support groups as they attempt to address grief associated with personal crises or the end of human-human relationships, but only recently have people sought out this resource as a way to cope with the death of their pet. The AVMA believes that support groups may be of substantial benefit to animal owners in addressing the emotional aspects of attachment and loss if these groups are conducted responsibly.

Purpose

As for helplines, the primary purpose of pet loss support groups is to provide emotional support for animal owners who have experienced, or are anticipating, the death of their companion animal. Support groups provide a structured environment in which members can release strong emotions, while being educated in psychological models that can help them understand the grieving process. Group members benefit from the realization that their painful experience is shared by others.

Establishing pet loss support groups also benefits the veterinary profession by communicating its concern for grieving clients and by increasing the effectiveness of veterinary hospitals and clinics in dealing with emotionally distraught clients.

Considerations in Establishing a Pet Loss Support Group

- Select a facilitator. The skills and experience of the facilitator determine the effectiveness of the support group. Pet loss support groups are considerably different than pet loss support helplines because they include multiple individuals in varying stages of grief, have the potential to elicit intense interactions between these individuals, and incorporate instruction in psychological models of grieving. Although pet loss support helplines are often staffed by appropriately trained veterinarians, veterinary technicians, lay staff of veterinary clinics/hospitals, or students of veterinary medicine and veterinary technology, the AVMA believes the only qualified facilitator for a pet loss support group is a licensed, clinically trained, mental health professional with experience in group dynamics and counseling owners regarding grief and bereavement associated with the loss of companion animals. Addressing grief associated with the loss of a companion animal can be more difficult than addressing grief associated with the end of human-human relationships because there are presently no universally accepted social mechanisms or rituals to facilitate resolution of an owner's grief. In addition, an owner's expression of grief may be met with social disapproval. An effective facilitator must understand and be prepared to address these differences.
- A coordinator. A coordinator is needed to perform administrative duties such as site acquisition, soliciting financial support, and scheduling. The coordinator should obtain documented approval of the sponsoring agency and legal counsel.
- Location and time. The site of operation should be centrally located in the area that is expected to be served by the support group. A quiet location, which is free from distractions, is essential to ensure comfort and delivery of quality emotional support. A time should be selected that is convenient to all expected to participate in the group. Evenings, for example, may be best as they will facilitate participation by individuals who work during the day. Location, frequency of meetings, and starting time should be consistent.
- Protocol and ground rules. The facilitator should determine the best way to operate the group, after consideration of the participating individuals' needs. Ground rules that foster participation by all attending and respect for the feelings of others should be established as a group effort. Group members should be encouraged to share their experiences and feelings, but should not be coerced into participating. Universal acceptance of confidentiality is imperative.

- Financial support. Financial support must be sought to cover professional services and facility expenses. Funding should be obtained from a stable source, such as a private company, school, or association. Although private donations are helpful, they can be sporadic.
- Promotion and public education. The success of support groups can depend on the number of individuals participating. The public can be made aware of these programs through referrals by veterinarians, veterinary organizations, veterinary colleges, allied professionals, and community resource listings. Brochures, pamphlets, and bookmarks help publicize support groups and can provide basic information concerning companion animal loss, grief, and bereavement. Plans for responding to media inquiries should also be developed.
- Liability concerns. Liability insurance that covers the activities of the support group should be obtained. Appropriate licensure of the mental health professional must be verified.
- Assessment. A method of evaluation is needed to assess the value of the pet loss support group to its participants and the referring and sponsoring agency (ies). Number-coded (to protect confidentiality) survey forms are an inexpensive assessment tool.
- Learn from the experience of others. Because setting up a pet loss support group requires a great deal of effort and commitment, it is advisable to speak with those conducting existing groups to ensure the success of new ones.

Internet Counseling

Skilled interpretation of nonverbal (e.g., gestures, facial expression, tone of voice, and inflection) and verbal cues is necessary for effective grief counseling, and face-to-face contact is the best medium for this service. This is particularly true when a specific diagnosis and ongoing treatment are required. Although standard telephone contact does not provide visual cues, it does permit transmission of auditory nonverbal cues, and can be used effectively for brief crisis contact, referral, and provision of educative information. Because standard Internet communication eliminates even auditory nonverbal cues, the AVMA recommends that Internet assistance be limited to provision of educative information, such as display of articles written by qualified veterinarians and counselors, or referral to appropriate books and articles. Internet sites can also provide lists of licensed counselors and veterinarians who are qualified to establish a relationship in person. Receiving counseling through the Internet, beyond provision of information, may place pet owners at risk of being harmed by inadequately trained individuals.

Guidelines for Responsible Pet Ownership

Owning a pet is a privilege and should result in a mutually beneficial relationship. However, the benefits of pet ownership come with obligations. Responsible pet ownership includes:

- Committing to the relationship for the life of the pet(s).
- Avoiding impulsive decisions about obtaining pet(s), and carefully selecting pet(s) suited to your home and lifestyle.
- Recognizing that ownership of pet(s) requires an investment of time and money.
- Keeping only the type and number of pets for which an appropriate and safe environment can be provided, including appropriate food, water, shelter, health care and companionship.
- Ensuring pets are properly identified (i.e., tags, microchips, or tattoos) and that registration information in associated databases is kept up-to-date
- Adherence to local ordinances, including licensing and leash requirements.
- Controlling pet(s)' reproduction through managed breeding, containment, or spay/neuter thereby helping to address animal control and overpopulation problems.
- Establishing and maintaining a veterinarian-client-patient relationship.
- Providing preventive (e.g., vaccinations, parasite control) and therapeutic health care for the life of pet(s) in consultation with, and as recommended by, its veterinarian.
- Socialization and appropriate training for pet(s), which facilitates their well-being and the well-being of other animals and people.
- Preventing pet(s) from negatively impacting other people, animals and the environment, including proper waste disposal, noise control, and not allowing pet(s) to stray or become feral.
- Providing exercise and mental stimulation appropriate to the pet(s)' age, breed, and health status.
- Advance preparation to ensure the pet(s)' well-being in the case of an emergency or disaster, including assembling an evacuation kit.
- Making alternative arrangements if caring for the pet is no longer possible.
- Recognizing declines in the pet(s)' quality of life and making decisions in consultation with a veterinarian regarding appropriate end-of-life care (e.g., palliative care, hospice, euthanasia).

Additional Resources:

[Pet Care](#)

[Pet Ownership brochure](#)

- [In English](#) (pdf)
- [In Spanish](#) (pdf)

[Responsible Pet Ownership flyers \(pdf\)](#)

- In English
 - [Black and white](#)
 - [Color](#)

- In Spanish
 - [Black and white](#)
 - [Color](#)

Responsible Pet Ownership poster

- [In English](#)
- [In Spanish](#)

Pets in Senior, Disabled, and Multifamily Public Housing

The AVMA supports amendments to the United States Housing Act of 1937 that provide for ownership of pets in:

1. Public and assisted housing for the elderly and disabled families (The Housing and Rural Recovery Act of 1983 [Public Law 98-181]) with regulations codified under Pet Ownership for the Elderly or Persons with Disabilities [24 CFR 5, Subpart C], and
2. Multifamily public housing other than that for the elderly and disabled families (The Quality Housing and Work Responsibility Act of 1998 [Public Law 105-276]) with regulations codified under Pet Ownership in Public Housing [24 CFR 960, Subpart G].

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.

Guidelines for Veterinary Prescription Drugs

Key Points

- Veterinary prescription drugs are labeled for use only by or on the order of a licensed veterinarian. Incidents involving the sale and use of prescription drugs without a prescription should be reported to the proper state authority and the U.S. Food and Drug Administration.
- Veterinary prescription drugs are to be used or prescribed only within the context of a veterinarian-client-patient relationship (VCPR).
- Veterinary prescription drugs must be properly labeled before being dispensed.
- Appropriate dispensing and treatment records must be maintained.
- Veterinary prescription drugs should be dispensed only in quantities required for the treatment of the animal(s) for which the drugs are dispensed. Avoid unlimited refills of prescriptions or any other activity that might result in misuse of drugs.
- Any drug used in a manner not in accordance with its labeling should be subjected to the same supervisory precautions that apply to veterinary prescription drugs.

The AVMA has prepared the following guidelines as a resource regarding the use and distribution of veterinary prescription drugs. Veterinarians making treatment decisions must use sound clinical judgment and current medical information and must be in compliance with federal, state, and local laws and regulations.

Veterinary Prescription Drugs

Veterinary prescription drugs are those drugs restricted by federal law to use by or on the order of a licensed veterinarian [Section 503(f) Food, Drug, and Cosmetic Act]. The law requires that the drug sponsor label such drugs with the statement: "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian."

Veterinarian/Client/Patient Relationship

A VCPR means that all of the following are required:

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

Veterinary Prescription Orders

Orders issued by licensed veterinarians authorize drug distributors to deliver veterinary prescription drugs to a specific client, or authorize pharmacists to dispense such drugs to a specific client.

Veterinarians should assure compliance with relevant regulations (e.g. VCPR) of their State Board of Pharmacy and State Board of Veterinary Medicine, and applicable federal regulations.

Labeling and Record Keeping

Adequate treatment records must be maintained by the veterinarian for at least two years (or as otherwise mandated by law), for all animals treated, to show that the drugs were supplied to clients with whom a VCPR has existed. Such records must include the information set forth under Basic Information for Records, Prescriptions, and Labels.

Food animal owners must also keep treatment records. Owner treatment records have been developed by several producer organizations and are available in conjunction with quality assurance programs.

All veterinary prescription drugs must be properly labeled when dispensed. A complete label should include all the information set forth under the section on Basic Information for Records, Prescriptions, and Labels.

Basic Information for Records (R) Prescriptions (P), and Labels (L)

- Name, address, and telephone number of veterinarians (RPL)
- Name (L), address, and telephone number of clients (RP)
- Identification of animal(s) treated, species and numbers of animals treated, when possible (RPL)
- Date of treatment, prescribing, or dispensing of drug (RPL)
- Name, active ingredient, and quantity of the drug (or drug preparation) to be prescribed or dispensed (RPL)
- Drug strength (if more than one strength available) (RPL)
- Dosage and duration
- Route of administration (RPL)
- Number of refills (RPL)
- Cautionary statements, as needed (RPL)
- Expiration date if applicable
- Slaughter withdrawal and/or milk withholding times, if applicable (RPL)
- Signature or equivalent (P)

The actual container must bear the veterinarian's name, address, name of the drug (active ingredient), identification of the animal(s) to be treated, adequate directions for proper use, and cautions/precautions including milk and meat withdrawal times. This information may be on the label applied by the manufacturer, or on a label attached to the product by the veterinarian.

If there is inadequate space on the label for any of the other required information, the veterinarian must provide the additional information on a separate sheet that accompanies the drug dispensed or prescribed.

State law and other regulations such as the Pasteurized Milk Ordinance may require more information than is stated in these guidelines. Specific label and record keeping information is required when drugs are prescribed for extralabel use (see the next section on AMDUCA).

When veterinary prescription drugs are dispensed to companion animal owners, the AVMA recommends that such drugs be placed in child-resistant containers. Such containers are mandated by law in certain states.

Handling, Storage and Disposal

The veterinarian should inform clients to whom prescription drugs are delivered or dispensed about appropriate drug handling, storage, and disposal.

In the clinic, veterinary prescription drugs should be stored separately from over-the-counter drugs, and be easily distinguishable by the professional and paraprofessional staff. Drugs should be stored under conditions recommended by the manufacturer. All drugs should be examined periodically to ensure cleanliness and current dating.

Food animal clients should be advised that veterinary prescription drugs should be securely stored, with access limited to key personnel.

Animal Medicinal Drug Use Clarification Act (AMDUCA) Compliance in Veterinary Medical Practice

With passage of the AMDUCA by Congress in 1994, the extralabel use of approved animal or human drugs in animals became a codified, FDA-regulated activity. Veterinarians may utilize drugs in an extralabel manner in their regular course of practice when the health of an animal is threatened or death may result from failure to treat. Under AMDUCA regulations, extralabel use means the actual or intended use of a drug, by or on the order of a veterinarian, in a manner that is not in accordance with approved labeling. Any deviation from the label, by veterinarians or lay persons is an illegal use, unless the use meets the requirements of AMDUCA. Deviations from the label include, but are not limited to:

- Use in a species not listed in the labeling.
- Use for indications not listed in the labeling.
- Use at dosage levels, frequencies or routes of administration other than those stated in the labeling.
- Deviation from the labeled withdrawal time based on these different uses.

Extralabel use is legal only when ordered by a veterinarian and within the context of a VCPR.

Guidelines for all Animals:

This document is intended to provide a summary of the AMDUCA requirements and does not list all the regulations that may apply. Veterinarians are strongly encouraged to familiarize themselves with the complete regulations. Information is available at www.fda.gov/cvm.

AMDUCA regulations include but are not limited to the following:

1) Extralabel use is only allowed when the health of an animal is threatened, or suffering or death may result from failure to treat.

2) Record requirements-

- Identify the animals, either as individuals or a group.
- Animal species treated
- Number of animals treated
- Condition being treated

- The established name of the drug and active ingredient(s)
- Dosage prescribed or used
- Duration of treatment

If applicable, specified withdrawal, withholding, or discard time(s) for meat, milk, eggs or animal-derived food.

- Keep records for a minimum of 2 years
- When requested, these records must be made available to FDA

3) Label requirements-

- Name and address of the prescribing veterinarian
- Established name of the drug(s)
- The class/species or identification of the animal or herd, flock, pen, lot or other group of animals being treated
- The dosage, frequency, route of administration and duration of therapy
- Any cautionary statements
- If applicable, veterinarian specified withdrawal, withholding or discard time for meat, milk, eggs or any other food

Guidelines for extralabel use in food producing animals:

In addition to the requirements for extralabel use in all animals there are regulations specific for food-producing animals.

Extralabel drug use is only allowed if there is no approved animal drug that is labeled for such use, or that contains the same active ingredient in the required dosage form and concentration. Alternatively, an approved animal drug exists, but a veterinarian finds, within the context of a veterinarian/client/ patient relationship, that the approved drug is clinically ineffective for its intended use.

It is important to note that AMDUCA does not permit extralabel use of drugs in animal feed. AMDUCA also does not permit extralabel drug use for production purposes.

Prior to prescribing or dispensing a food-animal drug for extralabel use the veterinarian must:

- Make a careful diagnosis and evaluation of the conditions for which the drug is to be used.
- Assure that the identity of the treated animal(s) is carefully maintained.
- Use appropriate scientific information to establish a substantially extended withdrawal period prior to marketing milk, meat, eggs or other edible products from the treated animals.
- Take appropriate measures to ensure that the recommended withdrawal times are met and no illegal drug residues occur.
- If there is insufficient scientific information available to determine a withdrawal interval, the veterinarian must not use the drug or the treated animal must not enter the food supply.

Use of a human drug, or an animal drug that is only approved for use in nonfood-producing animals, has further restrictions. These drugs are not permitted if a drug that is labeled for use in a food-producing animal can be used in a labeled or extralabel manner.

The extralabel use of certain drugs is prohibited in food animals. This list may be amended by the Food and Drug Administration. Thus, the following list is accurate as of the publication date of this document.

- Prohibited therapy in food animals: chloramphenicol, clenbuterol, diethylstilbestrol, dimetridazole, ipronidazole, other nitromidazoles, furazolidone, nitrofurazone, glycopeptides, fluoroquinolones.
- Prohibited therapy in lactating dairy cows: any sulfonamide except for approved uses of sulfadimethoxine, sulfabromothiazine and sulfaethoxypyridazine.
- Prohibited therapy in female dairy cattle 20 months of age or older: phenylbutazone.
- Prohibited therapy in chickens, turkeys, and ducks: adamantane and neuraminidase inhibitor classes of drugs that are approved for treating or preventing influenza A.
- Prohibited cephalosporin (excluding cephalixin) use in cattle, swine, chickens and turkeys:
 - Using cephalosporin drugs at unapproved dose levels, frequencies, durations or routes of administration is prohibited.
 - Using cephalosporin drugs in cattle, swine, chickens or turkeys that are not approved for use in that species (e.g., cephalosporin drugs intended for humans or companion animals):
 - Using cephalosporin drugs for disease prevention.

Guidelines for extralabel use in nonfood-producing animals:

AMDUCA also applies to medical decisions in nonfood producing animals. There is greater latitude for extralabel use in nonfood producing animals. However, the requirements stated above for "all animals" must still be followed. In addition, veterinarians should consider the following when treating nonfood-producing animals:

- Veterinarians may use approved animal and human drugs for therapeutic purposes in an extralabel manner so long as there is no threat to public health.
- An approved human drug may be used for treatment in an extralabel manner even when an identical, approved animal drug exists.
- Extralabel use of a drug labeled for another animal species can be used only if there is no approved, appropriate drug that is labeled for use in the patient's species or if an approved drug exists for the patient's species but is found by the veterinarian to be clinically ineffective.
- Extralabel use without a VCPR is illegal in all animals.

Guidelines for compounding of approved new animal and approved human drugs in all animals:

Compounding from FDA-approved drugs is considered extralabel drug use under FDA rules.

Compounding is the customized manipulation of an approved drug(s) by either a veterinarian, or by a pharmacist upon the prescription of a veterinarian, to meet the needs of a particular patient. For example, mixing two injectable drugs is compounding. Preparing a paste or suspension from crushed tablets is another example of compounding. Likewise, adding flavoring to a drug is compounding.

Compounding is not allowed unless there is no approved new animal or approved new human drug that, when used per label or in an extra label fashion, can appropriately treat the condition diagnosed.

- Compounding must be done by or under the order of a veterinarian.
- Compounded drugs must not be used for production or performance purposes.
- A compounded human drug cannot be used in a food-producing animal if a legally compounded animal drug can instead be used.
- Compounded drugs must be prepared from FDA-approved drugs
- The volume of compounded drug must be commensurate with the anticipated need for use in individual patients.
- State laws on compounding must also be followed.
- A veterinarian must be cognizant of the need to maintain a safe food supply. Specifically, veterinarians must not allow entry of a treated animal into the food chain, if there is insufficient scientific evidence indicating a proper withdrawal interval after treatment.

Background:

- [AVMA Brochure: Extralabel Drug Use](#)
- [Use the Interactive Extralabel Drug Use Algorithm](#)

Client Requests for Prescriptions

The following recommendations are offered as a guide to prescribing and client purchases:

1. Drug therapy, when medically indicated, should be initiated by the attending veterinarian in the context of veterinarian-client-patient relationship. Clients that wish to purchase their prescription drugs from a pharmacy rather than the veterinarian should be advised to first obtain a prescription from their veterinarian before contacting a pharmacy. The veterinarian may choose to either issue the prescription in writing for the client, or contact the pharmacy electronically or by phone.
2. Veterinarians shall honor client requests to prescribe rather than dispense a drug (AVMA Principles of Veterinary Medical Ethics). The client has the option of filling a prescription at any pharmacy.
3. One factor in evaluating the quality of an Internet pharmacy is accreditation by a recognized organization such as the National Association of Boards of Pharmacy (NABP). The NABP has developed the Vet-VIPPS program designed to ensure that Internet pharmacies that sell veterinary drugs are properly licensed and meet other program requirements. Further information is available at www.nabp.net.
4. Veterinarians asked by pharmacies to approve prescriptions they have not initiated should do so only if the prescription is appropriate and a veterinarian-client-patient relationship exists.
5. It is within the veterinarian's (not the pharmacy's) purview to determine the medical criteria whereby a drug is indicated.
6. As with any prescription, a written record should be maintained.
7. Prescribing veterinarians should ensure that information regarding the proper use and dosage of the prescribed drug and the risks associated with its use are communicated to the client, regardless of the drug source.
8. If a client asks about obtaining drugs from a foreign country through an Internet source they should be aware that the importation and use of drugs not approved by the FDA is illegal.

Background:

- [Prescriptions and Pharmacies: For Veterinarians \(FAQ\)](#)
- [Prescriptions and Pharmacies: For Pet Owners \(FAQ\)](#)
- [HOD Resolution #4 - 2012: Revised Principles of Veterinary Medical Ethics](#)

AAHA-AVMA Canine Preventive Healthcare Guidelines

Note: These guidelines have been adopted jointly by the AVMA and the American Animal Hospital Association.

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Frequency of Visits

All dogs should have a veterinary examination at least annually. For many dogs, more frequent visits may be appropriate. Decisions regarding specific frequency of visits should be based on individual needs of the dog.

Health Evaluation

Subjective

History, including evaluation of life style and life stage, behavior, and diet

Objective

Comprehensive physical examination, including dental assessment, pain assessment, and body and muscle condition scoring

Assessment

On the basis of history and physical examination findings, assessments are made for:

- Medical conditions
- Infectious and zoonotic diseases
- Parasite prevention and control
- Dental care
- Genetic, breed, and age considerations
- Behavior
- Nutrition

Plan

Client communication and education plan to include:

- Diagnostic plan:
 - Every dog should have:
 - Annual heartworm testing
 - At least annual internal parasite testing
 - Customized plan based on assessment:
 - Other diagnostic tests (including dental radiography)
 - Early disease screening tests

- Genetic screening tests
- Therapeutic plan:
 - Every dog should receive:
 - Year-round broad-spectrum parasite control with efficacy against heartworms, intestinal parasites, and fleas
 - Customized plan based on assessment:
 - Tick control as indicated by risk assessment
 - Therapeutic recommendations
 - Dental recommendations
 - Behavioral recommendations
 - Dietary recommendations
- Prevention plan:
 - Every dog should have or receive:
 - Immunizations with core vaccines in accordance with existing guidelines
 - Rabies virus
 - Canine distemper virus
 - Canine parvovirus
 - Canine adenovirus-2
 - Appropriate identification including microchipping
 - Reproductive and genetic counseling and spaying or neutering unless specifically intended for breeding purposes
 - Customized plan based on assessment:
 - Immunization with non-core vaccines in accordance with existing guidelines
 - Other preventive recommendations and counseling regarding zoonotic diseases
- Follow-up plan:
 - Establish a plan for follow-up based on assessment and future care recommendations
 - Set expectations for next visit
- Documentation:
 - Thorough documentation of the patient visit

These guidelines were developed jointly by the American Animal Hospital Association and the American Veterinary Medical Association to provide information for practitioners regarding the care and treatment of their canine and feline patients. The information contained in these guidelines should not be construed as dictating an exclusive protocol, course of treatment, or procedure. These guidelines are not intended to be an AAHA or AVMA standard of care. Development of these guidelines was supported through an educational grant from the Partnership for Preventive Pet Healthcare.

Related Policies

- [AAHA-AVMA Feline Preventive Healthcare Guidelines](#)

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AAHA-AVMA Feline Preventive Healthcare Guidelines

Note: These guidelines have been adopted jointly by the AVMA and the American Animal Hospital Association.

 [View PDF version](#)

Frequency of Visits

All cats should have a veterinary examination at least annually. For many cats, more frequent visits may be appropriate. Decisions regarding specific frequency of visits should be based on individual needs of the cat.

Health Evaluation

Subjective

History, including evaluation of life style and life stage, behavior, and diet

Objective

Comprehensive physical examination, including dental assessment, pain assessment, and body and muscle condition scoring

Assessment

On the basis of history and physical examination findings, assessments are made for:

- Medical conditions
- Infectious and zoonotic diseases
- Parasite prevention and control
- Dental care
- Genetic, breed, and age considerations
- Behavior
- Nutrition

Plan

Client communication and education plan to include:

- Diagnostic plan:
 - Every cat should have:
 - Heartworm testing in accordance with existing guidelines
 - Retrovirus testing in accordance with existing guidelines
 - At least annual internal parasite testing
 - Customized plan based on assessment:
 - Other diagnostic tests (including dental radiography)
 - Early disease screening tests
 - Genetic screening tests

- Therapeutic plan:
 - Every cat should receive:
 - Year-round broad-spectrum parasite control with efficacy against heartworms, intestinal parasites, and fleas
 - Customized plan based on assessment:
 - Tick control as indicated by risk assessment
 - Therapeutic recommendations
 - Dental recommendations
 - Behavioral recommendations
 - Environmental enrichment recommendations
 - Dietary and feeding recommendations
- Prevention plan:
 - Every cat should have or receive:
 - Immunizations with core vaccines in accordance with existing guidelines
 - Rabies virus
 - Feline panleukopenia virus
 - Feline herpesvirus-1
 - Calicivirus
 - For kittens, feline leukemia virus*
 - Appropriate identification including microchipping
 - Reproductive and genetic counseling and spaying or neutering unless specifically intended for breeding purposes
 - Customized plan based on assessment:
 - Immunization with non-core vaccines in accordance with existing guidelines
 - Other preventive recommendations and counseling regarding zoonotic diseases
- Follow-up plan:
 - Establish a plan for follow-up based on assessment and future care recommendations
 - Set expectations for next visit
- Documentation:
 - Thorough documentation of the patient visit

These guidelines were developed jointly by the American Animal Hospital Association and the American Veterinary Medical Association to provide information for practitioners regarding the care and treatment of their canine and feline patients. The information contained in these guidelines should not be construed as dictating an exclusive protocol, course of treatment, or procedure. These guidelines are not intended to be an AAHA or AVMA standard of care. Development of these guidelines was supported through an educational grant from the Partnership for Preventive Pet Healthcare.

*Feline leukemia virus vaccine is considered a non-core vaccine but is highly recommended for kittens according to American Association of Feline Practitioners Feline Vaccine guidelines.

Related Policies

- [AAHA-AVMA Canine Preventive Healthcare Guidelines](#)
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Practice of Soring

The AVMA endorses the American Association of Equine Practitioners' position on the practice of soring, which reads as follows:

"The AAEP condemns the practice of 'soring,' as legally defined in the Horse Protection Act of 1970 (HPA), to accentuate a horse's gait for training or show purposes. The AAEP supports the efforts of APHIS in the application and enforcement of the HPA as outlined in the APHIS Horse Protection Operating Plan and strongly recommends imposing sufficient sanctions to prevent these practices. As legally defined in the HPA, 'soring' refers to:

- An irritating or blistering agent has been applied, internally or externally, by a person to any limb of a horse;
- Any burn, cut, or laceration has been inflicted by a person on any limb of a horse;
- Any tack, nail, screw, or chemical agent has been injected by a person or used by a person on any limb of a horse; or
- Any other substance or device has been used by a person on any limb of a horse or a person has engaged in a practice involving a horse, and, as a result of such application, infliction, injection, use, or practice, such a horse suffers, or can reasonably be expected to suffer, physical pain or distress, inflammation, or lameness when walking, trotting, or otherwise moving, except that such term does not include such an application, infliction, injection, use, or practice in connection with the therapeutic treatment of a horse by or under the supervision of a person licensed to practice veterinary medicine in the State in which such a treatment was given."

Literature Reviews:

[Soring in Horses](#) (PDF)

Additional Resources:

[Soring: Unethical and Illegal](#) (Factsheet)

[Other Soring Resources](#)

Transmissible Spongiform Encephalopathies

Transmissible spongiform encephalopathies (TSEs) are important diseases of animals and humans worldwide. The AVMA encourages dissemination of scientific knowledge of the etiology, epidemiology, prevention, and control of TSEs as well as educational materials. The AVMA supports and encourages national and state surveillance, monitoring, and control programs. The AVMA encourages the USDA and US Department of Health and Human Services to support research for the development of new rapid diagnostic tests, control measures, cleaning and disinfecting procedures, and investigation of the zoonotic potential of TSEs.

Transport of Dogs in Motor Vehicles

Transport of dogs, loose or tethered, in open cargo areas of motor vehicles is not safe. Properly secured, size-appropriate kennels that are appropriately ventilated and allow climatic conditions suitable for a dog's breed and conditioning to be maintained are the preferred means of transport of dogs when in open cargo areas of motor vehicles.

Backgrounders:

[Welfare Implications Dogs Traveling in Truck Beds](#) (PDF)

Vaccination Principles

Vaccines protect patients by providing a level of resistance to a disease beyond their innate immune status. Each aspect of vaccine efficacy and duration of immunity is multi-factorial and often difficult to predict in all cases. Further, no vaccine is completely safe and effective in all situations for all animal patients. The American Veterinary Medical Association (AVMA) believes that a medically based approach to vaccination protocols is an appropriate method to address the preventive health needs in multiple species, breeds and individual patients.

The use of vaccination is essential to the health of veterinary patients as well as the general public. Medical decisions related to vaccines, vaccine administration and development of vaccine protocols are among the most complicated decisions in medical practice. Appropriate decisions concerning individual vaccine selection and vaccination program choices are best made under veterinarian-client-patient relationships, wherein the practitioner and client must determine the best patient care programs for implementation. Veterinarians should create a core vaccine program, intended for use in the majority of animals in their practice area as well as a non-core vaccine program, intended for special circumstances/situations for animals in this same practice area and consider the potential for endemic disease exposure, susceptibility to disease and risk/benefit ratios. Veterinarians with an established veterinarian-client-patient relationship are in the best position to make educated recommendations as to the appropriate core and non-core vaccine programs. Vaccine programs should consider all emigration and immigration of animals within a geographical area and the risk of disease in the clinically relevant environment. Vaccine programs should follow all governmental regulations.

It is recommended to follow label indications/recommendations; however, veterinarians may legally exercise discretionary judgment in some instances if medically justified and when in compliance with all governmental restrictions that may apply. All manufacturers' information, concerning vaccine handling guidelines, (e.g. for temperature, light, transport, expiration date, withdrawal, and disposal) should be followed to help ensure vaccine efficacy, safety, and shelf life. Specific directions as to the method of diluent and antigen mixing should be strictly adhered to so as to avoid antigen destruction as well as adverse chemical or physical interaction(s). Failure to administer a vaccine in the method deemed appropriate by the manufacturer (e.g. allowable concurrent treatments, method of administration) may result in suboptimal protection and/or adversely alter the established safety profile of the product. All manufacturer cautionary warnings on vaccines should be followed. Veterinarians should recognize that failure to use vaccines according to manufacturer-labeled directions may result in potential liability to the veterinarian in the case of an adverse event.

Protective immunity, in the majority of animals, occurs within 21 days following the initial vaccination. Booster vaccination(s) may be required to ensure immunity for the period designated by the manufacturer. Immunity is dependent on multiple factors, including but not limited to, medical history, vaccine type, method of administration, age, and species being vaccinated. The client is encouraged to rely on their veterinarian's professional acumen to determine the most reliable interval between vaccination and onset of protection against disease.

Programs targeting prompt immunization of susceptible animals are critical in ensuring patient longevity, optimal health and production management. Veterinarians should recall that animals must be physiologically healthy and immunologically competent to respond to the vaccine. When serological titers are used to help determine the vaccination/protection status of an animal, veterinarians should make sure these data have been clinically correlated to host-animal protection studies for the specific diseases and species being tested. For most common vaccine antigens, the correlation between serological response to vaccination, long-term serostatus, and protection in the host animal has not been adequately established. The lack of these data often precludes practitioner's ability to make well-informed vaccination decisions based on serostatus alone.

Vaccination and revaccination programs, for preventive health care, should be designed to maintain the health of the animals and public health while minimizing adverse effects. Veterinarians should evaluate the risk/benefit ratio to vaccination before implementation on any individual patient or group of animals. Vaccine protocols must be developed in consideration of patient husbandry, endemic disease, geographical location, patient disease susceptibility and immune status. Other factors in the establishment of vaccine management protocols are the general health of the patient, the vaccine antigen/adjuvant combination, methods of administration and concurrent drug or chemical use.

Though vaccine products are continually improving, scientific understanding of vaccine pharmacology and immunology remains incomplete with respect to the prediction and prevention of any/all potential adverse events. Current adverse event reporting systems need significant improvement in the capture, analysis and reporting of adverse events. All adverse events (including protection failures) should be reported to the manufacturer and the United States Department of Agriculture (USDA) to help ensure the continued safety and efficacy of veterinary vaccines.

In developing a vaccine program there are multiple sources of information available from, but not necessarily limited to species and specialty groups, manufacturers, government agencies and other experts. Additional information may be available through the manufacturers' package inserts and government agencies, in particular the USDA's Center for Veterinary Biologics. The AVMA continues to advocate for the increased availability of animal vaccines that are safe, efficacious, scientifically based, and clinically practical, to provide practitioners with a basis for developing vaccination programs that maximize the benefits and minimize the associated risks for the patients under their care.

Background:

[USDA Veterinary Biologics: Use and Regulation](#)

Related Policies:

[Revaccination Interval](#)

Revaccination Interval

The AVMA encourages the USDA APHIS Center for Veterinary Biologics to ensure the scientific basis of vaccine label revaccination interval recommendations.

Background:

- [USDA Veterinary Biologics: Use and Regulation](#)

Related AVMA Policy: [Vaccination Principles](#)

Annual Rabies Vaccination Waiver

The American Veterinary Medical Association (AVMA) strongly supports the National Association of State Public Health Veterinarians' (NASPHV) recommendation that all dogs, cats, and ferrets should be vaccinated to protect against rabies infection. Rabies is an almost invariably fatal disease for animals and humans; vaccination of animals is a critical step in preventing infection and protecting public health. However, AVMA recognizes some animals might require a waiver from rabies vaccination because the vaccination poses an unacceptably high risk to the health of the individual animal, or a waiver might be necessary for research purposes. If adequate steps can be taken to minimize the chance of exposure to rabies virus, the AVMA recommends that such animals be granted a waiver from mandatory rabies vaccination, upon recommendation of a licensed veterinarian and with the concurrence of the appropriate public health authorities. The attached "Model Annual Rabies Vaccination Waiver Form" may be used as a template for this purpose.

Because rabies continues to be a significant public health issue, waivers should not be issued arbitrarily upon client request and should be based upon clinical evidence that the animal would be at considerable risk of being harmed by the vaccine because of a diagnosed medical condition. Modern killed virus or recombinant rabies vaccines have no risk of inducing rabies in the vaccinated animal and are not contraindicated in most immunocompromised animals. Advanced age of the animal or a desire on the part of the client or veterinarian to minimize the use of vaccinations (in the absence of a specific contraindication to vaccination) should not be considered sufficient justification for issuing a rabies vaccination waiver.

To ensure that the risk to both the individual animal and to public health is considered, a waiver of rabies vaccination should only be issued when a licensed veterinarian with a valid veterinarian-client-patient relationship with the animal and the appropriate public health authorities concur that the waiver should be issued. The client must be informed that, even if a waiver is issued, the waiver only serves to allow the animal to be properly licensed in compliance with animal control regulations. In the event that the animal is involved in a potential rabies exposure incident, the animal should be considered unvaccinated against rabies for the purpose of appropriate public health regulations or when following the recommendations of the NASPHV Compendium of Animal Rabies Prevention and Control. All rabies vaccination waivers should be reconsidered at least yearly and, if appropriate, may be renewed on an annual basis following a reassessment of the animal's condition.

Although the AVMA supports the existence of a process for issuing waivers of rabies vaccination requirements in every jurisdiction, this policy should not be construed as justification for failing to vaccinate animals for rabies in jurisdictions where such vaccination is required by law and no waiver or delay process exists.

[Annual Rabies Vaccination Waiver Form](#)(PDF)

Relevant AVMA Policy:

- [Rabies Policy](#)

Importation and Interstate Movement of Wildlife and Exotic Animals

The AVMA recommends that appropriate state and federal agencies develop, implement, and enforce regulations prohibiting the importation and interstate movement of wildlife and exotic or invasive animals when there is reasonable probability that such movement may spread diseases that threaten the health of humans, domestic animals, or wildlife (eg, chronic wasting disease, pseudorabies, rabies, tuberculosis, brucellosis, monkeypox, foot and mouth disease, Ebola hemorrhagic fever, avian influenza, and Newcastle disease). This position recognizes that planned release and relocation, when performed with adequate controls and planning by wildlife, agriculture, and public health authorities, are valid management tools, especially in species propagation and recovery plans. Consideration should be given to all potential impacts of movement of wildlife, such as genetics, parasites, and pathogens and should be science based.

Relevant AVMA Policy:

- [AVMA Policies Related to Wild Animal Species and Their Hybrids](#)