



ANNUAL BOARD UPDATE

STATE OF NEVADA BOARD OF VETERINARY MEDICAL EXAMINERS

NOVEMBER 2008

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Thank You

The Board members and staff would like to thank Christopher Yach, DVM, for his nine years of leadership, dedication, and commitment to this Board and the citizens of Nevada.

From The President

As we enter our final quarter of the 2008 year, it is time to look back and summarize some of the current issues and changes, along with items being implemented and researched by your current Board of Veterinary Medical Examiners. This is an opportune time to realize that this Board does much more than hear and rule on consumer complaints, as well as serve as a licensing body.

Currently, we are proposing Legislative changes which would allow reciprocity of veterinary licensees for our state; therefore, allowing experienced veterinarians, in good standing, eligible for licensure. We are also proposing to update our standards for allowing foreign equivalency program graduates to obtain a license, as well as recognizing Licensed Veterinary Technicians who are credentialed specialists in particular fields recognized by the AVMA. Changing our license renewals to bi-annual, clarifying what veterinary technicians may do during dental procedures, and expanding the abilities of Euthanasia Technicians to include microchipping are but a few of the current topics.

We now have a compliance investigator, Jenna Horton, LVT, who conducts inspections of veterinary facilities for disciplinary and educational improvement, to help us make sure we are keeping our facilities up to date. In an effort to ensure we are keeping Nevada veterinarians current on medical, surgical, and other related topics in our field, we also instituted random audits of licensees to ensure compliance of the continuing education requirements. While it is an arduous task, the Board office is in the process of making almost every aspect of the office (renewals, inspections, complaints, disciplinary findings

Christopher Eric Yach, DVM

etc.) assessable via computer, leading Nevada into the forefront of all state board offices.

I was appointed by this Board over nine years ago and decided to step down, allowing another fortunate veterinarian to take my place. I have had the pleasure to work with possibly the best Board staff in our country (Debbie Machen-Exec. Dir., Tracie Estep-Admin. Asst., Dr. Mike Chumrau, Investigator), and an assortment of veterinarians over the years who timelessly volunteer their time, offer their expertise, and genuinely give back to their profession in an effort to constantly improve and advance. I originally joined the Board in hopes of making the Board complaint process more equitable and less frightening, but learned along the way that the Board does so much more. During my tenure on the Board, I am proud to have seen such items as three accredited veterinary technician programs in our state, tasks and duties defined for Unlicensed Veterinary Assistants, cleaned up out-dated definitions and regulations in our Statutes and Practice Act, allowing human Physical Therapists and Chiropractors the ability to work on our patients legally, and most of all raising the standard of care expected from our profession in a state I am proud to call my home.

In the end, I thought all of these years of dedication were my gesture to give something back to my profession. In actuality, what it did was make me a better practitioner; learning firsthand the importance of excellent communication, documentation, thoroughness, and compassion. I would encourage everyone to become involved with our profession in some aspect, other than in their day to day jobs, as it opens your eyes to other opportunities, methods and experiences. Thank you, as I have enjoyed the entire show.



Internet Pharmacies, Transfer of Drugs, and Filling Prescriptions

By Richard C. Simmonds, D.V.M., M.S.

General guidelines regarding prescribing and dispensing drugs may be found on the AVMA's Web site (*What veterinarians should know about prescribing and dispensing*, at http://www.avma.org/issues/prescribing/prescribing_faq.asp).

In regards to whether to dispense a drug or write a prescription for a client, practitioners should honor the owner's preference to be given a written prescription if such is requested. The owner then has the choice of having the prescription filled at a local pharmacy or by an Internet pharmacy. In order to provide owners with the best advice regarding the use of Internet pharmacies, veterinarians should review the AVMA's *Position Statement on Internet Pharmacies*

(http://www.avma.org/issues/policy/internet_pharmacies.asp).

In addition, the FDA has an excellent "Buyer Beware" note on purchasing pet health products from Internet pharmacies on their Web site (at http://www.fda.gov/fdac/features/2006/606_pets.html) that veterinarians might want to download and provide to owners who indicate that they might be purchasing the prescribed drugs from an Internet pharmacy. In addition, owners may be referred to the National Association of Boards of Pharmacy's (NABP) Web site that discusses the desirability of using only Internet pharmacies that are listed on their Verified Internet Pharmacy Practice Sites (at <http://www.nabp.net/index.html?target=/vipps/intro.asp&>), although currently the veterinary Internet sites are not listed but may be in the future as the American Association of Veterinary State Boards is working with the NABP to list acceptable veterinary suppliers.

Based on questions raised by some veterinarians about "loaning" drugs to a colleague it is probably worthwhile reviewing what can and cannot be done. When transferring drugs that are

controlled by the DEA or the Nevada State Board of Pharmacy between practices (i.e., "borrowing" drugs), good documentation of the paper trail is essential. Schedule II Controlled Substances CAN NOT be transferred between licensees unless the supplying veterinarian is also licensed by the DEA as a supplier, effectively prohibiting one veterinarian borrowing a Schedule II product from another veterinarian. [For purposes of this note, it is assumed that veterinary practitioners will not be in possession of Schedule I Controlled Substances, thus, they are not addressed here.] In all other cases involving Scheduled drugs, documentation in the supplying practice's (Practice A) Controlled Substances records indicating the drug and amount transferred to Practice B, along with contemporaneous documentation of the drug's receipt in Practice B's Controlled Substances' records would provide acceptable documentation of the exchange. When Practice B "returns" the borrowed drug at a later date, the process is reversed documenting the transfer from Practice B to Practice A.



Another issue that has been presented to the Board regards whether or not a veterinary practitioner can fill a prescription written by another veterinarian, such as when tourists are passing through Nevada and need a prescription filled that was written by their regular veterinarian in their home state? The short answer is NO. Unless a veterinarian is licensed as a "pharmacy" or "dispensing practitioner," veterinarians cannot dispense drugs to fill a written prescription. As outlined in NAC 638.048(8), in order to dispense drugs a valid **veterinarian-client-patient relationship** (VCPR) must exist. In the hypothetical situation described above, or any other similar situation, the animal owner should present their pet to the veterinarian who then can establish a valid VCPR and dispense any necessary drug(s) based on his/her own evaluation of the animal.

It is good medical practice to offer necropsies in any of these situations. Those cases which may require documentation for use in a formal hearing should be done by a veterinary pathologist who can be an objective third party. We have several sources to turn to when these services are required such as Idexx Laboratories, Antech Diagnostics, diagnostic laboratories at the regional veterinary schools, and our own state diagnostic lab, Nevada Department of Agriculture. The state lab can be contacted at (775) 688-1182 for details. There is a minimal charge for a necropsy with histopathology, cultures/sensitivities, and other laboratory fees charged out at the lab's cost.

By Craig Schank, D.V.M.

Necropsy: Should I or Should I Not?

As I peruse our professional journals, I am often fascinated by the elaborate diagnostics used in an attempt to diagnose a medical condition, only to find later that the definitive diagnosis was obtained at necropsy. We all desire an accurate diagnosis leading to a successful treatment outcome and a healthy, **live**, pet. However, this is not always the case. Necropsies may be the only way to establish a cause of death, confirm a previously diagnosed condition or if the animal's death may present legal questions concerning the animal's care, protect the integrity of the veterinarian. It is this third reason I wish to address.

To quote from a past **Antech Diagnostics News**, concerning necropsies, "Certain situations surrounding the death of an animal may result in litigation either for the veterinarian or the client. Anesthetic deaths, previously healthy animals found dead, and suspected poisons are often very traumatic to owners who frequently demand answers. The sudden and unexpected death of a previously healthy animal while in the care of a veterinarian often raises the suspicion of malpractice in the mind of the owner."

Obtaining permission for a necropsy on a pet is not often a comfortable conversation, but should be a service offered when appropriate and noted, if declined, in the medical record. A necropsy may be the final puzzle piece to determine cause of death, be an answer to demanding questions and provide closure to a pet owner struggling with the loss of a pet.

Regulation Update

The following summarizes the Board's activities with respect to regulations that were adopted in 2008.

- Exemptions for LVT's that are employed by an animal control agency to perform specific animal health care tasks without direct supervision.
- Allowing Euthanasia Technicians to microchip after proper training.
- Requiring that physical examination notations be entered in the medical record prior to vaccinating an animal
- Allowing LVT's to remove teeth that have extreme mobility and stage 4 periodontal disease and retained deciduous teeth other than retained deciduous canine teeth.

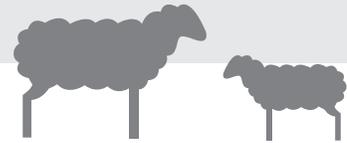
Legislative Update

The following summarizes the Bill Draft that has been sent to the Legislature for the 2009 session:

- Limits castration, dehorning, or vaccinating a domesticated

animal for friends or neighbors, to livestock rather than domestic animals such as dogs and cats.

- Defines which vaccinations for zoonotic diseases must be administered by a licensed veterinarian.
- Would allow licensed veterinarian's to consult with out of state veterinarians or specialists that do not have a license in this state.
- Allows the Board to evaluate any and all programs to ensure a high standard of international foreign graduates entering Nevada through the regulatory process.
- Allows the Board to evaluate licensed veterinarians from other States to ensure that they are at least equivalent to the current Nevada requirements of licensure.
- Revises the renewal requirement of a license or registration to provide that a license or registration be renewed biannually and reflects a schedule of maximum biannual renewal fees.
- Gives the Board the authority to adopt regulations regarding grounds for disciplinary action that could be taken against a veterinary facility.



By Beverly Willard

adopting regulations, conducting hospital inspections, disciplinary action, continuing education and the general wellbeing of Nevada's animals, to name a few.

I truly enjoy my position as the public member of this board and I have learned a great deal. When the doctors are using veterinary medical terms, I stop them and asked 'what does that mean?' I do this because I really want a thorough understanding of exactly what they are talking about. Many times they will explain it in terms I understand, before I even have to ask.

I have seen the care and concern that goes into every aspect of what this board is about. The public should know and appreciate that the members of this board have the wellbeing of their animals' utmost in their minds. You should feel confident in the knowledge that your animals are in good hands.

By Mike Chumran, D.V.M.

By now most of you are aware that hospital inspections are being done on a random basis throughout the state. No practice is exempt and all will be inspected. A new section has been added to *Anatomy of a Complaint* to make you aware of what we are finding as we travel North, South, East and West around the state. Jenna Horton, LVT, is on staff and is the primary hospital inspector. She will now be a speaker in the program and will be available to answer questions you might have regarding inspections.

The intent of *Anatomy of a Complaint* is to have an informative open forum that exposes veterinarians, and their support staff, to the requirements as outlined in the Nevada Practice Act. Anyone can lodge a complaint against a doctor, hospital, or licensed technician. Your knowledge of the practice act and management of the medical records is your defense when a complaint is filed with the State Board.



View from Public Member

As the public member of Nevada's State Board of Veterinary Medical Examiners, I am the representative of the general public and have their best interest in mind regarding the decisions made by the Board.

Having owned several horses, dogs and cats, I felt I could be a beneficial member of this board, understanding the care that goes into having large and small animals.

Since being appointed, I have seen first hand the care and concern of the veterinarians who serve and have served on this board and not one of them have taken the decisions that had to be made lightly.

Each and every case that comes before the board is researched, investigated, discussed and decisions are made in the most sincere manner, whether for the complainant or for the defendant.

Some of our other duties include, but are not limited to, licensing,

Anatomy of a Complaint

This program, *Anatomy of a Complaint*, is being sponsored by the State Veterinary Board and the Nevada Veterinary Medical Association to provide information you need in daily practice. It gives licensees two hours of CE credits and is an excellent tool for educating your hospital staff to the regulations that effect veterinary hospitals. Employees often question why they are required to do things a certain way. They have no idea that veterinary medicine is regulated and that veterinarians, as well as licensed technicians, are held accountable for the standard of care when diagnosing and treating patients. If you have attended this program in the past, as with many things, it is always good to have a refresher. The program is constantly being updated to reflect new laws and regulations. It also covers current complaints that have required discipline in the State of Nevada. This is a great way to learn from mistakes of others.

Hospital Inspections

By Jenna Horton, LVT

The board has decided to do random hospital inspections on all facilities in the state of Nevada. The plan is to inspect each facility every 2-3 years. They have decided to discontinue the yearly self inspections; however, you can still obtain a copy of the self inspection form on the NBVME website. The purpose of these inspections is to regulate and verify compliance; educate the veterinarians, technicians and staff on state regulations; and aide in protecting the clinic, the public, and their animals.

Most commonly seen violations include: controlled drug logs, controlled drug access and expired controlled substances; prescription labels lacking expiration date or serial number; inappropriate sterilization labeling; lack of documentation in record keeping; lack of TPR, MM color and thoracic auscultation findings for every exam; proper licensure posted in the appropriate places.

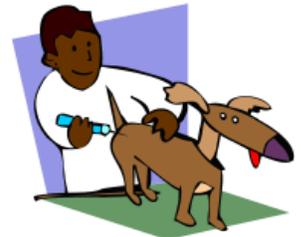
Upon completion of the inspection, if any non-compliance is found, a notice of non-compliance form will be presented, along with explanation of each. Each facility will then have 30 days to correct the issues, unless otherwise stated. Each facility will need to make the appropriate changes and send a letter, along with supporting documents, to the board confirming these corrections. The documents are reviewed and if found acceptable, the board will then acknowledge compliance with a letter to the doctor-in-charge. If the facility does not make the appropriate corrections, a follow-up inspection, complaint filed by the board or fine may follow.

Your efforts towards compliance are valued. We appreciate your time and patience as we work together to maintain the standard of veterinary care in the state of Nevada.



Protocol for Expired Controlled Substance Disposal

Due to the influx of requests for expired controlled substance retrieval by the Nevada State Board of Pharmacy, a new protocol has been implemented for disposal of controlled substances, until another option can be developed. The current protocol for disposing of expired controlled substances, determined by the Nevada State Board of Pharmacy in conjunction with the NBVME, is as follows:



- Obtain a DEA form 41 from either the DEA's website or from contacting the NBVME office.
- Complete the form.
- You may dispose of your expired substances in your facility with a person available to witness the disposal.
- To dispose of the substances the recommended methods are to crush the tablets, cut up duragesic patches into small pieces (make sure gloves are worn when cutting patches) and pull up injectables into a syringe. Take these items and mix them into dirty kitty litter or used coffee grounds and throw them in the garbage.
- An alternative method of disposal is using a reverse pharmacy like Guaranteed Returns.

The witness will need to sign the DEA form 41 to make it complete. Make 3 copies of the completed form. Keep the original for your records; send one copy to each of the addresses below:

Nevada State Board of Veterinary Medical Examiners
4600 Kietzke Lane, Building O, Suite 265
Reno, NV 89509

Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

Drug Enforcement Agency
255 East Temple Street
Los Angeles, CA 90012



What is the Standard of Practice of Veterinary Medicine in Nevada?

By Gary Ailes D.V.M., Past-President

This is a review of several parts of the Nevada Practice Act and how the board views its responsibilities, which incorporates protecting the public. The essence of the matter is the board acts based on the law and the collective experience of its members. The members take into account where you practice, what is being taught in veterinary schools and in continuing education meetings.

We will start with the veterinarian-client-patient relationship. In order for medical treatment or surgery to occur, an animal needs a current examination or a visit to the patient's premises to evaluate the animal. Rechecks and evaluations are necessary with medications that may have side effects that could affect the animal. The record for the initial exam or a follow up for medication must have a current temperature, pulse, respiration, gum examination, and thoracic auscultation noted. In reality, the more information listed in the record, the better off a person is, should a complaint be filed. It is especially important to have your thoughts listed as to what is going on and how you are proceeding, even if you are a solo practitioner.

In conjunction, the owner must give informed consent for a procedure and needs to be updated daily or more often, if new or more procedures are being added to the diagnostic information. One of the toughest places for this is during a dental, when more extractions or other procedures need to be done and permission needs to be given over the phone. Regardless, calling and giving an update as to the cost and need for the new procedure can save a great deal of heartache later.

Anesthesia seems to be an issue that this board deals with at every meeting. Our regulations state there must be a gas anesthetic machine and the accessories needed to go along with the gas anesthetic, such as endotracheal tubes and different size bags to match the size of the dog. In addition, the surgical time and methods of monitoring need to be listed in the record. An easy way to do that is to record induction time, anesthetic start and finish time and the methods of monitoring

News from a Novice

The first few meetings of the State Board have been quite an eye opener in learning the protocols and inner workings of the Board. It has been a challenge learning how to investigate complaints, communicate effectively with all of the parties involved, voting with discernment, and gaining insight into what things are on the horizon for the profession with regard to the legislative process. It certainly has served to make myself a better practitioner and elevated the level of care and communication with the clients and my staff. What a blessing it has been.

We had an interesting case a couple of weeks ago. It should not have been, but it was. My wife (aka Dr. Ann) who has been my partner, my associate, and my best friend for the past three decades, asked me about a case that she followed through on while I was out of town for some CE at the Broncos-Chargers game. You know the one, the last minute come from behind, blown fumble call, 2 point conversion game.

while under anesthetic, along with the recovery time and when the tube was removed.

Aseptic surgery happens in a separate surgical suite with the surgeon (along with anyone assisting) wearing a sterile gown and gloves. All those in the surgical suite must wear a sanitary cap and mask. In some small facilities in the rural areas, this might also be the treatment area; however, nothing else can be going in that room during the surgical procedure and it must be cleaned thoroughly prior to surgery. In the case of the smaller facility, written standards of procedure which refer to what can be happening when, will keep everyone informed. All members of the hospital team can refer to that document and it can save a lot of mental anguish during a facility inspection.

Back to dentals, this area of practice is moving forward about the same speed as an F15. More often than not, we are not doing dental prophylaxis but we are doing dental therapies. Dental prophylaxis are done on level 1 and perhaps teeth with level 2 tartar, which may include very mild gingivitis. Anything above level 2 tartar is dental therapy. To truly evaluate teeth with level 3 and level 4 tartar, x-rays need to be taken. While x-rays are not required by the board at this time, it can be foreseen that this will be a requirement in the next five to ten years. Forewarned is forearmed.

The last area to be addressed is client communications. Even though the board has no specific guidelines and this does not relate to a facility inspection, good communication can make all the difference in the world. Before making offhand comments, stop and think of how you would like to be addressed by the doctor of your child. Informed consent is only part of the situation. Helping a client feel good about everything you are doing for their pet can make a huge difference. Letting them know how much you care is more important than letting them know how much you know. That may occasionally require that you spend time after hours holding the clients hand, while helping them make the best decision for the well being of their pet.

By Scott Bradley D.V.M.

She said she read the notes and couldn't figure out where I was going with it. Naturally, I looked through the notes that I had made thinking it should be obvious but I couldn't even figure out where I was going with it.

It took some sitting down, about a half of a cup of coffee and some serious back tracking to figure out and explain it well enough to her to be able to discuss where it should be going. After I added an addendum, the record was finally complete.

So if Dr. Ann, who knows the inner workings of this cranium usually better than the owner of the cranium, can't figure it out, how could I possibly appear before the Board and explain what my thought processes were? Every quarter we as a Board sit for a day to listen to case after case and the most frequent challenge is to try to figure out where the doctor was going with this case. Mea culpa.

Continued on page 8

Disciplinary Action			
The following is summary of disciplinary action taken by the Board in the past year:			
Case #	Area of NV	Violations	Conditions of the Order
GS01-012407	Las Vegas	Inappropriate anesthetic protocol, pain management, and incomplete medical records.	<ul style="list-style-type: none"> • Order of Probation-2 yrs • A Boarded Surgeon or a Boarded Anesthesiologist must evaluate the current anesthetic protocol and provide training to the licensee until the licensee meets the minimum standards in regards to anesthesia.
GS101907	Las Vegas	Requirements for reinstatement of veterinary license.	<ul style="list-style-type: none"> • Order of Probation-5 yrs • 10 hrs. of continuing education on the subject of professional ethics. • Attendance of two board meetings a year. • Licensee shall not be the veterinarian in charge of a facility.
PS01-052207	Las Vegas	<ul style="list-style-type: none"> • Negligence is that the Licensee used excessive and unnecessary force in restraining a biting animal causing distress to the dog. 	<ul style="list-style-type: none"> • 30 days suspension of license. • The Licensee shall be evaluated by a licensed professional and participate in stress and anger management treatment. • Pay attorney fees, investigative costs, and board costs of \$1000.00.
DN01-052307	Reno	Incompetence in that the Licensee administered an improper dose of methonidazole based on the physical examination and the medical history of another pet.	<ul style="list-style-type: none"> • Pay attorney fees, investigative costs, and board costs of \$400. • 2 hrs. of continuing education on the subject of pharmacology,
GN01-031407	Reno	Negligence in allowing an unlicensed assistant to perform intubation, a dental prophylaxis, and an extraction.	<ul style="list-style-type: none"> • Pay attorney fees, investigative costs, and board costs of \$400.00.
FS01-052507	Las Vegas	Negligence, in that the Licensee performed a procedure on an animal that was not authorized by the owner.	<ul style="list-style-type: none"> • Pay attorney fees, investigative costs, and board costs of 400.00.
FS01-052507	Las Vegas	Negligence, in that the Licensee, the supervising veterinarian, did not ensure that a LVT understood the procedure that was to be done on the animal prior to surgery. Specifically a procedure was done on an animal that was not authorized by the owner.	<ul style="list-style-type: none"> • Pay attorney fees, investigative costs, and board costs of \$400.00.

Case #	Area of NV	Violations	Conditions of the Order
HS01-073107	Las Vegas	Negligence, in that the Licensee while performing a cesarean section/OHE encountered complications during the surgery that led to the death of the animal.	<ul style="list-style-type: none"> • Probation 1 year • Licensee must perform all intra-abdominal surgeries under direct supervision during the term of the probation. • The Licensee must complete 100 spays under direct supervision. • Pay attorney fees, investigative costs, and board costs of \$500.00.
KN01-070207	Reno	Negligence, in that during a surgical procedure a rice bag was heated in a microwave by a supervised veterinary assistant and placed under the animal during surgery resulting in a thermal burn.	<ul style="list-style-type: none"> • Pay attorney fees, investigative costs, and board costs of \$400.00.
FS01-101907	Las Vegas	<ul style="list-style-type: none"> • Negligence, in that that Licensee dispensed the drug Zeniquin, a drug that is contradicted in a kitten with a dosage that exceeded the manufacturer recommendations in an adult cat. 	<ul style="list-style-type: none"> • 3 hrs. of continuing education on the subject of pharmacology. • Pay attorney fees, investigative costs, and board costs of \$400.00.
BR01-111407	Rural	A LVT performed a task that is only to be provided by a licensed veterinarian.	<ul style="list-style-type: none"> • Pay attorney fees, investigative costs, and board costs of \$250.00.
UAD01-112707	Reno	<ul style="list-style-type: none"> • A stand alone boarding facility was charged with diagnosing, treating and administering a prescription drug to an animal which was not prescribed by a veterinarian. An activity that is defined as the practice of veterinary medicine. 	<ul style="list-style-type: none"> • Pay an administrative fine of \$500.00 • Cease and Desist
	Rural	<ul style="list-style-type: none"> • Discipline in another state 	<ul style="list-style-type: none"> • Order of Probation that emulates the other state's discipline.
PS01-092807	Las Vegas	<ul style="list-style-type: none"> • Negligence in that the licensee failed to recommend fluids to a dehydrated surgery patient and failed to properly assess and treat for pain post-operatively. 	<ul style="list-style-type: none"> • Pay attorney fees, investigative costs, and board costs of 400.00 • 3 hrs. of continuing education on the subject of pain management; 3 hrs in fluid therapy; and 3 hrs in record keeping.



News from a Novice, continued from page 5

If I were to try to teach one lesson from this first term on the Board, it is to document in some legible manner what you are thinking, where you are planning on going with it, what the differentials are, and the conversations you have with the clients. You should also encourage your staff to do the same. This is a lesson apparently I'm still learning.

A side note to the communication theme arises from a case involving some records received from an emergency clinic that were not incorporated into the medical record. This situation left some confusion as to how to follow through from that point forward. Medical records received from another clinic, whether it be an emergency clinic, a specialist, or another practitioner should be reviewed by a doctor; and if indicated, an appropriate action plan should be implemented that would be of benefit to the patient and client. It could be something as simple as calling the client for a progress report or to schedule a follow up visit. It would be worth the effort.

As the speed of practice slows down during these challenging times, may we all take the opportunity to improve our communications with each other, our staff, and our clients in preparation for better times.

2008 Statistics

	2008	2007
<i>Number of New Veterinarians licensed</i>	58	94
<i>Total Number of Active Veterinarians licensed</i>	756	734
<i>Total Number of Inactive Veterinarians licensed</i>	199	196
<i>Number of new Board Certified Diplomates licensed</i>	1	6
<i>Total Number of Board Certified Diplomates licensed</i>	58	68
<i>Total Number of Veterinary Facilities licensed</i>	190	189
<i>Number of New Vet. Techs. licensed/pending</i>	72	73
<i>Total Number of Veterinary Technicians licensed</i>	375	368
<i>Total Number of Veterinary Technicians in Training</i>	149	136
<i>Number of New Euthanasia Technicians licensed</i>	12	14
<i>Total Number of Euthanasia Technicians licensed</i>	84	87
<i>Number of Animal Chiropractor Registrations</i>	4	4
<i>Number of Animal Physical Therapists Registrations</i>	2	2
<i>Number of complaints called into the Board office</i>	165	124
<i>Number of formal complaints filed</i>	79	59
<i>Number of complaints dismissed</i>	58	26
<i>Number of disciplinary settlement agreements</i>	12	13
<i>Number of administrative hearings held/pending</i>	1	1

Mission Statement

The Nevada State Board of Veterinary Medical Examiners was created in 1919 by the Nevada State Legislature for the protection of the public and their animals. It is composed of seven members appointed by the Governor. Board membership is comprised of six residents of the State of Nevada who have graduated from an approved veterinary college and who have been lawfully engaged in the practice of veterinary medicine for at least five years. One member must be a member of the general public. The board regulates the standards of conduct for the profession, reviews complaints and takes disciplinary action against licensees who have violated the statutes. The board develops and designs examinations and conducts them semi-annually for the licensure of veterinarians, veterinary technicians and euthanasia technicians, and renews their licenses on an annual basis. The Board also licenses approximately 194 Veterinary Hospitals in the State of Nevada.



Schedule of Important Dates

Examination Schedule - NAVLE

April 13-25, 2009 Deadline: January 6, 2009
 November 16 - Dec. 12, 2009 Deadline: August 4, 2009
 April 12-24, 2010 Deadline: January 6, 2010

Board Meeting Schedule

January 29, 2009 Reno
 April 23, 2009 Las Vegas

Examination Schedule - VTNE

January 18, 2008 Deadline: November 17, 2008
 June 20, 2008 Deadline: April 14, 2008