



# ANNUAL BOARD UPDATE

STATE OF NEVADA BOARD OF VETERINARY MEDICAL EXAMINERS

NOVEMBER 2010

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## From The President *By Craig Schank, DVM*

As I begin the ninth and final year of service as a member of the Nevada Board of Veterinary Medical Examiners, I feel inclined to express appreciation to a very dedicated staff and fellow board members. As I contemplate our purpose as a board as stated in our mission statement, the board was created in 1919 by the Nevada State Legislature for the protection of the public and their animals. The way we do this is through consistent review and refining of the practice act, the very document that is our collective guide in how we practice veterinary medicine. It not only protects the consumer we serve, but if followed as written, it protects us from consumer complaints. I encourage you all to keep up to date with the changes that have been made and review this document regularly. It can be accessed at the board web site [www.nvvetboard.us](http://www.nvvetboard.us).

Here is a brief update of the past years happenings. We added a new board member, Dr. Ronald Sandoval a small animal practitioner from Reno. We welcome our new hospital inspector, Ms. Christina Johnson, LVT also from the Reno area. She will continue to provide this very informative service to insure our hospitals and clinics are compliant in accordance to the practice act. We have retained the services of Mr. Louis Ling, Esq., as in house board council. He comes with a wealth of experience in medical boards. Several changes in the practice act are now revised, adopted regulations as of April 20, 2010. These include a regulation relating to the requirement to notice an owner when an animal will be left unattended after hours at a veterinary facility, revising fees for licensure (no increases here but a consolidation of fees into one area of the practice act for easy access), and amended requirements for continuing education for veterinarians and technicians beginning 2011. Veterinarians will require 20 hours of C.E. and licensed veterinary technicians will require 10 hours of C.E. per year to meet licensing requirements. Also, requirements have been amended to allow licensed veterinary technicians to implant microchips under indirect supervision of a veterinarian.

We invite you to attend our board meetings and become a part of the process that keeps our profession growing and viable. We have approved up to four hours of C.E. per year for Nevada licensed veterinarians and two hours of C.E. for Nevada licensed veterinary technicians per year for attendance at these meetings. We are confident that you will find them to be informative and educational.

I would like to conclude with some good advice that I was reminded of this past summer as I had the opportunity to spend a week at summer camp with a group of very rambunctious Boy Scouts. It follows somewhat in the lines of Dr. Scott Bradley's "Cardiology for the Soul" in this past year's Board Update Newsletter. We live in a state where the economy has had a more devastating effect than others mainly because of the high unemployment rate of many of its residents, our clients! I don't doubt that many practices have seen very little growth or loss of growth this year. Even though this weighs heavily on our minds, we must not become immersed in the "thick of thin things". Or to say it in another way, don't spend too much time taking care of things that do not really matter in the grand scheme of things. The Boy Scout slogan is "do a good turn daily". What sound advice! As we serve one another, especially those that may be struggling, it will lighten our individual burdens as we come to realize how blessed we really are. Good luck and God bless you this coming year.



## The Early Years as a Board Member

By Ronald Sandoval, DVM

My first year with the Nevada State Board of Veterinary Medical Examiners has been a very rewarding experience. The opportunities to work with other the other board members, staff, and council have given me a renewed appreciation of my career in veterinary medicine. In just one short year, I have learned a myriad of things to make my veterinary hospital one that I could be proud of. In my career, I have had the pleasure of working alongside four previous board members; Drs. Cornforth, Talbot, Gorrindo, and Burnett. They provided the guidance and mentorship a young veterinarian needs to succeed in this profession. Their experience as board members has allowed them to see the many facets of veterinary medicine, the good and the bad. They encouraged me to become a board member should I ever have the chance.

I am a 1986 graduate of Ohio State. Like other contemporary graduates, I was faced with the ominous task of passing the Nevada licensing exam. The board members contributed questions that focused on problems less likely seen in other areas of the country. It was rumored (rightfully so) to be far more difficult than the National and

California tests. Poisonous plants, red water, anthrax, bird silhouettes, high altitude sickness, and ophthalmology were all hit pretty hard. The board continues to regulate the licensing of applicants and ensures that each licensee maintains the continuing education hours needed to stay up to date with our ever changing profession.

The board's role, now, more than ever, is vital to veterinarians. "Dr. Google" can make your clients into veterinary specialists in just a few minutes time. They arrive at your door with downloaded articles that are far more persuasive than your own clinical and surgical experiences. Today's pet owners are more litigious than in the past. The board has placed an emphasis on defining the communication and documentation necessary between veterinarian and client. This protects the patient as well as the veterinarian. The board provides the guide lines that ensure that we deliver the proper standard of care and serve as a resource for keeping our practices running at the highest levels. We all benefit should we be faced with a civil lawsuit or board investigation. It is a privilege to serve the profession in this capacity.

## The Importance of Backing up Data

By Sam Allred, Advanced Computer Technology - [databitsnews@databitsnews.com](mailto:databitsnews@databitsnews.com)

Data created both in personal and business use is critical for users, regardless of the file types or cumulative sizes. Knowing the unpleasant feeling when you've just realized that you've lost data and don't have it backed up, or discovering your backup is corrupt – these feelings can add years of stress. The cost for data recovery on a failed hard drive is, "between – Ouch and Boing!" Quote from Bing Crosby in the movie 'White Christmas', and is a great illustration for how costly it can be in the data recovery process.

The adage of "an ounce of prevention is worth a pound of cure," is very applicable for backing up data. The following are great prevention measures to build on.

1. Operating Systems and programs need to have current updates installed and operating properly.
2. Anti-Virus (I know, it's a program and could easily be included with the first item) gets a special highlight because you should have a commercially licensed copy installed, current with virus definitions and running on a regular basis that fits the business needs. Commercial license, this means for everyone that's running a 'free' edition in a business environment, you're usually in breach of the End User License Agreement (EULA) and more significantly not getting the protection that your business needs.
3. Data should flow to a central location, whether you're in a workgroup or server environment – you want to keep all of your data consolidated in a central location. This will help minimize costs to effectively backup data. PS – this doesn't compromise secure files when setup properly.

Once you have a strong foundation in place, you're ready to begin exploring your options for how you want to backup your data. And there are a lot of options!

- CD/DVD
- Thumb Drive
- External Hard Drive
- Tape Drive
- Removable Hard Drive
- RAID configurations
- Continuous Data Protection (CDP) devices
- Remote Backup

This list includes just the types of media. There are additional variations to these options that include the type of backup that performs, how often, and many other options. There are two crucial things to consider when looking at all of these options;

1. Use multiple methods for backing up your data. No we don't want you to spend money just to spend money. There are cost effective combinations that are still considerably less expensive than the \$5,000 and up to have your data recovered from a physical drive failure. And nothing costs more than a drive that is too badly damaged to be recoverable.

2. Testing the backup! What good is a backup if you never verify the data is viable. Do this routinely and at a minimum, once a year.

ACT offers complimentary consultations regarding your backup and technology needs. Inquire and learn more about the options available for effective backups and other technologies.



## Most Asked Questions at a Routine Hospital Inspection *By Christina Johnson, LVT*

By now, many hospitals have experienced at least one inspection with a few still anxiously awaiting your first. Regardless of being inspected or not there are always questions and concerns. Here are a few of the most frequently asked questions and greatest concerns that have come up in the last year.

The number one question is how to dispose of expired controlled drugs. The Pharmacy Board and DEA no longer come to dispose of expired controlled substances and the expensive mail disposal system is no longer required. Now expired controlled substances can be destroyed in your hospital or clinic. The current acceptable method is to crush tablets, draw up injectables, or cut up fentanyl patches and mix with dirty kitty litter or used coffee grounds; once mixed the concoction can be disposed of in the trash. Whenever destroying controlled substances a witness must be present and the DEA form 41 must be filled out and sent to the DEA, the Pharmacy Board, and to the State Veterinary Board. Always keep a copy for yourself in case there is ever a question.

Drug logs tend to create headaches in many clinics. There is no single form in which a drug log must be presented, but there are a few standards that must be present in any drug log-date, client name, patient name, drug used and amount drawn. An ideal drug log will have an individual section or book for each drug being used to keep things more organized for the person in charge of reconciling the controlled drugs. Many clinics have added another column to the log for the "vial balance". In this column the volume drawn is subtracted from the volume that should remain in the vial to help insure and that all drugs drawn have been recorded.

An inventory log should also be with your drug logs showing exactly what your current stock is for each controlled substance. All shipping receipts for controlled substance should be available to support your inventory log for four years.

Sterilization of surgical equipment is another very confusing area for many hospitals. There are many different publications covering sterilization of surgical equipment and how long equipment remains sterile depending on sterilization method, storage and packaging. Sterilization times can vary from six months to two years depending on these variations. To simplify and help insure sterility the board has adopted a one year expiration policy on all surgical equipment and packs from sterilization date.

Another area of confusion during inspections focuses again around the sterilization of equipment. "Why are you writing us up for sterilization violations when I just sterilized everything yesterday?" Dating packs is essential to insuring proper rotation and sterility. Month, day, and year are required on all packs and pouches regardless of how they were sterilized.

The prescription serial numbers statute has been very misunderstood during many inspections. The serial number is simply a unique number assigned to an individual prescription and patient, similar to the prescription numbers found on human prescriptions. This number is required to help track prescriptions information back to a patient or a medication if the label has lost all of the necessary information in a human medical emergency. Many soft-

ware systems can be set-up to automatically assigned numbers, for those systems that cannot or hospitals that are not using a computer software system a manual ledger can be kept in a composition book numbered with corresponding prescription labels.

There are a few hospitals that have been unaware of the need for a Radiation Health Certificate granted by the Department of Health. This certificate is reissued every year and must be hanging in the radiology suite. If there is a dental radiography unit a second certificate is required and must be hanging near the unit or in the area the mobile unit is used.

A final area of upset has been the posting of licenses and permits. The facility permit and the veterinarians and licensed veterinary technicians licenses are all to be posted in a conspicuous place, meaning in a public area of the hospital. The Boards thinking behind this is that the public has a right to know who is working on their animal, the same way they have the right to know who their own personal physician is. Wallet cards are fine as long as they are out where the public can read them.

One thing to remember about hospital inspections, they are to help insure and up hold the standard of care here in Nevada. There are no fees associated with routine inspections. There is an attempt to inspect all of the hospitals in the state once every one to two years. While an inspection may not seem to come at the best time, many have found them to be educational, overriding any inconvenience.

Should you have more questions on drug logs, sample drug log pages, a better description of the manual prescription serial number process or any phone numbers, please email or contact the board office for any questions arising from this article.

### Other Contact Information:

DEA Forms: [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)  
 NV Dept. of Human Resources Radiological Section:  
 (775)687-7550 then press 3.





## Boarding In A Veterinary Hospital

By Mike Chumran, DVM

When pet owners make the choice to board their pet in a veterinary hospital their expectations for care exceed what they would expect to get at a boarding kennel. When their expectations are not met the veterinary board receives a consumer complaint naming the hospital and/or veterinarians and claiming neglect or negligence. Most all boarding agreements at hospitals have a clause that states that if an animal is injured or becomes ill while they are boarding the animals will receive treatments as determined by a veterinarian. With this in mind, keeping a boarding record of the care the animal, including weight during admittance and at discharge is important when that owner asks questions or when a complaint is filed.

There are times when the owner places restrictions as to the extent of the treatments, usually involving money. They need to know ahead of time that this decision could cause harm or further injury to their pet. This point stresses the importance of having a contact phone number or two where the owner or their agent can be reached in an emergency. What types of emergencies have occurred while an animal is boarding? Just a few that I remember and you must have more: Trauma from dog/ cat fights, trauma from dog/dog fights, trauma from cat/cat fights. The worst for me was when our hospital cat attacked an African Grey parrot, trauma when animals escape and get hit by a car, viral diseases that were incubating when you got WNL for your boarding exam,

blocked Tom cats, GVD, heat prostration when the air conditioning failed, dislocated hips from a slip in water or on ice, Von Willebrand post surgical in a boarder that was spayed, and seizures, just to name a few.

There are times when the owners are out of the country and cannot be reached. It is important to have an agent that can be contacted and has the owners' authority to consent to treatment. It is important that the boarding agreement contains a clause that gives permission to resuscitate and an approximate estimate of the cost. If the owners wishes a DNR order then that needs to be signed in advance.

Finally, be aware that it matters what you say to or tell an owner. If you say you are going to monitor an injured or sick animal that means that a veterinarian or LVT under the direct supervision of a veterinarian must visually, or in many cases, physically examine the animal each day. This responsibility cannot be delegated to unlicensed personnel. This is also true for animals that are kept overnight in the hospital for observation or monitoring. If the hospital does not have staff after hours then the visual or physical exam must be done once at night and first thing the following morning and the owners must have been informed that there is not staff in the hospital after posted hours. Records of these examinations, including but not limited to, TPR and weight, shall appear in the medical record of the patient for that day. The record shall be completed in a timely manner and if the entry is made by someone other than a licensee, it must be initialed by the veterinarian or LVT.



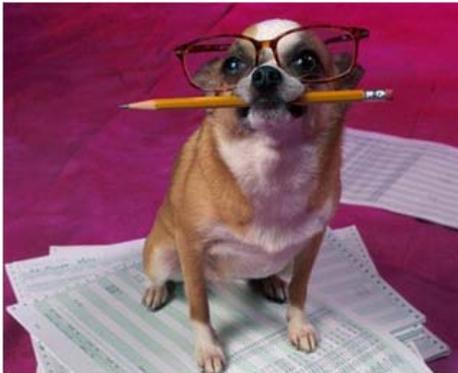
## Mission Statement

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, licenses veterinarians, veterinary technicians and veterinary facilities, reviews complaints and takes disciplinary action against licensees who have violated the Nevada Veterinary Medicine Practice Act (NRS/NAC 638).

## Continuing Education And The Audit Process By Richard C. Simmonds, DVM, MS

Nevada Revised Statutes (NRS 638.070, § 2(d) and (NRS 638.070, §1(a), respectively)\* authorize the Nevada State Board of Veterinary Medical Examiners (NBVME) to adopt regulations “concerning requirements for continuing education” (CE) and assess fines not to exceed \$500 if a licensee “makes a false or misleading statement on his application” (such as a false or erroneous claim for hours of CE obtained) for renewal of his license.

The Nevada Administrative Code (NAC 638.041 §1.)\* requires all veterinarians to “complete, during the 12-month period immediately preceding the beginning of the new licensing year, at least 15 hours of continuing education approved by the Board. Except for courses offered by the Veterinary Information Network, not more than 5 hours may be completed in distance learning or correspondence courses.” NAC 638.041 §2.\* requires all “licensed veterinary technicians” to “annually complete at least 5 hours of continuing education approved by the Board as a prerequisite for renewal of his license” during the 12-month period immediately preceding the beginning of the new licensing year. NOTE: Effective calendar year 2011, the required number of CE hours for veterinarians will be 20 per year and for veterinary technicians will be 10 per year. Other programs must be individually approved by the Board prior to award of CE hours.



NAC 638.042\* specifies what CE courses and programs may “be deemed to be approved by the Board” if the course or program is provided or approved by the organizations listed.

NAC 638.0423\* specifies that veterinarian and veterinary technician applicants for renewal of licenses must attest on the annual renewal form that they have met the CE requirements and must retain records of completion of courses or programs for four years after completion of the course or program.

NAC 638.0425\* specifies that the NBVME may conduct random audits of renewal applications regarding the number of CE hours claimed for the preceding 12 months (approximately 10% of licensees are randomly selected for having their renewal application audited each year). Once a licensee receives notification of the audit he must respond with proof completion of the claimed hours of CE. The documentation provided must include the name of the licensee, the number of hours of CE awarded for the course or program, a description of the course or program, and the date(s)

the course or program was conducted.

NAC 638.043\* provides a specified list of circumstances which the Board may consider to be grounds for renewing an applicant’s license without meeting the requirements for CE. These circumstances are: disability, military service or absence from the United States, or because of other circumstances beyond the control of the licensee which are deemed sufficient by the Board.

Most of the cases of non-compliance the Board has found on the audits appear to have been failure of the licensee to take the time to verify that he has actual documentation for the hours of CE claimed, he mistakenly believes that CE taken before or after the “preceding 12 months” can be counted (this seems to have been a particular problem with non-resident licensees whose primary practice licenses and locations are in states with biannual license periods!), or a hospital or corporate staff member has completed his renewal application without verifying with the licensee that he actual had obtained the required number of CE hours.

Licensees or management staff personnel with questions about the CE requirements or with problems meeting the annual required hours of CE are encouraged to contact the Board staff by e-mail at [vetbdinfo@vetboard.nv.gov](mailto:vetbdinfo@vetboard.nv.gov) or telephone at (775) 688-1788.

\*Online full-text versions of all of the applicable NRS and NAC statutes and regulations may be found at: <https://www.nvvetboard.us/GLSuiteWeb/HomeFrame.aspx>, and then clicking on the respective links in the center of the page.

### Effective in 2011 - Continuing Education Hourly Increase

- A licensed veterinarian or diplomate must complete at least 20 hours of continuing education approved by the Board. Not more than 5 hours may be completed in distance learning or correspondence courses.
- A licensed veterinary technician must annually complete at least 10 hours of continuing education approved by the Board as a prerequisite for renewal of his license. Not more than 5 hours may be completed in distance learning or correspondence courses.

**Disciplinary Action**

The following is summary of disciplinary action taken by the Board in the past year:

Case #	Area	Violations	
BS01-041709	Las Vegas	NAC 638.045 (2) negligence, in that the Licensee diagnosed and treated for renal failure and anemia in a critical patient without sufficient diagnostics.	<ul style="list-style-type: none"> <li>• Suspension. The suspension is stayed and the licensee is placed on Probation for a minimum of one year.</li> <li>• Pay attorney fees and investigative and board costs of \$400.00 and a fine of \$1000.00</li> <li>• Respondent shall take an additional fifteen (15) hours of continuing education in internal medicine for each year of the probation.</li> <li>• Respondent shall send to the board office medical records of one completed internal medicine case per month for the period of probation for review.</li> </ul>
FS01-032109	Las Vegas	<ul style="list-style-type: none"> <li>• NAC 638.0475, lack of medical records, in that the Licensee failed to maintain a complete medical record for the veterinary care. "Specifically, all clinical information pertaining to the animal, including, without limitation, sufficient information to justify the diagnosis or determination of the medical status of the animal and to warrant any treatment recommended for or administered to the animal; Any medication and treatment administered, including, without limitation, the amount and frequency; and the progress and disposition of the case;</li> <li>• NAC 638.047 Neglect in dispensing a dose of Rimadyl that is significantly higher than recommended by the manufacturer with a lack of communicating to the owner possible side effect.</li> <li>• NAC 638.046, Principles of Veterinary Medical Ethics: Specifically, if there is an ongoing medical or surgical condition, the patient should be referred to another veterinarian for diagnosis, care, and treatment. The former attending DVM should continue to provide care, as needed, during the transition.</li> <li>• NRS 638.140; NRS 639.2801; Violation of a Pharmacy Board regulation. Specifically a label was hand written by an unlicensed veterinary assistant with a lack of information including, name of the client, their address, prescription number, name of prescribing veterinarian, the number of dosage units, and the expiration date of the drug.</li> </ul>	<ul style="list-style-type: none"> <li>• Retake and pass the jurisprudence examination.</li> <li>• Pay attorney fees and investigative and board costs of \$400.00.</li> </ul> 
BS01-062909	Out of State	NRS 638.090 Practicing veterinary medicine without a valid license.	<ul style="list-style-type: none"> <li>• The Licensee will pay attorney fees and investigative and Board costs of \$400.00 and a fine of \$1000.00.</li> </ul>
PS01-032109	Las Vegas	<ul style="list-style-type: none"> <li>• NAC 638.0475, lack of medical records in that the Licensee failed to maintain a complete medical record for the veterinary care of the dog. "Specifically, all clinical information pertaining to the animal, including, without limitation, sufficient information to justify the diagnosis or determination of the medical status of the animal and to warrant any treatment recommended for or administered to the animal.</li> <li>• NAC 638.047, Neglect in not reviewing the medical record prior to evaluating a situation when the client called with concerns regarding their animals' health.</li> <li>• NRS 638.140; NRS 639.2801: Violation of a Pharmacy Board regulation. Specifically, a label was hand written by an unlicensed veterinary assistant with a lack of information including, name of the client, their address, prescription number, name of prescribing veterinarian, the number of dosage units, and the expiration date of the drug.</li> </ul>	<ul style="list-style-type: none"> <li>• Retake and pass the jurisprudence examination.</li> <li>• Pay attorney fees and investigative and board costs of \$400.00 and a fine of \$500.</li> </ul>
JS01-071609	Las Vegas	<ul style="list-style-type: none"> <li>• NAC 638.0475 (1) in that the Licensee failed to deliver a copy of the medical record to the owner not later than 48 hours after the request was made.</li> <li>• NRS 638.140 (11), in that the Licensee failed to comply with a request by the Board for medical records within fourteen days after the receipt of a demand letter issued by the Board.</li> </ul>	<ul style="list-style-type: none"> <li>• Retake and pass the jurisprudence examination, and</li> <li>• Pay attorney fees, investigative and board costs of \$400.00 and a fine of \$500.00.</li> </ul>
FS02-081709	Las Vegas	NAC 638.045 (2) negligence, a departure from the standard of practice of veterinary medicine in that the Licensee failed to perform a procedure that had been consented to by the owner.	<ul style="list-style-type: none"> <li>• The Licensee will pay attorney fees and investigative and Board costs of \$400.00.</li> </ul>

PN01-121809	Reno	<ul style="list-style-type: none"> <li>• NAC 638.057 1(e), the supervising veterinarian is responsible to insure that unlicensed personnel do not perform duties that are specific to licensed veterinary technicians or licensed veterinarians. Specifically the dispensing of Rimadyl by an unlicensed assistant without the knowledge of the doctor; and 1) NAC 638.045 (2), Negligence in that the Licensee dispensed a 3cc syringe of Cerenia without clear instructions to the owner of when the drug should be administered; and medical records are incomplete in that medication that was dispensed and administered is not specific to the amount and frequency of the drug; and</li> <li>• NAC 638.0475 (f), there is not a complete examination of the dog. Specifically there is no record of abdominal palpitation.</li> </ul>	<ul style="list-style-type: none"> <li>• Licensee must take an additional three (3) hours of continuing education in gastrointestinal disease with emphasis on the treatment of Pancreatitis and the diagnostic approach to vomiting by December 31, 2010 and shall provide to the Board written proof of the completion of these hours by January 31, 2011. These hours must be over and above those that are required by state law; and</li> <li>• Licensee must take and pass the jurisprudence examination; and</li> <li>• Licensee must pay attorney fees, investigative costs and Board costs, totaling \$400.00.</li> </ul>
DS01-022510	Las Vegas	<ul style="list-style-type: none"> <li>• NAC 638.045 (2), Negligence in that the Licensee did not provide appropriate fluid support for a hemorrhaging dog and the Licensee did not mention a swollen vulva as part of his pre-anesthesia examination.</li> <li>• The medical records made and maintained were inadequate and less than required by applicable law.</li> <li>• The Licensee's dealings with the secondary hospital and the emergency hospital, especially in getting both to agree to take the dog upon his assurance of payment and then subsequently failing to pay their charges, was unethical. (NAC 638.046)</li> </ul>	<ul style="list-style-type: none"> <li>• Pay attorney fees and investigative and board costs of \$400.00.</li> </ul>
SR01-092609	Reno	NAC 638.045 (3), Incompetence, in that the Licensee did not recognize the significant weight loss and further diagnose or assess possible treatments.	<ul style="list-style-type: none"> <li>• Take an additional three (3) hours of continuing education in internal medicine;</li> <li>• Retake and pass the jurisprudence examination.</li> <li>• Pay attorney fees, investigative costs and Board costs, totaling \$400.00.</li> </ul>
IO01-040910	Out of State	NAC 638.041 in that the Licensee failed to obtain the required continuing education for 2009.	<ul style="list-style-type: none"> <li>• The Licensee shall provide to the Board written proof of the satisfactory completion of four hours of continuing education.</li> <li>• The Licensee shall be audited for the next three renewal periods.</li> <li>• The Licensee will pay attorney fees, investigative costs, and Board costs of \$400.00 and a fine of \$250.00, for a total due of \$650.00.</li> </ul>
GN01-033110	Reno	NAC 638.041 in that the Licensee failed to obtain the required continuing education for 2009.	<ul style="list-style-type: none"> <li>• The Licensee shall provide to the Board written proof of the satisfactory completion of one and one-half hours of continuing education.</li> <li>• The Licensee shall be audited for the next three renewal periods.</li> <li>• The Licensee will pay attorney fees, investigative costs, and Board costs of \$400.00 and a fine of \$100.00, for a total due of \$500.00.</li> </ul>
PR01-032310	Rural	NAC 638.041 in that the Licensee failed to obtain the required continuing education for 2009.	<ul style="list-style-type: none"> <li>• The Licensee shall provide to the Board written proof of the satisfactory completion of five hours of continuing education.</li> <li>• The Licensee shall be audited for the next three renewal periods.</li> <li>• The Licensee will pay attorney fees, investigative costs, and Board costs of \$400.00 and a fine of \$100.00, for a total due of \$500.00.</li> </ul>
JS01-020910	Las Vegas	NAC 638.045 (2), was negligent in that it departed from the standard of practice in that the Licensee failed to perform appropriate diagnostics on a diabetic dog in critical condition.	<ul style="list-style-type: none"> <li>• The Licensee shall provide to the Board written proof of the satisfactory completion of three hours of continuing education in critical care.</li> <li>• The Licensee will pay attorney fees, investigative costs, and Board costs of \$400.00.</li> </ul>
FS01-020910	Las Vegas	NAC 638.045 (2), Negligence, a departure from the standard of practice in that during the course of diagnosis and treatment of a cat with renal failure the Licensee failed to perform a urinalysis, failed to monitor weight throughout the course of treatment, and did not discuss with the owner the option of euthanasia.	<ul style="list-style-type: none"> <li>• Pay attorney fees and investigative and board costs of 400.00.</li> <li>• The Licensee shall provide to the Board written proof of the satisfactory completion of three hours of continuing education in the treatment of renal failure.</li> </ul>
DN01-020110	Reno	NAC 638.045 (2) negligence in that the Licensee is responsible for determining the competency of an unlicensed assistant to perform a particular task and in supervising the assistant's performance of the task.	<ul style="list-style-type: none"> <li>• Pay attorney fees and investigative and board costs of \$400.00.</li> </ul>
AN01-022010	Reno	<ul style="list-style-type: none"> <li>• NAC 638.045 (2), Negligence in that the Licensee released the animal post-surgically to his owner when the animal was non-responsive and non-ambulatory.</li> <li>• NAC 638.045 (2), Negligence, in dispensing two vials of injectable morphine to the owners without any labeling or directions for use,</li> <li>• NAC 638.045 (2), Negligence, in taking samples and payment for laboratory analysis and then in failing to provide those samples to the laboratory for testing and analysis.</li> <li>• The Licensee did not perform a post-anesthetic examination on the animal and released him when he was not ambulatory (NAC 638.710(1) (c)).</li> </ul>	<ul style="list-style-type: none"> <li>• 2 year Probation</li> <li>• The Licensee shall attend three hours of board approved continuing education pertaining to critical care</li> <li>• Pay attorney fees and investigative and board costs of \$400.00.</li> </ul>



## New Proposed Regulations

### LCB File No. RII6-IO By Louis Ling, Esq.

At long last, the Board has begun the process to create a set of regulations regarding prescription drugs specifically about and for veterinary practices. Up to this time, Nevada's veterinarians have had to navigate through the Veterinary Practice Act (Nevada Revised Statutes chapter 638) and its accompanying regulations (Nevada Administrative Code chapter 638) and as many as six different sets of laws administered by the Nevada Board of Pharmacy. We know that this has resulted in confusion and frustration that the Board hopes to alleviate.

The proposed regulations contain rules addressing such issues as:

- Who must have a DEA and Nevada CS registration
- Who may have access to prescription drugs
- Who may prepare prescriptions for dispensing prescription drugs
- How prescription drugs must be stored and secured
- How prescription drug records must be made and maintained

In addition to addressing issues related to prescription drugs in veterinary practices, the proposed regulations also update the duties that may be performed by veterinary technicians. (Suturing; anal gland expression; taking of vitals) and address what must be included in a surgery log.

Comments can be made in writing by mailing them or e-mailing them to the Board's Executive Director. A complete copy of the proposed regulation is published at [www.nvvetboard.us](http://www.nvvetboard.us). "What's New".

#### Sec. 1.

Chapter 638 of NAC is hereby amended by adding the following:

#### Sec. 2

"Prescription drug" means any drug, including a controlled substance as defined in NRS 0.031 or a dangerous drug as defined in NRS 454.201, that may be dispensed only upon a prescription order which is issued by a veterinarian for its use.

#### Sec. 3

1. A veterinary facility at which controlled substances are possessed, administered, or prescribed or dispensed shall ensure that one or more veterinarians who practice at that veterinary facility register and maintain a registration with the Drug Enforcement Administration of the United States Department of Justice and the State Board of Pharmacy. The certificates of registration with each agency must be available for inspection at the facility.

2. A veterinarian who is not registered with the Drug Enforcement Administration of the United States Department of Justice and the state Board of Pharmacy as described in subsection 1 may possess, administer, prescribe, or dispense a controlled substance at a veterinary facility if the veterinarian:

- (a) Is an employee or agent of the veterinarian who is registered pursuant to subsection 1;
- (b) Practices in the same veterinary facility as the veterinarian who is registered pursuant to subsection 1;
- (c) Possesses, administers, prescribes or dispenses the controlled substance in the normal course of his or her employment; and
- (d) Complies with all the requirements and duties prescribed by law relating to the possession, administration, prescription, and dispensing of a prescription drug.

3. A veterinary facility which maintains a stock of controlled substances for administration or dispensing shall:

- (a) Secure the stock of controlled substances in a locked container that is:
  - (1) Affixed to the structure and located within a locked room; or
  - (2) Located within a second locked container which is affixed to the structure.
- (b) Ensure that only a veterinarian or veterinary technician designated by the veterinarian has the keys or combination to unlock the two separate locks at the start of a business day or beginning of a shift, if the veterinary facility has veterinarians on successive shifts.
- (c) Restrict access to the controlled substances to veterinarians or veterinary technicians only.
- (d) Ensure that each veterinarian or veterinary technician who accesses the secure container which stores controlled substance records in a log:
  - (1) The name of the veterinarian or veterinary technician who accessed the secure container and the date that he or she accessed the secure container.
  - (2) The name, strength, and quantity of the controlled substance removed from or placed into the secure container and the total amount of all quantities of that particular controlled substance remaining inside the secure container.
- (e) Ensure that the veterinarian who intends to destroy an unused portion of a controlled substance records in a log the name and quantity of the controlled substance that will be destroyed and the date and time that the controlled substance will be destroyed. An entry made pursuant to this paragraph must be verified by an employee of the veterinary facility.
- (f) Ensure that the purchasing, storage, and recordkeeping of controlled substances comply with all applicable state and federal laws.
- (g) Ensure that any controlled substance is purchased by a veterinarian or with the knowledge of a veterinarian and that all controlled substances received by the veterinary facility are verified by a veterinarian or with the knowledge of a veterinarian.

(h) Maintain separate files for the records of the purchase of each controlled substance listed in schedule II of controlled substances in NAC 453.520 and records of the dispensing of each controlled substance listed in schedule II of controlled substances in NAC 453.520

4. Any record made pursuant to this section must be maintained for at least 4 years and must be available for inspection by the Board or its representative, the State Board of Pharmacy or its representative or any authorized federal, state or local regulatory agency or law enforcement agency.



#### Sec. 4

1. A veterinary facility that dispenses prescription drugs shall:

(a) Ensure that at least one veterinarian who practices at that veterinary facility registers and maintains a registration with the Drug Enforcement Administration of the United States Department of Justice and the State Board of Pharmacy pursuant to section 3 of this regulation.

(b) Allow only veterinarians, veterinary technicians or veterinary technicians in training

at that facility to prepare the prescription drug for dispensing. If a veterinarian prepares the prescription drug for dispensing, the prescription drug may, but is not required to, be verified by another veterinarian at that facility. If a veterinary technician or veterinary technician in training prepares the prescription drug for dispensing, the prescription drug must be verified by a veterinarian at that facility before it is dispensed.

(c) Ensure that a prescription drug which is new for an animal is not dispensed unless a veterinarian is at the veterinary facility at the time the prescription is dispensed.

(d) Ensure that a notation is made in the medical record of the animal that contains:

- (1) The name, strength, and quantity of the prescription drug.
- (2) The date the prescription drug was prescribe and dispensed.
- (3) The directions for use.
- (4) The name, signature, or initials of the veterinarian who prescribed the prescription drug.
- (5) The name, signature or initials of the veterinarian, veterinary technicians or veterinary technician in training who prepares the prescription drug for dispensing.

(6) The name, signature, or initials of the veterinarian who verified the prescription before the prescription drug was dispensed, if applicable.

(e) Ensure that each vial or container which contains a prescription drug has affixed to the vial or container a label that contains:

- (1) Except as otherwise provided in subsection 2, the name or unique identifier of the animal and the name of the owner of the animal for which the drug is prescribed.
- (2) The name strength, and quantity of the prescription drug.
- (3) The date the prescription drug was dispensed.
- (4) The name of the veterinarian who prescribed the prescription drug.
- (5) The expiration date of the prescription drug.
- (6) A unique number identifying the prescription drug dispensed.
- (7) The directions for use.

(f) Maintain a stock of prescription drugs necessary to serve the foreseeable needs of the veterinary practice.

(g) Ensure that drugs which are inappropriate or unlawful to the practice of veterinary medicine are not ordered or maintained in the stock of prescription drugs of the veterinary facility.

2. A label affixed to a vial or container that contains a prescription drug may contain a generic identifier for a group of animals of the same species in place of the name or unique identifier for a group of animals of the same species in place of the name or unique identifier of one animal if:

- (a) The group of animals identified on the label is owned by that same person;
- (b) The prescription drug is dispensed for more than one of the animals in the group; and
- (c) The directions for use of the prescription drug are the same for each animal in the group for which the prescription drug is dispensed.

3. The authorization to possess a drug is not transferrable upon the sale or other transfer of the animal or animals for which the drug was dispensed.

4. Any record made pursuant to this section must be maintained for at least 4 years and must be available for inspection by the board or its representative, the State Board of Pharmacy or its representative or any authorized federal, state, or local regulatory agency or law enforcement agency.



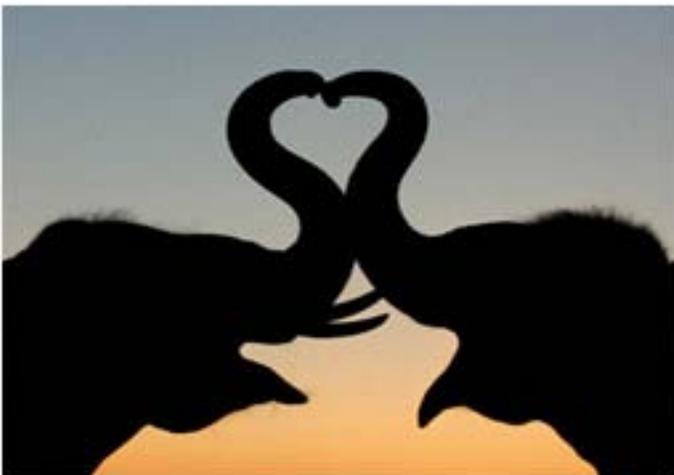
## Go After Their Heart By Scott Bradley, DVM

So who cares? Well we do, of course. So I trust some or most of you scheduled your physical since the last newsletter and some of you had a spiritual check up and are working on nourishing your hearts. So now that our hearts are in better shape we are able to go after the big prize, the hearts of others.

Those we love, those that are closest to us.  
Those we like, those we work with, and those that we serve.  
And yes, those we don't like so much either.  
Saw one of those on an emergency call this afternoon.  
I've known this guy since grade school.  
Nobody much liked him then either.  
Trying to figure out what makes those around us tick and their basic communication styles is the key.  
The key to interactive listening.  
The key to understanding their concerns.  
The key to effectively getting your message across to them.  
And the key to really enjoying being around them.

Still working on that with this guy. Probably been 50 years. But I'm learning. Maybe in another 50 I'll get it figured out. Until then will keep trying to get it right.

It's fairly easy with some, those with similar values, the clients that own the really cool pets that are your favorite breed and have great, easy going personalities. The kind that agree with any treatment option you feel is best, don't want an estimate, don't care what it costs, leave a big deposit, understand that there is no guarantee of a positive outcome and are just grateful that you are trying to help them and their beloved pet.



The kind we dream of so that we don't have to stretch ourselves too far out of our comfort zone. For the other 99% of the clients out there and 100% of our spouses and kids we have to come up with better strategies for communicating and it starts with listening.

There are some great writings about active listening, verbal communication styles, the importance of non-verbal signals, body language, personality types, emotional intelligence, etc. Many of our professional journals feature articles covering these topics in depth and at length. The publication that accompanies the Clinician's Brief every few months titled 'exceptional veterinary team' covers these topics well, you can check it out at [myevt.com](http://myevt.com). Love the stuff on personality types and the breed and species that corresponds with them. It's a real challenge to figure this out with some clients and can be fun. A couple of side note on learning types—auditory, visual, tactile, etc. if the client walks in with his/her smart phone and won't put it down long enough to pay attention to their pet or you then directing them to a website, preferably yours, for information may be a better use of your time. If they don't even bring a cell phone into the exam room (or the barn) then handouts may be a more effective means of communication for the visual types that have to have analyzed all of the information before making a decision. For the auditory listeners there is no substitute for just spending quality time with them, listening to their concerns and making sure each one is addressed properly. Utilizing multiple approaches, i.e., quality time and visual learning aids can be time consuming but result in very effective communication, most of all communicating that you care about them and their concerns.

Most of the articles suggest or allude to the big issue but fail to deal directly with it because it's very difficult to cover in anything smaller than an encyclopedia. It's about the heart. The root of all effective communication is about the heart. Always. So whatever we can do to find out what makes their heart beat with regards to their pets will tell us how to effectively communicate our recommendations to them. But it goes far beyond that, because it helps us to care more about them, initiating a positive feedback cycle that ultimately blesses all involved. So go after their heart. Your clients, your staff, your friends, and most importantly your family.

Gary Chapman's book *The Five Love Languages* is an excellent resource for communication at the friends and family level.

So be blessed and a blessing. Make a difference. It's a worthy legacy to pursue.

## Are You and Your Staff Prepared for the Unexpected? By Jon R. Pennell, DVM, MS, NREMT-I

Are you prepared for the unexpected? We live in an ever changing world and veterinarians are well suited to provide expertise in many areas. We have a background in zoonotic diseases, communicable diseases, herd health, public health and we believe in the tremendous power of the human-animal bond. At some time in our careers we will be called upon to help with anything from an overturned semi-trailer full of pigs, cattle, or sheep to a possible outbreak of a foreign animal disease. Throw in the natural disasters that can cause mass evacuations of people and animals and at some level our skills will be needed. Disaster preparedness is extremely important for people in areas of the country that experience flooding, hurricanes, fires and tornadoes. Nevada has some flooding and fires, but for the most part has been lucky when it comes to a large scale disaster. Just because we don't have hurricanes doesn't mean we can be complacent. Preparedness is the key to any response. The more prepared we are, the better we can respond to any possible contingency and strive for the best possible outcome. As veterinarians our clients and in many cases our communities will look to us for guidance.



Any emergency response starts on the local level. You and your family have to be prepared before you can help your community. If your family isn't safe you won't leave them to help elsewhere. Every family should have a preparedness kit

that will supply food, water, medications and any special provisions needed for a minimum of 72 hours -- 7 days is more desirable. This kit can be utilized for in place sheltering (stay in your home) or loaded in your car if an evacuation is ordered. I have heard the expression, "YOYO" which stands for, "You're On Your Own" and that is exactly correct. Help will not arrive immediately and you need to be self sufficient.

Our clients and staff also depend on us. All of us, professionals and clients, should have pet emergency kits that include food, water, medications, medical history and identification. Pets are members of the family and should be saved. The old message of "leave your pet behind with food and water" has changed to "never leave your pet behind". Many of our clients will gladly sacrifice anything for their pets. This brings us to the last "preparedness" and that is hospital preparedness. In the event of an evacuation it is likely your hospital will become a drop off zone for your clients. When I was volunteering at the LSU Veterinary School Hospital after Hurricane Katrina I visited with a veterinarian from Baton Rouge that had more than 250 pets in his hospital. Many belonged

to his clients, but many were dropped off by people that had to evacuate New Orleans. He and his staff did what was necessary to stay open and provide care to these patients. When our NVRT team was deployed to Beaumont, TX after Hurricane Rita the entire town had been evacuated. National Guard soldiers were at all of the entry points. I visited multiple veterinary hospitals and with the exception of one hospital all were staffed and functional. Everyone left town but the veterinarians and their staff! The hospitals were full of pets and it was hot, humid and miserable. When asked what supplies were needed the only request we usually received was for a generator. All of them had enough food, water, medicine, etc. to go for a long period of time. One hospital had its own generator and even had its computers running. This type of dedication isn't surprising to any of us because we belong to a profession that exemplifies caring.

A functional evacuation plan that has been practiced may prove crucial and possibly save lives in our hospitals. Who is in charge if you have to evacuate? Where will you and your staff members meet? Who will be sure everyone (animals and staff) is accounted for? These are just some of the many things we need to think about. The AVMA stresses the importance of having a written disaster plan for your practice which includes five elements: emergency relocation of animals, medical record back-up, continuity of operations, security, and legal issues. They have an excellent website on practice preparedness at [www.avma.org/disaster/vetpractices.asp](http://www.avma.org/disaster/vetpractices.asp).

Other helpful websites on preparedness are:

- Department of Homeland Security [www.ready.gov](http://www.ready.gov)
- American Red Cross [www.redcross.org](http://www.redcross.org)
- AVMA [www.avma.org](http://www.avma.org)
- National Weather Service [www.nws.noaa.gov](http://www.nws.noaa.gov)
- USDA [www.usda.gov](http://www.usda.gov)
- Southern Nevada Health District [www.southernnevadahealthdistrict.org](http://www.southernnevadahealthdistrict.org)
- City of N. Las Vegas [www.cinorth-las-vegas.nv.us](http://www.cinorth-las-vegas.nv.us)
- CDC [www.cdc.gov](http://www.cdc.gov)
- EPA [www.epa.gov](http://www.epa.gov)
- Medical Reserve Corps [www.medicalreservecorps.gov](http://www.medicalreservecorps.gov)

There are many opportunities to learn more about preparedness and volunteering. In Southern Nevada the Medical Reserves Corps is very active and is always looking for veterinarians and technicians. Please contact Paula Martel at 702-759-0877 or [Martel@snhdmail.org](mailto:Martel@snhdmail.org). Dr. Keith Forbes is in charge of NVMA's Disaster Preparedness Committee and may be contacted at [Keith.Forbes@agri.state.nv.us](mailto:Keith.Forbes@agri.state.nv.us). On the national level USDA has NAHERC (National Animal Health Emergency Response Corps), AVMA has VMAT (Veterinary Medical Assistance Teams) and NDMS has NVRT (National Veterinary Response Teams). My e-mail is [jonrpenn@netscape.com](mailto:jonrpenn@netscape.com) if I can be of assistance.

**State of Nevada Board of Veterinary Medical Examiners**

4600 Kietzke Lane, Bldg. O, #265

Reno, NV 89502

2011 RENEWAL ENCLOSED

**2010 Statistics**

	2010	2009
NEW VETERINARIANS LICENSED - TOTAL	91	56
ACTIVE VETERINARIANS - TOTAL	783	740
INACTIVE VETERINARIANS - TOTAL	194	195
NEW BOARD CERTIFIED DIPLOMATES-TOTAL	4	4
ACTIVE DIPLOMATES - TOTAL	55	51
VETERINARY FACILITIES - TOTAL	205	200
NEW VETERINARY TECHNICIANS - TOTAL	54	53
ACTIVE VETERINARY TECHNICIANS - TOTAL	486	453
VETERINARY TECHNICIANS-IN-TRAINING - TOTAL	140	144
NEW EUTHANASIA TECHNICIANS - TOTAL	11	18
EUTHANASIA TECHNICIANS - TOTAL	84	86
ANIMAL CHIROPRACTORS - TOTAL	8	7
ANIMAL PHYSICAL THERAPIST - TOTAL	5	4
TOTAL NUMBER OF COMPLAINTS CALLED INTO BOARD OFFICE	161	172
TOTAL NUMBER OF FORMAL COMPLAINTS FILED	43	62

**BOARD MEETING SCHEDULE**

October 21, 2010 Las Vegas  
 January 27, 2011 Reno  
 April 21, 2011 Las Vegas

**EXAMINATION SCHEDULE-NAVLE**

November 15 - December 11, 2010 Deadline - August 1, 2010  
 April 11-23, 2011 Deadline -January 3, 2011  
 November 15 - December 11, 2011 Deadline - August 1, 2011

**EXAMINATION SCHEDULE-VTNE**

November 15 - December 15, 2010 Deadline - October 15, 2010  
 March 1-31, 2011 Deadline - February 1, 2011  
 July 15 - August 15, 2011 Deadline - June 15, 2011





# State of Nevada Board of Veterinary Medical Examiners

4600 Kietzke Lane, Bldg. O, #265, Reno, NV 89502

(775) 688-1788 phone / (775) 688-1808 fax

Website: [www.nvvetboard.us](http://www.nvvetboard.us)

E-mail: [vetbdinfo@vetboard.nv.gov](mailto:vetbdinfo@vetboard.nv.gov)

## **2011 RENEWAL - DUE BY 12/31/2010 OR LATE FEES APPLY**

### **SECTION I – License Type/Renewal Fee/Personal information:**

Please check the box that applies:  \$250.00 Veterinarian/Diplomate (active)  \$130.00 Veterinarian/Diplomate (Inactive)  
 \$75.00 Licensed Veterinary Technician  \$100.00 Euthanasia Technician  \$25.00 Animal Chiropractor  
 \$25.00 Animal Physical Therapist  Late Fee \$50.00 a month after 12/31/2010

License Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Facility Name/Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

Please use my  Home or  Facility as my mailing address. Your facility address is public information and will appear on our website.

### **SECTION II - Continuing Education Verification:** - ALL LICENSEES EXCEPT EUTHANASIA TECHNICIANS

CE hours required – (DVM **15hrs**) (LVT's **5hrs**) (Animal Physical Therapist **5hrs**) (Animal Chiropractor **15hrs**)

The total number of hours completed **MUST** be filled in

- I certify that I have completed \_\_\_\_\_ hours of continuing education between Jan. 1, 2010 and Dec. 31, 2010.
- I am a licensee renewing my license for the **FIRST TIME**. (Continuing education hours not required for first time renewals)
- I am on Inactive status. **Veterinarians only** (Continuing education hours not required for inactive status)

### **SECTION III - Waiver:**

Since your last renewal or recent licensure have you:

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?.....  Yes  No

1) Been charged, arrested or convicted of a felony or misdemeanor in any state?.....  Yes  No

2) Been the subject of an administrative action involving a professional license whether completed or pending in any state?.....  Yes  No

3) Had your license subjected to any discipline for violation of veterinary laws in any state (Except Nevada)?.....  Yes  No

4) Have you surrendered a professional license?.....  Yes  No

If you marked YES to any of the NUMBERED questions above, please include the following information and any supporting documentation:

Board Administrative Action: State \_\_\_\_\_ Date: \_\_\_\_\_ Case#: \_\_\_\_\_

Criminal Action: State: \_\_\_\_\_ Date: \_\_\_\_\_ Case #: \_\_\_\_\_ County: \_\_\_\_\_ Court: \_\_\_\_\_

### **SECTION IV- Child Support Information:**

Are you the subject of a court order for the support of a child?.....  Yes  No

If you marked yes to the question above are you in compliance with the court order?.....  Yes  No

### **SECTION V- Signature**

I hereby certify under the penalty of perjury that the information furnished on this document is true and correct. Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

Date of Check \_\_\_\_\_

Check No. \_\_\_\_\_

Check Amount \_\_\_\_\_

STATE OF NEVADA  
BOARD OF VETERINARY MEDICAL EXAMINERS  
**2011 RENEWAL INSTRUCTIONS**

**ON-LINE RENEWAL/LOG-IN INSTRUCTIONS (WWW.NVVETBOARD.US)**

<b><u>INDIVIDUAL</u></b>	<b><u>FACILITY</u></b>
<ol style="list-style-type: none"><li>1) www.nvvetboard.us (website)</li><li>2) License Renewal/Licensee Log-in</li><li>3) Log-in – Last four digits of your social security number and license number EXACTLY as it appears on mailing label.</li><li>4) Easy to follow instructions – Change your mailing address/home address, or your facility address. ( if applicable)</li><li>5) Payment with Visa/ MasterCard/ American Express.</li><li>6) Log out or renew another license.</li></ol>	<ol style="list-style-type: none"><li>1) www.nvvetboard.us (website)</li><li>2) Licensee Renewal/Facility Log-in.</li><li>3) Log-in – Business name – Enter Business name EXACTLY as it appears on mailing label.</li><li>4) File Number – Facility License # (HXXX)</li><li>5) Easy to follow instructions.</li><li>6) Payment with Visa/MasterCard/American Express</li><li>7) Log-out or renew another license.</li></ol>

**MAIL-IN FACILITY RENEWAL**

Complete all information; include a list of all licensed personnel at your facility (veterinarians, veterinary technicians, and veterinary technicians-in-training).

**MAIL-IN RENEWAL – INDIVIDUAL**

**Section I – License type/Renewal Fee/Personal Information – All Licensees**

Check the appropriate box for your license type and include a check/money order for the correct amount.

Made payable to: Nevada Veterinary Board. Remit to: 4600 Kietzke Lane, Building O Suite 265, Reno, Nevada 89502.

The Facility address you provide will be public information and displayed on our website.

**Section II – Continuing Education Verification – Active Veterinarians(15hrs)/Veterinary Technicians(5hrs)/Animal Chiropractors(15hrs)/Animal Physical Therapists(5hrs).**

Do **NOT** send continuing education documents with your renewal. Random audits will take place during renewal periods. If audited, you will be required to send copies of documentation verifying attendance. CE documentation must be retained for 4 years.

***NOTE: CE HOURS FOR 2011 HAVE BEEN INCREASED TO THE FOLLOWING:***

***ACTIVE VETERINARIANS/DIPLOMATES – 20 HOURS; LICENSED VETERINARY TECHNICIANS – 10 HOURS.***

**Section III – Waiver-All Licensees**

Please answer ALL questions. If you mark “yes” to any of the questions include supporting documentation.

**Section IV – Child Support Information – All Licensees**

Professional or occupational licenses or registrations may be denied or restricted if back child support is owed by the person holding the license. All licensees’ are subject to this requirement by the federal government.

**Section V – Signature – All Licensees**

Please sign and date your renewal. If you have any questions about your renewal, please contact the office at (775) 688-1788.

**Euthanasia Technician**

Include a current copy of your Pharmacy Board Controlled Substance Registration with your Renewal.

**Animal Physical Therapists and Animal Chiropractors**

Provide a Letter of Good Standing or a verified on-line status of your license and, if applicable, a copy of discipline.