



July 12, 2019

Amanda Drummond  
California Veterinary Medical Board  
1747 N. Market Blvd, Ste. 230  
Sacramento, CA 95834

**RE: Shelter Medicine Guidelines; Approved 4/17/19**

Dear Ms. Drummond:

On behalf of the California Animal Welfare Association (CalAnimals), the Rural County Representatives of California (RCRC), and the undersigned Sheriffs, we write to request that the California Veterinary Medical Board (VMB) suspend the regulatory process that would establish new shelter medicine obligations on California's city, county and private animal shelters until major concerns that have been directly expressed to the Board are addressed.

Many members of CalAnimals are part of city or county governments. Rural cities and counties often do not have full-time veterinarians working in their shelters, and some are also located many miles away from a veterinary facility. Further, the corporate chain veterinarian office model continues to grow in California, and those corporate models are far less likely to assume oversight and responsibility for veterinary care offered in local shelters.

The sheltering and humane treatment of animals is immune to the market risks and geographical factors of public service operations and business locations. To protect their health, dogs and cats need vaccinations, prophylactic control of parasites, and necessary follow-up care prescribed by a veterinarian. These needs do not end because an animal shelter does not have a premise permit and staff veterinarian.

The draft regulations before the Board ignore the fundamental operational necessities of animal care and control. If these regulations are not suspended or revised, shelters that do not have premise permits may have to euthanize more animals because preventable illnesses will run rampant in facilities that are unable to provide essential vaccinations and parasite control—**medications that can be readily purchased over-the-counter**. Actions by the Board would unnecessarily prohibit shelter staff from caring for animals who have nobody else to care for them.

The practical outcome of the proposed regulations are that essential vaccinations, and medications dispensed by a veterinarian for follow-up care such as pain management medications after a surgery, cannot be provided in an animal shelter unless the shelter has a premise permit, putting many shelters in an untenable position. As a result, rural shelters and shelters operated by agencies with modest budgets or limited access to veterinarians, will become centers for diseased animals and will likely have higher euthanasia rates because they cannot afford to update their facility to meet the robust premise permit requirements and/or find a veterinarian willing to take responsibility for the shelter facility and the activities of its staff.

Further, during the 2013 Senate Business and Professions Committee hearing of the Veterinary Medical Board sunset review, the Committee identified this very issue:

*It has come to the attention of the Committee that the Board may be inspecting nonveterinarian premises, including 501(c)(3) animal rescue groups, and providing an "inspection report" and possibly issuing citations and fines. This may not be a reasonable use of resources for the Board especially in light of the problems it is having maintaining its own inspection program over those facilities and hospitals that provide direct veterinary services. There may be some confusion in the law regarding the Board's jurisdiction over these types of "premises" and that should be clarified. There does not appear to be any need for the Board to be involved in inspecting nonprofit animal rescue or adoption centers unless of course the Board has probable cause to believe that such facility is involved in unlicensed activity. However, the Board should only pursue action based on unlicensed activity, not pursuant to its inspection authority. The scope of Board authority over humane society facilities needs to be clarified so that resources are not being expended on low-priority activities while higher priorities are suffering. Local jurisdictions, either pursuant to health and safety violations or complaints received, may be able to deal with these other entities more directly.*

*Staff Recommendation: The Committee believes that existing law should be clarified so that the Board is not inspecting these non-veterinarian premises so that it can better target their use of scarce enforcement (inspection) resources and staff. The Board should provide justification for its continued inspection of humane society facilities and animal shelters. Unless the Board has evidence of unlicensed activity within nonprofit facilities, it should immediately cease any further action which is related to its inspection authority.*

During these five intervening years, animal shelters have individually and collectively engaged at the VMB regarding the evolving regulatory efforts to require shelters to obtain premise permits. Letters, testimony and direct outreach have yielded no apparent substantive, thoughtful reply from the VMB to adjust the regulation in a way that is practical about what basic services public and private shelters should be able to provide to animals in the name of humane, thoughtful care.

Continuing forward with the proposed regulation will directly result in the improper care of sheltered animals because of the impractical standards it will impose.

Please reexamine regulations that would prevent the administration of basic medications to homeless, abandoned and unwanted animals in California's public and private animal shelters. Requiring cities and counties to upgrade shelters to meet the standards of a veterinary hospital is infeasible for many communities.

Sincerely,



Karen Lange  
Legislative Advocate, CalAnimals



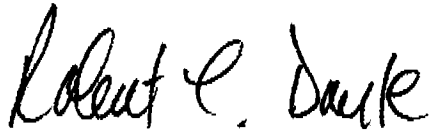
Leigh Kammerich  
Regulatory Affairs Specialist, RCRC



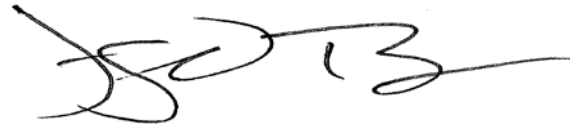
David Robinson  
Sheriff, Kings County



Dean Growdon  
Sheriff, Lassen County



Robert Doyle  
Sheriff, Marin County




Ingrid Braun  
Sheriff, Mono County



Pat Withrow  
Sheriff, San Joaquin County



Tom Bosenko  
Sheriff, Shasta County



Jon Lopey  
Sheriff, Siskiyou County



Jeff Dirkse  
Sheriff, Stanislaus County



Dave Hencratt  
Sheriff, Tehama County



Timothy Saxon  
Sheriff, Trinity County



Mike Boudreaux  
Sheriff, Tulare County



Tom Lopez  
Sheriff, Yolo County

Enclosures:     Prior correspondence to the VMB  
                       Anonymized responses from shelters regarding impacts if regulation is approved

cc:                   Che Salinas, Office of Governor Gavin Newsom  
                       Secretary Alexis Podesta, California Business, Consumer Services and Housing Agency Director  
                       Christopher Shultz, Deputy Director of the Department of Consumer Affairs  
                       Jaymie Noland, Board Member  
                       Cheryl L. Waterhouse, Board Member  
                       Christina Bradbury, Board Member  
                       Mark Nunez, Board Member  
                       Jennifer Loredo, Board Member  
                       Alana Yanez, Board Member  
                       Kathy Bowler, Board Member  
                       Dianne Prado, Board Member



## California Animal Welfare Association

Promoting Excellence in Animal Care, Sheltering, and Law Enforcement since 1909

April 30, 2019

Amanda Drummond  
California Veterinary Medical Board  
1747 N. Market Blvd, Ste. 230  
Sacramento, CA 95834

### **RE: Shelter Medicine Guidelines; Approved 4/17/19**

Dear Ms. Drummond:

The California Animal Welfare Association ("CalAnimals") appreciates the hard work of the Minimum Standards and Protocols for Shelter Medicine Subcommittee. I am writing today to express continued concerns from our members relating to sections 2035.5 and 2030.6.

### **CCR § 2035.5. Duties of Supervising Veterinarian and Animal Health Care Tasks for R.V.T., VACSP Holder, and Veterinary Assistant in the Shelter Setting**

#### **General Comments**

Current law allows animal shelters to operate and perform euthanasia and other specific animal care tasks without requiring a veterinarian on premise or the supporting veterinarian to obtain a State Premises Permit to operate the animal shelter facility. The proposed regulations are of great concern as they change this structure in a way that may have dire consequences for some California shelters and the animals they serve.

We would appreciate your consideration of the following:

- The proposal appears to mandate that animal shelters must obtain a Veterinary Premises Permit to operate an animal shelter facility. Under the current structure, animal shelters are not required to have a Premises Permit which a veterinarian must obtain.
- Many rural animal shelters are struggling to obtain veterinary support. In some regions of the state, the only veterinary facility that may be available is a corporately held and operated establishment that would not take on the responsibility for overseeing a rural animal shelter. What will the rural animal shelter do if they cannot obtain a veterinarian who is willing to assume full responsibility and liability for operating the small shelter facility?
- It is unreasonable to expect a veterinarian to have a government animal shelter facility under permit in the veterinarian's name. In most cases, the veterinarian does not hire the support staff or have control over the registered premises. Does the VMB want to place their licensed medical professionals in the position of being fully responsible and/or liable for a facility they do not control or operate on a daily basis?
- The sheltering industry is experiencing a chronic shortage of veterinarians that specialize in shelter medicine and/or spay/neuter services. At times, openings for such positions go unfilled for months if not a year or more. Even in better-resourced areas with part-time veterinarians willing to assist, it can be very

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difficult to find a veterinarian willing to maintain a shelter's Premises Permit. In the event no veterinarian will step forward to accept this responsibility, must the shelter then cease operations?

- Under Penal Code section 597.1, shelters are required to provide care and treatment for stray and abandoned animals. If attempting to function without a Premises Permit would preclude the agency from properly vaccinating the animals, shelters will not only be in violation of the 597.1, but the consequence could be the suffering of animals and increases in euthanasia.
- What can shelters do to protect the health of animals in their care that isn't considered the practice of veterinary medicine? We believe that regardless of a shelter's ability to secure a premises permit, shelters must be able to provide vaccinations and prophylactic control of internal parasites and external parasites on intake. These are generally over-the-counter items that can be used by members of the general public without veterinary oversight.

Feedback from shelters with a supervising veterinarian, brought forth the following concerns about this section:

(2)The supervising veterinarian establishes written orders for:

(A)The indirect supervision of an R.V.T., VACSP holder, or veterinary assistant for vaccinations and prophylactic control of internal parasites and external parasites on intake.

(B)The indirect supervision of an R.V.T. for the treatment of clinical conditions based on an animal's symptoms.

(C)The direct supervision of a VACSP holder or veterinary assistant by an R.V.T.for the treatment of clinical conditions based on an animal's symptoms.

(3)Treatment rendered under paragraph (2) may be continued only under the direction of a licensed veterinarian.

Concern with the section above is that there is no stipulation for the ability to include on written orders for RVT, VACSP and vet assistants to perform onsite diagnostics such as snap tests or skin scrapings whose result may warrant treatment or even euthanasia. Is performing the diagnostics implied in the term "TREATMENT"? Will the RVT/VA/VACSP not be deemed diagnosing if they perform the test and made the conclusion from the result?

### **CCR 2030.6. Minimum Standards – Animal Shelter Medicine in Fixed Facility**

*(l) The animal shelter facility shall have appropriate drugs, including oxygen, and equipment to provide immediate emergency care. {2030 (f)(12)}*

Bearing in mind that there are many shelters that lack veterinary staff and do not operate surgical centers, it does not seem appropriate to require that shelters keep oxygen on site. Such tanks can pose a fire hazard and require regular maintenance and inspection.

In summary, we are pleased that the State of California desires to enhance the level of veterinary care provided at animal shelter facilities. While regulations and minimum standards can be helpful, what



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California shelters need most are resources. We are concerned that the proposed regulations are being put forth without an appropriate funding source to support them; and that the veterinary community itself will be unable to adequately assist shelters in meeting these requirements. CalAnimals is interested in working collaboratively with the VMB to find solutions to these challenges. In the meantime, we advocate for shelters to have the ability to function as they are, and request that the proposed regulations are appealed unless a solution comes forth that makes the meeting of those standards feasible.

Please don't hesitate to contact me with any questions. I can be reached at 805-214-6200 or [jill@calanimals.org](mailto:jill@calanimals.org). We greatly appreciate your consideration.

Best wishes,

Jill Tucker, CAWA  
CEO

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# California Animal Welfare Association

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April 15, 2019

Jeff Pollard, DVM  
Chair  
Multidisciplinary Advisory Committee  
California Veterinary Medical Board  
1747 N. Market Blvd, Ste. 230  
Sacramento, CA 95834

## **RE: Shelter Medicine Recommendation; 4/17/19 Agenda Item 6b**

Dear Dr. Pollard:

The California Animal Welfare Association ("CalAnimals") appreciates the hard work of the Minimum Standards and Protocols for Shelter Medicine Subcommittee. I am writing today to express member feedback and concerns and the amended language presented for sections 2035.5 and 2030.6.

### **CCR 2030.6. Minimum Standards – Animal Shelter Medicine in Fixed Facility**

*(l) The animal shelter facility shall have appropriate drugs, including oxygen, and equipment to provide immediate emergency care. {2030 (f)(12)}*

Bearing in mind that there are many shelters that lack veterinary staff and do not operate surgical centers, it does not seem appropriate to require that shelters keep oxygen on site. Such tanks can pose a fire hazard and require regular maintenance and inspection.

### **CCR § 2035.5. Duties of Supervising Veterinarian and Animal Health Care Tasks for R.V.T., VACSP Holder, and Veterinary Assistant in the Shelter Setting**

#### **General Comments**

Current law allows animal shelters to operate and perform euthanasia and other specific animal care tasks without requiring a veterinarian on premise or the supporting veterinarian to obtain a State Premises Permit to operate the animal shelter facility. If it is the intent of the proposed regulations that a veterinarian must obtain a premise permit to oversee the shelter facility, this is an unreasonable expectation for a private practitioner who has no control over the animal shelter facility, their staff, or facility design.

We would appreciate your consideration of the following:

- The proposal appears to mandate that animal shelters must obtain a Veterinary Premises Permit to operate an animal shelter facility. Under the current structure, animal shelters are not required to have a Premises Permit which a Veterinarian must obtain.
- Many rural animal shelters are struggling to obtain veterinary support. In some regions of the State, the only veterinary facility that may be available is a Corporately held and operated establishment that would not take on the responsibility for overseeing a rural animal shelter. What will the rural animal shelter do if they cannot obtain a veterinarian who is willing to assume full responsibility and liability for operating the small shelter facility?



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- If the State of California desires to enhance the level of veterinary care provided at animal shelter facilities an appropriate funding source should be identified to financially support this objective.
- It is unreasonable to expect a veterinarian to have a government animal shelter facility under permit in the veterinarian's name. The veterinarian does not hire the support staff or have control over the registered premises. Does the VMB/MDC want to place their licensed medical professionals in the position of being fully responsible and/or liable for a facility they do not control or operate on a daily basis?
- Regardless of a shelter's ability to secure a supervising veterinarian at their facility, staff must have the ability to provide vaccinations and prophylactic control of internal parasites and external parasites on intake. These are generally over-the-counter items that can be used by members of the general public without veterinary oversight.

Feedback from shelters with a supervising veterinary, brought forth the following concerns about this section:

(2)The supervising veterinarian establishes written orders for:

(A)The indirect supervision of an R.V.T., VACSP holder, or veterinary assistant for vaccinations and prophylactic control of internal parasites and external parasites on intake.

(B)The indirect supervision of an R.V.T. for the treatment of clinical conditions based on an animal's symptoms.

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(3)Treatment rendered under paragraph (2) may be continued only under the direction of a licensed veterinarian.

Concern with the section above is that there is no stipulation for the ability to include on written orders for RVT, VACSP and vet assistants to perform onsite diagnostics such as snap tests or skin scrapings whose result may warrant treatment or even euthanasia. Is performing the diagnostics implied in the term "TREATMENT"? Will the RVT/VA/VACSP not be deemed diagnosing if they perform the test and made the conclusion from the result?

CalAnimals deeply appreciates your hard work and consideration of the feedback that has been provided herein. The health and welfare of the animals in California shelters is important, as is our ability to provide the best care possible within the scope of available resources.

Best wishes,

Jill Tucker, CAWA  
CEO



November 12, 2018

Jeff Pollard, DVM  
Chair  
Multidisciplinary Advisory Committee  
California Veterinary Medical Board  
1747 N. Market Blvd, Ste. 230  
Sacramento, CA 95834

**RE: Shelter Medicine Recommendation; 11/13/18 Agenda Item No. 5**

Dear Dr. Pollard:

The California Animal Welfare Association ("Cal Animals") appreciates the hard work of the Minimum Standards and Protocols for Shelter Medicine Subcommittee. Sorting through the myriad of unique issues associated with the practice of veterinary medicine in a shelter setting is challenging but vitally important to the welfare of animals in California's shelters. I am writing with feedback on the shelter medicine recommendations contained in the Memorandum from Andrea Drummond, Administrative Programs Coordinator, to the Multidisciplinary Advisory Committee dated November 13, 2018. Cal Animals sought input from shelter veterinarians and shelter directors. However, because we have had just two weeks to review the materials, what follows for your consideration is initial feedback and not an exhaustive list of all concerns and recommendations.

**16 CCR § 2035. Duties of Supervising Veterinarian**

(a) and (b): Many shelters do not have a staff veterinarian. Instead they rely on private practice veterinarians in the community to provide care. With this arrangement, it would be both unreasonable and unfair to hold the veterinarian responsible for determining the competency of shelter staff. Not only does the veterinarian have no control over the hiring, firing, and training of shelter staff, the veterinarian is not present in the shelter on a daily basis. Therefore, he or she does not have the opportunity to oversee and observe staff. In a traditional practice setting, this oversight responsibility makes sense because the supervising veterinarian oversees and evaluates hospital staff on an ongoing basis in the course of a normal work day. It is important to note that some shelters do not even have a veterinary hospital within a reasonable distance of the shelter. Recommendation: Explore the idea of requiring online training for shelter staff on basic health care tasks. This training would eliminate the requirement that the supervising veterinarian be responsible for determining competency of shelter staff.

(c): The term "disposition" here should exclude things like adoption, transfer to rescue, and euthanasia. These do not fall under the duties of a supervising veterinarian in an animal shelter, even when the veterinarian is on staff.

(e) How will a veterinarian know what this means in a shelter setting? This language is quite vague.

***Proposed 16 CCR § 2035.5. Duties of Supervising Veterinarian and Animal Health Care Tasks for R.V.T., VACSP Holder, and Veterinary Assistant in the Shelter Setting***

(a)(2)(B) and (C): Most shelters, particularly those that are small and rural, do not have RVTs. Therefore, VACSP holders and veterinary assistants should also be able to treat medical conditions based on an animal's symptoms pursuant to written protocol. This is especially true for minor medical issues such as URI, kennel cough, or pain management after a spay. As written, this proposal would require shelters without a staff veterinarian or RVT to transport animals to a veterinarian for treatment of these conditions. These shelters have neither the resources nor the staff to do these transports, particularly when the nearest veterinary hospital willing to treat shelter animals is far away. Recommendation: Explore the idea of requiring online training for shelter staff in treating medical conditions based on an animal's symptoms pursuant to written protocol.

(a)(3) Most shelters do not have RVTs. VACSP holders and veterinary assistants should also be able to render certain emergency treatment. Recommendation: Explore the idea of requiring training for shelter staff in providing emergency treatment.

(d) What would this look like? What type of "physical presence" would be reasonable?

(e) Presumably, this applies to animals that are adopted and then returned to the shelter for ongoing treatment only (i.e. the owner is not relinquishing ownership of the animal to the shelter). If so, a word other than "returned" should be used. Use of the word "returned" could be interpreted as meaning the animal is being surrendered, not brought in for ongoing treatment.

(f) This section should clarify that it applies to owner returns and surrenders that result in relinquishment of ownership.

***Proposed 16 CCR § 2036.6. Minimum Standards – Animal Shelter Ambulatory Medicine***

Introductory paragraph: Need to clarify that these standards apply to the part of the shelter facility where veterinary medicine is actually performed and not to the entire shelter facility.

(f) This should read ". . . where spay or neuter, or other veterinary services, are provided to the public . . ."

(i) and (j) Some rural shelters do not have a veterinary facility within a reasonable distance. These shelters would be unable to comply with this requirement.

(l) The Committee should explore whether equipment, such as oxygen, should be required when it is equipment that shelter staff would not be allowed to use in the absence of an onsite veterinarian.

(n) This subsection be revised to clarify that it applies only to the situation in which a member of the public submits an animal to a shelter for treatment.



(p) What if the shelter does not have anesthetic equipment because it does not perform anesthesia?

(r) In a shelter setting, disposition of a deceased animal should occur per shelter protocol.

Again, Cal Animals applauds your hard work and focus on this important matter and looks forward to continuing the discussion on minimum standards in a shelter setting that reflect the unique needs and realities of animal shelters.

Very truly yours,

Erica Hughes  
Executive Director



November 12, 2018

Jeff Pollard, DVM  
Chair  
Multidisciplinary Advisory Committee  
California Veterinary Medical Board  
1747 N. Market Blvd, Ste. 230  
Sacramento, CA 95834

**RE: Shelter Medicine Recommendation; 11/13/18 Agenda Item No. 5**

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(a)(3) Most shelters do not have RVTs. VACSP holders and veterinary assistants should also be able to render certain emergency treatment. Recommendation: Explore the idea of requiring training for shelter staff in providing emergency treatment.

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Very truly yours,

Erica Hughes  
Executive Director



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### CalAnimals June 2019 Survey Results

#### 1. Permits?

Out of 102 sheltering facilities that responded to the survey, 26 are operating without veterinary premise permits, which is approximately 25%.

#### 2. Reasons?

Shelters without veterinary premises permits report they are unable to obtain them for the following reasons:

- a. Willingness of veterinarians (96%)
- b. Cost of paying veterinarians (96%)
- c. Proximity to veterinarians (40%)

#### 3. Comments

The following are comments received via the survey.

"Our nearest veterinarian is a one hour drive."

"Although it has been the plan for several years to contract with a veterinarian and obtain a Premise Permit, a failed attempt to send the contract out to bid and a lack of support from the few local veterinarians we have has made this effort very difficult. It would be nearly impossible for us to comply with the VMBs proposed regulations and would leave our almost 5,000 animal intakes without basic vaccines, or triage care."

"I am extremely concerned that if enacted, my organization will not be able to divert funds to secure a veterinary and construct / reconstruct facilities, staffing structure etc to meet these standards. We are a small brick-and-mortar shelter and we work closely with veterinarians in our community to provide needed health care to our animals. To limit our ability to perform such tasks as basic vaccinations and preventatives I expect we would instead increase the risk of disease and distress in our shelter animals because of the delay that would be required to have such basics performed by a local vet office (of course, on their schedule, not when we receive animals). Furthermore, the cost associated would ultimately limit the number of animals we would be able to help by transferring into our program from (typically) higher-risk municipal facilities that might otherwise need to consider euthanasia for a treatable animal. Although we are limited with respect to what we can treat onsite, we are willing and able to pay community vets to help us in this mission. Overall, the VMB does not seem to be recognizing that different types of animal sheltering operations must be able to work together to save the greatest number of lives. This includes being able to be an organization without a staffed / contracted vet that can, none-the-less provide for animals in need while keeping them basically healthy through vax and preventatives."

"We would be unable to get a veterinary premises permit."

"We have a vet of record on site, but do all our medical with local vet offices in our community."

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"This is over regulation of a group that should not have any say so in how a government facility is run. They have no understanding of rural shelters and the way they work. This will actually cause less care for animals. It may be under good intentions, but poorly conceived."

"At our facility, we vaccinate upon intake, provide non-prescription parasite medication when needed, provide prescribed medication to shelter pets as directed by a veterinarian (not sent home with owners if RTO. If RTO, directing owner to seek veterinary follow up with their provider (basically we do not dispense meds to owners), and dressing changes as directed by a veterinarian. We have spoken with our vet or record and they are not interested in providing premise permit. Our other option is VCA and they have previously stated not interested."

"Regulations have become so difficult, we can no longer find a Veterinarian who will even put us on their permit for us to house/use Euthanasia. Our facility now has to outsource euthanasia when they come up, and sadly for those animals that are in a very bad way, have to wait up to an hour or two to be seen by a Vet, just for euthanasia. Our little shelter cannot even afford that. There is no way we'd be able to continue if this extended out to basic vaccines and de-wormers."

"The shortage of shelter veterinarians nationwide greatly impacts local animal shelters' ability to recruit and retain veterinarians."

"I came from a small County run shelter that had a Vet oversee our operations but was not on site. I have serious concerns that this will in fact hurt the ability of shelters like that (which are located all throughout the state) to be able to properly care for the animals they are responsible for. Although I can see the VMB side of it I feel it will be extremely counterproductive and I believe there has to be some middle ground that can be reached in some way."

"The health of shelter animals in California is in jeopardy if shelters cannot provide vaccinations and anti-parasitics."

"We have major concerns that shelters will not be able to provide vaccines and antiparasitics which are critical to the health of California's pets and critical for disease control."

"Our shelter is very old and wouldn't be able to meet many of the new requirements being proposed by the VMB."

"Our current director is also a licensed veterinarian and as a result able to secure our premises permit. However should someone else occupy that position in the future who is not a veterinarian, the ability to comply with permit requirements and obtain an outside vet to serve as the permit holder maybe more challenging."

"While we do vaccinate and provide parasitic control at intake per protocol, a veterinarian does not provide direct supervision of those tasks. It would be a burden to require that."

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CALIFORNIA ANIMAL WELFARE ASSOCIATION

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## California Animal Welfare Association

Promoting Excellence in Animal Care, Sheltering, and Law Enforcement since 1909

"We serve all of <name removed> County, the size of the state of Connecticut. We have to travel out of county just to get our animals spayed and neutered. Not enough or any vets willing to help us beyond emergency care at a high price. We have long term experienced staff and receive continued education."

"These regulations are not taking into account small agencies/shelters that are horribly underfunded and have quite a distance to the nearest veterinarian."

"Access to radiology, as well as having equipment and medical libraries on site for smaller facilities may not be a reasonable expectation."

"<Name removed> is EXTREMELY lucky to have a Premises Permit. My (previous) 8 years at <name removed> County Animal Services we were not so lucky. We would NEVER have been able to comply with these regulations. This is also the case for the smaller shelters that exist within the Central Valley. If these particular shelters are lucky enough to actually have a veterinarian within an hour's drive, the likelihood of these vets actually entering into an agreement/RFP etc. is very slim. Most are not interested or just do not have the time. These are real-time challenges and should be considered by the VMB in their attempt to regulate. Why are concessions made for us to 'legally' euthanize animals but not protect them???"

"It is and was very difficult to find a veterinarian who was willing to work with us let alone put their name on a premise permit. We have very limited vets in our area and 1 is a corporation unwilling to help and the other we will not use do to criminal activity. If VMB continues to make restrictions for shelters, our animals and our reputations will suffer because the only choice they will leave us is euthanasia. If shelters cannot provide the basic medical needs to keep an animal healthy then we are no better than those irresponsible owners we deal with on a regular basis. The general public can go to any hardware store, pet shop or feed store and purchase vaccines, wormers, antibiotics without a premise permit, why the restrictions for shelters?"

"Many of my colleagues in <name removed> County do not have premise permits. I am concerned these new regulations will set our County back as a whole on the progress we have made in improving Animal Live Release Rates."

"I also have concerns with CCR 2035 defining the duties of the supervising veterinarian and 2035.5. We have a supervising veterinarian but she does not have any involvement in our training or evaluations of personnel who may eventually be VASCP holders so she cannot determine their competency. (a) She also does not give input in the disposition of all of our animals. (b) Regarding CCR Section 2035.5 (a)(2) - Does this mean a VASCP holder can't administer treatments/medications, such as SQ fluids or antibiotics, if not under direct supervision of an RVT? We don't have an RVT. Although we're in contact with our supervising veterinarian and her practice almost daily, my concern is that she will no longer want our contract if the requirements are increased, and we will no longer be able to provide the scope of in shelter care that we do because we don't have an RVT to provide direct supervision."

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