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## RVT Appointments: New California Law

The passage of SB 669 marks an unprecedented change for California veterinary practice. The new law, which took effect on January 1, 2024, permits veterinarians to utilize registered veterinary technicians (RVTs) as agents in establishing the veterinarian-client-patient relationship (VCPR) for the specific purposes of administering prophylactic vaccinations and/or for controlling or eradicating apparent or anticipated internal or external parasites.

### Before Proceeding: Remember that in California, the VCPR Is Condition-Specific

California is the only state in the country where the law is interpreted to require veterinarians to establish a separate VCPR for each and every medical condition that they treat in an animal patient. Many veterinarians have been under the misconception that a patient with a current annual exam has a valid VCPR.

California law provides no such leeway. In California, each time a veterinarian institutes a treatment plan of whatever nature for a previously untreated illness, injury, or condition in an animal patient, the veterinarian must first examine the patient either in person or virtually (the latter being newly permitted under AB 1399, also effective as of January 1, 2024), or make medically appropriate and timely visits to the premises where the animals are kept. Following their assessment, the veterinarian must communicate with the client to determine the course of action that will be taken to manage the case. This process must occur for each and every medical condition that the veterinarian has not previously diagnosed and treated—including for the purposes of giving vaccines and providing preventive procedures for parasite control. Instances in which “wellness and preventive care” are provided to animal patients via vaccination and parasite control

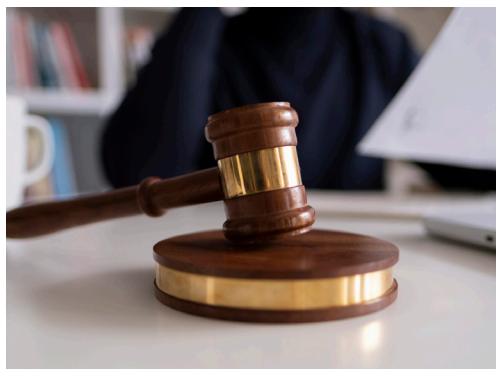
still require a VCPR. Even though the diagnosis or assessment of the animal patient may be “clinically healthy”—the purpose of the VCPR is to determine if the animal is physiologically capable of receiving the treatment of vaccines and/or parasite control medication.

### How SB 669 Changes the VCPR (with Limitations)

Until the passage of SB 669, veterinarians had to examine a patient and communicate with a client first-hand for a VCPR to be valid. But now, for the specific purposes of **administering vaccinations and/or controlling or eradicating apparent or anticipated internal or external parasites**, a veterinarian may elect to have an RVT act as their agent in establishing the VCPR. As a point of clarification—the VCPR and the patient are still the veterinarian’s, and treatments and medications are *still* being prescribed by the veterinarian; however, these tasks are being completed in a new

## RVT appointments will improve access to veterinary care, better utilize RVTs in accordance with their standard education, help retain RVTs by allowing them to do more in practice, and free up veterinarians to see other patients and perform other services.

and different way. A veterinarian who opts to utilize an RVT as their agent for the specific purpose of administering vaccinations and eradicating apparent or anticipated internal or external parasites should note that the law does not permit RVTs to function as agents for any other purpose(s). Therefore, if an RVT encounters an abnormal physical finding during the course of an appointment, or is asked to do anything by the client other than what is permitted by law, they are not authorized to diagnose or treat, and doing so could result in disciplinary action by the Veterinary Medical Board (VMB).



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### Legal Requirements

Prior to an RVT acting as an agent on behalf of the veterinarian to establish a VCPR to administer vaccinations and/or to control or eradicate apparent or anticipated internal or external parasites, several legal requirements must be met. The law mandates the following:

1. The veterinarian establishes protocols that include, at a minimum, the following:
  - b. The requirement to obtain the animal patient's history from the client in

order to reasonably ensure that the administration of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites is appropriate.

- c. Performance of a physical examination of the animal patient and collecting data in order to reasonably ensure that the administration of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites is appropriate.

- d. Directions to determine if information found in the patient history or physical examination would preclude the administration of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.

- e. Criteria that would disqualify the animal patient from receiving the preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.

- f. Vaccination protocols for each animal species for which preventive or prophylactic vaccines are administered, that include, at a minimum, handling and administration of vaccines in accordance with manufacturer label recommendations and protocols in the event of an adverse reaction or other emergency.

- g. Preventive procedures for parasite control for each animal species for which medications for the control or eradication of apparent or anticipated internal or external parasites are being administered, which shall include, at a minimum, handling and administration of medications in accordance with manufacturer label recommendations and protocols in the event of an adverse reaction or other emergency.

- h. Documentation requirements—medical records, signed assumption of risk agreement, and signed agent authorization agreement (read more below).

2. The veterinarian and the RVT sign and date a statement containing an assumption of risk by the veterinarian for all acts of the RVT related to examining the animal patient and administering preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites, except for willful acts of animal cruelty, gross negligence, or gross unprofessional conduct on behalf of the RVT. This is a document that applies generally to the allowed practices and would presumably be maintained apart from the patient medical record and part of the veterinarian's general files.
3. The veterinarian and RVT sign and date a statement authorizing the RVT to act as the agent of the veterinarian only to establish the VCPR for purposes

of administering preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites when acting in compliance with the established protocols and procedures, and only until the date the veterinarian terminates authorization for the RVT to act as the agent of the veterinarian. Like the prior “assumption of risk” document, this document would presumably be maintained separate from the patient’s medical record as part of the veterinarian’s general files.

4. Before the RVT examines the animal patient or administers any preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites to the animal patient, the RVT informs the client orally or in writing that the RVT is acting as an agent of the veterinarian for purposes of administering to the animal patient preventive or prophylactic vaccines or medications, as applicable, and provides the veterinarian’s name and license number to the client. If the client authorizes the RVT to proceed, the RVT must notate this in the patient’s medical record.

Once all of the aforementioned requirements are met, the RVT may administer vaccinations and medications for the control or eradication of apparent or anticipated internal or external parasites.

### Medical Record Requirements

The specific medical record requirements for RVT appointments are specified in law. Documentation of all of the following animal patient information is required:

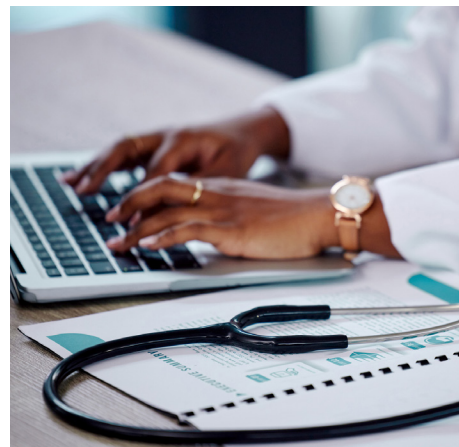
1. Name or initials of the person responsible for entries
2. Name, address, and phone number of the client
3. Name or identity of the animal, herd, or flock
4. Except for herds or flocks, age, sex,

- breed, species, and color of the animal
5. Beginning and ending dates of custody of the animal, if applicable
6. A history or pertinent information as it pertains to each animal’s, herd’s, or flock’s medical status
7. Data, including that obtained by instrumentation, from the physical examination
8. Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use
9. Diagnosis or assessment before performing a treatment or procedure
10. If relevant, a prognosis of the animal’s condition
11. All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use

Both the RVT and the veterinarian are responsible for ensuring that medical records are kept in accordance with law. While the RVT is primarily responsible for entering required information in the medical record, the supervising veterinarian is subject to disciplinary action if medical record requirements are not met.

### Important Conditions Pertaining to RVT Appointments

- If the RVT is conducting vaccine and parasite control appointments as an agent of the veterinarian in a registered veterinary premises, the veterinarian must be physically present at the registered veterinary premises.
- If the RVT is working at a location other than a registered veterinary premises, the veterinarian must be in the general vicinity or available by telephone and must be quickly and easily available. At this remote location, the RVT must have equipment and drugs necessary to provide immediate emergency care at a level commensurate with the provision of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.



- The two signed and dated documents between the veterinarian and RVT (mentioned previously) must be retained by the veterinarian for the duration of the RVT’s work as an agent of that veterinarian and until three years from the date of the termination of the veterinarian’s relationship with the RVT.
- Medical records must be retained by the veterinarian for a minimum of three years after the animal patient’s last visit.

While several steps must be taken to permit RVT vaccine and parasite control appointments, the benefit of permitting an RVT to function as an agent of the veterinarian to establish a VCPR for these specific purposes is potentially significant. RVT appointments will improve access to veterinary care, better utilize RVTs in accordance with their standard education, help retain RVTs by allowing them to do more in practice, and free up veterinarians to see other patients and perform other services. It is important for veterinarians and RVTs to remember that the VCPR is still between the veterinarian and the client, and that any prescribing must be performed by the veterinarian. ■

# RVT Appointments: Step-by-Step Guide



The enactment of SB 669 in 2024 permits veterinarians to utilize RVTs as agents in establishing the veterinarian-client-patient relationship (VCPR) for the specific purposes of administering prophylactic vaccinations and/or for controlling or eradicating apparent or anticipated internal or external parasites. To view the full law, scan the QR code.



## 01 PROCEDURES AND PROTOCOLS

Veterinarian establishes written protocols and procedures to be followed by the RVT.

[California Business and Professions Code Section 4826.7 (b)(3)(A-G)]



## 02 SIGN AGREEMENTS

Veterinarian and RVT sign assumption of risk and agent authorization agreements.

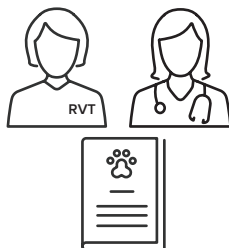
[California Business and Professions Code Section 4826.7 (b)(4-5)]



## 03 CONDUCT APPOINTMENT

RVT provides client disclosures, assesses animal patient, and administers vaccines/parasite control.

[California Business and Professions Code Section 4826.7 (b)(5-6)]



## 04 WRITE MEDICAL RECORD

RVT enters all required information into the medical record. Veterinarian shares responsibility to ensure medical record requirements are met.

[California Business and Professions Code Sections 4826.6 and 4826.7 (b)(3)(G)]



## Registered Veterinary Technician (RVT) Agent Authorization and Veterinarian Assumption of Risk Statement

1. In accordance with the requirements of California Business and Professions Code section 4826.7(b)(5), this statement hereby authorizes \_\_\_\_\_, RVT to act as an agent of \_\_\_\_\_, DVM to establish the veterinarian-client-patient relationship (VCPR) for the specific purpose(s) authorized by the veterinarian's initials immediately below:

<b>Veterinarian</b>	<b>Authorized Agent Tasks</b>
<b>Initials</b>	

- |       |  |
|-------|--|
| _____ | Administering preventive or prophylactic vaccines  |
| _____ | Administering medications for the control or eradication of apparent or anticipated internal or external parasites |

2. The authorization(s) granted in Paragraph 1, above, are made on the specific condition that as to each animal patient to whom \_\_\_\_\_, RVT renders treatment hereunder, \_\_\_\_\_, RVT shall examine the animal patient and observe the following protocols required by California Business and Professions Code section 4826.7(b)(3):

<b>PROTOCOL</b>	<b>INITIALS TO ACKNOWLEDGE PROTOCOL RECEIPT, REVIEW AND DISCUSSION</b>
Obtain the animal patient's history from the client in order to reasonably ensure that the administration of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites is appropriate.	Veterinarian Initials _____ RVT Initials _____
Collect data by physical examination of the animal patient in order to reasonably ensure that the administration of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites is appropriate.	Veterinarian Initials _____ RVT Initials _____
Note information, if any, in the patient history or physical examination results that would preclude the administration of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.	Veterinarian Initials _____ RVT Initials _____

<p>Note criteria, if any, that would disqualify the animal patient from receiving the preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.</p>	<p>Veterinarian Initials _____ RVT Initials _____</p>
<p>Follow vaccination protocols for each animal species for which preventive or prophylactic vaccines are administered, which protocols shall include, at a minimum, handling and administration of vaccines in accordance with manufacturer label recommendations and what to do in the event of an adverse reaction or other emergency.</p>	<p>Veterinarian Initials _____ RVT Initials _____</p>
<p>Carry out preventative procedures for parasite control for each animal species for which medications for the control or eradication of apparent or anticipated internal or external parasites are being administered, which procedures shall include, at a minimum, handling and administration of medications in accordance with manufacturer label recommendations and what to do in the event of an adverse reaction or other emergency.</p>	<p>Veterinarian Initials _____ RVT Initials _____</p>
<p>Document in the medical record animal patient information as required by California Business and Professions Code section 4826.7(b)(3)(G).</p>	<p>Veterinarian Initials _____ RVT Initials _____</p>

3. The authorization(s) granted in Paragraph 1, above, are additionally made with the specific understanding and acknowledgment that \_\_\_\_\_, DVM hereby assumes the risk for all acts of \_\_\_\_\_, RVT relating thereto, except as to willful acts of animal cruelty, gross negligence, or gross unprofessional conduct carried out by \_\_\_\_\_, RVT.

**SIGNED:**

\_\_\_\_\_  
Supervising Veterinarian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registered Veterinary Technician

\_\_\_\_\_  
Date

**ONLY COMPLETE THIS SECTION WHEN TERMINATING AUTHORIZATION  
OF THE RVT TO ACT AS AN AGENT**

**Termination of Authorization**

By my signature below, I hereby terminate the authorization(s) granted in the statement set forth above.

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**Supervising Veterinarian**

---

**Date**

**Vaccine Clinic  
Protocols and Procedures under  
Business & Professions  
Code Section 4826.7 (SB 669 (2023))**

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**Developed by Shelter PALS at the San Francisco SPCA  
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Last Updated by Developer on January 22, 2024**

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## **Overview of Vaccine Clinic Operations: Model Protocols and Procedures and Required Documents**

As of January 1, 2024, a Registered Veterinary Technician (RVT) can establish a veterinarian-client-patient relationship (VCPR) on behalf of a veterinarian for the purpose of administering vaccines and/or parasite medications. This can occur when the veterinarian is off-site at a facility that is *not* a registered veterinary premises, as long as the veterinarian is available by telephone and quickly available. At a registered veterinary premises, this can also be done, as long as a veterinarian is somewhere on the premises.

In both settings, certain conditions are required by law, as set out in these materials.

**Who does the new law apply to:** California RVTs, acting under the supervision of a California licensed veterinarian, who are administering vaccines and/or parasite medications.

### **Checklist: What to do in advance of a vaccine clinic:**

- The vet must establish written protocols for the RVT to follow. See [the statute](#) for details. Model protocols are included in this document for review, editing and use.
- The vet and RVT must sign and date a written
  - Assumption of risk by the vet for the RVT's actions in examining the animal and administering vaccines or parasite medications. See [the statute](#) for details.
  - Authorization for the RVT to act as the agent of the vet in establishing the VCPR for administering vaccines or parasite medications. See [the statute](#) for details.(A model document that satisfies these requirements is included as Appendix E, on page 47.)

### **Checklist: What to do at the clinic:**

- Before the RVT examines any animal or administers any vaccines or parasite medications, the RVT must inform the client (orally or in writing) that the RVT is acting as an agent of the veterinarian. The RVT must also provide the veterinarian's name and license number to the client, either with written notice, signage, or orally.
  - The RVT then must record in the patient's medical record that the client has agreed to proceed with the RVT examination and administration of the vaccine(s) or medication(s).
- The RVT can establish the VCPR as an agent of the veterinarian and administer vaccines and parasite medications if working at a location other than a registered veterinary

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premises when the veterinarian is offsite but available by telephone and quickly available.

- The RVT can establish the VCPR as an agent of the vet and administer vaccines and parasite medications if working at a registered veterinary premises, as long as a veterinarian is somewhere onsite.
- At non-registered veterinary premises, the RVT must have equipment and drugs to provide immediate emergency care for any adverse reactions to the vaccines and parasite medications.
- The RVT must follow written protocols and procedures established by the veterinarian when examining the patient and administering the vaccines or parasite medications. See [the statute](#) for details. Model protocols are included in this document for review, editing and use.

**Please review the attached model protocols and forms, revise them as needed, and complete the highlighted areas with information specific to each clinic/shelter.**

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## Emergency Protocols for Vaccine Reactions

**DO NOT VACCINATE OR DEWORM ANIMALS WITH A HISTORY OF SEVERE REACTIONS.**

### Type IV Hypersensitivity Reactions (Angioedema)

1. Facial and ear swelling and itching can sometimes occur after vaccinations. While not life threatening, patients may experience discomfort and these reactions are upsetting to owners.
2. If the reaction is severe, the patient should be managed by the RVT per the protocol below and any other protocols established by the veterinarian, and the veterinarian notified. Owners should be provided with written information on this type of reaction and what to expect at home.
3. This reaction is managed with diphenhydramine +/- corticosteroids (see protocol below).
4. Consider pre-treating small dogs or those with previous mild reactions with diphenhydramine.
5. Consider prescribing oral diphenhydramine / Benadryl for 24 -48 hours after a reaction.
6. Cats: Use lower dose of diphenhydramine of 1 mg/ kg.

Volume In Milliliters Given IM								
Drug /Dose	Conc.	10 lb.	20 lb.	30 lb.	40 lb.	50 lb.	60 lb.	70 lb.
Diphenhydramine 2 mg/ kg	50 mg/mL	0.18 mL	0.36 mL	0.54 mL	0.72 mL	0.91 mL	1.1 mL	1.3 mL
DexSP 0.1 mg/kg	4 mg/ mL	0.11 mL	0.22 mL	0.34 mL	0.45 mL	0.57 mL	0.68 mL	0.8 mL

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## **Emergency Protocols for Vaccine Reactions** (page 2)

### **Type 1 Hypersensitivity Reactions: Anaphylaxis**

Anaphylaxis from vaccine administration is rare but can happen. If the patient is critical, the patient should be stabilized by the RVT per the written protocol established by the veterinarian. As soon as possible, the RVT will notify the supervising veterinarian for additional input.

Once stable, the patient should immediately be transferred by the owner to the nearest veterinary emergency facility. Written directions shall be provided to the client, and the RVT or supervising veterinarian will telephone the emergency facility to advise that the pet is being transported.

#### **Clinical signs of anaphylactic shock**

1. Hypotension with pale mucus membranes, prolonged CRT, tachycardia, dysrhythmias, weak pulses, cool extremities, hypothermia and collapse. More common in dogs.
2. Respiratory distress caused by bronchospasm, laryngeal edema and mucus accumulation. More common in cats.
3. Gastrointestinal signs: Vomiting, diarrhea; hemorrhagic diarrhea could indicate a more serious reaction.
4. Severe pruritus.
5. Cardiac arrest.

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Emergency Protocols for Vaccine Reactions (page 3)

Emergency Management of Anaphylaxis

1. Assess the patient.
  - a. Mucus membranes and CRT, HR and pulse quality, respiration effort / stridor.
  - b. Obtain TPR while others are gathering emergency equipment and medications.
2. Emergency management of anaphylactic shock (see chart for volume per weight):
  - a. Flow by oxygen; intubation if unconscious.
  - b. Epinephrine: 0.01 mg/kg of 1:1000 (1 mg/mL) solution IM.
    1. may also be given via endotracheal tube at 0.02-0.2mg/kg (double IM dose).
    2. May repeat IM or IV as needed every 5-10 minutes.
  - c. IV fluids: bolus of 10 – 20 mg/ kg over 5-15 minutes with reassessment of cardiovascular status.
    1. **Do NOT Exceed** 90 mL/ kg dog or 45 mL / kg cat.
  - d. Diphenhydramine 2 mg / kg IM dogs, 1 mg/kg IM cats.
  - e. DexSP 0.1 mg / kg IV once, if directed by DVM in written protocols.
  - f. Use bronchodilators if severe respiratory distress.
    1. Terbutaline: 0.01mg/kg IM (or IV if catheter is in place)
    2. If additional support needed:
      - a. Aminophylline if available and directed by DVM in written protocols.
        - i. Dog: 5-10mg/kg IM, or slowly IV
        - ii. Cat: 5mg/kg IM, or slowly IV
  - g. In case of asystole, intubate, proceed with CPR (see below).
  - h. Owner to transport to emergency facility as soon as possible for continued care.

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**Emergency Protocols for Vaccine Reactions** (page 4)

**Canine and Feline**

	Volume In Milliliters Given IV or IM see below								
Drug / dose	Conc.	5 lb. (2.3kg)	10 lb. (4.5kg)	20 lb. (9.1 kg)	30 lb. (13.6 kg)	40 lb. (18.1kg)	50 lb. (22.7 kg)	60 lb. (27.2 kg)	70 lb. (31.8 kg)
LRS –IV <b>BOLUS</b> 10-20 ml/ kg over 5 -15 minutes	Max Volume: 90 ml/kg for dogs and 45 ml/kg max for cats	23-46 mL	45 -90 mL	90- 180 mL	130-260 mL	180 - 360 mL	227 - 454 mL	272 - 545 mL	318 – 636 mL
Epinephrine 0.01 mg/ kg IM	1:1000	0.02 mL	0.05 mL	0.09 mL	0.14 mL	0.18 mL	0.23 mL	0.27 mL	0.32 mL
Diphenhydramine 2 mg/ kg IM NTE 50mg	50 mg/ml	0.09 mL	0.18 mL	0.36 mL	0.54 mL	0.72 mL	0.91 mL	1.0 mL	1.0 mL
DexSP 0.1 mg/kg IV once	4 mg/ ml	0.06 mL	0.11 mL	0.22 mL	0.34 mL	0.45 mL	0.57 mL	0.68 mL	0.8 mL
Terbutaline 0.01mg/kg IM or IV	0.5 mg/mL	0.05 mL	0.09 mL	0.18 mL	0.27 mL	0.36 mL	0.45 mL	0.54 mL	0.64 mL
Aminophlllyline 5 mg/kg IM or IV slowly	25 mg/mL	0.46 mL	0.9 mL	1.8 mL	2.7 mL	3.6 mL	4.5 mL	5.4 mL	6.3 mL

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**Emergency Protocols for Vaccine Reactions** (page 5)

**CPR Guidelines:**

1. Assess patient: Breathing, heartbeat, rhythm, pulse.
2. Immediately begin chest compressions: 100-120 / minute; compress chest to 1/3 to 1/2 normal width in 2-minute cycles.
3. Intubate, if possible; if not, use AMBU bag - ventilate every 6 seconds.
4. ECG and capnometer, as well as blood pressure monitoring equipment, if available.
5. Establish venous access (IV best; I/O if IV not possible); fluids given if hypotensive.
6. Intratracheal medications as last resort; medications given at 2-10 x dose.
7. Epinephrine only for asystole and PEA; use low dose q 3-5 minutes.
8. Do not give epinephrine if arrhythmia.

Volume in Milliliters Given IV or IM								
Drug	5 lb. (2.3kg)	10 lb. (4.5 kg)	20 lb. (9.1 kg)	30 lb. (13.6 kg)	40 lb. (18.1 kg)	50 lb. (22.7 kg)	60 lb. (27.2kg)	70 lb. (31.8 kg)
Epinephrine 1:1000 Low dose, 0.01mg/kg IV q 3-5 minutes	0.02 mL	0.05 mL	0.09 mL	0.14 mL	0.18 mL	0.23 mL	0.27 mL	0.32 mL
Vasopressin 20 U/mL 0.8 U/kg IV q 3-5 minutes	0.09 mL	0.18 mL	0.36 mL	0.54 mL	0.73 mL	0.91 mL	1.1 mL	1.3 mL
Atropine 0.54 mg/mL 0.04mg/kg IV once	0.17 mL	0.33 mL	0.67 mL	1.01 mL	1.34 mL	1.68 mL	2.01 mL	2.36 mL



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**Emergency Protocols for Vaccine Reactions** (page 6)

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## Protocols for Vaccine and Medication Storage, Handling, and Administration

### Refrigerator Requirements:

- Either a pharmaceutical grade or stand-alone household refrigeration unit, compact size or larger.
- If a household refrigerator remove deli, fruit, and vegetable drawers; they are unsuitable for storage.
- A high-quality thermometer should be kept in the center of the refrigerator.
- Set the thermostat to 40°F.

### Vaccine Requirements:

- All vaccines must be organized by species and type and placed centrally in the refrigeration unit, about 2-3 inches from the walls and doors.
- Vaccinations must be stored between 36°F - 46°F.
- Single dose vaccines should not be removed from the refrigeration until the time of administration.
- A new, sterile syringe and needle must be used to draw up the vaccine, changing the needle before patient administration using sterile technique.
- The vaccine must be administered promptly after reconstitution.
- If a patient is vaccinated with the incorrect vaccine or via the incorrect route, alert the veterinarian immediately for next steps.

<b>Canine</b>	<b>Administration Location</b>	<b>Administration Route</b>
Rabies	Right Pelvic Limb	Subcutaneous
DHPP	Right Thoracic Limb	Subcutaneous
Leptospirosis	Left Thoracic Limb	Subcutaneous
Bordetella (oral)	Intraoral	Oral
Bordetella (injectable)	Intrascapular	Subcutaneous
Canine Influenza	Intrascapular	Subcutaneous
<b>Feline</b>	<b>Administration Location</b>	<b>Administration Route</b>
Rabies	Right Pelvic Limb	Subcutaneous
FVRCP	Right Thoracic Limb	Subcutaneous
FeLV	Left Thoracic Limb	Subcutaneous

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## **Protocols for Vaccine and Medication Storage, Handling, and Administration** (page 2)

### **Pyrantel Storage, Handling and Administration – Canine & Feline:**

- Storage requirements
  - Below 86°F.
  - Protect from light.
- Handling requirement
  - Shake well before use.
- Administration requirement
  - A new syringe must be used for each patient.

### **Credelio Storage, Handling and Administration – Canine:**

- Storage requirements
  - Between 59°F - 77°F, excursions permitted between 41°F - 104°F.
- Handling requirement
  - Wear gloves.
- Administration requirement
  - Give with food.

### **Interceptor Storage, Handling and Administration – Canine:**

- Storage requirement
  - Between 59°F - 77°F.
- Handling requirement
  - Wear gloves.
- Administration requirements
  - Offer with small amount of food.
  - Encourage chewing; break up the chew for patients that swallow treats whole.

### **Bravecto Storage, Handling and Administration – Feline:**

- Storage requirement
  - Below 86°F.
- Handling requirements
  - Wear gloves.
  - Wash hands if contact with product is made.
  - Open applicator tube with top pointing up.
- Administration requirements
  - Administer entirety of the tube directly onto the skin. Do not apply to broken or wet skin.
  - Apply in an area the patient cannot lick, such as the base of the neck.
  - Administer immediately after opening foil packaging.

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**Protocols for Vaccine and Medication Storage, Handling, and Administration** (page 3)

**Revolution/Revolution Plus Storage, Handling and Administration – Canine & Feline:**

- Storage requirement
  - Below 86°F.
- Handling requirements
  - Wear gloves.
  - Wash hands if contact with product is made.
  - Open applicator tube with top pointing up.
- Administration requirements
  - Administer entirety of the tube directly onto the skin. Do not apply to broken or wet skin.
  - Apply in an area the patient cannot lick, such as the base of the neck.
  - Administer immediately after opening foil packaging.

**Cheristin Storage, Handling and Administration – Feline:**

- Storage requirements
  - Store in cool, dry place.
- Handling requirements
  - Wear gloves.
  - Wash hands if contact with product is made.
  - Open applicator tube with top pointing up.
- Administration requirements
  - Administer entirety of the tube directly onto the skin. Do not apply to broken or wet skin.
  - Apply in an area the patient cannot lick, such as the base of the neck.

**Paramonthly Storage, Handling and Administration – Canine & Feline:**

- Storage requirements
  - Store in cool, dry place.
- Handling requirements
  - Wear gloves.
  - Wash hands if contact with product is made.
  - Open applicator tube with top pointing up.
- Administration requirements
  - Administer entirety of the tube directly onto the skin. Do not apply to broken or wet skin.
  - Apply in an area the patient cannot lick, such as the base of the neck.

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**Protocols for Vaccine and Medication Storage, Handling, and Administration** (page 4)

Product	Species	Protects against	Dosage Schedule	Minimum Age	Minimum Weight	Route of Administration	Safe for Pregnant/Lactating?
Credelio	Canine	Fleas, Lone Star Tick, American Dog Tick, Black-legged Tick, Brown Dog Tick	Monthly	8 weeks	4.4 lbs	Oral	No
Interceptor	Canine	Heartworm, Roundworm, Hookworm, Whipworm, Tapeworm	Monthly	6 weeks	2 lbs	Oral	No
Paramonthly	Canine	Fleas, Lone Star Tick, American Dog Tick, Brown Dog Tick, Deer Ticks	Monthly	8 weeks	5 lbs	Topical	No
Revolution	Canine	Fleas, Heartworm, Ear Mites, Sarcoptic Mange, American Dog Tick	Monthly	6 weeks	5 lbs	Topical	Yes
Bravecto	Feline	Fleas, Black Legged Ticks, American Dog Tick (2 months protection)	Every 90 days	6 months	2.6 lbs	Topical	No
Revolution	Feline	Fleas, Heartworm, Ear Mites, Roundworm, Hookworm	Monthly	8 weeks	5 lbs	Topical	Yes
Cheristin	Feline	Fleas	Monthly	8 weeks	1.8 lbs	Topical	No
Paramonthly	Feline	Fleas, Lone Star Tick, American Dog Tick, Brown Dog Tick, Deer Ticks	Monthly	8 weeks	1.5 lbs	Topical	No

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## **Protocol for Assessing Suitability of Animals to Receive Vaccines and Dewormers**

**DO NOT VACCINATE OR DEWORM ANIMALS WITH A HISTORY OF SEVERE REACTIONS.**

### **General Description:**

Vaccines and endoparasite deworming are an integral part of maintaining the health of our pets, however, these interventions can, in rare situations, have adverse consequences.

The Registered Veterinary Technician on site is responsible for assessing the health of the patient prior to and immediately after administering vaccinations and dewormers.

Animals will not receive vaccinations or dewormers if the RVT observes or learns of any of the following:

1. Has not been eating or drinking normally in the prior 12 hours
2. Notable depression or mentation abnormalities
3. Notable nasal or ocular discharge, sneezing, or coughing
4. Body temperature of > 102.5 degrees
5. Diarrhea with blood or fetid smell
6. Pale mucus membranes and/or prolonged capillary refill
7. Excessively high heart rate or dysrhythmia
8. Tachypnea beyond normal stress levels, and/or difficulty breathing
9. Body condition score of 3/9 or less (from AAHA):
  - a. Dogs: Ribs, lumbar vertebrae, pelvic bones and all bony prominences evident from a distance. No discernible body fat. Obvious loss of muscle mass.
  - b. Cats: Ribs visible on shorthaired cats; no palpable fat; severe abdominal tuck; lumbar vertebrae and wings of ilia obvious and easily palpable.

When an animal is presented with any of the above physical findings, the owner should be provided information of nearby full-service veterinary facilities.

The supervising veterinarian should be notified if any animal is in extremis.

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## **Protocol for Canine Vaccination**

### **DO NOT VACCINATE ANIMALS WITH A HISTORY OF SEVERE REACTIONS.**

The purpose of this protocol is to provide core and non-core vaccinations to healthy dogs and puppies.

A Registered Veterinary Technician can establish a veterinary-client-patient relationship (VCPR) acting as an agent of the veterinarian for the purpose of administering vaccines and/or parasite medications, subject to the other conditions and requirements described in this document.

### **Staff Responsibilities:**

The supervising veterinarian must:

- Be easily and quickly available via phone when vaccinations are being given in a nonregistered veterinary facility, or being somewhere in a registered veterinary facility where vaccinations are being given.
- Establish, maintain and update protocols for the administration of vaccines and/or parasite medications.

The Community Medicine Manager is responsible for:

- Ensuring required supplies and vaccines are stocked.
- Ensuring equipment is in good working order.

The Community Medicine Registered Veterinary Technician is responsible for:

- Performing the exam and completing SOAP, and recording all of the following in the medical record:
  - Name or initials of the person responsible for entries.
  - Name, address, and phone number of the client.
  - Name or identity of the animal.
  - Except for herds or flocks, age, sex, breed, species, and color of the animal.
  - Beginning and ending dates of custody of the animal, if applicable.
  - A history or pertinent information regarding each animal's medical status.
  - Data, including that obtained by instrumentation, from the physical examination.
  - Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.
  - Diagnosis or assessment before performing a treatment or procedure.
  - If relevant, a prognosis of the animal's condition.
  - All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.
- Adhering to protocols established by the veterinarian.
- Disclosing to the client (orally or in writing) that their pet is being seen by an RVT, who is acting as an agent of a veterinarian.
- Providing the veterinarian's name and license number to the client (through signage or otherwise).
- If the client authorizes the RVT to proceed, noting this consent in the patient's medical record.

[INSERT YOUR LOGO HERE]

### **Protocol for Canine Vaccination** (page 2)

- Administering the vaccines and parasite medications as instructed in protocols established by the veterinarian.

Clinic Customer Care Staff is responsible for:

- Scheduling appointments.
- Checking out clients.
- Providing clients with information about follow-up appointments.

### **Location and Materials Needed:**

To complete this protocol you will need:

- Vaccines (located in medication refrigerator).
- 3cc Syringes (located in medical cart).
- 25g x 5/8" Needles and 22g x .75" Needles (located in medical cart).
- If not at a registered veterinary premises, must have equipment and drugs necessary to provide immediate emergency care at a level commensurate with the provision of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.

### **Protocol:**

#### **Medications**

The RVT establishes the needed vaccinations and assesses the patient's eligibility for vaccination.

#### **Core Vaccines:**

DA2PP (modified live distemper, hepatitis/adenovirus, parvovirus, parainfluenza)

##### 1) Determine vaccination schedule:

- Adult dogs and older puppies (16+ weeks)
  - No history of previous vaccination: Administer 1 dose, repeat in 3-4 weeks
    - Duration: 1 year
  - History of previous vaccination before 16 weeks of age: Administer 1 dose, repeat in 3-4 weeks
    - Duration: 1 year
  - History of previous vaccination after 16 weeks of age (even if overdue): Administer 1 dose
    - Duration: 3 years
- Puppies (6 weeks-16 weeks)
  - Administer 1 dose, repeat every 3-4 weeks until 16 weeks of age
    - Duration: 1 year



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## **Protocol for Canine Vaccination** (page 3)

### Core Vaccines (cont.):

DA2PP (modified live distemper, hepatitis/adenovirus, parvovirus, parainfluenza) (cont.)

- 2) Reconstitute vaccine:
  - Aseptically rehydrate the freeze-dried vaccine with the sterile diluent provided.
  - Roll to mix well. Do not vigorously shake.
- 3) Change the needle to either 25g or 22g.
- 4) Administer vaccine: 1 cc subcutaneously in right shoulder.
- 5) Note location of administration into patient record.

### **Rabies (killed)**

- 1) Determine vaccination schedule:
  - Adult dogs and puppies 12+ weeks:
    - No history of previous vaccination or if overdue by >1 year: Administer 1 dose
      - Duration: 1 year
    - History of previous vaccinations up to date: Administer 1 dose
      - Duration: 3 years
- 2) Roll to mix well. Do not vigorously shake.
- 3) Change the needle to either 25g or 22g.
- 4) Administer vaccine: 1 cc subcutaneously in right hind limb.
- 5) Note location of administration into patient record.

### **Leptospirosis (killed)**

- 1) Determine vaccination schedule:
  - Adult dogs and puppies 8+ weeks:
    - No history of previous vaccination: Administer 1 dose, repeat in 3-4 weeks
      - Duration: 1 year
    - History of previous vaccination with a series of 2 vaccines (even if overdue): Administer 1 dose
      - Duration: 1 year
    - Unclear history, or only 1 initial vaccine: Re-start series
      - Duration: 1 year
- 2) Reconstitute vaccine:
  - Aseptically rehydrate the freeze-dried vaccine with the sterile diluent provided.
  - Roll to mix well. Do not vigorously shake.
- 3) Change the needle to either 25g or 22g.
- 4) Administer vaccine: 1 cc subcutaneously in the left rear limb.
- 5) Note location of administration into patient record.

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## **Protocol for Canine Vaccination** (page 4)

### Non-Core Vaccines:

#### **Oral Bordetella Vaccine (Vanguard B)**

- 1) Determine vaccination schedule:
  - Adults and puppies 8+ weeks: Administer single dose
    - Duration: 1 year
- 2) Reconstitute vaccine:
  - Aseptically rehydrate the freeze-dried vaccine with the sterile diluent provided.
  - Roll to mix well. Do not vigorously shake.
- 3) Administer with provided needle-less syringe or a dropper applicator. (Can cause liver failure if oral product is accidentally injected.)
- 4) Administer vaccine into the buccal pouch.
- 5) Notify veterinarian immediately if inadvertently given subcutaneously due to liver failure potential.

#### **Injectable Bordetella Vaccine (Bronchicine CAe)**

- 1) Determine vaccination schedule:
  - Adult dogs and puppies 8+ weeks:
    - No history of previous injectable vaccination: Administer 1 dose, repeat in 3-4 weeks
      - Duration: 1 year
    - History of previous vaccination (even if overdue - either injectable or oral): Administer 1 dose
      - Duration: 1 year
- 2) Roll to mix well. Do not vigorously shake.
- 3) Change the needle to either 25g or 22g.
- 4) Administer vaccine: 1 cc subcutaneously between shoulder blades.
- 5) Note location of administration into patient record.

#### **Canine Influenza Virus (H3N2 & H3N8 - killed)**

- 1) Determine vaccination schedule:
  - Adult dogs and puppies 6+ weeks:
    - No history of previous vaccination: Administer 1 dose, repeat in 3-4 weeks
      - Duration: 1 year
    - History of previous vaccination with a series of 2 vaccines (even if overdue): Administer 1 dose
      - Duration: 1 year
    - Unclear history, or only 1 initial vaccine: Re-start series
      - Duration: 1 year
- 2) Roll to mix well. Do not vigorously shake.
- 3) Change needle to either 25g or 22g.

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**Protocol for Canine Vaccination** (page 5)

Non-Core Vaccines (cont.):

Canine Influenza Virus (H3N2 & H3N8 - killed) (cont.)

- 4) Administer vaccine: 1 cc subcutaneously between shoulder blades.
- 5) Note location of administration into patient record.

**Canine Vaccine Schedule:**

Vaccine	Initial vaccination Puppies < 16 weeks old	Initial vaccination Adults > 16 weeks old	Revaccination (booster)	Location of vaccine	Comments
DA2PP Distemper Adenovirus Type 1 & 2 Parainfluenza Parvovirus  Core vaccine	Administer the first dose as early as 6 weeks of age, then every 3–4 weeks until 16–20 weeks of age	Administer two doses, 3–4 weeks apart	Revaccinate 1 year after primary series; thereafter, boost every 3 years, lifelong	Administer subcutaneously in right front shoulder area	<ul style="list-style-type: none"> <li>• If the dog has been vaccinated previously and is overdue for revaccination, generally a single vaccination is all that is required.</li> <li>• If prior vaccination status is unknown, the dog should be treated as unvaccinated.</li> <li>• Dogs living in high-risk environment may benefit from receiving final dose at 18 to 20 weeks of age.</li> </ul>
Rabies IMRAB  Core vaccine	Administer a single dose at not less than 12 weeks / 3 months of age	Administer a single dose	Administer a single dose 1 year following the initial dose; then repeat annually (or every 3 years if using a vaccine licensed for this interval)	Administer subcutaneously in right rear limb	<ul style="list-style-type: none"> <li>• California law requires each dog older than three months to be vaccinated against rabies.</li> <li>• Proof of rabies vaccination must be presented to obtain dog license.</li> </ul>

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**Protocol for Canine Vaccination** (page 6)

Vaccine	Initial vaccination Puppies < 16 weeks old	Initial vaccination Adults > 16 weeks old	Revaccination (booster)	Location of vaccine	Comments
Leptospira Non-Core vaccine	Two initial doses, 3 to 4 weeks apart, are required; the initial dose may be administered as early as 8 weeks of age.	Two initial doses, 3 to 4 weeks apart, are required	After initial two doses, dogs can receive revaccination annually	Administer 1mL subcutaneously in left rear limb	<ul style="list-style-type: none"> <li>If vaccination status is unknown and more than 18 months has elapsed since the possible previous dose, it is reasonable to administer 2 doses 3 to 4 weeks apart.</li> </ul>
Canine Influenza H3N8 Non-Core vaccine	Two initial doses, 3 to 4 weeks apart, are required. The first dose may be administered to dogs as early as 6 weeks of age.	Two initial doses, 3 to 4 weeks apart, are required	After initial two doses, dogs can receive revaccination annually	Administer 1 mL subcutaneously in-between shoulder blades.	<ul style="list-style-type: none"> <li>When vaccination is recommended, dogs intended to be housed in boarding kennels or day-care facilities should BEGIN the initial vaccination series 4 weeks prior to entry.</li> </ul>
<i>Bordetella bronchiseptica</i> <i>Vanguard B</i> <i>Oral vaccine</i> Non-Core vaccine	Administer a single dose as early as 8 weeks of age	Administer a single dose	Where risk of exposure is sustained, administer a single dose 1 year following the last dose administered, then annually thereafter.	Administer a single 1 mL dose orally into the buccal pouch	<ul style="list-style-type: none"> <li>Most boarding facilities require a current Bordetella vaccination.</li> </ul>
<i>Bordetella bronchiseptica</i> <i>Bronchicine CAe</i> <i>Injectable vaccine</i> Non-Core vaccine	Two initial doses are required to immunize, 3 to 4 weeks apart beginning as early as 8 weeks of age.	Initial vaccination: Administer a single dose, followed by a booster 3-4 weeks	If previously vaccinated, administer a single dose 1 year following the last dose administered, then annually thereafter	Administer 1mL subcutaneously	<ul style="list-style-type: none"> <li>If vaccination status is unknown, it is generally recommended to restart the 2-dose series when the vaccination interval between the possible first dose exceeds 6 weeks.</li> </ul>

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## **Protocol for Feline Vaccination**

### **DO NOT VACCINATE ANIMALS WITH A HISTORY OF SEVERE REACTIONS.**

The purpose of this protocol is to provide core and non-core vaccinations to healthy cats and kittens.

A Registered Veterinary Technician can establish a veterinary-client-patient relationship (VCPR) acting as an agent of the veterinarian for the purpose of administering vaccines and/or parasite medications, subject to the other conditions and requirements described in this document.

#### **Staff Responsibilities:**

The supervising veterinarian must :

- Be easily and quickly available via phone when vaccinations are being given in a nonregistered veterinary facility, or being somewhere in a registered veterinary facility where vaccinations are being given.
- Establish, maintain and update protocols for the administration of vaccines and/or parasite medications.

The Community Medicine Manager is responsible for:

- Ensuring required supplies and vaccines are stocked.
- Ensuring equipment is in good working order.

The Community Medicine Registered Veterinary Technician is responsible for:

- Performing the exam and completing SOAP, and recording all of the following in the medical record:
  - Name or initials of the person responsible for entries.
  - Name, address, and phone number of the client.
  - Name or identity of the animal.
  - Except for herds or flocks, age, sex, breed, species, and color of the animal.
  - Beginning and ending dates of custody of the animal, if applicable.
  - A history or pertinent information as it pertains to each animal's medical status.
  - Data, including that obtained by instrumentation, from the physical examination.
  - Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.
  - Diagnosis or assessment before performing a treatment or procedure.
  - If relevant, a prognosis of the animal's condition.
  - All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.
- Adhering to protocols established by the veterinarian.
- Disclosing to the client (orally or in writing) that their pet is being seen by an RVT, who is acting as an agent of a veterinarian.
- Providing the veterinarian's name and license number to the client (through signage or otherwise).
- If the client authorizes the RVT to proceed, noting this consent in the patient's medical record.
- Administering the vaccines/parasite medications pursuant to protocols established by the veterinarian.

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## **Protocol for Feline Vaccination** (page 2)

Clinic Customer Care Staff is responsible for:

- Scheduling appointments.
- Checking out clients.
- Providing clients with information about follow up appointments.

### **Location and Materials Needed:**

To complete this protocol you will need:

- Vaccines (located in medication refrigerator).
- 3 cc syringes (located in medical cart).
- 25g x 5/8" needles and 22g x .75" needles (located in medical cart).
- If not at a registered veterinary premises, must have equipment and drugs necessary to provide immediate emergency care at a level commensurate with the provision of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.

### **Feline Vaccination Protocol: Medications**

The RVT establishes the needed vaccinations and assesses the patient's eligibility for vaccination.

#### Core Vaccines:

FVRCP (modified live Feline Herpesvirus 1, Feline Calicivirus and Feline Panleukopenia Virus)

1) Determine vaccination schedule:

- Adult cats and older kittens (16+ weeks):
  - No history of previous vaccination: Administer 1 dose, repeat in 3-4 weeks
    - Duration: 1 year
  - History of previous vaccination before 16 weeks of age: Administer 1 dose, repeat in 3-4 weeks
    - Duration: 1 year
  - History of previous vaccination after 16 weeks of age (even if overdue): Administer 1 dose
    - Duration: 3 years
- Kittens (6 weeks-16 weeks):
  - Administer 1 dose, repeat every 3-4 weeks until 16 weeks of age
    - Duration: 1 year

2) Reconstitute vaccine:

- Aseptically rehydrate the freeze-dried vaccine with the sterile diluent provided.
- Roll to mix well. Do not vigorously shake.

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### **Protocol for Feline Vaccination (page 3)**

- 3) Change the needle to 25g.
- 4) Administer vaccine: 1 cc subcutaneously in right forelimb as distal as possible.
- 5) Note location of administration into the patient record.

#### **Feline Rabies (killed 1 year or 3 year)**

- 1) Determine vaccination schedule:
  - Adult cats and kittens 12+ weeks:
    - No history of previous vaccination or if overdue by >1 year: Administer 1 dose
      - Duration: 1 year
    - History of previous vaccinations up to date: Administer 1 dose of vaccine approved for 3-year administration
      - Duration: 3 years
- 2) Reconstitute vaccine:
  - Aseptically rehydrate the freeze-dried vaccine with the sterile diluent provided.
  - Roll to mix well. Do not vigorously shake.
- 3) Change the needle to 25g.
- 4) Administer vaccine: 1 cc subcutaneously in right hind limb as distal as possible.
- 5) Note location of administration into patient record.

#### **Non-Core Vaccines:**

##### **Feline Leukemia Virus – FeLV (killed)**

- 1) Determine vaccination schedule:
  - Recommended for all cats younger than 1 year, including exclusively indoor cats. Recommendation is based on age-related susceptibility and possibility of transition from indoor to outdoor housing within the first year of life without return to clinic for vaccination.
  - Recommended for all at-risk adult (older than 1 year) cats including those with outdoor access and/or exposure to cats that are FELV positive or unknown status.
  - Testing for leukemia is recommended prior to initial vaccination.
  - Adult cats and kittens 8+ weeks:
    - No history of previous vaccination: administer 1 dose, repeat in 3-4 weeks
      - Duration: 1 year
    - History of previous vaccination with a series of 2 vaccines at appropriate interval (even if overdue): administer 1 dose
      - Duration: 1 year
    - Unclear history, or only 1 initial vaccine: re-start series
      - Duration: 1 year
- 2) Roll to mix well. Do not vigorously shake.
- 3) Change the needle to 25g.

**[INSERT YOUR LOGO HERE]**

**Protocol for Feline Vaccination** (page 4)

Non-Core Vaccines (cont.):

- 4) Administer vaccine: 1 cc subcutaneously in left hind limb as distal as possible.
- 5) Note location of administration into the patient record.

**Feline Vaccine Schedule:**

Vaccine	Initial vaccination Kittens < 16 weeks old	Initial vaccination Adults > 16 weeks old	Revaccination (booster)	Location of vaccine	Comments
FVRCP (Panleukopenia Herpesvirus-1 Calicivirus)  Core vaccine	Administer the first dose as early as 6 weeks of age, then every 3–4 weeks until 16–20 weeks of age	Administer two doses, 3–4 weeks apart	Revaccinate 1 year after primary series; thereafter, boost every 3 years, lifelong	Administer subcutaneously in right front limb as distally as possible	If the cat has been vaccinated previously and is overdue for revaccination, generally a single vaccination is all that is required. If prior vaccination status is unknown, the cat should be treated as unvaccinated.
Rabies IMRAB *  Core vaccine  <i>*Use IMRAB or PUREVAX, not both</i>	Administer a single dose at not less than 12 weeks / 3 months of age	Administer a single dose	Administer a single dose 1 year following the initial dose; then repeat annually (or every 3 years if using a vaccine licensed for this interval)	Administer subcutaneously in right rear limb as distally as possible	In California it is not required that cats be vaccinated for rabies, but it is highly recommended.
Rabies PUREVAX *  Core vaccine  <i>*Use IMRAB or PUREVAX, not both</i>	Administer a single dose at not less than 12 weeks / 3 months of age	Administer a single dose	Administer a single dose 1 year following the initial dose; then repeat annually (or every 3 years if using a vaccine licensed for this interval)	Administer subcutaneously in right rear limb	PUREVAX is a feline rabies vaccine made without the use of adjuvants. Adjuvants could be associated with injection site reaction, injection site granuloma, and chronic inflammation in cats.
FeLV Feline Leukemia Recommended for all cats <1 year; recommendation based on exposure for adult cats	Administer two doses, 3–4 weeks apart, beginning as early as 8 weeks of age	Administer two doses, 3–4 weeks apart	Administer a single dose 1 year following administration of the initial two-dose series	Administer subcutaneously in left rear limb as distally as possible	A negative FeLV test is recommended prior to administration of an initial FeLV vaccine.

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## **Protocol for Canine Deworming**

The purpose of this protocol is to provide dewormers to healthy dogs and puppies.

A Registered Veterinary Technician can establish a veterinary-client-patient relationship (VCPR) acting as an agent of the veterinarian for the purpose of administering vaccines and/or parasite medications, subject to the other conditions and requirements described in this document.

### **Staff Responsibilities:**

The supervising veterinarian must:

- Be easily and quickly available via phone when vaccinations are being given in a nonregistered veterinary facility, or being somewhere in a registered veterinary facility where vaccinations are being given.
- Establish, maintain and update protocols for the administration of vaccines and/or parasite medications.

The Community Medicine Manager is responsible for:

- Ensuring required supplies and vaccines are stocked.
- Ensuring equipment is in good working order.

The Community Medicine Registered Veterinary Technician is responsible for:

- Performing the exam and completing SOAP, and recording all of the following in the medical record:
  - Name or initials of the person responsible for entries.
  - Name, address, and phone number of the client.
  - Name or identity of the animal.
  - Except for herds or flocks, the age, sex, breed, species, and color of the animal.
  - Beginning and ending dates of custody of the animal, if applicable.
  - A history or pertinent information as it pertains to each animal's medical status.
  - Data, including that obtained by instrumentation, from the physical examination.
  - Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.
  - Diagnosis or assessment before performing a treatment or procedure.
  - If relevant, a prognosis of the animal's condition.
  - All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.
- Adhering to protocols established by the veterinarian.
- Disclosing to the client (orally or in writing) that their pet is being seen by an RVT, who is acting as an agent of a veterinarian.
- Providing the veterinarian's name and license number to the client (through signage or otherwise).
- If the client authorizes the RVT to proceed, noting this consent in the patient's medical record.
- Administering the vaccines and parasite medications as instructed in protocols established by the veterinarian.

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## **Protocol for Canine Deworming** (page 2)

Clinic Customer Care Staff is responsible for:

- Scheduling appointments.
- Checking out clients.
- Providing clients with information about follow-up appointments.

### **Location and Materials Needed:**

To complete this protocol you will need:

- Deworming medications (located in the pharmacy).
- Syringes (located in the pharmacy and in exam room carts).
- If not at a registered veterinary premises, must have equipment and drugs necessary to provide immediate emergency care at a level commensurate with the provision of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.

### **Canine Deworming Protocol:**

#### **Medications**

The RVT establishes the needed dewormers and assesses the patient's eligibility for deworming.

#### **Deworming Medications:**

##### **Pyrantel Pamoate (Strongid) 50mg/mL – Treats Roundworms and Hookworms**

- 1) Determine deworming schedule:
  - Adult dogs and older puppies (16+ weeks) – if needed
    - Administer 1 dose, repeat in 2 weeks
  - Puppies (2 weeks--16 weeks).
    - Administer 1 dose, repeat in 2 weeks.
- 2) Dosage:

<b>Weight (kg)</b>	<b>Dose (mL)</b>
1.0 and under	0.3
1-2	0.6
3-4	1.0
5-9	2.0
10-14	3.0
15-24	6.0

- 3) Administer deworming medication orally.

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**Protocol for Canine Deworming** (page 3)

**Droncit (Praziquantel) 34mg – Treats Tapeworms**

- 1) Determine Deworming Schedule:
  - Adult dogs and puppies (4+ weeks).
- 2) Dosage:

<b>Weight (kg)</b>	<b>Dose (34mg tablet)</b>
2.2 and under	1/2 tablet
2.3-4.5	1 tablet
4.6-6.8	1 1/2 tablets
6.9-13.6	2 tablets
13.7-20.5	3 tablets
20.6-26.8	4 tablets
Over 26.9	5 tablets max

- 3) Administer deworming medication orally.

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## **Protocol for Feline Deworming**

The purpose of this protocol is to provide dewormers to healthy cats and kittens.

A Registered Veterinary Technician can establish a veterinary-client-patient relationship (VCPR) acting as an agent of the veterinarian for the purpose of administering vaccines and/or parasite medications, subject to the other conditions and requirements described in this document.

### **Staff Responsibilities:**

The supervising veterinarian must:

- Be easily and quickly available via phone when vaccinations are being given in a nonregistered veterinary facility, or being somewhere in a registered veterinary facility where vaccinations are being given.
- Establish, maintain and update protocols for the administration of vaccines and/or parasite medications.

The Community Medicine Manager is responsible for:

- Ensuring required supplies and vaccines are stocked.
- Ensuring equipment is in good working order.

The Community Medicine Registered Veterinary Technician is responsible for:

- Performing the exam and completing SOAP, and recording all of the following in the medical record:
  - Name or initials of the person responsible for entries.
  - Name, address, and phone number of the client.
  - Name or identity of the animal.
  - Except for herds or flocks, age, sex, breed, species, and color of the animal.
  - Beginning and ending dates of custody of the animal, if applicable.
  - A history or pertinent information as it pertains to each animal's medical status.
  - Data, including that obtained by instrumentation, from the physical examination.
  - Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.
  - Diagnosis or assessment before performing a treatment or procedure.
  - If relevant, a prognosis of the animal's condition.
  - All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.
- Adhering to protocols established by the veterinarian.
- Disclosing to the client (orally or in writing) that their pet is being seen by an RVT, who is acting as an agent of a veterinarian.
- Providing the veterinarian's name and license number to the client (through signage or otherwise).
- If the client authorizes the RVT to proceed, noting this consent in the patient's medical record.
- Administering the vaccines and parasite medications as instructed in protocols established by the veterinarian.

[INSERT YOUR LOGO HERE]

## **Protocol for Feline Deworming** (page 2)

Clinic Customer Care Staff is responsible for:

- Scheduling appointments
- Checking out clients.
- Providing clients with information about follow up appointments.

### **Location and Materials Needed:**

To complete this protocol you will need:

- Deworming medications (located in the pharmacy).
- Syringes (located in the pharmacy and in exam room carts).
- If not at a registered veterinary premises, must have equipment and drugs necessary to provide immediate emergency care at a level commensurate with the provision of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.

### **Feline Deworming Protocol:**

#### **Medications**

The RVT establishes the needed dewormers and assesses the patients' eligibility for deworming.

#### **Deworming Medications:**

##### **Pyrantel Pamoate (Strongid) 50mg/mL – Treats Roundworms and Hookworms**

- 1) Determine Deworming Schedule:
  - Adult cats and kittens (16+ weeks). – as needed
    - Administer 1 dose, repeat in 2 weeks
  - Kittens (2 weeks--16 weeks).
    - Administer 1 dose, repeat in 2 weeks.
- 2) Dosage:

<b>Weight (kg)</b>	<b>Dose (mL)</b>
1.0 and under	0.3
1-2	0.6
3-4	1.0
5-9	2.0
10-14	3.0
15-24	6.0

- 3) Administer deworming medication orally.

[INSERT YOUR LOGO HERE]

**Protocol for Feline Deworming** (page 3)

**Droncit (Praziquantel) 23mg – Treats Tapeworms**

- 1) Determine Deworming Schedule:
  - Adult cats and kittens (6+ weeks):
- 2) Dosage:

<b>Weight (kg)</b>	<b>Dose (23mg tablet)</b>
1.9 and under	1/2 tablet
2-5	1 tablet
Over 5	1 1/2 tablets

- 3) Administer deworming medication orally.

\*\*\*\*\*

[INSERT YOUR LOGO HERE]

# APPENDICES

[INSERT YOUR LOGO HERE]

# APPENDIX A



[INSERT YOUR LOGO HERE]

**Client/Patient Information**

Client Name:	Patient Name:
Address:	Species: Canine Feline Breed:
Primary Phone Number:	Sex: Male Female Intact Spayed
Secondary Phone Number:	Age:
Email Address:	Color:

**Today's Visit**

1. What is the animal you have brought in here for today?
  
2. Does the animal you have brought in have any food, medication, or environmental allergies?  
 YES  NO  
If yes, please describe below:
  
3. Does the animal have a history of seizures?  YES  NO
4. Do you have any concerns about the animal you have brought in?  YES  NO  
If yes, please describe below:

**Patient History**

1. Please list all current medications, including flea & heartworm preventatives, prescriptions, and/or dietary supplements:

Medication	Dosage Instructions	Date of last dose	Time of last dose

[INSERT YOUR LOGO HERE]

2. Have you noticed any of the following? If yes, please describe below.

Changes in drinking or appetite	Yes	No	
Changes in frequency or amount of urination	Yes	No	
Vomiting and/or diarrhea	Yes	No	
Coughing and/or sneezing	Yes	No	
Significant weight loss or weight gain	Yes	No	
Changes in attitude or behavior	Yes	No	
Lameness, stiffness, or discomfort moving	Yes	No	

**Lifestyle**

1. What brand and type of food does the animal eat? How much is offered per meal? How many times per day?

2. Has the animal travelled outside of the state in the past two years?  YES  NO  
If yes, please state below:

3. Has the animal had vaccines in the past three years?  YES  NO  
If yes, please state below:

4. Has the animal ever had reactions to vaccines?  YES  NO  
If yes, please describe below:

[INSERT YOUR LOGO HERE]

5. If you are bringing a cat today, is the cat:  Indoor  Outdoor  Indoor and Outdoor

**Records**

1. Where was the animal last seen by a veterinarian? Approximately when was the last visit?

Please state the practice name and contact information for your regular veterinarian, if you have one:

[INSERT YOUR LOGO HERE]

# APPENDIX B

[INSERT YOUR LOGO HERE]

Date: \_\_\_\_\_

Staff Member Entering Information: \_\_\_\_\_

**Client/Patient Information Form**

Client Name:	Patient Name:
Address:	Species: Canine Feline Breed:
Primary Phone Number:	Sex: Male Female Intact Spayed
Secondary Phone Number:	Age:
Email Address:	Color:

**Vital Signs:**

Temperature: \_\_\_\_\_ °F Rectal/Aural Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_ Weight: \_\_\_\_\_ kg

**Subjective:**

**History/Behavior/Current Concerns:**

Any:  Coughing  Sneezing  Vomiting  Diarrhea  None reported by owner

Energy Level at Home:  Normal  Abnormal: \_\_\_\_\_

History of seizures:  Yes  No

Travel/Activity/Lifestyle Status: \_\_\_\_\_

Current Medications (Drug/Dosage): \_\_\_\_\_  None reported by owner

Diet (Brand/Type/Amount): \_\_\_\_\_

Length of Custody: \_\_\_\_\_  Since adolescence  Recently adopted/purchased

**Objective:**

General Appearance: BAR, hydrated. MM = Pink, moist CRT = 1-2 sec, Pain score = \_\_\_\_\_

Behavior: FAS = \_\_\_\_\_  Friendly  Fearful  Shy  Better with owner  Go slow  Likes treats

Integument:  Appropriate skin turgor.  Clean full coat, no ectoparasites visualized.  Abnormal \_\_\_\_\_

EENT:  Normal  Abnormal \_\_\_\_\_

[INSERT YOUR LOGO HERE]

**Client/Patient Information Form** (page 2)

**Oral:**  Mild  Moderate  Severe generalized calculus and gingivitis.  No oral masses or lesions visualized.  Abnormal \_\_\_\_\_

**Cardiovascular:**  No murmur, regular rhythm ausculted using stethoscope.  Femoral pulses are strong, synchronous, and symmetrical.  Abnormal \_\_\_\_\_

**Respiratory:**  Eupneic.  Normal bronchovesicular sounds using stethoscope. No crackles, wheezes, stertor or stridor.  Abnormal \_\_\_\_\_

**Genitourinary:**  Normal -- no vaginal or preputial discharge.  Abnormal \_\_\_\_\_  Pregnant.  Lactating.

**Musculoskeletal:** BCS = \_\_\_\_/ 9.  Ambulatory x 4 with no lameness appreciated.  Adequate/symmetrical muscling.  Full orthopedic exam not performed.  Abnormal \_\_\_\_\_

**Neuro:**  Appropriate mentation.  Full neuro exam not performed.  Abnormal \_\_\_\_\_

**Assessment:**

**Assessment:**  Healthy.  Requires follow up with veterinarian.

**Prognosis:**  Okay for vaccination.  Requires treatment from veterinarian prior to treatment.

**Plan:**

**Recommendations Declined:** \_\_\_\_\_

**Vaccinations:**

Rabies Route: SQ Location: \_\_\_\_\_ Next Due in:  1 year  3 years

DHPP Route: SQ Location: \_\_\_\_\_ Next Due in:  3-4 weeks  1 year  3 years

Leptospirosis Route: SQ Location: \_\_\_\_\_ Next Due in:  3-4 weeks  1 year

Bordetella Route: Oral or injectable Location: \_\_\_\_\_ Next Due in:  3-4 weeks (injectable)  1 year

Canine Influenza Route: SQ Location: \_\_\_\_\_ Next Due in:  3-4 weeks  1 year

FVRCP Route: SQ Location: \_\_\_\_\_ Next Due in:  3-4 weeks  1 year  3 years

FeLV Route: SQ Location: \_\_\_\_\_ Next Due in:  3-4 weeks  1 year

**Treatments:**

Dewormer Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Strength: \_\_\_\_\_ Route: \_\_\_\_\_ Next Due:  in 2-3 weeks  if worms seen

Flea/Tick Treatment Medication: \_\_\_\_\_ Route: Oral/Topical Frequency:  Monthly  Every 3 months

[INSERT YOUR LOGO HERE]

**Client/Patient Information Form** (page 3)

**Follow up Plan:**  Informed client how to monitor for vaccine reactions, monitor for side effects of flea/tick treatment (if given), provided client education handout. Informed client of CAPC guidelines.

**Client Communication:**  Communicated that treatment today will be provided by a registered veterinary technician who is acting as an agent of a veterinarian for purposes of administering preventive or prophylactic vaccines or medications, as applicable, and the name and veterinary license number of the veterinarian was provided to the client.

**Registered Veterinary Technician:** \_\_\_\_\_ (License #: \_\_\_\_\_) working as an agent of

**Veterinarian:** \_\_\_\_\_ (License #: \_\_\_\_\_)

[INSERT YOUR LOGO HERE]

# APPENDIX C



[INSERT YOUR LOGO HERE]

## **DISCHARGE INSTRUCTIONS**

Thank you for bringing the animal to see us today. Below is a summary of the treatments performed, as well as some possible side effects.

**Information relating to emergency care can be found on page 3 of these instructions.**

### **The animal received the following treatments today:**

#### **Canine**

- Rabies Next Due in:  1 year  3 years
- DHPP Next Due in:  3-4 weeks  1 year  3 years
- Leptospirosis Next Due in:  3-4 weeks  1 year
- Bordetella Next Due in:  3-4 weeks (injectable)  1 year
- Canine Influenza Next Due in:  3-4 weeks  1 year
- Dewormer Next Due:  in 2-3 weeks  1 year
- Flea Treatment Next Due:  1 month

#### **Feline**

- Rabies Next Due in: 1 year  3 years vaccine type (circle one): Imrab/Purevax
- FVRCP Next Due in:  3-4 weeks  1 year  3 years
- FeLV Next Due in:  3-4 weeks  1 year
- Dewormer Next Due:  in 2-3 weeks  1 yr
- Flea Treatment Oral/Topical  1 month  3 months

### **Post-Vaccination Information:**

If the animal received a vaccination today: It is fairly common for animals to experience some or all of the following mild side effects. These side effects can start immediately or within several hours after a vaccination has been administered and typically last no longer than a couple of days:

- Mild fever.
- Decreased activity/appetite.
- Tenderness at vaccination site.

[INSERT YOUR LOGO HERE]

## **DISCHARGE INSTRUCTIONS** (page 2)

It also is possible that a small, firm swelling under the skin could develop at the vaccination site soon after vaccination. This swelling should start to disappear within a couple of weeks. If it lasts more than three weeks, seems painful, or seems to be getting larger, contact your veterinarian.

Occasionally, serious side effects can occur minutes to hours after a vaccination has been administered. The signs of a reaction include:

- Vomiting or diarrhea.
- Swelling of the face and eyes.
- Difficulty breathing.
- Fainting or collapse.
- Raised, itchy bumps (hives) all over the body.

**Contact [provide emergency clinic/after hours contacts] immediately if any of these serious side effects are noted or if mild signs persist more than 48 hours.**

### **Post- Flea, Tick, or Heartworm Preventive Information:**

If a flea, tick, or heartworm preventive was administered today:

#### **Topical (on the skin)**

If a topical medication was applied, the following side effects may occur. These side effects can start immediately or within several hours after the medication was administered and typically last no longer than a couple of days:

- Greasy spot where medication was applied.
- Hair loss where medication was applied.
- Vomiting or diarrhea.
- Decreased activity/appetite.

If a topical (on the skin) flea prevention was applied today, do not bathe the animal or allow them to swim for 48 hours to allow the product to be fully absorbed. If there are other animals in the home, do not allow them to lick the medication off the treated animal. If you touch the medication with your hands in the next 48 hours, wash your hands immediately.

[INSERT YOUR LOGO HERE]

## **DISCHARGE INSTRUCTIONS** (page 3)

### **Oral (in the mouth)**

If an oral (in the mouth) flea prevention was given, the following side effects may occur. These side effects can start immediately or within several hours after the medication has been administered and typically last no longer than a couple of days:

- Vomiting or diarrhea.
- Decreased activity/appetite.
- Hypersalivation (drooling).

**Serious side effects are rare, but can occur. If you have any concerns, contact [provide emergency clinic/after hours contacts] immediately.**

### **Post- Dewormer Administration Information:**

If a dewormer was administered to your pet today, the following side effects may occur. These side effects can start immediately or within several hours after the medication was administered and typically last no longer than a couple of days:

- Vomiting or diarrhea.
- Decreased activity/appetite.
- Hypersalivation (drooling).

**Serious side effects are rare, but can occur. If you have any concerns about your pet, contact [provide emergency clinic/after hours contacts] immediately.**

### **Emergency and Triage Care:**

If you have any concerns, please reach out to **[provide emergency clinic/after hours contacts]**.

### **For After Hours Emergencies:**

Many veterinary hospitals are experiencing long wait times for emergency and routine care. To help you determine whether an animal needs immediate care, you can contact **[provide telehealth provider contact information]**. This site allows you to videoconference (video call) with a licensed veterinarian who will provide guidance on whether an animal requires emergency care, an appointment, or can be monitored or treated at home. The cost of this service varies and can save you time and money and give you valuable peace of mind.

Below are local emergency hospitals. Please note this is not an exhaustive list, nor are they recommendations.

- **[provide emergency clinic/after hours contacts]**

[INSERT YOUR LOGO HERE]

# APPENDIX D

[INSERT YOUR LOGO HERE]

**AGREEMENT FOR TREATMENT BY REGISTERED VETERINARY TECHNICIAN  
AND ACKNOWLEDGMENT OF NOTICE**

I am the owner of the above named animal or am responsible for the animal and I have the authority to execute this authorization as an agent of the owner.

I understand the treatments and procedures for which I am presenting the animal named above today may involve risk of complications, injury or even death, from both known and unknown causes, and no outcome, result, consequence, warranty or guarantee has been either expressed or implied as to any result of those treatments and procedures.

I assume financial responsibility for all fees related to the treatment(s) performed and will provide payment in full at the time of service. If I have financial concerns, I will immediately inform someone involved with today's treatments and procedures, to discuss options.

I understand that the treatments and procedures, which the animal named above will be receiving today, will be provided by a Registered Veterinary Technician ("RVT") who is acting as an agent of a veterinarian for purposes of administering preventive or prophylactic vaccines or medications, as applicable, to the animal named above. The name and veterinary license number of the veterinarian was provided to me by the Registered Veterinary Technician.

By signing below I acknowledge that: (i) I have read and agree to the above, (ii) The RVT and **[fill in: name of clinic/veterinary hospital/shelter running the treatment/clinic]** (including its employees and agents) are authorized to provide care and perform any treatment that the RVT considers reasonable or necessary for the animal named above, and I consent to any such services, and (iii) I am encouraged to discuss any concerns I have about risks for a proposed treatment with the RVT prior to today's treatment.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

OWNER  AGENT

Date: \_\_\_\_\_

[INSERT YOUR LOGO HERE]

# APPENDIX E

[INSERT YOUR LOGO HERE]

**AUTHORIZATION PURSUANT TO  
SECTION 4826.7 OF THE BUSINESS AND PROFESSIONS CODE**

The individuals signing this statement agree and understand the following:

1. In connection with vaccination clinics and other services rendered by the registered veterinary technician listed below, the veterinarian listed below assumes the risk for all acts of the registered veterinary technician related to examining an animal patient and administering preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites. The veterinarian does not assume the risk for willful acts of animal cruelty, gross negligence, or gross unprofessional conduct by the registered veterinary technician.
2. The veterinarian listed below authorizes the registered veterinary technician listed below to act as the agent of the veterinarian to establish the veterinarian-client-patient relationship only for purposes of administering preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites. The registered veterinary technician must act in compliance with the protocols and procedures established and recommended by the veterinarian. This authorization for the registered veterinary technician to act as the agent of the veterinarian is valid only until the date the veterinarian terminates the authorization.

\_\_\_\_\_  
Signature of California licensed veterinarian      Date

\_\_\_\_\_  
Printed name of California licensed veterinarian

\_\_\_\_\_  
Signature of Registered Veterinary Tech.      Date

\_\_\_\_\_  
Printed name of Registered Veterinary Tech.

*[use a separate statement/agreement for each RVT involved in the clinic]*

# SENATE BILL 669

## Frequently Asked Questions

Senate Bill (SB) [669](#) (Cortese, Chapter 882, Statutes of 2023) went into effect on January 1, 2024, and authorizes a veterinarian to allow a registered veterinary technician (RVT) to act as an agent of the veterinarian for the purpose of establishing the veterinarian-client-patient relationship (VCPR) to administer preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites, as specified. (Business and Professions Code (BPC), §§ [4826.7](#), [4840](#), subd. (d).) Provided below are frequently asked questions (FAQs) the Veterinary Medical Board (Board) has received from the public on this new law and answers thereto.

These FAQs are intended to provide guidance to veterinary professionals implementing the new laws. If there are any interpreted discrepancies between these FAQs and the text of any statutes, the statutes are controlling, and the Board will enforce the statutes. Veterinary professionals should review federal, state, and local laws to ensure compliance.

### 1. Do the veterinarian and RVT have to have an authorization statement in place related to the administration of prophylactic vaccines and deworming agents?

Yes. The new law requires the veterinarian and RVT to sign and date two statements:

- (1) The veterinarian is authorizing the RVT to act as the agent of the veterinarian only to establish the VCPR for purposes of administering preventative or prophylactic vaccines or antiparasitic medications when acting in compliance with the protocols and procedures established by the veterinarian, and only until the date the veterinarian terminates that authorization. (BPC, § [4826.7](#), subd. (b)(5).)
- (2) The veterinarian assumes the risk for all acts, other than willful acts of animal cruelty, gross negligence, or gross unprofessional conduct, of the RVT related to examining the animal patient and administering preventative or prophylactic vaccines or antiparasitic medications. (BPC, § [4826.7](#), subd. (b)(4).)

### 2. In a multi-veterinarian facility, which veterinarian signs the statements with the RVT?

The veterinarian who is authorizing the RVT to act as the agent of the veterinarian to establish the VCPR to administer vaccines and antiparasitic medications and assumes the risk for all acts, other than willful acts of animal cruelty, gross negligence, or gross unprofessional conduct, of the RVT related to examining and administering the vaccines or antiparasitic medications is the veterinarian who signs the statements with the RVT. (BPC, § [4826.7](#), subd. (b)(4), (5).)

In addition, if the RVT administers vaccines or antiparasitic medication at the registered veterinary premises, the veterinarian must be physically present at the registered veterinary premises in order for the RVT to administer the vaccines and antiparasitic medications. (BPC, § [4826.7](#), subd. (b)(1).)

If the RVT administers vaccines or antiparasitic medication at a location other than a registered veterinary premises, the veterinarian must be in the general vicinity or available by telephone and quickly and easily available. (BPC, § [4826.7](#), subd. (b)(2).)

### 3. If a veterinary premises has multiple veterinarians and multiple RVTs, can all veterinarians and RVTs sign one document containing the required statements?

Yes. Multiple veterinarians and RVTs may sign and date a single document containing the required statements. However, the RVT must inform each client of the specific veterinarian's name and veterinarian license number for whom the RVT is acting as an agent. (BPC, § [4826.7](#), subd. (b)(6).)

If multiple veterinarians sign one document containing the required statements, each veterinarian is required to retain a copy of the document for the duration of each RVT working as an agent of the veterinarian and until three years from the date of the termination of the veterinarian's relationship with the RVT. (BPC, § [4826.7](#), subd. (c)(1), (2).)

If a veterinarian leaves the practice, the veterinarian is strongly encouraged to sign and date a new statement terminating authorization for the RVT(s) to act as the agent of the veterinarian. (BPC, § [4826.7](#), subd. (b)(5).)

### 4. Does "written protocols and procedures established by the veterinarian" mean that the veterinarian needs to write them, or can a veterinarian adopt a template set of protocols and procedures made by somebody else?

The new law does not specify the veterinarian must create the written protocols and procedures utilized by the RVT. (BPC, § [4826.7](#), subd. (b)(3).) However, veterinarians adopting a template set of protocols and procedures must ensure that the written protocols and procedures include vaccination protocols and preventative procedures for parasite control for each animal species being administered vaccines and antiparasitic medications by the RVT. (BPC, § [4826.7](#), subd. (b)(3)(E), (F).)

### 5. Who is responsible for entering the animal patient documentation into the medical record—the veterinarian or the RVT?

Both the RVT and the veterinarian. The RVT is responsible for documenting the animal patient information in the medical record. (BPC, § [4826.7](#), subd. (b)(3)(A)-(G).) The new statute requires the RVT to comply with all requirements, including documentation of specified animal patient information, to serve as the veterinarian's agent and establish the VCPR. If the RVT fails to document the animal patient information and subsequently administers vaccines or antiparasitic medication to the animal patient, the RVT would not have satisfied the requirements to act as the agent of the veterinarian to establish the VCPR.

If the VCPR requirements are not satisfied in accordance with BPC section [4826.7](#), the default VCPR requirements under BPC section [4826.6](#) would control an RVT administering any treatment without the veterinarian establishing the VCPR would be acting outside the scope of the RVT's registration and engaging in the unlicensed practice of veterinary medicine.

The veterinarian also is responsible for ensuring all requirements listed in BPC section [4826.7](#), subdivision (b)(1)-(6) are satisfied. If the RVT did not satisfy the VCPR agent requirements, including documenting the required patient information, the veterinarian could be disciplined for, among other things, aiding and abetting unlicensed practice of veterinary medicine by the RVT and violating the documentation retention requirements under BPC section [4826.7](#), subdivision (c).

*Continued on page 2*



# SENATE BILL 669

## Frequently Asked Questions

Continued from page 1

### 6. If the medical records from an RVT appointment are insufficient, where does the responsibility lie?

Both the veterinarian and RVT are responsible for ensuring compliance with the law. The RVT is required to document specified information, and the veterinarian assumes the risk for the acts of the RVT. (BPC, § [4826.7](#), subd. (b)(3), (4).)

### 7. Does a veterinarian still have to be present at a vaccination clinic?

If the vaccination clinic is held at the registered veterinary premises, the veterinarian must be physically present at the registered veterinary premises while the RVT administers the vaccines or antiparasitic medications. (BPC, § [4826.7](#), subd. (b) (1).) If the vaccination clinic is held at a location other than the registered veterinary premises, the veterinarian must be in the general vicinity or available by telephone and quickly and easily available. (BPC, § [4826.7](#), subd. (b)(2).)

### 8. Can an RVT establish a VCPR for rabies vaccination?

The new laws authorize an RVT, as an agent of the veterinarian, to establish a VCPR for the purpose of the RVT administering preventative or prophylactic vaccines and do not otherwise specify exemptions from that authority. However, pursuant to Health and Safety Code (HSC) section [121695](#), there may be local city and county ordinances regarding rabies vaccination that require veterinarian participation or more stringent requirements for the health and safety of the public in those jurisdictions. In addition, RVTs are required to comply with all federal and state statutes, rules, and regulations pertaining to dangerous drugs or controlled substances. Failure to do so could result in discipline. (BPC, § [4883](#), subd. (g)(3).)

Rabies control also is regulated and enforced by the California Department of Public Health in accordance with HSC and supporting regulations. Veterinary professionals are encouraged to review the rabies vaccination requirements under the HSC, as well as the local city and county ordinances for additional rabies vaccination requirements.

### 9. Can an RVT determine that a rabies vaccination would endanger the dog's life for the purpose of rabies vaccination exemption?

No. SB 669 did not give RVTs this authorization. (See HSC, § [121690](#), subd. (b).)

### 10. What documentation is required to prove that the VCPR was established?

BPC section [4826.7](#), subdivision (b)(3)(A), (B), (C), and (G), and (6) (B), lists the minimum information to be documented in the animal patient's medical record to show the VCPR was established prior to administration of the vaccine or antiparasitic medication.

### 11. Can an RVT dispense annual vaccine/antiparasitic medication to be administered by the client to the animal patient?

An RVT is not authorized to act as the veterinarian's agent to establish a VCPR in order to prescribe or dispense any medication. To dispense a drug or medication, the veterinarian must establish a VCPR and prescribe the drug or medicine to be dispensed. (BPC, § [4826.6](#), subd. (a).)

An RVT can dispense a drug or medication previously prescribed by the veterinarian who established the VCPR.

### 12. If a client wants a written prescription for parasite control medications, how would the veterinarian accomplish this to satisfy VCPR requirements if the RVT has acted as the veterinarian's agent during the appointment?

The ability of the RVT to examine the patient and establish the VCPR as an agent of the veterinarian is only authorized for the purpose of administering vaccines and antiparasitic medication. (BPC, § [4826.7](#), subd. (b).) To provide to the client a written prescription for antiparasitic medications, the veterinarian would have to establish the VCPR. (BPC, § [4826.6](#), subd. (a).)

### 13. If a client wants a written prescription for parasite control medications, can the veterinarian review the information collected by the RVT, meet the client and patient, and issue the prescription?

No. The veterinarian could not rely on the examination performed by the RVT as the agent of the veterinarian. (BPC, § [4826.6](#), subd. (a).)

### 14. Can an RVT perform a heartworm test and interpret the results to determine the health of the animal patient to inject heartworm preventative medication?

SB [669](#) authorizes an RVT to examine the animal patient and requires the RVT to obtain data from the physical exam to diagnose and assess the animal patient's health to receive vaccinations or antiparasitic medication. (BPC, § [4826.7](#), subd. (b) (3)(B), (G)(vii), (ix).) As such, it appears SB [669](#) authorizes an RVT to perform diagnostic heartworm testing, interpret the results, and, if appropriate, inject heartworm preventative medication.

Veterinarians are reminded that they are assuming the risk for all acts of the RVT related to examining the animal patient and administering preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasite, short of willful acts of animal cruelty, gross negligence, or gross unprofessional conduct on behalf of the registered veterinary technician. (BPC, § [4826.7](#), subd. (b)(4).)

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