WV Board of Veterinary Medicine
Series 4
Board Response to Public Comments
June 15 – July 16, 2026

§26-4-2.6 General Anesthesia.

Dr. Ian Harrison, June 16, 2026
I want to ensure that my interpretation of rule change for 26-4-2, item 2.6, is correct. I routinely perform castrations on several farms on a yearly basis, sometimes 8-10 on one day. As general anesthesia will be defined as inducement AND MAINTENANCE of complete absence of sensation, can I continue to perform castrations after sedation with xylazine followed by ketamine/diazepam as I am only using inducement of anesthesia and not maintenance. I would appreciate your comments.

Board Response: If you induce complete absence of sensation to do any surgical procedure, no matter how short the procedure, you are maintaining general anesthesia for the duration of the procedure.

Board Revision: 2.~~7~~6. "General anesthesia" means the inducement and maintenance of a complete absence of sensation and consciousness by the administration of injectable drugs, ~~or~~ inhalation gas, or a combination thereof, regardless of the duration or method of maintenance.

§26-4-2. Definitions.

Dr. Shawn Sette, July 8, 2026
2.~~15~~12. "Sterile surgery" means surgical procedures conducted using ~~in which~~ aseptic technique ~~is practiced~~ in patient and instrumentation preparation, and surgical attire to prevent infection.

Board Revision: 2.~~15~~12. ""Sterile surgery" means surgical procedures conducted using ~~in which~~ aseptic technique ~~is practiced~~ in patient preparation, instrumentation preparation, and surgical attire to prevent infection.

Dr. Amy Lilly, June 15, 2026
In the Series 4 pdf page 2 definition of a VCPR it states, "….through medically appropriate visits to the premises where the animal, herd, or flock is kept." I understand this would apply to large animal medicine, however, as a small animal vet we do not enter people's homes where the pet is kept. The owner comes to us. I believe it needs restated.

Board Revision: 2.15.2. A veterinarian, through personal examination of an animal or a representative sample of a herd, flock, or litter, obtains sufficient information to make at least a general or preliminary diagnosis of the medical condition of the animal, herd, or flock, which diagnosis is expanded through medically appropriate visits where the animal, herd, or flock is located.

Dr. Shawn Sette, July 8, 2026
Is the following ONLY in regards to a buy/sell situation? Or can a veterinarian offer advice only in any situation without an established VCPR?

2.15.3. A veterinarian may, without an established VCPR, provide consultation services, including the review and evaluation of an animal's condition, medical information, and diagnostic tests, on behalf of a buyer or seller; however, such consultation may not include the treatment of, or prescribing to, the animal.

Board Revision: 2.15.3. A veterinarian may, without an established VCPR, provide consultation services, including the review and evaluation of an animal's condition, medical information, and diagnostic tests; however, such consultation may not include the treatment of, or prescribing to, the animal.

Dr. Shawn Sette, July 8, 2026

2.~~18~~16. "Veterinarian in charge" means a veterinarian holding ~~who holds~~ an active West Virginia license ~~in West Virginia~~ and ~~who~~ is responsible for ensuring the maintaining a veterinary practice meets all applicable within the standards set pursuant to by the W. Va. Code §30-10-1 et seq. and W.Va. Code R. §26-1-1 et. Seq.

Board Revision: 2.~~18~~16. ""Veterinarian in charge" means a veterinarian holding ~~who holds~~ an active West Virginia license ~~in West Virginia~~ and ~~who~~ is responsible for ensuring the ~~maintaining a~~ veterinary practice meets all applicable ~~within the~~ standards ~~set~~ pursuant to ~~by the~~ W. Va. Code §30-10-1 et seq. and W.Va. Code R. §26-1-1 *et. seq.*

§26-4-3. General Professional Ethics.

WVVMA, July 20, 2026

- §26-4-3.16 is proposed to be revised as follows: "*A veterinarian may not initiate or knowingly participate in any form of advertising or solicitation that contains a false, deceptive or misleading statement or claim. In order to advertise 24 hour emergency service, a practice ~~must~~ shall be a facility that is open 24 hours ~~provides that service~~.*" Our members respectfully oppose the proposed deletion of the phrase **"provides that service."** Removing this requirement would allow veterinary facilities to advertise as"24-hour clinics" without any obligation to provide emergency veterinary services.
  To a reasonable member of the public, advertising 24-hour service implies that emergency care is always available. Eliminating the requirement that such services be provided creates a risk of misleading advertising, permitting facilities to claim continuous availability without the personnel, equipment, or capability to manage emergency cases.
  This discrepancy between public expectation and actual services could lead pet owners to seek care at facilities that are unable or unwilling to treat emergency patients, resulting in delays that may have serious or life-threatening consequences for animal patients.
  If a veterinary facility advertises 24-hour service, it should always be prepared to assess and triage emergency patients and either provide appropriate emergency care or ensure timely transfer to a capable facility. Retaining the phrase **"provides that service"** supports accurate advertising, upholds regulatory integrity, aligns with current standards of veterinary care, and protects both the public and animal patients.
- Our preference is to preserve and protect the scope of practice of licensed veterinary technicians in West Virginia. However, we note that several of the proposed changes authorize certain tasks to be performed by a veterinarian, registered veterinary technician, or veterinary assistant. Where the Board has elected to permit delegation of these duties to multiple categories of personnel, we recommend that the applicable provisions use consistent terminology throughout the regulations. For example, the proposed revision to §26-4-5.8.4 states: "*A veterinarian, his or her assistant, or a registered veterinary technician shall monitor every animal as long as the patient is under general anesthesia.*" We recommend that the language used in this section be made consistent with the language proposed in §26-4-5.7.1 which states: "*Dental procedures shall be carried out under the general supervision of a veterinarian.*" Consistent terminology and language throughout the regulations will improve clarity, reduce ambiguity, and promote uniform interpretation and application of these requirements.

Board Revision: 3.~~17~~16. A veterinarian may not initiate or knowingly participate in any form of advertising or solicitation that contains a false, deceptive or misleading statement or claim. In order to advertise 24 hour emergency service, a practice ~~must~~ shall be a facility that is open 24 hours and provides that service.

Dr. George Seiler, July 16, 2026

By eliminating "provides that service" clinics can advertise as a 24- hour clinic: clients see that advertisement claim and go to that clinic with their pets with an emergency expecting the clinic to see the pet and the veterinary facility refuses to see them. This adds a dangerous delay in the patient being seen for an emergency. If it is advertised that a clinic is 24- hour clinic, then patients need to be triaged and then treated or sent to a clinic that can handle the emergency if that clinic cannot.

Truth in advertising states: If you say it then you do it.

It is true during the establishment of a Veterinary Client Patient Relationship (VCPR) the veterinarian can choose which patient they will accept. This is a separate entity from advertising that you will see patients 24 hours a day 7 days a week 365 days a year and not following through on that advertising claim.

I have personally witnessed patients that arrived at a clinic that advertises they will see patients 24 hours a day/ 7days a week/ 365 days a year on their website, radio ads, billboards, and print advertisements only to be turned away without being seen and dying before they could receive treatment.

The American Veterinary Medical Association, the West Virginia Consumer Protection Division, and the Federal Trade Commission should be consulted on the legality of this rule change.

Even in the proposed change the word OPEN 24 hours is used- OPEN means clients can walk through the door and have service.

Board Revision: 3.~~17~~16. A veterinarian may not initiate or knowingly participate in any form of advertising or solicitation that contains a false, deceptive or misleading statement or claim. In order to advertise 24 hour emergency service, a practice ~~must~~ shall be a facility that is open 24 hours and provides that service.

§26-4-5. Mandatory Standards for the Practice of Veterinary Medicine and Facility Standards.

Dr. Joe Blair, June 15, 2026
We feel there should be more strict rules regarding getting patient records from other clinics when we receive a pet that is sick from another clinic. We can call and are told they will send records but we either don't get them or get them after calling multiple times.

Board Revision: Add 5.2.1. Patient Medical Records pertaining to a patient requiring urgent or emergency medical care shall be released immediately upon request.

Dr. Shawn Sette, July 8, 2026
26-4-5.a.1 A veterinarian shall store and maintain radiographs (including dental images), whether in film or digital format for a minimum of three (3 ~~years~~) years from the date of the last patient encounter.

Need to add the word "years" outside of the parenthesis to be part of the word three.

Who is responsible for storing and maintaining the radiographs? The practice, the facility, the veterinarian in charge, or the veterinarian. It reads that the individual veterinarian is responsible.

Board Revision: 26-4-5.a.1 ~~A veterinarian shall store and maintain~~ ~~r~~Radiographs (including dental images), whether in film or digital format shall be stored and maintained for a minimum of three (3 ~~years~~) years from the date of last patient encounter.

Dr. MJ Wisxom, June 17, 2026
In this 5.1.c.13.a. Perform a physical examination of the animal. A group of animals of one species under single ownership may be considered as a single entity. A veterinarian/client/patient relationship is established for the whole group if a representative number of animals have been examined the same species under single or shared ownership may be considered a single entity. A veterinarian-client-patient relationship is established for the group when the veterinarian has examined a representative sample of the animals which allows sufficient knowledge of the health status and management of the group to provide veterinary care consistent with the standard of care for the species.

There will be times especially in exotic medicine, that it is appropriate to not be limited by species in this group treatment. A collection of turtles with a husbandry issue or snakes with mites, might be different species and yet need the same group treatment. I suspect a group of sheep and goats could share mange also.

Board Response: The Board did not make any revisions. Each species symptoms need to be identified to be treated.

Andrea "Dre" Varidakis-Broyles, *LVT, RVT, BSAS & Agribus, U.S. Army Retiree, July 16, 2026*
§26-4-5. 5.8.~~c~~4. A veterinarian, or his or her assistant, or **a registered veterinarian technician** shall monitor every animal as long as the patient is under general anesthesia. The monitoring data shall be included in the patient's medical record.

Wording to be "veterinary" or "veterinarian"

Board Revision: 5.8.~~c~~4. A veterinarian, ~~or~~ his or her assistant, or a registered veterinary technician shall monitor every animal as long as the patient is under general anesthesia. The monitoring data shall be included in the patient's medical record.

§26-4-6 Mobile and Stationary Mandatory Facility Standards.

Dr. Shawn Sette, July 8, 2026
Since there are 4 classifications of veterinary practices per the 26-4-4, 4.1 (Ambulatory, Emergency, Mobile, Stationary), it seems that emergencies facilities are distinct from the mobile and stationary, but yet they are stationary too. So to clear up any confusion, "emergency facility" should be added to the 26-4-6 title.

Board Revisions:

§26-4-6. Emergency, Mobile, and Stationary Mandatory Facility Standards.

6.1. In addition to the requirements of §26-4-5, emergency, mobile and stationary facilities ~~must~~ shall meet the following facility standards:

§26-4-7. Veterinarian in Charge.
Andrea "Dre" Varidakis-Broyles, *LVT, RVT, BSAS & Agribus, U.S. Army Retiree, July 16, 2026*
Proposed §26-4-7 addresses changes in the veterinarian-in-charge but does not clearly establish procedures when the veterinarian-in-charge dies, becomes incapacitated to complete the required notification and transition responsibilities.

Please consider adding an emergency succession provision addressing:
- What happens when the former veterinarian-in-charge cannot sign documents or participate in the transfer.
- Who must notify the Board;
- The deadline for notification;
- Who may temporarily secure and account for controlled substances;
- Whether another licensed veterinarian may serve as an interim veterinarian-in-charge;
- How long an interim designation may remain in effect;
- Who must complete the controlled-substance inventory; and
- Whether the facility may continue operating during the transition.

An established emergency transition process would protect patients, employees, controlled substances, and medical records accessibility. Unexpected death, incapacity, or unavailability is a foreseeable circumstance for which veterinary facilities would request clear regulatory guidance.

Board Revision: added 7.1. A veterinary facility shall not provide veterinary services unless the Board has been notified of the current veterinarian in charge.

§26-4-8. Facility Inspections and Registration.

Dr. Jennifer Canfeild, July 12, 2026
In my opinion, the language presented in section 26-4-8 obviously paves a direct, open path for corporate veterinary organizations. Individually owned clinics provide a valuable service to so many underserved areas in West Virginia, and you don't have to look far to see the effects of corporate veterinary medicine against these small clinics; they simply can't compete in terms of staff retention and resources. I feel this would be an enormous mistake for West Virginia in particular as a state, and I pray that the board will give it serious consideration before they make a final decision in this matter.

Board Response: The Board's current laws already allow non-veterinarians to own a veterinary facility. This revision was made to provide transparency.

§26-4-9. Abandoned Animals.

Dr. Shawn Sette, July 8, 2026
26-4-9 9.6. This seems like a duty of the practice or facility vs the individual veterinarian. Maybe a good person would be the veterinarian in charge.

Board Revision: 9.56. ~~The veterinarian shall post a~~ A copy of this section shall be posted in a conspicuous location at the veterinary facility.

§26-4-10. Immunization Clinics.

Dr. Ray Gracon, June 15, 2026
I'm not sure if I am mis-reading or overreacting, but I believe a significant re-consideration and rewording is needed under series 4: immunization clinics. Since these clinics are designed to reach clients that cannot or do not want to pursue going to a standard veterinary facility, the current/proposed wording of a required VCPR is inherently counter to the nature of these events. Yes, thoroughness and patient safety are still paramount, but this also undermines the entire basis for an event designed for low cost, expediency, and to reach/vaccinate pets that would not otherwise receive vaccines. Requiring a VCPR would essentially eliminate immunization clinics, and require all clients to schedule on site, 15-30 min. appointments, and therefore full cost. Or at minimum, it would reach pre-existing clients only, again defeating the purpose. A proper VCPR is simply not possible off site (unable to look up patient records), and under these constraints. The proposed wording/change would be a great harm to the general public of WV. Some slack or lesser mandate/requirements are critical for this exception from standard veterinary care.

Board Response: The Board did not revise. This revision was made to protect the health, safety, and welfare of the general public and animals of West Virginia.

WVVMA, July 20, 2026
§26-4-10.1 provides that immunization clinics shall be operated by a veterinarian licensed by the Board who is employed by a registered veterinary practice in the county or adjoining counties where the clinic is being held. However, it does not specify that such counties must be located within the state of West Virginia. As written, this provision would allow veterinarians licensed in West Virginia but employed by practices in neighboring states that are not subject to the Board's oversight, to operate these clinics and potentially complicate efforts to verify a current or existing veterinary-client-patient relationship.

Furthermore, §26-4-10.1 does not address facility or recordkeeping requirements for entities that provide intermittent veterinary health screening services (e.g., BAER testing, ophthalmologic examinations, OFA hip/elbow radiographs, etc.) conducted by licensed veterinary specialists who are not formally employed by a practice within the state. We suggest adding language to clarify that:

(1) any entity or individual offering intermittent veterinary health screening services within the state, such as those listed, shall operate under the supervision of a veterinarian licensed by the Board;

(2) such services shall be conducted in a facility that meets minimum standards for sanitation, safety, and

suitability for the procedures performed, as determined by the Board; an

(3) a complete and accurate medical record shall be created for each animal evaluated, maintained in accordance with applicable state recordkeeping requirements, and made available to the animal's owner and, upon request, to the Board.

Board Response:

- Please note that BAER testing, ophthalmologic examinations, and OFA hip/elbow radiographs do not fall under Series 4. However, the Board is suggesting law revisions to Chapter 30-10, which will include canine health screening clinics, to allow them to receive a temporary permit.

- To provide immunization clinics in WV, the veterinary facility must be registered in WV.

Board Revision: 10.1. Immunization clinics shall be operated by a veterinarian licensed by the Board who is employed by ~~has~~ a registered veterinary practice in the county or adjoining counties in West Virginia where the clinic is being held. Any immunizations provided at the clinic other than rabies vaccinations shall be administered by a veterinarian or a registered veterinary technician supervised by the veterinarian on site and shall have a current veterinary-client-patient relationship.