

# Practice Inspection, Practice Standards By-Law

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For MVMA Membership Consultation

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# A) Introduction

## 1. Application

This by-law applies to all veterinary practices that provide veterinary care as articulated in *The Veterinary Medical Act*.

## 2. Purpose

The PIPS By-law has been endorsed by the membership in an effort to maintain a reasonable standard of practice acceptable by the MVMA, to continually improve the quality of veterinary services and premises in Manitoba, and to optimize opportunities for health care in veterinary medicine. This by-law serves to help create a sustainable veterinary community working together to prioritize the health and welfare of animals, people, and the environment.

## 3. Definitions

“**Act**” means *The Veterinary Medical Act*, CCSM c V30.

“**Ambulatory**” means a modality of practice where veterinary care is provided where the animal receiving care is normally housed.

“**Clinic Staff**” means persons employed or contracted to provide veterinary service on behalf of a veterinary practice.

“**Brick and Mortar**” means a modality of practice where veterinary care is provided in a permanent, fixed location.

“**By-laws**” means the by-laws of the Council made under s. 7 of the Act, and includes the MVMA Code of Ethics.

“**CETA**” mean Canadian Embryo Transfer Association

“**CFIA**” means Canadian Food Inspection Agency

“**Controlled and Narcotic Medications**” means the controlled substances that are listed in Schedules I to V of the *Controlled Drugs and Substances Act* (Canada).

“**Council**” means the Council of the Manitoba Veterinary Medical Association.

“**Emergency Drug Kit**” means a kit that must contain the following:

- a. Atropine

- b. Epinephrine
- c. Antihistamine
- d. Calcium gluconate
- e. Corticosteroid
- f. Furosemide
- g. Sterile needles and syringes
- h. I.V. catheters, lines, and parenteral fluids appropriate to the type of practice (not for embryo transfer)
- i. Dextrose
- j. Narcotic reversal appropriate to any narcotic used (exception for equine only practice)
- k. Blood glucose evaluator sticks and glucometer (small animal ambulatory only)

**“Guidelines”** means all legislation, regulations and other authorities containing provisions which govern the practice of veterinary medicine in Manitoba, including but not limited to *The Animal Care Act* (Manitoba), *The Animal Diseases Act* (Manitoba), *The Pharmaceutical Act* (Manitoba) and the *Health of Animals Act* (Canada).

**“In-Person Reinspection”** means a reinspection conducted by an Inspector.

**“Inspector”** means an inspector of the MVMA pursuant to subsection 49(1) of the Act .

**“Inspector Inspection”** means an inspection that is conducted by an Inspector.

**“Large Animals”** means food producing or agricultural species, including horses.

**“Member”** means an individual who holds a certificate of registration under the Act

**“Mobile”** means a modality of practice where veterinary care is provided in a self contained unit, like trailer or large van, where the equipment remains fixed in the unit but the unit is capable of easy movement.

**“MVMA”** means the Manitoba Veterinary Medical Association.

**“Paper Reinspection”** means a reinspection wherein the veterinary practice provides documentary evidence of compliance with this by-law.

**“PIPS”** mean Practice Inspection Practice Standards by-law.

**“Responsible Veterinarian”** means the member with an unrestricted license who is appointed by the veterinary practice owner(s) to have ultimate authority over the veterinary practice. The Responsible Veterinarian is required to be appropriately informed with respect to all aspects of the veterinary practice. The Responsible Veterinarian provides overall guidance to the operation of the veterinary practice, ensuring compliance with the Act, the By-laws, and all Guidelines. The Responsible Veterinarian is also the overall decision-maker with respect to the operations of the veterinary practice. It is the Responsible Veterinarian’s duty to sign and verify the accuracy

of the PIPS documents, to the MVMA. The name of the Responsible Veterinarian for each veterinary practice shall be published by the MVMA.

**“Small Animal”** means domestic pets including fish, birds, reptiles and mammals.

**“Small Animal Emergency/Critical Care”** Is a type of practice activity (more information in section E10). A veterinary practice that does not hold a Small Animal Emergency/Critical Care practice type is also permitted to provide after-hours and urgent care.

**“Veterinary Corporation”** A corporation that holds a valid permit in accordance with Part 4.1 of the Act.

**“Veterinary Practice”** A practice registered with the MVMA to provide veterinary services.

**“Veterinary Professional”** A veterinarian who holds a valid licence to practice in Manitoba, and/or a veterinary technologist who holds a valid practising registration in Manitoba.

## 4. Other Legislation

All veterinary practices in the Province of Manitoba must comply with the Manitoba Veterinary Medical Association Practice Inspection and Practice Standards By-laws as articulated in this document. All veterinary practices must also comply with all Guidelines, including any applicable municipal, provincial, and federal legislation. In the event of conflict between a legislative requirement and the MVMA By-laws, the more restrictive requirement shall prevail.

## 5. Transition Period

### 1. For Veterinary Practices that hold a valid Inspection Certificate as of **DATE TBD, 2026:**

1. The veterinary practice will continue to abide by the rules set out in **Appendix A: MVMA Practice Inspection and Practice Standards By-laws**, approved January 20, 2023, until the veterinary practice undergoes an Inspector Inspection.
2. The following sections of Appendix A do not apply:
  1. Introduction
  2. Purpose
    - 2.1. Inspections
    - 2.2. Three Strike Rule
    - 2.3. Penalties for Failing Inspection

All sections referring to Temporary and/or Remote Clinic types  
All sections referring to Speciality clinic types

3. In addition to the rules set out in Appendix A, all veterinary practices as of **DATE TBD (expected January xx 2026)** will comply with the following sections of this by-law.
  - a. Introduction in entirety
  - b. Administrative Rules in entirety
  - c. General Practice Rules - section 3: Appointment of [Responsible Veterinarian](#)
  - d. Practice Activities - section 20: Temporary Non-Surgical Care and section 21: Temporary Surgical Clinic
4. Regarding point 3.c above, each veterinary practice will report the [Responsible Veterinarian](#) by **DATE TBD (expected June 30, 2026)**.
5. Appendix A will no longer be in force and effect as of **DATE TBD (expected February 1, 2029)**.

## 2. For Veterinary Practices that do not hold a valid Inspection Certificate as of **DATE TBD (expected January xx, 2026)**:

The veterinary practice must follow the rules set out in this by-law, excluding Appendix A in entirety.

# B) Administrative Rules

## 1. Practice Certificates

### 1. Requirements to Practice

1. In order to provide veterinary care, a Practising Veterinarian Member(s) must obtain a Practice Certificate.
2. The Practice Certificate will identify the practice modality(s) and practice activity(s) that the veterinary practice is entitled to engage in.

### 2. Obtaining a Practice Certificate

1. To obtain a Practice Certificate, the veterinary practice must either:
  - a) open a new veterinary practice pursuant to section B)3 of this by-law; or
  - b) for veterinary practices that were established prior to **DATE TBD (expected January XX 2026)**, undergo an inspection pursuant to section B)2 of this by-law.

### 3. Updating Practice Certificate

1. A veterinary practice that has an existing, valid Practice Certificate, provide the MVMA Registrar with at least seven (7) days notice of the veterinary practice's intention to add an additional practice modality(s) and/or practice activity(s).

#### 4. Renewing Practice Certificate

1. The Practice Certificate must be renewed each year through the Annual Renewal Process.
2. Each year, during a renewal period of no less than 30 days as set by the MVMA Registrar, a veterinary practice must, through the Responsible Veterinarian for the veterinary practice:
  - a. Review and confirm the contact information on file for the veterinary practice.
  - b. Pay a renewal fee, as set by the MVMA Council.
  - c. Confirm that the veterinary practice has reviewed the PIPS By-law.
  - d. Confirm their review of any Act, By-law or program updates within the last year (provided by the MVMA), or any other material deemed relevant by the MVMA Council.
  - e. Provide any other information requested by the Registrar.
3. If the veterinary practice fails to complete any task outlined in section 1, the veterinary practice must cease practice immediately and may be referred to the Complaints Committee.

#### Resources

New practice modality(s)/activity(s) notification form – TO BE DEVELOPED

## 2. Inspection Process

### 1. Inspection Frequency

1. Veterinary practices are required to undergo an Inspector Inspection every 5 years at minimum.

### 2. Fees

1. The Council will maintain a fee schedule for veterinary practice inspections.
2. Routine inspections (not including opening practice Inspector Inspections and Reinspections) will not be subject to an additional fee.

### 3. Inspection Process

1. The Responsible Veterinarian will be notified at least 15 days prior to a scheduled inspection.



2. The Responsible Veterinarian will declare the Practice Modality(s) and Practice Activity(s). See Section D, below.
3. The Inspector will complete the inspection.
4. If the Inspector finds no deficiencies with the veterinary practice, or if any deficiencies are sufficiently addressed at the time of inspection, no further action will be taken.
5. If the Inspector finds deficiencies with the veterinary practice that are not sufficiently addressed at the time of inspection, the Inspector will order a reinspection.
  - a. The Inspector will order either a Paper Reinspection or In-Person Reinspection, depending on the level of risk posed by the nature and number of deficiencies. No notice is required for an In-Person Reinspection.
  - b. The Responsible Veterinarian will be responsible for ensuring that any deficiencies are corrected promptly.
  - c. If a deficiency is sufficiently high risk or if a deficiency is not dealt with in a timely manner, the Inspector will recommend to the Registrar that the matter be considered for referral to the Peer Review Committee.

#### 4. Actions Requiring Reinspection (Non-Deficiency Related)

1. A veterinary practice must notify the MVMA and undergo an In-Person Reinspection promptly if any of the following occur:
  - a. Major (non-cosmetic) renovations
  - b. Change of veterinary practice location (for brick and mortar veterinary practices only)
  - c. Addition of brick and mortar and/or mobile practice modality
  - d. Addition of any of the following practice types:
    - i. Radiology
    - ii. General Anaesthesia
    - iii. Narcotics and controlled drugs

#### 5. Appointment of Inspectors

1. The Council will appoint Inspectors to fulfil the duties under the Act and this by-law.
2. The Council may develop a policy to guide appointments under this section.

### 3. Opening a Veterinary Practice

1. To open a new veterinary practice, a veterinarian must, at least 7 days prior to opening:
  - a. Complete an application as prescribed by the Registrar;
  - b. Confirm the appointment of a qualified Responsible Veterinarian for the veterinary practice;

- c. Confirm that this by-law has been reviewed, and that any potential deficiencies will be rectified;
  - d. Pay any fees as set by the Council.
2. Within the six months following the opening of the veterinary practice, the veterinary practice must:
  - a. Undergo an Inspector Inspection.

## 4. Closing a Veterinary Practice

### 1. Notify Clients

1. The Responsible Veterinarian must ensure that current clients are given appropriate notice of the closing of a veterinary practice and are provided with appropriate referrals to alternate care providers.

### 2. Notify MVMA

1. The Responsible Veterinarian must notify the MVMA, on a form prescribed by the Registrar, of the closure of the veterinary practice.
2. The Responsible Veterinarian must:
  - a. Provide a description of how notice was provided to current clients.
  - b. Provide information about the compliant storage of medical records.
  - c. Provide information about the status and/or disposal of prescription products.
  - d. Provide information about the status of and/or destruction of any controlled substances.
  - e. Provide a copy of the controlled drug log (if applicable) for the previous 6 months, including a current “zero” balance.
  - f. Provide a copy of records (invoices, etc) confirming all controlled drug purchases within the previous 6 months.

### 3. Medical Records

1. Prior to the closure of a veterinary practice, the veterinary practice must ensure that there is a reasonable process in place for former clients to access their medical records.
2. The closing veterinary practice must ensure that that former clients have reasonable and timely access to their medical records for a minimum of three years by retaining medical records within the province, either:
  - a. In the possession of a veterinarian of the closing veterinary practice, or
  - b. In the possession of another veterinary practice that assumes responsibility for the security, integrity and confidentiality of the information.

3. The MVMA will provide information to the public about the location of medical records for closed veterinary practices.

## Resources

MVMA Resource- Clinics Accepting New Patients Map

[Click here](#) to view a map of Clinics that are accepting new patients.

MVMA Practices- <https://mvma.alinityapp.com/client/FindCorporationDirectory>

# C) General Practice Rules

## 1. Practice Operations

1. Adequate commercial liability insurance shall be carried.
2. The following veterinary practice information must be provided and may be published by the MVMA:
  - a. A fixed mailing address.
  - b. A listed telephone number which includes an answering service. Acceptable answering services include an answering machine, voice mail, or personal answering service.
  - c. The name of the Responsible Veterinarian for the veterinary practice.
3. The veterinary practice shall adhere to the following advertising rules:
  - a. No veterinary practice shall advertise as a small animal emergency hospital unless it holds a Small Animal Emergency/Critical Care Certificate.
  - b. Advertisements must be truthful.
4. Provision shall be made for 24-hour emergency veterinary service (where applicable):
  - a. By referring the caller to a staff veterinarian; or
  - b. By referring the caller to another facility or service.
5. Responsible Veterinarians must be knowledgeable of and adhere to the various Codes of Practice for the Care and Handling of the relevant animal species referenced in the *Animal Care Regulation*, Man Reg 126/98 under *The Animal Care Act*, CCSM c A84.
6. The veterinary practice must have copies (printed or electronic) of the following, which must be reviewed annually and updated when revised:
  - a. Current version of *The Veterinary Medical Act*
  - b. Current By-laws, including the Code of Ethics and the Practice Standards and Practice Standards By-laws
  - c. Current version of *The Animal Care Act* (Manitoba)

- d. Current version of *The Animal Disease Act* (Manitoba)
  - e. Current Regulations and Schedule of the *Controlled Drug and Substances Act* (S.C. 1996, c. 19) (Canada)
  - f. Compendium of Veterinary Products
  - g. Material Safety Data Sheets (MSDS) must be kept indefinitely even if new updates are received and must be reviewed and updated annually. MSDS sheets may be kept online but in an easily accessible file on the computer, preferably on the desktop for immediate access in case of emergency. These items must be available to all staff at all times.
- 7. There shall be a satisfactory waste disposal system in place including biomedical and hazardous waste disposal in accordance with applicable municipal by-laws.
  - 8. Refrigerated storage of carcasses or body tissues shall be provided or be readily available (Small Animal only).
  - 9. Puncture-proof containers (sharps containers) must be provided, into which needles, scalpel blades and other objects capable of penetrating skin are discarded.

## **Resources**

### **MVMA Resources**

Template [Carcass log](#)

### **CVMA Insurance**

Reduced fee insurance is available through the CVMA. [Click here](#) for more information.

### **Animal Care Regulation**

Schedule A and B have many guidelines, but not clickable links to the docs. Would be good to compile for this section.

### **Compendium of Veterinary Products (new webpage and free for veterinary practices)-**

<https://www.vetalytix.com/en/products/cvp-compendium-of-veterinary-products>

### **WHMIS- Safety Data Sheets Information**

**Veterinary Information Network-** <https://www.vin.com/vin/>

### **CVMA- Stewardship of Antimicrobials by Veterinarians Initiative (SAVI)**

## Waste Disposal

The Canadian Council of Ministers of Environment (CCME) have published guidelines that promote uniform waste management practices for medical and veterinary facilities in order to ensure minimum national standards for Biomedical Waste Management in Canada. The following guidelines on municipal By-laws are provided as guidance:

### **Type Disposal Method Recommended:**

1. All animal anatomical waste - consisting of tissues, organs, body parts and carcasses but excluding teeth, hair and nails.

Incinerated or buried at approved land fill sites or collected and disposed of by an approved waste management facility. Wastes at landfills must be covered by a minimum of 1 metre of soil and at least 100 metres away from a water source in accordance with the Provincial Environment Act.

2. All animal non-anatomical waste, micro-biological wastes and sharps: Consisting of items saturated with blood or body fluids excluding urine or feces;

Lab cultures, stocks or specimens of micro-organisms, live or attenuated vaccines; Human or animal cell cultures used in research and lab material that has come into contact with these;

Clinical and laboratory material consisting of needles, syringes, blades or lab glass capable of causing punctures or cuts.

Autoclaved and disposed of in landfills or incinerated or collected and disposed of by an approved waste management facility.

3. X-ray fixer, X-ray films, formaldehyde, other laboratory chemical wastes, drugs.

Collection and disposal by licensed hazardous waste management facility or detoxified on premises in such a way as to reduce effluent contamination to below hazardous waste standards.

4. Office and hospital supplies.

Routine waste disposal.

## 2. Medical Records

1. Clear individual records shall be maintained for every patient/herd.
  - a. Handwritten notes must be legible.
2. Medical records must contain:
  - a. The following client information
    - i. Name, address, and telephone number of client or Legal Land Location or GPS coordinate.

- ii. If the client is likely to be unavailable while the animal is confined with the member, the name, address, and telephone number of a person who may be contacted in case of an emergency.
    - iii. Estimates provided to the client.
    - iv. Invoices and receipts paid by the client.
    - v. It is preferable to keep all records for each client in one file. If the records are kept in different locations, a cross-referencing system, which allows for prompt retrieval and intra-or inter-facility use, shall be available.
  - b. The following patient information:
    - i. Patient identification including species, age, and sex.
    - ii. The patient's current weight (as appropriate for the species) or body condition score.
    - iii. The vaccination record for the individual animal or herd.
    - iv. The history of the patient.
    - v. Clinical examination findings of the patient.
    - vi. Laboratory reports including clinical pathology, radiology, histopathology, cardiograms etc., as applicable.
      - 1. Reports, as applicable, are to be issued to the client within 30 days of visit.
    - vii. Assessments of the patient.
    - viii. Records of the patient's medical or surgical treatments.
    - ix. Records of all drugs prescribed, including all information required on the prescription.
    - x. Records of all drugs dispensed with all information required on dispensing label.
    - xi. Follow-up of assessments including phone conversation summaries.
    - xii. A note of any professional advice given regarding the animal and an indication of when and to whom the advice was given, if other than the client.
    - xiii. Discharge notes and final assessment of patient.
    - xiv. Initial or code of the veterinarian responsible for the procedure.
    - xv. Anesthetic records.
    - xvi. Daily records shall be maintained for hospitalized animals. These records shall include information regarding the required daily veterinary examination, including weekends and holidays.
    - xvii. All consent forms signed on behalf of the patient.
  - c. Initial or code of the veterinary professional responsible for each veterinary task.
3. Ownership of Medical Records
- a. The client owns the information contained in the medical record.
  - b. Veterinary Professionals are responsible to maintain and preserve medical records for their patients.
4. Transfer of Medical Records

- a. Each veterinarian is responsible to:
    - i. Provide a copy of the medical record to their client upon request.
    - ii. Do so in a timely manner.
  - b. For records that are not easily duplicated (such as hard copy x-ray images), the veterinarian should normally transfer these directly to the referral veterinarian, unless extraordinary circumstances preclude this arrangement (such as a client who is moving overseas).
  - c. The veterinarian may charge a reasonable fee for the cost of duplicating and sending the medical record.
5. Retention of Medical Records
- d. Medical records shall be maintained for at least 5 years and shall be stored in an orderly fashion and readily retrieved.
6. Electronic Records
- e. If the records are retained in an electronic medium:
    - i. The recorded information must be capable of being printed or provided digitally promptly.
    - ii. Any changes in the recorded information must be clearly indicated as changes.
    - iii. There must be a regular back-up plan and practice.
    - iv. The system must be reasonably secure.

### 3. Appointment of Responsible Veterinarian

1. The veterinary practice must appoint an unrestricted registered veterinarian to act as the Responsible Veterinarian. A Responsible Veterinarian must:
  - a. Be registered as a General Veterinarian Member.
  - b. Be familiar with the statutory requirements for operating a veterinary practice and ensure that the veterinary practice meets all applicable standards of practice.

The Responsible Veterinarian does not assume responsibility for the conduct of other members working in the veterinary practice. Other veterinarians and veterinary technologists remain responsible for ensuring that they meet professional competency and conduct standards.
2. A veterinarian will not be eligible to act as a Responsible Veterinarian if:
  - a. The veterinarian is no longer registered as a General Veterinarian Member;
  - b. Conditions or restrictions are placed on the veterinarian's license; or
  - c. The veterinarian's licence is suspended.
3. A veterinary practice must appoint a new Responsible Veterinarian within 30 days of the previous Responsible Veterinarian's resignation or loss of eligibility, failing which the veterinary practice will be prohibited from providing veterinary service until:
  - a. A Responsible Veterinarian is appointed, and

- b. An Inspector Inspection is completed.

## 4. Prescribing

1. All drugs prescribed by a veterinarian must be recorded and contain the following information:
  1. Date
  2. Client
  3. Animal or group
  4. Drug name and strength
  5. Direction for use: dosage, route, frequency, duration, withdrawal times (food animal related)
  6. Quantity
  7. Refills
  8. Veterinary signature (electronic or manual)
  9. Veterinary Licence Number
2. All veterinary prescriptions shall be valid for a maximum of 12 months from issue.
3. If prescription pads are used, they shall be stored away from public view.
4. If the veterinary practice prescribes for feed additives, the Compendium of Medicating Ingredients Brochures must be accessible.

### Resources

The Compendium of Medicating Ingredients Brochures-

<https://inspection.canada.ca/en/animal-health/livestock-feeds/medicating-ingredients>

## D) Practice Modalities

### 1. Ambulatory

1. Veterinary practices are not able to provide Small Animal Surgeries under General Anaesthesia on an ambulatory basis.
2. The vehicle shall be clean, orderly, and in good repair.
3. There shall be satisfactory facilities and equipment to clean and disinfect instruments.
4. Clean coveralls or outer garments shall be available for each call (large animal only).



5. Footwear is available that can be cleaned and disinfected on the premises after each professional call (large animal only).
6. Refrigeration of drugs shall be adequate in the vehicle if needed.

## 2. Brick and Mortar

1. It is the responsibility of the veterinarian to ensure that all animals located on the premises are under appropriate care.
2. Exterior and interior of building and grounds shall be kept clean and free of hazards.
3. The building shall be of good construction and permanent in nature with:
  - i) Adequate lighting
  - ii) Adequate heating
  - iii) Adequate ventilation and screening
  - iv) Adequate fly and rodent control
  - v) Secure and/or self-closing doors and windows to prevent the escape or theft of animals, or theft of drugs
4. Instructions for building evacuation and animal handling in case of fire or other emergencies shall be posted and familiar to staff.
5. Examination and treatment areas shall be clean and orderly with:
  - i) Running water
  - ii) Adequate drainage, if necessary
  - iii) Appropriate cleaning equipment and supplies
  - iv) Impervious surfaces that can be easily cleaned
  - v) Sufficient area for doctor, patient and client
6. Adequate fire extinguisher(s) shall be available and inspected annually.
7. A head gate and chute system adequate for restraint of cattle shall be available (required only if doing in-clinic hospital work on cattle).

## 3. Mobile

1. The facility is to be self-contained (doors and windows can be closed).
2. Adequate post-operative care is to be provided. This requires the attending veterinarian to remain in the community for a minimum of 6 hours after completion of the last surgical procedure. Following this period, the attending veterinarian or another veterinarian from the veterinary practice must be reasonably available for telephone consultation/follow-up for at least 4 weeks following each visit.

3. The mobile practice shall advise the MVMA of its normal practice areas. If a new area is added, the veterinary practice will notify the MVMA prior to providing service in this area. The MVMA may publish this information.
4. Adequate fire extinguisher(s) shall be available and inspected annually.

## 4. Practicing Through another Veterinary Practice

1. If one veterinary practice ("Lessee") provides veterinary care on the premises of another established veterinary practice ("Lessor"), the Lessee must have a written agreement signed by the Responsible Veterinarian of both the Lessee and the Lessor that outlines which party will be primarily responsible for meeting each section of this by-law.

## E) Practice Activities

### 1. Dispensing Prescription Products

#### 1. Background

This section alone does not permit a veterinary practice to dispense or handle Controlled and Narcotic Medications.

#### 2. Equipment

To dispense drugs, a veterinary practice must have the following equipment:

1. Examination gloves
2. Childproof dispensing containers
3. Refrigerator (if using products requiring refrigeration)
4. Prescription labels

#### 3. Practice Requirements

##### A. *Expired Drugs*

1. A system of safeguarding pharmaceuticals from expiration shall be in use.
2. Expired drugs shall be kept separate prior to return to manufacturer or supplier, or suitable disposal.
3. No person shall give, sell, or offer for sale any product passed its expiry date.

##### B. *Dispensing Containers*

1. Childproof dispensing containers shall be available and shall be the primary method of dispensing unless not feasible (e.g. in cases of liquids) or otherwise requested by the client.

### *C. Labels for Dispensing Prescription Products*

1. In all cases, a generated and affixed dispensing label is required.
2. Medication that is dispensed in the original manufacturer's packaging will provide the client with only part of the required labelling information. In these cases, a dispensing veterinarian is not required to duplicate information from the manufacturers label on the veterinary dispensing label.
3. Each 'using unit' of product must be labeled by the dispensing facility. A using unit is defined as the amount of the medication in the manufacturer's packaging that is expected to be used when dispensed. For example, if units of medication are dispensed by the bottle, each bottle must have a dispensing label.
4. The following is the minimum information required to be included on a prescription drug label when dispensing for administration by non-clinic staff (e.g. clients):
  - i) The name, address, and telephone number of the dispensing veterinary clinic.
  - ii) The identification of the drug and its strength.
  - iii) The signature or initials of the veterinarian dispensing the drug (electronic or manual).
  - iv) The date the prescription is dispensed.
  - v) The name of the prescriber.
  - vi) The name of the owner and the animal (or group identification) for which the drug is dispensed.
  - vii) The directions for use as prescribed.
  - viii) The quantity of the drug dispensed.
  - ix) The withdrawal time for meat or milk (if applicable).
  - x) The words "For Veterinary Use Only" or "Veterinary Use Only."

### *D. Shipping Pharmaceuticals*

1. A veterinary practice may ship appropriately prescribed and dispensed pharmaceuticals. Drop shipping, or shipping of pharmaceuticals from the distributor or manufacturer directly to a client's place of residence or business, does not constitute appropriate dispensing.

## **4. Spatial Requirements**

1. Storage, safekeeping, and preparation of drugs shall be in accordance with The Canada Food and Drugs Regulations and as per manufacturer's instructions for use.
2. Bulk supplies of drugs are to be kept in a storage area. A temporary unit may contain drugs sufficient for reasonable expected use. The pharmacy area must be a controlled area where the public is not able to access.
3. If prescription pads are used, they shall be stored away from public view.
4. Refrigeration must be available for biologics and other drugs requiring refrigeration.
5. All pharmaceutical products shall be stored as per label directions.

## 5. Library

1. A current drug formulary
2. If the veterinary practice dispenses for feed additives, the Compendium of Medicating Ingredients Brochures must be accessible.

## 6. Protocols

1. Inventory Management
  - a. The location of invoices/receipts stored for all prescription drug purchases by the clinic, and the person/role responsible for maintaining that document.
  - b. A description of the system being used to monitor for expired product.
  - c. A description of the location of expired products.

See MVMA [Template Pharmacy SOP](#)

## 7. Records

1. All receipts and invoices for the purchase and/or sale of prescription products must be maintained for 5 years.
2. Dispensed prescription pads should be stored with veterinary practice records for 5 years. This should be separate from unused prescription pads.

## Resources

MVMA Resources

MVMA [Template Pharmacy SOP](#)

MVMA [Template Prescription Refill Request](#)

Resource- Health Canada

Is a product a prescription? Please consult with the Veterinary Drug Directorate. An online tool can be found [here](https://health-products.canada.ca/dpd-bdpp/index-eng.jsp) ( <https://health-products.canada.ca/dpd-bdpp/index-eng.jsp> )

[Compendium of Medicating Ingredients Brochures](#)

## 2. Narcotics and Controlled Drugs

### 1. Equipment

1. To store, dispense, or administer controlled and narcotic medications, a veterinary practice must have:
  - a. An [Emergency Drug Kit](#)
  - b. A stethoscope
  - c. A thermometer
  - d. Sterile needles and syringes, IV catheters, administration sets, and parenteral fluids in adequate quantities
  - e. Examination gloves
  - f. Appropriate scales (small animal only)

### 2. Practice Requirements

1. Storage
  - a. Narcotic and controlled drugs shall be stored in a manner that protects them against loss or theft.
2. Reporting Loss
  - a. Loss or theft must be reported to Health Canada.
    - i. Any report made to Health Canada under this section must be reported to the MVMA within 30 days of such report.
3. Narcotic and Controlled Drugs Log
  - a. A Narcotics and Controlled Drug Log must be maintained in hard copy or in electronic format and must be accurate.
    - i. If the records are retained in an electronic format:
      - 1 The recorded information must be capable of being printed promptly.
      - 2 Any changes in the recorded information must be clearly indicated as changes.
      - 3 There must be a regular back-up plan and practice.
      - 4 The system must be reasonably secure.
  - b. All controlled drugs and narcotics in the clinic/hospital must be recorded in the log.
  - c. The Narcotics and Controlled Drug Log must contain the following information:
    - i. The date of dispensing.

- ii. The name of the owner of the animal(s) for which the drug was dispensed and the patient identification.
    - iii. The name, strength, and quantity of the drug dispensed.
    - iv. The quantity of drug remaining after dispensing.
    - v. The number of unopened bottles of each drug in the clinic/hospital (this must be recorded and current).
    - vi. All purchase records including receipts and invoices for narcotics and controlled drugs must be retained on a per dose basis.
  - d. Records of dispensing may be maintained on a per-bottle basis for controlled preparations (defined as a controlled drug combined with at least one other medicinally active drug in a therapeutic case) or oral prescription narcotics (for oral use, combining a narcotic drug with at least two other ingredients at a therapeutic dose).
4. Reconciliation
- a. All physical narcotics and controlled drugs in the veterinary practice must be reconciled with the Narcotics and Controlled Drug Log by a Practising Veterinarian Member or Practising Veterinary Technologist Member at least once per month.
  - b. The results of the reconciliation are to be recorded in a Reconciliation Report which will include:
    - i. The amount of each product that should be remaining as per a review of the Narcotics and Controlled Drug Log, including purchase history.
    - ii. The amount of each product remaining, as per the physical inventory count.
    - iii. A description of any discrepancies.
    - iv. A copy of any loss and/or theft reports made to the MVMA and/or Health Canada.

## 5. Spatial Requirements

- 1 Narcotics and controlled substances must be stored on a premises under the care and control of the veterinary practice.
- 2 Narcotics and controlled substances must be stored in a locked, secure area.
- 3 The Narcotics and Controlled Drug Log must be kept separately from the locked drugs.

## 6. Drugs

- 1 Appropriate reversal drugs are required. (Small Animal only)

## 7. Protocols

1. Each veterinary practice must maintain protocols that address the following:

- a. How the Narcotics and Controlled Drug Log will be maintained in a compliant manner, including
  - i. The locations where the controlled substances and log are kept
- b. How reconciliations will be administered, including:
  - i. How often they are to be completed (a minimum of monthly)
  - ii. Which veterinarian(s) and/or veterinary technologist(s) in the veterinary practice are responsible for completing the reconciliation
  - iii. How discrepancies are logged
  - iv. Where reconciliation reports are to be stored
- c. How losses are to be reported to the MVMA and Health Canada
- d. How the veterinary practice will destroy/dispose of controlled substances

See MVMA [Template SOP-Controlled Drugs and Narcotics](#)

## 8. Records

1. All purchase records including receipts and invoices for narcotics and controlled drugs must be maintained for five years.
2. The Narcotic and Controlled Drugs Log must be maintained for 5 years.

## Resources

MVMA Resources

MVMA [Template SOP-Controlled Drugs and Narcotics](#)

MVMA [Template Master Register](#)

MVMA [Template Dispensing Register Log](#)

MVMA [Template Narcotic Destruction Sheet](#)

Resource- Health Canada – Required Reporting

<https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/controlled-substances/compliance-monitoring/loss-theft.html>

Timelines for Health Canada- <https://www.canada.ca/en/health-canada/services/publications/healthy-living/loss-theft-controlled-substances-precursors/timeframes-reporting.html>

Resource- MVMA Loss/Theft Reporting Form  
Need to Create

Resource- Federal Government

**Handling and destruction of post-consumer returns containing controlled substances (CS-GD-021)**

Resource- College of Pharmacists of Manitoba Narcotic and Controlled Drug Accountability Guidelines

<https://cphm.ca/wp-content/uploads/Resource-Library/Guidelines/NC-Drug-Accountability.pdf>

### 3. Vaccine Administration

#### 1. Equipment

1. To administer vaccines, a veterinary practice must have:
  - a. A stethoscope
  - b. A thermometer
  - c. Sterile needles and syringes, IV catheters, administration sets, and parenteral fluids in adequate quantities
  - d. Examination gloves
  - e. A refrigerator or vaccine chiller

#### 2. Drugs

1. Vaccines: core vaccines for species covered
2. Injectable steroid
3. Injectable antihistamine
4. IV fluids
5. Epinephrine

### 4. Euthanasia

#### 1. Background

1. To engage in euthanasia practice, the veterinary practice must also hold a Narcotics and Controlled Substances Certificate.
2. If inhalant gases are used, the veterinary practice must hold an Anaesthesia Certificate.



## 2. Equipment

1. A stethoscope
2. Sterile needles, syringes, and IV catheters
3. Examination gloves

### Resources

MVMA Resources

[Template Euthanasia Consent Form](#)

Resource- [CVMA Position Statement Euthanasia](#)

## 5. Anatomical Pathology

### 1. Equipment

1. Post-mortem specific tools appropriate to the species.
2. Laboratory sampling and submission materials, such as sterile containers and appropriate fixing solutions like formaldehyde or isopropyl alcohol.
3. Appropriate PPE.

### 2. Practice Requirements

1. Adequate separation and sanitation of necropsy instruments from other instrumentation.

### 3. Spatial Requirements

1. If necropsies are performed in a brick and mortar practice or mobile practice, the facility must contain an area that can be used for the performance of necropsy that is easily sanitized.
2. The necropsy area need not be a separate room.

## 6. Radiology

### 1. Equipment

To provide radiology services, a veterinary practice must have:

1. Protective equipment including:

- a. Collimator
  - b. Protective apron
  - c. Protective gloves with cuff
  - d. Thyroid protector
  - e. One dosimeter per staff involved in radiographs
- 2. Measurement Tools/Charts
  - a. Calipers or a measuring tape to measure body thickness (if required by the machine)
  - b. A technique chart calibrated for each diagnostic x-ray machine indicating the MAS, kV and focal distance for specific body areas and thicknesses (if not already programmed by the machine)
- 3. Cassette holder
- 4. Conventional (non-digital) Radiography Machine
  - a. Exhaust fan
  - b. Radiography viewer
  - c. Screens and cassettes

## 2. Practice Requirements

### 1. Taking radiographs

- 1. Radiographs shall be of diagnostic quality.
- 2. Monitoring badges, aprons, thyroid protectors, gloves and other protective equipment as needed must be worn by all persons in the room when x-rays are taken.
- 3. Direct contact with the radiographic beam is prohibited.

### 2. Storage of Radiographs

- 1. Radiographs shall be permanently labelled with the clinic name, the date, patient identification, and patient orientation (left or right).
- 2. Radiographs shall be stored in a manner which preserves their quality and allows for ready retrieval.
- 3. If digital radiographs are being used, a backup copy of x-rays must be made:
  - a. weekly
  - b. every 50 x-rays(whichever is more frequent).

## 3. Maintenance of Radiology Machine and Protective Equipment

1. The radiology machine and all required protective equipment shall be inspected for safety at least every 36 months by a qualified independent safety inspector.
2. Dosimeters (monitoring badges) must be maintained.

#### 4. Conventional (Non-Digital) Radiography Machine

1. Radiographic solutions shall be maintained/replenished regularly to ensure optimal image quality.

#### 5. Portable Digital Radiography Machine

1. Portable diagnostic imaging equipment used in non-shield environments, such as from ambulatory/mobile facilities, must comply with the following operational protocols:
  - a. The operator must always be able to accurately determine the direction of the primary beam and any object in its path.
  - b. X-ray cassettes should not be held directly by hands, gloved or ungloved, during exposures except in the case of large animals where use of a radiographically protected gloved hand can be substituted for a special plate holder.
  - c. Any persons assisting with restraining an animal must not be in any part of the beam during the process of x-raying and must be adequately protected (apron, gloves, thyroid protector). It is recommended that extra protective aprons and thyroid protectors be available for such situations.
  - d. All persons involved in the x-raying of an animal must be adequately protected (apron, gloves, thyroid protector).

#### 6. Dental Radiography Machine

1. Dental diagnostic imaging equipment must comply with the following operational protocols:
  - a. The operator must always be able to accurately determine the direction of the primary beam and any object in its path. The primary beam of the dental X-ray device must not be directed towards any personnel or the public unless appropriate shielding intercepting the primary beam is in place.
  - b. The operation of dental X-ray equipment should be controlled from the control panel/remote in a properly shielded area. In special circumstances, where the operator is required to control the capturing of images while at the side of the patient, protective equipment must be worn.
  - c. Except for those persons whose presence is essential, all persons must leave the room when the irradiation is carried out. If personnel is unable to leave the room, personnel must, at all times, keep as far away from the X-ray beam as practicable. If personnel are not initiating the X-ray exposures from an adequately shielded location, then a minimum distance of 2 m must be maintained between the operator and the intra-

oral X-ray source. In addition, the position of the operator must not be in the path of the primary X-ray beam.

- d. The intra-oral dental image receptor should be fixed in position, whenever possible, otherwise it should be held by personnel using a holding device (such as forceps) and wearing protective equipment (aprons, thyroid protector, and gloves) and be positioned to avoid the X-ray beam.

### 3. Spatial Requirements

1. Radiology is separate from the room where small animal surgery is performed.
2. The veterinary practice must ensure that there is appropriate shielding.
3. A copy of provincial radiology regulations shall be posted in the x-ray area.  
([https://web2.gov.mb.ca/laws/regs/current/\\_pdf-regs.php?reg=341/88%20R](https://web2.gov.mb.ca/laws/regs/current/_pdf-regs.php?reg=341/88%20R))
4. If a Conventional (Non-Digital) Radiography Machine is used, a functional exhaust fan must be present in the room used for x-ray developing.

### 4. Records

1. The veterinary practice must maintain the following records:
  - a. A Cancer Care Manitoba registration number available for inspection at all times.
  - b. An inspection report from a qualified, independent inspector for each radiograph unit dated within last 36 months.
  - c. An inspection report for all protective equipment dated within last 36 months.
  - d. Dosimeter (monitoring badges) exposure sheets shall be kept on file by the veterinary practice for at least 5 years.
2. If a Conventional (Non-Digital) X-Ray is used:
  - a. Radiographic logs shall be maintained which includes:
    - i. Owner/patient identification
    - ii. Date
  - b. A maintenance schedule shall be in evidence for replenishing radiographic solutions.

### Resources

MVMA Resources

Template [Radiology SOP](#)

#### Recommendation- Goggles

The use of goggles is recommended.

#### The Radiation Protection Act

##### 26(3)

The function of the protective equipment is to keep exposure to ionizing radiation as low as is reasonably practicable given the circumstances of the procedure being performed and may include, without limitation, a lead apron, lead thyroid shield or protective eyewear.

International Commission on Radiological Protection (ICRP) (Publication 118 ICRP Statement on Tissue Reactions and Early and Late Effects of Radiation in Normal Tissues and Organs- Threshold Doses for Tissues Reactions in a Radiation Protection Context (Pages 293-302)

Radiation protection of the eye lens in medical workers—basis and impact of the ICRP recommendations, Br J Radiol. April 2016; 89(1060): 20151034.

#### Resource- Link to Handsfree xrays

1. Hands free radiographic technique is strongly encouraged to be utilized whenever possible.

<https://handsfreexrays.com/>

#### Cancer Care Manitoba

Dental x-rays must conform to Safety Code 30

This Code provides helpful guidance on federal legislation related to x-ray.

#### Health Canada- Radiation in Veterinary Medicine

This resource offers helpful radiation information as well as information about the National Dosimetry Services

#### Cancer Care Manitoba

All new veterinary practices, new builds, renovations, must report to Cancer Care Manitoba

Cancer Care Manitoba- [Shielding information and approval](#)

Resource- Cancer Care Manitoba - Registration Form

[Registration Form](#)

(<https://www.cancercare.mb.ca/export/sites/default/Research/.galleries/files/radiation-protection-services-files/X-ray-Registration-Form.pdf>)

Resource- Cancer Care Manitoba - When to Contact

Veterinarians should contact us (Cancer Care Manitoba) regarding x-ray questions:

- New x-ray equipment registration
- Change of ownership and relocation
- Shielding requirements for x-ray facilities (fee for service basis);
- Compliance inspections are conducted as fee-for-service based on resource capabilities;
- Radiation doses, radiation dose limits; radiation and pregnancy
- X-ray monitor (TLD badge) information

Phone: (204)787-4145

Fax: (204)775-1684

<https://www.cancercare.mb.ca/Research/medical-physics/radiation-protection-services>

Resource- Cancer Care Manitoba - Approved Signage

[Caution Sign](#)

([https://www.cancercare.mb.ca/export/sites/default/Research/.galleries/files/radiation-protection-services-files/X-Ray\\_English\\_Only\\_Sign\\_2012.pdf](https://www.cancercare.mb.ca/export/sites/default/Research/.galleries/files/radiation-protection-services-files/X-Ray_English_Only_Sign_2012.pdf))

Resource- National Dosimetry Services- Health Canada

Health Canada runs [National Dosimetry Services](#). For more information [click here](#).

## 7. Embryo Transfer

### 1. Equipment

1. Embryo recovery, handling, and transfer equipment in adequate quantities
2. Proper embryo washing fluids in sufficient quantity
3. Microscope capable of 50 times magnification
4. Liquid nitrogen tanks

5. Sterile equipment (instruments and drapes) for at least two procedures shall be on hand at all times

## 2. Library

1. Access to a current reference text on reproductive biology and endocrinology.
2. Access to a current reference text on theriogenology.

## 3. Records

1. In addition to the medical records requirements listed in Section C)2 of this by-law, records must be maintained for the following:
  - a. The donor and recipient animals' records must contain:
    - i. Identification of patient including breed and age
    - ii. Identification of sires used
    - iii. Detailed super ovulation schedule including drugs used and lot numbers
    - iv. Number of embryos produced by donor
    - v. Identification of embryos corresponding to the International Embryo Transfer Society standardized system
  - b. Detailed records shall be kept on frozen embryo inventory
  - c. Weekly records monitoring the nitrogen levels in embryo storage tanks
  - d. Proof of accreditation from CFIA if exporting embryos
  - e. All CETA embryo certificates

## 8. Small Animal Inpatient Care

### 1. Background

A veterinary practice must hold this practice type if the veterinary practice provides service to small animals and allows the owner to leave the brick and mortar practice while the animal remains.

### 2. Equipment

1. [Emergency Drug Kit](#)
2. Kennels, cages or pens
  - a. Must be of sufficient quantity for the volume of patients
  - b. Must be of a sufficient size and height to allow each animal to:
    - i. Stand normally to its full height
    - ii. Turn around easily

- iii. Move about easily for the purpose of posture adjustments
    - iv. Lie down in a fully extended position
    - v. Provide nursing animals with an additional 10% space per nursing offspring
    - vi. Provide for the social and behavioral/physiological needs of the animal
  - c. Shall have flooring that is of water impervious material and easily cleaned and disinfected
  - d. Shall have adequate lighting
  - e. Shall have adequate ventilation
  - f. Shall have a separate compartment for each individual patient
  - g. Shall have a method for securely fastening each compartment closed
  - h. Shall be sturdy enough to prevent cage movement while occupied: five out of six sides of the cage shall be solid and of water impervious material that shall be readily cleaned, disinfected and maintained
  - i. Any barred doors shall have bars no farther apart than 2 inches and must be easily cleaned, disinfected and maintained
  - j. Shall have a method of attaching patient identification to the compartment including the owner's name, the patient, and the problem or procedure to be carried out
3. Litter trays shall be sufficient for the caseload of cats.
    - a. They shall not be shared between currently hospitalized cases
    - b. They shall be disposable or readily sanitized
  4. If animal runs are present:
    - a. Walls and floors shall be of water impervious material properly drained
    - b. Partitions shall be solid to a minimum of 6 feet high between runs; otherwise no two animals shall occupy adjacent runs at the same time

### 3. Practice Requirements

1. Adequate exercise shall be provided for hospitalized patients.
2. Patients shall be checked at night as required.
3. Hospitalized patients shall be provided with overnight care until the stabilization of post-surgical or critically ill patients has occurred.
4. Hospitalized animals shall be examined by a veterinarian at least once daily including holidays and weekends.
5. Hospitalized animals shall be watered and fed an adequate diet as needed.
6. Kennels shall be cleaned daily.

### 4. Spatial Requirements



1. Isolation area(s) shall be available and separate from commonly used areas.

## 9. Large Animal Inpatient Care

### 1. Background

A veterinary practice must hold this practice type if the veterinary practice provides service to large animals and allows the owner to leave the brick and mortar practice while the animal remains.

### 2. Equipment

1. [Emergency Drug Kit](#)
2. Stalls, pens, or cages
  - a. Must be of sufficient quantity for the volume of patients
  - b. Must be of a sufficient size and height to allow each animal to:
    - i. Stand normally to its full height
    - ii. Turn around easily
    - iii. Move about easily for the purpose of posture adjustments
    - iv. Lie down in a fully extended position
    - v. Provide for the social and behavioral/physiological needs of the animal
  - c. Shall have flooring that is of water impervious material and easily cleaned and disinfected
  - d. Shall have adequate lighting
  - e. Shall have adequate ventilation
  - f. Shall have a separate compartment for each individual patient
  - g. Shall have a method for securely fastening each compartment closed
  - h. Any barred doors shall have bars no farther apart than 2 inches and must be easily cleaned, disinfected and maintained
  - i. Shall have a method of attaching patient identification to the compartment including the owner's name, the patient, and the problem or procedure to be carried out

### 3. Practice Requirements

1. Adequate exercise shall be provided for hospitalized patients.
2. Patients shall be checked at night as required.
3. Hospitalized patients shall be provided with overnight care until the stabilization of post-surgical or critically ill patients has occurred.
4. Hospitalized animals shall be examined by a veterinarian at least once daily including holidays and weekends.
5. Hospitalized animals shall be watered and fed an adequate diet as needed.

6. Proper bedding shall be available.
7. Stalls, pens or cages shall be cleaned daily.

## 4. Spatial Requirements

1. Isolation area(s) shall be available and separate from commonly used areas.

# 10. Small Animal Emergency/Critical Care

## 1. Background

1. In order to hold a Small Animal Emergency/Critical Care Certificate, a veterinary practice must also hold the following certificates:

- a. Dispensing Prescription Products
- b. Handling Controlled and Narcotic Medication
- c. Euthanasia
- d. Radiology
- e. Small Animal Surgery under Local Anaesthesia
- f. Small Animal under General Anaesthesia
- g. Small Animal Inpatient Care

## 2. Equipment

1. Any veterinary practice advertising emergency/critical care for small animals must have the following equipment:

- a. Ultrasound machine
- b. Whole blood for transfusion purposes as either:
  - i. Donor
  - ii. Stored whole blood
  - iii. Stored whole red blood cells
- c. Stored frozen plasma
- d. Chest drain equipment
- e. Monitoring equipment including
  - i. ECG oscilloscope monitor and recorder
  - ii. SpO<sub>2</sub>
  - iii. Blood pressure
  - iv. Capnograph
- f. A heat source (e.g. an incubator or warm water blanket or heat lamp)
- g. Oxygen cage
- h. Pediatric feeding tubes

- i. Stomach tubes and pump
- j. Suction apparatus and catheters
- k. Tonometer
- l. Tracheostomy tubes
- m. Urinary catheters

### 3. Practice Requirements

1. The veterinary practice must have the ability to determine coagulation times.
2. Staffing shall include at least:
  - a) One veterinarian; and
  - b) One veterinary technologistduring reported working hours.
3. The practice must notify the MVMA within 24 hours if there is a change to business hours. The MVMA will advise the membership of the change to business hours.

### 4. Records

1. Discharge forms shall be completed in duplicate with one copy for medical records and one for the client.
2. A copy or fax or email of the medical record must be sent to the primary care veterinarian within three days of discharge.

## 11. General Anaesthesia

### 1. Background

1. In order to hold a General Anaesthesia Certificate, the veterinary practice must also hold the following certificate:
  - a. Handling Controlled and Narcotic Medication

### 2. Equipment

1. Anesthetic machine with rebreathing and non-rebreathing circuits and scavenging system (not required for Large Animal)
2. Endotracheal tubes of appropriate size for species seen
3. Lubricant
4. If using a mechanical oxygen generator the veterinary practice must have at least one tank available in case of power outage/mechanical failure

5. Catheters of appropriate size for species seen
6. Bandage materials including: tape, gauze roll, adhesive bandage
7. Fluid administration sets
8. Sterile fluid bags and administration set
9. Needles and syringes
10. Monitoring equipment including: stethoscope and pulse oximetry
11. Equipment for the alleviation of hypothermia (not required for Large Animal)
12. Thermometer

## 2. Practice Requirements

1. Either a dedicated veterinarian or veterinary technologist is to be made available to monitor anaesthesia or a consent form is signed by the client. If a dedicated veterinarian or veterinary technologist is not available to monitor the anaesthesia, a compelling reason must be documented in the medical record. If a dedicated veterinarian or veterinary technologist is not available to monitor the anaesthesia, the veterinarian(s) performing the surgery are responsible to ensure proper monitoring of the anaesthesia.

See MVMA [Template Anaesthesia Consent Form- No Dedicated Veterinary Professional Monitoring Anaesthesia](#)

2. A procedure should be in place for monitoring recovering patients.
3. The anesthetic machine and all required anesthetic equipment, shall be in good working order and be inspected on a yearly basis by a qualified independent safety inspector.
4. If a mechanical oxygen generator is in use, it shall be in good working order and be inspected on a yearly basis by a qualified independent safety inspector.
5. Gas anesthesia machine shall be vented to the exterior of the building

## 3. Drugs

1. Appropriate analgesics
2. [Emergency drug kit](#)
3. Induction agents
4. Sedatives
5. Reversals
6. Injectable steroids
7. Injectable anti-emetics
8. Injectable local anesthetic agents

## 4. Library

1. Access to current reference text on general anaesthesia.

## 5. Records

1. The veterinary practice must maintain the following records:
  - a. the current annual anesthetic machine inspection report
  - b. the current annual mechanical oxygen generator inspection report.

### Resources

#### MVMA Resources

[Template Anaesthesia Consent Form- No Dedicated Veterinary Professional Monitoring Anaesthesia](#)

## 12. Small Animal Surgery under Local Anaesthesia

### 1. Background

1. In order to hold a Small Animal Surgery Under Local Anaesthesia Certificate, the veterinary practice must also hold the following certificates:
  - a. Handling Controlled and Narcotic Medication

### 3. Equipment

1. Blankets or towels should be available to retain an animal's body heat.
2. Surgical attire including sterile gloves
3. Cleaning equipment including and autoclave and/or gas sterilization unit, sterility indicators (to be used in all sterile packs)
4. Sterile suture material with current dating
5. Sterile surgical equipment
6. Equipment for the alleviation of hypothermia
7. Suture material
8. Sterile surgical equipment

### 3. Practice Requirements

1. If cold sterilization is utilized, the veterinary practice:
  - a. Must maintain a log of maintenance
  - b. Must clean the cold sterile immediately if it is soiled.
2. Cleaning/Sterilizing
  - a. A procedure for cleaning the surgical room and equipment must be in place.
  - b. An autoclave and/or gas sterilization shall be used to prepare surgical packs

- c. Surgery packs shall be double wrapped and stale dated 90 days or sealed in steri-wraps and stale dated 6 months. Double wrapped items including other surgical supplies must be wrapped twice, independently of each other.
- d. Surgical packs shall also be marked with the date of sterilization and the name or initials of the person who carried out the pack sterilization.
- e. Surgical equipment should be stored in a neat and orderly fashion.
- 3. Preparation
  - a. a procedure for preparing the patient/surgical site shall be in place, with clipping an initial preparation done in a separate area from the surgical site.
- 4. Storage and disposal of sharps and biologic materials should be done appropriately.

## 4. Drugs

- 1. Appropriate pain control and sedation
- 2. Local anesthetic agent

# 13. Large Animal Surgery under Local Anaesthesia

## 1. Background

1. In order to hold a Large Animal Surgery Under Local Anaesthesia Certificate, the veterinary practice must also hold the following certificates:

- a. Handling Controlled and Narcotic Medication

## 2. Equipment

- 1. Restraining devices appropriate for species seen
- 2. Appropriate instruments for species seen
- 3. Portable lighting- headlamp and/or flashlight
- 4. Surgical attire including sterile gloves
- 5. Cleaning equipment including an autoclave and/or gas sterilization unit, sterility indicators (to be used in all sterile packs)
- 6. Sterile suture material with current dating

## 3. Practice Requirements

- 1. Adequate facilities if procedures are in clinic (this may include chutes, stocks, and tilt tables)
- 2. If cold sterilization is utilized, the veterinary practice:
  - a. Must maintain a log of maintenance

- b. Must clean the cold sterile immediately if it is soiled.
- 3. Cleaning/Sterilizing
  - a. An autoclave and/or gas sterilization shall be used to prepare surgical packs
  - b. Surgery packs shall be double wrapped and stale dated 90 days or sealed in sterile wraps and stale dated 6 months. Double wrapped items including other surgical supplies must be wrapped twice, independently of each other.
  - c. Surgical packs shall also be marked with the date of sterilization and the name or initials of the person who carried out the pack sterilization.
  - d. Surgical equipment should be stored in a neat and orderly fashion.
- 4. Preparation
  - a. A procedure for preparing the patient/surgical site shall be in place.
- 5. Storage and disposal of sharps and biologic materials should be done appropriately.

## 4. Drugs

- 1. Sedation: reversal agents for drugs in use
- 2. Local anesthetics

## 5. Library

- 1. Access to current reference text on large animal surgery.

# 14. Surgery under General Anaesthesia

## 1. Background

1. In order to hold a Surgery under General Anaesthesia Certificate, the veterinary practice must also hold the following certificates:

- a. Handling Controlled and Narcotic Medication
- b. General Anaesthesia
- c. Dispensing Prescription Drugs

## 2. Equipment

- 1. Surgical attire including: caps, masks, sterile gowns, sterile gloves
- 2. Sterilizing equipment including: an autoclave and/or gas sterilization unit, sterility indicators (to be used in all sterile packs)
- 3. Adequate lighting, including emergency lighting
- 4. Sterile suture material with current dating
- 5. Sterile surgical equipment

6. Adequate skin drapes and/or laparotomy drapes (used to exclude unprepared areas of skin and, where practical, cover the tabletop from side to side)
7. Parenteral fluids, shall be readily available and used as necessary; therefore require catheters, fluid lines, fluid bags
8. Ability to check HCT and TP
9. Padded recovery area (Equine only)

### 3. Practice Requirements

1. A dedicated surgical suite with a dedicated surgical table; both must be easily sanitized.
2. Only surgical supplies and surgical equipment can be stored in the surgical suite.
3. Adequate facilities if procedures are in clinic (this may include chutes, stocks, and tilt tables)
4. If cold sterilization is utilized, the veterinary practice:
  - a. Must maintain a log of maintenance
  - b. Must clean the cold sterile immediately if it is soiled.
5. Cleaning/Sterilizing
  - a. An autoclave and/or gas sterilization shall be used to prepare surgical packs
  - b. Surgery packs shall be double wrapped and stale dated 90 days or sealed in sterile wraps and stale dated 6 months. Double wrapped items including other surgical supplies must be wrapped twice, independently of each other.
  - c. Surgical packs shall also be marked with the date of sterilization and the name or initials of the person who carried out the pack sterilization.
  - d. Surgical equipment should be stored in a neat and orderly fashion.

#### 5. Preparation

- a. A procedure for preparing the patient/surgical site shall be in place, with clipping and initial preparation done in a separate area from the surgical site.

#### 6. Surgery

- a. Adequate notes should be recorded.
- b. All animals undergoing surgery should have oxygen access either by mask or intubation.

#### 7. Post-Op

- a. A procedure should be in place for monitoring recovering patients.
- b. Storage and disposal of sharps and biologic materials should be done appropriately.

### 4. Library

1. Access to a current reference text on small animal surgery.



## 15. Small Animal Orthopaedics

### 1. Background

1. In order to hold a Small Animal Orthopaedics Certificate, the veterinary practice must also hold the following certificates:

- a) Small Animal Surgery under General Anaesthesia
- b) Small Animal Radiology
- c) Narcotics and Controlled Drugs
- d) Dispensing Prescription Products

### 2. Equipment

1. Appropriate orthopaedic equipment for the procedures being performed must be available.

### 3. Library

1. Access to a current reference text on small animal orthopaedics.

## 16. Small Animal Dentistry

### 1. Background

1. In order to hold a certificate in Small Animal Dentistry, the veterinary practice must also hold a certificate in following:

- a) General Anaesthesia
- b) Small Animal Surgery under General Anaesthesia
- c) Narcotics and Controlled Drugs
- d) Dispensing Prescription Products

### 2. Equipment

- 1. The following equipment must be easily accessible and well maintained:
  - a. Dental scaling instruments or devices
  - b. Dental elevators
  - c. Tooth extractors
  - d. Gauze sponges
  - e. Absorbable and/or non-absorbable suture material
  - f. A drained sink with hot and cold running water
  - g. All dental instruments appropriate for species seen (including exotics)

### 3. Spatial Requirements

1. The dentistry area shall be maintained in a clean and orderly fashion. It must be separate from the surgery area.

### 4. Library

1. Access to a reference text on small animal dentistry.

#### **Resources**

Resource- [CMVA Position Statement- Veterinary Dentistry](#)

[Click here](#) to view the CVMA position statement on Dentistry.

## 17. Large Animal Dentistry

### 1. Background

1. In order to hold a certificate in Large Animal Dentistry, the veterinary practice must also hold a certificate in following:

a) Narcotics and Controlled Drugs

### 2. Equipment

1. Teeth floating equipment is required, including:

- a. Speculum
- b. Elevators
- c. Light source
- d. Floats
- e. Extractors

### 2. Practice Requirements

1. Tools must be in good condition and must be cleaned after use.

### 3. Drugs

1. Appropriate drugs for sedation must be available.

### 4. Library

1. Access to a current reference text on large animal dentistry.

## 18. Temporary Non-Surgical Clinic

### 1. Background

A Temporary Non-Surgical Clinic is a practice that provides temporary non-surgical services neither on the premises of a brick and mortar practice, nor on the property of a client with whom the veterinarian has established a VCPR. The physical location is not inspected by MVMA PIPS Inspectors.

Notification to the MVMA:

1. The practice must advise the MVMA Registrar, on a form approved by the MVMA Registrar, as to the location(s) and date(s) of the Temporary Non-Surgical Clinic.
2. The MVMA may publish some or all information provided regarding the temporary non-surgical clinic.

## 19. Temporary Surgical Clinic

### 1. Background

A Temporary Surgical Clinic is a practice that provides temporary surgical services in a single physical location on eight (8) or fewer whole or partial days per calendar month. The physical location is not inspected by MVMA PIPS Inspectors.

In order to hold a Temporary Surgical Clinic Certificate, the veterinary practice must also hold certificates in:

1. Small Animal Surgery under General Anaesthesia
2. General Anaesthesia
3. Dispensing Prescription Products
4. Narcotics

### 2. Equipment

Each Temporary Surgical Clinic is required to maintain the following equipment at the temporary surgical clinic location during the course of the Temporary Surgical Clinic. All equipment used for Temporary Surgical Clinics must be made available for inspection by MVMA PIPS inspectors.

Surgical Equipment

1. Surgical attire, including: caps, masks, sterile gowns, sterile gloves

2. Adequate lighting, including emergency lighting
3. Sterile suture material with current dating
4. Sterile surgical equipment
5. Adequate sterile surgical drapes (used to exclude unprepared areas of skin and, where practical, cover the tabletop from side to side)
6. Parenteral fluids, catheters, fluid lines, fluid bags
7. Equipment for the alleviation of hypothermia

#### Anaesthesia equipment

1. Anesthetic machine with current, up-to-date inspection and scavenging system
2. Endotracheal tubes of appropriate size for species seen
3. Lubricant
4. Reliable oxygen source. One tank must be available in case of power outage/mechanical failure if oxygen concentrators are being used. An oxygen tank is not required if the Temporary Surgical Clinic is held in a community that is being accessed by airplane.
5. Catheters of appropriate size for species seen
6. Bandage materials including: tape, gauze roll, adhesive bandage
7. Fluid administration sets
8. Thermometer
9. Sterile fluid bags
10. Needles and syringes
11. Monitoring equipment including: stethoscope, pulse oximeter
12. Equipment for the alleviation of hypothermia during prolonged anesthetics and surgical procedures

### 3. Practice Requirements

There must be a surgical area for the patient(s) that is limited to the public.

#### **The following must be in place for surgical procedures:**

##### Cleaning/Sterilizing

1. A procedure for cleaning the surgical area and instruments
2. A procedure for transporting equipment to and from the home practice in a safe manner
3. Sterile surgery packs
4. Surgical equipment should be stored in a neat and orderly fashion

##### Preparation

1. A procedure for preparing the patient/surgical site shall be in place. Clipping and prepping may be done in the same location as the surgical area.

##### Surgery

1. Proper medical and surgery notes shall be made for every patient.

2. Equipment for airway access and oxygen delivery must be available for every patient.

#### Post-Op

1. A procedure should be in place for monitoring recovering patients.
2. Storage and disposal of sharps and biological materials should be done appropriately.

#### **The following must be in place for anaesthesia -related procedures.**

1. The anesthetic machine and all required anesthetic equipment, including all that is listed above, shall be in good working order and be inspected on a yearly basis by a qualified independent safety inspector.
2. Either a dedicated veterinarian or veterinary technologist is to be made available to monitor anaesthesia or a consent form is signed by the client. If a dedicated veterinarian or veterinary technologist is not available to monitor the anaesthesia, a compelling reason must be documented in the medical record. If a dedicated veterinarian or veterinary technologist is not available to monitor the anaesthesia, the veterinarian(s) performing the surgery is responsible to ensure proper monitoring of the anaesthesia.

See MVMA [Template Anaesthesia Consent Form- No Dedicated Veterinary Professional Monitoring Anaesthesia](#)

3. A leak test and/or safety test procedure must be done on each anesthetic machine after transportation, before it is connected to a patient.
4. The client must sign a consent form which contains a statement that the client understands that the procedure is being performed in a facility that has not been inspected on site by an MVMA inspector.

#### Notification to the MVMA:

1. The veterinary practice must advise the MVMA Registrar on a form approved by the MVMA Registrar ("Temporary Surgical Clinic Notification Form")
2. The veterinary practice must pay a fee to host a Temporary Surgical Clinic as set by the MVMA Council.
3. The MVMA may publish some or all information provided in the Temporary Surgical Clinic Notification Form.

#### 4. Drugs

9. Appropriate analgesics
10. [Emergency drug kit](#)
11. Induction agents
12. Anesthetic agents
13. Sedatives
14. Reversals
15. Injectable steroids

16. Injectable anti-emetics
17. Injectable local anesthetic agents

## 5. Library

A current Drug Formulary.

### **Resources**

MVMA Resources

[Template Anaesthesia Consent Form- No Dedicated Veterinary Professional Monitoring Anaesthesia](#)