Manitoba Veterinary Medical Association
Practice Inspection and Practice Standards By-Laws

Approved January 30 2026

The Manitoba Veterinary Medical Association adopts the new Practice Inspection and Practice Standards By-laws, at a later date as determined by the MVMA Council.

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A. Introduction

A.1 Application

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

A.2 Purpose

The PIPS By-law has been endorsed by the membership 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.

A.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***" means Canadian Embryo Transfer Association.

"***CFIA***" means Canadian Food Inspection Agency.

"***Council***" means the Council of the Manitoba Veterinary Medical Association.

"Dispensing" means the act of a *veterinary professional* preparing and providing a specific prescription medication to a client, based on a veterinarian's order.

"***Emergency Drug Kit***" means a physical container that must contain the following:

i. Atropine
ii. Epinephrine
iii. Antihistamine
iv. Calcium gluconate
v. Corticosteroid
vi. Furosemide
vii. Sterile needles and syringes
viii. I.V. catheters, lines, and parenteral fluids appropriate to the type of practice (not for embryo transfer)
ix. Dextrose
x. Opioid reversal appropriate to any opioid used (exception for equine only practice)
xi. 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.

"***Narcotics and Controlled Drugs***" means the controlled substances that are listed in Schedules I to V of the *Controlled Drugs and Substances Act* (Canada).

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

"***PIPS***" means Practice Inspection Practice Standards by-law.

"Prescribing" means the act of a veterinarian issuing a drug order to be used for a specific animal or group of animals. Prescribing (prescriptions) refers to written prescriptions sent out, or the prescription order for dispensing from the veterinary practice.

"***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***" means a practice that is fully staffed outside of regular business hours to provide emergency diagnosis and treatment and/or hospitalization of small animals.

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***" means a corporation that holds a valid permit in accordance with Part 4.1 of the *Act.*

"***Veterinary Practice***" means a practice registered with the *MVMA* to provide veterinary services.

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

A.4 Other Legislation

All v*eterinary practice*s 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 practice*s must also comply with all G*uidelines*, 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.

A.5 Transition Period

A.5.1 For *veterinary practice*s that hold a valid Inspection Certificate as of the effective date of this by-law,:

i. 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*.

ii. 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

iii. In addition to the rules set out in Appendix A, all *veterinary practice*s as of the effective date of this by-law, will comply with the following sections of this by-law.

A. Introduction in entirety

B. Administrative Rules in entirety

E. Practice Activities – E.21-Temporary Non-Surgical Clinic and E.22- Temporary Surgical Clinic

A.5.2 For *veterinary practice*s that do not hold a valid Inspection Certificate as of the effective date of this by-law, the *Veterinary practice* must follow the rules set out in this by-law, excluding **Appendix A** in entirety.

B. Administrative Rules

B.1 Practice Certificates

Requirements to Practice

B.1.1 In order to provide veterinary care, a Practicing Veterinarian *Member*(s) must obtain a Practice Certificate.

B.1.2 The Practice Certificate will identify the practice modality(s) and practice activity(s) that the *veterinary practice* is entitled to engage in.

Obtaining a Practice Certificate

B.1.3 To obtain a Practice Certificate, the *veterinary practice* must either:

i. Open a new *veterinary practice* pursuant to section B.4 of this by-law; or

ii. for *veterinary practice*s that were established prior to December 20, 2026, undergo an inspection pursuant to section B.3 of this by-law.

Updating Practice Certificate

B.1.4 A *veterinary practice* that has an existing valid Practice Certificate, must provide the *MVMA* Registrar with at least seven (7) days notice prior to adding additional practice modality(s) and/or commencing practice activity(s).

B.1.5 A *veterinary practice* must submit the New Practice Modality(s)/Activity(s) Notification Form.

Renewing Practice Certificate

B.1.6 The Practice Certificate must be renewed each year through the Annual Renewal Process.

B.1.7 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 v*eterinary practice*:

i. Review and confirm the contact information on file for the *veterinary practice*.

ii. Pay a renewal fee, as set by the *MVMA Council.*

iii. Confirm that the *veterinary practice* has reviewed the *PIPS* By-law.

iv. 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.*

v. Provide any other information requested by the Registrar.

B.1.8 If the *veterinary practice* fails to complete any task outlined in section B.1, the *veterinary practice* must cease practice immediately and may be referred to the Peer Review Committee.

Resources

New Practice Modality(s)/Activity(s) Notification Form

B.2 Appointment of Responsible Veterinarian

B.2.1 The *veterinary practice* must appoint an unrestricted registered veterinarian to act as the *Responsible Veterinarian*. A *Responsible Veterinarian* must:

i. Be registered as a General Veterinarian *Member*.

ii. Be familiar with the statutory requirements for operating a *veterinary practice* and ensure that the *veterinary practice* meets all applicable standards of practice.

B.2.2 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.

B.2.3 A veterinarian will not be eligible to act as a *Responsible Veterinarian* if:

i. The veterinarian is no longer registered as a General Veterinarian *Member*.

ii. Conditions or restrictions are placed on the veterinarian's license; or

iii. The veterinarian's license is suspended.

B.2.4 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:

i. A *Responsible Veterinarian* is appointed, and

ii. An *Inspector* Inspection is completed.

B.3 Inspection Process

Inspection Frequency

B.3.1 *Veterinary practice*s are required to undergo an *Inspector Inspection* every 5 years at minimum.

Fees

B.3.2 The *Council* will maintain a fee schedule for *veterinary practice* inspections.

Inspection Process

B.3.3 The *Responsible Veterinarian* will be notified at least 15 days prior to a scheduled inspection.

B.3.4 The *Responsible Veterinarian* will declare the Practice Modality(s) and Practice Activity(s).

B.3.5 The *Inspector* will complete the inspection.

B.3.6 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.

B.3.7 The Manitoba Veterinary Medical Association may request re-inspection of any veterinary facility based on a substantiated complaint received from any member or non-member of the Association. There may be no notice given prior to any inspections.

B.3.8 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.

i. 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*.

ii. The *Responsible Veterinarian* will be responsible for ensuring that any deficiencies are corrected promptly.

iii. 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.

Actions Requiring Reinspection (Non-Deficiency Related)

B.3.9 A *veterinary practice* must notify the *MVMA* and undergo an In-Person or *Paper reinspection* promptly if any of the following occur:

i. Major (non-cosmetic) renovations.

ii. Change of *veterinary practice* location (for *brick and mortar veterinary practice*s only).

iii. Addition of a modality.

iv. Addition of any practice activities.

Appointment of Inspectors

B.3.10 The *Council* will appoint *Inspectors* to fulfil the duties under the *Act* and this by-law.

B.3.11 The *Council* may develop a policy to guide appointments under this section.

B.4 Opening a Veterinary practice

B.4.1 To open a new *veterinary practice*, a veterinarian must, at least 7 days prior to opening:

i. Complete an application as prescribed by the Registrar

ii. Confirm the appointment of a qualified *Responsible Veterinarian* for the *veterinary practice*

iii. Confirm that this by-law has been reviewed, and that prior to inspection any potential deficiencies will be rectified

iv. Pay any fees as set by the *Council*

B.4.2 Within the six months following the opening of the *veterinary practice*, the *veterinary practice* must undergo an *Inspector Inspection*.

B.5 Closing a Veterinary Practice

Notify Clients

B.5.1 The *Responsible Veterinarian* must ensure that current clients are given reasonable notice of the closing of a *veterinary practice* and are provided with referrals to alternate care providers.

Notify MVMA

B.5.2 The *Responsible Veterinarian* must notify the *MVMA*, on a form prescribed by the Registrar, of the closure of the *veterinary practice*.

B.5.3 The *Responsible Veterinarian* must:

i. Provide a description of how notice was provided to current clients.

ii. Provide information about the compliant storage of medical records.

iii. Provide information about the status and/or disposal of prescription products.

iv. Provide information about the status of and/or destruction of any controlled substances.

v. Provide a copy of the controlled drug log (if applicable) for the previous 6 months, including a current “zero” balance.

vi. Provide a copy of records (invoices, etc) confirming all controlled drug purchases within the previous 6 months.

Medical Records

B.5.4 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.

B.5.5 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:

i. In the possession of a veterinarian of the closing *veterinary practice*, or

ii. In the possession of another *veterinary practice* that assumes responsibility for the security, integrity and confidentiality of the information.

B.5.6 The *MVMA* will provide information to the public about the location of medical records for closed *veterinary practice*s.

Resources

MVMA Clinics Accepting New Patients Map

MVMA Find a Veterinary Practice

MVMA Veterinary Practice Closure Form

New Practice Modality(s)/Activity(s) Notification Form

Declaration of Practice Modality(s) and Practice Activity(s)

New Practice Application Form

C. General Practice Rules

C.1 Practice Operations

C.1.1 Adequate commercial liability insurance shall be carried.

C.1.2 The following *veterinary practice* information must be provided and may be published by the *MVMA*:

i. A fixed mailing address.

ii. A listed telephone number which includes an answering service. Acceptable answering services include an answering machine, voice mail, or personal answering service.

iii. The name of the *Responsible Veterinarian* for the *veterinary practice*.

C.1.3 The *veterinary practice* shall adhere to the following advertising rules:

i. No *veterinary practice* shall advertise as a *Small Animal* emergency hospital unless it holds a *Small Animal Emergency/Critical Care* Certificate.

ii. Advertisements must be truthful.

C.1.4 All personnel shall present a neat and clean appearance.

C.1.5 The course and treatment of all patients shall be determined by the veterinarian.

C.1.6 Provision shall be made for 24-hour emergency veterinary service (where applicable):

i. By referring the caller to a staff veterinarian; or

ii. By referring the caller to another facility or service.

C.1.7 *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.

C.1.8 The *veterinary practice* must have copies (printed or electronic) of the following, which must be reviewed annually and updated when revised:

i. Current version of The Veterinary Medical Act

ii. Current *By-laws*, including the Code of Ethics and the Practice Standards and Practice Standards *By-laws*

iii. Current version of The Animal Care Act (Manitoba)

iv. Current version of The Animal Disease Act (Manitoba)

v. Current Regulations and Schedule of the Controlled Drug and Substances Act (S.C. 1996, c. 19) (Canada)

vi. Compendium of Veterinary Products

vii. Safety Data Sheets (SDS) must be kept indefinitely even if new updates are received and must be reviewed and updated annually. SDS 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.

viii. Food and Drug Act

ix. Government of Canada Prescription Drug List

x. Manitoba Veterinary Medical Association Regulatory Policy on Delegation of Veterinary Medical Tasks

Resources

CVMA Insurance

Animal Care Act of Manitoba

Animal Disease Act of Manitoba

Compendium of Veterinary Products

Safety Data Sheets Information

Veterinary Information Network

Stewardship of Antimicrobials by Veterinarians Initiative (SAVI)

Food and Drug Act

Government of Canada Prescription Drug List

Regulations and Schedule of the Controlled Drug and Substances Act

Manitoba Veterinary Medical Association Regulatory Policy on Delegation of Veterinary Medical Tasks

C.2 Medical Records

C.2.1 Clear individual records shall be maintained for every patient/herd. Handwritten notes must be legible.

C.2.2 Medical records must contain 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.

C.2.3 Medical records must contain the following patient information:

i. Patient identification including species, age, and sex.

ii. The patient's current weight or body condition score (as appropriate for the species).

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. 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 required consent forms signed on behalf of the patient.

xviii. Initial or code of the *veterinary professional* responsible for each veterinary task.

Ownership of Medical Records

C.2.4 The client owns the information contained in the medical record.

C.2.5 *Veterinary Professional*s are responsible to maintain and preserve medical records for their patients.

Transfer of Medical Records

C.2.6 It is the responsibility of the *veterinary practice* to provide in a timely manner a copy of a medical record when requested by a client.

C.2.7 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.2.8 The veterinarian may charge a reasonable fee for the cost of duplicating and sending the medical record.

Retention of Medical Records

C.2.9 Medical records shall be maintained for at least 5 years and shall be stored in an orderly fashion and readily retrieved.

Electronic Records

C.2.10 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.

C.3 Prescriptions

C.3.1 A Practicing Veterinarian Member may prescribe a prescription product only within the context of a VCPR, and a Practicing Veterinarian Member may not prescribe a prescription product to any individual or animal outside of that relationship.

C.3.2 All drugs prescribed by a veterinarian must be recorded and contain the following information:

i. Date
ii. Client
iii. Animal or group
iv. Drug name and strength
v. Direction for use: dosage, route, frequency, duration, withdrawal times (food animal related)
vi. Quantity
vii. Refills
viii. Veterinary signature (electronic or manual)

C.3.3 All veterinary prescriptions shall be valid for a maximum of 12 months from issue.

C.3.4 If prescription pads are used, they shall be stored away from public view.

C.3.5 Veterinarians are obligated to follow The Pharmaceutical Act.

C.3.6 If the *veterinary practice* prescribes for feed additives, the Compendium of Medicating Ingredients Brochures must be accessible.

Resources

The Compendium of Medicating Ingredients Brochures

The Pharmaceutical Act Manitoba

C.4 Waste Disposal

C.4.1 There shall be a satisfactory waste disposal system in place for biomedical and hazardous waste, including sharps, animal carcasses and tissues, and hazardous material, in accordance with applicable laws.

C.4.2 Refrigerated storage of carcasses or body tissues shall be provided or readily available.

C.4.3 A biomedical and hazardous waste log shall be kept current on premises to document all waste disposals. The log shall record dates, volumes, type of wastes, methods of disposal and carrier. The log shall be readily available for the inspector's review.

Resources

Template Carcass Log

Biomedical and Biohazard Waste Log

Transportation of Dangerous Goods Regulations Canada

Manitoba Hazardous Waste Regulation

Compliance Guide to Manitoba's Hazardous Waste Legislation

D. Practice Modalities

D.1 Ambulatory

D.1.1 *Veterinary practice*s cannot provide s*mall animal* surgeries under general anaesthesia on an *ambulatory* basis.

D.1.2 The vehicle shall be clean, orderly, and in good repair.

D.1.3 There shall be satisfactory facilities and equipment to clean and disinfect instruments.

D.1.4 Clean coveralls or outer garments shall be available for each call (*large animal* only).

D.1.5 Footwear is available that can be cleaned and disinfected on the premises after each professional call (*large animal* only).

D.1.6 Medications and lab supplies must be stored in the manner dictated by the manufacturer and protected against freezing or excessive heat.

D.1.7 A veterinary practice who conducts large animal ambulatory activities in Manitoba shall be given the authority to conduct a small animal ambulatory house call practice for an annual average of less than one animal per month for euthanasia purposes or vaccination purposes, and a one-time opportunity to volunteer for animal related community events. It is the veterinarian's responsibility to carry the appropriate equipment. Veterinary practices that provide this service more frequently are required to obtain *small animal* medicine activity type.

D.2 Brick and Mortar

D.2.1 It is the responsibility of the veterinarian to ensure that all animals located on the premises are under appropriate care.

D.2.2 Exterior and interior of building and grounds shall be kept clean and free of hazards.

D.2.3 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

D.2.4 Instructions for building evacuation and animal handling in case of fire or other emergencies shall be posted and familiar to staff.

D.2.5 Clean and orderly separate reception area with furnishings in good repair.

D.2.6 A public restroom shall be presentable, clean and orderly with equipment in good repair.

D.2.7 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

vi. An emergency lighting source that turns on automatically in the event of a power failure must be available in the treatment and surgery area and positioned such that the treatment and surgery area/table are illuminated.

vii. Adequate cupboard space for storage of equipment and cleaning material.

D.2.8 Adequate fire extinguisher(s) shall be available and inspected annually.

D.2.9 A head gate and chute system adequate for restraint of cattle and/or stocks for restraint of horses shall be available (*Large animal* only).

D.2.10 A *brick and mortar* practice in Manitoba shall be given the authority to conduct an ambulatory house call practice for an annual average of less than one animal per month for euthanasia purposes or vaccination purposes, and a one-time opportunity to volunteer for animal related community events. It is the veterinarian's responsibility to carry the appropriate equipment. Veterinary practices that provide this service more frequently are required to obtain an ambulatory modality type.

D.3 Mobile

D.3.1 The facility is to be self-contained (doors and windows can be closed) and secure.

D.3.2 The facility shall be of good construction, 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

D.3.3 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

vi. An emergency lighting source that turns on automatically in the event of a power failure must be available in the treatment and surgery area and positioned such that the treatment and surgery area/table are illuminated.

vii. Adequate cupboard space for storage of equipment and cleaning material.

D.3.4 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.

D.3.5 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.

D.3.6 Adequate fire extinguisher(s) shall be available and inspected annually.

D.4 Practicing Through another Veterinary Practice

D.4.1 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

E.1 Small Animal Medicine

Background

E.1.1 A *veterinary practice* must hold this practice activity type if they provide medicine (prevention, diagnosis, and treatment of diseases) to small animals including companion animals, small domestic animals, and exotic pets. All modalities can hold this activity type.

E.1.2 In order to hold a Small Animal Medicine activity type, a *veterinary practice* must also hold the following activity type:

i. Clinical Pathology

Equipment

E.1.3 The following equipment must be easily accessible and well maintained:

i. *Emergency Drug Kit*
ii. Medications appropriate to the species seen
iii. Scale appropriate for the species seen
iv. Restraint devices appropriate to the caseload and type of animals seen
v. Otoscope
vi. Ophthalmoscope
vii. Stethoscope
viii. Thermometer
ix. Examination gloves
x. Sterile needles/syringes
xi. Sterile IV catheters and fluids in adequate quantities
xii. Cleaning equipment
xiii. Bandage materials appropriate for the species seen

Practice Requirements

E.1.4 Workspace shall be clean and orderly.

Library

E.1.5 Must have current reference material on medicine for all of the species of animals seen (within the last 1-2 editions).

E.2 Large Animal Medicine

Background

E.2.1 A *veterinary practice* must hold this practice activity type if they provide medicine (prevention, diagnosis, and treatment of diseases) to large animals including horses, cattle, goats, sheep, and other agricultural species. All modalities can hold this activity type.

E.2.2 In order to hold a *Large Animal* Medicine activity type, a *veterinary practice* must also hold the following activity type:

i. Clinical Pathology

Equipment

E.2.3 The following equipment must be easily accessible and well maintained:

i. *Emergency Drug Kit*
ii. Restraint devices appropriate to the caseload and type of animals seen
iii. Medications appropriate to the species seen
iv. Thermometer
v. Stethoscope
vi. Ophthalmoscope
vii. Appropriate instruments for species seen
viii. Portable lighting- headlamp and/or flashlight
ix. Examination gloves
x. Cleaning equipment
xi. Sterile needles, sterile syringes
xii. Sterile IV catheters and fluids in adequate quantities
xiii. Bandage materials appropriate for the species seen
xiv. Clean coveralls or outer garments shall be available for each case
xv. Footwear is available that can be cleaned and disinfected between patients

Practice Requirements

E.2.4 Workspace shall be clean and orderly.

Library

E.2.5 Must have current reference material on medicine for all the species of animals seen (within the last 1-2 editions).

E.3 Clinical Pathology

Background

E.3.1 Clinical pathology may be referred to a lab or performed in-house. In order to hold a Clinical Pathology activity type, the veterinary practice must also hold at least one of the following activity types:

i. Small Animal Medicine
ii. Large Animal Medicine

Equipment

E.3.2 When a particular Clinical Pathology service is provided, equipment appropriate to the provision of those services must be available and in routine use, including but not limited to:

i. Microscope with oil immersion
ii. Centrifuge for blood vials and microhematocrit
iii. Equipment for fecal flotation or automated analysis
iv. Urinalysis sticks
v. Refractometer
vi. Refrigeration for diagnostic samples
vii. Blood glucose evaluator (sticks or machine)
viii. Automated Chemistry and blood cell analysers
ix. Laboratory sampling and submission materials

E.3.3 Where clinical pathology analysis is conducted by off-premises laboratory services, proper equipment shall be present for the collection and transportation of specimens and appropriate documentation shall be in use.

Practice Requirements

E.3.4 A maintenance schedule shall be in place for any automated equipment according to the manufacturer's specifications.

E.3.5 A system of safeguarding expiry of clinical pathology supplies shall be in place.

E.3.6 Laboratory reagents and supplies shall be stored according to manufacturer's specifications.

Spatial Requirements

E.3.7 The clinical Pathology area shall be maintained in a clean and orderly fashion.

Library

E.3.8 Must have current reference material on clinical pathology for the species seen (within the last 1-2 editions).

E.4 Dispensing Prescription Products

Background

E.4.1 A *veterinary practice* must hold this practice activity type if they dispense prescription products, regardless of the modality of the *veterinary practice* or species seen.

E.4.2 This section alone does not permit a *veterinary practice* to dispense or handle *Narcotics and Controlled Drugs*

E.4.3 Prescription products can only be dispensed at the order of a veterinarian.

Equipment

E.4.4 The following equipment must be easily accessible and well maintained:

i. Examination gloves
ii. Dispensing containers

iii. Refrigerator (if using products requiring refrigeration)

iv. Prescription labels

v. Pill counter

Practice Requirements

Refills

E.4.5 Refills of prescription medications must be pre-authorized by the veterinarian and documented in the medical record including which drugs are permitted to buy, the quantities with each refill, and the number of refills.

Dispensing Containers

E.4.6 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.

Labels for Dispensing Prescription Products

E.4.7 In all cases, a generated and affixed dispensing label is required on each dispensed product unit.

E.4.8 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.

E.4.9 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 *veterinary professional* 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."

E.4.10 Prescription products that are dispensed for administration by the animal owner or employee of the animal owner must undergo a final check by a practicing veterinarian *member* or practicing veterinary technologist *member* to ensure the dispensed prescription contains:

i. The correct prescription product as per the prescription.

ii. The correct dosage as per the prescription.

iii. The correct label that meets the requirements in the Manitoba Veterinary Medical Association Practice Inspection and Practice Standards By-Laws.

Shipping Pharmaceuticals

E.4.11 A *veterinary practice* may ship appropriately prescribed and dispensed pharmaceuticals. Shipping of pharmaceuticals from the distributor or manufacturer directly to a client's place of residence or business, does not constitute appropriate dispensing and is thus not permitted.

Spatial Requirements

E.4.12 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.

E.4.13 The pharmacy area must be a controlled area where the public is not able to access.

E.4.14 If prescription pads are used, they shall be stored away from public view.

E.4.15 Refrigeration must be available for biologics and other drugs requiring refrigeration.

E.4.16 All pharmaceutical products shall be stored as per manufacturer's directions.

E.4.17 Pharmacy area must be clean and orderly.

Library

E.4.18 Must have a current veterinary drug formulary (within the last 1-2 editions).

E.4.19 If the *veterinary practice* dispenses for feed additives, must have the Compendium of Medicating Ingredients Brochures.

Protocols

Expired Drugs

E.4.20 A system of safeguarding pharmaceuticals from expiration shall be in use.

E.4.21 Expired drugs shall be kept separate prior to return to manufacturer or supplier, or suitable disposal.

E.4.22 No person shall give, sell, or offer for sale any product passed its expiry date.

Records

E.4.23 All receipts and invoices for the purchase and/or sale of prescription products must be maintained for 5 years.

E.4.24 Dispensed prescription pads shall be stored with *veterinary practice* records for 5 years. This must be separate from unused prescription pads.

Resources

MVMA Resources

MVMA Template Pharmacy SOP

MVMA Template Prescription Refill Request

Health Canada

Is a product a prescription? Please consult with the Veterinary Drug Directorate. An online tool can be found here.

Compendium of Medicating Ingredients Brochures

E.5 Narcotics and Controlled Drugs

Background

E.5.1 A *veterinary practice* must hold this practice activity type if they prescribe, use, or dispense narcotics and/or controlled drugs, regardless of the modality of the *veterinary practice* or species seen.

Equipment

E.5.2 The following equipment must be easily accessible and well maintained:

i. An *Emergency Drug Kit*

ii. A stethoscope

iii. A thermometer

iv. Sterile needles and syringes, IV catheters, administration sets, and parenteral fluids in adequate quantities

v. Examination gloves

vi. Appropriate scales (*Small Animal* only)

Practice Requirements

Storage

E.5.3 Narcotic and controlled drugs shall be stored in a manner that protects them against loss or theft.

Reporting Loss

E.5.4 Loss or theft must be reported to Health Canada, as per the Health Canada Guidance on Reporting Loss of Theft of Controlled Substances and Precursors document.

E.5.5 Any report made to Health Canada under this section must be reported to the *MVMA* within 30 days of such report.

Narcotic and Controlled Drugs Log

E.5.6 A Narcotics and Controlled Drug Log must be maintained in hard copy or in electronic format and must be accurate.

E.5.7 If the records are retained in an electronic format:

i. The recorded information must be capable of being printed 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.

E.5.8 All narcotics and controlled drugs in the clinic/hospital must be recorded in the log.

E.5.9 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.

E.5.10 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).

Reconciliation

E.5.11 All physical *narcotics and controlled drugs* in the *veterinary practice* must be reconciled with the Narcotics and Controlled Drug Log by a Practicing Veterinarian *Member* or Practicing Veterinary Technologist *Member* at least once per month.

E.5.12 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.

Spatial Requirements

E.5.13 Narcotics and controlled drugs must be stored on a premises under the care and control of the *veterinary practice*.

E.5.14 Narcotics and controlled drugs must be stored in a locked, secure area.

E.5.15 The Narcotics and Controlled Drug Log must be kept separately from the locked drugs.

Drugs

E.5.16 Appropriate reversal drugs are required in sufficient quantities for typical patient. (*Small Animal* only).

Library

E.5.17 Must have a current veterinary drug formulary (within the last 1-2 editions).

Protocols

E.5.18 Each *veterinary practice* must maintain systems that address the following:

i. How the Narcotics and Controlled Drug Log will be maintained in a compliant manner, including the locations where the controlled substances and log are kept.

ii. How reconciliations will be administered, including:

a. How often they are to be completed (a minimum of monthly).

b. Which veterinarian(s) and/or veterinary technologist(s) in the *veterinary practice* are responsible for completing the reconciliation.

c. How discrepancies are logged.

d. Where reconciliation reports are to be stored.

iii. How losses are to be reported to the *MVMA* and Health Canada.

iv. How the *veterinary practice* will destroy/dispose of controlled substances.

Records

E.5.19 All purchase records including receipts and invoices for *narcotics and controlled drugs* must be maintained for five years.

E.5.20 The Narcotic and Controlled Drugs Log must be maintained for 5 years.

Resources

MVMA Template SOP-Controlled Drugs and Narcotics

MVMA Template Master Register

MVMA Template Dispensing Register Log

MVMA Template Narcotic Destruction Sheet

MVMA Loss/Theft Reporting Form

Health Canada Required Reporting

Health Canada Guidance on Reporting Loss of Theft of Controlled Substances and Precursors

Timelines for Health Canada

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

College of Pharmacists of Manitoba Narcotic and Controlled Drug Accountability Guidelines

E.6 Vaccine Administration

Background

E.6.1 A *veterinary practice* must hold this practice activity type if they provide vaccination to animals, regardless of the modality of the *veterinary practice* or species seen.

Equipment

E.6.2 The following equipment must be easily accessible and well maintained:

i. A stethoscope
ii. A thermometer
iii. Sterile needles and syringes, IV catheters, administration sets, and parenteral fluids in adequate quantities
iv. Examination gloves
v. A refrigerator or vaccine chiller

Drugs

E.6.3 The following drugs are required:

i. Vaccines: core vaccines for species covered
ii. Injectable steroid

iii. Injectable antihistamine

iv. IV fluids

v. Injectable epinephrine

Library

E.6.4 Must have current reference material on medicine for all of the species of animals seen (within the last 1-2 editions).

E.6.5 Must have a current veterinary drug formulary (within the last 1-2 editions).

E.7 Euthanasia

Background

E.7.1 A *veterinary practice* must hold this practice activity type if they provide euthanasia to animals, regardless of the modality of the *veterinary practice* or species seen.

E.7.2 If using narcotics and controlled drugs, the *veterinary practice* must hold a Narcotics and Controlled Drugs activity type.

E.7.3 If not using narcotics and controlled drugs, regardless of method, the *veterinary practice* must abide by the CVMA guidelines.

Equipment

E.7.4 The following equipment must be easily accessible and well maintained:

i. A stethoscope

ii. Sterile needles, syringes, and IV catheters

iii. Examination gloves

Library

E.7.5 Must have a current veterinary drug formulary (within the last 1-2 editions).

Records

E.7.6 The *veterinary practice* must obtain a signed euthanasia consent form and maintain in the patient's medical record (*Small animal* only).

Resources

MVMA Template Euthanasia Consent Form

CVMA Position Statement Euthanasia

CVMA Guidance for Veterinarians on Euthanasia Methods that Do Not Include Pentobarbital Sodium

AVMA Guidelines for the Euthanasia of Animals

E.8 Anatomical Pathology

Background

E.8.1 A *veterinary practice* must hold this practice activity type if they examine animal tissues, organs, and bodily structures to diagnose diseases, determine causes of illness or death, and support clinical decision-making. This activity type applies to all modalities of *veterinary practice* and species type.

Equipment

E.8.2 The following equipment must be easily accessible and well maintained:

i. Post-mortem specific tools appropriate to the species

ii. Laboratory sampling and submission materials, such as sterile containers and appropriate fixing solutions like formaldehyde or isopropyl alcohol

iii. Appropriate PPE

Practice Requirements

E.8.3 Adequate separation and sanitation of necropsy instruments from other instrumentation.

Spatial Requirements

E.8.4 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.

E.8.5 The necropsy area does not need to be a separate room.

Library

E.8.6 Must have current reference material on pathology for all the species of animals seen (within the last 1-2 editions).

Resources

Template Carcass Log

Biomedical and Biohazard Waste Log

E.9 Radiology

Background

E.9.1 A *veterinary practice* must hold this practice activity type if they utilize radiology, including conventional radiography, digital radiography, dental radiography, computed tomography. This activity type applies to all modalities of *veterinary practice* and species type.

Equipment

E.9.2 The following equipment must be in use, well maintained, and in sufficient quantities for all persons involved in the x-raying of an animal:

i. Collimator

ii. Protective apron

iii. Protective gloves with cuff

iv. Thyroid protector

v. One dosimeter per staff involved in radiographs

vi. Cassette Holder

<u>Measurement Tools/Charts</u>

vii. Calipers or a measuring tape to measure body thickness (if required by the machine)

viii. A technique chart calibrated for each diagnostic x-ray machine indicating the MAS, Kop and focal distance for specific body areas and thicknesses (if not already programmed by the machine)

<u>Film Development</u>

ix. Exhaust fan

x. Radiography viewer

xi. Screens and cassettes

Practice Requirements

Taking radiographs

E.9.3 Radiographs shall be of diagnostic quality.

E.9.4 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.

E.9.5 Direct contact with the radiographic beam is prohibited.

E.9.6 Radiographs shall be permanently labelled with the clinic name, the date, patient identification, and patient orientation (left or right).

Storage of Radiographs

E.9.7 Radiographs shall be stored in a manner which preserves their quality and allows for ready retrieval.

E.9.8 If digital radiographs are being used, a backup copy of x-rays must be made:

i. weekly.
ii. every 50 x-rays (whichever is more frequent).

Maintenance of Radiology Machine and Protective Equipment

E.9.9 The radiology machine and all required protective equipment shall be inspected for safety at least every 36 months by a qualified independent safety inspector.

E.9.10 Dosimeters (monitoring badges) must be maintained.

Flim Development

E.9.11 Radiographic solutions shall be maintained/replenished according to the manufacturer's instructions to ensure optimal image quality.

Portable Digital Radiography Machine

E.9.12 Portable diagnostic imaging equipment used in non-shield environments must comply with the following operational protocols:

i. The operator must always be able to accurately determine the direction of the primary beam and any object in its path (laser or light).

ii. The operator must always be able to determine the extent of collimation of the beam.

iii. X-ray cassettes shall not be held directly by hands, gloved or ungloved, during exposures.

iv. 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.

v. All persons involved in the x-raying of an animal must be adequately protected (apron, gloves, thyroid protector).

Dental Radiography Machine

E.9.13 Dental diagnostic imaging equipment must comply with the following operational protocols:

i. 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.

ii. The operation of dental X-ray equipment shall 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.

iii. Except for those persons whose presence is essential, all persons must leave the room when the irradiation is carried out. If personnel are 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.

iv. The intra-oral dental image receptor shall be fixed in position, whenever possible, otherwise it shall 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.

Spatial Requirements

E.9.14 Radiology is separate from the room where *Small Animal* surgery is performed.

E.9.15 The *veterinary practice* must ensure that there is appropriate shielding.

E.9.16 If a conventional film is used, a functional exhaust fan must be present in the room used for x-ray developing.

Library

E.9.17 Must have current reference material on radiology for all the species of animals seen (within the last 1-2 editions).

E.9.18 A current copy of provincial radiology regulations shall be posted in the x-ray area.

Records

E.9.19 The *veterinary practice* must maintain the following records:

i. A Cancer Care Manitoba registration number available for inspection at all times.

ii. An inspection report from a qualified, independent inspector for each radiograph unit dated within last 36 months.

iii. An inspection report for all protective equipment dated within last 36 months.

iv. Dosimeter (monitoring badges) exposure sheets shall be kept on file by the *veterinary practice* for at least 5 years.

E.9.20 If a Conventional (Non-Digital) X-Ray is used a maintenance schedule shall be in evidence for replenishing radiographic solutions.

Recommendation

- 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.

Resources

MVMA Resources

MVMA Template Radiology SOP

Handsfree X-Rays

Hands-free radiographic techniques are strongly encouraged whenever possible.

https://handsfreexrays.com/

Federal and Provincial Guidance

Dental x-rays must conform to Safety Code 30. This code provides helpful guidance on federal legislation related to x-ray use.

Health Canada - Radiation in Veterinary Medicine

This resource offers information on radiation safety and details about the National Dosimetry Services.

National Dosimetry Services

Health Canada operates the National Dosimetry Services program.

For more information, visit Health Canada - National Dosimetry Services

Cancer Care Manitoba Resources

All new *veterinary practice*s, new builds, and renovations must report to Cancer Care Manitoba.

Shielding Information and Approval Resource

Registration Form

Approved Caution Signage

Radiation Protection Services

When to Contact Cancer Care Manitoba

Veterinarians must contact Cancer Care Manitoba for:

- New x-ray equipment registration
- Change of ownership or relocation

- Shielding requirements for x-ray facilities (fee-for-service basis)
- Compliance inspections (fee-for-service based on resource capabilities)
- Radiation doses and limits, including pregnancy considerations
- X-ray monitor (TLD badge) information

Contact Information:

Phone: (204) 787-4145

Fax: (204) 775-1684

E.10 Embryo Transfer

Background

E.10.1 A *veterinary practice* must hold this practice activity type if they perform embryo transfers, regardless of whether or not the specimen is shipped. This activity type applies to all modalities of *veterinary practice* and species type.

Equipment

E.10.2 The following equipment must be easily accessible and well maintained:

i. Embryo recovery, handling, and transfer equipment in adequate quantities

ii. Proper embryo washing fluids in sufficient quantity

iii. Microscope capable of 50 times magnification

iv. Liquid nitrogen tanks

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

Library

E.10.3 Must have current reference material on reproductive biology and endocrinology (within the last 1-2 editions).

E.10.4 Must have current reference material on theriogenology (within the last 1-2 editions).

Records

E.10.5 In addition to the medical records requirements listed in Section C.2 of this by-law, records must be maintained for the following:

i. The donor and recipient animals' records must contain:

a. Identification of patient including breed and age.

b. Identification of sires used.

c. Detailed super ovulation schedule including drugs used and lot numbers.

d. Number of embryos produced by donor.

e. Identification of embryos corresponding to the International Embryo Transfer Society standardized system.

ii. Detailed records shall be kept on frozen embryo inventory.

iii. Weekly records monitoring the nitrogen levels in embryo storage tanks.

iv. Proof of accreditation from *CFIA* if exporting embryos.

v. All *CETA* embryo certificates.

E.11 Small Animal Inpatient Care

Background

E.11.1 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* and *mobile* practice while the animal remains.

E.11.2 In order to hold a Small Animal Inpatient Care activity type, a veterinary practice must also hold the following activity type:

i. Small Animal Medicine

Equipment

E.11.3 The following equipment must be easily accessible and well maintained:

i. *Emergency Drug Kit*.

ii. Proper bedding shall be available.

iii. 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:

1) Stand normally to its full height.

2) Turn around easily.

3) Move about easily for the purpose of posture adjustments.

4) Lie down in a fully extended position.

5) Provide nursing animals with an additional 10% space per nursing offspring.

6) Provide for the social and behavioral/physiological needs of the animal.

c. Shall having flooring that is of water impervious material and easily cleaned and disinfected.

e. Shall have adequate lighting.

f. Shall have adequate ventilation.

g. Shall have a separate compartment for each individual patient.

h. Shall have a method for securely fastening each compartment closed.

i. 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.

j. Any barred doors shall have bars no farther apart than 2 inches and must be easily cleaned, disinfected and maintained.

k. 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.

iv. 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.

v. If animal runs are present:

a. Walls and floors shall be of water impervious material and 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.

Practice Requirements

E.11.4 Adequate exercise shall be provided for hospitalized patients.

E.11.5 Patients shall be monitored at night as required.

E.11.6 Hospitalized patients shall be provided with overnight care until the stabilization of post-surgical or critically ill patients has occurred or they are transferred to another facility.

E.11.7 Hospitalized animals shall be examined by a veterinarian at least once daily including holidays and weekends.

E.11.8 Hospitalized animals shall be watered and fed an adequate diet as needed.

E.11.9 Kennels shall be cleaned daily.

Spatial Requirements

E.11.10 Isolation area(s) shall be available and separate from commonly used areas.

E.12 Large Animal Inpatient Care

Background

E.12.1 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.

E.12.2 In order to hold a Large Animal Inpatient Care activity type, a *veterinary practice* must also hold the following activity type:

i. Large Animal Medicine

Equipment

E.12.3 The following equipment must be easily accessible and well maintained:

i. *Emergency Drug Kit.*

ii. Stalls, pens, or cages.

a. Must be of sufficient quantity for the volume of patients.

b. Must be easily cleaned, disinfected, maintained, and in good repair.

c. Must be of a sufficient size and height to allow each animal to:

1) Stand normally to its full height.

2) Turn around easily.
3) Move about easily for the purpose of posture adjustments.
4) Lie down in a fully extended position.
5) Provide for the social and behavioral/physiological needs of the animal.
6) Pens should be located and constructed to avoid direct contact between animals or animal wastes.

d. Shall have flooring that is of water impervious material and easily cleaned and disinfected.
e. Shall have adequate lighting.
f. Shall have adequate ventilation.
g. Shall have a separate compartment for each individual patient.
h. Shall have a method for securely fastening each compartment closed.
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.

Practice Requirements

E.12.4 Adequate facilities for procedures for the types of species seen (this may include chutes, stocks, and tilt tables).

E.12.5 Adequate exercise shall be provided for hospitalized patients.

E.12.6 Patients shall be monitored at night as required.

E.12.7 Hospitalized patients shall be provided with overnight care until the stabilization of post surgical or critically ill patients has occurred or they are transferred to another facility.

E.12.8 Hospitalized animals shall be examined by a veterinarian at least once daily including holidays and weekends.

E.12.9 Hospitalized animals shall be watered and fed an adequate diet as needed.

E.12.10 Proper bedding shall be available.

E.12.11 Stalls, pens or cages shall be cleaned daily.

Spatial Requirements

E.12.12 Isolation area(s) shall be available and separate from commonly used areas.

E.13 Small Animal Emergency/Critical Care

Background

E.13.1 A *veterinary practice* must hold this practice activity type if they operate while fully staffed outside of regular business hours to provide emergency diagnosis and treatment and/or hospitalization of small animals. This activity type applies to all species type. Must be *brick and mortar* modality.

E.13.2 No *veterinary practice* shall advertise as a *Small Animal* emergency hospital unless it holds a *Small Animal Emergency/Critical Care* Certificate.

E.13.3 In order to hold a *Small Animal Emergency/Critical Care* activity type, a *veterinary practice* must also hold the following activity types:

i. Euthanasia

ii. Radiology

iii. *Small Animal* Surgery under Local Anaesthesia

iv. Surgery under General Anaesthesia

v. *Small Animal* Inpatient Care

Equipment

E.13.4 Any *veterinary practice* advertising emergency/critical care for *Small Animal*s must have the following equipment:

i. Ultrasound

ii. Whole blood for transfusion purposes as either:

a. Donor

b. Stored whole blood

c. Stored whole red blood cells

iii. Stored frozen plasma

iv. Chest drain equipment

v. Monitoring equipment including

a. ECG oscilloscope monitor and recorder

b. SpO2

c. Blood pressure

d. Capnograph

vi. A heat source (e.g. an incubator or warm water blanket or heat lamp)

vii. Oxygen cage

viii. Pediatric feeding tubes

ix. Stomach tubes and pump

x. Suction apparatus and catheters

xi. Tonometer

xii. Tracheostomy tubes

xiii. Urinary catheters

Practice Requirements

E.13.5 The *veterinary practice* must have the ability to determine coagulation times.

E.13.6 Staffing shall include at least one of the following during reported working hours:

i. One veterinarian; and

ii. One veterinary technologist.

E.13.7 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.

Spatial Requirements

E.13.8 Must be *brick and mortar* modality.

Library

E.13.9 Must have current reference material on emergency medicine for all the species of animals seen (within the last 1-2 editions).

Records

E.13.10 Discharge forms shall be completed in duplicate with one copy for medical records and one for the client.

E.13.11 A copy or fax or email of the medical record must be sent to the primary care veterinarian within three days of discharge.

E.14 General Anaesthesia

Background

E.14.1 A *veterinary practice* must hold this practice activity type if they use the controlled, drug induced (gas or injectable) state of unconsciousness, analgesia, and muscle relaxation to perform procedures. This activity type applies to all species type and is limited to *brick and mortar, large animal* ambulatory and *small animal* mobile modalities.

E.14.2 In order to hold a General Anaesthesia activity type, the *veterinary practice* must also hold the following activity types:

i. Narcotic and Controlled Drugs

ii. Small Animal Medicine and/or Large Animal Medicine

Equipment

E.14.3 The following equipment must be easily accessible and well maintained:

i. *Emergency drug kit*

ii. Anesthetic machine with rebreathing and non-rebreathing circuits and scavenging system (not required for *Large Animal*)

iii. Endotracheal tubes of appropriate size for species seen (if using gas anesthesia)

iv. Lubricant

v. If using a mechanical oxygen concentrator, the *veterinary practice* must have at least one oxygen tank available in case of power outage/mechanical failure

vi. Monitoring equipment including stethoscope and in *small animal* pulse oximetry

vii. Equipment for the alleviation of hypothermia (not required for *Large Animal*)

Practice Requirements

E.14.4 A procedure must be in place for monitoring recovering patients, including a safe recovery area.

E.14.5 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 (if applicable).

E.14.6 If a mechanical oxygen concentrator is in use, it shall be in good working order and be inspected on a yearly basis by a qualified independent safety inspector.

E.14.7 If using a gas anaesthesia machine, it shall be vented to the exterior of the building or scavenged with a charcoal canister.

Library

E.14.8 Must have current reference material on general anaesthesia for all species seen (within the last 1-2 editions).

Records

E.14.9 The *veterinary practice* must obtain a signed anaesthesia/surgery consent form and maintain in the patient's medical record (*small animal* only).

E.14.10 The *veterinary practice* must maintain the following records, if applicable:

i. the current annual anesthetic machine inspection report.

ii. the current annual mechanical oxygen concentrator inspection report.

Recommendation

- It is recommended that *large animal* practices obtain a signed anaesthesia/surgery consent form and maintain in the patient's medical record.

Resources

Anaesthetic/Surgical Consent Form

E.15 Small Animal Surgery under Local Anaesthesia

Background

E.15.1 A *veterinary practice* must hold this practice activity type if they perform minor surgical procedures using localized anesthetic agents to numb a specific area of the body while the animal remains conscious or sedated. This activity type is limited to *brick and mortar* and mobile modalities. Applies to all *small animal* species types.

E.15.2 In order to hold a *Small Animal* Surgery Under Local Anaesthesia activity type, the *veterinary practice* must also hold the following activity type:

i. Small Animal Medicine

Equipment

E.15.3 The following equipment must be easily accessible and well maintained:

i. Equipment for the alleviation of hypothermia

ii. Surgical attire including sterile gloves

iii. Cleaning equipment including an autoclave and/or gas sterilization unit, class 4 sterility indicators (to be used in all sterile packs)

iv. Sterile suture material with current dating

v. Sterile surgical equipment

vi. Sterile drapes

vii. Gauze

Practice Requirements

E.15.4 If cold sterilization is utilized, the *veterinary practice*:

i. Must maintain a log of maintenance.

ii. Must change the cold sterile immediately if it is soiled.

iii. Individuals using cold sterilization solutions must follow the manufacturer's instructions for maintenance schedule.

Cleaning/Sterilizing

E.15.5 A procedure for cleaning the surgical room and equipment must be in place.

E.15.6 An autoclave and/or gas sterilization shall be used to prepare surgical packs.

E.15.7 Surgery packs shall be double wrapped and considered sterile for 90 days or sealed in sterile pouches and considered sterile for 6 months. Double wrapped items must be wrapped twice, independently of each other.

E.15.8 Surgical packs shall be marked with the date of sterilization or expiry and the name or initials of the person who carried out the pack sterilization.

E.15.9 Surgical equipment shall be stored in a neat and orderly fashion.

Preparation

E.15.10 A procedure for the surgical preparation of the patient shall be in place. Where surgical suites are being used, veterinary professionals must not perform the clipping and initial preparation in the surgical suite.

E.15.11 Storage and disposal of sharps and biologic materials shall be done appropriately.

Drugs

E.15.12 A *veterinary practice* offering surgery under local anaesthesia must have the following:

i. Appropriate pain control and sedation.

ii. Local anesthetic agent.

Library

E.15.13 Must have current reference material on *small animal* surgery for all the species of animals seen (within the last 1-2 editions).

Protocols

E.15.14 A system of safeguarding the sterility of instruments and suture material shall be in use.

Records

E.15.15 The *veterinary practice* must obtain a signed anaesthesia/surgery consent form and maintain in the patient's medical record.

Resources

Anaesthesia/surgery consent form

E.16 Large Animal Surgery under Local Anaesthesia

Background

E.16.1 A *veterinary practice* must hold this practice activity type if they perform minor surgical procedures using localized anesthetic agents to numb a specific area of the body while the animal remains conscious or sedated. This activity type applies to all modalities of *veterinary practice* and *large animal* species type.

E.16.2 In order to hold a *Large Animal* Surgery Under Local Anaesthesia activity type, the *veterinary practice* must also hold the following activity types:

i. Large Animal Medicine

Equipment

E.16.3 The following equipment must be easily accessible and well maintained:

i. Restraining devices appropriate for species seen

ii. Appropriate instruments for species seen

iii. Portable lighting- headlamp and/or flashlight

iv. Surgical attire including sterile gloves

v. Cleaning equipment including an autoclave and/or gas sterilization unit, class 4 sterility indicators (to be used in all sterile packs)

vi. Sterile suture material with current dating

vii. Sterile drapes

viii. Gauze

Practice Requirements

E.16.4 Adequate facilities if procedures are in clinic (this may include chutes, stocks, and tilt tables)

E.16.5 If cold sterilization is utilized, the *veterinary practice*:

i. Must maintain a log of maintenance.

ii. Must change the cold sterile immediately if it is soiled.

iii. Individuals using cold sterilization solutions must follow the manufacturer's instructions for maintenance schedule.

<u>Cleaning/Sterilizing</u>

E.16.6 An autoclave and/or gas sterilization shall be used to prepare surgical packs.

E.16.7 Surgery packs shall be double wrapped and considered sterile for 90 days or sealed in sterile pouches and considered sterile for 6 months. Double wrapped items must be wrapped twice, independently of each other.

E.16.8 Surgical packs shall be marked with the date of sterilization or expiry and the name or initials of the person who carried out the pack sterilization.

E.16.9 Surgical equipment must be stored in a neat and orderly fashion.

<u>Preparation</u>

E.16.10 A procedure for preparing the patient/surgical site shall be in place.

E.16.11 Storage and disposal of sharps and biologic materials shall be done appropriately.

Drugs

E.16.12 A *veterinary practice* offering surgery under local anaesthesia must have the following:

i. Sedation

ii. Local anesthetics

Library

E.16.13 Must have current reference material on *large animal* surgery (within the last 1-2 editions).

Resources

Anaesthesia/surgery consent form

E.17 Surgery under General Anaesthesia

Background

E.17.1 A veterinary practice must hold this practice activity type if they perform surgical procedures while the patient is under general anaesthesia. This activity type applies to all species type and is limited to *brick and mortar, large animal* ambulatory and *small animal* mobile modalities.

E.17.2 In order to hold a Surgery under General Anaesthesia activity type, the veterinary practice must also hold the following activity types:

i. General Anaesthesia

Equipment

E.17.3 The following equipment must be easily accessible and well maintained:

i. Surgical attire including caps, masks, sterile gowns, sterile gloves

ii. Sterilizing equipment including: an autoclave and/or gas sterilization unit, class 4 sterility indicators (to be used in all sterile packs)

iii. Adequate lighting, including emergency lighting in *brick and mortar* and *mobile* practices.

iv. Portable lighting (headlamp and/or flashlight)

v. Sterile suture material with current dating

vi. Sterile surgical equipment

vii. Gauze

viii. Adequate skin drapes and/or laparotomy drapes (used to exclude unprepared areas of skin and, where practical, cover the tabletop from side to side)

ix. Parenteral fluids, catheters, fluid lines, fluid bags

x. Ability to check hematocrit and total protein

Practice Requirements

E.17.4 For *small animal,* a dedicated surgical suite with a dedicated surgical table; both must be easily sanitized.

E.17.5 Only supplies and equipment used during surgery can be stored in the surgical suite.

E.17.6 For *large animal,* adequate facilities must be available, this may include chutes, stocks, and tilt tables.

E.17.7 If cold sterilization is utilized, the *veterinary practice*:

i. Must maintain a log of maintenance.

ii. Must change the cold sterile immediately if it is soiled.

iii. Individuals using cold sterilization solutions must follow the manufacturer's instructions for maintenance schedule.

Cleaning/Sterilizing

E.17.8 An autoclave and/or gas sterilization shall be used to prepare surgical packs.

E.17.9 Surgery packs shall be double wrapped and considered sterile for 90 days or sealed in sterile pouches and considered sterile for 6 months. Double wrapped items must be wrapped twice, independently of each other.

E.17.10 Surgical packs shall be marked with the date of sterilization or expiry and the name or initials of the person who carried out the pack sterilization.

E.17.11 Surgical equipment must be stored in a neat and orderly fashion.

Preparation

E.17.12 A procedure for the surgical preparation of the patient shall be in place. Where surgical suites are being used, veterinary professionals must not perform the clipping and initial preparation in the surgical suite.

Surgery

E.17.13 All animals undergoing surgery must have oxygen access either by mask or intubation (excluding *large animal*)

Post-Op

E.17.14 A procedure must be in place for monitoring recovering patients.

E.17.15 Storage and disposal of sharps and biologic materials shall be done appropriately.

Library

E.17.16 Must have current reference material on surgery for all the species of animals seen (within the last 1-2 editions).

Records

E.17.17 *Small animal veterinary practices* must obtain a signed anaesthesia/surgery consent form and maintain in the patient's medical record.

Recommendation

- It is recommended that *large animal* practices obtain a signed anaesthesia/surgery consent form and maintain in the patient's medical record.

Resources

Anaesthesia/surgery consent form

E.18 Small Animal Orthopaedic Surgery

Background

E.18.1 A *veterinary practice* must hold this practice activity type if they perform the surgical correction of musculoskeletal conditions in small animals. This activity type applies to all species type and is limited to *brick and mortar* and mobile modalities.

E.18.2 In order to hold a *Small Animal* Orthopaedics activity type, the veterinary practice must also hold the following activity types:

i. Surgery under General Anaesthesia

ii. Radiology

Equipment

E.18.3 Appropriate orthopaedic equipment for the procedures being performed must be available.

Library

E.18.4 Must have current reference material on *small animal* orthopaedics (within the last 1-2 editions).

E.19 Small Animal Dentistry

Background

E.19.1 A veterinary practice must hold this practice activity type if they perform the prevention, diagnosis, and treatment of oral and dental diseases in small animals. This activity type applies to all species type and is limited to *brick and mortar* and *mobile* modalities.

E.19.2 In order to hold a Small Animal Dentistry activity type, the veterinary practice must also hold the following activity types:

i. Small Animal Surgery under General Anaesthesia

Equipment

E.19.3 The following equipment must be easily accessible and well maintained:

i. Dental scaling instruments or devices

ii. Dental elevators

iii. Tooth extractors

iv. A drained sink with hot and cold running water

v. All dental instruments appropriate for species seen (including exotics)

Spatial Requirements

E.19.4 The dentistry area shall be maintained in a clean and orderly fashion. It must be separate from the surgery area.

Library

E.19.5 Must have reference material on *small animal* dentistry (within the last 1-2 editions).

Records

E.19.6 *Veterinary Practices* who do not use dental radiography must obtain a signed informed consent waiver stating the lack of dental radiography and the potential negative outcomes. This document shall be maintained in the patient's medical record.

Resources

Lack of Dental Radiography Consent Form

E.20 Large Animal Dentistry

Background

E.20.1 A veterinary practice must hold this practice activity type if they perform the prevention, diagnosis, and treatment of oral and dental disorders in large animals. This activity type applies to all modalities.

E.20.2 In order to hold a Large Animal Dentistry activity type, the veterinary practice must also hold the following activity types:

i. Large Animal Medicine

Equipment

E.20.3 Teeth floating equipment is required, including:

i. Speculum

ii. Elevators

iii. Light source

iv. Floats

v. Extractors

Practice Requirements

E.20.4 Tools must be in good condition and must be cleaned after use.

Spatial Requirements

E.20.5 An area must be provided that ensures the safety for all involved, including the patient, during the procedure.

Drugs

E.20.6 Appropriate drugs for sedation must be available.

Library

E.20.7 Must have current reference material on *large animal* dentistry (within the last 1-2 editions).

E.21 Temporary Non-Surgical Clinic

Background

E.21.1 A temporary non-surgical clinic is a practice activity that provides temporary non-surgical services, such as vaccine clinics and preventative health, in a single physical location on seven (7) or fewer whole or partial days over a 45-day interval. The physical location is not inspected by *MVMA PIPS Inspectors*.

E.21.2 A temporary non-surgical clinic must hold the activity types according to services rendered (ex vaccine administration, small animal medicine).

Notification to the MVMA:

E.21.3 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.

E.21.4 At the time of application, the responsible veterinarian who applies for a licence for the operation of a temporary surgical clinic must:

i. certify in writing to the Registrar that the Practicing Veterinarian Member is associated with a PIPs inspected clinic and the Practicing Veterinarian Member intends to practice veterinary medicine through the Temporary Clinic that is the subject of the application.

ii. demonstrate to the Registrar's satisfaction that the operation of the Temporary Clinic that is the subject of the application would serve and protect the public interest.

E.21.5 The *veterinary practice* must pay a fee to host a temporary non-surgical clinic as set by the *MVMA Council*.

E.21.6 The *MVMA* may publish some or all information provided regarding the temporary non-surgical clinic.

Equipment

E.21.7 Must have a puncture-proof container (sharps container) into which needles, scalpel blades and other objects capable of penetrating skin are discarded. Must be stored pending proper disposal.

Spatial Requirements

E.21.8 The facility has, and appears to have, the practice of veterinary medicine as its primary purpose when the veterinarian is working in the facility.

E.21.9 The facility has a separate and distinct entrance directly from the street or if the facility is in a building containing more than one facility, directly from a common lobby, hallway or mall.

Protocols

E.21.10 Must have a regular disinfection protocol between patients, including hand washing.

E.21.11 There must be a system of orderly and regular waste disposal.

E.22 Temporary Surgical Clinic

Background

E.22.1 A Temporary surgical clinic is a practice activity that provides temporary elective surgical services in a single physical location on seven (7) or fewer whole or partial days over a 45-day interval. The physical location is not inspected by *MVMA PIPS* Inspectors.

E.22.2 In order to hold a Temporary Surgical Clinic activity type, the *veterinary practice* must also hold the following activity type:

i. Surgery under General Anaesthesia

Equipment

E.22.3 Each Temporary Surgical Clinic is required to maintain the appropriate 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*.

E.22.4 Reliable oxygen source must be available. 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.

Practice Requirements

E.22.5 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:

i. A procedure for cleaning the surgical area and instruments.

ii. A procedure for transporting equipment to and from the home practice in a safe manner.

iii. Sterile surgery packs.

iv. Surgical equipment must be stored in a neat and orderly fashion.

v. 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.

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

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

viii. A procedure must be in place for monitoring recovering patients.

ix. Storage and disposal of sharps and biological materials shall be done appropriately.

E.22.6 The following must be in place for anaesthesia-related procedures.

i. 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.

ii. A leak test and/or safety test procedure must be done on each anesthetic machine after transportation, before it is connected to a patient.

Notification to the MVMA:

E.22.7 The *veterinary 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 surgical clinic.

E.22.8 The *veterinary practice* must pay a fee to host a temporary surgical clinic as set by the *MVMA Council*.

E.22.9 At the time of application, the responsible veterinarian who applies for a licence for the operation of a temporary surgical clinic must:

i. certify in writing to the Registrar that the Practicing Veterinarian Member is associated with a PIPs inspected clinic and the Practicing Veterinarian Member intends to practice veterinary medicine through the Temporary Clinic that is the subject of the application.

ii. demonstrate to the Registrar's satisfaction that the operation of the Temporary Clinic that is the subject of the application would serve and protect the public interest.

E.22.10 The *MVMA* may publish some or all information provided in the Temporary Surgical Clinic Notification Form.

Spatial Requirements

E.22.11 The facility is self-contained (doors and windows can be closed).

E.22.12 The facility has, and appears to have, the practice of veterinary medicine as its primary purpose when the veterinarian is working in the facility.

E.22.13 The facility has a separate and distinct entrance directly from the street or if the facility is in a building containing more than one facility, directly from a common lobby, hallway or mall.

E.22.14 The practice contains a puncture-proof container (sharps container) into which needles, scalpel blades and other objects capable of penetrating skin are discarded. Must be stored pending proper disposal.

E.22.15 Regular disinfection program between patients, including hand washing.

E.22.16 There must be a system of orderly and regular waste disposal.

Drugs

E.22.17 The following drugs must be available:

i. Appropriate analgesics

ii. *Emergency drug kit*

iii. Induction agents

iv. Anesthetic agents

v. Sedatives

vi. Reversals

vii. Injectable steroids

viii. Injectable anti-emetics

ix. Injectable local anesthetic agents

Library

E.22.18 A current veterinary drug formulary (within the last 1-2 editions).

Records

E.22.19 The *veterinary practice* must obtain a signed anaesthesia/surgery consent form and maintain in the patient's medical record.

E.22.20 Temporary surgical clinics must obtain a signed informed consent waiver informing the client that the procedure is being performed in a facility that has not been inspected by the *MVMA inspector*. This document shall be maintained in the patient's medical record.

Resources

Informed Consent Waiver – Non-Inspected Temporary Surgical Clinic

Temporary Surgical Clinic Notification Form