Know the Law

Regarding Your Animal's Health Care and Providers!

The laws are the same, whether a practitioner cares for small or large animals. Horses are included in the category large animals.

Massachusetts Board Policy Guidelines: Standards of Practice for Large Animal Practitioners

Policy No. 11-01

Introduction:

The Board Statutes and Regulations set forth the standards of practice for all licensed veterinarians in the Commonwealth. Specifically, 256 CMR 5.00 Practice, set the standard for:

- 1. Medical Records
- 2. Drugs and Medication
- 3. Advertising
- 4. Hospital Safety
- 5. Requirements for Full Service Veterinary Facility
- 6. Requirements for Emergency Service Veterinary Facility

All licensed Veterinarians, regardless of whether they are large or small animal practitioners are held to the standards set forth in this section, and all of 256 CMR.

More specifically, the Board would like to advise all large animal practitioners that standards regarding prescription writing, medication dispensing, medication labeling, as well as the contents of medical records, remain the same for ALL Licensed Veterinarians.

 $\underline{http://www.mass.gov/ocabr/licensee/dpl-boards/vt/regulations/board-policies/board-policy-guidelines-standards-of-practice.html}$

http://www.mass.gov/ocabr/licensee/dpl-boards/vt/regulations/rules-and-regs/256-cmr-500-practice.html

Animal Dental Scaling without Anesthesia

Policy No. 08-05

In Massachusetts, only licensed veterinarians can practice veterinary medicine. Veterinary medicine includes veterinary surgery, medicine and dentistry. Anyone providing dental services other than a licensed veterinarian, or a directly supervised (as defined by 256 CMR 2.01) and trained veterinary technician, is practicing veterinary medicine without a license and can be subject to fines and/or criminal charges.

It is the position of the Board of Registration in Veterinary Medicine that dental scaling procedures performed on pets without anesthesia is inadequate and often medically unsound for the following reasons:

1. Professional dental scaling includes scaling the surfaces of the teeth both above and below the gum line, followed by dental polishing. A critical part of a dental scaling procedure is scaling the tooth surfaces that are within the space between the gum and the root, where periodontal disease is active. Access to this area of every tooth is impossible without anesthesia in a canine or feline patient. Removal of dental tartar on the visible surfaces of the teeth has little effect on a pet's health, and provides a false sense of accomplishment. The effect is purely cosmetic.

- 2. Dental tartar is firmly adhered to the surface of the teeth. Removing tarter with a hand scaler requires instruments that must have a sharp working edge to be used effectively. Even slight head movement by the patient could result in injury to the oral tissues of the patient, and the operator may be bitten when the patient reacts.
- 3. Inhalation anesthesia using a cuffed endotrachel tube provides three important advantages the cooperation of the patient with a procedure it does not understand, elimination of pain resulting from examination and treatment of affected dental tissues during the procedure, and protection of the airway and lungs from accidental aspiration.
- 4. A complete oral examination, which is an important part of a professional dental scaling procedure, is not possible without anesthesia in a canine or feline patient. The surfaces of the teeth facing the tongue cannot be examined, and areas of disease an discomfort may be missed.

http://www.mass.gov/ocabr/licensee/dpl-boards/vt/regulations/board-policies/animal-dental-scaling-without-anesthesia.html

Guidelines for Complementary and Alternative Veterinary Medicine

Policy No. 08-04

Introduction

These guidelines are intended to help veterinarians make informed and judicious decisions regarding medical approaches known by several terms including "complementary," "alternative," and "integrative." Collectively, these approaches have been described as Complementary and Alternative Veterinary Medicine (CAVM). The Massachusetts Board of Registration in Veterinary Medicine ("The Board") recognizes the interest in and use of these modalities and is open to their consideration.

The Board finds the practice of CAVM as the practice of Veterinary Medicine, as defined in M.G.L. c. 112 § 58. The practice of all veterinary medicine, including CAVM, should be held to the same standards. Circumstances commonly require that veterinarians extrapolate information when formulating a course of therapy. Veterinarians should exercise caution in such circumstances. If they themselves are not qualified, veterinarians may incorporate individuals licensed in human alternative professions, only through referral and consultation.

Terminology

These guidelines identify CAVM as a heterogeneous group of preventive, diagnostic, and therapeutic philosophies and practices.

Current examples of CAVM include, but are not limited to, aromatherapy; Bach flower remedy therapy; energy therapy; low-energy photon therapy; magnetic field therapy; orthomolecular therapy; veterinary acupuncture, acutherapy, and acupressure; veterinary homeopathy; veterinary manual or manipulative therapy (similar to osteopathy, chiropractic, or physical medicine and therapy); veterinary nutraceutical therapy; and veterinary phytotherapy.

Responsibilities

M.G.L. ch. 112 § 58 define and regulate the practice of veterinary medicine including many aspects of CAVM. These guidelines support the requisite interaction described in the definition of the veterinarian-client-patient relationship. Accordingly, a veterinarian shall examine an animal and establish a preliminary diagnosis before any treatment is initiated.

Diagnosis should be based on sound, accepted principles of veterinary medicine. Currently accepted treatment methods should be discussed with the owner or authorized agent when presenting the treatment options available. Owner consent should be obtained prior to initiating any treatment, including CAVM. Medical records must meet statutory requirements. Information should be clear and complete. Records should contain documentation of client communications and owner consent.

http://www.mass.gov/ocabr/licensee/dpl-boards/vt/regulations/board-policies/guidelines-for-complementary-and-alternative.html