

A MANUAL OF FLORIDA  
RULES AND REGULATIONS  
FOR  
VETERINARY TECHNICIANS

Prepared by the Florida Veterinary Medical  
Association Veterinary Technicians Certification  
Committee.

This manual has been prepared to assist veterinary technicians who  
are studying for the Florida Practical Examination for  
Certification

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## FORWARD

The majority of the material contained in this manual is abstracted from Florida Statutes Chapter 474 (Veterinary Medical Practice) and Rule Chapter 61G18, Florida Administrative Code (Board of Veterinary Medicine). It is in no way intended to replace the booklet issued by the Board of Veterinary Medicine, which contains the complete Statutes and Rules related to the practice of Veterinary Medicine in the State of Florida. This manual also contains limited material from Florida Statutes Chapter 465 (Pharmacy), Chapter 499 (Drugs and Cosmetics) and Chapter 893 (Drug Abuse, Prevention and Control) and the "Advocate" the official publication of the Florida Veterinary Medical Association.

This manual has been prepared primarily to assist graduate veterinary technicians who are taking the Florida Practical Examination. The Florida Practical Examination, along with the Veterinary Technicians National Examination, are the two certification examinations candidates are required to complete under the Florida Veterinary Medical Association certification program.

The Florida Practical Examination is a multiple choice examination consisting of 60 questions. 50 are photographs of common veterinary items, such as instruments, and photomicrographs of microorganisms, blood and urine smears that the technician will encounter in their everyday life as a practicing Certified Veterinary Technician. In addition there are 10 multiple choice questions covering the material contained in this manual for a total of 60 questions. A grade of seventy percent (70%) is required to pass the Florida Practical Examination.

### FLORIDA STATUTES CHAPTER 474 Veterinary Medicine Practice

**474.201 Purpose.**--The Legislature finds that the practice of veterinary medicine is potentially dangerous to the public health and safety if conducted by incompetent and unlicensed practitioners. The legislative purpose in enacting this chapter is to ensure that every veterinarian practicing in this state meet minimum requirements for safe practice. It is the legislative intent that veterinarians who are not normally competent or who otherwise present a danger to the public shall be disciplined or prohibited from practicing in this state.

**474.202 Definitions.**--As used in this chapter:

- (1) "Animal" means any mammal other than a human being or any bird, amphibian, fish, or reptile, wild or domestic, living or dead.
- (2) "Board" means the Board of Veterinary Medicine.
- (3) "Client" means the owner or caretaker of an animal who arranges for its veterinary care.
- (4) "Department" means the Department of Business and Professional Regulation.

- (5) "Immediate supervision" or words of similar purport mean a licensed doctor of veterinary medicine is on the premises whenever veterinary services are being provided.
- (6) "Limited-service veterinary medical practice" means offering or providing veterinary services at any location that has a primary purpose other than that of providing veterinary medical service at a permanent or mobile establishment permitted by the board; provides veterinary medical services for privately owned animals that do not reside at that location; operates for a limited time; and provides limited types of veterinary medical services.
- (7) "Mobile veterinary establishment" and "mobile clinic" mean a mobile unit which contains the same treatment facilities as are required of a permanent veterinary establishment or which has entered into a written agreement with another veterinary establishment to provide any required facilities not available in the mobile unit. The terms do not refer to the use of a car, truck, or other motor vehicle by a veterinarian making a house call.
- (8) "Patient" means any animal for which the veterinarian practices veterinary medicine.
- (9) "Practice of veterinary medicine" means diagnosing the medical condition of animals and prescribing, dispensing, or administering drugs, medicine, appliances, applications, or treatment of whatever nature for the prevention, cure, or relief of a wound, fracture, bodily injury, or disease thereof; performing any manual procedure for the diagnosis of or treatment for pregnancy or fertility or infertility of animals; or representing oneself by the use of titles or words, or undertaking, offering, or holding oneself out, as performing any of these functions. The term includes the determination of the health, fitness, or soundness of an animal.
- (10) "Responsible supervision" or words of similar purport mean the control, direction, and regulation by a licensed doctor of veterinary medicine of the duties involving veterinary services which she or he delegates to unlicensed personnel.
- (11) "Veterinarian" means a health care practitioner who is licensed to engage in the practice of veterinary medicine in Florida under the authority of this chapter.
- (12) "Veterinarian/client/patient relationship" means a relationship where the veterinarian has assumed the responsibility for making medical judgments regarding the health of the animal and its need for medical treatment.
- (13) "Veterinary medicine" includes, with respect to animals, surgery, acupuncture, obstetrics, dentistry, physical therapy, radiology, theriogenology, and other branches or specialties of veterinary medicine.

**474.203 Exemptions** –(7) Any veterinary aide, nurse, laboratory technician, preceptor, or other employee of a licensed veterinarian who administers medication or who renders auxiliary or supporting assistance under the responsible supervision of a licensed veterinarian, including those tasks identified by rule of the board requiring immediate supervision. However, the licensed veterinarian shall be responsible for all such acts performed under this subsection by persons under her or his supervision

**474.213 Prohibitions, penalties**

1) No person shall:

(a) Lead the public to believe that such person is licensed as a veterinarian, or is engaged in the licensed practice of veterinary medicine, without such person holding a valid, active

license pursuant to this chapter;

(b) Use the name or title "veterinarian" when the person has not been licensed pursuant to this chapter;

(c) Present as her or his own the license of another;

(d) Give false or forged evidence to the board or a member thereof for the purpose of obtaining a license;

(e) Use or attempt to use a veterinarian's license which has been suspended or revoked;

(f) Knowingly employ unlicensed persons in the practice of veterinary medicine;

(g) Knowingly conceal information relative to violations of this chapter;

(h) Obtain or attempt to obtain a license to practice veterinary medicine by fraudulent representation;

(i) Practice veterinary medicine in this state, unless the person holds a valid, active license to practice veterinary medicine pursuant to this chapter;

(j) Sell or offer to sell a diploma conferring a degree from a veterinary school or college, or a license issued pursuant to this chapter, or procure such diploma or license with the intent that it shall be used as evidence of that which the document stands for by a person other than the one upon whom it was conferred or to whom it was granted; or

) Knowingly operate a veterinary establishment or premises without having a premises permit issued under s. [474.215](#).

(2) A person who violates any provision of this section commits a felony of the third degree, punishable as provided in s. [775.082](#), s. [775.083](#), or s. [775.084](#).

#### **474.214 Disciplinary proceedings –**

(1) The following acts shall constitute grounds for which disciplinary actions may be taken: ) Failing to keep the equipment and premises of the business establishment in a clean and sanitary condition, having a premises permit suspended or revoked pursuant to s. [474.215](#), or operating or managing premises that do not comply with requirements established by rule of the board.

(w) Practicing veterinary medicine at a location for which a valid premises permit has not been issued when required under s. [474.215](#).

(x) Refusing to permit the department to inspect the business premises of the licensee during regular business hours.

(y) Using the privilege of ordering, prescribing, or making available medicinal drugs or drugs as defined in chapter 465, or controlled substances as defined in chapter 893, for use other than for the specific treatment of animal patients for which there is a documented veterinarian/client/patient relationship. Pursuant thereto, the veterinarian shall:

1. Have sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the medical condition of the animal, which means that the veterinarian is personally acquainted with the keeping and caring of the animal and has recently seen the animal or has made medically appropriate and timely visits to the premises where the animal is kept.

2. Be available or provide for follow-up care and treatment in case of adverse reactions or failure of the regimen of therapy.

3. Maintain records which document patient visits, diagnosis, treatment, and other relevant information required under this chapter. The documented patient/client/veterinarian relationship is herein defined as a veterinarian's record of a client's animal which documents that the veterinarian has seen the animal in a professional capacity within a period of 12 months or less.
- (z) Providing, prescribing, ordering, or making available for human use medicinal drugs or drugs as defined in chapter 465, controlled substances as defined in chapter 893, or any material, chemical, or substance used exclusively for animal treatment
  - (cc) Failing to provide adequate radiation safeguards.
  - (ee) Failing to keep contemporaneously written medical records as required by rule of the board.
  - (ff) Prescribing or dispensing a legend drug as defined in chapter 499, including any controlled substance, inappropriately or in excessive or inappropriate quantities.
  - (gg) Practicing or offering to practice beyond the scope permitted by law.
  - (hh) Delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified by training, experience, or licensure to perform them.
  - (ii) Presigning blank prescription forms.
  - (mm) Failing to maintain accurate records or reports as required by this chapter or by federal or state laws or rules pertaining to the storing, labeling, selling, dispensing, prescribing, and administering of controlled substances.
  - (nn) Failing to report a change of address to the board within 60 days thereof.
  - (oo) Failure of the responsible veterinarian to report a change of premises ownership or responsible veterinarian within 60 days thereof.
  - (pp) Failing to give the owner of a patient, before dispensing any drug, a written prescription when requested.

**474.216 License and premises permit to be displayed.** - Each person to whom a license or premises permit is issued shall keep such documents conspicuously displayed in her or his office, place of business, or place of employment, whether a permanent or mobile veterinary establishment or clinic, and shall, whenever required, exhibit said document to any member or authorized representative of the board.

**474.2165 Ownership and control of veterinary medical patient records; report or copies of records to be furnished.--**

- (1) As used in this section, the term "records owner" means any veterinarian who generates a medical record after making a physical examination of, or administering treatment or dispensing legend drugs to, any patient; any veterinarian to whom records are transferred by a previous records owner; or any veterinarian's employer, provided the employment contract or agreement between the employer and the veterinarian designates the employer as the records owner.
- (2) Each person who provides veterinary medical services shall maintain medical records, as established by rule.
- (3) Any records owner licensed under this chapter who makes an examination of, or administers treatment or dispenses legend drugs to, any patient shall, upon request of the client or the client's legal representative, furnish, in a timely manner, without delays for legal

review, copies of all reports and records relating to such examination or treatment, including X rays. The furnishing of such report or copies shall not be conditioned upon payment of a fee for services rendered.

(4) Except as otherwise provided in this section, such records may not be furnished to, and the medical condition of a patient may not be discussed with, any person other than the client or the client's legal representative or other veterinarians involved in the care or treatment of the patient, except upon written authorization of the client. However, such records may be furnished without written authorization under the following circumstances:

(a) To any person, firm, or corporation that has procured or furnished such examination or treatment with the client's consent.

(b) In any civil or criminal action, unless otherwise prohibited by law, upon the issuance of a subpoena from a court of competent jurisdiction and proper notice to the client or the client's legal representative by the party seeking such records.

(c) For statistical and scientific research, provided the information is abstracted in such a way as to protect the identity of the patient and the client, or provided written permission is received from the client or the client's legal representative.

(5) Except in a medical negligence action or administrative proceeding when a veterinarian is or reasonably expects to be named as a defendant, information disclosed to a veterinarian by a client in the course of the care and treatment of the patient is confidential and may be disclosed only to other veterinarians involved in the care or treatment of the patient, or if permitted by written authorization from the client or compelled by subpoena at a deposition, evidentiary hearing, or trial for which proper notice has been given.

(6) The department may obtain patient records pursuant to a subpoena without written authorization from the client if the department and the probable cause panel of the board find reasonable cause to believe that a veterinarian has excessively or inappropriately prescribed any controlled substance specified in chapter 893 in violation of this chapter or that a veterinarian has practiced his or her profession below that level of care, skill, and treatment required as defined by this chapter.

(7) Notwithstanding the provisions of s. [455.242](#), records owners shall place an advertisement in the local newspaper or notify clients, in writing, when they are terminating practice, retiring, or relocating and are no longer available to patients and shall offer clients the opportunity to obtain a copy of their medical records.

(8) Notwithstanding the provisions of s. [455.242](#), records owners shall notify the board office when they are terminating practice, retiring, or relocating and are no longer available to patients, specifying who the new records owner is and where the medical records can be found.

(9) Whenever a records owner has turned records over to a new records owner, the new records owner shall be responsible for providing a copy of the complete medical record, upon written request, of the client or the client's legal representative.

(10) Veterinarians in violation of the provisions of this section shall be disciplined by the board.

(11) A records owner furnishing copies of reports or records pursuant to this section shall charge no more than the actual cost of copying, including reasonable staff time, or the amount specified in administrative rule by the board.

(12) Nothing in this section shall be construed to limit veterinarian consultations, as necessary.

**RULE CHAPTER 61G18 FLORIDA ADMINISTRATIVE CODE  
Veterinary Medical Practice**

**Chapter 61G18-15  
Minimum Standards for Veterinary Premises.**

**61G18-15.002 Minimum Standards for Premises Where Veterinary Medicine is Practiced.**

(1) Exterior

(a) All establishments where veterinary medicines is practiced must have the following:

1. Legible sign to identify location
2. Facility clean and in good repair.
3. Telephone number for emergency veterinary case shall be visible and legible from the exterior.

(b) If premises where veterinary medicine is practiced have grounds, they must be clean and orderly.

(2) Interior

(a) All premises where veterinary medicine is practiced must have the following:

1. Restroom – clean and orderly
2. Office
  - a. Clean and orderly.
  - b. License renewal and premise permit displayed
3. A telephone must be answered 24 hours a day which one many call for emergency
4. Examination areas.
  - a. Clean and orderly.
  - b. Lined waste receptacle
  - c. Sink and disposable towels. Sinks located in restrooms may not be used to satisfy this standard.
  - d. Examination table constructed of smooth impervious material

5. Pharmacy.

- a. Clean and orderly.
- b. Blood storage or blood donor available.
- c. Existence of accurate controlled substance log and individual patient records.
- d. If controlled substances are on premises, a locking secure cabinet for storage.
- e. DEA certificate on premises.
- f. Segregated area for storage of expired drugs.
- g. Disposable needles and syringes.
- h. All drugs stored in the pharmacy must be properly labeled with drug name, strength and expiration date.
- i. If drugs are dispensed to the public the drugs are to be distributed in child-resistant containers unless a specific written request for non-child resistant containers is made by the animal owner. All containers distributed must be labeled with the

name of the drug contained within, the strength and quantity of the drug, the expiration date of the drug, instructions as to the use of the drug, the name and species of the animal for which the drug is intended to be administered, the last name of the animal's owner, and the name, address and telephone number of the veterinarian prescribing the drug.

6. Medical records as required by 61G18-18.002, F.A.C.
  7. Laboratory
    - a. Microscope
    - b. Centrifuge
    - c. Urinalysis equipment or outside laboratory services available.
    - d. Hematology facilities or outside laboratory services available.
    - e. Blood chemistry facilities or outside laboratory services available.
    - f. Microbiological capability or outside services available.
  8. Facilities and equipment to render immediate resuscitative care
    - a. Clean and orderly.
    - b. Sterile instruments, drapes, caps and masks
    - c. Operating table appropriate to the purpose use constructed if smooth impervious material.
    - d. Oxygen and equipment for its administration.
    - e. Anesthesia equipment.
  9. Holding areas shall be capable of sanitation and shall be maintained by including proper ventilation, sufficient lighting and be of a size consistent with the welfare of the animal.
  10. Garbage and trash disposal.
    - a. Sanitary cans lined with disposable bage
    - b. Effective insect and rodent control
  11. Carcass disposal – any adequate method used in the area, provided the sanitary code is not violated.
  12. Emergency lighting which must include at least a functioning rechargeable battery-operated light.
  13. Fire extinguisher, with current annual inspection.
  14. Refrigeration of stored drugs, biologicals, lab samples, reagents and other perishable items.
  15. Comply with the requirements 10D-104,F.A.C. concerning the handling and disposal of biohazardous waste.
- (b) All premises must have facilities for radiology, surgery and long-term hospitalization, as described below or, in lieu thereof, written evidence that arrangements have been made with a local clinic or hospital must be available for inspection. For the purpose of this chapter local is defined, as within 30 minutes or 30 miles whichever is greater to provide the service outside the premise.
1. Radiology
    - a. X-ray machine; 100 MA preferred minimum
    - b. Developing tanks
    - c. Monitoring of exposure of personnel to radiation required.
  2. Surgery.
    - a. Clean and orderly.

- b. Method of sterilization of surgical equipment, either by autoclave or gas sterilization.
  - c. Operating table appropriate to the proposed use constructed of a smooth impervious surface.
  - d. Well-lighted.
  - e. Oxygen and equipment for its administration.
3. Hospital wards.
- a. Clean and orderly.
  - b. Holding areas shall be capable of sanitation and shall be maintained by including proper ventilation, sufficient lighting and be of a size consistent with the welfare of the animal.
  - c. Well lighted.
  - d. Proper ventilation.
- (c). Establishments where veterinary medicine is practiced are not required to have the following facilities. However, if they do have them, the facilities must meet the standards set forth.
- 1. Reception area – entrance shall be free from hazards.
  - 2. Grooming area - Clean and orderly.
  - 3. Kitchen or food area – Clean and orderly.
  - 4. Exercise runs – a. Clean and secure, b. No hazards.
- (3) Veterinarians must furnish a permanent address at which they can be reached by clients in order that clients may obtain veterinary medical records.

## **Chapter 61G18-16 Continuing Education**

### **61G18-16.005 Euthanasia of Dogs and Cats; Technician Certification Course.**

- (1) Euthanasia shall be performed only by
- (a) a licensed veterinarian; or
  - (b) an employee or agent of a public or private agency animal shelter or other facility that is operated for the collection and care of stray, neglected, abandoned or unwanted animals, as provided herein.
- (2) Any employee or agent of a public or private agency, animal shelter or other facility that is operated for the collection and care of stray, neglected, abandoned or unwanted animals who performs euthanasia shall successfully complete a 16-hour euthanasia technician certification course. Any agent or employee who before October 1, 1993, has performed euthanasia shall obtain certification by October 1, 1994. Any employee or agent who after October 1, 1993 begins performing euthanasia must have successfully completed the euthanasia technician certification course before performing any euthanasia.
- (3) The curriculum for the 16-hour euthanasia technician certification course shall provide information on the following subjects:
- (a) Pharmacology, the proper administration and storage of euthanasia solutions; eight (8) hours;
  - (b) Federal and state laws regarding the storage and accountability of euthanasia solutions; two (2) hours;
  - (c) Euthanasia technician stress management, four (4) hours; and

- (d) Disposal of euthanized animals; two (2) hours.
- (4) A certified veterinary technician who is an employee or agent of a public or private agency, animal shelter, or other facility which is operated for the collection of stray, neglected, abandoned, or unwanted animals may perform euthanasia without completion of the certification course. A licensed veterinarian who delegates the performance of euthanasia to a technician shall verify that said technician has either completed the certification course, or is a certified veterinary technician who has graduated from a veterinary technology training program that is accredited by the American Veterinary Medical Association Committee on Veterinary Technicians Education and Activities (CVTEA) and has successfully completed the examinations required by the Florida Veterinary Medical Association Technician Committee.
- (5) Approval of the curriculum of the 16-hour euthanasia technician certification course by the Board of Veterinary Medicine prior to its presentation, shall be required. All providers of a 16-hour euthanasia technician certification course shall comply with the rules of 61G18-16.003 [Continuing Education Standards].

### **Chapter 61G18-17 Exemptions and Exceptions**

#### **61G18-17.005 – Tasks Requiring Immediate Supervision -**

(1) All tasks which may be delegated to a veterinary aide, nurse, laboratory technician, intern or other employee of a licensed veterinarian shall be performed only under the “immediate supervision” of a licensed veterinarian as that phrased is defined in subsection 474.202(5), Florida Statutes, with the exception of the following tasks which may be performed without the licensed veterinarian on the premises:

(a) The administration of medication and treatment, as directed by the licensed veterinarian; and

(b) The obtaining of samples and the performance of those diagnostic tests, including radiographs, directed by the licensed veterinarian.

(2) The administration of anesthesia and tranquilization by a veterinary aide, nurse, laboratory technician, intern, or other employee of a licensed veterinarian requires “immediate supervision” as that phrased is defined in subsection 474.202(5), Florida Statutes.

(3) The administration of any vaccination by a veterinary aide, nurse, technician, intern or other employee of a licensed veterinarian is not specifically prohibited by rule 61G18-17.006, F.A.C., requires “immediate supervision” as defined in subsection 474.202(5), Florida Statutes [Rabies, Brucellosis, Tuberculosis, Equine Encephalomyelitis]

(4) A veterinary aide, nurse, or technician may assist a licensed veterinarian in surgery, but may not perform any type of surgery himself or herself, regardless of the level of supervision.

### **CHAPTER 61G18-18 Medical Records**

#### **61G18-18.002 Maintenance of Medical Records.**

(1) There must be a medical record maintained on every patient examined or administered to by the veterinarian for a period of not less than three years after date of last entry. The medical record shall contain all clinical information pertaining to the patient with sufficient information to justify the diagnosis or determination of health status and warrant any treatment recommended or administered.

(5) A veterinarian shall maintain confidentially of all patient records in his/her possession or under his/her control. All patient records shall not be disclosed without the consent of the client.

A veterinarian shall, upon written request, furnish in a timely manner without delays for legal review, a true and correct copy of all the patients records to the client, or to anyone designated by the client. Such records release shall not be conditioned upon payment of a fee or services rendered, except for the reasonable cost of duplication.

(7)(a) Reasonable costs of duplication of written or types documents or reports shall not be more than \$1.00 per page for the first 25 pages, and shall not be more than 25 cents per page for each page in excess of 25 pages

(b). Reasonable costs of reproducing X-rays, and such other special kinds of records shall be the actual cost. The phrase, "actual cost" means the cost of the materials and supplies used to duplicate the record, as well as the labor costs and overhead costs associated with duplication.

(9) Medical records may be maintained in an easily retrievable electronic data format; however, the licensee shall be responsible for providing an adequate backup system to assure data is not lost due to system failure.

## **Chapter 61G18-19 Standards of Practice**

**61G18-19.001 Emergency Care.** It is the responsibility of every veterinarian practicing in the State to provide personally or through another licensed veterinarian, twenty-four (24) hour emergency services for all animals under his continuing care.

## **Chapter 61G18-21 Advertising**

### **61G18-21.001 Advertising**

(1) Advertising by veterinarians is permitted in order to disseminate information for the purpose of providing the public sufficient basis upon which to make an informed selection of veterinarians. In the interest of protecting the public health, safety and welfare, advertising which is false and misleading is prohibited.

(2) As used in the rules of this Board, the terms "advertisement" and "advertising" shall mean any statements, oral written, disseminated to or before the public or any portion thereof, with the intent of furthering the purpose, either directly or indirectly, of selling professional services, or offering to perform professional services, or inducing members of the public to enter any obligation relating to such professional services. The terms advertisement or advertising shall include the name under which professional services are performed

(3) No veterinarian shall disseminate or cause the dissemination of any advertisement or advertising which is in any way fraudulent, deceptive or misleading in form or content. Any advertisement or advertising shall be deemed by the Board to be fraudulent, false, deceptive or misleading if it:

- (a) Contains a misrepresentation of facts; or
- (b) Is misleading or deceptive because in its content or in the context in which it is presented it only makes a partial disclosure of relevant facts; or
- (c) Creates false or unjustified expectations of beneficial treatment or successful cures; or
- (d) Conveys the impression that the veterinarian disseminating the advertising or referred to therein, his staff, his services or method of delivery of veterinary services are superior to any other licensed veterinary services, licensed veterinarian or legally recognized method of delivery unless such claims can be substantiated. A veterinarian shall not advertise that he is a specialist unless he is a diplomate of one or more national specialty boards which are recognized by the Board of Veterinary Medicine. For the purpose of this rule the Board recognized only those national specialty boards which are recognized by the American Veterinary Medical Association. It is permissible for a veterinarian to advertise that he limits his practice to or has a particular interest in a particular species or a particular area of practice.
- (e) Fails to conspicuously identify the veterinarian or veterinarians referred to in the advertising as a veterinarian or veterinarians; or
- (f) Contains any representation or claims as to which the veterinarian or veterinarians, referred to in the advertising, fails to perform; or
- (g) Contains any other representations, statement or claim which is misleading or deceptive in form or content.

(4) The provisions of this rule shall apply to media exposure or an nature regardless of whether it is in the form of paid advertising

(5) A veterinarian who advertises a veterinary hospital or clinic shall include in all emergency hospital or clinic advertisements the hours during which such emergency services are provided and the availability of the veterinarian who is to provide the emergency service. The availability of the veterinarian who is to provide the emergency service shall be specified as either "veterinarian on premises" or "veterinarian on call". The phrase "veterinarian on premises" shall mean that a veterinarian is actually present at the hospital who is prepared to render emergency veterinary services. The phrase "veterinarian on call" shall mean that a veterinarian is not present at the hospital, but is able to respond within a reasonable time to requests for emergency services and has been designated to so respond.

## **FLORIDA STATUTES CHAPTER 465 PHARMACY**

### **465.003 Definitions**

8) "Medicinal drugs" or "drugs" means those substances or preparations commonly known as "prescription" or "legend" drugs which are required by federal or state law to be dispensed only on a prescription, but shall not include patents or proprietary preparations as hereafter defined.

(9) "Patent or proprietary preparation" means a medicine in its unbroken, original package which is sold to the public by, or under the authority of, the manufacturer or primary distributor thereof and which is not misbranded under the provisions of the Florida Drug and Cosmetic Act.

**465.0255 Expiration date** - 1) The manufacturer, repackager, or other distributor of any medicinal drug shall display the expiration date of each drug in a readable fashion on the container and on its packaging. The term "readable" means conspicuous and bold.

(2) Each pharmacist for a community pharmacy dispensing medicinal drugs and each practitioner dispensing medicinal drugs on an outpatient basis shall display on the outside of the container of each medicinal drug dispensed, or in other written form delivered to the purchaser, the expiration date when provided by the manufacturer, repackager, or other distributor of the drug and appropriate instructions regarding the proper use and storage of the drug. Nothing in this section shall impose liability on the dispensing pharmacist or practitioner for damages related to, or caused by, a medicinal drug that loses its effectiveness prior to the expiration date displayed by the dispensing pharmacist or practitioner.

(3) The provisions of this section are intended to notify the patient receiving a medicinal drug of the information required by this section, and the dispensing pharmacist or practitioner shall not be liable for the patient's failure to heed such notice or to follow the instructions for storage.

**465.026 Filling of certain prescriptions.**--Nothing contained in this chapter shall be construed to prohibit a pharmacist licensed in this state from filling or refilling a valid prescription which is on file in a pharmacy located in this state or in another state and has been transferred from one pharmacy to another by any means, including any electronic means, under the following conditions:

(1) Prior to dispensing any transferred prescription, the dispensing pharmacist must, either verbally or by any electronic means, do all of the following:

(a) Advise the patient that the prescription on file at the other pharmacy must be canceled before it may be filled or refilled.

(b) Determine that the prescription is valid and on file at the other pharmacy and that the prescription may be filled or refilled, as requested, in accordance with the prescriber's intent expressed on the prescription.

(c) Notify the pharmacist or pharmacy where the prescription is on file that the prescription must be canceled.

(d) Record in writing, or by any electronic means, the prescription order, the name of the pharmacy at which the prescription was on file, the prescription number, the name of the drug and the original amount dispensed, the date of original dispensing, and the number of remaining authorized refills.

(e) Obtain the consent of the prescriber to the refilling of the prescription when the prescription, in the dispensing pharmacist's professional judgment, so requires. Any interference with the professional judgment of the dispensing pharmacist by any pharmacist or pharmacy permittee, or its agents or employees, shall be grounds for discipline.

(2) Upon receipt of a prescription transfer request, if the pharmacist is satisfied in her or

his professional judgment that the request is valid, or if the request has been validated by any electronic means, the pharmacist or pharmacy must do all of the following:

- (a) Transfer the information required by paragraph (1)(d) accurately and completely.
- (b) Record on the prescription, or by any electronic means, the requesting pharmacy and pharmacist and the date of request.
- (c) Cancel the prescription on file by electronic means or by recording the word "void" on the prescription record. No further prescription information shall be given or medication dispensed pursuant to the original prescription.
- (3) If a transferred prescription is not dispensed within a reasonable time, the pharmacist shall, by any means, so notify the transferring pharmacy. Such notice shall serve to revalidate the canceled prescription. The pharmacist who has served such notice shall then cancel the prescription in the same manner as set forth in paragraph (2)(c).
- (4) In the case of a prescription to be transferred from or to a pharmacy located in another state, it shall be the responsibility of the pharmacist or pharmacy located in the State of Florida to verify, whether by electronic means or otherwise, that the person or entity involved in the transfer is a licensed pharmacist or pharmacy in the other state.
- (5) Electronic transfers of prescriptions are permitted regardless of whether the transferor or transferee pharmacy is open for business.
- (6) The transfer of a prescription for medicinal drugs listed in Schedules III, IV, and V appearing in chapter 893 for the purpose of refill dispensing is permissible, subject to the requirements of this section and federal law. Compliance with federal law shall be deemed compliance with the requirements of this section.

**465.035 Dispensing of medicinal drugs pursuant to facsimile of prescription.-**

- (1) Notwithstanding any other provision of this chapter, it is lawful for a pharmacy to dispense medicinal drugs, including controlled substances authorized under subsection (2), based on reception of an electronic facsimile of the original prescription if all of the following conditions are met:
  - (a) In the course of the transaction the pharmacy complies with laws and administrative rules relating to pharmacies and pharmacists.
  - (b) Except in the case of the transmission of a prescription by a person authorized by law to prescribe medicinal drugs:
    1. The facsimile system making the transmission provides the pharmacy receiving the transmission with audio communication via telephonic, electronic, or similar means with the person presenting the prescription.
    2. At the time of the delivery of the medicinal drugs, the pharmacy has in its possession the original prescription for the medicinal drug involved.
    3. The recipient of the prescription shall sign a log and shall indicate the name and address of both the recipient and the patient for whom the medicinal drug was prescribed.

**QUESTIONS AND ANSWERS ABOUT WRITTEN AND ORAL PRESCRIPTIONS**

The following material regarding the writing of prescriptions was abstracted from material that was published in the Florida Board of Veterinary Medicine Newsletters and

subsequently reproduced in the FVMA Advocate as a review to clarify some of the pertinent laws and rules covering prescriptions

**What is a prescription?** – A prescription includes “any order for drugs or medical supplies written or transmitted by any means of communication by a duly licensed practitioner authorized by the laws of the state to prescribe such drugs. A prescription may be orally authorized (F.S. 465.002(13)).

**When may a prescription be written?** – A veterinarian may write a prescription when a valid client/patient/owner relationship exists. The veterinarian must have sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the medical condition of the animal, This means that the veterinarian is personally acquainted with the keeping and caring of the animal or has recently seen the animal or has made medically appropriate and timely visits to the premises where the animal is kept. In addition must be available to provide follow-up care and treatment in case of adverse reactions or failure of the regimen or therapy. Lastly, records must be maintained which document patient visits, diagnosis, treatment and other relevant information required by Chapter 474.

**Who may accept an oral prescription?** – Rule 64B 16-27.103,F.A.C. entitles “Oral Prescriptions and Copies” provides “ Only a Florida registered pharmacist or registered pharmacy intern acting under the direct personal supervision of a Florida registered pharmacist may, in the State of Florida, accept an oral prescription of any nature. Upon so accepting such oral prescription it must immediately be reduced to writing, and only a Florida registered pharmacist or registered pharmacy intern acting under the direct personal supervision of a Florida registered pharmacist may, in the State of Florida, prepare a copy of a prescription or read a prescription to any person for purpose of providing treatment of the person or animal for who the prescription was written, and when said copy is given a notation shall be made upon the prescription that a copy has be given, the date given, and to whom given.

**What is the life of a prescription?** – Rule 64B 16-28.1114, F.A.C. states that no prescription may be refilled for a period in excess of one year from the date of the original dispensing of the prescription.

**What is the veterinarian’s responsibility to provide a prescription?** – F.S. 474.214(1)(pp) provided that it shall be grounds for discipline for a veterinarian to fail to give the owner of a patient, before dispensing any drug, a written prescription when requested.

It is clear that a veterinarian is required to give a client a prescription if such is requested before the dispensing of the drug. Any such prescriptions should clearly state the number of authorized refills and the original dispensing date. Such a prescription can be filled for one year from the original dispensing date.

**Can a prescription be transmitted?** – Rule 64B 16-28.130, F.A.C. states that any transmission of a prescription shall be only with the approval of the patient or the patient’s agent. Pharmacists have traditionally served in the capacity if the patient’s agent for purpose of transferring a prescription from one pharmacy to another, to call the prescribing physician to obtain refill authorization, and for similar requests.

**Is the veterinarian required to give a prescription over the phone when there is no notice that the pharmacist is acting as an agent of the client?** Because if the

confidential nature of patient records, a veterinarian is not required to give a prescription over the phone in those cases where the veterinarian is not on notice that the pharmacist is acting as the agent of the client. On the other hand, if the veterinarian receives a “Prescription Release Form” or through any other means ascertains the clients desire that the pharmacy or pharmacist act as his/her agent for purpose of receiving the prescription, then the veterinarian should comply with that request, in the absence of any legitimate medical reason to the contrary. Examples of legitimate medical reason include not having seen the animal for more that on year (or a shorter period of time depending on the condition of the animal and the medication prescribed).

**Can a veterinarian charge a professional fee for providing a prescription?** –

There are no legal restrictions to prevent a veterinarian from charging a client a reasonable fee for the amount of professional and administrative time it takes to write and transmit the prescription to either the client or their agent.

### **THE MANAGEMENT OF CONTROLLED SUBSTANCES\***

Florida Statute 893.05 states “a veterinarian may so prescribe, administer, dispense, mix or prepare a controlled substance for use on animals only, and may cause it to be administered by an assistant or orderly under the veterinarians direction and supervision only.

Therefore, the role of the veterinarian in the proper management and prescribing of controlled substances is critical both to the health of the patient and to safeguard society against drug abuse diversion. The veterinarian adhering to the law, together with voluntary service of its objectives, constitutes a powerful resource for protecting the public’s health and safety.

**Registration** . In order to prescribe, administer or dispense controlled substances, veterinarians must be registered with the US Drug Enforcement Agency (DEA).

Certificates must be retained at the registered location and must be available for official inspection. Certificates must be renewed every three (3) years. Cost of the registration fee, background checks, etc. are the responsibility of the requesting veterinarian.

If a veterinarian has more than one clinic where controlled substances are administered and or dispensed, then each clinic must be registered. However, if the veterinarian only administers or dispenses at the principal clinic and only writes prescriptions at the other clinic or clinics, then only the principal clinic needs to be registered, providing all the clinics are located in Florida.

A veterinarian who moves a place of practice must request a modification of registration. This request must be made in writing to the nearest DEA field office and approved prior to the effective date of the move.

**Identification** . Recognizing controlled substances is relatively simple since the label contains a large “C” with roman numerals in the center to identify the schedule of the substance.

The drugs and drug products that come under the jurisdiction of the Controlled Substance Act are divided into five schedules. These schedules are:

**Schedule I Substances** are those that have no accepted medical use in the United States and have a high abuse potential. e.g, LSD, petoye and mecaline.

**Schedule II Substances** are those that have a high abuse potential with severe psychic or physical dependence liability. Schedule II drugs consist of certain narcotic, stimulant and depressant drugs. e.g. morphine, codeine, Demerol and pentobarbital

**Schedule III Substances** are those that have an abuse potential less than those listed in Schedule I or II, and include compounds containing limited quantities of certain narcotic and non-narcotic drugs. e.g. thiopental, ketamine, Telazol and anabolic steroids.

**Schedule IV Substances** are those that have an abuse potential less than those listed in Schedule III. E.g. Valium, Miltown, Librium, phenobarbital and butorphanol

**Schedule V Substances** are those that have an abuse potential less than those listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotic and stimulant drugs., such as buprenorphine

A complete listing of controlled substances is available in Florida Statute 893.03.

**Ordering** . Due to their potential for addiction, Schedule II drugs get more attention during their manufacture, distribution and dispensing.

To order Schedule II substances (morphine, demerol, innovar-vet, oxymorphone) a federal triplicate order form must be used. A common omission on the DEA order form is the failure of the recipient to complete the “number of packages” and the “date received” section. It is important that the individual responsible for executing the Schedule II form verify the quantities received by dating and completing the right hand side of the order form.

All other controlled substances (Schedule III-V) are ordered in the same manner as any other medication. The supplier will ask for a copy of the veterinarians current DEA Registration Form. There are no special requirements for Schedule III-V purchases. Veterinarians receiving controlled substances in these schedules must maintain records of shipping documents transactions by filing the suppliers invoices or maintaining a logbook. All records of purchases must be maintained for two years (corresponding with the biennial inventory).

Obtaining controlled substances from a local pharmacy for “in-house” or re-sale use is prohibited. Prescriptions for controlled substances to be filled by a local pharmacy should be written only for specific patients.

**Security and Storage** Controlled substances stored in a clinic must have a securely, locked, substantially constructed cabinet or safe or lock-box for holding these products. If a moveable lock-box is used, it must be securely affixed to a wall, floor or cabinet. Similarly, lightweight filing cabinets or fire safes are inappropriate since they can be easily picked up and removed. Cabinets should have hinges that are not exposed. The storage of controlled substances is what triggers the need for a DEA license.

Mobile units should be stocked with only enough of each controlled drug necessary for basic operations. Excess supplies should remain in a fixed secure location. There is no additional security requirements for vehicles other than a substantial container must be used if the vehicle is unsupervised (parking lot or store). Keeping drugs in a box or bag in a locked vehicle is not adequate. If the vehicle is not equipped with locking bins or compartments, then a small, lockable box should be affixed to the vehicle. Ideally, it should be in an “out-of-sight” location. It is not necessary to remove the drugs from the vehicle for storage if a strong, non-moveable safe box is available.

It is recommended that the controlled substance stocks be kept to a minimum. Should it be necessary to have a substantial quantity of controlled substance stored in the clinic,

DEA encourages having security, which exceeds minimum requirements, such as a large safe and alarm system. Access to the controlled substance storage area should be restricted to the absolute minimum number of employees.

**Accountability.** The accountability of controlled drugs is a major problem for many veterinary practices. Whenever a practice dispenses or administers a controlled substance to a patient it must be recorded both on the patient's medical record as well as a "readily retrievable" log or controlled substance record.

Florida Statutes 893.07 (Records) states in part that every person who engages in the dispensing of controlled substances shall maintain, on a current basis, a complete and accurate record of each substance received, sold, delivered, or otherwise disposed of by him or her.

The record of all controlled substances received shall in every case show:

1. Date of receipt.
2. Name and address of the person from whom received.
3. Kind and quantity of controlled substance received.

Likewise, the record of all controlled substances administered, dispensed, or otherwise disposed of shall show:

1. The date of administering or dispensing.
2. The name and address of the owner and the species of animal for which sold, administered or dispensed.
3. The kind and quantity of controlled substance administered or dispensed.

Inventory reports or records required by Florida Statute Chapter 893.07 should be kept separately from other records. Records for C-II drugs must be kept separate from other controlled drugs records. Alternatively in the case of Schedule III, IV, or V controlled substances records may be combined into a single record. Florida Statute 893.07 also requires that the information required by the chapter is readily retrievable from ordinary business records of the registrant. However, it is recommended that a separate record for each controlled substance be maintained. (Controlled drug logs may be obtained from the FVMA office.)

Each person who is registered shall also maintain a record, which shall contain a detailed list of controlled substances lost, destroyed or stolen, if any; the kind and quantity of such controlled substance and the date of the discovery of such loss, destruction or theft.

Computerized logs that produce a report that identifies the date, client, patient, drug and amount are acceptable and very useful to many practices, however there must be an adequate backup mechanism since the loss of computer records is not acceptable for failure to produce records. Practices using computerized controlled drug logs should conduct periodic spot checks of their records for accuracy.

Make sure that the computer is able to produce a report that identifies the date, client, patient, drug and the amount. The report need not indicate the balance on hand, but such records should be readily available to verification. Be sure that all controlled drugs are accounted for in every transaction. A computer report that only gives the names of patient that were given "injectable anesthesia" when three different drugs were used is of no value.

There are two considerations that must be addressed when solutions of drugs are given to effect. First, the accountability of the substance is necessary, so that the amount drawn

is indicated. Secondly, it is mandated to demonstrate how much the patient actually received. The term “to effect” in most cases is not acceptable. Hence, the easiest way to satisfy both of these requirements is to use the “drawn/given” method of documentation. This is accomplished by listing the name of the drug followed by two numbers separated by a slash. The first number indicates the amount drawn and the second number the amount administered. e.g. Pentothal 10/8. This indicates that 10 ml of Pentothal was drawn and allocated to the patient but only 8 ml were injected. The excessive amount (2 ml) may be disposed of by flushing it down the sink.

Some veterinary practices are known to help local human organizations or county impound facilities by acting as consultants. It is unwise for a veterinary practice to order or transfer controlled substances (euthanasia solutions or ketamine) to such a facility for their exclusive use. The State Department of Pharmacy and DEA issue special permits to impounding facilities so they can procure their own supplies. If an impounding agency is unable to obtain a DEA permit, then the veterinarian could agree to euthanasia (or supervise euthanasia) with drugs from the clinics supply on a case-by-case basis. Under no circumstances should controlled substances be issued to another facility.

**Inventorying Controlled Substances.** A veterinarian who dispenses or regularly engages in administering controlled substances is required to keep records as described above (accountability) and must take an inventory every two years of all stocks of substances on hand.

DEA also requires that a veterinarian who intends to conduct any controlled substances activities for which records are required to be maintained **must** take an initial inventory of all stocks of controlled substances on hand on the date he/she first engage in such activity. The means when the drugs are first received and not when they are first dispensed or administered. Remember a separate inventory is required for Class II substances. Class III – V may be combined.

The initial inventory records must:

1. List the name, address and DEA registration number of the registrant.
2. Indicate the date and time the inventory is taken.
3. The signature of the person or persons responsible for taking the inventory.
4. Be maintained at a location appearing on the registration certificate for at least two years.
5. Keep records of Schedule II drugs separate from all other controlled substance records.

Every two years following the date of the initial inventory, a new inventory is required. The information that is required on the biennial inventory is the same as that for the initial inventory. The biennial inventory date can be changed to a more convenient date provided it is within six months of the required date and advance written notification is given to the nearest DEA field office of the date on which the veterinarian desires to take the inventory. Biennial inventory records must be retained for two years. It is not required that a copy be submitted to the DEA.

Ideally inventories should be conducted monthly to “balance the books” and make sure that no shortages exist. (Inventory forms may be obtained from the FVMA office)

**Shortages.** If a shortage of a controlled substance is detected, first try to find the source of the shortage. Very often it is a mathematical or record keeping problem. Be sure that all numbers were added or subtracted correctly. Compare computer or sales records with

the logs to determine if a prescription was filled and not entered on the log. If you find the problem, then an entry to correct the balance is appropriate. If you cannot explain the shortage or if it's obvious that there was a theft, you must make a report to the DEA office in your area. There is no time limit that must be observed, but once it is determined that the loss is not accidental or administrative, then do not delay – report it immediately.

**Disposal of Controlled Substances.** Outdated controlled substances should be removed from the working stock and be disposed of.

Small amounts (perhaps up to 10% of a full bottle) of a schedule III or IV substance that has been reconstituted may be disposed of by flushing it down the sink. Be sure to enter on the applicable controlled substance log page the date, time, drug quantity and method of disposal. It is a good idea to have two persons sign the log as witnessing the destruction.

For disposal significant amount of Schedule III, IV or V substances or **any amount** of Schedule II substances requires the services of a company that is licensed by DEA to dispose of controlled substances. For the names and addresses of such companies contact the nearest DEA office. These companies charge a fee for their services, but the administrative aspects of disposal are greatly reduced.

Remember to secure and account for these outdated drugs until they are shipped and confirmation of their receipt is received.

**Refilling prescriptions.** A prescription order for substances in Schedules III, IV or V may only be refilled up to five times within 6 months after the date of issue. After 5 refills or 6 months a new prescription order is required. In the context of this regulation, it is implied that the veterinarian must examine the patient before a new prescription can be given.

Because of their severe potential for addiction, schedule II drugs cannot be refilled without a new prescription every time. Therefore animals on recurring doses of a schedule II drug must be examined at least every month.

**Administering.** Florida Statute 893.05 (1) states that a veterinarian may so prescribe, administer, dispense, mix or prepare a controlled substance for use on animals only, and may cause it to be administered by an assistant or orderly under his direction and supervision only.

\* This information was abstracted from the following publications:

Revised edition of the DEA Physicians Manual of the Controlled Substance Act of 1970.

The Complete Florida Veterinary Medical Association Veterinary Practice Regulatory Compliance Manual.

Florida Statutes Chapter 893 (Drug Abuse Prevention and Control)

Florida Statute Chapter 474 (Veterinary Medicine Practice)

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